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Meaning Profiles and the Perception of the Working Alliance at the Start of Outpatient Person-centered, Experiential, and Existential Psychotherapies.

Abstract

Objective(s): Quantitative research on meaning in life in the context of psychotherapy is relatively limited. The current study aims to investigate the profiles of meaning of clients and their perception of the working alliance and initial symptomatology at the start of therapy.

Design: In a sample of 145 clients (62.1% female, mean age 34.77) who started person-centered psychotherapy, the relationship between meaning, search for meaning, symptomatology, and the working alliance was analysed. Assessment took place after the second session.

Results: Cluster analysis revealed four profiles: Low Presence High Search, High Presence Low Search, High Presence High Search, and Low Presence Low Search. These meaning profiles are distinguished in terms of symptomatology but not in terms of the working alliance perception. However, experience of meaning is significantly associated with the working alliance.

Conclusions:

Results show the relevance of meaning related questions for certain groups of clients at the start of therapy.

Introduction

The exploration and construction of meaning is considered as a central part of the therapeutic process and goal in humanistic, existential, and experiential approaches (e.g., Schneider & Krug, 2017). Clients are inherently looking for answers when they enter therapy. A core aspect of the therapist's job is to foster clients' self-reflection, which can lead to new insights, shifts in one's life story, and a new sense of meaning in life (Hill, 2018). The ability to engage in experiential self-reflection, such as focusing, has been associated with therapy success (Krycka & Ikemi, 2016). Self-reflection as an active search for what matters in one's own life is central in humanistic therapies. However, when existential questions such as the search for meaning become explicit, therapists seem to be less certain what to do (Hill, 2018). When it comes to existential themes, therapists might need to increase their empathic and relational capacities in order to help the client feel safe and help them to engage in meaning-making (Vanhooren, Accepted).

Meaning as a Therapeutic Focus

Reviewing clinicians' reflections, Hill et al. (2015) estimate that 20-33% of clients explicitly express meaning-related problems. In another study by Hill (2017) with 212 practicing therapists, 129 participants (61%) declared that they had at least one client case in which they had recently worked on meaning in life. Although meaning is an important aspect in psychotherapy, quantitative studies on the experience of and search for meaning in psychotherapy are relatively limited. A handful of studies showed that the level of experiencing meaning tends to be lower for clients compared to non-clinical populations. Meaning in a client sample was, for example, significantly lower compared to a sample of undergraduate students (Hill et al., 2019). Clients with eating disorders showed significantly lower meaning in life compared to a non-clinical group (Marco, Cañabate, Pérez, & Llorca,

2017). Moreover, meaning moderated the association between suicide risk factors and hopelessness in female outpatients with borderline personality disorder (Marco, Guillén, & Botella, 2017).

Meaning and the Working Alliance

The quality of the therapeutic relationship has been described as a robust predictor and a crucial factor for therapy outcome (Wampold, 2015). Therapeutic relationship effects are reported to account for 36-50 percent of the treatment effects (Duncan, 2015). The *working alliance*, a more specific set of aspects of the therapeutic relationship (Horvath, 2018), as conceptualized by Bordin (1979), encompasses three distinct elements: therapy goals, therapy tasks, and the therapeutic bond. Agreement on therapy goals between client and therapist refers to the direction and desired outcomes in therapy. Therapy tasks denote activities and steps to reach these goals. The bond aspect reflects the degree to which a client perceives a therapist as understanding, trustworthy, and accepting.

Early ratings of the working alliance have been found to predict therapy outcome (Flückiger, Del Re, Wampold & Horvath, 2018). Although there is an increased attention for the goal and task aspects in humanistic therapies (e.g., Cooper & Law, 2018), it is the human encounter or the bond aspect which is usually perceived as the most significant aspect (Cooper & Joseph, 2016). *Existential empathy* (Vanhooren, Accepted) – or the therapist's capacity to resonate with the ultimate concerns of the client – might be a crucial factor in facilitating this authentic human encounter, in bridging existential loneliness, and in exploring new meaning in life. Existential empathy is only possible when therapists are able to experience existential issues without being completely overwhelmed. From that place, they can attune to the client's existential struggles and encourage the process of self-exploration. In case of traumatic experiences, Tedeschi et al. (2018) emphasize the importance of

empathic companionship – the bond-aspect of the working alliance – as the engine that helps clients explore lost meanings, search for new meaning, and experience new meaning in the form of *posttraumatic growth*.

Meaning Profiles

In the field of positive psychology, the search for and presence of meaning have been understood as two essential dimensions of meaning in life (Dezutter, Luyckx, & Wachholtz, 2015). Presence of meaning refers to the “subjective sense that one’s life is meaningful”, and search for meaning refers to the “drive and orientation toward finding meaning in one’s life” (Steger, Frazier, Oishi, & Kaler, 2006, p.85).

These meaning dimensions have been studied in the form of meaning profiles with the use of a statistical person-oriented approach (Vanhooren, Leijssen, & Dezutter, 2016). This person-oriented statistical approach differs from a variable-oriented approach which is commonly applied. The variable-oriented approach describes the elements of a phenomenon (e.g., presence and search for meaning separately), whereas the person-oriented approach allows to study certain configurations of individual characteristics (e.g., a configuration of presence and search for meaning, studied simultaneously) (Vanhooren et al., 2016). Thus, in the person-oriented approach, the individuals are classified into categories based on the configurations of the dimensions studied (Scholte, van Lieshout, de Wit, & van Aken, 2005).

In terms of meaning, research applying a person-oriented approach aims to identify meaning in life profiles (e.g., Van der Heyden et al., 2015). Based on the scores of the presence of meaning subscale and the search for meaning subscale of the Meaning in Life Questionnaire (MLQ, Steger et al., 2006), different meaning profiles have been identified. Previous studies demonstrated four meaning profiles: (1) High Presence High Search, (2) High Presence Low Search, (3) Low Presence, High Search, and (4) Low Presence Low

Search for meaning (e.g., Vanhooren et al., 2016). These studies also demonstrated that especially the High Presence Low Search profile is related to better psychological functioning. Conversely, profiles with low presence of meaning were associated with higher malfunctioning (e.g., Dezutter et al., 2015).

Considering the importance of searching for and the presence of meaning in the process of psychotherapy, psychopathology, and well-being, identifying meaning profiles in clients in the beginning of therapy might be helpful for clinicians. Differences in profiles might hint to a higher or lower need to explicitly address existential concerns during the course of therapy and to pay more attention to the therapeutic relationship – and its existential functions as in existential empathy – as a vehicle to foster new meaning.

Current Study

The aim of the current study is to investigate the profiles of meaning – based on the experience of meaning and search for meaning – presented by clients at the start of therapy, as well as the relation of these profiles to the working alliance and initial symptomatology. Consequently, the following research questions are formulated. First, which meaning profiles are present at the start of therapy? Considering previous research on meaning profiles, (e.g., Van der Heyden, Dezutter, & Beyers, 2015), it is hypothesized that four profiles of meaning are represented unequally among clients starting therapy. Specifically, Low Presence High Search profile is expected to be more frequent, as this profile is associated with considerably more distress (Vanhooren et al., 2016). In contrast, High Presence Low Search meaning profile is expected to be underrepresented: this profile is associated with higher levels of well-being (Vanhooren et al., 2016) and individuals with such meaning profiles would be less likely to search for therapeutic help. High Presence High Search and Low Presence Low Search profiles are expected to be represented moderately at the start of therapy. Second, can

meaning profiles be distinguished in terms of symptomatology? Previous research distinguished the meaning profiles in their associations with psychological distress (Van der Heyden et al., 2015). It is hypothesized that different meaning profiles are associated with different levels of psychological distress, assessed by clients' symptomatology. Furthermore, the study will investigate whether meaning profiles can be distinguished on interpersonal, social, and psychological distress. Third, can meaning profiles be distinguished in terms of the working alliance? Because social relationships and purpose constitute important sources of meaning (Glaw, Kable, Hazelton, & Inder, 2017), clients' perception at the beginning of therapy of the therapeutic bond, goals, and tasks is expected to relate to their meaning profile characteristics.

Method

Participants and Procedure

The study sample consists of current outpatients of postgraduate person-centered and experiential psychotherapy students at the postgraduate program *person-centered and experiential psychotherapy* at KU Leuven (Belgium). The student therapists were working in regular outpatients clinics, ranging from mental-health clinics organized by the government to private group practices. Person-centered psychotherapy is a humanistic-experiential approach initiated by Carl Rogers (Cain, Keenan, & Rubin, 2016). At XXX, the person-centered approach is taught as an integration of person-centered, focusing-oriented, emotion-focused, and existential practices. The participants completed the informed consent document after the first session and the questionnaires after the second therapy session. The data were collected from November 2016 until September 2017. The study was approved by the KU Leuven ethical committee (G- 2016 11 672).

A total number of 164 clients participated. Nineteen clients did not complete the study questionnaires after the second session and were excluded from the analysis, limiting the sample to 145 participants. In this final sample, 50 (34.5%) clients were male and 90 (62.1%) were female, five clients (3.4%) did not indicate their gender. The age of clients ranged from 17 to 60 years ($M = 34.77$, $SD = 11.04$). Five (3.4%) did not indicate their age. As for the family status, 15 (10.3%) clients were single, 38 (26.2%) lived with partner and with children, 17 (11.7%) lived with partner, without children, five (3.4 %) lived without partner, with children, 13 (9%) were children in a full family, and four (2.8%) were children in a one-parent family. Fifty (34.5%) clients did not indicate their family status.

Measures

Meaning in life. Meaning in life was assessed with the Meaning in Life Questionnaire (MLQ; Steger et al., 2006). The questionnaire consists of the “Presence of Meaning” and the “Search for Meaning” subscales. The relative independence of these subscales allows assessing the presence of meaning and the search for meaning as two distinct constructs (Steger et al., 2006). Each subscale includes five items which are rated on 7-point Likert scale (e.g., “My life has a clear sense of purpose” for the presence of meaning, and “I am searching for meaning in my life”, for the search for meaning). The Dutch language version of MLQ was used in the study which was previously applied in research on meaning (e.g., Vanhooren et al., 2016). In our sample, Cronbach’s alpha was .90 for the Presence of Meaning subscale and .88 for the Search for Meaning subscale.

Symptomatology. The level of initial symptomatology was measured with the Outcome Questionnaire (OQ-45; Lambert et al., 1996). The OQ consists of 45 questions. The questionnaire is divided into three subscales: symptom distress, interpersonal relations, and social role performance. Each item was rated on a 5-point Likert scale from 0 (*never*) to 4

(*always*) and the opposite for the reverse items (Lambert et al., 1996). In our study, the Dutch-language version of the OQ-45 which was previously shown to have similar psychometric properties as the original OQ (de Jong et al., 2007) was applied. Cronbach's alpha for the total questionnaire in the given sample was .91, whereas for the subscales Cronbach's alpha was .91 (symptom distress subscale), .72 (interpersonal relations subscale), and .61 (social role performance subscale).

Working alliance. The characteristics of the working alliance were measured with the Werk Alliantie Vragenlijst (WAV-12) (the Dutch version of the Working Alliance Inventory, client version; Stinckens, Ulburghs, & Claes, 2009). The questionnaire consists of 12 items representing three scales (four items per scale): the task-scale evaluating the perception of therapeutic tasks, the goal-scale measuring a client's goal orientation in therapy, and the bond-scale reflecting the perception of the bond with the therapist. Each item is evaluated on a 5-point Likert scale, answers ranging from 1 (*seldom or never*) to 5 (*always*). In our current study, Cronbach's alpha was .77, .77 and .82 for the task, goal, and bond scales.

Data Analysis

Statistical analyses of the data included several steps. The first step involved calculating Pearson's correlations between age and the study variables: Presence of Meaning, Search for Meaning, Working alliance (Task, Goal, and Bond), and Symptomatology (Total score and Symptom distress, Interpersonal Relations, and Social Role subscales).

Additionally, one-way ANOVAs were calculated to investigate possible gender and family status differences in both Presence of Meaning and Search for Meaning. Further, to identify meaning profiles, cluster analyses were performed based on Presence of Meaning and Search for Meaning. Cluster analyses were based on the standardized z-scores of both Presence of Meaning and Search for Meaning scales. The standardization of these scales was applied to

the whole sample. Finally, a series of ANOVAs was performed in order to establish differences between clusters in working alliance and symptomatology. All analyses were carried out in IBM SPSS Statistics 24.

Results

Preliminary Analyses

In our sample of clients at the start of therapy, the mean score for the Presence of Meaning is 20.84 ($SD = 6.30$) and the mean score for the Search for Meaning is 23.04 ($SD = 6.51$). These results are comparable with the average scores obtained in the clinical sample of Hill et al. (2019). The mean of the total symptomatology score in our study equals 77.80 ($SD = 20.04$) which indicates a clinically significant level of symptomatology (de Jong et al., 2007). The averages of the symptomatology subscales are also in the clinically significant range: Symptom Distress ($M = 46.32$, $SD = 13.84$), Interpersonal Relations ($M = 16.92$, $SD = 5.51$), and Social Role ($M = 14.56$, $SD = 4.65$). The mean of the total symptomatology in our sample is comparable with previous research of Hill et al. (2019) in which the total symptomatology level was registered at 71.85 ($SD = 20.52$). Working alliance averages for Task ($M = 13.77$, $SD = 3.05$), Goal ($M = 13.81$, $SD = 3.40$), and Bond ($M = 15.76$, $SD = 3.16$) subscales were similar to those reported by Stinckens et al. (2009).

Table 1 represents the correlations among the age of clients and the main study variables. At the start of therapy, Presence of Meaning was negatively related to Search for Meaning. Moreover, Presence of Meaning was positively related to all three Working Alliance scales (Task, Goal, and Bond), and negatively related to all Symptomatology measures (Total Score, Symptom Distress, Interpersonal Relations, and Social Role). Search for Meaning was positively related to Symptomatology and its three subscales. However, no significant correlations were found between Search for Meaning and Working Alliance

scales. Task, Goal, and Bond scales of the Working Alliance were positively correlated with each other. Additionally, Working Alliance in the aspect of Bond was negatively related to Interpersonal Relations aspect of symptomatology. All symptomatology measures (total score and the subscales) were also significantly correlated. Age of clients was only correlated with the Bond aspect of the Working Alliance and was not related to other study variables.

Further, results of one-way ANOVAs indicated no significant effect of gender neither on Presence of Meaning ($F(1,128)=1.385$, $p=0.241$) nor on Search for Meaning ($F(1,128)=1.843$, $p=0.177$). A significant effect of family status on Presence of Meaning ($F(6,82)=5.685$, $p<0.001$) was revealed. A post-hoc Tukey test showed that those clients who indicated their family situation as ‘with partner, with children’ experience more Presence of Meaning compared to those who are ‘single’ ($p=0.003$), ‘with partner, without children’ ($p=0.005$), ‘child in a full family’ ($p=0.007$), or ‘other’ ($p=0.036$). There was no significant effect of family status on Search for Meaning ($F(6,82)=0.929$, $p=0.479$).

Primary Analyses

Cluster analyses were performed on the Presence of Meaning and Search for Meaning dimensions, with standardized scores being used as input variables. Our strategy of data analyses included hierarchical cluster analysis using Ward’s method and squared Euclidian distances (Steinley & Brusco, 2007) as the first step, and using the cluster centers from the hierarchical analysis as non-random starting points in a non-interactive *k*-means clustering procedure (Breckenridge, 2000). Previous studies of meaning profiles applied similar data analysis strategy (e.g., Van der Heyden et al., 2015). Such two-step procedure allows to overcome one of the main disadvantages of the hierarchical method, specifically, that once an observation is clustered, it cannot be redistributed to another cluster at a following stage. The advantage of *k*-means clustering is that it minimizes within-cluster variability and maximizes

between-cluster variability. Thus, it enables the reassignment of cases to clusters in which they fit better and therefore optimizes cluster membership (Gore, 2000). Overall, the first step of the procedure involves hierarchical clustering that defines the clusters, whereas the second step consists of the *k*-means clustering that allows the cases to be distributed to clusters they fit the best (Vanhooren et al., 2016).

In our analysis, two to six cluster solutions were considered. The percentage of variance in the clustering variables explained by the cluster solution was examined (Milligan & Cooper, 1985). In the 2-cluster solution, the explained variability of Search for Meaning dimension was limited (adjusted $R^2 = .287$); thus a 2-cluster solution was not considered as an optimally fitting one. Further, in regard to 3- to 6-cluster solutions, the proportions of the variance explained by each cluster solution (η^2) were .61 for the 3-cluster solution, .70 for the 4-cluster solution, .74 for the 5-cluster solution, and .79 for the 6-cluster solution. The explained variance (partial η^2) in both Presence of Meaning and Search for Meaning increased by 9% when moving from 3 to 4 clusters, by 4% when moving from 4 to 5 clusters, and by 5% when moving from 5 to 6 clusters. The 4-cluster solution was considered optimal because the largest increase in explained variance occurred between 3 and 4 clusters.

In the final 4-cluster solution with clusters being identified using the total sample *z*-scores, the mean *z*-score of each cluster specifies how much a certain cluster deviates from the total sample mean score and from the means of other clusters (Scholte et al., 2005). The distances among the clusters' means expressed in standard deviation units, as well as between the mean of each cluster and the total mean of the sample, indicated as zero, were interpreted as an indication of effect size. Similar to Cohen's *d*, 0.2 SD indicates a small effect, 0.5 SD indicates a moderate effect, and 0.8 indicates a large effect. The clusters found in our study, being characterized by *z*-scores, reflected moderate to strong deviations from the mean of the

overall sample. This result indicates that the four clusters differed substantially in regard to their scores on Presence and Search for Meaning.

We labeled the four clusters in accordance with the previous studies, namely, High Presence High Search ($n = 39$; 29.10%), High Presence Low Search ($n = 28$; 20.90%), Low Presence High Search ($n = 45$; 33.58%), and Low Presence Low Search ($n = 22$; 16.42%).

Cluster Differences

A chi-square analysis showed no significant differences between clusters on educational level ($\chi^2 (15, N=89) = 18.197, p=0.252$) or family status ($\chi^2 (18, N=89) = 25.441, p=0.113$) of clients. A significant difference between clusters on gender was found ($\chi^2 (3, N=130) = 7.875, p = 0.049$), indicating that men were overrepresented in Low Presence Low Search meaning profile, compared to other clusters. ANOVA results indicated no significant differences between the clusters on age ($F(3, 126) = 0.882, p = 0.452$).

Further, ANOVAs results demonstrated that meaning clusters differed significantly in the initial symptomatology of clients (Total Score, $F(3, 118) = 12.50, p < 0.001$; Symptom Distress, $F(3, 118) = 11.60, p < 0.001$; Interpersonal Relations, $F(3, 118) = 4.42, p = 0.006$; Social Role, $F(3, 118) = 4.36, p = 0.006$). Tukey's Honestly Significant Difference (HSD) test (Table 2) revealed that individuals in Low Presence Low Search meaning profile experienced more severe symptomatology compared to High Presence Low Search profile (Total Score, Symptom Distress, and Social Role) and compared to High Presence High Search profile (Total Score and Symptom Distress). Similarly, individuals with Low Presence High Search meaning profile demonstrated more severe symptomatology compared to those with High Presence Low Search profile (Total Score, Symptom Distress, Interpersonal Relations, and Social Role) and High Presence High Search (Total Score, Symptom Distress). However, no significant differences between the clusters were found on Task ($F(3, 116) =$

2.41, $p = 0.071$), Goal ($F(3, 116) = 1.26$, $p = 0.293$), and Bond ($F(3, 116) = 1.42$, $p = 0.241$) aspects nor on the total score of the working alliance ($F(3, 116) = 2.01$, $p = 0.117$) (Table 3.).

Discussion

The current study examined the meaning profiles of clients at the start of therapy, explored the relationships of these meaning profiles with clients' symptomatology, and their perception of the working alliance. Regarding the first research question, four expected meaning profiles could be identified. Interestingly, when examined separately, the level of Presence of Meaning reported by clients in our sample is comparable with the average scores obtained in a clinical sample, but lower compared to undergraduate students (Hill et al., 2019). The level of Search for Meaning in our sample appears to be comparable to both clients and undergraduate students (Hill et al., 2019). Moreover, in our sample we observed a negative association between Presence and Search for Meaning. Results indicating a similar negative association were also obtained in a sample of therapy clients (Hill et al., 2019). These findings might indicate that clients are more in a searching place with a lack of meaning compared to other people. However, the different profiles that we could derive suggest a more intricate story.

We hypothesized that the Low Presence High Search meaning profile would be more frequent at the start of therapy. The results demonstrated that this profile is indeed the most frequent (33.58%). Clients with this profile actively search for meaning when its presence is low. Entering therapy with this profile might reflect that they start with the aspiration to acquire more meaning in life. A less expected finding is that High Presence High Search meaning profile was substantially represented (29.10%). Clients with this profile are searching for meaning even when they experience their life as meaningful. The hypothesis that the High Presence Low Search profile would be underrepresented at the start of therapy

was not confirmed. Although this profile is not the most frequent (20.90%), it still constitutes one-fifth of the sample. This result might indicate that clients who experience meaning and who are not actively searching for meaning can still experience psychological distress and that for a substantial group searching for meaning might not be their primary concern. Low Presence Low Search appeared to be the least represented meaning profile (16.42%).

Further, the findings indicate that almost two thirds of the clients in this sample (62.68%) had a profile with a high search for meaning in life at the start of their therapies. Compared with Hill and colleagues' (2015) findings who based their estimation on the perception of therapists that 20 to 33% of clients would express explicit meaning-related problems, the amount of clients who search for meaning in our sample is higher. The fact that a large majority of clients in our sample might be searching for meaning calls for therapists who are willing to address this existential quest in therapy. However, the client's search for meaning could provoke angst and existential shattering of the therapist's meaning system (Vanhooren, Accepted). This felt threat might prevent the therapist from empathizing with the client's search. The challenge of existential empathy – or the therapist's capacity to resonate and *to be* with the client's ultimate challenges (Vanhooren, Accepted) – is that therapists cannot empathize with the client's search without connecting with the existential givens of life. There is a clear role for psychotherapy training programs to help their trainees address their existential concerns in order to increase their existential empathic capacities, to hear their clients' existential needs, help them to face their ultimate concerns and create meaning in a safe therapeutic relationship.

Another consideration concerning the different meaning profiles in clients is whether clients with a high search for meaning are actually willing to address this issue in therapy. Clients might wonder about their meaning in life without mentioning this in therapy. They also might not be aware this is an option. During intake, it might be important not only to be

aware of possible existential questions, but also to check whether clients prefer to explore existential questions in therapy or not.

The second research question investigated whether the meaning profiles could be distinguished in terms of symptomatology. Results revealed significant differences among the profiles on all measured aspects of symptomatology. The highest overall level of symptomatology corresponded to the Low Presence Low Search and Low Presence High Search meaning profiles. Clients with profiles low on presence of meaning appeared to be more vulnerable in terms of experienced psychological distress. This result confirms the statement of Vanhooren et al. (2016) that the presence of meaning dimension plays a more important role compared to search for meaning when distinguishing the profiles in terms of psychological distress. Clients with a High Presence Low Search meaning profile demonstrated the lowest levels of symptomatology. This result is in line with previous research on other populations (Van der Heyden et al., 2015; Vanhooren et al., 2016), in which this meaning profile was similarly associated with better psychological functioning.

In contrast to our prediction related to the third research question, the meaning profiles could not be distinguished in terms of working alliance. This is interesting because on a correlational level there is a clear relationship between the clients' presence of meaning in life and all three aspects (goal, task, and bond) of the working alliance. One possible explanation is that these aspects were not related to searching for meaning. However, the fact that the working alliance is related to the presence and not to the search for meaning at this very early stage in therapy is interesting by itself. Although clients can have a sense of how the therapeutic relationship feels and might experience therapy as a meaningful endeavor, we wonder if it was too early to assess the relationship between the therapeutic encounter and the search for meaning. As Watson (2016) suggests, it takes a safe empathic relationship before clients move into more risky self-explorations. Further research is clearly needed in order to

scrutinize the relationship between the experience of and search for meaning and the working alliance, and especially how this association might develop over time.

Limitations

Certain limitations have to be addressed when discussing the study findings. First, our study relied on the cross-sectional data that includes only one measurement point, at the start of therapy. Longitudinal research is necessary in order to investigate the effects of the working alliance on the development of search and presence of meaning, and whether clients with different profiles go through a different therapeutic process. Another limitation relates to the sample characteristics. We had no information for the reasons for dropouts, incomplete questionnaires, or initial problems presented by clients. We worked with a natural sample of outpatients. It might be interesting to investigate these meaning profiles characteristics in samples of clients who experience specific psychological difficulties (e.g., depression, anxiety, etcetera). The dataset also contained outliers in scoring on the presence of meaning and search for meaning dimensions. These outliers were not excluded from the data because it was unclear whether the extreme scoring was a consequence of automatic answers or reflected a more severe psychopathology of certain clients. However, in terms of presence of meaning, search for meaning, and psychological distress, our sample resembled the sample of Hill and colleagues (2019). In order to come to more generalizable conclusions, replication is required.

Conclusions

Our study on the presence of meaning and search for meaning among outpatient therapy clients demonstrates that four meaning profiles can be identified at the onset of person-centered, experiential, and existential psychotherapy. These meaning profiles differ in

terms of symptomatology experienced by clients, with profiles low on presence of meaning being associated with more severe distress. The differentiation of the meaning profiles might refer to the fact that for certain groups of clients (e.g., Low Presence High Search) meaning and existential issues are more central in their experience at the start of their therapy compared to others (e.g., High Presence Low Search). At least in our sample in Flanders (Belgium), almost two thirds of the outpatient clients show the existential need to search for meaning in life at the onset of their person-centered experiential therapy. Our study seems to confirm the importance of the inclusion of existential exploration in psychotherapy training programs in order to foster therapists' existential empathic capacities (Vanhooren, Accepted).

Although the experience of meaning in life is positively associated with the perception of the working alliance, there were no differences found between the meaning profiles in terms of the working alliance. Regardless of these profiles, our study indicates that the experience of meaning seems to be positively related with early experience of all the aspects of the working alliance. Further research might explore the experience of meaning and the working alliance from both clients' and therapists' perspectives.

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Table 1.

Correlations between age and study variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1.Age	1										
2.Presence of Meaning	,058	1									
3.Search for Meaning	-,137	-,407**	1								
4.Task	-,094	,295**	-,043	1							
5. Goal	-,085	,245**	-,105	,732**	1						
6. Bond	-,204*	,255**	-,083	,576**	,586**	1					
7. Total Therapeutic Alliance	-,146	,304**	-,090	,880**	,896**	,829**	1				
8. Symptom distress	-,064	-,583**	,327**	-,032	-,049	-,035	-,045	1			
9. Interpersonal Relations	,163	-,353**	,271**	-,048	-,148	-,242**	-,170	,434**	1		
10. Social Role	,032	-,465**	,247**	-,104	-,079	-,128	-,119	,563**	,379**	1	
11. Total Symptomatology	,008	-,607**	,358**	-,059	-,093	-,120	-,105	,941**	,662**	,725**	1

Note: Listwise N=114

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Table 2.

Univariate ANOVAs and post-hoc cluster comparisons based on Tukey HSD tests for total symptomatology and respective subscales

	Low Presence Low Search n=18	Low Presence High Search n=43	High Presence Low Search n=27	High Presence High Search n=34	F(3,118)
Total Score	86.83 ^a (20.40)	87.44 ^a (16.39)	64.74 ^b (18.25)	71.06 ^b (17.00)	12.50**
Symptom Distress	52.56 ^a (12.04)	52.86 ^a (11.86)	37.78 ^b (13.64)	41.68 ^b (11.78)	11.60**
Interpersonal Relations	18.06 ^{ab} (6.56)	18.77 ^a (5.20)	14.44 ^b (5.26)	15.76 ^{ab} (4.93)	4.42*
Social Role	16.22 ^a (4.93)	15.81 ^a (4.45)	12.52 ^b (3.89)	13.62 ^{ab} (4.63)	4.36*

Note: Groups with significant mean differences are indicated with different superscript letters.

Standard deviations are indicated between the brackets. * $p < 0.01$; ** $p < 0.001$.

Table 3.

Univariate ANOVAs and cluster means for task, goal and bond subscales of the therapeutic alliance

	Low Presence Low Search n=18	Low Presence High Search n=42	High Presence Low Search n=26	High Presence High Search n=34	<i>F</i> (3,116)
Task	12.67 (3.09)	13.14 (2.94)	14.27 (3.17)	14.53 (2.81)	2.41
Goal	13.44 (3.03)	13.07 (3.57)	14.50 (3.64)	14.21 (3.04)	1.26
Bond	14.67 (3.82)	15.04 (3.40)	16.27 (2.74)	16.26 (2.69)	1.42
Total score	40.48 (8.86)	41.62 (8.74)	45.04 (8.11)	45.00 (7.29)	2.01

Note: Standard deviations are indicated between the brackets. * $p < 0.01$; ** $p < 0.001$.