



PHENOMENOLOGICAL AND HUMANISTIC- EXPERIENTIAL CONVERGENCES IN PROCESS- CENTERED PSYCHOPATHOLOGY PERSPECTIVE

Convergências fenomenológicas e humanistas-experienciais numa perspectiva
de psicopatologia centrada em processos

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Convergencias Fenomenológicas y Humanistas-Experienciales en una
Perspectiva de Psicopatología Centrada en Procesos

Abstract: This theoretical study explores the intersection and complementarity between phenomenological and humanistic-experiential approaches in understanding psychopathology and diagnosis, focusing on the psychotherapeutic process. It demonstrates how, from both historical and contemporary perspectives, these theoretical frameworks converge to offer a more integrated view centered on experiential, narrative, and intersubjective processes of human suffering. The discussion highlights the theoretical foundations of the humanistic-experiential paradigm, which prioritize an experience-near clinical reasoning, aligning with phenomenological psychopathology and opposing traditional diagnostic models. Furthermore, it emphasizes the humanistic roots of process-centered psychotherapy research, as well as the significance of idiographic and abductive reasoning based on phenomenological observation. Finally, it concludes by underscoring the importance of qualitative methods in psychology, which provide a distinct form of objectivity, methodological rigor, and intersubjective validation in the study of psychological phenomena.

Keywords: phenomenological psychopathology, intersubjectivity, psychotherapy, narrative-emotion process.

Resumo: Este estudo teórico investiga a interseção e a complementaridade entre as perspectivas fenomenológicas e humanistas-experienciais na compreensão da psicopatologia e do diagnóstico, com foco no processo psicoterapêutico. O trabalho demonstra como, tanto sob uma perspectiva histórica quanto contemporânea, esses referenciais teóricos convergem para oferecer uma visão mais integrada e centrada nos processos experienciais, narrativos e intersubjetivos do sofrimento humano. A discussão destaca as bases teóricas da abordagem humanista-experiential, que priorizam um raciocínio clínico sensível à experiência vivida, alinhando-se à psicopatologia fenomenológica e contrapondo-se aos modelos tradicionais de diagnóstico. Ademais, enfatiza-se a origem humanista da pesquisa em psicoterapia centrada no processo, bem como a relevância do raciocínio idiográfico e abductivo fundamentado na observação empírico-fenomenológica. Por fim, conclui-se sobre a importância dos métodos qualitativos em psicologia, que oferecem uma forma distinta de objetividade, com rigor metodológico e validação intersubjetiva no estudo dos fenômenos psicológicos.

Palavras-chave: psicopatologia fenomenológica, intersubjetividade, psicoterapia, processos narrativo-emocionais.

Resumen: Este estudio teórico explora la intersección y la complementariedad entre los enfoques fenomenológicos y humanistas-experienciales en la comprensión de la psicopatología y el diagnóstico, con un enfoque en el proceso psicoterapêutico. Demuestra cómo, desde una perspectiva tanto histórica como contemporánea, estos marcos teóricos convergen para ofrecer una visión más integrada, centrada en los procesos experienciales, narrativos e intersubjetivos del sufrimiento humano. La discusión resalta los fundamentos teóricos del paradigma humanista-experiential, que priorizan un razonamiento clínico sensible a la experiencia vivida, alineándose con la psicopatología fenomenológica y oponiéndose a los modelos diagnósticos tradicionales. Además, se enfatizan las raíces humanistas de la investigación psicoterapêutica centrada en los procesos, así como la relevancia del razonamiento idiográfico y abductivo basado en la observación fenomenológica. Finalmente, se concluye destacando la importancia de los métodos cualitativos en psicología, que ofrecen una forma distinta de objetividad, rigor metodológico y validación intersubjetiva en el estudio de los fenómenos psicológicos.

Palabras clave: psicopatología fenomenológica, intersubjetividad, psicoterapia, procesos narrativo-emocionales.

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Recent advancements in psychotherapy research have increasingly focused on understanding internal change processes and the co-constructed nature of therapy within clinical decision-making. An international collaboration involving nineteen leading psychotherapy researchers has underscored the benefits of qualitative research in developing clinical practice guidelines for specific disorders and mental health concerns (Levitt et al., 2024). This collaboration advocates for a comprehensive, process-oriented approach to psychotherapy that acknowledges the complexity of individuals' lived experiences. The authors argue that examining treatment patterns within session dynamics, cultural contexts, interpersonal relationships, and internal experiences offers valuable insights. Such an approach ensures that clinical practice remains responsive to clients' needs throughout the therapy process, providing a deeper understanding of psychological disturbances and human distress.

The identification of clients' needs moment by moment in therapy and a process-centered perspective on human suffering led to the term "process-based research" (PBR), introduced in 1986 by humanistic theorist Leslie Greenberg. Greenberg (1986) defined PBR as an attempt to "identify, describe, explain, and predict the effects of the processes that bring about therapeutic change" (p. 4), aiming to overcome the traditional "process and outcome" research dichotomy (Elliott, 2010). Almost forty years later, Greenberg (2024) revisits the topic, noting that his focus on moment-to-moment psychotherapeutic processes, both in research and in psychotherapeutic practice, has contributed not only to empirical research in psychotherapy but also to an approach he defines as essentially phenomenological, which he refers to as the "phenomenology based experiential approach."

The discussion on the intersubjective and experiential perspective for understanding psychopathology has been a central focus for theorists aligned with the phenomenological perspective. Applebaum (2023), revisiting theorists who historically engaged with the phenomenological social psychiatry of schizophrenia, argues that Husserl's conception of human subjects - not as independent egos but as emerging from their awareness of others like themselves - provides a solid foundation for understanding intersubjectivity and communication in therapeutic contexts. Additionally, contemporary authors in phenomenological psychopathology, such as Fuchs et al. (2019) and Messas (2023), have made significant contributions to the field. They position phenomenology as a foundational science for both psychopathological knowledge and the theory and practice of psychotherapy. These authors contend that understanding individuals' lived experiences and the intersubjective nature of human existence is essential for a more comprehensive and empathetic approach to therapy. By emphasizing the intersubjective and relational dimensions of mental health, phenomenological psychopathology offers valuable insights that challenge and enrich traditional diagnostic and therapeutic models.

According to Fuchs et al. (2019), phenomenology provides an approach that captures human existence in all its dimensions, from self-awareness and embodiment (including their pre reflexive and "unconscious" forms), to spatiality, temporality, narrativity, and intersubjectivity. Moreover, it provides a perspective that situates mental disorders not within the concealed complexities of the brain or the obscure recesses of the patient's psyche, but rather in their lived experiences and interpersonal relationships. Messas (2023) highlights that phenomenological psychopathology can be approached in two basic ways: one is a descriptive psychology that sees phenomenology as a first-person perspective - linked to the phenomenological foundations of Karl Jaspers (1883-1969) - and the other understands phenomenology as a second-person science. According to the author, the second-person perspective builds a synthetic hermeneutics with the patient, combining the patient's first-person narrative with the phenomenological understanding proposed by someone (the therapist) who coexists in that world. For Messas (2023), the therapist is therefore part of the constitutive world of the person/patient.

Although contemporary phenomenological thinkers such as Fuchs et al. (2019) and Messas (2023) do not make explicit reference to traditional humanistic-experiential thinkers like Eugene T. Gendlin (1926-2017) and Carl R. Rogers (1902-1987) - who emphasized the importance of the therapeutic relationship and the co-constructive process of meaning - it is possible to identify connections between these theoretical perspectives. There appear to be implicit convergences between contemporary phenomenological psychopathology and the humanistic-experiential approach, especially in how both address central concepts and themes in the understanding of psychopathology, highlighting an underlying coherence in their views on psychotherapeutic practice and diagnostic perspective.

This theoretical study aims to further explore the phenomenological foundations of a process-centered psychopathology perspective, developed by contemporary humanistic-experiential researchers dedicated to investigating change processes in psychotherapy (Greenberg, 2024). The purpose of this article is to connect the phenomenological perspective of psychopathology, clinical decision-making, and research to the field of process-based research, particularly to narrative-emotion processes. The study builds on the argument that



humanistic psychologists working with process-centered approaches often overlook the phenomenological roots of their work, a concern raised by Rogers (1963). On the other hand, contemporary phenomenological psychopathology researchers, such as Fuchs et al. (2019) and Messas (2023), also seem to fail to fully acknowledge the innovative contributions of the humanistic-experiential perspective to an understanding of human suffering centered on the process of psychotherapy and the intersubjective engagement of the therapeutic dyad.

The manuscript is organized into five sections. The first section will explore the intersection between humanistic-experiential approaches and phenomenological psychopathology, demonstrating how insights from both fields can enhance research on therapeutic change and deepen the process-centered understanding of psychopathology. The following section will examine how diagnosis is conceived within humanistic-experiential therapies, with a particular emphasis on lived experience, contrasting this perspective with other diagnostic models. The third section will highlight methodologies that prioritize idiographic and abductive reasoning in order to offer clinical insights grounded in the phenomenological observation of psychological phenomena. Next, the text will address process-centered approaches, exploring how these methods illuminate the experiential processes that guide diagnostic and clinical reasoning, by adopting an idiographic and abductive perspective for understanding phenomena. Finally, the manuscript will discuss how empirical research on narrative-emotion processes contributes to our understanding of mental health and informs therapeutic interventions from a process-centered perspective.

Converging Perspectives on Diagnosis and Psychopathology

In practice, clinical work relies extensively on relevant prior knowledge, including theoretical insights, clinical experience, general human understanding, and the specific context of the client (Goldman & Greenberg, 2015). However, to effectively address psychotherapy, it is crucial to engage with the concept of psychopathology. According to Sousa (2017), any comprehensive model of psychotherapy must be grounded in a clear understanding of psychopathology. Such a theoretical framework should provide a rationale for psychological development, an explanation for disturbances or human distress, and a theory of change. Therefore, for psychotherapy to be effective, it is essential to base it on a solid grasp of psychopathology to inform and guide clinical practice.

Phenomenological psychopathology was initially developed to offer a clearer understanding of mental illness, paradoxically aligned with the search for greater “objectivity” in psychiatric diagnosis (Messas, 2023). While emphasizing reflection and questioning the ontology of mental illness, this approach focuses on recognizing the altered states of individuals within their personal contexts. However, according to Messas (2023), a significant conflict arises between this phenomenological interest and philosophical perspectives. Influenced by Heideggerian and psychoanalytic thought, many scholars resist the concept of diagnosis, partly due to the dominance of operational and nominalist diagnostic systems, based on symptom checklists, as well as the resistance to the stigma associated with diagnostic labels.

Despite this resistance, Messas (2023) argues that diagnosis remains crucial in clinical practice. He asserts that the field of clinical practice has been fundamentally shaped by the notion of diagnosis and that clinicians have a unique role in contributing to discussions about it. Messas (2023) emphasizes that phenomenological psychopathology must uphold the viability and necessity of diagnosis to identify disruptions in the historical development of the self. The current challenge for phenomenological psychopathology is to address the complexities of diagnosis—including its issues and limitations—without rejecting its positive role and existence.

A similar resistance to diagnosis also occurred in the history of the humanistic-experiential approach, which distanced itself from any attempt to define psychopathology. However, there is a growing body of research and theoretical development that addresses the understanding of psychopathology — and consequently, clinical reasoning and diagnosis — centered on the intersubjective engagement of the therapeutic dyad throughout the psychotherapy process. Strongly influenced by the work of Rogers and Gendlin, there is an increasing interest among clinicians and researchers in investigating and evaluating human suffering, not through diagnostic categories (such as those in the DSM-IV or ICD-10), but by considering the unique ways in which each person experiences their world, adopting a personalized, context-sensitive perspective on lived experience (Timulak, 2024).

The humanistic-experiential tradition has always contrasted with the structured and diagnostic nature of case formulation, as it prioritizes the therapeutic relationship and the co-constructive process of meaning-making between client and therapist (Goldman, 2017). Even neo-humanistic and integrative perspectives, such as Emotion-Focused Therapy (EFT), do not rely on a predetermined treatment plan derived from an initial diagnosis. Instead, case formulation and diagnosis within this perspective are process-oriented, evolving openly and collaboratively with the client throughout therapy, focusing on the client’s lived experience on a moment-by-moment basis (Goldman & Greenberg, 2015; Timulak, 2024).



Diagnosis and Psychopathology in Humanistic and Experiential Traditions

Since the first publication of the Diagnostic and Statistical Manual (DSM) in 1952, psychology has predominantly embraced an objectified and medicalized understanding of human suffering. Due to its close association with medical diagnosis, the DSM provides an understanding of psychopathology that is primarily grounded in physiological bases. This perspective has come to guide psychological assessment, research, and treatment, making intervention protocols based on specific psychopathological frameworks dominant in both practice and research in psychology (Hayes, Hofmann & Ciarrochi, 2020; Sampaio & Lotufo Neto, 2021). The DSM has become an exclusive and imperative foundation for understanding emotional disturbances (Leitner & Phillips, 2003).

In the 1960s, traditional humanistic approaches began to critique psychology's mass adherence to the psychiatric model of understanding human distress, which had already dominated psychological research and practice at that time (Leitner & Phillips, 2003). With the alliance formed between academic traditional psychiatry, a syndromic approach to suffering, and empirical research in clinical psychology, psychological science began to focus on the following investigative interests: assessing the impact of treatment protocols; determining signs and symptoms; focusing on diagnostic entities; and conducting randomized controlled clinical trials (Hayes, Hofmann & Ciarrochi, 2020).

For critics of the alliance between psychiatry and psychology in understanding human distress, the DSM promotes the elimination of meaning and intelligibility in the origins of human thoughts, feelings, and actions, treating them as elements explainable exclusively by theoretical medical structures such as genetics and biology (Johnstone & Boyle, 2018). Although diagnosis is, in reality, merely a description of a pattern of symptom presentation, it has traditionally been conflated with an explanation of the causal mechanisms of illness (Goldman & Greenberg, 2015). However, as Hayes, Hofmann, and Ciarrochi (2020) point out, this "era of protocols" is coming to an end, and new "more person-centered" approaches are being considered (p. 2).

It is no coincidence that alternative diagnostic models to the traditional syndromic approach, such as process-based models, are referred to as "person-centered." As early as the 1960s, Rogers and Kinget (1977/1962) questioned the premises of medical diagnosis and how these were transferred to psychology. The idea that all illness is the effect of antecedent causes and that simply identifying and describing these causes constitutes the core of diagnostic understanding was systematically challenged by the Person-Centered Approach (Rogers & Kinget, 1977/1962).

The work developed by Carl Rogers (1902–1987) and Eugene Gendlin (1926–2017), which introduced an intersubjective perspective of psychotherapy based on understanding the relationship and communication between therapist and client, as well as the mechanisms of personality change in the therapeutic process, can be considered a foundation for a process-centered understanding of psychopathology.

Eugene Gendlin (1926/2017) was one of the most influential thinkers in the research and practice of the humanistic-experiential field, enriching Rogers's concept of therapeutic change and making substantial contributions to process research (Rennie, Bohart & Pos, 2010). He led and participated in the schizophrenia research project with Carl Rogers at the University of Wisconsin and also conducted independent research focusing on embodied experience. In collaboration with Rogers, Gendlin developed work involving the assessment of clients' narratives in session, investigating the levels of symbolism in "felt internal experiencing." He was also responsible for creating the Experiencing Scale, which measures levels of experiencing in terms of grammatical, expressive, paralinguistic, and content criteria (Rennie, Bohart & Pos, 2010). The Experiencing Scale (EXP Scale) enables the evaluation of psychological states not in terms of diagnostic categories (such as those in DSM-IV or ICD-10), but rather through each person's unique way of experiencing (Messias, Bilbao, & Parreira, 2013).

In addition to his important work involving the assessment of clients' narratives in sessions, Gendlin made significant contributions related to embodied presence, particularly in the context of psychotherapy with individuals with schizophrenia. This work also influenced Garry Prouty (1937–2009), founder of the Pretherapy Approach. Like Gendlin's work, Prouty's approach was rooted in the phenomenological traditions of psychology and psychiatry (Applebaum, 2023).

In this way, Rogers and Gendlin place intersubjectivity at the center of psychotherapeutic investigation, introducing a process-based perspective not only for the field of psychotherapy but also as a central axis for understanding human distress. Both suggest that psychotherapy should be evaluated in terms of a continuous therapeutic process rather than being limited by specific psychopathological frameworks (Rennie, Bohart & Pos, 2010). As noted by Rogers and Kinget (1977/1962), therapy itself should be the true and effective "diagnostic process," developed through intersubjective experience rather than through monologic clinical thinking. In this case, diagnosis is a continuous, shared process, sensitive both to the moment and context of the session and to the development of a more comprehensive understanding of the person (Elliott & Greenberg, 2016). The focus should be directed toward the process, which is why the concept of "experiencing," rather than just experience, has become the conceptual foundation of Experiential Psychotherapy, developed by Gendlin (1961).



A common characteristic among the schools that integrate the humanistic-experiential field¹ is that, in diagnostic terms, they rely much more on narrative and experiential process than on diagnostic categories. Although nosological categories are very helpful in understanding disorders, according to the humanistic tradition, they should never overshadow the person's experience of suffering (Goldman & Greenberg, 2015). This means that the experiential-humanistic therapist focuses primarily on developing a shared understanding of the client's painful emotions, paying only secondary attention to their symptomatology.

To capture this "experiencing" in terms of process, it is essential to adopt methodologies that are close to lived experience, capable of exploring and interpreting the intersubjective dynamics of psychotherapy. In the next section, the discussion focuses on how experience-near methodologies, with an emphasis on idiographic and abductive reasoning, provide a more nuanced and refined approach to assessing and understanding human distress in psychotherapy.

Experience-near methodologies: a phenomenological grounded observation

Traditional clinical research typically employs scientific methods involving the formulation and testing of hypotheses, necessitating rigorous control of experimental conditions. However, as Schneider (1999) pointed out, this approach may not reflect the complexity and variability of real clinical practice. For example, the randomized controlled trial, often hailed as the "gold standard" for psychotherapy outcome evaluation, has come under increasing criticism. This type of research relies heavily on hypothetical-deductive-inductive methods and requires strict control of experimental variables.

Similarly to research, clinical reasoning can be deductive (based on general theories and principles) or inductive (based on specific observations). In the context of experience-near methodologies, such as humanistic and experiential approaches (Goldman & Greenberg, 2015), clinical reasoning may also include idiographic reasoning (focusing on the unique and individual details of a case) and abductive reasoning (seeking the best explanation for the observed data).

Schneider (1999), a recognized scholar in phenomenological and existential fields, emphasized the need for studies in human distress focused on change processes. He highlights the importance of the "process" aspects of therapeutic work, distinguishing them from the "content" or verbal aspects. Process dimensions refer to how clients and therapists communicate rather than what they explicitly say. This attunement to process can uncover rich, previously unknown worlds of experience for both therapist and client, facilitating dialogue and allowing for vivid elaboration of initial impressions. Schneider (1999) stressed the importance of maintaining fidelity to phenomena as they are lived, in line with the phenomenological spirit of his work. He calls this type of research interest "experience-near methodologies," which include phenomenological, hermeneutic, case-based, heuristic, and observational forms of inquiry (Schneider, 1999).

This proposal is radically different from traditional case studies, such as those in psychodynamic approaches, which predominantly use an inductive-inferential method. In psychodynamic approaches, interpretations and analyses aim to unify diverse experiences under a common theoretical framework, emphasizing unconscious processes and the influence of the past on the client's current personality and problems. In contrast, Goldman and Greenberg (2015) argue that experiential-humanistic approaches analyze and understand experiences based on specific and individual details, moment by moment.

Phenomenological thinking is much closer to issues concerning direct experience, whereas Freudian psychology is developed more in terms of theoretical reference frameworks (de la Puente, 1980). This means that therapists focus on the client's immediate experience, including their emotions, interactions, and the narrative-emotion processes present in the session. Unlike the nomothetic approach, which seeks to establish general laws or common patterns, idiographic reasoning aims to understand the particular aspects of a client's life, experiences, and context.

Approaches based on deductive reasoning methods involve forming hypotheses that are deduced from specific premises conceived before therapy begins. For example, Goldman and Greenberg (2015) illustrate this with the assumption that obsessive-compulsive behaviors are caused by thoughts of specific content, reflecting assumptions driven by theories rather than phenomenologically grounded observation.

In contrast, Greenberg (2024) emphasizes that by focusing on the psychotherapeutic process moment by moment, therapists can identify experiential states during the session, facilitating case formulations that are deeply rooted in phenomenological experience. This shift in focus moves away from fixed structures and models to an understanding of the dynamic relationships between these structures and lived experience. The act of experiencing - living through events - becomes a continuous process that underpins therapeutic change, suggesting that such change is inherently dynamic and evolving (de la Puente, 1980). Thus, phenomenological research, and consequently clinical reasoning, operates in a mode of "discovery" rather than verification (Applebaum, 2012), emphasizing the importance of understanding individual experiences as they unfold in therapy, thereby enabling a richer and more nuanced exploration of psychological phenomena.

¹ According to Elliott & Greenberg (2016), the humanistic-experiential terminology emerges from the confluence of theoretical traditions from Carl Rogers's Person-Centered Approach (1902/1987), Frederick Perls's Gestalt Therapy (1893/1970), and Eugene Gendlin's Focusing (1926/2017), giving rise to neo-humanistic therapeutic schools that emerged in the 1980s and 1990s.



Phenomenologically grounded clinical observation, as referred to by Schneider (1999) and Greenberg (2024), emphasizes that the development of case formulations requires careful attention to the client's experiences during therapy sessions. This process involves constructing hypotheses based on these observations in order to understand what has been identified. According to the authors, these evaluations are not simple deductions from theory or inductions derived from repeated observations leading to generalizations. Instead, they are creative suppositions grounded in theory and phenomenologically anchored, aiming to achieve a deeper understanding of the client's immediate experience.

In this way, rather than adopting "top-down" assumptions by inferring patterns for specific situations (as seen in psychodynamic and cognitive-behavioral approaches, for example), the clinician using an experience-near methodology with a phenomenological perspective employs a "bottom-up" reasoning approach, exploring the individual and idiosyncratic details of the client's specific experiences (Goldman & Greenberg, 2015). These clinical phenomena are not directly observable. Therefore, the clinician, together with the client, uses communication to begin constructing an "evidential map," articulating both the phenomena and an understanding of their origins.

Humanistic-experiential approaches employ this diagnostic process by constructing an evidence-based map from the ground up, guiding clinical decisions uniquely tailored to each client. This framework is informed both by the client's specific presentation and the case formulation developed collaboratively by the therapist (Timulak, 2024). This approach means that the therapist does not follow a rigid set of procedures but rather adjusts their interventions in a personalized manner. The therapist's responsiveness refers to how they adapt their attitudes, techniques, and interventions in real-time, depending on the client's needs, emotions, and responses during the therapeutic process. This adaptability is central to both the phenomenological foundations of clinical understanding and humanistic-experiential approaches, highlighting a clinical practice rooted in the phenomenological observation of the shared experience with the client and adopting a flexible, individualized approach to diagnosis and treatment.

Pioneering Experience-Near Methodologies in Humanistic and Experiential Therapies

The Person-Centered Approach (PCA) was one of the first psychotherapies to develop idiographic and abductive clinical reasoning, placing the therapeutic process at the center of diagnosis, rather than merely detecting and describing symptoms (Miller & Moyers, 2017). Strongly linked to its Rogerian roots, the contemporary humanistic-experiential view of psychopathology and process-centered diagnostic assessment aims, gradually—through the client's participation—to test provisional hypotheses about emotional distress (phenomenon) and then formulate hypotheses about the origins of these clinical observations. As the authors highlight, this involves an intertwining of the context of discovery and the context of justification. Thus, the humanistic approach recognizes the probabilistic nature of causal mechanisms as an integrated aspect of the process, without limiting itself to an initial moment or the assumption of a latent structure - as described in current nosologies -for mental disorders (Sampaio & Lotufo Neto, 2021).

In humanistic-experiential approaches, the process-based perspective gained significant traction in the 1980s and 1990s, primarily through the seminal work of Laura Rice (1920-2004), who is regarded as one of the pioneers in process-based psychotherapy research (Watson & Wiseman, 2010). According to Watson and Wiseman (2010), it was during the 1980s, through her collaboration with Carl Rogers at the University of Chicago, that Rice developed her expertise in the Person-Centered Approach (PCA). In the 1990s, in collaboration with colleagues Leslie Greenberg and Robert Elliott, Rice contributed to the development of a new psychotherapeutic approach called Process-Experiential Psychotherapy (PEP). This approach emphasized empirical investigation and the study of therapeutic change processes, laying the groundwork for a contemporary psychotherapy approach called Emotion-Focused Therapy (EFT), developed by Greenberg (Elliott & Greenberg, 2002; Elliott & Greenberg, 2007; Elliott et al., 2004).

While other approaches, such as psychodynamic ones, predominantly adopted an inductive-inferential method, humanistic-experiential approaches began to embrace a qualitative-hermeneutic perspective, utilizing the abductive method for diagnosis and case formulation (Goldman & Greenberg, 2015). For these approaches, it is through the therapeutic process - namely, by observing and detecting phenomena over multiple sessions - that explanations for the clinical phenomenon and comprehensive case formulations are derived (Goldman & Greenberg, 2015; Ward, Vertue & Haig, 1999).

This idea aligns with the phenomenological perspective in psychopathology, which asserts that diagnosis can only occur through intersubjectivity, that is, within the therapeutic dyad. According to this view, mental disorders are not objective, independent entities existing in an "absolute reality" (Messas, 2023; Fuchs, 2013). The "intersubjective space" in psychotherapy refers to the shared field of experience and understanding between therapist and client. This space promotes the co-construction of narratives, enabling profound emotional experiences and fostering a unique, mutual presence and understanding within the therapeutic encounter. Addressing traumatic psychological experiences requires not just altering external behaviors, but



also reevaluating internal states. According to Sousa (2017), this approach aligns with the concept of phenomenological reduction as articulated by Husserl. Within this framework, the therapeutic interaction becomes a space of “mirroring”—a reciprocal coexistence that transcends objective time and the natural attitude. From a phenomenological perspective, the “real” can only be understood through “the way the other appears to me and I appear to the other” (Messas, 2023, p. 18).

This therapeutic environment enhances deep emotional experiences by co-reducing the intersubjective space, allowing for a distinctive and original experience of mutual presence and understanding. The process of co-reducing the intersubjective space highlights how experiences, words, and emotions are deeply intertwined, as feelings lack the structured form of language. Communication, language, and context shape the way we organize and understand our experiences. Experience is inherently contextual and is always accompanied by language, which helps differentiate and define it (la Puente, 1980; Stenzel, 2022). Husserl’s exploration of pure experience revealed its dependence on these external relations. Thus, pure experience cannot be studied in isolation, as it is always influenced by bodily sensations, cultural contexts, and linguistic expression (Sousa, 2017).

Gendlin’s (1961) work highlighted the complexity of experience and the close relationship between experience and language. He argued that isolating experience from the language used to describe it is a mistake, as without this connection, experience becomes vague and obscure. By introducing pre-conceptual elements into experience-based methodologies in humanistic-experiential therapy, Gendlin emphasized that deep therapeutic change occurs when individuals access their felt sense and derive meanings and symbols from the felt experience (Messias, Bilbao, & Parreira, 2013). The felt sense is the concept coined by Gendlin (1961) to represent the mediation between pre-conceptual experience and symbols, connecting intuitive bodily sensations to the creation of new meanings.

This perspective is crucial when considering how narrative processes play a role in psychotherapy. According to Goldman and Greenberg (2015), narrative-emotion processes allow an individual’s problems and life history to provide an image or hypothesis about the case moment by moment, in both form and content. The narrative description, articulated and communicated during sessions, organizes and represents a complex interplay of feelings, actions, beliefs, and intentions. Through these narrative processes, individuals reveal their direct experiences of this complex interaction, offering a form of “evidential truth” about their identity, thinking, and relationships with others and the world (Paivio & Angus, 2017).

Greenberg (2024) highlights the crucial role of narrative processes in diagnosis, asserting that emotional distress is co-constructed by the client and the therapist during case formulation. By identifying narrative-emotion markers (Angus & Greenberg, 2011), therapists not only guide specific interventions but also gain a deeper understanding of the client’s underlying painful emotions throughout therapy sessions. The experiential-humanistic perspective of psychotherapy distinguishes between addressing immediate symptoms and exploring more chronic emotional vulnerabilities (Timulak, 2024). This emphasis on narrative and emotional vulnerabilities underscores the importance of further examining these processes, paving the way for research that employs an empirical-phenomenological approach to process-centered psychopathology.

These considerations highlight the idea that phenomenology serves as a fundamental foundation for understanding psychopathology, as well as for the theory and practice of psychotherapy (Fuchs, Messas & Stanghellini, 2019). By encompassing the full spectrum of human existence - including self-knowledge, corporeality, spatiality, temporality, narrativity, and intersubjectivity - this phenomenologically grounded clinical perspective views mental disorders related to lived experiences, relationships, and communication with others (Stenzel & Gomes, 2023). This emphasis on lived experience underscores the importance of narrative models in research, as they allow for a deeper understanding of how people construct meaning moment by moment from their experiences and how these meanings shape their emotional and psychological well-being.

Understanding psychopathology through narrative-emotion processes

According to Elliott (2008), qualitative research methods in psychotherapy today include a diverse array of approaches, such as empirical phenomenology, grounded theory, narrative analysis, and discourse analysis. These methods rely on linguistic data rather than numerical data and emphasize meaning-based analysis over statistical approaches. This variety of methods highlights the focus on understanding phenomena inductively and exploring open-ended research questions, rather than merely measuring predefined variables. This means that qualitative methods in psychotherapy focus on understanding phenomena inductively, involving the exploration and discovery of patterns and insights from the data without preconceived hypotheses.

In the 1990s, with the emergence of process-based therapies (PBT), several studies began to explore narrative processes in psychotherapy through the analysis of recorded psychotherapy sessions (Angus, 2012; Angus, Levitt, & Hardtke, 1999; Gonçalves, Matos & Santos, 2009). These studies sought to understand how clients’ narratives are reconstructed and transformed across various therapeutic approaches, emphasizing the



role of narrative expression in facilitating change and enhancing the effectiveness of interventions (Gonçalves & Angus, 2017).

Among the various narrative coding methods available, two models stand out: the Narrative-Emotion Process Coding System 2.0 (NEPCS, 2.0), which investigates narrative-emotion process markers (Angus et al., 2017), and the Innovative Moments (IMs) framework, designed to identify the multivocality of the dialogical self within the context of narrative changes (new experiences, actions, thoughts, and self-narratives) (Gonçalves, Matos & Santos, 2009). Initially, these researchers aimed to understand the processes of change in psychotherapy. However, the identification of narrative process markers has led to the development of coding systems that not only facilitate empirical investigations of psychotherapeutic processes but also illuminate elements and dimensions critical for a deeper understanding of psychopathology and emotional distress from a process-centered perspective. Contemporary narrative coding systems empirically ground the historical efforts of humanistic-experiential approaches in creating phenomenologically grounded methodologies, which enable access to experience moment by moment, both in investigative and therapeutic contexts. Although the connection is not explicitly stated, these systems align with a phenomenological perspective on understanding experience.

In recent decades, significant contributions from authors such as Angus and Greenberg (2011) and Gonçalves and Silva (2014) have highlighted the relationship between psychological distress and problematic self-narratives. This focus on narrative, from a process perspective and in the intersubjective engagement of the therapeutic dyad, reinforces a theoretical and psychotherapeutic approach that prioritizes the co-construction of meanings and their dynamic interaction with lived experience. Consequently, a process-centered diagnostic approach, rooted in narrative-emotion processes, is emerging as an alternative to traditional mechanistic views of psychopathology. Although the authors do not explicitly reference the influence of phenomenological psychopathology thinkers, narrative-emotion coding systems echo the concept of participatory sense-making coined by Fuchs and De Jaegher (2009), as they also address intersubjectivity from the perspective of interactive processes, becoming an empirical-phenomenological option for understanding psychopathology.

The term “narrative processes” is used instead of simply “narrative” to emphasize the interactive process in which a client and therapist engage to transform events into a meaningful story that both organizes and represents the client’s sense of self and others in the world (Angus, Levitt & Hardtke, 1999). From the perspective of phenomenological psychopathology, the human being—and consequently the sense of self—must be understood dialectically, in terms of mobility and transformation (Messas, 2023). This choice of the term “narrative process” reflects a phenomenological understanding that the way we articulate our stories and experience psychopathology is not merely the result of isolated cognitive functions, but rather a product of our relationship with the world. Therefore, comprehending psychopathology through narrative processes necessitates recognizing that the construction of self and the experience of psychological suffering are intimately linked to our interactions and relationships with our surrounding environment.

Drawing from these theoretical convergences, it seems that both the narrative process perspective and phenomenological psychopathology regard shared experience and participatory sense-making as central to clinical practice. Both approaches shift the focus from a brain-centered perspective of psychopathological issues to the lived experience. In these frameworks, the structure of subjectivity is understood as intersubjective (Fuchs, 2013; Messas, 2023), indicating that no first-person narrative can be articulated in absolute terms. The phenomenological understanding of intersubjectivity as a process of embodied interaction, which generates shared meaning (Fuchs & De Jaegher, 2009), underscores the importance of the narrative-emotion processes perspective. Rather than being static and serving merely as an intellectual reconstruction of the past, the narrative is co-constructed throughout the therapeutic process. Its primary function is to keep the present moment open to the influences of the surrounding world and intersubjectivity—an openness that Messas (2023) describes as the “temporal openness of the present.”

In clinical decision-making, understanding how the relationship between experience and narrative processes manifests in psychopathology is crucial. This connection aligns with the perspectives of both narrative process and phenomenological psychopathology, as they emphasize shared experience and participatory sense-making in clinical practice. As Madeira (2015) points out, psychopathological phenomena are not isolated experiences but rather the result of a structural integration of elements (meaning and experience) that must be understood holistically. Therefore, effective diagnosis requires tools that can capture the dynamics of this “narrative arrangement” (p. 26), reinforcing the idea that narratives are co-constructed throughout the therapeutic process.

The narrative-emotion approach (Angus et al., 2017; Paivio & Angus, 2017) employs a “bottom-up” methodology to delve into the unique and specific details of clients’ experiences. This approach assists practitioners and researchers in articulating essential questions and considerations that the psychotherapy process should address to enhance the understanding of human distress. Key considerations include the challenges individuals face in accessing and expressing autobiographical memories and painful emotions, as well as how they construct meanings aligned with their experiences—particularly when struggling to articulate a coherent account of “what happened,” “how they felt,” and “what it means.” Furthermore, the approach emphasizes



the importance of identifying and explicitly expressing implicit existential and relational needs. It explores ways to open oneself to alternative aspects of experience that may challenge or destabilize a dominant and “maladaptive” self-view, while also fostering new connections between life events to create new meanings.

Through the exploratory process proposed by Paivio and Angus (2017), key aspects, topics, and focal issues emerge, referred to as “narrative markers,” which are tracked moment by moment during psychotherapy sessions. When identified, these narrative markers can not only address both symptom-level presentations and core underlying vulnerabilities, but also guide the implementation of more effective therapeutic responses throughout the therapeutic process. Thus, diagnosis is viewed as a co-construction emerging from the therapeutic relationship, rather than being derived solely from third-party data collected by an external observer (Elliot & Greenberg, 2016). This emphasis on lived experience highlights the significance of narrative models in research, as they facilitate a deeper understanding of how individuals construct meaning from their experiences and how these meanings shape their emotional and psychological well-being.

Conclusion

While the literature does not explicitly highlight the intricate connections between contemporary phenomenological perspective and humanistic-experiential theories, this study proposes and discusses the underlying theoretical coherence between them. It examines shared fundamental concepts with the goal of enriching our understanding of psychopathology through experiential, intersubjective, and narrative-emotion processes.

The invisibility of these convergences appears to stem, in part, from the assumption that process-based psychotherapy research is aligned with the dominant empirical positivism in conventional psychological science. While “objectivity” is traditionally associated with the natural sciences, it is important to note that objectivity should not be confused with “objectification.” Phenomenology, positioning itself as a human science grounded in experience and meaning, maintains a commitment to scientific rigor but continues to face resistance and misunderstandings, particularly in its relationship with qualitative research in psychology.

However, the historical effort of the humanistic approach to integrate a triple-perspective investigation - encompassing first, second, and third-person perspectives - appears to be growing in strength with the development of new methodological proposals. These initiatives aim to reconcile empirical research with a phenomenological approach, maintaining a focus on intersubjective validation as a central component in development of knowledge in psychotherapy. This evolution suggests a more robust integration of scientific rigor with a commitment to lived experience, overcoming the challenges posed by traditional paradigms.

In this context, new diagnostic and psychotherapeutic approaches are emerging, focusing on the continuous observation of phenomena over multiple psychotherapy sessions. These approaches aim to deepen the understanding of the client’s lived experience at each moment of the therapeutic process, while also recognizing the complexity and probabilistic nature of causal mechanisms in mental disorders. By incorporating this perspective into clinical work, process-oriented and contextual practice is emphasized, guided by a detailed and individualized understanding of the client, and rooted in a broad, non-linear approach to interpreting causality in psychopathological phenomena.

One example of this diagnostic approach, which values the processual and contextual nature of clinical practice, is the use of narrative-emotion process coding systems. These systems provide valuable tools for therapists and researchers to analyze how individuals express painful experiences and engage in the reflective construction of meaning. This process contributes to the creation of a diagnostic framework that reflects the lived experience throughout the therapeutic process. This process-based approach to psychopathology aligns with the phenomenological perspective, particularly the second-person approach, which emphasizes the intersubjective nature of psychological phenomena. In this way, narrative - understood as inherently intersubjective in both theoretical frameworks - illuminates the relational and experiential dimensions that shape the constitution of the self and the experience of suffering. Both continuous observation of phenomena and narrative analysis underscore the importance of context and intersubjectivity in shaping the diagnosis and fostering a deep understanding of the client’s experience.

Ultimately, the convergence of phenomenological and humanistic-experiential perspectives is distinguished by its focus on the lived and narrative experience, unfolding moment by moment within the context of psychotherapy. This integration not only deepens our understanding of mental health but also offers an expanded view of diagnosis, contrasting it with traditional models. Furthermore, it reaffirms psychology’s commitment to qualitative methods, fostering a richer dialogue between the philosophical and practical dimensions, while laying the foundation for a scientific psychology that values intersubjective experiences, rooted in a phenomenological theory of science.

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