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The Mediating Role of Meaning in Life between the Therapeutic Relationship and Therapy Outcome in Person-centered and Experiential Psychotherapies

Abstract

Meaning in life is generally not considered to be one of the most central aspects of person-centered and experiential therapies. However, Carl Rogers described how clients found purpose in life by going through a process that helped them to connect to their inner experiencing. This process was evoked by an empathic, accepting, and genuine therapeutic relationship and resulted in positive therapy outcome. Recently, scholars have also stressed the importance of the therapeutic alliance to foster meaning-making processes in therapy. Meaning in life is also related to well-being. Therefore, the aim of this study is to test whether meaning in life would mediate between therapeutic alliance and therapy outcome in person-centered and experiential psychotherapies. Our sample consisted of 96 outpatients nested within 23 therapists. Using multilevel modeling, we found that meaning in life indeed mediates between the therapeutic relationship and therapy outcome. This suggests that meaning in life might actually be at the very core of person-centered and experiential therapies, and therefore deserves the attention of clinicians as well as theorists. Our results support the idea that the bond between therapist and client might foster meaning(-making processes) in therapy, leading to

better therapy outcome. However, this idea should be explored further using longitudinal methods.

Keywords: meaning in life, therapeutic relationship, therapy outcome, person-centered, experiential, existential

Introduction

Meaning in Life

Some philosophers, like Alfred Ayer, believe that it does not make sense to ask what *the meaning of life* is, as it is an unanswerable question (Ayer, 1990). However, even if there might not be an ultimate meaning, this does not imply that people cannot have (or give) meaning in their own lives. If they do, it would be meaningful to them (Ayer, 1990). This has been called *meaning in life*. Meaning in life is concerned with the lives of individuals. Questions like 'What gives *your* life meaning?', or 'What makes you get out of bed in the morning?', or possibly 'What keeps you alive?' refer to this meaning in life.

Most scholars in more recent literature agree that meaning in life covers an array of different aspects. They distinguish at least three components in the experience of meaning in life (Marco et al., 2017; Martela & Steger, 2016). The first one is *purpose*, which means that one has valuable goals in the future and that one engages in fulfilling these goals (Hill, 2017; Marco et al., 2017; Martela & Steger, 2016). The second one is *coherence*. A coherent life is one that makes sense, where one can see patterns in the world and the world is predictable (Marco et al., 2017; Martela & Steger, 2016). The third component is *significance*, also referred to as mattering. This indicates the feeling that one's life matters, that it is worth living, and that it has significance beyond this moment (Marco et al., 2017; Martela & Steger, 2016). In addition to these three

components, Schnell (2009) and Smith (2017) emphasized the importance of some form of *connection* to experiencing meaning in life. This might be connection to past and future (Steger, 2012), to tradition or history, to religion or spirituality (Furman et al., 2014), or to others (Steger, 2012; Van Praag, 2010).

Meaning in life and Psychopathology

Existential psychology has hinted at a link between low meaning in life and psychopathology (e.g. Frankl, 1978; Yalom, 1980). High levels of meaning in life are generally associated with better psychological health (Debats, 1996; Dezutter et al., 2013; Hill, 2017), and low meaning in life is associated with psychological distress (Debats, 1996). Several studies have reported that psychiatric in-and-outpatients show lower meaning life than the general population (Glaw et al., 2017; Kleftaras & Psarra, 2012; Volkert et al., 2014).

More concretely, meaning in life shows a negative relationship with a variety of unfavorable outcomes, such as non-suicidal self-injury (Marco et al., 2015), somatic complaints, social dysfunction (Kleftaras & Psarra, 2012), addiction and drug use (Glaw et al., 2017; Newcomb & Harlow, 1986), aggression, and apathy (Glaw et al., 2017). Substantial evidence has also been given for a negative association between meaning in life and anxiety (Debats et al., 1993; Glaw et al., 2017; Kleftaras & Psarra, 2012; Mascaro & Rosen, 2005; Steger et al., 2006; Volkert et al., 2014), meaning in life and depression (Debats et al., 1993; Kleftaras & Psarra, 2012; Mascaro & Rosen, 2005; Steger et al., 2006; Volkert et al., 2014; Zika & Chamberlain, 1992), and meaning and suicidal ideation and suicide attempts (Glaw et al., 2017; Heisel & Flett, 2004; Kleiman & Beaver, 2013; Marco et al., 2017; Newcomb & Harlow, 1986). To end on a more

positive note, in his review of 392 clinical trials, Vos (2018) concluded that addressing meaning in psychotherapy actually leads to better therapy outcomes.

Meaning, the Therapeutic Relationship, and Psychotherapy Outcome

Several scholars, especially in recent literature, have also suggested that the therapeutic relationship might be an important factor when working with meaning. Vos and colleagues (2019, p.55) described the therapeutic relationship as 'a prism through which light is cast on the experience of meaning'. In the same article, Cooper, Hill, and Neimeyer emphasized the importance of a good therapeutic relationship for clinical work involving meaning. Glaw et al. (2017, p.250) concluded their literature review with: 'Mental health clinicians can address the need for relationships by developing therapeutic relationships to provide support and guidance, and a place for those with whom they work with to identify, express, and reflect on their sources of meaning in life'.

Bordin (1979) defined the therapeutic alliance as consisting of three components; the affective bond between the client and the therapist, the agreement on the goals of therapy, and the agreement on the tasks of therapy (Bordin, 1979). There is a moderate but robust correlation between the therapeutic alliance and different kinds of therapy outcome measures (Horvath & Bedi, 2002; Horvath et al., 2011). A recent meta-analysis by Flückiger et al. (2018) found a correlation of .278 ($p < .0001$). The results of this meta-analysis support the idea that therapeutic alliance is a predictor of therapy outcome. Flückiger and colleagues (2018) suggested that the therapeutic alliance functions as a causal facilitative factor of therapy success. This means that the therapeutic relationship itself might facilitate different processes which influence therapy outcome. We wondered if the experience of meaning might be one of those

processes, that would mediate the relationship between the therapeutic alliance and therapy outcome. This would mean that the influence of the therapeutic alliance on therapy outcome would (partly) run through an increased experience of meaning in the client. The next question was how we would understand this idea of meaning in life as a mediator from a person-centered point of view.

Meaning and Person-centered Approaches

Compared to *existential*, *meaning-centered therapies*, and *logotherapy* (Vos & Vitali, 2018), meaning in life seems – at the first sight – to take a less central role in person-centered and experiential therapies. As clients set their own goals in person-centered and experiential therapies, gaining meaning in life is not a prescribed objective. However, Rogers (1961, p. 164) observed that the process set in motion by the genuine, accepting, and empathic relational presence of the therapist, regularly leads clients to raise existential questions such as "What is my goal in life? What am I striving for? What is my purpose?" Today, these questions are today understood as aspects of meaning in life (Martela & Steger, 2016). Indeed, two qualitative studies involving a total of 85 Belgian person-centered therapy cases, discovered that existential themes such as meaning in life were highly present (De Decker; 2020; Helsen, 2020). In another Belgian study (Golovchanova et al., 2020), almost two-thirds of 145 clients had questions about their meaning in life at the onset of their person-centered therapies.

Rogers (1961) observed how clients succeed in finding new answers to these meaning questions. During the process of therapy, clients gradually turn away from unsatisfactory answers to life questions, such as finding meaning by constantly meeting the expectations of others. Rogers linked a lack of meaning with the conditions of worth

as the source of living inauthentic, unfulfilling lives. The process of person-centered therapy – evoked by the therapeutic genuine, accepting, and empathic relationship – helps clients to become aware of their own values, of what they find worth living for, and to appreciate the complexity of being (Rogers, 1961). To put it more concretely: "He [they] chooses the goals toward which he [they] wants to move. He [they] becomes responsible for him [them]-self. He [They] decides what activities and ways of behaving have meaning for him [them], and what to not (Rogers, 1961, p. 171)". It is the process of therapy that helps clients to find their own answers to their existential questions, and for them to become "the self that one truly is" (Rogers, 1961, p. 166). By quoting the existential philosopher Søren Kierkegaard here, Rogers emphasized how clients find meaning by living authentic lives.

In Rogers' writings on person-centered therapy (1942, 1951, 1961, 1980), we can identify at least four different aspects of the therapeutic process that foster meaning in life. *First*, there is the necessary condition of the genuine, accepting, and empathic relationship itself. This specific kind of relationship is essential for the entire process of change (Rogers, 1961). Angus and Greenberg (2011) emphasized how the safe climate evoked by the empathic therapeutic relationship is necessary for clients in order to take a leap into deep self-exploration which can be a frightening experience.

Next to the therapeutic relationship as a condition sine qua non, there are three aspects of the therapeutic process that are clearly meaning-related. Vanhooren (2019) called these the micro-, meso-, and macro-dimension of meaning in person-centered, experiential, and existential therapies.

Second, Rogers (1961) described how the process of therapy – evoked by the therapeutic relationship – is intertwined with what we could call micro-meaning-making processes, which are related to the ability to make sense of one's inner experiencing.

Rogers (1961) observed how clients not only grow in differentiating their inner experiences but, at the same time, also in attaching personal meanings to their experiences. The empathic moment-by-moment exploration, which can be understood as a phenomenological quest by the therapist and the client, to reach a deeper understanding of the client's inner world, involves a search for ontic meaning (Rogers, 1980). This meaning-making process has been further distilled by Gendlin (1962, 1973, 1978). His *focusing* can be understood as a specific meaning-making endeavor, making the implicit bodily sensed meaning of the situation explicit, through a process of symbolization of what is sensed in the moment. Interestingly, both Rogers (1961) and Gendlin (1973) linked the growing precision of the client to symbolize the felt sense – making the implicit meaning explicit – to the clients' potential for making better life choices, and leading more authentic lives. For Rogers (1961), this is the specific therapy outcome we can hope for. Interestingly, Abeyta and colleagues (2015) discovered through a series of experiments that the ability to be aware of both negative and positive emotions would lead to a more robust experience of meaning in life.

A *third* meaning-related aspect of the process of therapy can be understood as a meso-dimension of meaning, which stands for our sedimented meanings such as our self-image, self-narrative and our world assumptions (Vanhooren, 2019). The person-centered therapy process typically leads from a rigid to a more flowing sense of self (Rogers, 1961). Gendlin (1996) remarked how, due to micro-dimensional meaning-making processes, the content of our self-narrative can change by 'remembering' new memories that become more central to our new narrative. Likewise, Greenberg and Pascual-Leone (2001) suggested that deriving meaning from our felt sense can be understood as a bottom-up process that could shift our world assumptions. Angus and Greenberg (2011) emphasized the importance of this narrative level of meaning,

identifying markers of meaning problems that should not be left unvisited during therapy. This meso-dimension of meaning reminds us of the coherence and purpose aspects of meaning in life, as described by Martela and Steger (2016).

Finally, there is a fourth element of the therapy process, in which the therapist and the client resonate with the existential layer of the client's process. It involves a more *ontological* or macro-dimensional meaning-making process (Vanhooren, 2019), which does not deal with a subject or situation that the client wants to clarify, but with the client's *being* or life itself. Higher levels of empathy can reach the client's deeper existential needs and experiences (Rogers,1980). These are the most intimate and personal aspects of ourselves, and yet also the most universal (Rogers, 1961). Through the I-Thou quality of the therapeutic relationship, clients can experience that they are worth listening to, that they have the right to exist, and that their sense of existential loneliness can by bridged by this relationship (Rogers, 1980). Here, the *bond aspect* of the therapeutic alliance, the feeling of being cared for and deeply understood, can serve as an important corrective experience and lead to changes in how one experiences oneself and the world. *Existential mattering* to others, and being able to experience connectedness, are important aspects of one's experience of meaning in life (Martela & Steger, 2016). Existentially-informed person-centered approaches, such as the *experiential-existential* approach (Madison, 2010; Vanhooren, 2019) emphasize not only investing in ontic meaning-making explorations, but also paying attention to this more ontological dimension of the client's experience.

In sum, the process of person-centered approaches, which has typically been described as a process that leads from incongruence to an increased openness to experiencing (Rogers, 1961, Gendlin, 1973) can also be understood as a process of a growing precision to capture and articulate the personal sensed meaning, a changing

sense of self or coherence, and as a process to a more authentic and meaningful way of living (Gendlin, 1973, Greenberg et al., 1993, Rogers, 1961). As Rogers (1951, 1961) clearly posited, the genuine, accepting, and empathic therapeutic relationship is key to facilitate this intricate process, in which different meaning-making processes and a growing sense of new meaning might play an important – mediating – role. Interestingly, different approaches across the person-centered framework might emphasize different meaning-making processes and aspects of meaning in life. Where Rogers (1961) emphasized goals and purpose more explicitly, Gendlin (1973) emphasized felt meaning - a sensed coherence, Angus and Greenberg (2011) stressed the coherence of the narrative, Elliott and colleagues (2004) stressed cherished beliefs as part a coherent meaning system, and existential approaches might be more likely to emphasize significance or existential mattering (Vanhooren, 2019). However, the idea of meaning in life as a mediator between the therapeutic alliance and outcome in person-centered therapies has not been explicitly tested yet.

Aim of This Study

With this study, we aimed to gain deeper understanding of how meaning in life, the therapeutic relationship, and therapy outcome might be connected in person-centered psychotherapies. We firstly aimed to replicate the negative association between therapeutic relationship and distress (therapy outcome). Furthermore, we expected that this relationship would be mediated by presence of meaning in life. More concretely, we assumed that experiencing meaning in life would be an underlying dynamic in the relationship between therapeutic relationship and therapy outcome.

In addition to investigating the overall therapeutic relationship, we also zoomed in on the three sub-aspects of the relationship, namely the therapeutic bond, task

collaboration, and goal agreement. Here, we hypothesized again a mediating role for meaning in life in the relationship between the different aspects of therapeutic alliance and therapy outcome. More concretely, we hypothesized the different aspects of the therapeutic relationship to be significantly related to presence of meaning in life, which in turn we expected to be associated with lower levels of distress (therapy outcome).

Method

Procedures and Data Sampling

This research was part of larger project called 'Meaning in life, hope, and psychotherapy'. The aim of this project was to explore hope and meaning in person-centered and experiential psychotherapies, using different quantitative methods. The project was reviewed by the ethical review board of KU Leuven (G-2016 11 672). The data used in the project are naturalistic, collected by therapists and therapist-trainees, and have been collected through the online monitoring platform QIT Online. All participants were outpatients who signed an informed consent form during the first contact with their therapist. The therapist trainees who collected the data did so in the context of their postgraduate person-centered and experiential psychotherapy training at KU Leuven. These trainees had at least one year of counseling experience and received supervision.

The data were collected between November 2016 and July 2018. We included all clients (96) who completed the three relevant questionnaires for the current study after the fifth session. Given the time needed to establish a therapeutic alliance (Flückiger et al., 2018), measurement points immediately after intake were not considered for our analyses. We did, however, want to include shorter therapies.. For

this reason, we opted for the fifth therapy session, assuming that would give the therapeutic alliance time to develop.

Participants

Our sample consisted of a convenience sample of 96 clients, who attended an average of 13 sessions (*SD* = 8.17, range = 5 – 46). All clients who fully completed the relevant questionnaires after the fifth session were included. Figure 1 illustrates how the final sample was reached. Sixty-three clients in our sample were female, thirty-two were male, and one participant did not report a gender. From the 91 participants who reported their age, the youngest participant was 20, the oldest 65 (*M* = 37, *SD* = 11). Table 1 gives an overview of the nationality, family situation, education level, and employment status of the participants. We do not have data concerning the ethnicity of the participants, as this was not part of the questionnaire. Twenty-three clients either did not receive a demographic questionnaire from their therapist, or did not fill it in, which means only 73 clients are included in the table.

The 96 clients were distributed over 23 person-centered and experiential therapists, who each treated between one and eighteen clients. Most of the therapists were Belgian (n = 20), three were Dutch. They reported between one and 26 years of clinical experience and worked in a large variety of outpatient settings, such as mental health clinics, private practices, and university mental health care centers. Eleven of them were psychologists, ten of them were psychotherapists, and two had another unspecified function. All therapists identified themselves as person-centered and experiential, except for one who identified as body-oriented, and one who identified as existential.

Measures

The *Meaning in Life Questionnaire* (MLQ; Steger et al., 2006) assesses the degree to which clients experience meaning in their lives and/or actively search for meaning. The MLQ consists of two subscales: search for meaning in life (items such as 'I am looking for something that makes my life feel meaningful) and presence of meaning in life (items such as 'My life has a clear sense of purpose'). It is a general measure of meaning in life and does not differentiate between the different aspects of meaning in life. However, the aspect of purpose seems the most present in the questions. In our analyses we chose to only include the subscale presence of meaning, as we were predominantly interested in the experience of meaning rather than the process of searching for meaning, which is qualitatively different and has also been shown to have different correlates (e.g., Cohen & Cairns, 2011; Steger et al., 2009). Responses are based on a Likert-scale ranging from 1 (absolutely untrue) to 7 (absolutely true). Since the study was done in a Dutch-speaking population, an existing Dutch translation of the MLQ was used (Vanhooren et al., 2016). More information about the translation process and the internal consistency of this translated MLQ can be found in Vanhooren et al. (2016). Cronbach alpha for the presence of meaning scale was .86 in our sample.

The *Werkalliantievragenlijst* (WAV-12; Stinckens et al., 2009), which is the Dutch translation of the short form of the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) was used to assess the therapeutic alliance. The client questionnaire is composed of 12 statements that might reflect how clients think and feel about their therapist. The statements either reflect the bond between the therapist and client (for example 'My therapist and I respect each other'), how much they agree on tasks (for example 'My therapist and I agree about the things I will need to do in therapy to help improve my situation') or how much they agree on the goals in therapy (for example,

'My therapist and I are working towards mutually agreed upon goals'). These reflect the three dimensions defined by Bordin (1979) and form three subscales (a bond subscale, a task collaboration subscale, and a goal agreement subscale). Possible replies are 'rarely or never', 'sometimes', 'often', 'very often' and 'always'. A higher global score on the WAV-12 indicates a better therapeutic alliance, as reported by the client. In our sample, Cronbach's alpha for the global score was .87, and for the task collaboration, goal agreement, and bond subscale the Cronbach's alpha's were respectively .83, .78 and .87.

The *Outcome Questionnaire* (OQ-45.2 Dutch version; Jong de et al., 2008) is a 45-item self-report questionnaire that measures therapy outcome. The client was asked to rate the extent to which they experienced certain psychological complaints in the last week on a scale from 0 (never) to 4 (almost always). A higher score on the OQ-45 indicates more psychological distress. The OQ-45.2 provides a global score and three subscales: 'symptom distress' (which summarizes items such as, 'I have trouble falling asleep or staying asleep), 'interpersonal relations' (e.g., 'I have trouble getting along with friends and close acquaintances'), and 'social roles' (e.g., 'I'm not working/studying as well as I used to'). In our sample, Cronbach's alpha for the global score was .90, and for the interpersonal relationships, social role, and symptom distress subscales respectively .78, .73, and .93.

Analytical Strategy

We analyzed the data using IBM SPSS statistics 25 and R. In a set of preliminary analyses, we tested first for gender differences in therapeutic alliance, meaning in life, and therapy outcome. We also investigated the correlations between age and therapeutic alliance, presence of meaning, and therapy outcome, as well as the correlations among

the study variables. Second, we tested for the mediational role of meaning in life. Multilevel structural equation modelling was performed using the lavaan package in R (Rosseel, 2012) to test whether meaning in life functioned as a mediator in the relationship between therapeutic relationship and therapy outcome (all measured at the 5th session). Structural equation modelling (SEM) is a flexible extension of the general linear model that allows simultaneous testing of the presumed causal relationships between variables expressed in one structural model (Kline, 2005). We planned to test four models: one with the total therapeutic alliance as a predictor, and three with each sub-aspect (bond, task collaboration, goal agreement) as predictor. First we performed simple multilevel regression analyses to test whether the independent variable (therapeutic alliance) was a predictor of the mediator (meaning in life), which is a prerequisite for a mediation effect. Multilevel modeling (MLM) was used, given the nested structure of the data (clients are nested within therapists). To assess the need for MLM, we first calculated the intraclass correlation coefficient (ICC), which gives an indication of the dependency of the therapy outcome variables (OQ) on the specific therapists. The ICC was calculated based on an unconditional model (i.e., random intercept model for the outcome variable that contains no other predictors; (Peugh, 2010). The ICC was .022 showing that 2.2% of the variance in therapy outcome occurred across therapists. There was no missing data in the dataset.

Results

Preliminary Analysis

In Table 2, we display the means, standard deviations, minima, and maxima of the study variables, assessed after the fifth therapy session. The average total OQ score in our sample was 74.04 (*SD* = 22.37). A total OQ score of 55 or higher is considered

clinically significant (de Jong et al., 2007). The mean therapeutic alliance in our sample was 44.5 (*SD* = 7.40), and the average level of presence of meaning in life was 20.87 (*SD* = 6.71).

Using independent sample t-tests, we did not find any significant difference between men and women concerning therapeutic alliance (t(93) = .54, *p* = .59), presence of meaning in life (t(93)= -.11, *p* = .92), or therapy outcome (t(93) = -1.34, *p* =.18). Table 3 displays the correlations between age and the study variables. Age does not correlate significantly with any of the variables. Table 4 displays the correlations between meaning in life and all of the (sub)scales of the therapeutic alliance and therapy outcome. Therapeutic alliance is significantly positively correlated with meaning in life (*r* =.23, *p* =.02) and significantly negatively correlated with therapy outcome (*r* = -.25, *p* = .01). We found a moderate negative correlation between presence of meaning in life and distress (therapy outcome) (*r* = -.62, *p* < .001).

Bond correlated with meaning in life (*r* = .24, *p* = .02) and with distress (therapy outcome) (*r* = -.26, *p* = .01). Goal agreement significantly correlated with therapy outcome (*r* = -.21, *p* = .04) but not with meaning (*r* = .18, *p* = .08). The task collaboration aspect did not significantly correlate with meaning (*r* = .17, *p* = .11), nor with therapy outcome (*r* = -.16, *p* = .12).

Mediation Analysis

Since age and gender were not significantly related with therapy outcome, they were not included as covariates in the mediation analyses. Table 5 shows the total results of the mediation analyses; Figure 2 provides a visual overview. A first multilevel regression analysis showed that the therapeutic relationship (WAVtotal) was a significant predictor for meaning in life, β = .22, *S.E.* = 0.09, *p* = .02. Next, we performed a multilevel

mediation analysis, which showed that meaning in life was a full mediator of the relation between total therapeutic alliance and therapy outcome (see Table 5 and Figure 2).

Zooming in on the three sub-aspects of the therapeutic alliance, regression analyses showed that only the therapeutic bond was a significant predictor of meaning in life, β = .24, *S.E.* = 0.24, p = .02. Both therapeutic task collaboration, β = .15, *S.E.* = 0.24, p = .15, and therapeutic goal agreement, β = .17, *S.E.* = 0.23, p = .09, did not significantly predict meaning in life, so we only tested a mediation model with therapeutic bond. Again, meaning in life was found to be a full mediator between therapeutic bond and therapy outcome (see Table 5 and Figure 2).

Discussion

The aim of this study was to investigate the interplay between therapeutic alliance, meaning in life, and therapy outcome in an ecologically valid sample of clients in person-centered and experiential therapies. We hypothesized that meaning in life would mediate between therapeutic alliance and therapy outcome. We also wanted to test if meaning in life would mediate between the three aspects of the therapeutic alliance (bond, task collaboration, and goal agreement) and therapy outcome.

Our findings support our mediation hypotheses. Preliminary analyses confirmed the correlations among the three variables; therapeutic alliance was positively related to meaning in life and was negatively related to distress (therapy outcome). The correlation between alliance and distress (therapy outcome) is significantly negative (r =-.25, p = .014). The magnitude of this correlation is in line with results of the most recent meta-analysis on the subject (Flückiger et al., 2018). We found a moderate

negative correlation between presence of meaning in life and distress (therapy outcome) ($r = -.63$, $p < .001$), .

The mediation analysis confirmed our hypothesis for this sample; we found meaning in life to mediate between therapeutic alliance and therapy outcome. As a next step, we tested if the relationship of different aspects of the therapeutic alliance with outcome would also be mediated by meaning in life. We found a significant positive relationship between the therapist-client bond and meaning in life, and a significant negative relationship between the bond and distress (therapy outcome). Interestingly, the correlations between the bond aspect and the other variables were very similar to the correlations found between the general therapeutic alliance and the variables. The goal agreement subscale was negatively related with distress (therapy outcome) but was unrelated to meaning in life. The task collaboration aspect of the therapeutic alliance did not relate with meaning, nor with therapy outcome.

In the mediation analysis we also found very similar results for the bond scale compared to the general therapeutic alliance. In our sample, presence of meaning in life mediated between the bond aspect of the therapeutic alliance and therapy outcome. The other two aspects of the therapeutic alliance, task collaboration and goal agreement, did not follow this pattern. It therefore seems that the mediation we found between therapeutic alliance and therapy outcome is *a fortiori* a mediation between the bond aspect of the therapeutic alliance and therapy outcome in person-centered therapies, at least in our sample.

Our results support the idea that, in person-centered therapies, the bond-aspect of the therapeutic alliance might facilitate meaning-making processes and a growing sense or meaning in life, which leads in turn to a better therapy outcome. However, based on our study, we cannot differentiate between the relative importance of specific

micro-, meso-, or macro-dimensional meaning processes. Nonetheless, the fact that it is especially the *bond*-aspect of the alliance that correlates with meaning in life, could suggest that meaning-making processes that help people to establish a different kind of *connection*, and to *make sense* of this connection, might lead to better outcome. This supports not only the idea that connection is at the core of the experience of meaning in life (Schnell, 2009), but also reveals that meaning in life, as it might be fostered in person-centered and experiential therapies, runs through connection. This is in line with Gendlin's (1962, 1973, 1978) discoveries that meaning is facilitated by three main steps: (1) by facilitating a deeper *connection* with ourselves, which is facilitated by a genuine, empathic connection with the therapist (Rogers, 1961), (2) by engaging in an explorative search for words or symbols that precisely match this connecting experience, and (3) by connecting the felt sense and symbolization to the situation of the client, and facilitating the living forward energy or action tendency. The therapeutic relationship seems to carry this continuous meaning-making process of connection and symbolization forward, resulting in a different way of being. Furthermore, on an ontological level, having the feeling of being deeply understood by the therapist can recalibrate one's sense of being in the world (Rogers, 1980). *Existential empathy* (i.e., the capacity of the therapist to resonate with the client's ultimate concerns), can help the client to make sense and give meaning to one's being (Vanhooren, in press).

Although there has always been attention to meaning and existential themes in person-centered approaches (e.g., Gendlin, 1962, 1973; Rogers, 1951, 1961), our study might have unveiled that meaning-making processes are actually at the core of our therapeutic work. Person-centered therapists should not only pay attention to the quality of their presence, but be mindful how this helps their clients connect to themselves and engage in meaning-making processes. Moreover, the fact that addressing meaning leads

to better outcomes (Vos, 2018) shows how important it is to further explore the role of different meaning-making processes in person-centered and experiential therapies. Paying attention and supporting the client's sense of coherence, purpose in life, and existential mattering or significance could help to improve therapy outcome. It seems obvious that meaning in life deserves not only more attention in clinical practice, but also on a theoretical level. It is a challenging thought that meaning in life and other existential themes might play a very central role in person-centered and experiential processes, as this would require a revision of our existing theories.

Although we conducted our study with person-centered and experiential therapists, our study also seems to confirm the hypothesis that the therapeutic relationship plays a role in experiencing meaning in life in general, as Vos and colleagues (2019) suggested. However, meaning-making endeavors in other therapy approaches might have a more cognitive flavor (e.g., meaning-centered therapies) compared to more experiential in person-centered and experiential therapies. Although all roads might lead to Rome eventually, these roads may represent different processes that are differently related to or imbedded in the therapeutic relationship.

To end this discussion, we find it important to offer some alternative interpretations concerning the results of our study. First, our study was cross-sectional, which means that we cannot say which variables precede or cause others. As a result, it might be the case that it is easier for clients who experience meaning in their lives to form a stronger therapeutic relationship with their therapist. A bidirectional influence between alliance and meaning seems possible.

Second, the influence between meaning in life and outcome might also be bi-directional. For example, Hill and colleagues (2019) discovered that in psychodynamic therapies, meaning in life often only increased after suffering decreased. People who

experience more psychological complaints might be less able to identify the meaning in their lives. However, people who experience more meaning in life might also experience more hope which has a positive influence on outcome (e.g., Marco et al., 2017).

Limitations

Considering the original nature of these findings and the relatively small sample size, it is important that future research replicates these results. Post-hoc power analyses revealed that we had a power of around 0.65 for detecting the indirect mediation effect in our mediational analyses with total therapeutic alliance and therapeutic bond (Schoemann et al., 2017). However, we likely did not have sufficient power to detect possible associations between the goal agreement and task collaboration aspects of the therapeutic alliance and meaning in life (post-hoc power analyses revealed power around .40 for these correlations; Faul et al., 2009), prohibiting further examination of these aspects in mediation models. Because of the limited sample size, we were also not able to take into account measurement error by modelling latent variables, but had to rely solely on manifest variables. Another limitation of our analytic approach is the potential omission of important non-measured variables in the structural model (Tomarken & Waller, 2005).

The clients in our sample varied widely in age and pathology and they sought help in a wide variety of outpatient settings. This gives us a valuable insight into the outpatient population that one expects to find in Flanders (Belgium). The use of data collected through QIT Online, however, also has some limits. It might be the case that clients with certain characteristics were less inclined to complete the questionnaires; clients, for example, who were less conscientious, less motivated, or who experienced more distress. However, we do not have information on the characteristics of these

clients. Another aspect to be considered is that the therapeutic relationship in our study was only measured by the clients' self-reports. As Kivlighan et al. (2019) suggested, the therapeutic relationship is dyadic by nature and a more accurate measurement should include the therapists' ratings as well.

One of the most important limitations of this research is its cross-sectional nature. This prevents us from drawing any conclusions about the direction of influence among our three study variables. Ideally, future research would be longitudinal. Also, mixed-method case studies can probably teach us a lot about the meaning-making processes in person-centered therapies, and might better reflect the unique nature of meaning in the life of individual clients.

Conclusion

The aim of this study was to examine how the therapeutic relationship, meaning in life, and therapy outcome relate. We discovered that meaning in life mediates between therapeutic alliance and therapy outcome in a Flemish out-patient sample in person-centered and experiential therapies. We also took a closer look at the three aspects of the therapeutic alliance: agreement on the tasks, agreement on the goals, and the affective bond between client and therapist. We found that the task aspect was unrelated to meaning in life and therapy outcome, that the goal agreement aspect correlated with therapy outcome but not with meaning, and that the bond aspect predicted therapy outcome mediated by meaning in life. These findings confirm the idea that the therapeutic bond might play an important role in the experience of meaning during therapy, which is in line with Rogers' ideas (1961, 1980) on existential and meaning-related concerns of clients. From a meaning perspective, our study underlines the

importance of a sense of connectedness (Schnell, 2009) as a determining key aspect of one's experience of meaning in life. However, the relationship between the therapeutic bond, meaning, and therapy outcome seem to be intricate, and more research is needed to disentangle the possible interrelatedness of these phenomena. Nonetheless, our study already reveals that meaning-making processes, and helping clients to experience meaning in life, might be core aspects of our work as person-centered and experiential therapists. More insight into how meaning-processes function will open new avenues for us in helping our clients and becoming more effective, especially since up to two thirds of our clients seem to struggle with existential meaning questions and meaning in life (Golovchanova et al., 2021).

References

Abeyta, A. A., Routledge, C., Juhl, J., & Robinson, M. D. (2015). Finding meaning through emotional understanding: Emotional clarity predicts meaning in life and adjustment to existential threat. *Motivation and Emotion*, *39*(6), 973-983.

Angus, L. E., & Greenberg, L. S. (2011). *Working with narrative in emotion-focused therapy: Changing stories, healing lives*. American Psychological Association.

Ayer, A. J. (1990). *The meaning of life*. C. Scribner's Sons.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, research & practice*, *16*(3), 252.

Cohen, K., & Cairns, D. (2011). Is Searching for Meaning in Life Associated With Reduced Subjective Well-Being? Confirmation and Possible Moderators. *Journal of happiness studies*, *13*(2), 313-331. https://doi.org/10.1007/s10902-011-9265-7

De Decker, N. (2020). *Actuele existentiële thema's in cliëntgerichte psychotherapie Een kwalitatieve verkenning [Contemporary existential themes in person-centered psychotherapies: A qualitative exploration]* KU Leuven]. Leuven.

Debats, D. L. (1996). Meaning in life: Clinical relevance and predictive power. *British Journal of Clinical Psychology*, *35*(4), 503-516.

Debats, D. L., Van der Lubbe, P. M., & Wezeman, F. R. (1993). On the psychometric properties of the Life Regard Index (LRI): A measure of meaningful life: An evaluation in three independent samples based on the Dutch version. *Personality and Individual Differences*, *14*(2), 337-345.

Dezutter, J., Casalin, S., Wachholtz, A., Luyckx, K., Hekking, J., & Vandewiele, W. (2013). Meaning in life: An important factor for the psychological well-being of chronically ill patients? *Rehabilitation psychology*, *58*(4), 334.

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G* Power 3.1: Tests for correlation and regression analyses. *Behavior research methods*, *41*(4), 1149-1160. https://doi.org/10.3758/BRM.41.4.1149

Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The Alliance in Adult Psychotherapy: A Meta-Analytic Synthesis. *Psychotherapy*, *55*(4), 316-340. https://doi.org/10.1037/pst0000172

Frankl, V. (1978). The unheard cry for meaning. *NY: Simon & Schuster*.

Furman, R., Enterline, M. D., Lamphear, G., & Shukraft, A. E. (2014). Meaning as a Core Principle in Social Work Practice. *Comunitania*(8), 73.

Gendlin, E. T. (1962). *Experiencing and the creation of meaning: A philosophical and psychological approach to the subjective*. Northwestern University Press.

Gendlin, E. T. (1973). Experiential psychotherapy. In R. Corsini (Ed.), *Current psychotherapies* (pp. 317-352). Peacock.

Gendlin, E. T. (1978). *Focusing*. Everest House Publishers.

Gendlin, E. T. (1996). *Focusing-oriented Psychotherapy: A manual of the experiential method*. The Guilford Press.

Glaw, X., Kable, A., Hazelton, M., & Inder, K. (2017). Meaning in life and meaning of life in mental health care: An integrative literature review. *Issues in Mental Health Nursing*, *38*(3), 243-252.

Golovchanova, N., Dezutter, J., & Vanhooren, S. (2021). Meaning profiles and the perception of the working alliance at the start of outpatient person-centered,

experiential, and existential psychotherapies. *Journal of Clinical Psychology*, *77*(3), 770-781.
Greenberg, L. S., & Pascual-Leone, J. (2001). A dialectical constructivist view of the creation of personal meaning. *Journal of Constructivist Psychology*, *14*(3), 165-186.
Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). *Facilitating emotional change: The moment-by-moment process.* The Guilford Press.
Heisel, M. J., & Flett, G. L. (2004). Purpose in life, satisfaction with life, and suicide ideation in a clinical sample. *Journal of Psychopathology and Behavioral Assessment*, *26*(2), 127-135.
Helsen, M. (2020). *Actuele existentile thema's in de clintgerichte psychotherapie: Een kwalitatieve verkenning [Contemporary existential themes in person-centered psychotherapies: A qualitative exploration]* KU Leuven. Faculteit Psychologie en Pedagogische Wetenschappen]. Leuven.
Hill, C. E. (2017). Therapists' perspectives about working with meaning in life in psychotherapy: A survey. *Counselling Psychology Quarterly*, *30*(4), 373-391.

Hill, C. E., Kline, K. V., Kivlighan, D. M., Aaron, Z., & King, S. (2019). Changes in meaning in life across the course of psychodynamic psychotherapy. *Counselling Psychology Quarterly*, *32*(1), 1-17. https://doi.org/10.1080/09515070.2017.1340260
Horvath, A. O., & Bedi, R. (2002). The alliance. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 37-70). Oxford University Press.
Horvath, A. O., Del Re, A., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, *48*(1), 9.
Horvath, A. O., & Greenberg, L. S. (1989). Development and Validation of the Working Alliance Inventory. *Journal of counseling psychology*, *36*(2), 223-233. https://doi.org/10.1037/0022-0167.36.2.223
Jong de, K., Nugter, Lambert, M. J., & Burlingame, G. M. (2008). Handleiding voor de afname en scoring van de Outcome Questionnaire (OQ-45.2) [Instruction manual and scoring of the Outcome Questionnaire (OQ-45.2)].
Kivlighan, D. M., Hill, C. E., Ross, K., Kline, K., Furhmann, A., & Sauber, E. (2019). Testing a mediation model of psychotherapy process and outcome in psychodynamic psychotherapy: Previous client distress, psychodynamic techniques, dyadic working alliance, and current client distress. *Psychotherapy Research*, *29*(5), 581-593. https://doi.org/10.1080/10503307.2017.1420923

Kleftaras, G., & Psarra, E. (2012). Meaning in life, psychological well-being and depressive symptomatology: A comparative study. *Psychology*, *3*(04), 337.

Kleiman, E. M., & Beaver, J. K. (2013). A meaningful life is worth living: Meaning in life as a suicide resiliency factor. *Psychiatry Research*, *210*(3), 934-939.
Kline, R. B. (2005). *Principles and practice of structural equation modeling* (2nd ed.). The Guilford Press.
Madison, G. (2010). Focusing on Existence: Five Facets of an Experiential—Existential Model *Person-Centered & Experiential Psychotherapies*, *9*(3), 189-204. https://doi.org/10.1080/14779757.2010.9689066
Marco, J. H., Garcia-Alandete, J., Pérez, S., Guillen, V., Jorquera, M., Espallargas, P., & Botella, C. (2015). Meaning in life and non-suicidal self-injury: A follow-up

study with participants with Borderline Personality Disorder. *Psychiatry Research*, *230*(2), 561-566.
Marco, J. H., Guillén, V., & Botella, C. (2017). The buffer role of meaning in life in hopelessness in women with borderline personality disorders. *Psychiatry Research*, *247*, 120-124.
Martela, F., & Steger, M. F. (2016). The three meanings of meaning in life: Distinguishing coherence, purpose, and significance. *The Journal of Positive Psychology*, *11*(5), 531-545.
Mascaro, N., & Rosen, D. H. (2005). Existential meaning's role in the enhancement of hope and prevention of depressive symptoms. *Journal of personality*, *73*(4), 985-1014.
Newcomb, M. D., & Harlow, L. L. (1986). Life events and substance use among adolescents: Mediating effects of perceived loss of control and meaninglessness in life. *Journal of personality and social psychology*, *51*(3), 564.
Peugh, J. L. (2010). A practical guide to multilevel modeling. *J Sch Psychol*, *48*(1), 85-112. https://doi.org/10.1016/j.jsp.2009.09.002
Rogers, C. R. (1951). *Client-centered therapy*. Constable.
Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of consulting psychology*, *21*(2), 95.
Rogers, C. R. (1961). *On becoming a person* Houghton Mifflin Company.
Rogers, C. R. (1980). *A way of being*. Houghton Fifflin Company.
Rosseel, Y. (2012). Lavaan: An R package for structural equation modeling and more. Version 0.5–12 (BETA). *Journal of statistical software*, *48*(2), 1-36. https://doi.org/10.18637/jss.v048.i02
Schnell, T. (2009). The Sources of Meaning and Meaning in Life Questionnaire (SoMe): Relations to demographics and well-being. *The Journal of Positive Psychology*, *4*(6), 483-499.
Schoemann, A. M., Boulton, A. J., & Short, S. D. (2017). Determining power and sample size for simple and complex mediation models. *Social Psychological and Personality Science*, *8*(4), 379-386. https://doi.org/10.1177/1948550617715068

Smith, E. E. (2017). *The power of meaning: Crafting a life that matters*. Random House.
Steger, M. F. (2012). Experiencing meaning in life: Optimal functioning at the nexus of well-being, psychopathology, and spirituality. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications* Routlegde.

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of counseling psychology*, *53*(1), 80.
Steger, M. F., Oishi, S., & Kashdan, T. B. (2009). Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *The Journal of Positive Psychology*, *4*(1), 43-52. https://doi.org/10.1080/17439760802303127
Stinckens, N., Ulburghs, A., & Claes, L. (2009). De werkalliantie als een sleutelelement in het therapiegebeuren. *Tijdschrift klinische psychologie*, *39*(1), 16.
Tomarken, A. J., & Waller, N. G. (2005). Structural equation modeling: Strengths, limitations, and misconceptions. *Annu. Rev. Clin. Psychol.*, *1*, 31-65.
Van Praag, H. (2010). Zinverlies; een verwaarloosd onderwerp in de psychiatrie. *Tijdschrift voor Psychiatrie*, *52*(10), 705-714.

Vanhooren, S. (2019). Struggling with meaninglessness: a case study from an experiential–existential perspective. *Person-Centered & Experiential Psychotherapies*, *18*(1), 1-21.

Vanhooren, S. (In press). Existential empathy: A necessary condition for posttraumatic growth and wisdom in clients and therapists. In M. Ferrari & M. Munroe (Eds.), *Post-traumatic growth to psychological well-being: Coping wisely with adversity*. Springer.

Vanhooren, S., Leijssen, M., & Dezutter, J. (2016). Profiles of meaning and search for meaning among prisoners. *The Journal of Positive Psychology*, *11*(6), 622-633. https://doi.org/10.1080/17439760.2015.1137625

Volkert, J., Schulz, H., Brütt, A. L., & Andreas, S. (2014). Meaning in life: Relationship to clinical diagnosis and psychotherapy outcome. *Journal of Clinical Psychology*, *70*(6), 528-535.

Vos, J. (2018). *Meaning in life: An evidence-based handbook for practicioners*. Palgrave.

Vos, J., Cooper, M., Hill, C. E., Neimeyer, R. A., Schneider, K., & Wong, P. T. (2019). Five perspectives on the meaning of meaning in the context of clinical practices. *Journal of Constructivist Psychology*, *32*(1), 48-62.

Vos, J., & Vitali, D. (2018). The effects of psychological meaning-centered therapies on quality of life and psychological stress: A metaanalysis. *Palliative & supportive care*, *16*(5), 608-632.

Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.

Zika, S., & Chamberlain, K. (1992). On the relation between meaning in life and psychological well-being. *British journal of psychology*, *83*(1), 133-145.

Table 1

Nationality, family situation, highest degree of education and employment status of sample (n = 73)

		%
Nationality	Belgian	97
	Dutch	1
	Other	1
Family status	Living with parents	19
	Living in a group home	1
	Single/living alone	16
	Living with partner, without children	18
	Living with partner and children	33
	Single parent	7
	Other	5
Highest level of education	Primary school	1
	Secondary school	26
	Bachelor	33
	Master	26
	Post-graduate education	14
Employment status	Student	12
	Self-employed	7
	Employee	37
	Manual worker	7
	Executive function	5
	Unemployed	7
	On sickness-leave	8
	Other	16

Note. Results only included for clients who filled in the demographic questionnaire (n = 73)

Due to rounding some percentages might not add up to 100%

Table 2

Descriptive statistics of the study variables (n = 96)

	Range	**Mean**	***SD***	**Minimum**	**Maximum**
Therapeutic alliance (WAV-12)	12 - 60	44.53	7.401	24	60
Therapeutic alliance – bond	4 - 20	16.28	2.926	9	20
Therapeutic alliance – goal	4 - 20	14.11	2.966	4	20
Therapeutic alliance – task	4 - 20	14.35	2.993	7	20
Presence of meaning (MLQ-P)	5 - 35	20.87	6.706	5	35
Search for meaning (MLQ-S)	5 - 35	23,85	6.613	5	35
Outcome (OQ-45)	0 - 180	74.04	22.369	12	140
Outcome – social role	0 - 36	14.10	4.831	1	29
Outcome – interpersonal Relations	0 - 44	15.74	5.635	4	33
Outcome – symptom distress	0 - 100	44.20	15.030	3	84

Table 3

Pearson correlations between age and therapeutic alliance, meaning in life and therapy outcome

	Age
Therapeutic alliance	-.084
Meaning in life	.063
Distress (therapy outcome)	-.016

* Correlation is significant at the .05 level (2-tailed).

** Correlation is significant at the .01 level (2-tailed).

Table 4

Pearson correlations among presence of meaning in life, the aspects of the therapeutic alliance and the therapy outcome subscales

	Alliance - Task	Alliance - Goal	Alliance - Bond	Alliance - Total	MIL	Outcome – SD	Outcome – IR	Outcome – SR
Alliance – Goal	.808**							
Alliance – Bond	.384**	.426**						
Alliance – Total	.880**	.896**	.721**					
Meaning in Life (MIL)	.167	.181	.239*	.234*				
Outcome – Symptom Distress (SD)	-.167	-.216*	-.222*	-.242*	-.616**			
Outcome – Interpersonal Relationships (IR)	-.089	-.185	-.245*	-.207*	-.386**	.642**		
Outcome – Social Role (SR)	-.112	-.080	-.230*	-.168	-.538**	.630**	.352**	
Outcome – Total Distress	-.159	-.209*	-.261*	-.251*	-.627**	.970**	.759**	.728**

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

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

Table 5

Total results from the two multilevel mediation analyses

Predictor	Effect	*B*	*S.E.*	*β [95% CI]*	*p*
Therapeutic alliance total (WAV-t)	WAV-t → MLQ (a)	0.212	0.090	.234 [.030, .439]	.018
	MLQ → OQ (b)	-2.011	0.269	-.607 [-.793, -.478]	<.001
	WAV-t → OQ (c)	-0.356	0.245	-.118 [-.278, .041]	.146
	Indirect (ab)	-0.427	0.190	-.142 [-.270, -.014]	.024
	Total (ab + c)	-0.782	0.300	-.261 [-.454, -.068]	.009
Therapeutic alliance bond (WAV-b)	WAV-b → MLQ (a)	0.548	0.227	.239 [.052, .425]	.016
	MLQ → OQ (b)	-2.004	0.270	-.605 [-.736, -.474]	<.001
	WAV-b → OQ (c)	-0.911	0.616	-.120 [-.278, .038]	.139
	Indirect (ab)	-1.097	0.479	-.145 [-.262, -.027]	.022
	Total (ab + c)	-2.008	0.753	-.265 [-.449, -.080]	.008

Note. n = 96. WAV = Werkalliantievragenlijst (Working Alliance Inventory), MLQ = Meaning in Life Questionnaire, OQ = Outcome Questionnaire, *S.E.* = standard error.

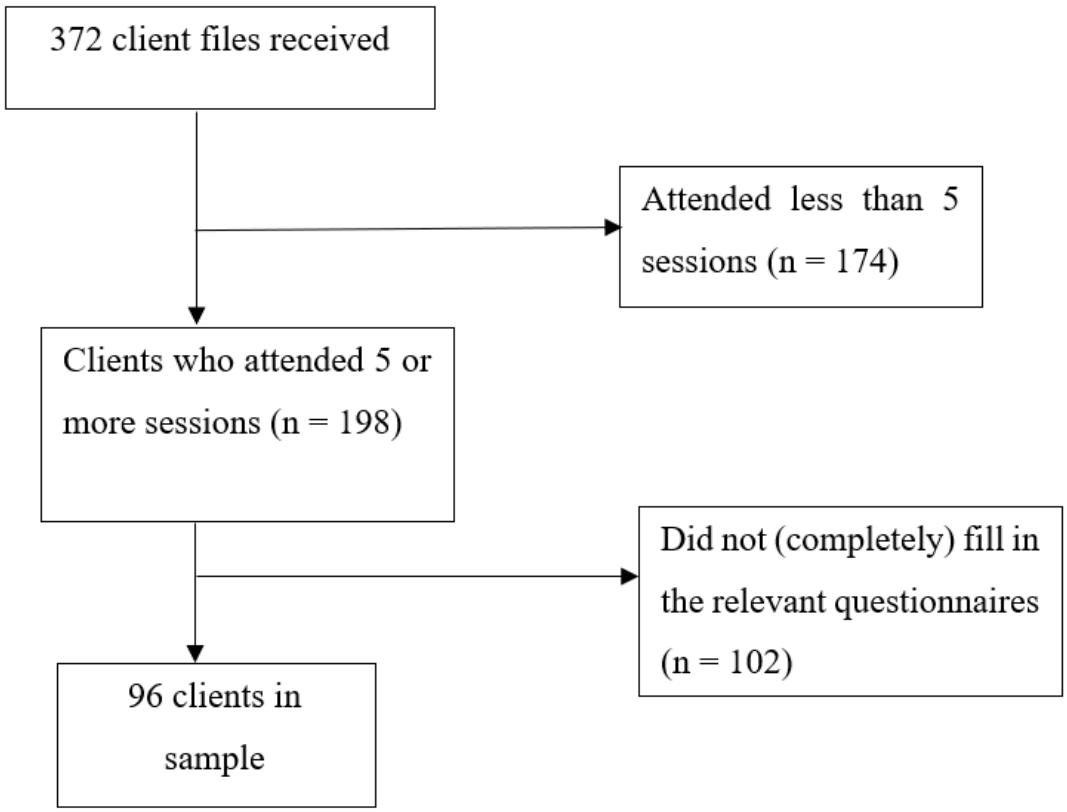

Figure 1. Visual representation of the applied exclusion criteria

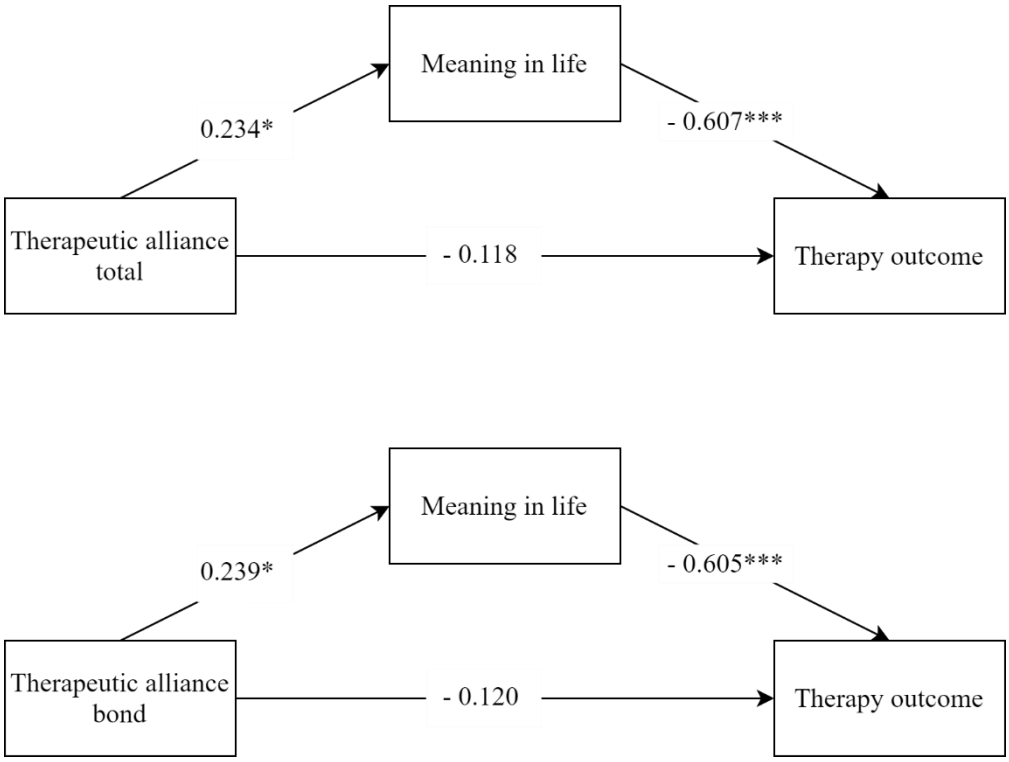

Figure 2. Visual representation of the multi-level mediation models with standardized effects. *Correlation is significant at the 0.05 level (2-tailed). *** Correlation is significant at the 0.001 level (2-tailed).