

**A QUALITATIVE ANALYSIS OF EXPRESSED NEEDS EARLY IN EXPERIENTIAL  
TREATMENT FOR DEPRESSION**

Natalie D. Ferreira

A THESIS SUBMITTED TO  
THE FACULTY OF GRADUATE STUDIES  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
MASTER OF ARTS

GRADUATE PROGRAM IN CLINICAL PSYCHOLOGY  
YORK UNIVERSITY  
TORONTO, ONTARIO

AUGUST 2017

© Natalie D. Ferreira, 2017

### **Abstract**

This study is a qualitative thematic analysis of the early (second session) expressed needs of 10 clients in experiential therapy for depression. The sample of 10 clients consisted of five good long-term outcome (18-month follow-up) and five poor long-term outcome clients from the York 2 Depression Study. There were four goals in this study: (1a) to establish a need theme structure from the new current data set; (1b) to validate a previously established need theme structure of early expressed needs (Ferreira, 2013); (2) to explore whether differences emerge in the types of expressed needs between good outcome and poor outcome cases; and, (3) to begin exploration of coded depressogenic etiologies for future analysis. The findings in this study suggest: (1) that the previously established need theme structure was validated by the current need theme structure; (2) that good outcome clients express more self-oriented need themes, whereas poor outcome clients express more other-oriented need themes; and, (3) that a common need conflict expressed in good outcome clients suggest these clients were willing to explore their experience in therapy in the service of self-growth, whereas poor outcome clients appear to be struggling with more complex systemic need conflicts at the onset of therapy.

## **Acknowledgements**

I would like to thank those individuals who have helped me in the process of completing this thesis.

First and foremost, I would like to express my sincere gratitude to my supervisor, Dr. Alberta Pos for all her time and dedication, encouragement, and invaluable guidance throughout this process. Thank you.

Thank you to Dr. Karen Fergus for your guidance, feedback, and qualitative expertise throughout this project.

To my lab sister, Giulia Rinaldi, thank you for making the last two years of study and the completion of thesis filled with great conversation, insight, and lots and lots of laughter.

And finally, I would like to express my deepest gratitude to my sister, Ines Ferreira, for always believing in me. Thank you from the bottom of my heart.

## TABLE OF CONTENTS

Abstract.....	ii
Acknowledgements.....	iii
Table of Contents.....	iv
List of Tables.....	vii
INTRODUCTION.....	1
Depression.....	1
Experiential Theory.....	1
Gaps in experiential theory concerning needs.....	3
Current Study Background.....	3
Current study goals.....	4
Qualitative Analysis.....	4
Validity goals of the current study.....	6
METHOD.....	9
Sample.....	9
Measures.....	10
The Beck Depression Inventory.....	10
The Symptom Checklist-Revised.....	11
Ruling Out Some Potential Confounds that Might Impact Outcome.....	11
Treatments.....	12
Qualitative Analysis.....	12
Investigator-coder issues.....	12
Reflexive bracketing issue: Knowledge of need theory pre-qualitative study.....	13

Thematic analysis .....	16
Depressogenic etiology (DE) codes .....	17
Analytic Procedure.....	18
Qualitative Software .....	18
Pre-analysis .....	18
Phase 1: Initial familiarization with the data set .....	18
Phase 2: Generating open codes .....	19
Phase 3 & 4: Searching for and reviewing themes.....	20
Phase 5: Further defining and refining theme names .....	20
Reapplying the need structure to individual clients .....	21
Code Auditing .....	21
QUALITATIVE RESULTS .....	21
Established Need Structure from the Current Data Set .....	21
Higher Order Need Theme Category 1: Safety & Stability .....	22
Higher Order Need Theme Category 2: Support .....	22
Higher Order Need Theme Category 3: Esteem, Respect, Value & Worth .....	23
Higher Order Need Theme Category 4: Control & Agency .....	24
Higher Order Need Theme Category 5: Regulating Negative Emotion .....	24
Higher Order Need Theme Category 6: Growth & Orientation .....	25
Higher Order Need Theme Category 7: Connection, Love & Belonging .....	26
Higher Order Need Theme Category 8: Peace, Rest & Enjoyment.....	26
Validating the Previous Need Theme Structure Established in my Honours Thesis.....	27
Differences in Types of Needs Between Good Outcome and Poor Outcome Cases.....	28

Depressogenic Etiologies (DE) Coding Results (for further analysis and exploration) .....	31
Need conflicts within the good outcome cases.....	32
Need conflicts within the poor outcome cases .....	34
DISCUSSION.....	37
Current Findings in Relation to Maslow’s Hierarchy of Needs .....	38
Previous Research on Core Themes of Treatment.....	41
Current Findings in Relation to Dynamic Theory on Individuation.....	43
Need Themes, Depressogenic Etiologies, and Experiential Case Formulation.....	47
Limitations .....	48
Future Research .....	50
CONCLUSION.....	51
REFERENCES .....	52
APPENDICES .....	59
Appendix A: Overview of Current Need Theme Structure with all Codes .....	59
Appendix B: Clients Grouped According to Current Need Theme Structure .....	67
Appendix C: Grounded Data for Higher Order Need Themes and Subcategories .....	88

## List of Tables

1. Overview of Client Long-term Outcomes at 18 Months Post-treatment.....	102
2. Current Need Theme Structure .....	103
3. Current Need Theme Structure and Previous Honours Need Theme Structure with Client Endorsement Rates.....	104
4. Endorsement Rates of Need Theme Subcategories by Outcome Groups.....	105
5. Need Conflicts Expressed by Good and Poor Outcome Clients.....	107

## A Qualitative Analysis of Expressed Needs Early in Experiential Treatment for Depression

### **Introduction**

#### **Depression**

Major Depression (MDD) is currently considered a leading cause of disability worldwide. By 2020 MDD is likely to be the world's second highest disease burden (Murray & Lopez, 1996) and already costs Canada billions in health care and loss of productivity (Lim, Jacobs, Ohinmaa, Schopflocher, & Dewa 2008). Interpersonal, cognitive-behavioural and experiential psychotherapies while all empirically validated, equally effective short-term treatments for moderately depressed adults (Shea & Elkin, 1996; Shea, Elkin, Imber, & Sotsky, 1992; Greenberg & Watson, 1998; Goldman, Greenberg, & Angus, 2006; Watson, Gordon, Stermac, Kalogerakos, & Steckley, 2003), have effects that can be considered modest (Westen & Morrison, 2001). As such, all treatments can and should be improved. The current qualitative study focuses specifically on understanding the expressions of needs in early sessions of experiential therapy of depression. Hopefully, this understanding will eventually inform better case formulation in, and improvement of, experiential treatment for depression.

#### **Experiential Theory**

In the general emotion-science literature, emotions are well-established as occurring in situations relevant to our core needs and concerns (Frijda, 1986). Hence in a therapy that concentrates on emotional processing (Greenberg & Watson, 2006) the importance of exploring needs in therapy is underlined. Within experiential theory, emotion schemes are seen as the main source of experience and are viewed as always being organized around an activated core need. Experiential therapies assume that healthy individuals are aware of dynamically shifting needs, and can allow pressing needs and emotions into awareness so that the activated emotions can organize action towards meeting these needs in the environment (Perls, Hefferline, & Goodman,

1951; Pos, Greenberg, & Warwar 2009). One core aim in experiential therapy is to activate the experience of emotion so that clients can become more deeply aware of both their emotions and the needs at the core of these feelings (Pos & Paolone, 2017). Experience of core needs is also thought to help clients access adaptive emotion that can transform maladaptive or secondary emotion. Often the experiential therapist facilitates the client's attending to emotions that are currently being expressed "on the periphery" of a client's awareness, and helps the client attend to and experience adaptive needs that provide the client access to those adaptive feelings as well as the inner resilience these adaptive feelings often provide. As such, again, since the experience of needs is considered to be the fulcrum for emotional change it is an important focus of exploration. Further, task analytic research of core emotion-focused therapy tasks has shown that the resolution of several core therapy tasks often requires accessing and experiencing core needs (Greenberg, 1983, 1984a, 1984b; Greenberg & Watson, 2006; Sicoli, 2006). So again, another indication of the importance of understanding needs expressed in experiential therapy is here provided.

Further, while one previous study (Goldman, 1997) tangentially discussed client needs while exploring client Experiencing (EXP; Klein, Mathieu, Kiesler, & Gendlin, 1969) during narratives related to clients' core foci of treatment, no study has yet focused specifically on the expression of needs that clients bring into experiential treatment. While Goldman (1997) used observer-coders in her study, no strict qualitative method was applied. As such the current study provides a rigorous qualitative focus that is specific to the expression of needs in depressed clients.

Relating to emotion in general, from an experiential theoretical perspective individuals who develop depression arrive at experiencing depression via three depressogenic etiologies (DEs). All DEs have ramifications for the expression of both emotion and their related needs

(Pos, Greenberg & Elliott, 2008). These DEs are articulated as: DE1) being generally emotion avoidant so that one is in exile from one's deeper needs and feelings; DE2) experiencing need conflicts from two parts of the self, each self battling for its own needs, with conflicts remaining often unresolved, leading to feelings of resignation, hopelessness and helplessness; and, DE3) experiencing the chronic activation of unresolved unmet needs from early-life circumstances, often interpersonal, leading to feelings of being stuck, shamed, or unworthy. From a qualitative research perspective, DEs could be considered higher order need themes that organize certain constellations of needs that might present in therapy for depression.

**Gaps in experiential theory concerning needs.** While experiential theory points to the importance of accessing, experiencing and expressing needs in therapy, little is empirically known about the specific types of needs that depressed clients express when they enter therapy. From a qualitative research perspective, this means little is known about how the client expresses their needs *on the ground level* when they come in for treatment for their depressions. Still less is known about whether there are important types of needs expressed or the occurrence of depressogenic etiologies (incidence of higher order need themes). Further these have not yet been explored in relation to outcome for experiential treatment of depression.

### **Current Study Background**

For my honours thesis (Ferreira, 2013) I performed exploratory research in which I qualitatively analyzed the expressed needs of 12 clients early in experiential therapy for depression. This analysis resulted in an emergent need theme structure represented by ten preliminary themes of needs. These were: (1) needs for connection; (2) needs to be more genuine; (3) needs for safe other; (4) needs to be valued by other; (5) needs for support; (6) needs

to maintain relationships; (7) needs for mastery/confidence; (8) needs to understand self; (9) needs to regulate painful feelings; and, (10) needs to overcome past.

**Current study goals.** In the current study I sought to refine and validate the need structure present in these early sessions of depressed clients obtained in my honours thesis. This refinement and validation using a new sample of client sessions was important for a number of reasons: (1) it can provide opportunities for validating etiological theories of depression; (2) it can inform more precise case formulation for depressed clients; and (3) it can aid in the development and refinement of increasingly targeted EFT therapy tasks, such as split-work and unfinished business, which both identify accessing needs as a core component in resolving these tasks (Greenberg & Watson, 2006).

Therefore the goals of the current study are: (1a) to establish a need theme structure from the new current data set; (1b) to establish the qualitative validity of the previous need theme structure established in my honours thesis by comparing the current and past obtained need structures from the two qualitative analyses; (2) to explore whether differences emerge in the types of expressed needs between good outcome and poor outcome cases; and, finally, (3) to begin exploration of coding DE's for future analysis.

### **Qualitative Analysis**

Qualitative research is a post-modern approach to research, one which asserts that no single 'objective' view on any phenomenon is possible and that many possible correct views exist. As such, instead of knowledge being established through T tests and p values, knowledge is reached through an interpretive process, often based on consensual agreement. Validity of any individual view of reality is established when a qualitative interpretation of the data convinces the reader of that interpretation. The validity of *this* study will therefore be established through

both a rhetorical process of making a convincing case in language and through the reader being convinced by my presented qualitative analysis of the data (Rennie, 2000). The reader reaches this sense of agreement with, or perception of the provided interpretation as possibly true, through trusting the way their self 'resonates' with the solution or sensibleness of the analysis and interpretation of the data (Rennie, 2000).

The issue of how many interviews is enough for qualitative analysis is the source of much discussion and debate. The answer, ultimately, is "it depends" (pg. 3, Baker & Edwards, 2012). Given the exploratory nature of qualitative research, it was difficult to determine a priori how many cases would be enough for analysis when I was not yet aware of what would emerge from the data. Some (e.g., Rennie, 2012) believe that normally 8-12 clients or interviews are adequate to reach an initial thematic structure from a corpus of data, while others (e.g., Baker & Edwards, 2012) advise between 12-60 interviews. One point of agreement amongst qualitative researchers is that enough interviews are the number from which a saturated (no new themes emerging) qualitative structure emerges (Baker & Edwards, 2012). Let me further discuss the process of saturation of categories during qualitative analyses and how this process is linked to the validity of a qualitative solution. As mentioned above, saturation is a qualitative research tool often linked to a study's sample size. In fact, it is the process through which a qualitative study is often thought or judged to have an adequate sample size. When the categories have been exhausted and no new categories are introduced into the qualitative solution through the addition of new data, a qualitative analysis is thought to be 'terminable' (Baker & Edwards, 2012). The original study achieved saturation of categories within twelve transcripts and the current validation study achieved saturation within ten transcripts. Again, by reconciling the two solutions one could argue that saturation occurred at both the study level and at the higher order

level of reconciliation of the two solutions. As such final saturation could be argued to have emerged from 22 total transcripts. This falls well within the suggested range noted by several contributors to Baker & Edwards (2012).

To repeat, the current study used a sample of 10 client transcripts to validate the previous need theme structure that had been obtained from 12 client transcripts. The current validation sample of transcripts did yield a need structure reconcilable and validating the original need structure obtained from  $n = 12$  transcripts. Both studies have therefore contributed to the establishment of a final thematic structure of early expressed needs in experiential therapy.

One further consideration is that this current study also differed from my honours thesis in that sampling was based on clients' long-term outcome status. That is, client sessions in my honours thesis were randomly selected sessions while transcripts in the current validation sample of transcripts were purposively sampled based on selecting both good and poor long-term outcome clients (see Method).

**Validity goals of the current study.** It should be noted that there is debate in the field as to how the validity of qualitative investigations should be evaluated as compared to more classical quantitative approaches to research. Here, I would like to acknowledge that the current study is an exercise in qualitative validity of sorts (i.e., using a new sample to validate a previously established need structure) and discuss how my current study has attempted to provide qualitative validity for a previously qualitatively obtained (Ferreira, 2013) thematic structure of depressed clients' expressions of needs early in therapy.

Stiles (1993), a very sound quantitative researcher, became enamored with and began to engage in more qualitative investigations of individual therapy cases (Honos-Webb, Surko, Stiles, & Greenberg, 1999). Stiles (1993) argues that the validity of any qualitative result

depends on a number of factors. This includes for whom the results should be meaningful, as well as the impact that the interpretation can have, which are twofold, providing a type of fitness to the reader, as well as the impact the interpretation will have to stimulate change or growth in the area of investigation undertaken.

First, in relation to locus of impact, because I have analyzed archival data from participants long-ago treated in two York treatment studies who are no longer available for input, the impact that my study will have on any reader will not include an impact on the original participants, whom I have not had access to nor been able to include as witnesses to the validity of the current qualitatively obtained need structure. As such, the impact of this current study will be on the reader and researchers of depression and the treatment of depression, most likely experiential treatment providers. The impact of the current investigation will hopefully be twofold as per Stiles (1993), as it will hopefully provide a goodness of fit to the phenomena as discussed below as well as provide an impetus for future research in this area.

The types of validity this study is providing relate to several of the categories discussed by Stiles (1993). These are: triangulation, self-evidence/coherence, consensus/replication, and reflexive validity. I will briefly describe how my current study addresses these forms of validity.

Triangulation is an approach to validation conducted by gathering information from multiple sources (i.e., participants, theories, methods) and assessing their convergence. The current study provides some triangulating validity in the following ways. I used new participants (i.e., an additional sample) from which to establish anew a need structure solution of needs expressed by clients early in experiential therapy that had been previously established with an independent sample (Ferreira, 2013). The samples were related, having participated in the same outcome study, but the current solution was established independently from the one established

from the first sample. Convergence of the two solutions, it could be argued, provides a sort of triangulation. I also will be revisiting related studies such as Goldman (1997) to establish resonance between my results and hers. Visiting the coherence of my results with a related study may also provide some additional triangulation.

Self-evidence/coherence is a kind of validity that my study will provide mostly to the reader of this study. The idea here is that if my interpretation of the phenomenon is coherent, you as the reader will find the validity of my interpretation self-evident because you will resonate with its validity. As such, it will provide you with the experience of my interpretive solution ‘hanging together’ and making sense. Rennie (2012) discussed this type of validity as an act of convincing rhetoric. He believed that if the reader resonates with the qualitative solution provided then that resonance is a kind of reader-validation of the solution.

Both consensus and replication validity can be viewed as offered by the current results as well. First of all, consensus of the results was sought throughout the coding process as two coders reviewed, listened to and arrived at consensus concerning codes. The replication of results provided by the current study is also clear given that I have constructed anew the need theme solution with a new and independent sample. While I am not an independent researcher and was involved in the original solution, I exercised due diligence of not visiting the earlier results and through remaining reflexively aware of my previous work, attempting to explicate any biases that I may have held. Another form of replication validity is offered by the participant rate of endorsement of my current categories. The lion’s share of categories was endorsed by 90 to 100% of the participants, increasing the reader’s confidence in those categories of themes.

Reflexive validity is a process that Stiles (1993) describes as validity that is provided by the consistent revisiting of the data at all level of analysis, in this case from the transcript level to the

corpus level and back. It also requires that any biases or preconceptions that the researcher may have be themselves impacted by the researcher's involvement with new data. As such, qualitative interpretation as it evolves is dialectically constructed through the researcher's involvement with what Rennie's (2012) called the 'hermeneutic circle'. The fact that the current solution impacted by the new data and that the overall thematic structure was expanded to contain the new data reflects that I engaged successfully in this process.

## **Method**

### **Sample**

The sample used was an archival data set of second-sessions (and one third-session), both therapy transcripts and videos, from 10 clients who had received experiential therapies for their depression in the York 2 Depression Study (Goldman, Greenberg, & Angus, 2006). The entire York 2 RCT consisted of 38 clients who underwent experiential therapy for the treatment of major depression. Of these 38 clients, 12 York 2 clients had been previously randomly chosen and analyzed for need themes in my honours thesis. Of the remaining 26 clients, 21 provided 18-month outcome data. Four of these 21 clients were randomly selected for training purposes prior to the current analysis. This left a total of 17 potential clients for inclusion in the current sample. Of these potential 17 clients, 10 clients were purposively sampled for this analysis based on the following criteria. The first criterion was that the 10 clients were clients who performed above or below average compared to other clients from the 18-month follow-up sample on their depressive and symptom outcomes when compared to all clients who had participated in either York 1 (Greenberg & Watson, 1998) and York 2 (Goldman et al., 2006) RCTs and provided 18 month outcomes on these measures. These symptom outcome measures were standard measures used in the NIMH collaborative study for the treatment of depression to assess symptoms,

depressive and general (Shea & Elkin, 1996; Shea, Elkin, Imber, & Sotsky, 1992). These outcomes were measured as residual gains, a stringent measure of outcome that is thought to remove regression to the mean in the entire sample (Linn, 1981). The second criterion was these individuals were or were not considered depressed at 18 months according to the Beck Depression Inventory ( $BDI < 10$ ; BDI; Beck, Ward, Mendelson, Mock & Erbaugh, 1961; Beck 1972). This means the clients used in this analysis were those who out of the 17 potentially available York 2 depression trial clients not only had provided 18-month follow-up data, but were those who also had the best ( $n = 5$ ) and poorest ( $n = 5$ ) long-term outcomes as evaluated by their performance on their symptom outcome measures. There were no differences in termination outcomes of those clients who had or had not provided 18-month follow-up data, and clients who did or did not provide follow-up data did not differ in their pre-treatment distress of any outcome measure ( $ns, ps > .05$ )

### **Measures**

The following measures were used in the original York 2 outcome study. The 18 month outcomes on these measures were used to establish the two outcome groups.

**The Beck Depression Inventory** (BDI; Beck, Ward, Mendelson, Mock & Erbaugh, 1961; Beck 1972). The BDI is a 21-item, self-report inventory designed to measure severity of depression. For each item, respondents are asked to choose one of five alternatives that best describes them at present. Higher scores reflect greater severity of depression (possible range = 0 - 63). In a review of 10 years of research using the BDI, Beck, Steer & Garbin (1988) report validity coefficients ranging from .66 to .86, and internal consistency coefficients ranging from .73 to .93. The BDI also has been shown to have good discriminant and concurrent validity (Beck, et al., 1988). When the test is scored, a value of 0 to 3 is assigned for each answer and

then the total score is compared to a key to determine the depression's severity. The standard cut-off scores are as follows: 0–9: indicates minimal depression; 10–18: indicates mild depression; 19–29: indicates moderate depression; and 30–63: indicates severe depression. The good outcome clients were not depressed at 18 months as indicated by their BDI scores (See Table 1).

**The Symptom Checklist–Revised (SCL-90R; Derogatis, 1983).** Although this measure taps into nine separate primary psychiatric symptoms (i.e., depression, anxiety, hypochondriasis) only the Global Severity Index (GSI) was used in the present study. Reported test-retest reliability for the SCL-90R over a one week period range from .80 to .90, and the internal consistency estimates for the nine subscales range from .77 to .90 (Derogatis, 1983). Each of the dimensions has also been found to correlate significantly with the MMPI scale dimension considered to measure a corresponding symptom construct.

### **Ruling Out Some Potential Confounds that Might Impact Outcome**

Due to the fact that the subsamples of good and poor outcomes were small, I performed a number of t-test comparisons of good versus poor outcome groups to assure myself that the groups did not differ on several potential confounds that could relate to outcome (and my results could not therefore be attributed to those confounds) before qualitative analysis occurred. During this process it was established that the poor and good outcome groups did not significantly differ in any pre-treatment distress (measured as depressive symptoms, general symptoms, self-esteem, and interpersonal problems), any alliance measures (early, middle, and late phases of therapy) or early levels of experiencing. Groups also did not differ on gender, age, education level attained and/or marital status (*ns*, all *ps* > .05).

It should be also noted that throughout the analysis of the need theme structure the author maintained blindness to outcome status of all cases. Clients were qualitatively coded in order of

their RCT subject numbers from lowest to highest, numbers that reflected the random order the clients had in applying for treatment. An overview of the ten client outcomes can be seen in Table 1.

## **Treatments**

Treatment in the York 2 depression trial consisted of two short-term treatments of 16-20 sessions of either client-centred therapy (CC; Rogers, 1957) or emotion-focused therapy (EFT; Greenberg, Rice & Elliott, 1993). Participants had been randomly assigned to one of the two treatment modalities. The first three sessions of both therapies are identical, both applying the same core relationship conditions and within which goals of treatment for each client are identified. Session two material was used in this analysis for n=9 clients and one third session material for n=1 client for which second session material was not available. Second sessions are considered optimal to examine clients' early need themes, as these are highly unlikely to be observed in first sessions and by the second session begin to take shape.

See Goldman, Greenberg, & Angus (2006) for a full review of the outcome measures and treatments used in the York 2 Depression Study.

## **Qualitative Analysis**

**Investigator–coder issues.** A core aim in qualitative analysis is that the analysis be data-driven and that it occur without the researcher imposing a pre-conceived or pre-existing framework on the data (Corbin & Strauss, 2008). As the researcher is the lens by which the analysis is conducted, a common practice is for the researcher to complete such analyses as “blind” as possible to any theory or literature that might unduly bias the analysis. However, given my previous research, having a general knowledge of depression symptomology, knowledge of general need theory, being literate in both emotion theory and experiential therapy,

and having graduate level course work and clinical training, it was impossible to be completely blind in the area of needs in depression. In an attempt to bracket my own knowledge that might unduly bias the analysis, I did not review the previous honours thesis need structure nor any literature immediately prior to the current analysis. The second expert coder auditing this analysis, my graduate supervisor, Dr. Alberta Pos, also did not refer to the honours thesis I wrote. She is a professor and a registered clinical psychologist.

**Reflexive bracketing issue: Knowledge of need theory pre-qualitative study.** I would like to acknowledge some of the knowledge bases that I have in relation to the study of needs and argue for if and how these knowledge bases would impact the analysis. The areas related to needs that I am aware of presently relate to Roger's theories, Gestalt theory, Maslow's hierarchy of needs, dynamic theory, and emotion theory. I am also cognizant of the need literature at large in a general sense.

First of all, given that both treatments in this study are experiential and based for a large part on Rogers theory of client centered therapy (CCT; Rogers, 1957), and were delivered purely as CCT in the sessions that I observed, I admit that I know that Rogers as a humanist had the belief that all people have within them a growth tendency. Maslow also appears to have been impacted by or was developing humanistic ideas by suggesting a higher level of needs related to self-actualization (Maslow, 1943). In so far as both Rogers and Maslow were trying to develop ideas that would relate to human nature pervasively, neither of these authors suggest anything concerning whether some clients would express growth more than others or how depression might interact with the expression of needs. As such, while I admit to perhaps being primed to 'see' growth as a potential need, I do not believe that I would be primed to see growth in some clients more than others. In fact, I could argue that within a depressed clientele for whom

hopelessness is often pervasive, I would not assume that growth needs would be articulated by depressed clients for whom other needs might preponderate (such as needs for control, needs for a more positive view of life).

One clinical area within which needs have always played a central role is within Gestalt therapy (Perls, Hefferline, & Goodman, 1951). In fact, a core gestalt writer who focused on needs within psychotherapy was Lewin (1938). Emotion focused therapy is an integration of CCT and Gestalt therapy. Lewin was figural in the development of field theory in gestalt and believed that needs were what caused attention to be directed to a figure in the environmental field of possible items to be aware of (i.e., if I am hungry and have a need for food, the hot dog stand near my office will become figural in my awareness). As such Lewin suggested the importance of needs and underlined for me the importance of focusing on needs in therapy.

Lewin was also a systems theorist and as such understood that a person could be organized by more than one need and as such could experience need conflicts. Gestalt interventions and EFT theory both have also pointed to need conflicts existing within one person (as has dynamic theory as well) (Pos, Greenberg, Elliott, 2008). Needs that could not be satisfied were thought to cause splits in the personality, and EFT therapy uses general markers of such splits (such as self-criticism) to help clients resolve depression. As such, I admit that as an experiential and clinical practitioner I am aware of unresolved conflicts being part of pathology and I am also aware of EFT theory based on gestalt theory which suggests that certain conflicts exist. However, as a qualitative researcher I was much more interested in the particular nature and quality of conflicts that depressed clients experience rather than the existence of conflict or self-criticism per se, which one could argue has been well discussed across many literatures for

some time. As such, while I could be ready to see ‘conflict’ I was not primed as to the nature that these conflicts would communicate.

Another literature of which I am informed is the dynamic literature on the Core Conflictual Relationship Theme (Luborsky & Crits-Christophe, 1990). Within that literature needs are articulated as ‘wishes’ of which many have been identified. Most relate to the interpersonal nature of a dynamic therapy focus. I am also aware of dynamic theory of depression which has suggested that there are two kinds of depression, perfectionistic and dependent, and as such perfectionists might express more needs for achievement while dependent clients might express more needs for relationship maintenance (Blatt, D’Afflitti, & Quinlan, 1976; Blatt, 1982). I had no previous knowledge concerning which clients within my sample would express which type of depression and this would likely not emerge, if it would emerge in therapy, until after session two. As such, I was not prepared to see needs emerging in relation to self or other for particular clients although I do admit that the self versus other distinction is one of which I am cognizant. While some literatures suggest that clients with interpersonal versus self-related needs do more poorly in therapy, I was blind to these theories before my study.

I was aware of Maslow’s (1943) hierarchy of needs as a possible framework, and I know that there have been attempts to study Maslow’s hierarchy within the organizational literature that have suggested more parsimonious typologies such as ERG (existence, relational and growth; Alderfer, 1969). I understand Maslow’s theory to suggest that some needs are more fundamental, and that fundamental needs lower in the hierarchy must be met before higher needs will become important to an individual. An important motivator for myself to study needs was the fact that Maslow’s work has had such longevity. If Maslow’s theory is true, and I did believe

somewhat in its validity, it would be likely that I would find needs in these clients which would fit into his typology. However, I had no idea what needs depressed individuals would express and was not aware of any literatures that Maslow had written concerning needs expressed by clients who suffer pathologies of various kinds.

The second effect that Maslow's theories have had on me is that it has appeared difficult to develop a scientifically satisfying literature on the study of needs. This appears to be more a result of the fact that 'needs' are complex phenomena, not that needs are not interesting or important to us clinically. In fact, the emergence of an established link between needs and emotions seems to underline the importance of studying needs in clinical populations for which emotion or affective difficulty are present, as in depressed clients. Still, I understand the concept of needs suggests many possible definitions such as wishes, goals, desires, wants, motivations and the like. A thorough review of all the literatures relating to these possible definitions is beyond the scope of this current work. However, the Merriam-Webster online dictionary definition of need focuses usefully on the word 'need' as suggesting something which is lacking or required, and no attempt to the *what* is lacking or required is suggested, other than that something is presently not available and therefore the need for that something is activated. When doing my analysis, I used the concept of need broadly to mean any desire, wish, goal, motivation that the client articulated, either explicitly or implicitly, in their narrative accounts in the context of session two of their therapies of depression.

**Thematic analysis.** This study employed a thematic analysis (Braun & Clarke, 2006) method, a qualitative approach commonly used to investigate narrative data derived from various sources, such as interviews or therapy transcripts. Braun & Clarke (2006) explicate the stages of thematic analysis and describe it as a structured method for identifying, analyzing, and reporting

patterns or themes within narrative data. The global theme searched for in this present data was explicitly or implicitly expressed needs that depressed clients communicate early in therapy.

The need themes in this analysis were identified in an inductive way, which bears similarity to grounded theory methodology (Braun & Clarke, 2006). This means that the initial coding was done with open codes closely grounded in the client's narrative and that, therefore, the data itself highly informed the resulting need theme structure. This structure was later continuously applied to each individual client. This process is representative of the double hermeneutic circle (Dilthey, 1996; Rennie, 2012) which combines both 'bottom-up' and 'top-down' approaches, where the parts inform the whole and the whole informs the parts. The grounded codes informed the higher order theme structure ('bottom-up') and this was subsequently used to organize each individual client's categories and subcategories of grounded codes ('top-down').

**Depressogenic etiology (DE) codes.** In addition to the inductive qualitative analysis of needs that was data driven and grounded in clients' narratives, I also coded the data for depressive etiologies which are in line with experiential theory. From the experiential theoretical perspective, these DE codes reflect processes through which clients become depressed/problematic. Three such codes were used: 'unmet needs', 'need conflicts', 'interruption of need-related experience' (Pos, Greenberg & Elliot, 2008). Since these codes occur in experiential theory, it could be argued that the three DE's coded in this analysis reflect a deductive approach ('top-down'). And, these three depressive etiologies (DEs) were coded alongside the more pure bottom-up need theme codes in order to permit a later comparison of need themes within these potential depressive etiologies. I would like to point out however that even though these DEs were theoretically derived, they were also evident in the training coding

cases, within which these DEs actually were found to be grounded in client narratives. While it could be argued that knowing experiential theory ‘tuned’ the investigator’s eyes to perceiving these DEs, in the experience of the coders the DEs emerged from the data itself and validated the experiential theoretical perspective. Further, be assured that these codes were applied in a highly data driven fashion, as the DEs were perceived in the data by the investigators. For reasons of time limitations only the DE data related to need conflicts will be presented in this current study.

### **Analytic Procedure**

The following analytic procedure is highly influenced by the phases of thematic analysis (phases 1-5) detailed in Braun & Clarke (2006). The author performed the following procedure completely blind to client outcome status.

**Qualitative software.** ATLAS.ti qualitative computer software, version 7 (Friese, 2014) was used for this analysis. All transcripts were coded while simultaneously watching session videos. ATLAS.ti allows users to attach codes to segments of clients’ narratives. These codes can then be later analyzed through ATLAS.ti to determine which codes co-occur.

**Pre-analysis.** In order to explore qualitative procedure more closely and to ensure I was fully versed in qualitative methodology using ATLAS-ti, a sample of four clients was randomly selected for training purposes prior to the current analysis. I coded these transcripts with the expert coder to re-familiarize myself with the process of qualitative coding, to strengthen my perceptual skills of recognizing and coding explicit and implicit need expressions, and to discuss any discrepant codes with the expert coder to reach consensual agreement. During this I availed myself of coding manuals for ATLAS.ti and video tutorials of ATLAS.ti coding software.

**Phase 1: Initial familiarization with the data set.** In order to familiarize myself with the 10 clients used in this analysis, the expert rater and I read and watched each client’s session

together. We then shared our sense of each client's global need themes and concerns. These were discussed until consensual agreement was reached. This aided in forming a better understanding of each client's 'need set' and could be conceptualized as starting the coding at the transcript level as a whole before line by line coding occurred.

**Phase 2: Generating open codes.** After initial familiarization, I open-coded each client transcript while simultaneously watching the corresponding video-taped session. These open codes were meaningful gysts of any client's narrative segment that expressed a need. Each code was classified as either explicit or implicit to help distinguish codes for which the client explicitly expressed a need versus the investigator made an inference concerning a client need. Further needs related to therapy goals were explicitly coded when a client expressed such a need in their session. One or more codes could be applied to each narrative segment. If an existing code applied to subsequent narratives, then that code was applied from the established code list. If the current code list did not adequately capture a narrative segment, then a new code was introduced to capture that segment's meaning.

Again, an additional layer of coding added to this analysis and not included in the honours analysis was DE coding. Again, these were need conflicts, unmet needs, and self-interruption of need experiences. Need conflict was coded that captured instances where a client expressed two opposing needs. Unmet needs captured moments when a client expressed a longstanding need that had not been met. Self-interruption codes captured moments when the client expressed instances where their needs were suppressed. I also coded instances of 'met needs' when a client expressed an instance of satisfying or having a need satisfied. This added layer of coding supported separate analyses but was not used in establishing the current need theme structure.

Open codes for the first four transcripts coded in this phase were audited by the expert coder. The analysis of all 10 transcripts resulted in a total of 343 codes broken down as such: 159 explicit needs; 94 implicit needs; 2 therapy goals; 34 need conflicts; 24 unmet needs; 25 self-interruption; 5 met needs.

**Phase 3 & 4: Searching for and reviewing themes.** The explicit need codes, implicit need codes, and therapy goal codes were used to educe the need theme structure. The ATLAS.ti output of all codes were listed alphabetically and therefore were not grouped in any way related to client. I read through all the codes and began organizing codes into meaningfully similar groups until all codes belonged to a cluster. I then labelled these groupings in what would become the higher order need themes. Therefore, themes were formed from open codes across the *entire* data set (i.e., all 10 transcripts) as suggested by Braun & Clarke (2006). This differed from the procedure used in this phase of the honours thesis analysis. In the previous analysis each client's (n=12) open codes were first clustered and given hypothesized higher order theme names as suggested by Mortl & Wietersheim (2008). This resulted in twelve individual need theme structures which then informed the broader overarching themes across the data set as a whole. I decided, in contrast, to employ Braun & Clarke's (2006) method for this analysis for two reasons: (1) this method is less burdensome, as separate client need structures can become highly individualized and pose more challenges to finding higher order themes; and, (2) given the inclusion of outcome status in the current study, I did not want to deeply immerse myself within individualized client need structures prior to establishing the overall structure.

**Phase 5: Further defining and refining theme names.** After all codes were grouped into the higher order categories, the expert coder and I reviewed the structure. We reviewed the codes within each category and came to consensual agreement on grouping and theme names.

Each category was then reviewed for further parsing into meaningful groups. These groupings were labelled as subcategories within each higher order category. These will be discussed in the Results section.

**Reapplying the need structure to individual clients.** After the need structure was established, I organized each individual client's open codes into groupings based on higher order categories and subcategories. Output of each client organized in this way provided an opportunity to inspect the whole data set with a consistent structure. Still blind to outcome status, I first attempted to cluster clients based on any apparent similarities. After this thorough examination, there emerged four clients who had very similar profiles. These were four of the five poor outcome clients. This provided a form of validation, as I clustered these clients without any undue influence of knowledge of outcome status.

**Code auditing.** Reliability and consensus was obtained by an expert coder throughout all stages of this analysis. Codes were audited in the pre-analysis training and the open coding process. Code clusters, higher order categories, and subcategories were jointly reviewed and refined.

## **Qualitative Results**

### **Established Need Structure from the Current Data Set**

The current thematic analysis yielded the following 8 higher order need theme categories: Needs for: (1) Safety & Stability; (2) Support; (3) Esteem, Respect, Value & Worth; (4) Control & Agency; (5) Regulating Negative Emotion; (6) Growth & Orientation; (7) Connection, Love & Belonging; and, (8) Peace, Rest & Enjoyment. It should be noted that most often, though not always, expressions of these need themes by clients were expressions of currently unsatisfied needs. Table 2 provides an overview of the need theme structure categories and subcategories.

Appendix A provides the need structure with all grounded codes. Appendix B shows the need structure as it applied to each of the 10 clients. Examples of coded client excerpts contributing to each category and subcategory can be found in Appendix C. I will now provide a description of each of these eight higher order need theme categories.

### **Higher Order Need Theme Category 1: Safety & Stability**

This first category reflected depressed clients' expressed needs for safety. Stability often masqueraded as a need for safety so it was also included within this category. Clients expressed needs for safety using a range of contexts from basic needs such as getting safety through acquiring employment to more complex relational safety such as being safe by having a partner who was a safe other and for example didn't criticize or hit. Themes of being protected and getting rid of a dangerous other were also expressions of this category. Clients talked about giving themselves safety as well as needing others to provide it. All ten clients contributed to and endorsed this category. An example of this theme is in the following excerpt of a client who expressed a need for basic necessities:

C: I uh, that's where I am right now, and I don't know what to do, and I went to bed last night thinking, what do I do, what do I do, what do you do?

T: right

C: you know, I don't have money to live on my own right now and I can't stay in this situation, so like I'm backed against a wall I guess (Client 429, *explicit need for financial resources and explicit need to have choices/options in life*).

### **Higher Order Need Theme Category 2: Support**

This second category included expressions of needing help and support from others. This also included client expressions of needing assistance and guidance from their therapist. Clients

expressed needs for the therapist to help them overcome their depression or asked the therapist for guidance on the process of therapy. This category also included client expressions of needing another person in their lives on whom they could rely on for financial, emotional, and/or parental support. This need theme was endorsed by nine of ten clients. An example of this theme is in the following excerpt of a client who expresses a need for guidance from her therapist:

C: um – and I’m looking for a refreshing sort of you know guidance here um, I reflect on things probably too much you know and it’s sometimes described as constant chatter in people’s brains I think I’m very much locked into that and um uh I so I review a lot of stuff (Client 427, *therapy goal for guidance*).

### **Higher Order Need Theme Category 3: Esteem, Respect, Value & Worth**

This third category reflected clients’ expressions of needing to feel esteem, respect, value and worth. This was expressed in needs such as needing to fulfill personal accomplishments or for meaningful pursuits. This also included expressions of needing to feel significant or worthy of respect. Other expressions included in this category related to needing to be valued, respected, or seen as worthy and/or significant by others. This theme was endorsed by nine of ten clients. An example of this theme is in the following excerpt of one client who expressed a need for accomplishment in his career for a sense of satisfaction:

C: I do it I do it more successfully but I’m not accomplishing enough

T: right so back to

C: and back to, I’m not getting um I I’m just not accomplishing as much as I feel

I should and that make gives me a sense of dissatisfaction (Client 422, *explicit need for accomplishment, explicit need for self-esteem, and explicit need to be productive*).

#### **Higher Order Need Theme Category 4: Control & Agency**

This fourth category included depressed clients' expressions of needing to have control or to feel agentic. Expressions included in this category ranged from needs such as having choice, to having mastery, and/or freedom. This often included having control over their own behavior and emotions. Other expressions included feeling agentic or having the will to effect change within their own lives or in respect to others. This also included expressions of clients needing to have independence from and/or not being overpowered by others. This theme was expressed by all ten clients. An exemplar of this theme is in the following excerpt of a client expressing a need to not be overpowered by his mother as a child:

C: yeah. and my mother even said [...] "I picked up real quick that you didn't say 'don't you do' because even if I wasn't thinking about it, I would go, 'oh' [...] 'oh, well maybe I should, well gee maybe I will go over and try that now' (Client 435, *explicit need to not be controlled by others*).

#### **Higher Order Need Theme Category 5: Regulating Negative Emotion**

This fifth category included expressions of needing to cope with and regulate negative emotional experiences. Expressions included in this category related to needing to regulate negative emotions accomplished by using strategies such as escape or avoidance. Clients also expressed using cognitive strategies such as understanding or trying to make sense of others and their behavior. This category also includes client expressions of the need to tolerate deep inner pain by interrupting their experience. This theme was expressed by all ten clients. An example of this theme is in the following excerpt of a client expressing a need to avoid disappointment:

C: I was kind of keen on her over the summer I guess I have been for a few years but I haven't done much about it, um I guess I don't want to talk about it too much or, or think about it too much just to avoid -

T: set yourself up

C: yeah

T: for disappointment?

C: sure (Client 405, coded as explicit need to *avoid disappointment*).

### **Higher Order Need Theme Category 6: Growth & Orientation**

This sixth category reflected client expressions of a need to grow or to have orientation towards a growth-related direction. This category included expressions involving needing to grow by better understanding the self in and outside of therapy sessions and needing to grow by making meaning of personal experience. This category also included expressions such as needing to make time for reflection and getting 'in touch' with the self and inner experience. Needing to take action to make change or trying something different in their lives, as well as needing to overcome past patterns were also included in this category. This theme was expressed by nine of ten clients. An example of this theme is in the following excerpt of a client expressing a need to understand a new emotional experience:

C: and now I have to be honest with myself and say uh I have an extremely low opinion of him, it's very, very unpleasant and extreme for me to think of him, it's extremely unpleasant if I pick up the phone and hear his voice

T: mm-hm

C: uh so I have to ask myself, is this what hate is? (Client 437, coded as explicit need to *understand my feelings*).

### **Higher Order Need Theme Category 7: Connection, Love & Belonging**

This seventh category included clients' expressions of needs to feel connected, to belong and for love. These were expressions that reflected needing to belong to a social group and for friendship, needing to feel connected to partners and family, and needing romantic relationships and intimacy. This also included clients' expressions of needing to feel as though they were a good enough other in order to stay connected in relationships. This included such expressions as needing to be a good enough mother, daughter/son, or spouse. This theme was expressed by eight of ten clients. An example of this theme is in the following excerpt of a client expressing a need to be a good mother:

C: you see what I'm living with here, I don't even feel like I'm a person, maybe it would be better the other way for me, for the kids it would, it's traumatic you selling a house and they're so used to their house and everything so I don't know maybe uh, but something has to give (Client 429, *explicit need to be a good enough mother*).

### **Higher Order Need Theme Category 8: Peace, Rest & Enjoyment**

This final eighth category reflected client expressions of needing a break and relaxation. Expressions in this category often involved clients needing relief in their lives. This also included expressions of needing to have enjoyment, and to take care of their health. This theme was endorsed by seven of ten clients. An example of this theme is in the following excerpt of a client expressing a need to enjoy time without responsibilities:

C: when I went out west, I went for two years to ski because I figured I'd do that before I got a real job.

T: so you were spending a lot of time kind of enjoying yourself

C: yeah, I figured well this is my opportunity. I may not have an opportunity

T: this is an opportunity to ski.

C: my opportunity to say, 'screw it. I don't have any responsibility.' (Client 435, *explicit need to have time without responsibilities*).

### **Validating the Previous Need Theme Structure Established in my Honours Thesis**

All 10 of the need themes found in my honours structure were subsumed by the 8 need themes in the current structure, which used broader high order categories. The previous “Safe Other” category was subsumed by the current “Safety & Stability” category; the previous “Support” category was subsumed by the current “Support” category; the previous “Valued by Other” category was subsumed by the current “Esteem, Respect, Value and Worth” category; the previous “Mastery & Confidence” category was subsumed by the current “Control & Agency” category; the previous “Regulating Painful Emotion” category was subsumed by the current “Regulating Negative Emotion” category; the previous “Overcome Past”, “Understand Self”, and “Be More Genuine” categories were subsumed by the current “Growth & Orientation” category; the previous “Connection” and “Maintain Relationships” categories were subsumed by the current “Connection” category. Only one new category, “Peace, Rest & Enjoyment” was added in the current need structure. This provides strong qualitative support that the honours structure was valid, as all new need themes accounted for previously found need themes. Table 3 provides an overview of the current and previous need theme structures along with client endorsement rates of each category.

An interesting observation was that several of the previous need themes (i.e., Safe Other, Valued by Other, Overcome Past, Understand Self, and Maintain Relationships) are now subcategories within the current need theme structure. This may suggest that the current structure’s categories capture broader or more complex themes than the honours thesis structure,

and that the inclusion of subcategories to the current structure adds more precision to types of expressed needs. This may also reflect my own growing sophistication and recognition of nuance as a qualitative observer as I gain clinical experience and skills.

### **Differences in Types of Needs Between Good Outcome and Poor Outcome Cases**

Both good outcome (GO) and poor outcome (PO) cases endorsed each of the eight higher order need themes. However, interesting findings emerged when I examined the frequency of endorsement rates of certain themes within the two outcome groups. First, it appeared that good outcome clients expressed more self-oriented and agentic needs whereas poor outcome clients expressed more other-oriented and interpersonal needs, in addition to self-oriented needs. I would like to note here that an important element distinguishing self-oriented and other-oriented subcategories involves locus of control or agency. Qualitatively I perceived the self-oriented needs to pertain to what the client needs to do for him or herself; and the other-oriented needs to pertain to what the client needs in relation to another. As such ‘other related’ needs appear to express more of a self-experience of an external locus of control. I will now discuss the most substantial or interesting differences in the endorsement of need theme subcategories by outcome group that relate to self versus other oriented needs. See Table 4 for an overview of the endorsement rates of all need theme subcategories by outcome group.

Within the Safety & Stability category, the most substantial difference between good and poor outcome clients were in the subcategories of ‘what I want in a safe relationship’ (GO: 2, PO: 5, numbers reflect frequency of clients endorsing a need, per individual client) and ‘what I need to do to feel safe in relationships (active boundary setting)’ (GO: 2, PO: 5). All poor outcome clients endorsed these two themes whereas only two or 40% (i.e., less than chance) of good outcome clients endorsed these themes. That all poor outcome clients endorsed (unmet)

needs related to safety in relationships suggests that these clients are entering therapy with concerns about relationships or important others in their lives, whereas relationships may not be as much of a pressing issue for good outcome clients.

Another interesting difference between good and poor outcome clients was found within the Support category. Although there were no substantial differences between the endorsement rates of the subcategory 'I need help' (GO: 3, PO: 1), it is interesting that the three good outcome clients who expressed this theme, expressed this in the form of asking for help from their therapist. This suggests that majority (i.e., 3 of 5) of good outcome clients are entering therapy expressing their motivation to receive help from therapy, whereas only one poor outcome client expressed this theme. This is also in line with good outcome clients expressing this self-oriented need in the sense that they are taking an agentic stance in requesting assistance and making the most out of therapy.

Within the Esteem, Respect, Value and Worth category, almost all good outcome clients endorsed 'I need to see myself as worthy/valuable/significant' whereas only two or 40% (i.e., less than chance) of poor outcome clients endorsed this theme (GO: 4, PO: 2). Given the feelings of worthlessness often associated with depression, it could be that clients who enter therapy expressing a need to find worth and value within themselves have more successful outcomes in therapy.

Another substantial difference between good and poor outcome clients was found within the Growth & Orientation category. All five good outcome clients expressed the subcategory theme of 'what I need to do for self growth', whereas only two poor outcome clients expressed this theme (GO: 5, PO: 2). This was also the least endorsed subcategory theme by poor outcome clients in the Growth & Orientation category (see Table 4 for other subcategories). That all five

good outcome clients expressed this need suggests that the clients who are successful in therapy are expressing self agentic needs. These clients are very early on in therapy expressing not only needs for self growth, but they are also discussing the actions they need to take in order to accomplish self growth.

Another substantial and interesting finding was the difference within the Peace, Rest & Enjoyment category. Only two good outcome clients versus all five poor outcome clients expressed 'positive goals for peace, rest & enjoyment' (GO: 2, PO: 5). Although this may appear counterintuitive at first glance, upon further deliberation it makes good sense that all poor outcome clients expressed this (unmet) need theme. This subcategory often included expressions of needing to take a break, having relief, or being less stressed. If all poor outcome clients are expressing the need for relief and rest, this may suggest these clients, although not significantly differing in objective measure of any pre-treatment distress, may experience being more distressed than good outcome clients when they enter therapy. This may also suggest that these clients take a more passive stance, and thus less agentic orientation, towards getting better in that these clients are wishing for relief or less stress in their lives.

Another way of presenting the differences in expressed need themes between good and poor outcome clients is to consider what themes the majority (i.e., 3 out of 5) of these clients expressed. The shared themes by majority (i.e., 3 out of 5) of the good outcome clients were: what I need to feel safe; I need help; I need to see myself as worthy/valuable/significant; I need to have choice, mastery, and freedom; need to tolerate negative experience; need to interrupt intolerable inner pain; growth through meaning making; what I need to do for self growth; what I need to do to overcome my past; desired outcomes/visions and directions for self growth; and, I need to maintain connection and relationships.

The shared themes by majority (i.e., 3 out of 5) of the poor outcome clients were: what I need to feel safe; what I want in a safe relationship; safety and protection of loved ones; what I need to do to feel safe in relationships (active boundary setting); I need a reliable other I can count on; I need to be seen as worthy/valuable/significant to others; I need to have choice, mastery, and freedom; need to tolerate negative experience; I need to have independence from/or not be overpowered by other; need to tolerate negative experience through understanding others; growth through meaning making; what I need to do to overcome my past; desired outcomes/visions and directions for self growth; I need to maintain connection and relationships; what I need to be a good enough other; and, positive goals for peace, rest and enjoyment.

Again, to summarize, it appears that good outcome clients expressed more agentic and self related needs, whereas, poor outcome clients expressed more interpersonal and relational needs (See Table 4 for a full overview of the endorsement rates of all need theme subcategories by outcome group). Also as a group, the poor outcome clients expressed a greater variety and number of (unmet) needs than the good outcome clients, as they expressed both self and other-related needs. This evidence qualitatively suggests that poor outcome clients, as a group, enter therapy with more unsatisfied needs.

### **Depressogenic Etiologies (DE) Coding Results (for further analysis and exploration)**

The added level of DE coding to the current analysis allowed for a richer analysis than the honours project had previously accomplished. This DE coding consisted of coding instances of unmet needs, need conflicts, and need-interrupted experience. As mentioned above, due to time constraints, this current study will only briefly focus on interesting findings regarding need conflicts within the good and poor outcome groups.

First to remind readers, of all the DE codes, need conflict was the one DE code that was endorsed by every client, irrespective of outcome group. Still, while inspecting the 10 clients' individual need profiles, a difference in need conflicts between good outcome and poor outcome clients emerged more apparently than the other DE codes. First, it appeared that the good outcome clients as a whole expressed fewer types of need conflicts compared to the poor outcome clients. This was found to be a significant difference when examined with a chi square test of independence. The chi square indicated clients with good long-term outcomes were likely to have fewer need conflicts. That is, the frequency of expressing need conflicts was significantly related to outcome category ( $\chi^2 = 10, 1, p = .002$ ). Two good outcome clients expressed one, two good outcome clients expressed two, and three good outcome clients expressed three separate need conflicts. A few examples of these include conflicts between Growth and Emotion Regulation, Safety and Connection, and Agency and Emotion Regulation. In contrast, one poor outcome client expressed one conflict type, two poor outcome clients expressed two conflict types, one poor outcome clients expressed four conflict types, and one poor outcome expressed seven separate need conflicts. A few examples of these include conflicts between Safety and Connection, Growth and Emotion Regulation, and Safety and Safety (conflict at subcategory level). Table 5 provides an overview of all need conflicts (at the high order level) expressed by good and poor outcome clients.

Also, several good outcome clients versus poor outcome clients expressed similar need conflicts within their small outcome group. I will now briefly report these within group need conflicts.

**Need conflicts within the good outcome cases.** The most commonly expressed need conflict amongst good outcome clients (i.e., expressed by 3/5 clients) was between the need for

Growth & Orientation and the need for Regulating Negative Emotion. In the following example of this need conflict, the client addresses his attending to his inner void (Growth & Orientation) when his usual method of distraction does not work (Regulating Negative Emotion):

C: even the music didn't do anything for me at all and the music usually does

T: and the feeling rather is what's the feeling it's like there's the music, it's playing and you're more watching it all happen as if you're standing back from it or

C: wasn't even watching it, it was just passed me right by

T: oh

C: everything was, I was in my own little world

T: mm-hm so it's it's outside from you

C: yeah

T: mm-hm and you're just more internal like there's the stuff going on out there but that's really

C: I wasn't watching I wasn't

T: focal for you is what's going on inside and which is the sense of emptiness

C: and I was the one that first started everybody to go there and then when I got there I didn't want to be there

T: yeah yeah, what, what you, you were sort of thinking that you could probably maybe like get yourself out of this

C: something would (sigh) make me laugh something would cheer me up, something uh some dancing, some music and then it was just anything for me

T: mm

C: now

T: something to take care of this

C: this void

(Client 404, coded as explicit need *to be away from distractions*, explicit need *to distract myself*, and *need conflict*).

In this next grounded example, the client expresses a conflict between allowing herself to feel (Growth & Orientation) and still needing buffers to help numb herself (Regulating Negative Emotion):

T: if I go and I do, smoke a cigarette or if I go and I make sure I have something else going on I can kind of touch the feelings but I won't get lost in, in them or

C: yeah, yeah - yeah and

T: does that?

C: it does. and it's kind of a weird contradiction going on because I feel that I'm allowing myself to feel things more than I ever have before so I guess I feel really in conflict

T: mm-hm

C: with the fact that I need so many things to numb out

T: hm

C: those feelings. like it's a strange split

(Client 403, coded as explicit need *to avoid experience*, explicit need *to explore experience*, and *need conflict*).

**Need conflicts within the poor outcome cases.** The most commonly expressed need conflict amongst poor outcome clients (i.e., expressed by 3/5 clients) was between the need for Safety & Stability and the need for Connection, Love & Belonging. In the following grounded example, the client expresses conflicting needs for a more secure relationship with her boyfriend

(Safety & Stability) and her wish to not be non-possessive of him in order to maintain a relationship (Connection):

C: the thing is, I want him to take the time to do the things that he has to do too, like I feel like, I feel like I am trying to be possessive and it's not what I'm trying to do, I'm really trying, I think I'm genuinely trying to have a relationship where he can really grow and do the things he wants to do

T: be his own person, yeah

C: but I just feel like I can't, like something not allowing me to sort of let it go

T: mm-hm

C: let him do what he wants to do

T: right, right I mean, you are finding yourself doing this, this is what you're saying?

C: yeah

T: you don't want to be but you're sort of

C: yeah, I feel like I have to be possessive and I'm constantly reaching and

T: yeah, yeah

C: he's constantly pulling away

T: mm-hm

C: if he wasn't constantly pulling away I don't think I'd feel so insecure and have the need to really sort of possess him

(Client 411, coded as explicit need to feel *secure in relationship*, explicit need to be *non-possessive of partner/fair*, and *need conflict*)

In another example of this type of conflict, this client expresses conflicting needs for financial resources to get out of a bad marriage (Safety & Stability) and wanting to be a good mother to her children (Connection):

C: no, not really, it would always be the way it is now, this is my life, this is the way it's always going to be, it's not going to change and okay, unless I get a job and then I have more uh, independence money wise and that would be it. My ideal situation would be if I could keep the house, you go, let me keep the house, but I don't think I can do that because how could I, even if I work. I don't even know if welfare gives you money if you have a home, I don't know how that works, I'd have to inquire

T: right

C: and even if they did it, I don't even think that it's enough, cause it's so much in the house, but ideally yeah I don't really want to move

T: right

C: and it's not for me, I don't care where I am right now, but the kids would

T: it does sound like you have the kids in mind

C: Yeah

T: when you're fighting you try to keep it down or say you know

C: well maybe I'm wrong, maybe the kids, but I think the kids in the long run would be better, they would only have to deal with me which sometimes isn't great, but there would be no tension because they wouldn't be, they wouldn't, when S comes home they freeze, it's like oh my god, please don't argue because you know, I come to the door and

(Client 429, coded for explicit need for *financial resources*, explicit need to be a *good mother*, explicit need to *get out of my marriage/away from husband*, and *need conflict*).

### **Discussion**

The current study was a qualitative exploration of early need expression amongst York 2 Depression Study clients who received experiential therapy for depression (Goldman, Greenberg, & Angus, 2006). This study had four goals. First, a need theme structure was established from the current data set of 10 early sessions. Second, a previous need structure for depressed clients, obtained from a qualitative examination of 12 early sessions (Ferreira, 2013) was validated. This was accomplished by examining 10 additional cases in the current qualitative study. The two need structures (honours thesis and currently obtained) were then reconciled, resulting in a final valid need structure in depressed clients reflecting input from a total of 22 cases. A third goal entailed exploring differences between good and poor outcome clients. It was found that good outcome clients expressed more self-oriented needs whereas poor outcome clients expressed more other-oriented needs. Finally, a brief discussion of need conflicts was also reported with differences once again noted between good and poor outcome cases. This study has provided important new insights into need expression in early experiential therapy sessions for depressed clients.

Since this is a qualitative study, normally one does not do a literature review until after results are obtained in an attempt to keep the researcher's knowledge base as 'bracketed as possible'. While I have reviewed some basic literatures in my section of reflexive awareness, now along with a discussion of my results I will also review some additionally important relevant literatures.

The first most obvious connection between my study and the extant literature is the connection between my obtained need structure and how needs have been generally described by Maslow (the ‘need expert’). A discussion of the current needs structure in relation to Maslow’s (1943) hierarchy of needs will be explored first. Second, I will compare the current study with previous research (i.e., Goldman, 1997) that has explored clients’ core themes of treatment. Third, I will discuss the expression of self-oriented and other-oriented need expression in relation to the dynamic psychotherapy literature on individuation.

### **Current Findings in Relation to Maslow’s Hierarchy of Needs**

One thing I would like to point out is that my results do somewhat validate Maslow’s (1943) hierarchy of needs with some caveats. Consistent with the experiential therapy literatures, Maslow (1943) proposed that a human’s life and future happiness becomes dominated by their unsatisfied needs. That is, meeting unmet needs becomes centrally important in any person’s life. As such, Maslow’s point of view provides strong rational support for examining the needs clients express early in therapy. This is because the needs expressed early in therapy by depressed clients are likely to be the preponderant needs that they are most eager to work with in therapy because they are those that are most important to their self-perceived well-being. Even though some writers, especially organizational ones such as Adlerfer (1969), have sought to reduce the number of need categories in Maslow’s pyramid, my solution suggests instead that within each of Maslow’s categories there may be needs related to self and others, which suggest the clinical usefulness of expanding his hierarchy.

Maslow’s idea that human behavior is organized by unsatisfied needs is also coherent with experiential therapy’s theoretical focus on emotion, because emotions are the conduit through which experience of needs often takes place. This is why emotions can serve the

functional role of organizing action towards meeting needs in the environment (Pos, Greenberg, & Warwar, 2009). As such, because experiential therapies are 'savvy' concerning the importance of experiencing one's needs (Goldman & Greenberg, 2014), concentrating on a client's 'pain compass' (unmet needs) and emotion related to this pain, both theories, experiential and Maslow's, argue for focusing on needs currently unsatisfied in a person's life.

Consistent with my honours thesis findings, the currently obtained need structure can be viewed through the lens of Maslow's (1943) hierarchy of human needs. Maslow argued that human needs are hierarchically related, with basic safety needs trumping higher order need categories such as belonging and self-esteem. Self-actualization needs are viewed as the highest and rarest level of need. Many of the current qualitatively obtained need categories are arguably coherent with Maslow's (1943) hierarchically arranged need 'pyramid'. For example, the currently obtained categories of Safety & Stability are coherent with Maslow's basic safety needs; the Connection, Love & Belonging category is coherent with Maslow's higher order connection needs; and Regulating Negative Emotion is coherent with several hierarchical layers of Maslow's needs (i.e., for mastery, self-esteem and safety). Further, the higher order Esteem, Respect, Value & Worth category within my final need structure coheres with Maslow's hierarchical level of self-esteem and belonging needs, as does the currently obtained Control & Agency category which also coheres with both Maslow's self-esteem and self-actualization needs. Finally, Peace, Rest & Enjoyment coheres with Maslow's higher order needs for conditions necessary for self-actualization. The additional higher order category of Growth & Orientation also coheres with Maslow's self-actualization needs. This category included need for fulfillment and a wish to become what one is capable of being. As such, my emergent need structure validates Maslow, and Maslow reciprocally has provided additional validation of my

currently emergent need structure. Again, I believe that my current understanding of needs within depressed clients suggests that Maslow's need hierarchy can be further refined by using a lens of *self* versus *other*. Maslow himself suggested that needs were complex in this way (Maslow, 1962).

What I feel is the most interesting result of my findings in this study is that good outcome clients appeared to express more agentic self needs, which arguably may be considered expressions of growth or of self-actualization. These needs are needs higher up in the Maslow need pyramid or hierarchy. Since these agency needs appeared in clients with good outcome 18 months after termination, I would argue this provides some support for Maslow's (1958) claim that a healthy person is one who would be primarily motivated by needs to actualize. As such, it appears that good and poor outcome clients express qualitatively different needs. This suggests that good and poor outcome clients may be struggling with different levels of Maslow's need hierarchy, and that those clients who achieve resilient longer term outcome after receiving short term experiential therapy for their depressions may be the clients for whom the lower level needs are not so much of a concern.

There is a possibility that a good match between a client and this short-term treatment for depression may be marked by the particular level of need identified by the client early in therapy. I would also like to add that if the therapy was longer it could be that 'poor' long term outcomes might be avoided. It would be important to examine whether clients given a longer dose of treatment perhaps resolve lower level needs and move on to work on self-actualization needs later in their therapies. Perhaps need expression could even provide a marker of a client ready to terminate experiential therapy. This would be an important area of future research in order to

establish good therapy client matches or empirically supported treatment protocol lengths that predict resilient long term outcomes for this disorder.

### **Previous Research on Core Themes of Treatment**

One previous study (Goldman, 1997) parsed depressed clients' narratives into core themes or foci of treatment (e.g., working on unfinished feelings towards mother or difficulties attending to feelings). Goldman's basic goal was to establish that clients process their experience more deeply when they are talking about their core themes or foci of treatment as opposed to during clients' random narratives. Her treatment foci were established through examining client narratives in the second half of therapy and were found to organize around treatment foci reflecting self- versus self-in-relationship narrative themes. Important to note however is that Goldman's observer-coders were not asked to take an emotion nor need focus. Whether a client's core foci of treatment relate to important needs will require future empirical validation. Still, although Goldman's (1997) study did not intentionally focus on client needs, several of the need themes of the current study did also emerge in Goldman's treatment foci (e.g., "need to be perfect", "need for approval from mother"). This suggests that clients do focus in treatment on thematic problems (at least implicitly) related to their needs. Further, if needs are closely related to client thematic treatment problems, then it is possible that deeper thematic experiencing allowed clients more access to, awareness of, and expression of their needs. As such, a future study might relate the current need structure to the experiencing process in the middle sessions of therapy.

Important differences between my current study and this past study make the current study's results supportive of Goldman (1997) (and hers of mine) but also take her results further. First, Goldman's sample was from the York 1 Depression Study (Greenberg & Watson, 1998),

whereas mine was from the York 2 Depression Study (Goldman et al, 2006). In so far as I too found themes that were self- and other- related in a second sample of depressed clients, my results can be viewed as offering some coherence with Goldman. However, as mentioned above the current study was more rigorously qualitative. While Goldman examined each client's core themes individually, I established my need structure by examining a corpus of transcript data, investigating that data at both the individual and sample levels reiteratively. Therefore, it could be argued that my emergent need structure is one that has emerged from a more rigorous qualitative methodology than used by Goldman (1997) who did not explicitly derive her treatment foci with any inductive coding.

A more important difference is that Goldman established her core themes of treatment from therapy material in the second half of therapy while I explored need themes in second sessions. This difference may be important. Since I focused on need themes that depressed clients express upon entering therapy and Goldman examined observer coded core foci of treatment in the second half of therapy, future research should examine if there is a coherence in the expression of needs and core foci of treatment throughout therapy.

Several questions arise out of a comparison of Goldman's work and the current study. First, one might argue that there are meaningful differences between how clients talk about their needs in second sessions versus the treatment foci that are achieved throughout therapy. Some experiential practitioners, particularly emotion-focused (EFT) ones, might argue that core themes of treatment relate to unmet needs that clients need to experience to activate missing adaptive emotions that would diffuse the client's problems. I had no such perspective when I coded needs in second sessions and took clients' expressions of their need awareness at face value independent of any EFT emotion theory. Only my DE coding could be related to the EFT model

of emotion. However important questions would be: Are clients working later in therapy on the needs they have identified in second sessions or are new need themes emerging as therapy progresses? or How is the expression of needs changing across therapy and how does this change in need expression relate to changes in emotions?

Another important difference pointing to my current contribution is that Goldman did not parse her sample into good or poor outcomes. She used core theme material to measure Experiencing (Klein, et al., 1969) in relation to termination outcome for the entire sample. She did not relate particular themes to outcome groups at 18 months post-treatment. As such she never compared the relative preponderance of self versus other themes that relates to these 18-month outcome groups. And while both Goldman and I found that either client themes of treatment or my found need themes fell into two distinct higher order categories: intrapersonal relating to intrapersonal themes (e.g., “a need to be perfect”, “a lack of self-worth) and interpersonal relating to interpersonal themes (e.g., “need for approval from mother”, “unresolved feelings toward father”), Goldman did not examine ‘self’ versus ‘other’ themes *within* clients. As such, she would not have found that good versus poor outcome cases would present more intrapersonal versus interpersonal themes, as I found. It may be possible to distinguish which of Goldman’s clients had good versus poor long-term outcomes and to establish whether the distinction of self-oriented versus other-oriented need themes would cohere in her data.

### **Current Findings in Relation to Dynamic Theory on Individuation**

The finding that good outcome clients expressed more self-oriented needs and poor outcome clients expressed more other-oriented needs suggests that a look into the dynamic literature on separation-individuation is warranted (Pine; 1979; Winnicott, 1969, 1974). In the

dynamic literature, the concept of individuation is noted to be an important developmental process. It entails a client successfully moving from undifferentiated attachment to differentiated attachment with an early important other. What this means is successfully individuated clients have a sense of themselves in the world as independent agents (Pos & Paolone, in press). Un-individuated clients often remain ‘problematically attached’ to important others as their individuation has not been supported at an early stage in life. As such, perhaps clients who are individuated express more agentic self needs, whereas un-individuated clients express more other-oriented or relational needs. Object relations theory of anaclitic (dependent) and introjective (self-critical) depressions (Blatt, D’Afflitti, & Quinlan, 1976; Blatt, 1982) also consider whether disruptions in development have occurred before or after the process of individuation with the primary attachment object, both of which may identify different types of depression (i.e., introjective versus anaclitic) related to successful or unsuccessful individuation. It could be that good outcome clients have more introjective (self-critical) themes in their depressions while poorer outcomes have more anaclitic (dependent) depressions. This would have to be examined further in future research. What this may also suggest is that experiential therapies may work better for introjected or self-critical depressions. Some research has suggested that most of the clients in York 1 and 2 outcome studies suffered from some form of self-critical depression (Choi & Pos, 2011). Perhaps this is why the York RCTs were so successful. It would be important to find out if having pure dependent depressions predict poorer outcomes in this model of treatment.

Failure to individuate can also potentially lead to difficulties later in life with emotion regulation (e.g., over-arousal and inability to self-soothe) and a diminished capacity for self-reflection, both of which pose challenges for working with un-individuated clients in experiential

therapy (Pos & Paolone, in press). Understanding how need expression is related to individuation, therefore, has important implications for case formulation and intervention in experiential therapy. If the dynamic literature above is correct, then poor outcome cases would have more difficulty with emotion regulation than good outcome cases. This was not what I found overall. I found that both good and poor outcome cases expressed the wish to avoid or regulate feelings. As such, it may be that good and poor outcome cases have different emotion regulation needs and that for some reason good outcome clients are able to solve their emotion regulation problems in therapy while poor outcomes have more difficulty. This possibility has been validated by other research (Rinaldi, 2017) which has found that poor outcome clients are those most likely to engage in secondary emotions later in therapy which experiential theory identifies as emotion used to regulate deeper painful feelings. As such even if good outcome clients talk about not wanting to feel in early sessions, they still manage to productively (as suggested by EFT theory) engage in emotion processing anyway.

This finding regarding emotion regulation is also reflected in my results concerning need conflict. Good outcome clients did report more conflict between regulating and experiencing feelings. As such, good outcome clients were perhaps not feeling so much avoidance as poor outcome clients were, but, rather, *ambivalence*, and ambivalence moreover, that they appear to resolve. Again, future research should examine difference in resolving emotion regulation difficulties in good versus poor outcome clients.

Let me discuss this issue further. Good outcome clients did express more self- narratives of what they needed for themselves or needed to do in order to better themselves. Three good outcome clients shared the need conflict between Growth & Orientation and Regulating Negative Emotion. They acknowledged that although they typically avoided their unpleasant emotions,

they were committed to exploring their inner experience in therapy. Again, it appears that good outcome cases did want to experience their needs as well as the actions they might need to take to have their needs met.

Conversely, emotion regulation in the poorer outcome cases might take a different trajectory. If poor outcome cases maintain or increase their tendencies to avoid experience, then they would not access awareness of their needs nor be able to allow such awareness to support more adaptive action. These would be the cases one would expect to fare poorer in therapy. Indeed, one poor outcome client in the current study expressed a lot of need-interrupted experience and the unmet need to tolerate intolerable inner pain (i.e., depression, disappointment, shame, and embarrassment). Given experiential therapy's focus on attending to experience, this client's early need to avoid experience may point to his poor outcome at long-term follow up. Also, since Experiencing (EXP) has been shown to be an implicit measure of optimal arousal in therapy (Pos, Paolone, Smith, & Warwar, 2017), the opposite of emotion dysregulation, it makes sense that good outcome cases should have higher EXP which might also 'show up' as more explicit expressions of their unmet needs.

The need conflict of both needing Safety & Stability as well as Connection (with another who was not actually safe at present) appears to represent a common interpersonal theme in poor outcome cases. These were clients who often were female, and at the time of session two, were very enmeshed in romantic relationships. Their wish was to resolve these relationship issues. They reported feeling helpless and powerless to have their Safety & Stability needs met within these relationships. It is possible that because these clients were enmeshed in problematic relationships in which they are unable to have their needs met, they were not able to reach a place of resolution in therapy. Thus, remaining in these problematic relationships may potentially

signal a lack of individuation in these clients. Perhaps outcomes for these clients should be more closely examined in terms of particular interpersonal difficulties, rather than global overall interpersonal difficulty scores they report (subscales versus global totals) early in therapy on measures of interpersonal distress. This too could be an important avenue of future research.

Another interesting finding is that these poor outcome clients struggle through their conflict while sharing the need to be a good girlfriend/daughter/mother (the need to maintain relationship status quo). This pointed to another potential thematic issue in poor outcome cases, that they appeared to be struggling with cultural/gender/systemic values or rules. It would be important to understand whether these more systemically based conflicts are also among the most difficult to resolve. This is yet another direction for future research.

### **Need Themes, Depressogenic Etiologies, and Experiential Case Formulation**

The emergence of self-oriented and other-oriented need themes in the current study has important implications for experiential therapy case formulation. Self-oriented and other-oriented need themes may potentially be important determiners of more specific maps of intervention in emotion-focused therapy (EFT). One of the most important results of my study is that it points to the importance of distinguishing need conflicts, and that different types of clients appear to be struggling with different types of need conflict. As such, my results point to the importance of creating more differentiated models of intervention related to conflicts for the depressed client. It may also be found that: (1) particular types of need conflicts, (2) unmet needs, or (3) the tendency to avoid or interrupt feelings (i.e., the three depressogenic etiologies (DEs) previously described) may predict good outcome versus poor outcome cases in experiential therapy in more specific ways. For example, having unresolved feelings towards others is considered more difficult to resolve than self-interruption of emotion (Greenberg & Watson, 1996). As such,

future research must continue to observe which need themes are most easily resolved in therapy in order to direct treatment more effectively. Further, it will be important to know whether particular need themes will be more intransigent to change and for which clients.

We know from Pedersen (1996) that when clients resolve tasks such as unfinished business or splits in EFT therapies, they have better long-term outcomes. Which clients did not resolve these tasks and the obstacles to resolving these tasks will be just as important to identify as those who *were* successful with task resolution. I would hypothesize that some conflicts may be more unresolvable than others, and that poor outcome cases might express more of this subtype of DE.

The poor outcome group in this analysis expressed a higher number of separate need conflicts. It may be that the sheer number of conflicts that a client enters therapy with may affect their outcome. I would argue that short-term therapy may not provide enough time for these clients to reach deep enough experiencing and particularly in relation to multiple conflicts. Future research should explore in more depth the DE codes from the current study in relation to resolution of EFT tasks and long-term outcome.

### **Limitations**

All research has limitations and my study is no different. To begin I would like to admit that while I believe the current study has produced valid results, the validity of the current study could be further enhanced had I taken the narrative excerpts from the solution provided from my honours thesis and located those narrative excerpts within the current need structure obtained here. Second, a small sample size was used, resulting in an even smaller subsample size of good and poor outcome clients. Although qualitative studies do often use small samples, ideally a larger subsample of good and poor outcome clients to analyze patterns in the data would be

preferred. Again, I could more validly assert that the final solution emerged from a larger sample has the past honours thesis been integrated within the current study. Third, time constraints prevented a more thorough analysis of coded DEs. Specifically, unmet needs and need-interrupted experience, were not explored in as much depth as I had initially intended. This data is available, and can be the subject of future research. Lastly, a limitation in the coding of needs is that this often requires some inference on the part of the researcher, especially when the needs are deemed to be implicit by the researcher. Some needs are difficult to parse by observers. As such, perhaps an interview style of research will have to scaffold this type of qualitative research in the future. If dynamically-informed academics believe that an individual is not an expert on their own experience then, as Maslow so eloquently stated, “a desire for an ice-cream cone might actually be an indirect expression of a desire for love” (p. 45, 1958), and it would be the ‘job’ of the observer to intuit the true needs of the client. Maslow (1958) appears to agree because he argues that clients themselves are unaware of what is motivating some of their own needs. If this is true any qualitative interviews with clients may not actually add to our knowledge. If, however, clients are deemed to be experts of their own experience, then qualitative interviews with study clients might ask clients what they mean when they talk about their needs. Perhaps these clients would be able to arbitrate the adequacy of a researcher-observer perspective. Stiles (1993) has suggested that this may add validity to this type of research. Another option will be to observe how client narratives concerning their needs changes during therapy and how. Still, exploratory qualitative research has started a conversation in this field by helping to create the empirical ground for the importance of expressing and working on needs in experiential therapy. A long-term goal of this line of research is to eventually create a coding system of expressed needs that could be used in an empirical quantitative study.

## **Future Research**

I have mentioned several possible avenues for future research above. Expression of needs in experiential therapy remains a novel area of research, and given the exploratory nature of the current study, there is no shortage of potential research directions. Let me reiterate some of them here. First and foremost, future research should continue to validate the currently obtained need theme structure on a new sample of clients. Future qualitative research of expressed need theme structures of middle and late phases of experiential therapy would help tell a more complete story of whether and how the expression of needs changes over therapy and could address the question of whether clients are working later in therapy on the needs they have identified in second sessions or whether new need themes emerge as therapy progresses. Exploring whether and how need expression changes relate to changes in emotions will also be fruitful.

In connecting the current research with Goldman's (1997) research, future studies may examine whether it is possible to distinguish which of Goldman's clients had good versus poor outcomes and to establish whether the distinction of self-oriented versus other-oriented need themes would cohere in her data, as it did in the current study. In terms of the dynamic literature on separation-individuation, exploring whether and how need expression in individuated versus un-individuated clients affects outcome in experiential therapy and whether these relate to depressive subtypes will be important. Another important line of research would be a qualitative investigation into clients struggling with cultural/gender/systemic values or rules, and how these more systemically based conflicts come to be resolved in experiential therapy (if at all). Future research must also continue to study which need themes are those that are most easily resolved versus most intransigent to change in therapy.

One final area of future research that I would like to comment on is the fact that in the current study I did not explore need conflicts that may occur within a therapist in a model of therapy, such as a therapist needing to follow an avoidant client but also needing to focus clients on their feelings. I also did not focus on need conflicts between a therapist and a client, such as a therapist wanting to focus a client on their feelings but a client not wanting to focus on their feelings. These need conflicts within models of therapy will be important areas of future need research that may be found to relate to client success within models of treatment.

### **Conclusion**

The current qualitative study validated a previously obtained need theme structure (Ferreira, 2013) of expressed needs in early experiential therapy. Findings suggest that good outcome clients express more self-oriented need themes, whereas poor outcome clients express more other-oriented need themes. Good outcome clients appear to be willing to work on exploring their experience in therapy. Conversely, most poor outcome clients appear to be struggling with complex systemic issues at the onset of therapy. The differences in need expressions and need conflicts between good and poor outcome clients underscores the importance of future empirical research on need expression in therapy for more effective treatment of depression.

## References

- Alderfer, C. (1969). An empirical test of a new theory of human needs. *Organizational Behaviour and Human Performance*, 4(2), 142-175.
- Baker, S. E., & Edwards, R. (2012). "How Many Qualitative Interviews is Enough?", Discussion Paper, National Center of Research Methods: <http://eprints.ncrm.ac.uk/2273/>.
- Beck, A. T. (1972). *Depression: Causes and treatment*. Philadelphia, PA: University of Philadelphia Press.
- Beck, A. T., Steer, R.A., & Garbin, M.G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8, 77-100.
- Beck, A. T., Ward, C. H., Mendelsohn, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- Blatt, S. J. (1982). Dependency and self-criticism: Psychological dimensions of depression. *Journal of Consulting and Clinical Psychology*, 50(1), 113-124.
- Blatt, S. J., D'Afflitti, J. P., & Quinlan, D. M. (1976). Experiences of depression in normal young adults. *Journal of Abnormal Psychology*, 58, 838-839.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Choi, B. H., & Pos, A. E. (2011, April). *An investigation of incidence of depressive subtypes and emotion change in self-critical depression*. Poster presented at the York University Psychology Honours Student Poster Day, Toronto, ON.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory (3rd ed.)*. Thousand Oaks, CA, US: Sage Publications.

- Derogatis, L. R. (1983). *SCL-90: Administration, Scoring and Procedures Manual for the Revised Version*. Baltimore, MD: Clinical Psychometric Research.
- Dilthey, W. (1996). Hermeneutics and its history. In R. A. Makareel & F. Rodi (Eds. & Trans.), *Wilhelm Dilthey; Selected works: Vol 4: Hermeneutics and the study of history* (pp. 33 – 358). Princeton, NJ: Princeton University Press.
- Ferreira, N. (2013). A thematic analysis of clients' early expression of needs during experiential therapy for depression. Unpublished Honours Thesis, Department of Psychology, York University, Ontario.
- Friese, S. (2014). *Qualitative data analysis with ATLAS.ti. (2<sup>nd</sup> ed)*. Los Angeles, CA: Sage Publishing.
- Frijda, N. H. (1986). *The emotions*. New York Paris, NY, US France: Cambridge University Press Editions de la Maison des Sciences de l'Homme.
- Goldman, R. (1997). Change in thematic depth of experiencing and outcome in experiential therapy. Doctoral Dissertation, York University, Ontario.
- Goldman, R., & Greenberg, L.S. (2014). *Case formulation in emotion-focused therapy: Co-creating clinical maps for change*. Washington: American Psychological Association.
- Goldman, R., Greenberg, L.S., & Angus, L. (2006). The effects of adding specific emotion-focused interventions to the therapeutic relationship in the treatment of depression. *Psychotherapy Research, 16*, 537 – 549.
- Greenberg, L. S. (1983). Toward a task analysis of conflict resolution in gestalt therapy. *Psychotherapy: Theory, Research & Practice, 20*(2), 190-201.  
doi:<http://dx.doi.org/10.1037/h0088490>

- Greenberg, L. (1984a). Task analysis: The general approach. In L. Rice & L. Greenberg (Eds.), *Patterns of change: Intensive analyses of psychotherapy process* (pp. 124-148). New York: The Guilford Press
- Greenberg, L. S. (1984b). A task analysis of intrapersonal conflict resolution. In L. Rice & L. Greenberg (Eds.), *Patterns of change: Intensive analyses of psychotherapy process* (pp. 67-123). New York: The Guilford Press
- Greenberg, L. S., Rice, L. N., & Elliott, R. K. (1993). *Facilitating emotional change: The moment-by-moment process*. New York, NY, US: Guilford Press.
- Greenberg, L.S., & Watson, J. (1998). Experiential therapy of depression: Differential effects of client-centered relationship conditions and process experiential interventions. *Psychotherapy Research, 8*(2), 210-224.
- Honos-Webb, L., Surko, M., Stiles, W.B., & Greenberg, L.S. (1999). Assimilation of voices in psychotherapy: The case of Jan. *Journal of Counseling Psychology, 46*, 448-460.
- Horowitz, L. M., Rosenberg, S. E., Baer, B. A., Ureno, G., & Villasenor, V. S. (1988). Inventory of interpersonal problems: Psychometric properties and clinical application. *Journal of Consulting and Clinical Psychology, 56*, 885-892.
- Klein, M. H., Mathieu, P. L., Kiesler, D. J., & Gendlin, E. T. (1969). *The Experiencing Scale: A Research and Training Manual*. Madison: University of Wisconsin, Bureau of Audio Visual Research.
- Lewin, K. (1938). Will and needs. In W. D. Ellis (Ed.), *A source book of gestalt psychology*. (pp. 283-299). London, England: Kegan Paul, Trench, Trubner & Company.

- Lim, K., Jacobs, P., Ohinmaa, A., Schopflocher, D., & Dewa, C.S. (2008). A new population based measure of the economic burden of mental illness in Canada. *Chronic Diseases in Canada, 28*(3), 92-98.
- Linn, R. L. (1981). Measuring pre-test-post-test performance changes. In R.A. Berk (Ed.), *Educational evaluation methodology: The state of the art* (pp. 84-109). Baltimore: John Hopkins.
- Luborsky, L. & Crits-Cristophe, P. (Eds.) (1990). *Understanding transference: The core conflictual relationship theme method*. New York: Basic Books.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370-396.
- Maslow, A. H. (1958). A dynamic theory of human motivation. In S. L. Chalmers (Ed.) *Understanding human motivation* (pp. 26-47). Cleveland: Howard Allen.
- Maslow, A. H. (1962). *Towards a psychology of being*. Princeton: D. Van Nostrand Company.
- McCarthy, M., Fergus, K., & Miller, D. (2016). 'I-We' boundary fluctuations in couple adjustment to rectal cancer and life with a permanent colostomy. *Health Psychology Open, 1*-14.
- Mörtl, K., & Von Wietersheim, J. (2008). Client experiences of helpful factors in a day treatment program: A qualitative approach. *Psychotherapy Research, 18*(3), 281-293.
- Murray, C. J. L., & Lopez, A. D. (Eds) (1996). *The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*. Cambridge, MA: Harvard University Press.
- Pedersen, R. (1996). Verification of a model of the resolution of unfinished business. Masters Thesis, York University, Ontario.
- Perls, F. S., Hefferline, R., & Goodman, P. (1951). *Gestalt therapy*. New York, NY: Dell.

- Pine, F. (1979). On the pathology of the separation-individuation process as manifested in later clinical work: An attempt at delineation. *The International Journal of Psychoanalysis*, 60(2), 225-242.
- Pos., A. E. (2006). Experiential treatment for depression: A test of the experiential theory of change, differential effectiveness, and predictors of maintenance of gains. Ph.D. Dissertation
- Pos, A. E., Greenberg, L. S., & Elliott, R. (2008). Experiential therapy. (pp. 80-122). Hoboken, NJ, US: John Wiley & Sons Inc, Hoboken, NJ.
- Pos, A. E., Greenberg, L.S., & Warwar, S. H. (2009). Testing a model of change in the experiential treatment of depression. *Journal of Consulting and Clinical Psychology*, 77, 1055-1066.
- Pos, A. E., Paolone, D. A., Smith, C.E. & Warwar, S. H. (2017) How does client expressed emotional arousal relate to outcome in experiential therapy for depression? Person-centered and Experiential Psychotherapies, 16(2), 173 – 190. .
- Pos, A. E. & Paolone, D. A. (in press). EFT for personality disorders. In R. Goldman & L. S. Greenberg (Eds.). *The clinical handbook of Emotion-focused therapy*. Washington, DC: American Psychological Association.
- Rennie, D. L. (2000). Grounded theory methodology as methodical hermeneutics: Reconciling realism and relativism. *Theory & Psychology*, 10(4), 481-501.
- Rennie, D. L. (2012). Qualitative research as methodical hermeneutics. *Psychological Methods*, 17(3), 385-398.
- Rennie, D. L., & Fergus, K. D. (2006). Embodied categorizing in the grounded theory method: Methodical hermeneutics in action. *Theory & Psychology*, 16(4), 483-503.

- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.
- Shea, M. T., & Elkin, I. (1996). *The NIMH Treatment of Depression Collaborative Research Program*. London, England: Gaskell/Royal College of Psychiatrists.
- Shea, M. T., Elkin, I., Imber, S.D., & Sotsky, S. M. (1992). Course of depressive symptoms over follow-up: Findings from the national institute of mental health treatment of depression collaborative research program. *Archives of General Psychiatry, 49*(10), 782-787.
- Sicoli, L. A. (2006). *Development and verification of a model of resolving hopelessness in process-experiential therapy of depression* (Order No. AAINR11629). Available from PsycINFO. (621665447; 2006-99014-142). Retrieved from <http://search.proquest.com.ezproxy.library.yorku.ca/docview/621665447?accountid=151>
- 82
- Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review, 13*, 593-618. doi: 10.1016/0272-7358(93)90048-Q.
- Warwar, S. H. (2003) *Relating emotional processes to outcome in experiential psychotherapy of depression*. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 581-581*.
- Watson, J. C., Gordon, L. B., Stermac, L., Kalogerakos, F., & Steckley, P. (2003). Comparing the effectiveness of process-experiential with cognitive-behavioral psychotherapy in the treatment of depression. *Journal of Consulting and Clinical Psychology, 71*(4), 773-781.
- Westen, D., & Morrison, K. (2001). A multidimensional meta-analysis of treatments for depression, panic, and generalized anxiety disorder: An empirical examination of the

status of empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 69(6), 875-899.

Winnicott, D. W. (1969). *The child, the family, and the outside world*. Oxford, England: Penguin.

Winnicott, D.W. (1974). Fear of Breakdown. *International Journal of Psycho-Analysis*. 1:103-107.

Appendix A:  
Overview of Current Need Theme Structure with all Codes

---

**Category 1: Safety & Stability.** Including basic necessities and resources; stability and self equilibrium; safe, fair and trusting others; feeling secure in relationships; protecting self and others from violations.

---

**1a: *Basic Necessities.***

EN\_ for financial resources  
 EN\_ food for me/my family  
 EN\_ for stability in career  
 EN\_ to buy a safer car

**1b: *What I need to feel safe.***

IN\_ to be more secure at this age  
 EN\_ for safety  
 IN\_ for more stability  
 IN\_ for safety  
 EN\_ for stability  
 IN\_ for stability equanimity  
 IN\_ to protect myself  
 IN\_ to trust myself  
 EN\_ to protect myself from feeling vulnerable

**1c: *What I want in a safe relationship.***

IN\_ to feel secure in relationship  
 EN\_ to feel secure in relationship  
 EN\_ for stable relationship  
 EN\_ for partner to not make me feel horrible  
 IN\_ for partner to be straightforward communicator  
 EN\_ to not be abused by husband  
 IN\_ to be safe with others  
 EN\_ for comfort  
 IN\_ for trustworthy other  
 EN\_ for genuine others  
 IN\_ for fairness  
 IN\_ for justice  
 EN\_ to be fair  
 EN\_ for fairness  
 EN\_ for justice  
 IN\_ to not be blamed for partner's choices  
 IN\_ to not have my kids be like my demeaning husband (Fairness)  
 IN\_ to be oriented to what's happening

**1d: *Safety and protection of loved ones.***

EN\_ to protect children from pain/suffering

EN\_ to take care of self and children/family  
 EN\_ to defend one I love

**1e: *What I need to do to feel safe in relationships (active boundary setting).***

EN\_ to set boundary with father  
 EN\_ to protect myself from father  
 IN\_ to set boundary with father  
 IN\_ to test trustworthiness of BF  
 IN\_ to defend self  
 EN\_ to defend self  
 EN\_ to stand up to injustice  
 IN\_ to stand up against oppressor  
 IN\_ to express anger  
 EN\_ to assert her needs on BF  
 EN\_ to express anger at ex-husband

**1f: *Safety defined as getting rid of negative other.***

EN\_ to not have father in my life  
 EN\_ to get out of my marriage/away from husband  
 EN\_ to be free of ex-husband

---

**Category 2: Support.** Including general need for help and need for reliable other.

---

**2a: *I need help.***

IN\_ for help  
 EN\_ for help in therapy  
 IN\_ for safe other to explore experience  
 TG\_ for guidance

**2b: *Reliable other I can count on.***

IN\_ to be supported by partner  
 EN\_ for husband who is willing to take care of family  
 EN\_ to have husband care about my needs  
 EN\_ for partner to care about how i feel  
 IN\_ for husband to set limits/be responsible  
 EN\_ for responsible ex-husband  
 IN\_ for partner to care as much as I do  
 EN\_ for ex-husband to be good father  
 IN\_ for partner good for her  
 EN\_ for partner to console me  
 EN\_ for other to understand I'm going through a hard time  
 EN\_ to have empathy from other for suffering  
 EN\_ for my children to side against their father

---

---

**Category 3: Esteem, Respect, Value and Worth.** Including expressions of needing to fulfill personal accomplishments or to see the self as significant and worthy of respect; expressions of needing to be valued, respected, seen as worthy or significant by others.

---

**3a: *I need to see myself as worthy/valuable/significant.***

IN\_ for self respect  
 IN\_ for self esteem  
 EN\_ for accomplishment  
 EN\_ for self esteem  
 IN\_ to be impressive  
 IN\_ for financial success  
 EN\_ to not fail or be failure  
 EN\_ to pursue difficult/challenging paths  
 IN\_ to have normal age appropriate life  
 EN\_ to be productive  
 IN\_ to be responsible  
 IN\_ to keep my word  
 EN\_ to be socially appropriate (even in new situation)  
 EN\_ to be natural /true to self in social situations

**3b: *I need to be seen as worthy/valuable/significant to others.***

EN\_ to be valued as a human  
 EN\_ for father's apology ( I deserve it- he sees me as worth one)  
 EN\_ for father's respect  
 EN\_ for respect from others  
 EN\_ to be appreciated by family  
 IN\_ for father's respect  
 IN\_ to be valued  
 EN\_ to be seen/valued as a person  
 IN\_ for my children's respect  
 EN\_ for my kids to recognize/respect me as person  
 IN\_ to be seen as an adult/ treated equally  
 IN\_ for hard work to count  
 EN\_ to be heard by others  
 EN\_ for partner to choose me over other woman  
 EN\_ to be important to partner  
 EN BF to choose me freely  
 EN to be accepted by BF as his GF  
 EN\_ for BF to not hide relationship with her  
 EN\_ to matter/be important  
 EN to show natural affection to BF  
 EN to be seen as GF  
 EN to show up in a rel to Others

---

---

**Category 4: Control and Agency.** Including expressions of needing to have control over self and others; having agency to take action; and, having independence from and/or not being overpowered by others.

---

**4a: *I need to have choice, mastery, and freedom.***

IN\_ to be in control

EN\_ to be in control

IN\_ to be agentic

EN\_ to be agentic

EN\_ to take action

EN\_ to be willful

EN\_ to be assertive

IN\_ to be assertive

EN\_ to be self-reliant

IN\_ for freedom

EN\_ to stop self-destructive behaviours

EN\_ to have choices/options in life

EN\_ to change jobs

EN\_ to quit my job

**4b: *I need to have independence from/or not be overpowered by other.***

EN\_ to not be compelled by others- (freedom agency)

IN\_ to not be compelled by others

EN\_ to not be controlled by others

EN\_ to not be dependent (want to be more agentic?/ independent?)

IN\_ to not submit to husband

EN\_ to live life independent of parents life, her own life

EN\_ to be an individual/less dependent

IN\_ to be independent

IN\_ to not be oppressed by partner

EN\_ to be rebellious

EN not to be consumed by relationship

IN\_ to have an impact on other

EN\_ to be happy without a partner

---

---

**Category 5: Regulating Negative Emotion.** Including expressions of needing to tolerate experience, using escape or avoidance strategies; tolerating experience through cognitive strategies such as understanding others; and, tolerating deep inner pain through interruption.

---

**5a: *Need to tolerate negative experience.***

EN\_ to get rid of negative emotions  
 IN\_ to regulate negative feelings  
 EN\_ interrupt negative emotions  
 EN\_ to avoid experience  
 EN\_ to distract myself  
 EN\_ to avoid negative trigger  
 EN\_ to feel comfortable or avoid discomfort  
 EN\_ to want to leave right now, get away  
 EN\_ to avoid overwhelm, too much at once  
 EN\_ to shut down, not talk about anything  
 IN\_ for break from hurt and anger  
 EN\_ to procrastinate/do-not do what one has to  
 EN\_ to avoid expressing needs or feelings  
 EN\_ to not react to husband's provocation  
 EN\_ to not participate in negative world (don't get triggered- rational)  
 EN\_ to get back at my partner/be vengeful (reg pain with maldaptive anger)  
 N\_ to regulate fear/shame (with anger) 1  
 IN\_ to not raise voice when angry (control action tendency to regulate)  
 EN\_ to change my behaviour quickly  
 EN\_ for risk/excitement  
 IN\_ to make rational sense of experience (make meaning)  
 IN\_ to take the easy path I'm on (taking path that is set out already)

**5b: *Need to tolerate negative experience through understanding others.***

IN\_ to make rational sense of father's behaviour (make meaning)  
 EN\_ to understand what partner is thinking (make meaning)  
 IN\_ to understand father's bad behaviour (make meaning)  
 IN\_ to make sense of other's bad behaviour (make meaning) see- orientation section  
 IN\_ to interrupt experience by understanding father's behaviour (leaving through cognition-explaining away feelings)  
 IN\_ to understand BF's bad behaviour

**5c: *Need to interrupt intolerable inner pain***

EN\_ to fill inner void  
 EN\_ to avoid disappointment  
 EN\_ to not think/talk about girl to avoid disappointment  
 EN\_ avoid shame/embarrassment  
 EN\_ to avoid feeling depressed  
 EN\_ to avoid disgusting people  
 EN\_ to escape fear  
 N\_ to regulate fear/shame (with anger) 2

---

EN\_ to avoid fear of being alone  
 IN\_ to avoid feelings  
 INT need to travel (fear)  
 IN\_ to control anger  
 EN\_ to have civil relationship with ex-wife  
 IN\_ to not upset husband with anger

---



---

**Category 6: Orientation and Growth.** Including expressions of needing to grow by understanding the self; through making meaning of experience; making time for reflection and getting 'in touch' with self; taking action to make change or trying something different; and, to overcome past patterns.

---

**6a: *Growth through meaning making.***

IN\_ to understand self  
 EN\_ to explore experience  
 IN\_ to explore emotions  
 EN\_ to be more self aware  
 EN\_ to see myself more clearly  
 EN\_ to get in touch with myself  
 EN\_ to understand why I am embarrassed about feeling good  
 EN\_ to learn from my own experiences  
 EN\_ to understand my feelings  
 EN\_ to understand self  
 EN\_ to acknowledge inner truth  
 EN\_ to spend more time reflecting on things  
 EN\_ to slow down my reflection process  
 IN\_ to be able to focus on my inner experience  
 IN\_ time to reflect on feelings  
 IN\_ to make rational sense of experience

**6b: *What I need to do for self growth.***

EN\_ to try on new self, grow  
 IN\_ to challenge myself  
 IN\_ to get better  
 EN\_ to work on myself  
 EN\_ to devote enough time to work on self  
 EN to progress on personal goals  
 EN\_ to focus on my growth  
 IN\_ to follow my instinct/gut  
 EN\_ to allow (self) change to happen  
 EN\_ to make the most out of therapy  
 EN\_ to stay in therapy even when it's uncomfortable  
 EN for self actualizing  
 EN\_ to be away from distractions  
 IN\_ to stop avoiding feelings

TG\_to work on self-interruption  
 EN\_need to be vigilant of avoidance

**6c: *What I need to do to overcome my past.***

IN\_to see ex-husband as he really is  
 EN\_to not be like my parents  
 EN\_to get over past  
 IN\_to overcome past maladaptive patterns  
 EN\_to change my behaviour  
 IN\_to overcome past patterns  
 EN\_to quit smoking  
 EN\_to remember the past

**6d: *Desired Outcomes/Visions and directions for self growth.***

IN\_to have direction  
 EN\_for a plan/direction  
 EN\_to know where I go from here, opening up in therapy  
 IN\_for solutions/answers  
 EN\_Motivation  
 EN\_to have a passion in life  
 IN\_to be decisive  
 EN\_to be adaptable  
 EN\_to be more comfortable with harsh reality  
 IN\_to be more resilient

---



---

**Category 7: Connection, Love and Belonging.** Including expressions of needing connection, love and relationships; and, goals of being a good enough other in relationships.

---

**7a: *I need to maintain connection and relationships.***

EN\_for connection  
 IN\_for father's love  
 IN\_for connection  
 IN\_to fit in ( belong)  
 IN\_Connection  
 EN\_to have relationship with father  
 IN\_for healthy relationship with father  
 EN\_for special romantic connection "The One"  
 EN\_to love someone  
 EN\_to get married  
 IN\_to be empathic of my children  
 IN\_to be empathic of my husband

**7b: *Relationship goals: What I need to be a good enough other.***

EN\_to be a good mother  
 IN\_to be good mother

---

IN\_ to put mothering first over her own needs as partner/individual  
 EN\_ to provide for children  
 EN\_ to be a good son/daughter  
 IN\_ for energy to be good mother  
 EN\_ to please or not hurt parents  
 IN\_ to be a good friend  
 EN\_ to be nonpossessive of partner/fair  
 IN\_ to be nonpossessive of partner/fair

---



---

**Category 8: Peace, rest and enjoyment** Including expressions of needing to take a break and relaxation; having enjoyment; and, good health.

---

**8a: Positive goals for peace, rest and enjoyment.**

EN\_ to be at peace/happy with myself  
 IN\_ for rest  
 EN\_ to find peace within self  
 IN\_ to break free from responsibility  
 EN\_ to have time without responsibilities  
 EN\_ to be kind to others  
 EN\_ to have a fulfilling life  
 EN\_ for variety  
 EN\_ for physical work  
 EN\_ for satisfying work  
 EN\_ to take care of my health  
 IN\_ to be a healthy person  
 IN\_ less competitive work  
 EN\_ to not be center of attention

---

*Note.* EN= explicit needs; IN= implicit needs; TG= therapy goals.

Appendix B:  
Clients Grouped According to Current Need Theme Structure

**Client 403**

**Category 1: Safety & Stability.**

**1e: *What I need to do to feel safe in relationships (active boundary setting).***

EN\_ to protect myself from father

EN\_ to set boundary with father

**1b: *What I need to feel safe.***

EN\_ to protect myself from feeling vulnerable

**UNMET SAFETY NEEDS**

UM\_NEED\_ Trusting other

UM\_ for safe other

UM\_ for validation

**Category 2: Support.**

**2a: *I need help.***

EN\_ for help in therapy

**UNMET SUPPORT NEEDS**

UM\_Support from father

UM\_ for reliable father

**Category 3: Esteem, Respect, Value and Worth.**

**3b: *I need to be seen as worthy/valuable/significant to others.***

EN\_ to be appreciated by family

EN\_ to matter/be important.

**UNMET VALUE/WORTH NEEDS**

UM\_ To be accepted as emotional being

UM\_ Value/Worth

UM\_ accepted by father

**Category 4: Control and Agency.**

**4a: *I need to have choice, mastery, and freedom.***

EN\_ to stop self-destructive behaviours

IN\_ to be in control

IN\_ to be assertive

**UNMET CONTROL NEEDS**

UM\_Control of my experience

**Category 5: Regulating Negative Emotion.**

**5a: *Need to tolerate negative experience.***

EN\_ interrupt negative emotions

EN\_ to avoid experience

IN\_ to interrupt experience by understanding father's behaviour

IN\_ to understand father's bad behaviour

**Category 6: Orientation and Growth.****6a: *Growth through meaning making.***

EN\_ to explore experience

IN\_ to explore emotions

**6b: *What I need to do for self growth.***

EN\_ to focus on my growth

**6c: *What I need to do to overcome my past.***

IN\_ to overcome past maladaptive patterns

**Category 7: Love, Connection and Belonging.****7a: *I need to maintain connection and relationships.***

IN\_ for father's love

**Need Conflict**

EN\_ to avoid experience VS EN\_ to explore experience

EN\_ to set boundary with father VS IN\_ for father's love

**Self-Interruption**

IN\_ to explore emotions

**Client 404****Category 1: Safety & Stability.*****1b: What I need to feel safe.***

IN\_ to be more secure at this age

UNMET SAFETY NEED

UM\_ Trusting other

**Category 2: Support.*****2b: Reliable other I can count on.***

EN\_ to have empathy from other for suffering

**Category 3: Esteem, Respect, Value and Worth.*****3a: I need to see myself as worthy/valuable/significant.***

IN\_ for self respect

IN\_ to have normal age appropriate life

**Category 4: Control and Agency.*****4a: I need to have choice, mastery, and freedom.***

EN\_ to be assertive

IN\_ to be agentic

IN\_ to be assertive

**Category 5: Regulating Negative Emotion.*****5a: Need to tolerate negative experience.***

EN\_ interrupt negative emotions

EN\_ to distract myself

EN\_ to get rid of negative emotions

IN\_ to make rational sense of experience

***5c: Need to interrupt intolerable inner pain***

EN\_ to escape fear

EN\_ to fill inner void

IN\_ to regulate fear/shame with anger

**Category 6: Orientation and Growth.*****6b: What I need to do for self growth.***

EN\_ to be away from distractions

***6d: Desired Outcomes/Visions and directions for self growth.***

IN\_ to be more resilient

**Category 7: Love, Connection and Belonging.*****7a: I need to maintain connection and relationships.***

EN\_ for special romantic connection "The One"

UNMET NEEDS FOR CONNECTION

UM\_ Connection

UM\_ to give love to another

**Need Conflict**

EN\_ to distract myself VS EN\_ to be away from distractions

**Self-Interruption**

EN\_ to escape fear

EN\_ to fill inner void

IN\_ to regulate fear/shame with anger

**Client 405****Category 1: Safety & Stability.****1b: *What I need to feel safe.***

EN\_ for safety

IN\_ for safety

EN\_ to protect myself from feeling vulnerable

IN\_ to trust myself

**1c: *What I want in a safe relationship.***

IN\_ to feel secure in relationship

**1e: *What I need to do to feel safe in relationships (active boundary setting).***

EN\_ to defend self

**Category 2: Support.****2a: *I need help.***

IN\_ for safe other to explore experience

**Category 3: Esteem, Respect, Value and Worth.****3a: *I need to see myself as worthy/valuable/significant.***

IN\_ for financial success

EN\_ to not fail or be failure

EN\_ to be natural /true to self in social situations

**Category 4: Control and Agency.****4a: *I need to have choice, mastery, and freedom.***

EN\_ to be in control

**UNMET NEED**

UM\_Agency

**Category 5: Regulating Negative Emotion.****5a: *Need to tolerate negative experience.***

EN\_ to want to leave right now, get away

EN\_ to avoid experience

EN\_ to avoid expressing needs or feelings

EN\_ to feel comfortable or avoid discomfort

EN\_ to avoid overwhelm, too much at once

EN\_ to shut down, not talk about anything

**5c: *Need to interrupt intolerable inner pain***

EN\_ to avoid feeling depressed

EN\_ to avoid disappointment

EN\_ avoid shame/embarrassment

EN\_ to not think/talk about girl to avoid disappointment

**Category 6: Orientation and Growth.****6a: *Growth through meaning making.***

EN\_ to acknowledge inner truth

EN\_to get in touch with myself  
 EN\_to understand why I am embarrassed about feeling good  
 EN\_to spend more time reflecting on things  
 IN\_to be able to focus on my inner experience

**6b: *What I need to do for self growth.***

EN for self actualizing  
 EN\_to allow (self) change to happen  
 EN\_to devote enough time to work on self  
 EN\_to stay in therapy even when it's uncomfortable  
 EN\_to try on new self, grow  
 EN\_to work on myself  
 EN\_need to be vigilant of avoidance  
 TG\_to work on self-interruption

**6c: *What I need to do to overcome my past.***

EN\_to remember the past

**6d: *Desired Outcomes/Visions and directions for self growth.***

EN\_to know where I go from here, opening up in therapy

**Category 7: Love, Connection and Belonging.**

**7a: *I need to maintain connection and relationships.***

IN\_Connection

**MET NEED FOR CONNECTION**

MN\_for connection

**Category 8: Peace, rest and enjoyment.**

**8a: *Positive goals for peace, rest and enjoyment.***

EN\_to be at peace/happy with myself

**Need Conflict**

EN\_to allow (self) change to happen VS EN\_for safety  
 EN\_to avoid expressing needs or feelings VS EN\_to avoid disappointment (INTERRUPTION)  
 EN\_to avoid experience VS EN\_to stay in therapy even when it's uncomfortable  
 EN for self actualizing VS EN\_to protect myself from feeling vulnerable (INTERRUPTION)  
 EN\_to be natural /true to self in social situations VS EN\_to try on new self, grow

A lot of self interruption in this client- disappointment, sadness, depressed, shame,

Implicit Split

IN\_Need Conflict

IN\_Self Interruption

IN\_Unmet Need

Self-Interruption

SI\_blocked confusion

**Client 411****Category 1: Safety & Stability.****1b: *What I need to feel safe.***

EN\_ for safety

IN for stability equanimity

**1c: *What I want in a safe relationship.***

EN\_ for stable relationship

EN\_ to feel secure in relationship

IN\_ to feel secure in relationship

EN for partner to not make me feel horrible

**1d: *Safety and protection of loved ones.***

EN\_ to defend one I love

**1e: *What I need to do to feel safe in relationships (active boundary setting).***

EN\_ to defend self

IN to test trustworthiness of BF

EN to assert her needs on BF

**Category 2: Support.****2b: *Reliable other I can count on.***

EN\_ for partner to care about how i feel

EN for partner to console me

EN\_ for other to understand I'm going through a hard time

IN for partner good for her

IN for partner to care as much as I do

**Category 3: Esteem, Respect, Value and Worth.****3b: *I need to be seen as worthy/valuable/significant to others.***

EN BF to choose me freely

EN to be accepted by BF as his GF

EN to be seen as GF

EN to show up in a rel to Others

EN\_ for BF to not hide relationship with her

EN\_ to be important to partner

EN\_ for partner to choose me over other woman

EN to show natural affection to BF

**Category 4: Control and Agency.****4a: *I need to have choice, mastery, and freedom.***

EN\_ to be in control

EN\_ to have choices/options in life

**4b: *I need to have independence from/or not be overpowered by other.***

EN\_ to live life independent of parents life, her own life

EN not to be consumed by relationship

EN\_ to not be dependent

**Category 5: Regulating Negative Emotion.****5a: *Need to tolerate negative experience.***

EN\_ to procrastinate/do-not do what one has to

IN\_ to take the easy path I'm on

**5b: *Need to tolerate negative experience through understanding others.***

EN\_ to understand what partner is thinking

IN\_ to understand BF's bad behaviour

**5c: *Need to interrupt intolerable inner pain***

INT need to travel (fear)

**Category 6: Orientation and Growth.****6a: *Growth through meaning making.***

IN\_ to understand self

**6b: *What I need to do for self growth.***

EN to progress on personal goals

IN\_ to follow my instinct/gut

**6c: *What I need to do to overcome my past.***

EN\_ to not be like my parents

**6d: *Desired Outcomes/Visions and directions for self growth.***

IN to be oriented to what's happening

EN\_ Motivation

**Category 7: Love, Connection and Belonging.****7a: *I need to maintain connection and relationships.***

EN\_ to love someone

EN\_ to get married

**7b: *Relationship goals: What I need to be a good enough partner.***

EN to please or not hurt parents

EN\_ to be nonpossessive of partner/fair

IN to be nonpossessive of partner/fair

**Category 8: Peace, rest and enjoyment.****8a: *Positive goals for peace, rest and enjoyment.***

EN\_ to have a fulfilling life

**Need Conflict**

EN to assert her needs on BF (SAFETY) VS EN\_ to understand what partner is thinking (EMO REG)

EN to be accepted by BF as his GF (ESTEEM) VS EN\_ to understand what partner is thinking (EMO REG)

EN BF to choose me freely (ESTEEM) VS IN to be nonpossessive of partner/fair (CONNECTION)

EN\_ for partner to choose me over other woman (ESTEEM) VS IN\_ to understand BF's bad behaviour (EMO REG)

IN\_ to follow my instinct/gut (GROWTH) VS IN\_ to take the easy path I'm on (EMO REG)

EN\_to not be like my parents (GROWTH) EN to please or not hurt parents (CONNECTION)  
EN\_to feel secure in relationship (SAFETY) VS EN\_to be nonpossessive of partner/fair  
(CONNECTION)  
EN for partner to not make me feel horrible (SAFETY) VS. EN for partner to console me  
(SUPPORT)

### **UM\_Affection**

IN\_Self Interruption  
Self-Interruption

**Client 422**

Client 422

Total 22 codes

**Category 1: Safety & Stability****1a: *Basic Necessities.***

EN\_ for stability in career

**1b: *What I need to feel safe.***

IN\_ for more stability

EN\_ for stability

**Category 3: Esteem, Respect, Value and Worth.****3a: *I need to see myself as worthy/valuable/significant.***

IN\_ to be impressive

EN\_ for accomplishment

EN\_ for self esteem

EN\_ to be productive

EN\_ to pursue difficult/challenging paths

**Category 4: Control and Agency.****4a: *I need to have choice, mastery, and freedom.***

IN\_ to be in control

**Category 5: Regulating Negative Emotion.****5a: *Need to tolerate negative experience.***

EN\_ to change my behaviour quickly

EN\_ for risk/excitement

IN\_ to avoid feelings

**Category 6: Orientation and Growth.****6a: *Growth through meaning making.***

EN\_ to be more self aware

EN\_ to see myself more clearly

**6b: *What I need to do for self growth.***

IN\_ to stop avoiding feelings

**6c: *What I need to do to overcome my past.***

EN\_ to change my behaviour

IN\_ to overcome past patterns

**6d: *Desired Outcomes/Visions and directions for self growth.***

IN\_ to have direction

**Need Conflict**

IN\_ to avoid feelings (EMO REG) vs. IN\_ to stop avoiding feelings (GROWTH)

UM\_Affection  
UM\_Love  
UM\_Value/Worth

**Client 427****Category 1: Safety & Stability.****1a: *Basic Necessities.***

EN\_ for financial resources

**1b: *What I need to feel safe.***

IN\_ to trust myself

**1c: *What I want in a safe relationship.***

IN\_ for fairness

EN\_ to be fair

EN\_ for comfort

**1e: *What I need to do to feel safe in relationships (active boundary setting).***

IN\_ to express anger

**Category 2: Support.****2a: *I need help.***

TG\_ for guidance

**Category 3: Esteem, Respect, Value and Worth.****3a: *I need to see myself as worthy/valuable/significant.***

IN\_ to be responsible

**3b: *I need to be seen as worthy/valuable/significant to others.***

IN\_ for hard work to count

**Category 4: Control and Agency.****4a: *I need to have choice, mastery, and freedom.***

EN\_ to be agentic

EN\_ to take action

IN\_ to be in control

IN\_ to be agentic

EN\_ to quit my job

EN\_ to change jobs

IN\_ for freedom

**4b: *I need to have independence from/or not be overpowered by other.***

EN\_ to be an individual/less dependent

**Category 5: Regulating Negative Emotion.****5c: *Need to interrupt intolerable inner pain***

EN\_ to avoid fear of being alone

IN\_ to not raise voice when angry

IN\_ to not upset husband with anger

**Category 6: Orientation and Growth.****6a: *Growth through meaning making.***

EN\_ to understand self

EN\_ to slow down my reflection process

**6b: *What I need to do for self growth.***

IN\_ to challenge myself

EN\_ to make the most out of therapy

IN\_ to stop avoiding feelings

**6c: *What I need to do to overcome my past.***

IN\_ to overcome past maladaptive patterns

**6d: *Desired Outcomes/Visions and directions for self growth.***

EN\_ for a plan/direction

IN\_ to be decisive

**Category 7: Love, Connection and Belonging.****7a: *I need to maintain connection and relationships.***

IN\_ for connection

IN\_ to be empathic of my husband

**7b: *Relationship goals: What I need to be a good enough partner.***

IN\_ to be a good friend

**Category 8: Peace, rest and enjoyment.****8a: *Positive goals for peace, rest and enjoyment.***

EN\_ for physical work

EN\_ for satisfying work

EN\_ for variety

IN\_ for rest

IN\_ less competitive work

IN\_ to break free from responsibility

**Need Conflict**

EN\_ for financial resources (SAFETY) vs EN\_ to quit my job (AGENCY)

EN\_ to be an individual/less dependent (AGENCY) vs EN\_ to avoid fear of being alone (EMO REG)

IN\_ to be responsible (ESTEEM) vs. IN\_ to break free from responsibility (REST)

**Self-Interruption**

IN\_ to not upset husband with anger (CONNECTION) INTERRUPTS IN\_ to express anger (SAFETY)

**Client 429****Category 1: Safety & Stability.****1a: Basic Necessities.**

EN\_ food for me/my family

EN\_ for financial resources

EN\_ to buy a safer car

**1b: What I need to feel safe.**

EN\_ for safety

**1c: What I want in a safe relationship.**

EN\_ for husband who is willing to take care of family

IN\_ for husband to set limits/be responsible

IN\_ for partner to be straightforward communicator

EN\_ to not be abused by husband

IN\_ to not have my kids be like my demeaning husband

IN\_ to not be blamed for partners choices

IN\_ to be oriented to what's happening

**1d: Safety and protection of loved ones.**

EN\_ to take care of self and children/family

**1e: What I need to do to feel safe in relationships (active boundary setting).**

EN\_ to defend self

**1f: Safety defined as getting rid of negative other.**

EN\_ to get out of my marriage/away from husband

**Category 2: Support.****2b: Reliable other I can count on.**

EN\_ to have husband care about my needs

EN\_ for my children to side against their father

IN\_ to be supported by partner

**Category 3: Esteem, Respect, Value and Worth.****3a: I need to see myself as worthy/valuable/significant.**

IN\_ for self esteem

**3b: I need to be seen as worthy/valuable/significant to others.**

IN\_ to be valued

EN\_ to be valued as a human

EN\_ to be seen/valued as a person

EN\_ to be heard by others

IN\_ for my children's respect

EN\_ for my kids to recognize/respect me as person

IN\_ to be seen as an adult/ treated equally

**Category 4: Control and Agency.****4a: I need to have choice, mastery, and freedom.**

EN\_ to have choices/options in life

IN\_ to be in control

**4b: *I need to have independence from/or not be overpowered by other.***

IN\_ to not be oppressed by partner

IN\_ to not submit to husband

**Category 5: Regulating Negative Emotion.**

**5a: *Need to tolerate negative experience.***

EN\_ to get back at my partner/be vengeful

EN\_ to not react to husband's provocation

**Category 7: Love, Connection and Belonging.**

**7b: *Relationship goals: What I need to be a good enough partner.***

EN\_ to be a good mother

IN\_ to put mothering first over her own needs as partner/individual

**Category 8: Peace, rest and enjoyment.**

**8a: *Positive goals for peace, rest and enjoyment.***

EN\_ to have a fulfilling life

**Need Conflict**

IN\_ to be in control (AGENCY) vs. IN\_ to not submit to husband (AGENCY)

EN\_ for financial resources (SAFETY) vs EN\_ to get out of my marriage/away from husband (SAFETY)

EN\_ to be a good mother (CONNECTION) vs EN\_ to get out of my marriage/away from husband (SAFETY)

EN\_ to be a good mother (CONNECTION) vs EN\_ to get back at my partner/be vengeful (EMO REG)

Self-Interruption

EN\_ to be a good mother INTERRUPTS EN\_ to defend self

UMN\_ to be treated respectfully by husband in front of my kids

UMN\_ to have husband to be willing to take care of family financially

**Client 435****Category 1: Safety & Stability.****1b: *What I need to feel safe.***

EN\_ for stability

**1c: *What I want in a safe relationship.***

EN\_ for genuine others

IN\_ for fairness

**1e: *What I need to do to feel safe in relationships (active boundary setting).***

EN\_ to set boundary with father

IN\_ to set boundary with father

EN\_ to defend self

**Category 3: Esteem, Respect, Value and Worth.****3b: *I need to be seen as worthy/valuable/significant to others.***

EN\_ for father's apology

EN\_ for father's respect

EN\_ for respect from others

IN\_ for father's respect

**Category 4: Control and Agency.****4a: *I need to have choice, mastery, and freedom.***

IN\_ to be in control

EN\_ to be agentic

EN\_ to be assertive

EN\_ to be in control

EN\_ to be wilful

**4b: *I need to have independence from/or not be overpowered by other.***

EN\_ to be rebellious

IN\_ to be independent

EN\_ to not be compelled by others

EN\_ to not be controlled by others

IN\_ to not be compelled by others

**Category 5: Regulating Negative Emotion.****5b: *Need to tolerate negative experience through understanding others.***

IN\_ to make rational sense of father's behaviour

**Category 6: Orientation and Growth.****6a: *Growth through meaning making.***

EN\_ to learn from my own experiences

**6d: *Desired Outcomes/Visions and directions for self growth.***

EN\_ to be adaptable

**Category 7: Love, Connection and Belonging.****7b: *Relationship goals: What I need to be a good enough partner.***

EN\_to be a good son/daughter

**Category 8: Peace, rest and enjoyment.**

**8a: *Positive goals for peace, rest and enjoyment.***

EN\_to be kind to others

EN\_to have a passion in life

EN\_to have time without responsibilities

EN\_to take care of my health

EN\_to not be center of attention

MN\_for caring other

MN\_for father's positive influence

MN\_for love from father

MN\_for parent's support

UM\_for peaceful relationship with father

UM\_to learn father's financial savvy

UM\_to not be compelled by mother

**Need Conflict**

EN\_to be a good son/daughter (CONNECTION) vs EN\_to not be compelled by others (AGENCY)

**Client 437****Category 1: Safety & Stability****1a: Basic Necessities.**

EN\_ for financial resources

**1c: *What I want in a safe relationship.***

IN\_ for trustworthy other

EN\_ for fairness

EN\_ for justice

IN\_ for fairness

IN\_ for justice

**1d: *Safety and protection of loved ones.***

EN\_ to protect children from pain/suffering

**1e: *What I need to do to feel safe in relationships (active boundary setting).***

EN\_ to defend self

IN\_ to defend self

IN\_ to stand up against oppressor

EN\_ to stand up to injustice

EN\_ to express anger at ex-husband

IN\_ to protect myself

**1f: *Safety defined as getting rid of negative other.***

EN\_ to be free of ex-husband

**Category 2: Support.****2b: *Reliable other I can count on.***

EN\_ for ex-husband to be good father

EN\_ for responsible ex-husband

EN\_ to have empathy from other for suffering

**Category 4: Control and Agency.****4b: *I need to have independence from/or not be overpowered by other.***

IN\_ to have an impact on other

**Category 5: Regulating Negative Emotion.****5a: *Need to tolerate negative experience.***

EN\_ to avoid disgusting people

EN\_ to avoid negative trigger

EN\_ to not participate in negative world

IN\_ to regulate negative feelings

**5b: *Need to tolerate negative experience through understanding others.***

IN\_ to make sense of other's bad behaviour

**Category 6: Orientation and Growth.****6a: *Growth through meaning making.***

EN\_ to understand my feelings

IN\_ time to reflect on feelings

**6c: *What I need to do to overcome my past.***

IN\_ to see ex-husband as he really is

**6d: *Desired Outcomes/Visions and directions for self growth.***

EN\_ to be more comfortable with harsh reality

IN\_ for solutions/answers

**Category 7: Love, Connection and Belonging.****7a: *I need to maintain connection and relationships.***

IN\_ to fit in

**7b: *Relationship goals: What I need to be a good enough partner.***

EN\_ to be a good mother

EN\_ to provide for children

IN\_ for energy to be good mother

IN\_ to be empathic of my children

IN\_ to be good mother

**Category 8: Peace, rest and enjoyment.****8a: *Positive goals for peace, rest and enjoyment.***

IN\_ for break from hurt and anger

**Need Conflict**

EN\_ to protect children from pain/suffering (SAFETY) vs. IN\_ for energy to be good mother (CONNECTION)

EN\_ for financial resources (SAFETY) vs. EN\_ to stand up to injustice (SAFETY)

**Self-Interruption**

EN\_ to express anger at ex-husband (SAFETY) vs. IN\_ to have an impact on other (AGENCY)

UM\_ Connection

UM\_ to be seen

UM\_ to belong

UM\_ to feel significant/to matter

UM\_ Trusting other

**Client 925****Category 1: Safety & Stability.****1b: *What I need to feel safe.***

EN\_ for safety

**1c: *What I want in a safe relationship.***

IN\_ to be safe with others

**1f: *Safety defined as getting rid of negative other.***

EN\_ to not have father in my life

**Category 2: Support.****2a: *I need help.***

IN\_ for help

**Category 3: Esteem, Respect, Value and Worth.****3a: *I need to see myself as worthy/valuable/significant.***

IN\_ to keep my word

**Category 4: Control and Agency.****4a: *I need to have choice, mastery, and freedom.***

IN\_ to be agentic

EN\_ to be in control

EN\_ to be self-reliant

**4b: *I need to have independence from/or not be overpowered by other.***

EN\_ to be happy without a partner

**Category 5: Regulating Negative Emotion.****5c: *Need to interrupt intolerable inner pain***

IN\_ to control anger

EN\_ to have civil relationship with ex-wife

**Category 6: Orientation and Growth.****6b: *What I need to do for self growth.***

IN\_ to get better

**6c: *What I need to do to overcome my past.***

IN\_ to overcome past maladaptive patterns

EN\_ to get over past

EN\_ to quit smoking

**Category 7: Love, Connection and Belonging.****7a: *I need to maintain connection and relationships.***

EN\_ for connection

EN\_ to have relationship with father

IN\_ for healthy relationship with father

**Category 8: Peace, rest and enjoyment.**

**8a: Positive goals for peace, rest and enjoyment.**

EN\_ to find peace within self

IN\_ to be a healthy person

**Need Conflict**

EN\_ to have relationship with father (CONNECTION) vs EN\_ to not have father in my life (SAFETY)

EN\_ for connection (CONNECTION) vs EN\_ for safety (SAFETY)

**Self-Interruption**

IN\_ to control anger through interruption

UM\_ Connection

UM\_ Support from father

UM\_ Supportive male figure

UM\_ Trusting other

Appendix C:  
Grounded Data for Higher Order Need Themes and Subcategories

**Higher Order Need Theme Category 1: Safety & Stability**

**1(a) Basic necessities:**

C: I uh, that's where I am right now, and I don't know what to do, and I went to bed last night thinking, what do I do, what do I do, what do you do?

T: right

C: you know, I don't have money to live on my own right now and I can't stay in this situation, so like I'm backed against a wall I guess

T: so you're really stuck

C: yeah

(Client 429, coded as explicit need for *financial resources* and explicit need to have choices/options in life)

**1(b) What I need to feel safe:**

C: when dealing with my physical circumstances and my connections and where whether you know whether it's where I live and and and and with who in the exterior world yeah I want some more stability

T: mm-hm mm-hm

(Client 422, coded as explicit need for *stability*)

**1(c) What I want in a safe relationship:**

C: yeah and they question me about, what's going to happen if daddy stops giving us money and you know will we have to move into one room, and I'm thinking oh my god, I feel like I'm uh, in the twilight zone, my kids are talking

like this and this man (read ex-husband) earned over 200,000 dollars and has two homes and you know

T: mm-hm

C :goes off on holidays and it's too much, I mean

T: mm-hm, so you are left with all this rage right?

C : !yes and

(Client 437, coded as explicit need for ex-husband to be a good father, and explicit need for *fairness- having fairness would contribute to this client's sense of safety*)

**1(d) Safety and protection of loved ones:**

C: I feel like I have to change myself dramatically and that I have to tell my children to, to be hard you know to think only of themselves

T: mm-hm

C: to always put themselves first

T: mm-hm

C: you know uh never trust, never count on anybody

T: mm-hm

C: don't, I could discourage them from getting married and having children

T mm-hm

C: because they can just almost count on it being destroyed

T: mm-hm

C: you know don't count on anything, don't have faith in anything

(Client 437, coded as explicit need to *protect children from assumed pain/suffering*, also coded as implicit need to protect myself, and unmet need for trusting other)

**1(e) What I need to do to feel safe in relationships (active boundary setting):**

C: yeah, well, I guess he felt that way cause I spent so much time with my mom.

T: mm-hm

C: and I guess because she would perhaps um ( - - ) I don't know, she, I guess we we understood our conversations, we understood the boundaries for, you know there was no BS going on. I don't think there was any BS with my dad, I just don't think he ( - ) he understood how to communicate sometimes when he wanted to. I think he wanted to control me in a certain way and I wouldn't

T: mm-hm

C: I wouldn't have it.

(Client 435, coded as explicit need to *set boundary with father*, also coded as explicit need to be agentic, and implicit need to be in control)

**1(f) Safety defined as getting rid of negative other:**

T: yeah and I guess there's a difference between resigning in hopelessness or deciding that you don't want to even engage in letting go and moving on or something, I mean, I don't know what's right but I hear right now

C: that's what I would like to do

T: mm-hm

C: if I thought that uh he would go away and I would never have to hear from him again, oh my goodness

T: that's what you would choose, right?

C: oh

T: and then you'd feel the burden lifted or if you could get him transported to another planet right? And then you would be free of him, that's how it feels

C: mm-hm,

(Client 437, coded as explicit need to *be free of ex-husband*)

### **Higher Order Need Theme Category 2: Support**

#### **2(a) I need help:**

C: um – and I'm looking for a refreshing sort of you know guidance here um - - I reflect on things probably too much you know and it's sometimes described as constant chatter in people's brains I think I'm very much locked into that and um uh I so I review a lot of stuff

T: mm-hm

C: uh

T: is that the way you do it? You go away and sort of

C: yeah

(Client 427, coded as therapy goal for *guidance*)

#### **2(b) Reliable other I can count on:**

C: and I thought well, and especially me, I have to have my stupid food, you know, and I have to have certain things, or else I'm hungry

T: it's very regimented

C: Yeah it is

T: it has to be there

C: yeah it's not like before when you could just okay, you know, now, boil up some pasta or something, I can't eat that right now so uh, if you come home for dinner, there isn't going to be anything and if the kids are hungry, and they were hungry last night, they were both saying, like even my younger one was like snacking and snacking and snacking and I mean, and you thought //

T: Yeah it's almost like when you came home and you wanted a diet coke, I mean, you're on a very regimented diet

C: and you know, he's such a bugger, he said to me, we have a little bit of coke, regular, drink that and you bugger, how can I drink that? That would just shoot it right up, now wouldn't it?

T: so he's not supporting what you

C: no he's just horrible

(Client 429, coded as implicit need to be *supported by partner*, also coded as explicit need for food for me/family, explicit need to take care of self and children/family)

### **Higher Order Need Theme Category 3: Esteem, Respect, Value & Worth**

#### **3(a) I need to see myself as worthy/valuable/significant:**

C: I do it I do it more successfully but I'm not accomplishing enough

T: right so back to +//

C: and back to+ I'm I'm not getting um I I'm just not accomplishing as much as I feel I should // and that make gives me a sense of dissatisfaction

T: mm-hm with yourself

C: with myself +and and and

T: ///+

C: um - - perhaps it doesn't help my own personal self esteem and I think I have a real problem with that

T: you have a problem with your own?

C: personal self esteem and then that sort of ties in you know and all of these things tie in with depression I think if I felt better about myself I would I'd get in the it's another

T: mm-hm +//

C: it's another+ of those breaks in the in the / in the depression (laugh) right

T: so somehow it sounds like when you're productive, when you're producing, when you can see that you can do done something and then you feel a sense of self worth

C: yeah +when I accomplish

T: you feel good about you+

C: something yeah

(Client 422, coded as explicit need for *accomplishment*, also coded as explicit need for *self-esteem*, and explicit need to be *productive*)

**3(b) I need to be seen as worthy/valuable/significant to others:**

C: I think there's, I've walked around too long feeling like garbage and I don't know what woke me up to it but uh, I'm thinking no I'm not going to be treated like this anymore, I'm sorry

T: mm-hm

C: I am a person, you know

T: Yeah I'm a person

(Client 429, coded as explicit need to be *valued as a human*, also coded as explicit need to defend self)

#### **Higher Order Need Theme Category 4: Control & Agency**

##### **4(a) I need to have choice, mastery, and freedom:**

C: a sense of personal pride in whatever I did um satisfaction um one of the best things about being freelance and self employed was the flexibility of the hours, I mean boy that worked out great I mean I used to treat myself to a Thursday morning off and just do adult skating, you know um with a group uh locally where uh where I am up in the [neighbourhood] area, um yeah you could always make three hours for yourself to do that kind of thing uh uh meet friends for lunch do that sort of stuff because you could always work in the evening if necessary, I mean there there were times when your weekend would be you know dedicated to a job that just had a crunch deadline uh I made sure the work is uh the the graphic designer the direction person often is the last person in the chain of events prior to it meeting the printing schedule

(Client 427, coded as implicit need for *freedom*, implicit need to *be in control*, and explicit need for satisfying work)

##### **4(b) I need to have independence from/or not be overpowered by other:**

C: yeah. and my mother even said, "with R it was matter of, she'd look and see something". even when I was a small child and she'd see some kid acting up and she'd be thinking gee I hope he's not getting that idea. ( - ) and he's not getting ideas, hmm that looks like fun, you know. and I never did really. I mean,

I wasn't a a a saint, but I wasn't a bad kid. !but, she she said, "I picked up real quick that you didn't say 'R don't you do, don't do that' because even if I wasn't thinking about it, I would go, 'oh'

T: she said + no (slight laugh)

C: 'oh, well maybe I should, well gee maybe I will go over and try that now'  
(therapist laughing slightly)

T: so you're saying I've always been rebellious

C: yeah, I've been uh, yeah I'm a bit of a piece of work I guess at times  
(Client 435, coded as explicit need to *not be controlled by others*, and explicit need to be *rebellious*)

### **Higher Order Need Theme Category 5: Regulating Negative Emotion**

#### **5(a) Need to tolerate negative experience:**

T: are you aware of feeling tight right now in your body? -

C: yeah a bit

T: yeah

C: yeah (p:00:00:07)

T: this is sort of consistent with your, what you were saying earlier around just avoid, just sort of put it away +someplace

C: (laughs)+ yeah

T: don't, don't explore it

C: (laughs) don't explore it, that's right (continues laughing lightly for 2 seconds)

I just (movement in chair) um - -

T: if you just !stay with the tension - what else is with the tension, what other feeling is there?

C: (deep breath in) um - - I guess that I'm, well I guess I am - I would feel sort of not uh - uh not - - - I don't know, that's weird - - I just feel like clamming up, you know it's a part of me that just kind of wants to leave right now

(Client 405, coded as explicit need to *avoid experience*, and explicit need to *leave right now, get away*)

**5(b) Need to tolerate negative experience through understanding others:**

C: well he was being disrespectful in the first place and then his response was disrespectful.

T: yes and so + it was

C: // +

T: I guess what I imagine is it's like adding insult to injury, + kind of

C: yeah, +

T: yeah.

C: in reflection I think that was just his way of? responding as opposed to saying, 'gee I'm sorry. I didn't think about it'.

T: so you sort of understand, but I guess + I had heard

C: now. + but then I was just sort of like piss on you

(Client 435, coded as implicit need to *make rational sense of father's behaviour*)

**5(c) Need to interrupt intolerable inner pain:**

C: I guess so. you know what I think part of it is that I don't want to uh if something is going to happen and you know I was kind of keen on her over the summer I guess I have been for a few years but I haven't done much about it, um - - I guess I don't want to talk about it too much or, or think about it too much just to avoid -

T: set yourself up

C: yeah

T: for disappointment?

C: sure

T: make it into a big thing and then it's a loss?

C: yeah, yeah

(Client 405, coded as explicit need to *avoid disappointment*)

**Higher Order Need Theme Category 6: Growth & Orientation****6(a) Growth through meaning making:**

C: uh, you know uh - - - uh I've been very affected by my experiences with my husband, in particular after my leaving him and then you know for instance at the time, I didn't, I uh, still cared very much for him uh and I thought he was an extremely unfortunate fellow and that uh there's more to be pitied than scorned

T: mm-hm

C: and now I have to be honest with myself and say uh I have an extremely low opinion of him, it's very, very unpleasant and extreme for me to think of him, it's extremely unpleasant if I pick up the phone and hear his voice

T: mm-hm

C: uh so I have to ask myself, is this what hate is? And I have to say you know,

I've you know, it's a new experience

T: It's a new experience, sort of feel this amount of

C: yeah

(Client 437, coded as explicit need *to understand my feelings*)

**6(b) What I need to do for self growth:**

T: mm-hm yeah - - - any reflections from last week?

C: Oh most certainly um - - I probably think about it too much um I was thinking

along the lines of what steps can I take to to really um sort of augment this

opportunity that's here with you and me

(Client 427, coded as explicit need to *make the most out of therapy*, and implicit

need to *be agentic*)

**6(c) What I need to do to overcome my past:**

C: and I just feel really, really, even though I'm an adult now, living with them is

not helping but I'm looking at them and getting really angry at them and really

resentful and I'm thinking, I have to be like that? And I'm having a hard time

thinking that I could escape that sort of life that they have

T: yeah

C: cause I look at my dad and I'm a lot like him, and I look at my mom and I'm a

lot like her

T: right

C: have like the worst of both of them and I get really angry even though I feel like I should be over that, I should be moving on

T: mm-hm so how they really impacted you and you're worried your life might end up like theirs

C: yeah, which I'm sure they'd be perfectly happy with but I don't know how to get away from that kind of life, I mean, the first step is I think not getting into teaching if I don't want to

(Client 411, coded as explicit need grow by *not being like my parents*)

**6(d) Desired Outcomes/Visions and directions for self growth:**

T: and that's a terrible, terrible feeling inside I guess right? (p:00:00:06) and that's what we have to try to help deal with and it's a dilemma, right?

C: mm-hm

T: by being defeated, also you are doubly defeated and it's like they won

C: well it's very frustrating you know, you think okay, problems are for solving this and you just keep looking for the answer and you never find it and you never sort out how to solve this problem you know it's just

T: mm-hm

C: I really resign myself to the fact that I can't cope with this problem

T: mm-hm

C: and that's where I'm at

(Client 437, coded as implicit need for *solutions/answers*)

## Higher Order Need Theme Category 7: Connection, Love & Belonging

### 7(a) I need to maintain connection and relationships:

T: and how hard it was growing up and so part of you needs to kind of be away from him and (incomprehensible) is that what I want, or is it healthy?

C: yeah, yeah - - I mean, I guess sometimes I wish that I would be able to have a more normal relationship with him

T: mm-hm

C: but uh, things have always been that way and he'll never change so I don't really see the point of putting myself through hell every time to try, just to make myself feel better about my relationship with him, so I've gone back now for the last couple of years and it's just a lot easier to forget about him

T: Yeah it's like it's easier just to not be / forget about him, yet he's still alive and he's still + //

C: yeah it still+ bothers me a bit

T: yeah

C: that I don't have any communication with him

(Client 925, coded as explicit need to *have relationship with father*, also coded as explicit need to not have father in my life, and need conflict)

### 7(b) Relationship goals: What I need to be a good enough other:

C: I guess (coughs) there is one other alternative but I guess I'd have to do it, we'd have to sell the house and I'd have to live on my own and I'd have to get maybe government assistance, I'd have to get it and I don't want that, but maybe it would be better I mean, when you see what I'm living with here, I don't even

feel like I'm a person, maybe it would be better the other way for me, for the kids it would, it's traumatic you selling a house and they're so used to their house and everything so I don't know maybe uh, but something has to give

(Client 429, coded as explicit need *to be a good enough mother*, also coded as explicit need for financial resources, explicit need to get out of my marriage/away from husband, implicit need to be valued, and need conflict)

### **Higher Order Need Theme Category 8: Peace, Rest & Enjoyment**

#### **8(a) Positive goals for peace, rest, and enjoyment:**

C: well I guess it was sort of like uh ( - ) I mean when I went, when I went out west, I went for two years to ski because I figured I'd do that before I got a real job.

T: so you were spending a lot of time kind of enjoying yourself

C: yeah, I figured well this is my opportunity. I may not have an opportunity

T: this is an opportunity to ski.

C: my opportunity to say, 'screw it. I don't have any responsibility.'

T: oh. so that was really important to you to do, + you know, to say 'screw it'

C: yeah I figured + well then I can go out and do what I want to do and won't have to worry about, and then in the future I'll have responsibilities and I won't be able to do it

(Client 435, coded as explicit need *to have time without responsibilities*)

Table 1

*Overview of Client Long-term Outcomes at 18 Months Post-treatment*

Client Number	BDI	SCL90R- GSI	BDI at 18 months
427	-1.29700	-.79435	2.00
404	-1.67524	-1.56856	4.00
403	-1.48378	-.83254	0.00
422	-1.14946	-1.86322	6.00
925	-1.07099	-.62012	2.00
429	.08420	1.47282	18.00
435	.16501	-.39943	11.00
405	.34944	-.36981	16.00
411	.54091	1.96741	12.00
437	1.73299	2.58197	29.00

*Note.* All outcome measures taken at 18 month post-treatment. The first 5 clients are good outcome clients. BDI= Beck Depression Inventory. SCL90R GSI= the general symptom index of the Symptom Checklist–Revised GSI . The first two columns show residual gain scores of the clients for the BDI and the SCL-90R GSI.

Table 2

*Current Need Theme Structure*

Higher Order Need Theme Categories	Subcategories
1. Safety & Stability	1a. Basic necessities 1b. What I need to feel safe 1c. What I want in a safe relationship 1d. Safety and protection of loved ones 1e. What I need to do to feel safe in relationships (active boundary setting) 1f. Safety defined as getting rid of negative other
2. Support	2a. I need help 2b. Reliable other I can count on
3. Esteem, Respect, Value, & Worth	3a. I need to see myself as worthy/valuable/significant 3b. I need to be seen as worthy/valuable/significant to others
4. Control & Agency	4a. I need to have choice, mastery, and freedom 4b. I need to have independence from/or not be overpowered by other
5. Regulating Negative Emotion	5a. Need to tolerate negative experience 5b. Need to tolerate negative experience through understanding others 5c. Need to interrupt intolerable inner pain
6. Orientation & Growth	6a. Growth through meaning making 6b. What I need to do for self growth 6c. What I need to do to overcome past 6d. Desired outcomes/visions and directions for self growth
7. Connection, Love, & Belonging	7a. I need to maintain connection and relationships 7b. Relationship goals: What I need to be a good enough other
8. Peace, Rest, & Enjoyment	8a. Positive goals for peace, rest, and enjoyment

Table 3

*Current Need Theme Structure and Previous Honours Need Theme Structure with Client Endorsement Rates*

Current Need Theme Structure	Endorsement Rate	Honours Need Theme Structure	Endorsement Rate
1. Safety & Stability	10/10	1. Safe Other	9/12
2. Support	9/10	2. Support	10/12
3. Esteem, Respect, Value, & Worth	9/10	3. Valued by Other	10/12
4. Control & Agency	10/10	4. Mastery & Confidence	10/12
5. Regulating Negative Emotion	10/10	5. Regulating Painful Emotion	11/12
6. Orientation & Growth	9/10	6. Overcome Past	6/12
		7. Understand Self	5/12
		8. Be More Genuine	10/12
7. Connection, Love, & Belonging	8/10	9. Connection	6/12
		10. Maintain Relationships	10/12
8. Peace, Rest, & Enjoyment	7/10		

Table 4

*Endorsement Rates of Need Theme Subcategories by Outcome Groups*

Need Theme Category & Subcategories	Good Outcome Client Endorsement Rate	Poor Outcome Client Endorsement Rate
Category 1: Safety & Stability.		
1a: Basic Necessities.	2	2
1b: What I need to feel safe.	5	4
1c: What I want in a safe relationship.	2	5
1d: Safety and protection of loved ones.	0	3
1e: What I need to do to feel safe in relationships (active boundary setting).	2	5
1f: Safety defined as getting rid of negative other.	1	2
Category 2: Support.		
2a: I need help.	3	1
2b: Reliable other I can count on.	1	3
Category 3: Esteem, Respect, Value and Worth.		
3a: I need to see myself as worthy/valuable/significant.	4	2
3b: I need to be seen as worthy/valuable/significant to others.	2	3
Category 4: Control and Agency.		
4a: I need to have choice, mastery, and freedom.	5	4
4b: I need to have independence from/or not be overpowered by other.	2	4
Category 5: Regulating Negative Emotion.		
5a: Need to tolerate negative experience.	3	4

5b: Need to tolerate negative experience through understanding others.	1	3
5c: Need to interrupt intolerable inner pain	3	2
Category 6: Orientation and Growth.		
6a: Growth through meaning making.	3	4
6b: What I need to do for self growth.	5	2
6c: What I need to do to overcome my past.	4	3
6d: Desired Outcomes/Visions and directions for self growth.	3	4
Category 7: Connection, Love & Belonging		
7a: I need to maintain connection and relationships.	4	3
7b: Relationship goals: What I need to be a good enough other.	1	4
Category 8: Peace, Rest & Enjoyment.		
8a: Positive goals for peace, rest and enjoyment.	2	5

---

Table 5

*Need Conflicts Expressed by Good and Poor Outcome Clients*

Good Outcome	Poor Outcome
Growth vs. Emotion Regulation	Growth vs. Emotion Regulation
Safety vs. Connection	Safety vs. Connection
Agency vs. Emotion Regulation	Connection vs. Emotion Regulation
Agency vs. Safety	Agency vs. Agency
Esteem vs. Peace/Rest	Safety vs. Safety
	Safety vs. Emotion Regulation
	Esteem vs. Emotion Regulation
	Esteem vs. Connection
	Growth vs. Connection
	Safety vs. Support
	Growth vs. Safety
	Esteem vs. Growth
	Connection vs. Agency