Significant events in psychotherapy: An update of research findings

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Significant events in psychotherapy: An update of research findings

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Purpose. Significant events research represents a specific approach to studying client-identified important moments in the therapy process. The current study provides an overview of the significant events research conducted, the methodology used together with findings and implications.

Method. PsychInfo database was searched with keywords such as *significant events*, *important events*, *significant moments*, *important moments*, and counselling or psychotherapy. The references of the selected studies were also searched. This process led to the identification of 41 primary studies that used client-identified significant event(s) as a main or secondary focus of the study. These were consequently reviewed with regard to their methodology and findings. The findings are presented according to type of study conducted.

Results. The impacts of helpful events reported by clients are focused on contributions to *therapeutic relationship* and to *in-session outcomes*. Hindering events focus on some client disappointment with the therapist or therapy. The group therapy modality highlighted additional helpful impacts (like learning from others). Perspectives on what is significant in therapy differ between clients and therapists. The intensive qualitative studies reviewed confirm that the processes involved in significant events are complex and ambiguous. Studies show that the helpful events may also contain many hindering elements and that specific events are deeply contextually embedded in the preceding events of therapy.

Conclusions. Some studies suggest that helpful significant events are therapeutically productive although this may need to be established further. Specific intensive studies show that the clients' perceptions in therapy may differ dramatically from that of the therapist. Furthermore, the relational and emotional aspects of significant moments may be more important for the clients than the cognitive aspects of therapy which are frequently stressed by therapists.

Significant events research (Elliott, 1985) represents a specific approach to studying client-identified important moments in therapy process. It is a type of psychotherapy process research that often uses the actual event transcript as well as the clients' and

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therapists' reflections on the event. The underlying rationale for this type of research is the idea that the events are the moments of the most fruitful therapeutic work in the case of helpful events (Timulak, 2007), or the most problematic points in the case of non-helpful or, as some authors conceptualize them, 'hindering events' (for example, Grafanaki & McLeod, 1999).

Significant events research is part of a broader 'event paradigm' research that intensively analyses smaller episodes of therapeutic process (Greenberg, 2007; Rice & Greenberg, 1984). Those episodes could be segments identified by clients or theoretically relevant episodes, such as two-chair work for inner critic episodes (Greenberg, 1984). Significant events research is also similar to the research on helpful and hindering processes (cf. Gershefski, Arnkoff, Glass, & Elkin, 1996; Levy, Glass, Arnkoff, Gershefski, & Elkin, 1996; Lietaer, 1992; Lietaer & Neirinck, 1986; Paulson, Everall, & Stuart, 2001; Paulson, Truscott, & Stuart, 1999; Paulson & Worth, 2002) identified by clients or therapists, but not specified as particular distinct events. There are also studies using retrospective recall of important events in therapy studying events not immediately after the therapy session, but from a distant perspective (e.g., Levitt, Butler, & Hill, 2006; Lilliengren & Werbart, 2005; Manthei, 2007; Rhodes, Hill, Thompson, & Elliott, 1994).

History and methodological approaches to significant events research

Significant events research was started by Robert Elliott in the mid eighties (Elliott, 1983–1985; Elliott, James, Reimschuessel, Cislo, & Sack, 1985). However, it has its precursors in Bloch's and Berzon's studies on important events (Berzon, Pious, & Farson, 1963; Bloch & Reibstein, 1980; Bloch, Reibstein, Crouch, Holroyd, & Themen, 1979) which built on therapeutic factors studies in group psychotherapy (see e.g., Lieberman, Yalom, & Miles, 1973; Yalom, 1975) in the late seventies.

In the beginning, these studies focused on a thorough analysis of therapy sessions and therapists responses were analysed response-by-response. Therapist responses that were rated either as significantly helpful or hindering on a quantitative helpfulness scale were analysed by the use of established process measures (Elliott, 1985). Significantly helpful or hindering referred to those events which stood out from the rest of the session, either positively or negatively. Also important at this time was a comprehensive quantitative–qualitative approach using 'Interpersonal Process Recall' (later Brief Structured Recall) and 'Comprehensive Process Analysis' (Elliott, 1983, 1984, 1986, 1989a, b; Elliott & Shapiro, 1988), which produced a meaningful interpretation of one (Elliott, 1983) or a small number of events (Elliott, 1984). The process of the identification of significantly helpful events was formalized by the use of helpful aspects of therapy (HAT) form (Llewelyn, 1988). HAT allows the most helpful event in the session to be identified and quantitatively rated with regard to its helpfulness. The HAT form is administered and completed by the client at the end of the therapy session.

Currently, there are a number of different ways of identifying significant events and different strategies for obtaining reflection or other important information on studied events are available (cf. recent development in Fitzpatrick & Chamodraka, 2007). What is typical, however, is that it is the client who identifies the event. The event is then studied sometimes using the transcript of the session, or by a quantitative process measures or through in-depth qualitative interviews. Clients are typically asked to identify the most helpful or non-helpful event(s) in the session. These events are then by different set of authors either referred to as 'significant' (e.g., Elliott, 1984) or 'important' (e.g., Kivlighan & Arthur, 2000) events.

Depending on the goals of the study, different approaches may be employed to analyse significant events. For example, studies which aim at establishing types and prevalence of different types of events usually use one of three approaches; (a) a qualitative or semi-qualitative analysis (e.g., cluster analysis) leading to the establishment of types of events (e.g., Elliott, 1985; Timulak & Lietaer, 2001); (b) a pre-established taxonomy of events derived from a previous significant events research study (e.g., Llewelyn, 1988), or (c) a pre-established taxonomy derived specifically for the study, being at least partially informed by previous research (e.g., Martin & Stelmaczonek, 1988). In the case of quantitative studies using pre-established taxonomies, the categorization of events is performed by independent raters who are trained in the use of taxonomy and must provide acceptable levels of inter-rater reliability (e.g., Llewelyn, 1988). Qualitative studies, including those looking at the processes leading to significant impact of these events, typically involve several analysts who are usually the authors of the study. Auditing and other procedures enhancing the validity of qualitative analysis are then performed to secure the methodological rigour of the study (e.g., Timulak & Lietaer, 2001).

Significant events research has now existed for more than 25 years. The aim of this paper is to provide an update on the research (see previous work in non-English language; Timulak, 2002) into significant events and to delineate its implications for theory, practice, and future research.

Method

Selection of studies

To conduct the review of significant events research, all studies in this area had to be located. Since the author has published in this area and over the years performed several literature searches, many studies were already known to the author. For the purpose of locating the reviewed studies by any other reviewer or reader, the search was repeated while revising this paper. The PsychInfo database was searched for studies published up to 2007 with keywords *significant events*, *important events*, and *counselling*, *counselling* or *psychotherapy*. This search identified between 3 and 62 results for different combinations of keywords (significant events and counselling: 48 results; significant events and counselling: 3 results; significant events and psychotherapy: 62 results; important events and counselling: 28 results; important events and counselling: 6 results; important events and psychotherapy: 32 results). Several studies came out in more than one search. All identified studies were then located and inspected whether they are based on the *client-identified* significant/important helpful or hindering in-session events as opposed to the researcher, therapist, or an independent rater identified events. The studies were also inspected whether they report on an empirical investigation of distinct client-nominated in-session events as opposed to more general therapeutic processes. Only the studies investigating the client-identified specific events were then selected. This led to the identification of 22 studies. Furthermore, the references of the retrieved studies were also searched. That pointed to further studies and/or important contributors in this area (e.g., Kivlighan). These studies and the work of contributing authors were then further researched, which yielded another 19 studies fulfilling above mentioned criteria. Altogether, that led to the identification of 41 primary studies that used the client-identified significant/important event(s) as a main or side focus of the study. The studies and their main characteristics are presented in Table 1.

Table I. Summary table for significant events studies

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
Berzon et al. (1963)	22	Unclear	279	Group therapy (non-directive)	A questionnaire administered after sessions asking about the event that had contributed personally	Unclear (most likely three main authors clustered the types of events on the basis of their similarity)	Assessment of a prevalence of different types of client-identified significant events Illustration of differences in the clients' perspectives
Bloch and Reibstein (1980)	33	'Neurotic or characterological' disorders	130 (clients)	Long-term group therapy	The most important event questionnaire assessing administered to clients and therapists	3 raters coded event according to pre-established taxonomy	Assessment of a prevalence of different types of client-identified significant events
Bloch et al. (1979)			305 (therapists)				Assessment of the method for collection and analysis of significant events
Booth et al. (1997)	51	As seen in general practice	409	Humanistic/ eclectic, psychodynamic	Helpful aspects of therapy (HAT) form administered to clients after the therapy session	3 raters coded events according to Elliott's taxonomy; quality of life scale and goal attainment scale	Assessment of a prevalence of different types of client-identified significant events; the relationship with the outcome; and the clients' goals for counselling
Cummings, Hallberg, et al. (1992)	11	Self-esteem, sexual abuse, identity, relationships	One event per session	Eclectic mixture of CBT, person-centred, and experiential	One event per session; important events questionnaire, client, and therapist written accounts	Session evaluation questionnaire, target complaints questionnaire	Assessment of the relationship between the accuracy of the description of a significant event and the match between the client and the therapist recall of important events

Table 1. (*Continued*)

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
Cummings et al. (1994)	10	Unclear	One event per session	Eclectic mixture of CBT, person-centred, and experiential	One event per session; important events questionnaire, client written accounts	2 researchers summarized clients' responses in narratives; 2 researchers audited it; 4 judges evaluated the narratives for presence of positive, negative, or no change	Analysis of change across sessions as visible in important events
Cummings and Hallberg (1995)	6	Eating disorders, abuse, identity issues	One event per session	Eclectic (CBT, experiential, and feminist)	One event per session; important events questionnaire, client written accounts	4 researchers qualitatively analysed clients' responses from the perspective of common patterns of change; 2 raters assessed response as positive, neutral, or negative change	Analysis of change across sessions as visible in important events
Cummings, Martin, et al. (1992)	10	Self-esteem, sexuality, identity, relationships	One event per session	Eclectic mixture of CBT, person-centred, and experiential	One event per session; important events questionnaire, client, and therapist written accounts	Session evaluation questionnaire, working alliance questionnaire	Assessment of the relationship between the specificity of the description of a significant event and the match between the client and the therapist recall of important events and the clients' and therapists' experience of session and therapeutic alliance
Cummings et al. (1993)	34	Relational problems, self-esteem, identity, sexuality	One event per session	Eclectic mixture of CBT, person-centred, and experiential	One event per session; important events questionnaire, client, and therapist written accounts	5 raters, protocol analysis procedures, session evaluation questionnaire	Establishment of types of significant events perceived by clients and therapists

Table 1. (*Continued*)

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
							Comparison of perceived events by clients of novice and experienced therapists and therapists themselves Comparison of types of reported events in different phases of therapy Evaluation of the relationship between session evaluation and the recall of significant events
Doxsee and Kivlighan (1994)	36	Analogue study using students in a group theory class	89 reduced to 40 that were analysed	Interpersonal process groups	The most harmful/hindering event per session (Critical Incidents report)	20 judges sorted events according to their similarities, cluster analysis was then performed	Establishment of types of hindering significant events perceived by participants
Elliott (1983)	1	Anxiety	1	Psychodynamic	Accidentally discovered event during the more general recall of the session; interpersonal process recall with the client and the therapist ensued	Qualitative comprehensive process analysis performed by the author	Establishment of therapeutic processes in a working through event
Elliott (1984)	4	Unclear	4	Psychodynamic (insight oriented)	Identified by the client and the therapist in post-session interview	Qualitative comprehensive process analysis performed by the author	Establishment of therapeutic processes in insight events

Table 1. (*Continued*)

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
Elliott (1985)	24	Vocational problems, other sex relationships, adjustment problems	86	Client-centred, CBT, psychodynamic	4 most helpful events assessed by the clients' helpfulness ratings of therapists' interventions	23 raters sorted helpful events according to their similarities, cluster analysis, event helpfulness ratings, therapist intentions ratings, therapists responses ratings	Establishment of types of significant events perceived by clients

Establishment of the links between helpful and hindering impacts and therapist intentions and responses |
| Elliott et al. (1985) | 18 + Elliott (1985) | Out-patient psychotherapy, depression, anxiety, anger, dysthymia | 74 + Elliott (1985) | Psychodynamic, dynamic-experiential, cognitive | Interpersonal process recall – after session interview with the clients | 4 raters using Elliott's taxonomy | Assessment of a prevalence of different types of client-identified significant events

Establishment of the links between helpful and hindering impacts and therapist intentions and responses |
| Elliott and Shapiro (1992) | 1 | Depression | 1 | Psychodynamic-interpersonal and cognitive-behavioural | HAT form for client followed by Brief Structured Recall with both client and therapist | Qualitative comprehensive process analysis performed by two authors | Establishment of therapeutic processes in an insight event |
| Elliott et al. (1994) | 6 | Depression | 6 | Psychodynamic-interpersonal, cognitive-behavioural | HAT form for client followed by Brief Structured Recall with both client and therapist | Qualitative comprehensive process analysis performed by seven authors; pre-post quantitative data; session evaluation questionnaire | Establishment of therapeutic processes in insight events |

Table 1. (*Continued*)

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
Grafanaki and McLeod (1999, 2002)	6	Variety such as loss, sexual abuse, interpersonal relationships	36	Person-centred/experiential	HAT form for client and therapist followed by Brief Structured Recall with both client and therapist	Narrative qualitative analysis of the events by two or more researchers; Analysis of congruence and incongruence present in significant events (judged on the basis of match between affect, cognition, non-verbal behaviour, and paralanguage)	Establishment of narrative processes in significant events; Counsellor and client types of congruence/incongruence during significant events
Hardy et al. (1999)	10	Depression	10	Psychodynamic interpersonal	HAT form for the client	Qualitative analysis of attachment styles (using terminology of Adult Attachment Interview method), presenting attachment issues and therapist responsiveness; pre-post quantitative data	Assessment of client attachment styles and corresponding therapist responsiveness
Hardy et al. (1998)	1	Depression	1	Psychodynamic-interpersonal	HAT form for client followed by Brief Structured Recall with both client and therapist	Qualitative comprehensive process analysis performed by 6 authors; pre-post quantitative data	Establishment of therapeutic processes in an awareness event

Table 1. (*Continued*)

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
Helmeke and Sprenkle (2000)	3 couples	Marital problems	24 (clients) 28 (therapists)	Integrative couple therapy	Post-session questionnaire and post-therapy interviews	Grounded theory method used by the researcher	Qualitative study of processes involved in significant events across the whole therapy
Heppner et al. (1992)	3	Low self-esteem or relationship difficulties	22	Client-centred, humanistic, CBT	Guided inquiry – client-written responses to the question 'What was the most important thing that happened in this session'	Unclear method for analysing types of events; other analyses performed not focusing on significant events	Establishment of types of significant events perceived by clients
Holmes and Kivlighan (2000)	20 + 20	Clients in student counselling services	Unclear	Integrative group and individual therapy	The most important event per session (Critical Incidents report)	2 judges rated important events using group counselling helpful impacts scale	Assessment of a prevalence and occurrence (during the therapy process) of different types of identified significant events in group and individual therapy
Kivlighan and Arthur (2000)	27	Unclear	Unclear	Psychodynamic	Important events questionnaire administered after session	Three judges rating the match between client and therapist reports Inventory of interpersonal problems used as an outcome measure	Assessment of the convergence of client and counsellor's recall over time and in relation to counselling outcomes

Table 1. (*Continued*)

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
Kivlighan and Goldfine (1991)	36	Analogue study using students in a group process class	Unclear	Process group	The most important event per session (Critical Incidents report)	3 raters coded events according to Bloch's et al. (1979) taxonomy; interpersonal checklist and group climate questionnaire	Assessment of reported event types as a function of the client interpersonal characteristics and as a function of group stage
Kivlighan and Mullison (1988)	18	Students with interpersonal problems	166	Process-oriented group	The most important event per session (Critical Incidents report)	2 raters coded events according to Bloch's et al. (1979) taxonomy; interpersonal transaction checklist	Assessment of reported event types as a function of the client interpersonal characteristics and as a function of group stage
Kivlighan et al. (1996)	284	General out-patient therapy and growth groups provided at university	284	Group therapy	Critical incidents questionnaire; the most important event in the session	3 raters coded events according to the pre-established taxonomy; group climate questionnaire, and trainer behaviour scale	Factor analysis of helpful impacts; Establishment of the links between helpful impacts and group climate and therapist behaviour
Labott et al. (1992)	1	Depression	1	Emotion focused	HAT form for client followed by Brief Structured Recall with both client and therapist	Qualitative comprehensive process analysis performed by 3 authors	Establishment of therapeutic processes in an event containing strong emotions
Lee, Kim, Park, and Uhlemann (2002)	12	Adjustment problems	30	Person-centred or cognitive behavioural	One event per session; Important events questionnaire, client written accounts	2 trained judges classified attributions clients expressed in attribution questionnaire; session evaluation questionnaire was also used	Assessment of the relationship between the phase of therapy and the session evaluation and the nature of attributions in significant events

Table 1. (*Continued*)

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
Llewelyn (1988)	40	Depression, anxiety, sexual difficulties, interpersonal problems	453 (clients) 619 (therapists)	Eclectic, CBT, and psychodynamic	HAT form for both clients and therapists	Unclear number of raters coded events according to Elliott's taxonomy; therapy outcome measurement	Assessment of a prevalence of different types of identified significant events Comparison of perceived events by clients and therapists Assessment of a prevalence of helpful significant events in successful and unsuccessful therapies
Llewelyn et al. (1988)	40	Depression, anxiety	Events from 638 sessions	Exploratory and prescriptive therapy	HAT form for clients	3 raters coded events according to Elliott's taxonomy; therapy outcome measurement	Assessment of a prevalence of different types of client-identified significant events Assessment of a prevalence of significant events in two different therapies
Martin and Paivio (1990)	6	Self-esteem, relationship issues, transitory stress	55	Cognitive and experiential	Research interview asking to nominate most important events in the session	2 researchers rated events content using Therapeutic Information Processing scale	Assessment of the level of information processing in significant events versus control events
Martin and Stelmaczonek (1988)	11	Relationship difficulties, anxiety, self-esteem issues, career concerns	94 + (clients)	Eclectic mixture of CBT, person-centred, and experiential	Research interview	2 raters coded events; information processing scale for evaluating processes in significant events and their control; recall interview after 6 months	Assessment of a prevalence of different types of client-identified significant events

Table 1. (*Continued*)

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
			111 + (therapists)				Assessment of information processing in significant events Assessment of retention of significant events in 6 months
Moreno et al. (1995)	7	Eating disorders	180	Psychodynamic group psychotherapy	Three most helpful events of the session; Significant Events Form; client-written accounts	One rater checked by one of the therapists	Establishment of types of significant events/impacts perceived by clients
Mushet et al. (1989)	62	Affective disorders, alcohol dependence, neurotic, and personality disorders	197	In-patient group and out-patient group therapy	The most important event per session	3 raters coded events according to Bloch's et al. (1979) taxonomy	Comparison of the prevalence of different types of event in individual and group therapy
Rees et al. (2001)	1	Depression	1	Cognitive-behavioural	HAT form for client followed by Brief Structured Recall with both client and therapist	Qualitative comprehensive process analysis performed by 6 authors; pre-post quantitative data	Establishment of therapeutic processes in a problem clarification event
Stephenson et al. (1997)	16	Drug, alcohol, and food addictions	Unclear	12 step residential treatment	Patients asked to fill out Significant Events Sheets everyday in treatment	3 forms of linguistic and content analyses, number of raters unclear	Comparison of content and language of successful versus unsuccessful patients

Table 1. (*Continued*)

Study	No. of clients	Clients' concerns	No. of events	Therapy type	Events collection method	Data analysis method and measures used	The study focus relevant to significant events
Shaughnessy and Kivlighan (1995)	114 36 of them from Kivlighan and Goldfine (1991)	Students		Personal growth group	The most important event per session (Critical Incidents report)	3 raters coded events according to Bloch's et al. (1979) taxonomy, these were then cluster analysed for types of responders; leaders behaviour scale	Assessment of the types of events reported and the group leader evaluation depending on a specific respondent
Timulak and Lietaer (2001)	6	Relationship issues, work problems, and life meaning problems	38	Person centred	Unlimited number of client-identified positive events in the session; Interpersonal Process Recall; verbal accounts	Descriptive/interpretive sorting due to impact; researcher and in part an auditor; independent rater used created taxonomy	Establishment of types of significant events perceived by clients Establishment of prototypes of generic processes in different types of significant events
Timulak and Elliott (2003)	12	Depression	15	Emotion focused	HAT form for client followed by Brief Structured Recall with both client and therapist	Qualitative analysis of the events by 2 authors	Establishment of prototypes of generic processes in different types of empowerment events
Wilcox-Matthew et al. (1997)	19	Family problems, grief issues, marriage difficulties, anger control, eating disorders, phobias	205	CBT, family, solution focused, strategic, cognitive	Questionnaires focusing on helpful therapists' responses, one question aimed specifically at the helpful impact	3 researchers analysed first 50 events, then next 50, refined categorization and another 100 fitted in; two indep. raters used the final taxonomy	Establishment of types of significant events perceived by clients Establishment of prototypes of generic processes in different types of significant events

Review of studies

The selected studies were reviewed with regard to a research focus pertinent to significant events (see the last column of Table 1). The author of this paper organized the selected studies according to their focus (one study could have more than one focus relevant to significant events). The studies were divided into: (a) studies looking at the type of events and their prevalence; (b) studies looking at the match between the clients and the therapists perceptions of significant events; (c) studies looking at significant events in different therapies; (d) studies looking at the relationship of significant events and the treatment outcomes; and finally (e) studies assessing therapeutic processes present in the significant events. The author then summarized findings present in the reviewed studies.

Summary of findings

Types of events

Individual therapy

First of all, what was apparent is that more studies focus on *helpful* rather than *non-helpful* events. The impacts of helpful events reported by clients focus on several issues. Some of them are important contributions to the therapeutic relationship (e.g., reassurance, feeling understood, and personal contact) and some contribute to in-session outcomes (e.g., insight, relief, behavioural change, new feelings, and empowerment). Pivotal for many studies, as apparent from references, was the work of Elliott (1985). In this pioneering study, he analysed events that clients in one counselling interview identified either as helpful or non-helpful (the therapist's intervention was understood as an event in this study). Helpful and non-helpful events were sorted into meaningful clusters by raters according to similarities in the impact of the significant event. A cluster analysis then showed 14 typical clusters of events. Eight of them were helpful; Elliott divided them into Task Supercluster (New Perspective, Problem Solution, Problem Clarification, and Focusing Awareness) and Interpersonal Supercluster (Understanding, Client Involvement, Reassurance, and Personal Contact). New Perspective and Understanding accounted for two-thirds of all helpful events.

Timulak (2007; as a meta-analytic study it is not included in Table 1) identified six other original studies (Cummings, Slemon, & Hallberg, 1993; Heppner, Rosenberg, & Hedgespeth, 1992; Moreno, Fuhriman, & Hileman, 1995; Timulak, Belicova, & Miler, 2003; Timulak & Lietaer, 2001; Wilcox-Matthew, Ottens, & Minor, 1997) since Elliott's study, that used their own an original conceptualization of helpful events based on the clients' description of their experiences. He then applied a method of qualitative meta-analysis to establish what impact categories were found in the helpful significant events studies using a *qualitative* methodology. The qualitative meta-analysis employed treated findings and examples of findings from original studies as qualitative data that were further analysed for commonalities. The meta-categories that the study produced were named: Awareness/Insight/Self-understanding, Behavioural change/Problem solution, Empowerment, Relief, Exploring feelings/Emotional experiencing, Feeling understood, Client involvement, Reassurance/support/safety, and Personal contact. The author pointed out that some impact categories were related to the therapeutic relationship, while others were related to cognitive, emotional, behavioural, and motivational in-session outcomes.

Six main types of events were designated as non-helpful in Elliott's (1985) original study (Misperception, Negative Counsellor Reaction, Unwanted Responsibility,

Repetition, Misdirection, Unwanted Thoughts). These seem to focus on the client's disappointment with the therapist. Although some studies (Booth, Cushway, & Newness, 1997; Llewelyn, 1988; Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988) have used Elliott's taxonomy, it seems that no other studies have been conducted to date with the aim of developing a novel conceptualization of non-helpful events in individual therapy (cf. Doxsee & Kivlighan, 1994 in group therapy).

Group therapy

Studies investigating significant events in a group therapy modality (Berzon *et al.*, 1963; Bloch & Reibstein, 1980; Bloch, Reibstein, Crouch, Holroyd, & Themen, 1979; Moreno *et al.*, 1995) found not only similar types of significant events (e.g., Insight, Emotional Awareness), but also ones that were specific for the group format such as Learning from interpersonal actions, Vicarious learning (see Bloch *et al.*, 1979), Identification, and Universality (Moreno *et al.*, 1995). All of these capture the social aspect of group therapy.

Prevalence

Prevalence of events in individual therapy

Several studies (Booth *et al.*, 1997; Llewelyn, 1988; Llewelyn *et al.*, 1988) used Elliott's (1985) original taxonomy to look at the frequencies of different types of events. Two studies (Kivlighan, Multon, & Brossart, 1996; Martin & Stelmaczonek, 1988) looked at the frequencies using their own taxonomies which, however, were not directly empirically derived and were partly based on Elliott's work. Results showed that some versions of Insight/Awareness and/or Problem Solution dominated the helpful events (e.g., Berzon *et al.*, 1963; Llewelyn, 1988; Llewelyn *et al.*, 1988; Martin & Stelmaczonek, 1988) though some studies also showed a high prevalence of interpersonal impacts such as Feeling Understood or Reassured (e.g., Booth *et al.*, 1997; Elliott, 1985) or Relief (e.g., concern attenuated in Wilcox-Matthew *et al.*, 1997). As to the non-helpful events studies, Misunderstanding and Disappointment (originally Repetition) were found to dominate (e.g., Booth *et al.*, 1997; Elliott, 1985; Llewelyn *et al.*, 1988).

Prevalence of events in group therapy

Holmes and Kivlighan (2000) compared helpful impacts reported in important events in individual versus group therapy. Their findings showed that 'Emotional Awareness-Insight' and 'Problem Definition-Change' type of impacts were more typical for individual treatment than group treatment. Interestingly, the converse was indicated in the case of 'Relationship Climate' and 'Other versus Self-focus' type of impacts. As Kivlighan and Goldfine (1991) established, prevalence of reported events in group modality may also be a function of participants' interpersonal styles. They found that more affiliative participants reported event types such as Universality and Vicarious Learning, while less-affiliative participants more often reported events such as Learning from Interpersonal Actions. Friendly submissive and hostile-dominant participants reported more Acceptance events. The finding was partially consistent with an earlier study (Kivlighan & Mullison, 1988).

Only one study (Doxsee & Kivlighan, 1994) looked at hindering events in a group context. The dominating hindering events were: Absence of a group member,

Experience of being discounted by a member of the group or the leader, Withholding self-disclosure of an important issue, Other member disconnection from the group, and Member attack.

Prevalence of events during the course of treatment
One study, Cummings *et al.* (1993), looked at the prevalence of the type of reported significant events across the process of individual therapy. The authors found that while Relationship events were typical for the beginning and ending of therapy, Insight and Client Growth events were more typical for the middle stages of therapy. Similarly, Holmes and Kivlighan (2000) observed that the Problem Definition-Change impacts present in significant events increased linearly throughout, while Relationship-Climate component was higher at the beginning and at the end of treatment in both individual and group therapy. Kivlighan and Goldfine (1991) also investigated the prevalence of different types of events in different phases of group therapy. They found that over time, the therapist's Guidance was more often and Universality less often reported. Hope events decreased and Catharsis events increased over time. In an earlier study, Kivlighan and Mullison (1988) observed that while cognitive impacts decreased over time, behavioural impacts increased in group therapy.

Match in the clients' and therapists' perceptions of significant events

Several studies (Bloch & Reibstein, 1980; Bloch *et al.*, 1979; Cummings *et al.*, 1993; Helmeke & Sprenkle, 2000; Kivlighan & Arthur, 2000; Llewelyn, 1988; Martin & Stelmaczonek, 1988) explored the match between the client and therapist perspective on what events were significant in therapy session. In general, the perspectives on what is significant in therapy differed significantly with the therapist and the client perspectives matching in approximately 30–40% of events (Cummings, Hallberg, Slemon, & Martin, 1992; Martin & Stelmaczonek, 1988). It seems that the therapist may prefer events of therapeutic work such as insight, while clients may place more emphasis on the relational aspect of therapy such as reassurance (cf. Elliott, 1983; Llewelyn, 1988). Cummings, Martin, Hallberg, and Slemon (1992) also found that counsellors were more specific in their recalls. They suggested that likelihood of match between the counsellors' and clients' perspective increased if the counsellors rated the working alliance higher. In addition, Kivlighan and Arthur (2000) found that the convergence of client and counsellor recall increased over time and was related to counselling outcomes. The same was reported in the session outcome by Cummings, Hallberg, *et al.* (1992).

One study (Cummings *et al.*, 1993) looked at differences between what novice and experienced therapists see as significant and what is seen as significant by their clients. While no difference was found between what events were identified as important by the clients, therapists differed with the experienced therapists highlighting Attaining Insight events and novice therapists pointing to Exploring Feelings and the therapist's Self-Critique (negative evaluation of own work).

Interestingly, a study from couple therapy showed that clients within the couple may differ in their perspective on what event was significantly helpful in the session too (Helmeke & Sprenkle, 2000). Similar was found in the study of Shaughnessy and Kivlighan (1995) who were interested in finding whether clients in group therapy themselves differ in what they perceive as helpful. They found that clients could be

divided into four types according to the type of impacts reported: broad-spectrum responders, self-reflective responders, other-directed responders, and affective responders. Indeed, the perception of significant events by clients may also be a function of other variables, as findings suggest that (a) the clients seeking expression in the treatment reported more Reassurance events than Problem Solution events (Booth *et al.*, 1997) and (b) higher rated Problem Solving – Behaviour Change impacts were reported by participants seeing the climate in the group therapy as engaging and leader's behaviour as technically oriented (Kivlighan, Multon, & Brossart, 1996).

Significant events in different therapies

Three studies (Elliott *et al.*, 1985; Llewelyn *et al.*, 1988; Mushet, Whalan, & Power, 1989) looked at whether different types of significant events are reported in theoretically different types of therapies. They found that this was indeed the case, with in some cases events matching therapeutic theory of a particular approach. Thus, for example, Llewelyn *et al.* (1988) found that a typical significant event for exploratory (psychodynamic) therapy was Awareness and for prescriptive (cognitive behaviour therapy, CBT) therapy, it was Problem Solution. Elliott *et al.* (1985), however, reported that Personal Insight and Reassurance dominated in a cognitive therapy case, and Personal Insight, Awareness, and Client Involvement were typical in a dynamic-experiential case. One study (Mushet *et al.*, 1989) compared in-patient and out-patient group therapy finding a difference in the reported events, with Self-understanding being dominant in the out-patient group and Universality in the in-patient group. One study (Booth *et al.*, 1997) also reported differences in the frequencies of the reported type of events in therapies of different therapists (five eclectic/humanistic and one psychodynamic), though it is not clear whether the differences could be attributed to the theoretical orientation or to the personal style of the therapist.

Martin and Paivio (1990) looked at the differences in the clients and therapists' information processing in the events from cognitive and experiential therapy. Though they found theoretically consistent differences in the therapist's information processing with a cognitive therapist being more conclusion oriented than an experiential therapist, they did not find differences between the quality of information processing for clients in significant events in those respective therapies.

Significant events and treatment outcome

While there is an assumption that significant events are the moments of the most fruitful therapeutic work (Timulak, 2007), this assumption has not been examined in any great detail by linking significant events to therapy outcome as assessed by common outcome measures (e.g., Symptom Checklist – 90). Only three quantitative correlational studies (Booth *et al.*, 1997; Llewelyn, 1988; Llewelyn *et al.*, 1988) have investigated the relationship between the types of events and the outcome. Only one study (Llewelyn, 1988) found positive correlation between the presence of a specific type of event (Problem Solution) and therapeutic outcome. One study (Booth *et al.*, 1997) found a particular negative event (Disappointment with therapists' interventions) correlating negatively with the outcome. At least two intensive qualitative studies (Elliott & Shapiro, 1992; Labott, Elliott, & Eason, 1992) examining in a detail one particular significant event reported that the client retrospectively found the event as the most decisive or significantly impacting on the overall outcome of therapy.

In a study looking at the relationship of the content of significant events and the outcome, inspection of diaries of significant events showed that the more successful patients were more focused on individual progress during the treatment, less self-critical over time, more positive in the view of others outside the treatment, and had a more positive view of the treatment programme (Stephenson, Laszlo, Ehmann, Lefever, & Lefever, 1997). While not directly relevant for the therapy outcome, one study (Martin & Stelmaczonek, 1988) looked at whether significant events can be reliably remembered after 6 months. The clients remembered more than 70% of events after 6 months, but only 40% was allocated to the relevant session. The fact that the events were quite well remembered speaks for their relevance, however, as can be seen the event may also be 'reconstructed' in different way than originally experienced.

Two studies (Cummings & Hallberg, 1995; Cummings, Hallberg, & Slemon, 1994) looked at whether any change is visible in the accounts of the most important events in therapy. It was found that if any change was present it followed either a consistent or interrupted change pattern. The consistent change pattern was typical for a steady pattern of improvement – greater insight, more positive affect (empowerment), and behavioural changes. The interrupted change pattern was characteristic by a painful affect throughout, limited behaviour changes, though improvement in insight.

Significant events and therapeutic processes

Therapeutic processes in different types of events

Several studies (Cummings & Hallberg, 1995; Elliott, 1985; Martin & Paivio, 1990; Martin & Stelmaczonek, 1988; Timulak & Lietaer, 2001; Wilcox-Matthew *et al.*, 1997) focused on more general therapeutic processes across different types of significant events. Several interesting findings were reported: e.g., a higher level of information processing was present in significant events than in control events randomly taken from the sessions (Martin & Paivio, 1990; Martin & Stelmaczonek, 1988 – though in this study it seemed to be influenced by higher levels of the therapist's processing), different therapeutic process in significant events resulted in a different type of helpful impact (e.g., empowerment in Cummings & Hallberg, 1995; Timulak & Lietaer, 2001) with the clear role of the client's specific request/need that is responded to by the therapist (Timulak & Lietaer, 2001; Wilcox-Matthew *et al.*, 1997).

Insight events

Some studies focused on specific processes (e.g., narrative in Grafanaki & McLeod, 1999) or specific types of events (e.g., insight in Elliott, 1984) in greater detail. For example, seven intensive significant events studies (Elliott, 1983, 1984; Elliott & Shapiro, 1992; Elliott *et al.*, 1994; Hardy *et al.*, 1998; Labott *et al.*, 1992; Rees *et al.*, 2001) focused on the events that contained a helpful impact of awareness or insight (sometimes also called problem clarification).

Two of those studies (Elliott, 1983, 1984; Elliott *et al.*, 1994) attempted to develop a model of the processes in successful insight events in psychodynamic and CBT therapies. The refined model was presented in the second study (Elliott *et al.*, 1994). It contained five steps which insight events consisted of: (1) contextual priming (the previous sessions provide context for relevant thematic information around a painful event that is being explored in therapy), (2) novel information (interpretation of the painful event in line with the client's more general functioning), (3) initial distantiating

process (in which the client mulls over the novel information), (4) insight (that is accompanied by emotional expression of newness), (5) elaboration (in which the insight stimulates the client's further exploration).

Elliott (1984) also reported that the clients in the studied events were ready for the interpretation as they were in the process of trying to deepen their self-understanding, and indirectly they were asking for help from the therapist in this task. The target intervention consequently contained an interpretation targeting a core interpersonal issue. The interpretation was delivered in an affiliative manner, was interactive and multipart. Even though it was not entirely perfect; however, it did not distract the client. The client also experienced relief, newness, and accuracy of the interpretation. The relationship with the therapist was also positively affected.

Elliott *et al.* (1994) also checked for differences between the insight events from psychodynamic and CBT treatments. They found that events in psychodynamic therapy involved a new painful awareness, while this quality was missing in CBT events. Events from psychodynamic therapy involved a cross-session linking of an interpersonal conflict while in CBT it usually was reattribution of depressing triggers.

Additional studies pointed to other aspects of insight events. For example, Elliott and Shapiro (1992) showed how important it may be to empathically process interpersonal misunderstanding between the client and the therapist for an insight into the client's interpersonal experiences. Similarly, Elliott (1983) found how essential the therapist's empathy and evocative empathic reflection is for the client's experience of healing. Rees *et al.* (2001) observed the value of an appropriate use of CBT principles in a problem clarification event. On the other hand, Hardy *et al.* (1998) showed how useful it can be, in psychodynamic therapy, explicating to the client how underlying hurt may lead to the experience of symptoms. Virtually, all seven studies pointed to the fact that despite the event being considered as positive, it still could contain painful emotions.

Other qualitative studies

There are a few qualitative studies that focused on specific aspects of therapeutic process in significant events (Grafanaki & McLeod, 1999, 2002; Hardy *et al.*, 1999; Timulak & Elliott, 2003). One of them is a study by Hardy *et al.* (1999) who focused on the client's attachment style and the therapist's responsiveness to it (Stiles, Honos-Webb, & Surko, 1998). The therapist's responsiveness to the attachment styles was typical for a variation of containment, reflection, or interpretation. Reflection was a more typical response to the preoccupied attachment, while interpretation was a more typical response to the dismissive attachment, which shows that balance of supportive versus expressive techniques may be also a function of the therapist's responsiveness to the client's attachment style.

Another study (Timulak & Elliott, 2003) looked at the events characteristic of an elevated sense of empowerment on the client's part. Different processes were identified leading to five different types of empowerment. The empowerment events ranged from the ones where sadness was explored in the presence of the empathic therapist to the ones where the client's new emotional expressions, determination, or accomplishments were affirmed by the therapist.

One study (Grafanaki & McLeod, 1999) looked at narrative processes in significant events. The authors found that the events contained three main categories of narrative processes. In the first category, the important role of the therapist was to defuse shame experienced by the client. The second category pointed to the empowering aspect of

the reformulation of an 'old story' into a new one. The third main category of narrative processes was the therapist's and client's co-constructing of the story of therapy, so it could be presented in the world outside of therapy. Grafanaki and McLeod (1999) also observed a rhythm in the interaction between the client and the therapist that could be characterized as either 'interrupted flow' when the process was hindered or 'achieved flow' when the process was productive. The same authors (Grafanaki & McLeod, 2002) also analysed the same data from the perspective of person-centred construct of 'congruence–incongruence'. They found that clients' and therapists' accounts of congruence and incongruence did not simply match helpful or hindering type of events, but were present in both types.

Discussion

First of all, it seems that currently a definite list of what distinct events/impacts clients see as helpful in psychotherapy exists (cf. Timulak, 2007). We can be less confident with regard to non-helpful events, as Elliott's (1985) original study was the only study to construct a taxonomy from the qualitative data in individual therapy and similarly, the Doxsee and Kivlighan (1994) study for group therapy. The actual types of events that were established on the basis of helpful impacts of the events are not that surprising as they correspond with the impacts (cognitive, emotional, behavioural, motivational, and relational) stressed by different theoretical approaches.

The prevalence of different types of events that was found is not that surprising either as the dominant, Insight/Awareness, and Problem Solution, events are conceptualized as in-session outcomes by major therapeutic approaches. A high prevalence of relationship-oriented events such as Reassurance, Feeling Understood, and Personal Contact is also understandable as the therapeutic relationship is long seen as crucial for therapy. However, the fact that clients sometimes see them as something that stands out from the session the most lends them credibility. Even in the events in which the main impact was cognitive or emotional, the relational context coloured the impact (e.g., Elliott, 1983). This corresponds well with the emphasis placed on the client experience of therapeutic relationship in the relational approaches to therapy such as client-centred therapy. Also logical is the finding that relational events may be more frequent at the beginning and end of therapy, while task-oriented events may be more frequent in the middle stages (cf. Cumming *et al.*, 1993; Holmes & Kivlighan, 2000) as it suggests that the client first needs to feel psychologically safe and when the main therapeutic work is done needs to prepare for parting.

A finding that may have a more direct implication for theory and practice is that disappointment and misunderstanding in the relationship with the therapist are seen as major significant difficulties experienced in therapy (e.g., Booth *et al.*, 1997; Llewelyn *et al.*, 1988). In the context of group therapy, this may extend to other group members (cf. Doxsee & Kivlighan, 1994). An explanation for occurrence of such events in supposedly helping relationship may be the clients' vulnerability which may make the clients prone to be sensitive to the interpersonal interactions. It is important to note that due to the clients' deference to their therapists (cf. Rennie, 1994), difficulties in therapy may not be communicated to the therapists, which decreases the likelihood that they would be resolved. The therapists, should therefore, be watchful for any signs of disappointment or experiences of being misunderstood, in their clients, so they could open them up and work through them in therapy (cf. Safran & Muran, 2000).

Important implications stem also from the findings that there are clear discrepancies between what the clients and the therapists find helpful in therapy. It is not surprising given that the clients in couple and group therapy differ among themselves as well (e.g., Helmeke & Sprenkle, 2000; Shaughnessy & Kivlighan, 1995). It seems that the client's motivation, their cognitive, affective, and relational styles, as well as their reaction to the therapeutic situation, influence what they find as significant. Naturally, it then differs from therapists' perceptions.

Interestingly, however, it seems that there is one common feature that distinguishes clients from therapists. Clients value more the relational and emotional aspects of events, while therapists prefer the more cognitive impacts. Several studies (e.g., Elliott, 1983; Elliott & Shapiro, 1992; Hardy *et al.*, 1998; Labott *et al.*, 1992) showed that the therapist places an emphasis on the client's insight without being fully aware of the vulnerability that the client experiences in that event. The client overall experience in such events is much more centred around the interpersonal context of their experience, than simply around the progress they potentially made in understanding of a particular problematic issue. It seems that the client, even in the same events (cf. Elliott & Shapiro, 1992), place more emphasis than the therapist on how they are perceived by the therapist or how they perceive the therapist is treating them with regard to a specific issue they are successfully tackling in therapy. The client's experience of an emotional impact may be significant as well (e.g., Elliott, 1983). Indeed, in one of the intensive studies (Labott *et al.*, 1992), the client left therapy despite the helpfulness of the event, because the therapy experience was difficult to bear.

The intensive studies reviewed show that the helpful events may contain many hindering and painful elements. These findings have important implications for practice. They indicate that therapists should continually monitor the level of the client's distress even in seemingly productive sessions (events). Though the clients may make a significant progress in resolving a particular issue, it may go beyond their capacity of feeling interpersonally comfortably with the therapist or beyond their capacity to contain the emotional aspects of experience.

The findings which show that the match between the clients' and the therapists' perspectives increases with a good outcome and with a good relationship (e.g., Cummings, Martin, *et al.*, 1992; Kivlighan & Arthur, 2000) suggests that in successful therapy the therapists may be more attuned to the clients' ongoing experience of therapy. Whether it is down to the skilfulness of therapists or it is just a natural phenomenon of a good 'flow' between the therapist and the client (cf. Grafanaki & McLeod, 1999) remains to be answered. Another option would be that the clients internalize what the therapists' value in therapy. This again would happen only in the therapy based on a strong alliance.

In any case, the findings emphasize that the client's perceptions in therapy cannot be taken for granted (cf. Rennie, 1994) and that the relationship aspect of significant events may be more important than the therapist realizes. Together with the fact that a portion of events seen as significant by clients is not shared with their therapists (e.g., Timulak & Lietaer, 2001), it clearly points to the necessity of ongoing checking-in with the clients about their experience of therapy and allowing them to play an active role in their therapy (cf. Bohart & Tallman, 1999).

The studies reviewed highlight the many ways in which the therapist may miss important aspects of the therapeutic process, but also emphasize potentially decisive therapists' interventions that often come from a deep sense of caring for the client, combined with professional skilfulness (e.g., Timulak & Elliott, 2003). It seems that in

many helpful significant events (1) the therapist (a) provides a safe caring environment that allows the client to be pro-active and use therapy productively, (b) actively participates in the client change by decisive, skilful, and at the same time caring interventions; and at the same time (2) the client is (a) capable of tolerating mistakes of the therapist and (b) able to contain and actively process difficult emotional experience.

With regard to studying events in theoretically different therapies the research to date was not that informative. Although there are preliminary findings which would suggest that different therapies could be leading to different impacts as perceived by clients (e.g., Llewelyn *et al.*, 1988), this finding is preliminary as the role and impact of different methodologies remains unclear (e.g., different taxonomy of events, different raters, multiple impacts in one event). Furthermore, only one of the studies (Llewelyn *et al.*, 1988) took good precautions to enhance its validity by checking for adherence to specific treatment protocol. The remainder relied on the reported description of the treatment. This type of study may be more meaningful if it looked at how different in-session positive moments correspond with different models of therapeutic change in different approaches.

It seems that there is only moderate evidence to support the link between significant events and the treatment outcome with only one quantitative study suggesting a positive correlation (Llewelyn, 1988). There is some indirect evidence indicating that the events may be characterized by higher levels of information processing (Martin & Stelmaczonek, 1988), though it is not clear whether it is not only the therapist activity that is responsible for it (Martin & Paivio, 1990). Evidence also suggests that the events are remembered over a significant period of time (Martin & Stelmaczonek, 1988) and in some qualitative studies, clients could actually track the most helpful event of the whole successful therapy (e.g., Elliott & Shapiro, 1992). Though this evidence is as yet quite limited, it fits with the logic behind this type of research suggesting that the fruitful therapeutic processes and impacts should be recognizable as such by clients.

There are several problems with tracking the link between the events and outcome. Methodologically, its main problem is the non-linearity of therapy process which means that the counting of simple frequencies of significant events does not do justice to the qualitative weight of different events. Refined methodology, introducing the weighing of the importance of the helpful impact, would have to be used. Another alternative would be the use of an intensive single case design allowing for the monitoring of the relationship between in-session events with overall outcome. Some studies following this logic already exist (cf. Elliott, 2002; Parry, Shapiro, & Firth, 1986). Indeed, at least two qualitative studies (Elliott & Shapiro, 1992; Labott, Elliott, & Eason, 1992) found that a single significant event was assessed by the client as the most important point of the overall successful therapy.

Another problem of studying the link between the events and outcome is that different events may play different roles in therapy. For example, some events may contribute to a better therapeutic bond, while some may be in-session outcomes as nominated by clients. Also, different events may build on each other, so their impact may be accumulative (cf. Elliott, 1983). Therefore, though not all events may be directly linked with the outcome, they may be contributing to it.

The problem of different 'weight' of different events could be addressed by investigating the most significant events, for instance, through studying the cases that went exceptionally well in 'a leap' form. An example are 'sudden gain' cases that show marked improvement in one between-session interval and tend to benefit from that improvement overall (Tang & DeRubeis, 1999; Tang, DeRubeis, Hollon, Amsterdam, & Shelton, 2007).

If significant events were routinely collected as a part of research protocol, then the sessions prior to the gain could be inspected for events which could subsequently be studied thoroughly. This methodological approach could allow the identification of the most critical events of the overall therapy and their investigation could shed more light on the mechanisms responsible for therapeutic change.

As already outlined above, there are several limitations to this type of research. Some may have to do with the generalizations across the studies, e.g., different raters, different taxonomies, multiple impacts, etc. Some, however, have more to do with the logic of the studies. It stems from the fact that significant events are nominated by the clients whose choice is based on a felt impact not on a theoretically informed base. These events are therefore better studied from the perspective of the client process of resolving a problem rather than a particular theory of therapeutic change actively promoted by the therapist. Indeed, many intensive studies looked at significant events phenomenologically without attempting to evaluate a particular theory of change processes present in them. This, however, makes significant events research less interesting for the researchers attempting to develop a specific theoretically based therapeutic approach as the information provided by this type of research focuses on the client's process of change without addressing specific theoretical problems that need to be resolved in furthering the treatment.

What may prove to be more interesting is to study significant events in the context of a particular theory of change (e.g., cognitive restructuring or emotion transformation) in successful cases in comparison to unsuccessful cases and in the context of therapy cases that are monitored for their outcome (cf. Elliott, 2002). In that case we could, at first, establish whether the successful client's nominated events contain pre-supposed change processes and whether they contain them more typically than non-significant parts of their sessions and sessions of non-successful clients. We could then study such events in a more detail, so we could not only see the theoretical perspective brought by external raters, researchers and therapists, but also the client's perspective provided through reflections on those significant events. If this approach was repeated across several cases, we could assess whether the mechanisms observed in thus studied significant events are generalizable (cf. methodological approach of Rice & Greenberg, 1984). This approach could enhance our understanding of change processes in therapy.

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