

A Comparison of Learning Outcomes in Cognitive Behavioural Therapy (CBT) and Existential Therapy: An Interpretative Phenomenological Analysis

ANDERS DRAEBY SØRENSEN, ROSEMARY LODGE
& EMMY VAN DEURZEN

Abstract

Objective: The objective of the study is to explore the understanding of the lived experience of the differences and similarities of the outcome of CBT and existential therapy and the ways in which it involves an enhancement of learning.

Participants: The study was comprised of one group of participants from CBT and one group of participants from Existential Therapy.

Method: The study takes the form of qualitative research and the specific research method is informal semi-structured interviews. Interpretative Phenomenological Analysis (IPA) is chosen for the study in order to gain a better understanding of the lived experience presented by the participants.

Results: The findings involved a common structure of six master themes in the two groups. The discussion facilitates a model of learning process and outcome and a model of learning framework.

Conclusions: The study points to the value of a learning perspective for the evaluation of outcomes in psychotherapy.

Key words: Existential therapy; Cognitive Behaviour Therapy; Learning outcome; Outcome research; IPA

Introduction and Research Context

For decades, researchers have made considerable efforts to evaluate the conceptual and empirical foundations and practical implications of psychotherapy. In recent years, interest has especially centred on the questions of whether there is anything specific and common in the outcome of psychotherapy. This involves outcome research in the effect of psychotherapy and process research into the elements that constitute effective psychotherapy.

Dominant trends in the evaluation of psychotherapy: (1) conceive psychotherapy from the perspective of a medical model as a clinical method of treatment; (2) conceptualize the results of psychotherapy in terms of clinical outcomes; and (3) connect to different types of evidence-based assessments by various health technologies (Wampold, 2009). These trends

are associated with efforts to measure and compare the relative efficacy and effectiveness of different therapeutic orientations according to diagnostic measures and clinical rating scales (Cooper, 2008, p. 16, 37). Health authorities in countries like Britain and Denmark use such evidence-based assessments for the development of clinical guidelines. These are part of a growing tendency to detect (or even argue) that some approaches to psychotherapy are more efficacious for treating certain forms of diagnosable mental and behavioural disorders than others (e.g. NICE, 2011).

As early as 1966, Kiesler (1966) pointed out several problems with the so-called 'uniformity myth'. He suggested that both process and outcome are different between different clients, therapists and approaches to psychotherapy. The instrumental focus on clinical outcomes and the current trend of appreciating evidence-based practice hinders a more nuanced evaluation of the outcome of psychotherapy. Thus, these methods do not take into account: (1) how different therapeutic approaches orient themselves around different aims and objectives; or (2) how clients experience the outcome of different types of psychotherapy in a broader sense.

Clinical technologies typically define their aims and objectives as a unique clinical outcome in terms of symptom relief and healing. In education, it is common to operate with various types of learning outcomes. These represent the achievements on behalf of the learner and reflect different educational objectives on behalf of the educators (Moon, 2002). Learning also represents a more multifaceted process than healing, reflecting in the rich diversity of learning as a broad phenomenon with many aspects. As there already exists a long tradition for understanding psychotherapy from a learning perspective, this therefore offers the opportunity for a more nuanced and comprehensive evaluation of the outcome of psychotherapy.

Recently, there have been a few efforts towards developing methods for assessing outcomes in terms of learning that reflect changes that are specific to individual clients. Thus, McLeod points to a recent significant theme that has emerged from the qualitative research into the process and outcome of psychotherapy. Thus, clients report how learning constitutes an essential part of their experienced process or outcome (McLeod, 2011, p. 258). Burnett conducted a qualitative context analysis, indicating that participants' written responses to counselling were best categorized in terms of three broad areas of learning: Self, Relationships with others, and the Process of learning and change (Burnett, 2000). A study by Carey and others, suggested that regardless of approach, change in psychotherapy occurred across the three domains of feelings, thought and actions through the means of six different aspects: motivation and readiness; perceived aspects of self; tools and strategies; learning; interaction with the therapist; and the relief of talking (Carey *et al.*, 2007). However, none of these studies focused directly on evaluating the experienced learning outcome from psychotherapy, related to specific therapeutic approaches and to specific educational objectives.

The purpose of such evaluation is not to produce a normative ranking or comparison of the outcome of different approaches to psychotherapy. These may have completely different aims. Rather, qualitative research lends itself to an in-depth study of the learning outcomes of psychotherapy – as experienced in terms of actual achievements by the learner rather than measured by the intentions of the psychotherapist. The intention is expressed in the objectives of the therapeutic approach. In order to gain a nuanced and comprehensive picture of psychotherapy in terms of experienced learning outcome, it will be useful to combine differing forms of learning outcome from different approaches to psychotherapy, and then explore whether there appears to be qualitative similarities or differences between them. Therefore, this study explores two different types of psychotherapy, Cognitive Behavioural

Therapy (CBT) and Existential Therapy (ET). Both of these approaches show the empirical and conceptual basis for psychotherapeutic practice in terms of learning. According to Cooper (2009), Existential Therapy includes various approaches to psychotherapy. This study focuses on the British School of Existential Analysis, also known as Existential-Phenomenological Therapy. This approach involves a specific model of what needs to be learned in therapy (e.g. Deurzen & Adams, 2011).

In theory, we can articulate both CBT and Existential Therapy as 'learning-directed' therapies, but based on different learning models. Thus, on a theoretical level, there are many differences between the two approaches, but also many similarities. The basic approach of CBT is based on cognitive and behavioural learning theories. These define 'learning' as a relatively permanent influence on behaviour and cognition, which comes about through experience (cf. Santrock, 2008). CBT tends to perceive 'life problems' from within a medical framework. Therefore, the basic premise is that diagnosable psychopathological phenomena are a product of the learning of dysfunctional structures and patterns. Thus, the educational objective of CBT is that clients 'unlearn' maladaptive ways of thinking, feeling and behaving in response to given life situations and events. And learn more adaptive cognitive and behavioural skills and strategies for coping, with a more positive sense of self and ability in order to succeed in life (Padesky, 1995; Wills, 2008; Hickes & Mirea, 2012).

In contrast, we may relate the design of Existential Therapy to existential phenomenological learning theory. This theory defines 'learning' as a relatively permanent restructuring of individual existence, created through experience (Colaizzi, 1973). The Existential approach stresses that life problems are not manifestations of specific dysfunctions, but expressions of diverse difficulties in relation to coming to terms with life's challenges (Deurzen, 2008; Spinelli, 2007; Cohn, 2009). The educational objective of Existential Therapy is that clients undergo an existential transformation and through this learn capabilities for living more resourcefully with higher self-awareness in relationships with Self, Others and the world. This involves learning – for example – capabilities: for being authentic; to handle difficulties; and to live with engagement, courage and freedom, in accordance with one's true values, beliefs and experiences.

Existential Therapy, and the more recent approaches to CBT, both stress the importance of the therapeutic relationship (Hickes & Mirea, 2012, p. 21). In CBT, the focus of facilitating the learning process is on a collaborative relationship where the therapist takes a very active role as teacher, coach or consultant. The therapist assists clients by educating them: on clinical problems; identifying dysfunctional assumptions and schemas; discovering alternative strategies for living; and promoting corrective experiences that lead to new capabilities (Hickes & Mirea, 2012, p. 22; Wills, 2008; Ch. 3). Initially, the therapist is setting the agenda, and the therapy is oriented very strategically towards relieving specific mental conditions. It is structured around clear goals and specific techniques of therapy.

In Existential Therapy, meeting in a mutual relationship is the focus of facilitating the learning process. The therapist takes on the role of a mentor or facilitator for the client's exploration of their own world-view, enhancement of self-awareness, discovering values and goals for living, and uncovering capabilities for living (Deurzen, 2008; Spinelli, 2007; Cohn, 2009). In contrast to CBT, Existential Therapy puts more emphasis on encouraging clients to explore and discover the ways in which they relate to themselves, their world, and to others, as well as learning about their own personal life capabilities and answers to life's challenges. Thus, Existential Therapists tend to follow the client's agenda and assist the client in finding his or her own direction in life (Spinelli 2007; Deurzen, 2012, Deurzen & Adams, 2011).

However, both approaches focus on the clients' fundamental beliefs about themselves,

others and the world and both seek to help clients develop a new sense of Self through exploration and the opening of new choices (Hickes & Mirea, 2012, p. 25).

Research Questions

The study is about the learning outcome of psychotherapy, with a focus on the lived experience of CBT and Existential Therapy for the client. The central research question is:

- What is the meaning, structure and essence of the lived experience of the outcome of CBT and Existential therapy?
- This central research question is divided into two research sub questions:
- In what ways is the choice of therapeutic approach active or passive and what significance does the motivation for choice have?
- In what ways has the client's participation in therapy helped to enhance learning for the client?
- Furthermore, the central research question is followed by a theoretical sub question:
- Is there a difference in the lived experience of the learning outcome of CBT and Existential Therapy?

Materials and Methods

Following the literature review, the aim of the comparison was to identify whether there was compliance for the learning outcomes with the educational objectives of CBT and Existential Therapy, and whether the difference between the learning outcomes was comparable to the difference between the educational objectives.

Participants and context

The total sample consisted of 12 participants: A group with 6 participants from CBT; and a group with 6 participants from Existential Therapy. The age of the participants ranged from 25 to 46. Gender distribution was equal, with six males and six females. All participants were white, ethnic Danes, and belonged to the middle socio-economic class. In order to enable a comparison, the study made sure that CBT and Existential Therapy were applied to participants for an equal length of time, between twelve and fifteen sessions. The study only recruited participants who had sought therapy voluntarily and had not been referred by a third party. Participants have only been recruited if they have been clients of either cognitive-behavioural therapists or existential therapists that are working in line with the existential-phenomenological approach. The researcher recruited participants from registered cognitive behavioural therapists or existential therapists and societies for CBT and Existential Therapy.

This study was performed as part of a doctorate thesis in psychotherapy and counselling. The researcher achieved trustworthiness by providing participants with an informational letter, a consent form and a copy of the proposed interview guide with the questions ahead of the interview. The participants were asked where they would like the interview to take place, since a comfortable setting is important for participants. Thus, most interviews took place in the researcher's office or their therapists office.

Methods and research design

The research method was by informal, semi-structured interviews. The first author used an interview guide to support the discussion, which kept the literature review in view. The interview guide was designed to provide the participants with an opportunity to answer the research questions. Thus, the topics of the interview questions related to the research topics. The first section of the interview guide aimed at clarifying how and why the participants

had chosen therapy. The second section of the interview guide aimed at clarifying the meaning, structure and essence of the lived experience of the outcome of therapy. The questionnaire focused on learning through any experiential changes that occurred in the participants' understanding because of the therapy and with the participants' understanding of their experiences of these changes (Broberg, 2000, Ch. 4; Colaizzi, 1973, p. 45-6). Thus, the phenomenological approach involved: a shift of focus from the 'educator'-side to the 'learner'-side; on a qualitative focus on learning as a generative process; and on the actual outcome of the learning process.

The researcher recorded the in-depth interviews, using a digital voice recorder. He took several precautions to protect the participants from physical and mental harm, also obtaining the written consent from all participants. Ethical considerations were strictly adhered to; and participants' names were changed to protect their identity.

The researcher used Interpretative Phenomenological Analysis (IPA) to analyze the transcribed data through which to identify themes according to the six-stage model developed by Smith, Flowers & Larkin (2010):

1. Reading and re-reading
2. Initial noting
3. Developing emergent themes
4. Searching for connections across emergent themes
5. Moving to the next case
6. Looking for patterns across cases

Previously, IPA has been conducted as a comparative study in one case, involving a comparison of contrasting master themes (Dildar, 2012). Therefore, to maintain a similarity, the study introduced a seventh stage, involving a comparison of the master themes from the two groups:

7. Comparison between groups

Findings

The results of the analysis were the finding of a common structure of the six contrasting master themes in each group.

Master theme	Category
M1	Motivation for therapy
M2	Learning to do with self and life
M3	Learning to do with thinking, acting and feeling
M4	Learning to do with relationships with others
M5	Perception of therapy and therapist
M6	Evaluation of outcome and process

Figure 1: Common structure of master themes

This structure enabled a qualitative examination and comparison of what types of characteristics, similarities and differences existed in the two groups of participants from both CBT and Existential Therapy. The comparison shows a general aspect, which is common to both groups, as well as several separate and specific aspects for each group.

Category	Existential Therapy	CBT
M1: Motivation for therapy	Varied motivation for therapy based on mental discomfort or wish for self-knowledge. Hope for well-being, self-exploration or authenticity. Expectation of capabilities and insight for self and life.	High motivation for therapy reflecting in choice of therapist based on depression, anxiety and stress or emotional burden. This related to wider life problems with hope for outcome as fixing or improvement of mental state. Expectation of learning of tools for coping.
M2: Learning to do with self and life	Learning authentic, valuing and caring relation to oneself with changed self-image and more insight into self and life. Engagement, satisfaction and sense of direction and values with an open and courageous approach to life and participation in the world, as opposed to previous partially problematic self-relation and self-image with lack of abilities for sensing and following values and direction in life.	Learning capabilities for capable, caring and valuing self-relation, with more positive self-image and better self-esteem. Following own values and direction in life with an open approach to life and participation in the world. In contrast with previous negative self-relation and self-image with lack of abilities for sensing and following values and direction in life.
M3: Learning to do with thinking, acting and feeling	Learning capabilities for coping with difficulties. Making genuine choices, calm way of reacting, open way of thinking. Acting from own position in life and taking own responsibility, in contrast to previous lack of capabilities to cope with difficulties and feelings. Taking responsibility and making choices.	Learning capabilities for organizing thoughts, coping with difficulties, and handling responsibility and choices, with appropriate and reflected way of acting and thinking, and a relaxed way of reacting. As opposed to a previous lack of abilities for coping with difficulties and a problematic way of thinking and acting.
M4. Learning to do with relationships with others	Learning capabilities for engaging in mutual relationships as oneself, with abilities to set limits and respect others. This compared to previous problematic way of relating, with a lack of capabilities for constructive engagement as oneself in mutual relationships.	Learning capabilities for being oneself as an independent person, and engaging in self-chosen mutual relationships with abilities for accepting, coping with criticism, and setting limits. Compared to previous problematic way of relating and lack of ability to be oneself in relationships.
M5. Perception of therapy and therapist	Therapy as a meeting space for in-depth exploration, questioning, transformation and becoming of self. Learning for a life of courage and freedom following client's agenda. Relationship to therapist as assistant revelator and companion being with and for client.	Therapy as an educational framework for learning opening of perspectives and focusing on positive self-awareness through tools for coping with thoughts, feelings and actions. This based on specific therapeutic techniques and questioning, utilizing the relationship with the therapist as guiding teacher and friendly partner for sparring.

M6. Evaluation of outcome and process	Positive therapeutic relationship and choice of approach as important for intense and demanding learning process and positive learning outcome.	Importance of good therapeutic relationship, personality of therapist and effective therapeutic approach for the learning process and a positive outcome of therapy with minor disappointments.
---------------------------------------	---	---

Figure 2: Table of comparison of master themes

Master Theme 1 (M1): Motivation for therapy

The finding of M1 shows an overall psychological motivation for beginning therapy across the two groups. However, participants from the CBT group based their deciding to go into therapy more on an experience of mental distress or mental disorder, having a tendency to articulate these in clinical terms. Whereas participants from the Existential Therapy articulated their reasons for going into therapy more on mental discomfort or a wish for self-knowledge. These findings indicate that the choice of a therapeutic approach does not have a significant role in the decision to go into therapy.

Moreover, the findings show that participants from both groups hoped for some improvement through therapy, and that they expected to learn new capabilities as a result of being in the therapy. However, participants from the CBT group tended to articulate an initial wish for a 'fixing' of their mental state. And an expectation of learning tools for coping with thoughts, actions and feelings. Whereas participants from existential therapy tend to articulate a wish for authenticity, self-exploration and well-being and an expectation of learning skills for self and life.

Master Theme 2 (M2): Learning outcome to do with self and life

Participants from both groups articulated an initial (or previous) experience of a problematic self-image and self-relation and a lack of abilities to follow values and direction in life. The finding of M2 points to a common learning outcome of a more caring and valuing self-relation with a changed self-image, a more open approach to life, and participation in the world. Furthermore, participants from both groups articulated: (a) 'learning' a changed way of acting and thinking; and (b) learning capabilities for making choices, taking responsibility, coping with difficulties and reacting in a relaxed way. Whereas CBT involves a specific learning outcome, in terms of a more capable self-relation with more self-esteem, whereas Existential Therapy involves a specific learning outcome in terms of a more authentic self-relation, with more self-insight and insight into life with engagement, satisfaction and a courageous approach to life.

Master Theme 3 (M3): Learning outcome to do with thinking, acting and feeling

Participants from both groups experienced an initial or previous lack of abilities for coping with their life difficulties. Participants from CBT specifically experienced a problematic way of thinking and acting; whereas participants from Existential Therapy experienced a lack of abilities for taking responsibility and making choices.

Moreover, the finding of M3 shows that participants across groups experience a general learning outcome of capabilities for coping with difficulties, making choices and taking responsibility with a relaxed way of reaching and a changed way of acting and thinking. However, the findings show that CBT involves a specific learning outcome of organizing thoughts with abilities for a reflected and appropriate way of thinking and acting, while existential therapy involves a specific learning outcome of an open way of thinking and an ability to act from one's own experience in life.

Master Theme 4 (M4): Learning outcome to do with relationships with others

Participants from both groups articulated an initial or previous experience of problematic way of relating with a lack of abilities to engage as oneself in relationships. Moreover, the finding of M4 shows that participants across the groups experienced a general learning outcome from therapy of capabilities for engaging as oneself in mutual relationships with the ability to accept others, and set limits in relationships. However, the learning outcome of CBT additionally involves learning skills to choose one's relationships and separate oneself from others.

Master Theme 5 (M5): Perception of therapy and therapist

In general, participants from both groups highlighted that therapeutic learning works through a process of exploring or perspectives that involve a certain dynamic of questioning. However, participants from the CBT group specifically perceived therapy as a framework for learning of positive self-awareness that involves a self-change. Participants from Existential Therapy specifically perceived therapy as a meeting space for in-depth exploration and transformation of self and a framework for authentically becoming oneself.

In general, all participants highlighted the important role of the therapist that operates with certain relational and educational qualities. Participants from the CBT group specifically experienced the therapist as having the educational role of a guiding teacher and friendly partner for sparring, using specific techniques for learning specific tools for coping with thoughts, feelings and actions. Participants from Existential Therapy specifically experienced the therapist as having the educational role of a companion and an assistant revelator, who follows the clients' own agenda by being with and for the client.

Master Theme 6 (M6): Evaluation of learning outcome and learning process

In general, participants from both groups highlighted how the choice of therapist and the therapeutic approach, as well as the establishment of a strong therapeutic relationship is fundamental for learning in therapy. Moreover, the finding of M6 shows that participants from both groups evaluated the learning outcome as positive. However, participants from the CBT group specifically attached more importance to the personality of the therapist, and articulated minor disappointments about therapy. Participants from the Existential Therapy group specifically perceived the learning process in therapy as intense and demanding.

Discussion

The researcher summarized the discussion as a two-sided empirical and conceptual model of the research findings, regarding the lived experience of CBT and Existential Therapy. This involves a provisional research model of a learning process and outcome in three domains. And a provisional research model of the learning framework of psychotherapy in three domains. Thus, even though this study primarily has a qualitative focus on learning outcomes in CBT and Existential Therapy, it also involves findings regarding the learning process and learning framework that generate learning outcomes.

1. Learning Process and Outcome

The first part of the discussion follows the master themes 1-4 and illustrate the model of learning process and outcome in psychotherapy that was studied.

1.1: Motivational Learning

The literature review suggested that clients' psychological motivation for psychotherapy is a major factor for a successful outcome of psychotherapy (Carey, 2007; Cooper, 2008,

p. 68). Overall, the findings of Master Theme 1, indicate that motivational learning is an important dynamic in psychotherapy, not fully accounted for in the literature. That is, the psychological motivation for going into and staying in psychotherapy does not only seem to be something that matters for the client's previous decision-making, but also something that is learned in therapy and matters for the process and outcome of psychotherapy. It does not seem that the choice of therapeutic direction is part of the previous decision-making, but that motivation for direction may be learned in therapy, and may be part of the client's psychological motivation for staying in therapy.

To some degree, this study supports the main assumption in psychotherapy that clients base their decision of going into therapy on the experience of distress. However, the findings suggest that clients learn to address, or reformulate, their reason for going into therapy in light of their experience of learning in therapy. This indicates that learning in relation to motivation in CBT may be more focused on mental problems, whereas learning in relation to motivation in Existential Therapy may be more focused on personal growth or ethical exploration.

This study supports the literature, suggesting clients' hopes for the therapeutic process and their expectations for outcome relate to the outcome (Cooper, 2008, p. 63-4). In general, this study shows that clients learn motivation for psychotherapy by articulating an initial hope and an expectation of learning. In CBT, it seems that clients learn motivation more specifically by learning to formulate wishes for being fixed, or achieving improvement in their well-being, and expectations of discovering new learning tools for coping. In Existential Therapy, it seems that clients more specifically learn motivation by learning to articulate wishes for authenticity and self-exploration and expectations of new learning skills for self and life.

1.2: Learning about initial and previous experiences

Overall, the research findings indicate that participants experienced the learning outcomes of CBT and Existential Therapy as very similar across the three shared domains of learning: self and life; thinking, acting and feeling; and relationships with others. The findings of this structure seem to combine the results from Burnett (2000) and Carey (2007).

The focus on learning outcomes involves a focus on what changes after having been in psychotherapy. The findings show that participants learn to address and articulate their initial and previous experiences within the three domains as part of their learning outcomes of psychotherapy. Thus, this learning to do with initial and previous experiences is part of the change in both CBT and existential therapy. Interestingly, the comparison indicated that participants from both groups learn to articulate their previous or initial experiences in terms of lacks and difficulties and that they tend to share their experiences about these lacks and difficulties. This suggests that learning in both CBT and existential therapy involves recognition of these difficulties and that the outcome of actual change is more different than the original objective of change.

1.3: Learning Outcomes

The findings of the three domains of learning revealed that there are substantial similarities as well as differences between the learning outcomes that participants experienced in the two groups. The shared learning outcomes in the first domain point to a general experiential change in therapy regarding difficulties of self and life that fit the theory. More explicit than theory the findings also point out that change in CBT and existential therapy involves a shared learning outcome of a caring and valuing self-relation. However, the findings also suggested substantial differences between CBT and existential therapy to do with learning

for self and life. Thus, the learning outcome of CBT involves learning self-capability and self-esteem as a far more general outcome than indicated in the literature. Whereas the learning outcome of existential therapy fits theory.

Overall, the general and specific learning outcomes in the second and third domain match the theoretical differences. Interestingly, separateness is a theoretical theme in existential therapy but an experienced theme in CBT. This supports Spinelli's (2007) strong focus on interrelations in existential therapy and suggests that in practice existential therapy is more about learning to engage in mutual relationships as oneself than about separating from others. However, it also suggests that existential therapy would do well to focus more on separating as well as on relating to others.

2. Learning Framework

We can understand at least some of the psychotherapeutic methods as educational designs for learning for the client. From an educational perspective, psychotherapies differ in their explanations of how learning occurs, and what is it that needs to be learned. What follows is a summary of the discussion of Master Themes 5-6, as a learning framework for the accomplishment of the general and specific learning outcomes in CBT and Existential Therapy. The discussion suggests some similarities and differences between CBT and Existential Therapy, when it comes to the learning framework.

2.1: Learning Principles

The comparison shows that therapeutic learning in both CBT and Existential Therapy works by two general learning principles. Motivational learning, and learning about initial and previous experiences, are both elements of the learning process that link to these principles. Both principles imply that therapeutic learning requires another person, and that the client would not be able to facilitate the learning process by himself or herself.

General 1: Exploring perspectives for altering subjective comprehension and attitude: Both CBT and Existential Therapy are learning designs for self-change that work through an exploring of perspectives. From a phenomenological perspective, this discovering or revising of perspectives enables a reorganization of the client's subjective comprehension and attitude to self, life and others and an altering of the client's subjective way of feeling, thinking and acting. Likewise, it corresponds with Gadamer's hermeneutic perspective by emphasizing meanings as created and experienced by the client in conversation with the therapist (Gadamer, 1989). Thus, exploring perspectives in the therapeutic conversation facilitates the creation of a new understanding of the whole that changes the client's being and self-understanding.

General 2: Questioning of experiences: The second general principle suggests that a dialogical method is essential for the learning process in psychotherapy, as a form of inquiry between individuals, based on asking and answering questions to stimulate reflection and illuminate experiences. According to Gadamer, to understand something is to reach an understanding with another about it, and this is only possible to achieve through a conversation that sustains the interplay of question and answer (Gadamer, 1989, p. 368-70). Thus, new meaning and understanding develops between persons through the fusion of horizons, which is always a dialogue between client and therapist. The dynamic of questioning and answering allows the therapist and the client to bring into question each other's range of understanding. This enables a mutual understanding of the client's difficulties, as well as of the client's wishes, and expectations with fusion and expansion of horizons.

This comparison also shows that CBT and Existential Therapy work partly by different learning mechanisms. CBT has a specific learning design, that might be characterized by three learning principles:

CBT 1: Focusing on positive self-awareness: Learning in CBT seems to work through focusing on positive self-awareness, and it is this that enables a positive self-change. Just as in positive psychology, the therapist must facilitate a positive focus on the client's self. This focus accelerates the learning of a new meaning and understanding of the self that increases the client's self-esteem and self-capability.

CBT 2: Learning of tools: In accordance with theory, CBT is a goal-directed approach to therapy, aimed at teaching the client tools to use in critical or stressful situations. In this respect, CBT is a learner-centred planning and instruction for reaching learning goals. This planning and instruction includes specific cognitive and behavioural skills related to the identification of problems in relation to maladaptive strategies and inappropriate skills. The purpose of learning these tools is that the client can learn to become his or her own therapist.

CBT 3: Specific techniques for learning: In accordance with theory, CBT is also educator-centred, and it focuses on homework, planning and instruction and facilitation of learning relies on specific therapeutic techniques. Thus, CBT is a complex technology of learning that applies standards, techniques and manuals for achieving the learning outcomes.

For its part, Existential Therapy has a specific learning design that might be characterized by two specific principles:

Existential 1: Demanding transformation of self and life: In accordance with theory, Existential Therapy is a learning framework for a complete transformation of the client's self and life. Clients must invest in this learning process, as it is demanding because it restructures the client's 'Being-in-the-World' and it might involve experiences of anxiety. This learning process is made powerful by facilitating courage, and by valuing living life with insight into self and life, including acceptance of the uncertainty in life.

Existential 2: Client following, directional and in-depth exploration: In accordance with theory, learning in Existential Therapy works through an in-depth exploration of self and life, that follows the client's own agenda and does not direct the client. Even though therapy is not directive, it is directional by helping clients to find their own direction in life. Furthermore, learning based on this space is caring and non-judgmental. This facilitates the client's openness and expands the depth of learning.

These findings underline the theoretical difference between CBT and Existential Therapy. The comparison supports the claim that CBT and Existential Therapy are based on a different design for the accomplishment of specific educational objectives that relate to theoretical learning models and hypothetical principles for the enhancement of learning in the therapeutic process. The specific and general principles give an opportunity to understand the subjective learning processes in therapeutic settings.

2.2: The educational role of the therapist and the learning relationship

In CBT and Existential Therapy, motivational learning, learning outcomes and learning designs link to the learning relationship between client and therapist and the educational role of the therapist.

In general, the therapist must take on an educational role, and the establishment of a strong learning relationship between client and therapist is fundamental for any learning in therapy. The therapeutic conversation between client and therapist is the most central factor for learning. The quality of the learning relationship is crucial for whether each client's

openness and expression, and their creative and constructive potentials, are activated in the learning process so that a new understanding and meaning is generated.

In CBT, the learning set-up is based on the establishment of a close therapeutic relationship that works as an exchange between therapist and client. Thus, exploring and questioning link to positive-focusing, learning of tools, and use of specific techniques in an educational exchange. Where the therapist must take on the rather active role of guide, teacher or sparring partner. It seems that an effective therapist understands that CBT involves wearing multiple hats in order to ensure that the therapy runs smoothly. Even though the therapist must take on a very active educational role and set the agenda, it seems that the therapist must also avoid being too directive or controlling. Moreover, in CBT, the therapist must be able to work through relational qualities of empathy and friendliness in order for learning to progress.

In Existential Therapy, the learning set-up is based on the establishment of a close therapeutic relationship that works as an exchange between therapist and client. It seems important that this meeting be characterized as non-judgmental and with mutuality in order to facilitate the client's openness and expression for in-depth learning and transformation of self and life. In accordance with theory, the therapist must be with and talk with the client and follow the client's agenda in order to enable in-depth exploring. The therapist must be able to take on the two educational roles of 'companion' and 'revelator'. The companion stays with and close to the client enabling a collaborative exploration by being aware, knowing or engaging. The revelator enables the client's transformation of self and life by supporting or assisting the client and giving recognition and acknowledgement of the client's confidence and trust for learning about new aspects of identity and self-confidence.

3. Overall

Overall, the findings indicate a high degree of similarity between the theory of CBT and Existential Therapy and the participants' own lived experience of learning outcome and process. This may suggest that CBT and Existential Therapy work according to the educational objectives and frameworks of both approaches. However, it may also suggest that both CBT and Existential Therapy involve a conceptual learning not accounted for in theory. Thus, CBT and Existential therapy may involve an education of clients according to their theoretical assumptions. In this way, both approaches are more directive than they intend to be. The clients can learn spontaneously by personal experience without being directed by the therapist. Yet, the degree of similarity between theory and research findings suggest that CBT and Existential Therapy may direct the clients' way of understanding. This educational part is not fully articulated in the respective theories.

4. Limitations of Research

Considering the limitations of this research, one can argue that the research sample was rather small, only consisting of two groups of six participants. Furthermore, the research sample only consisted of participants from two types of psychotherapy. However, the aim of this research was to explore the lived experience of the outcome of psychotherapy and to investigate the ways in which psychotherapy has helped to enhance learning. The small groups made it possible to conduct a nuanced and comprehensive investigation and analysis into the experienced outcome of psychotherapy. The choice of CBT and Existential Therapy made it possible to research into types of psychotherapy that are already based on, or related to, a learning framework.

5. Conclusion

The study points to the value of a learning perspective for the understanding of process and outcome of psychotherapy:

Motivational Learning: The implications for the theory and practice of psychotherapy of this study suggests the importance of fully integrating motivational learning and clarity of the educational design of any form of psychotherapy. It may be necessary to focus clients at the beginning of psychotherapy on committing to a specific educational philosophy.

Learning about Initial and Previous Experiences: The implications for theory and practice of the study is that at least when it comes to CBT and Existential Therapy, psychotherapy can be understood as having an educational design for changing clients' experiences of difficulties in living through a learning process that involves recognition of these difficulties.

Learning Outcomes: The findings of this study strongly point to the value of evaluating the outcome of psychotherapy, in terms of learning as an alternative to evaluating psychotherapy in terms of clinical outcome or by mutually rating the outcome of different approaches in a comparative way in terms of clinical efficacy. The learning outcome perspective allows a more nuanced and comprehensive understanding of the essential similarities and differences between therapeutic approaches. This involves an understanding in terms of the actual achievements of the learners, rather than in terms of clinical outcomes aimed at by the method. The comparison suggests that the learning outcome of CBT centres on learning functional capabilities for an appropriate and structured way of thinking, acting and feeling. Whereas the learning outcome of existential therapy centres on learning authenticity and the courage for exploring new ways of living. To some degree, this difference reflects the stated theoretical differences between the educational objectives of CBT and existential therapy. The shared structure is only based on findings from participants from CBT and existential therapy. However, it may provide inspiration for a changed approach to assessment of the outcome of psychotherapy. The educational perspective could also be adapted to the evaluation of other types of psychotherapy, such as the psychodynamic approach, the humanistic approach and the systemic approach.

The learning perspective is complementary to the clinical perspective. A more educationally based form of investigation may make it possible to evaluate psychotherapy by its quality and according to qualitative differences between different approaches. Furthermore, the clear specification of learning outcomes might usefully enable practitioners to relate theory to practice. It might serve as better guidelines for the formulation of realistic educational objectives, instead of current medical objectives of 'cure' or 'clinical improvement'. This would help also in demonstrating and valuing the varied outcomes of psychotherapy as experienced by the client rather than as attached to clinical outcome measures. However, this learning perspective does not necessary rule out a clinical perspective, since we may subordinate the healing process to the learning processes.

Learning Design: The general and specific learning principles give an opportunity to understand learning processes in therapeutic settings. They can guide practitioners to recognize the ways in which they can enhance learning for clients. The specification of the learning relationship and the educational role of the therapist are important for the practitioners' ability to enhance learning for the client.

Future Research: With the presentation of learning outcomes in CBT and existential therapy, further research is needed on the long-term outcome of CBT and existential therapy. In addition, the qualitative approach could be combined with a quantitative approach in the context of a mixed-methods design, leading to a greater enrichment of knowledge.

Another research question could include exploring how the experienced learning outcome of other psychotherapies might be. This could include research into the lived experience of the psychodynamic, humanistic and systematic approach. Given the empirical support for the learning benefits of CBT and existential therapy reviewed in this study, further research is also needed on effective means of teaching therapists how to enhance learning for clients.

Authors:

Dr. Anders Dræby Sørensen is a philosopher and a private practice existential therapist and clinical supervisor. He teaches at the New School of Psychotherapy and Counselling in London and is a lecturer at the University Extension at the University of Copenhagen as well as at the University Extension at the University of Aarhus. Finally, he is a research supervisor at the Danish School of Education in Copenhagen. He has published 169 books, articles, papers and book reviews.

E-mail: anders@livsduelig.com

Dr. Rosemary Lodge is a senior lecturer at Regent's University and has experience of teaching and supervision (research and clinical) in addition to course leadership and development. She is a BPS chartered and HCPC registered existential counselling psychologist who has worked in a variety of settings including charitable organisations, drug and alcohol services and schools. She has a private practice where she sees individuals, couples and groups for therapy, and psychologists and therapists for both clinical and research supervision. She also works in a secondary school providing one-to-one counselling for adolescents aged 11-18.

E-mail: lodger@regents.ac.uk

Prof. Dr. Emmy van Deurzen is a philosopher, psychologist and existential therapist. She directs her private practice Dilemma Consultancy in London and is also Principal of the New School of Psychotherapy and Counselling at the Existential Academy in London, both of which she founded with Professor Digby Tantam in 1996. She is a Visiting Professor with Middlesex University, for whom she directs several doctoral and master's programmes. She developed a philosophical therapy based in existential-phenomenology, which has provided a new departure for therapists who are interested in the therapeutic search for value, meaning and purpose. She has published fifteen books on existential therapy and the human condition.

E-mail: principal@nspc.org.uk

References

BROBERG, A. (2000). *Tools for learners as knowledge workers*. Umeå: Umeå University.

BURNETT, P. & DORSSEN, L. (2000). What do clients learn from counselling. *International Journal for the Advancement of Counselling*, 22, pp. 241-254.

CAREY, T. et al. (2007). Psychological change from the inside out. *Counselling and Psychotherapy Research*, 7, pp. 178-87.

COHN, H. (2009). *Existential thought and therapeutic practice*. London: Sage.

COLAIZZI, P. (1973). *Reflection and research in psychology: A phenomenological study of learning*. Iowa: Kendall.

COOPER, M. (2008). *Essential Research Findings in Counselling and Psychotherapy*. London: Sage.

COOPER, M. (2009). *Existential Therapies*. London: Sage.

DEURZEN, E. (2012). *Existential Counselling and Psychotherapy in Practice*, 3d ed. London: Sage.

DEURZEN, E. & ADAMS, M. (2011). *Skills in existential counselling and psychotherapy*. London: Sage.

DILDAR, S., SITWAT, A. & TARI, M. (2012). Comparative Study of the Family Functioning of OCD patients and Healthy Counterparts. *Middle East Journal of Scientific Research*, 12(5), pp. 717-726.

HICKES, M. & MIREA, D. (2012). Cognitive Behavioural Therapy and Existential-Phenomenological Psychotherapy. *Existential Analysis*, 23(1), pp. 15-31.

KIESLER, D. (1966). Some myths of psychotherapy research and the search for a paradigm. *Psychological Bulletin*, 65(2), pp. 110-136.

MCLEOD, J. (2003). *Qualitative research in counselling and psychotherapy*. London: Sage.

MOON, J. (2002). *The Module and Programme Development Handbook: A Practical Guide to Linking Levels, Outcomes and Assessment Criteria*. London: Kogan

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) (2011). *Generalized anxiety disorder and panic disorder (with or without agoraphobia) in adults: Management in primary, secondary and community care. NICE guidelines [CG113]*. UK: NICE.

SANTROCK, J. (2008). *Educational Psychology*. Singapore: McGrawhill.

SMITH, J., FLOWERS, P. & LARKIN, M. (2010). *Interpretative Phenomenological Analysis*. London: Sage.

SPINELLI, E. (2007). *Practicing Existential Psychotherapy*. London: Sage.

WAMPOLD, B. (2009). *The Great Psychotherapy Debate*. Abingdon: Routledge.

WILLS, F. (2008). *Skills in Cognitive Behavior Counselling and Psychotherapy*. London: Sage.

Statement on Ethics:

This research is based on a successful ethics application according to the ethics procedure at Middlesex University and the New School of Psychotherapy and Counselling. The research was in accordance with the British Psychological Society's code of ethics and conduct. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study. In this study, the researcher took responsibility to protect the participants from physical and mental harm. Thus, specific considerations were given to eliminate potential risk to psychological wellbeing, physical health as well as autonomy and dignity. To ensure this protection, the participants were send an information sheet and research questions in advance. At the end of the interview, the participants were debriefed and provided contact details for the researcher.