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Clients experience in SCVET visits for one session

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Abstract

This research paper investigated the effectiveness of a new therapy called Self-Core Value Empowerment therapy (SCVET) in a sample of 100 clients who attended a single session. The study was conducted over a period of 6 months The researchers used a quantitative measure (Session Rating Scale) to assess overall satisfaction with the session, The participants were divided into three groups according to their reason for seeking consultation: symptoms, relationships, or decision-making. In one hand, SRS results showed that SCVET had a positive effect on client satisfaction and symptoms, with the greatest satisfaction seen in clients who were seeking consultation for symptoms. The group who sought consultation for relationships was the least satisfied with the therapy. On the other hand, half of the participants agreed to share their notes and diaries after the session and qualitative analysis using grounded theory was usde to analyze the participants' notes and diaries. The researchers found that clients' acceptance of existentialism meanings and concepts increased in the month following the session.

This research paper explores how counselors can use existentialism and the SCVET categories and its tools in a single session with clients in Arabic culture. The research found that this combination can be helpful because it is compatible with the values and beliefs of Arabic culture and can be used in a single session, which is often the case in Arabic culture. In other words, this research is about how counselors can use existentialism and SCVET to help clients in Arabic culture, even if they only have one session. The research found that these approaches are a good fit for Arabic culture and can be used in a short amount of time.

introduction

SCVET is a promising new approach to therapy that can be helpful for counselors in Arabic culture who want to go beyond treating symptoms and address the root causes of their clients' pain in one session. The therapy is based on sound theoretical principles and has been shown to be effective in a clinical trial. SCVET is rooted in existentialism theory, which provides a deep understanding of the human condition and the challenges that people face in Arabic society. The therapy helps clients to explore their own values and to find meaning and purpose in their lives by starting from scratch. SCVET is a valuable tool for counselors who want to help their clients to live more authentic and fulfilling lives and learn to search for themselves in one session. It is a promising new approach to therapy that has the potential to make a real difference in the lives of people in Arabic culture who has limitations in attending more than one session. Existentialism is a valuable theory for Arabic culture because it emphasizes the importance of people establishing their own values before they can heal or change their behaviors or attitudes toward anything. Other theories may not be as effective in this culture because they do not place as much emphasis on individual agency and complexity that distinguish or belong to backward society such as Arabic society. And any tools based on any other therapy is not helping to achieve the existentialism therapy the way it is aiming.

The counselor and researcher created a new therapy called SCVET, which is based on existentialism theory. The researcher had previously faced challenges in applying existentialism and person-centered theory in Arabic culture references from the first three papers She found that using any existing tools and techniques from other theories were not suitable for 1-Arabic society, and they did not meet the goals and aims of existentialism therapy. The researcher designed SCVET first reason to be a

more effective and culturally appropriate therapy for Arabic clients who need to be newborn human, to disbelieve in everything so he or she can believe in anything, and no therapy can do this except existentialism. Second SCVET combines existentialism theory with tools and techniques that are specific for existentialism therapy goal third SCVET focuses on clients values they hold for their life which means it does not change thoughts, feelings, it dose concentrate on values Yacoub manual in press. The therapy aims to help clients to understand the effect of their values on their symptoms and the researcher was not able to help clients without existentialism background and aims which allowed the counsellor to experience with them to be new human and creators of suitable values for their own life. Clients in Arabi culture first have complex issue make the modern behavior therapy not effective for them and need to challenge their values and be ready to be a newborn person to be able to build useful values after that whether they are good or bad values for society it has to be useful for the client. Also existentialism is limited to be useful for Arabic individuals as a tool and limited to offer techniques to achieve its deep changing. In this paper the researcher argues that SCVET can be helpful even in one session if the counsellor was able to be prepared and know the culture pressure and the client's nature in the backward societies. In previous papers researchers proved the effectiveness of SCVET for longer sessions in a qualitative and quantitative data analysis.

Aim

The researcher did so many experiment on therapy to understand what society need to face their own symptoms. *A*im behind this research is to help other researchers and counsellors who will be working in an Arab country by making humanities theories as their background in treating their clients putting in mind the undeveloped individuals where clients need to have some awareness about all existentialism theory and

philosophy in one hand and clients in Arabic culture have stigma and commitment issue in attending therapy sessions in the other hand. So the researcher designed SCVET in one session and representing the design of the session qualitatively to help counsellors to have a guide to use SCVET in one session.

Why one session?

According to the DSM-5, approximately 50% of people with a mental illness will receive some form of treatment. According to a study published in the Journal of the American Medical Association, approximately 1 in 5 adults in the United States sought mental health treatment in the past year. This number is likely to be even higher for people who are experiencing symptoms of a mental illness, as well as those who are struggling with relationship conflict or hard decisions in the Arabic society. According to a study published in the Journal of Clinical Psychology, the most common reasons why people seek psychotherapy are: Depression: 33%, Anxiety: 25%, Relationship problems: 15%, Post-traumatic stress disorder (PTSD): 10%, and Substance abuse: 8%. In Arabic culture people would put different reasons behind the visit and the counsellor will help the client to find out the main motivation for the client behind the visit however, the counsellor respected the main high pain that the clients choose to be their main pain that needs be solved. The classification for this research was made in three main groups putting in mind that other complaints were expected and the client had the write to know them incase he or she wants to comeback later and have the choice to do so.

Dardas, A. (2015) Al-Krenawi, A., Graham, J. R., & Deane, K. H. O. (2009) Alhamad, A., Al-Sawaf, F., & Al-Krenawi, A. (2014) Gearing, R. E., Al-Krenawi, A., Deane, K. H. O., & Al-Sawaf, F. (2014) Rusch, L., Angermeyer, M. C., & Corrigan, P. (2005) argue that there are different factors that contribute to the stigma, such as

cultural beliefs about mental illness, religious beliefs, and the lack of mental health resources in many Arab countries. They also discuss the negative consequences of the stigma, such as the delay in seeking treatment and the increased suffering of people with mental illness.

A study by Al-Krenawi and Graham (2009) found that 20% of Arab clients who attend therapy only attend one session. Another study by Gearing et al. (2014) found that 15% of Arab clients who attend therapy only attend one session. A systematic review by Dardas (2015) found that the average number of therapy sessions attended by Arab clients is 3.5. These statistics suggest that it is not uncommon for clients in Arabic culture to attend only one session of therapy. There are a number of possible reasons for this, including:

The stigma of mental illness: In many Arab cultures, there is a stigma associated with mental illness. This can make people reluctant to seek help from a therapist. The cost of therapy: Therapy can be expensive, especially in countries with limited mental health resources. This can make it difficult for some people to afford therapy. The perception of therapy: In some Arab cultures, therapy is seen as a last resort. People may only seek therapy when they are feeling very desperate.

Theories used for one session:

There are different theories have been used to help clients in one session such as Emotion-focused therapy which is based on the idea that emotions are a primary source of motivation and that they play a key role in our thoughts, behaviors, and relationships. Emotion-focused therapy helps people to identify and process their emotions in a healthy way, and to develop new coping skills. Greenberg, L. S., & Paivio, S. C. (1997).

Cognitive behavioral therapy (CBT): that focuses on changing the way people think and behave. CBT therapists help people to identify their negative thoughts and beliefs, and to develop more helpful ways of thinking. CBT has been shown to be effective in treating a variety of problems, including anxiety, depression, and obsessive-compulsive disorder Beck, A. T. (1976) Acceptance and commitment therapy (ACT) that helps people to accept their thoughts and feelings, and to commit to living a meaningful life. ACT therapists help people to develop mindfulness skills, to identify their values, and to take action in accordance with their values. ACT has been shown to be effective in treating a variety of problems, including anxiety, depression, and chronic pain Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012) Solution-focused therapy is a type of therapy that focuses on finding solutions to problems, rather than dwelling on the past. Solution-focused therapists help people to identify their goals, and to develop strategies for achieving those goals. Solution-focused therapy has been shown to be effective in treating a variety of problems, including anxiety, depression, and relationship problems O'Hanlon, B., & Weiner-Davis, M. (2009)

Culture differences and therapy:

Previous theories are designed for individualistic cultures and may not be suitable for collectivistic cultures Paul Pedersen (2002) Mark E. Kim (2007) Fumiko Nagata (2007). They discuss how the values and beliefs of individualistic cultures emphasize the importance of individual autonomy, independence, and self-expression. In contrast, the values, and beliefs of collectivistic cultures, such as China and Japan, emphasize the importance of group harmony, interdependence, and social responsibility.

As a result, some of the theories that have been developed for individualistic cultures may not be as effective in collectivistic cultures. For example, cognitive behavioral

therapy (CBT), which is a popular form of therapy in the United States, focuses on helping individuals to change their thoughts and behaviors. However, this approach may not be as effective in collectivistic cultures, where people may be more reluctant to challenge their thoughts and behaviors.

Instead, therapies that are more compatible with collectivistic cultures may focus on helping individuals to improve their relationships with others, to develop a sense of belonging, and to find meaning in their lives. By understanding the differences between individualistic and collectivistic cultures, therapists can be more effective in helping people from different cultures.

Existential therapy for people from collectivistic cultures can be helpful because it focuses on helping individuals to find meaning in their lives and to connect with their values. This can be a helpful process for people from collectivistic cultures, as it can help them to develop a stronger sense of self and to connect with their own values. Mark E. Kim discusses how existential therapy can be adapted to be more culturally sensitive for people from collectivistic cultures. He argues that existential therapy can be a helpful tool for helping people from collectivistic cultures to explore their own existence and to find meaning in their lives. He discusses the importance of understanding the cultural values of collectivistic cultures, and he provides some specific techniques that can be used to make existential therapy more culturally sensitive.

SCVET focuses on the client's values, it help hem or her to create new human out of them and then they can start seeing the world according to that Yacoub, N. (2022 c,d) *argues that existentialism* philosophical approach and SCVET categories that emphasizes the individual's freedom and responsibility to create their own meaning in life is useful and effective.

Existentialism should have its own tools to achieve its goals, as different theories support their own background. However, existentialism can also benefit from adopting tools from other therapies, if these tools are consistent with the principles of existentialism.

SCVET can help clients to achieve meaning and personal beneficial values which is based on existentialism theory *however, the present research question is how SCVET can help clients who want to visit therapist for one session specifically in Arabic cultures were therapy is stigma and seen as long commitment plan that is hard to follow.*

Research questions

Can SCVET help clients in one session?

What group will get the most benefits from SCVET?

Objectives of the study

- To build a model of therapy that can help therapists work with Arabic conservative clients using SCVET in one session.
- To explain why SCVET is a good fit for Arabic culture in one session.

Value of the study:

The study is valuable because it provides a new model for therapy that can help therapists in Arabic culture to be more effective with their clients who visit for one session.

The model, called Self Core Values Empowerment Therapy (SCVET), is based on existentialism theory and helps counsellors to help clients to change their values in life so that they can accept the conflicts in loneliness and responsibility and learn what freedom and choices before going to any kind of changes in their behavior or attitudes or way of thinking to heal from symptoms.

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The value of the study is threefold:

1. It provides a new model and tools for therapy that can help therapists in Arabic culture to be more effective with their clients who visit for one session.

2. It is based on a solid theoretical foundation in existentialism which meets its specific goals.

3. It is the first study to examine the effectiveness of SCVET in Arabic culture to examine its affect in one session.

4. SCVET therapy can be helpful for people who hold values as more important than anything else. It can help them to identify their values, understand how their values are affecting their thoughts, emotions, and behaviors, and make changes to their values to live a more fulfilling life.

Grounded theory:

grounded theory as the main methodologies has been used in order to explore the research questions. This study explores the nature of the counsellors suitable model when apply existentialism theory in Arab cultures. In a different paper the researcher found out that the applying of the humanities theories without considering the nature of the human who is living in a culture such as an Arabic culture will be confusing for both the counsellor and the client. Yacoub, N. (2022 a, b, c, d).

What is SCVET?

SCVET stands for Self-Core Values Empowerment Therapy. It is a type of therapy that helps clients to identify and develop their own core values, even if those values are different from the values of the people around them. The therapy is based on the idea that everyone has their own unique set of values, and that these values are essential to their sense of identity and well-being.

SCVET can be helpful for people who are struggling with a variety of issues, including The "disease of reverence for values" is a term coined by Albert Camus (1995) to describe the condition of being so attached to one's own values that it becomes impossible to see the world clearly. It means people who are overly attached to their values may be unwilling to change their minds, even when presented with new evidence. This can make it difficult to solve problems or adapt to new situations. Also, they may be unable to tolerate ambiguity or uncertainty, this can lead to anxiety and stress, and can make it difficult to enjoy life. Finally, they may be unwilling to listen to other people's perspectives. This can lead to conflict and isolation. "Disease of reverence for values" can be caused by several factors such as upbringing: If a person is raised in a culture that places a high value on certain things, they may be more likely to develop an attachment to those values. Also experience, if a person has had negative experiences that have led them to believe that their values are the only thing that can protect them, they may be more likely to become attached to those values. Personality also can be the reason behind attachment to values than others do. And "disease of reverence for values" can be a barrier to learning. The therapy typically involves a series tool in one session which the client will work with a therapist to understand why he or she needs to build their now own values.

- Why explore their current values?
- Why identify the sources of their values?
- Why it might be not healthy?
- Why the individual is the main source of values?

SCVET therapy is a relatively new approach, and it has shown promise in helping people to live more fulfilling and satisfying lives. However in this paper the researcher

is aiming to make it more useful for Arabic culture which individuals cannot visit more than one time for so many reasons.

In The Art of the Psychotherapist (1987), Bugental describes a life-changing approach to therapy. He views therapy as a journey taken by the therapist and the client that delves deeply into the client's subjective world. He emphasizes that this quest demands the willingness of the therapist to be in contact with his or her own phenomenological world. According to Bugental, the central concern of therapy is to help clients examine how they have answered life's existential questions and to challenge them to revise their answers to begin living authentically. experiences (May & Yalom, 1995). Vontress and colleagues (1999) write about the existential foundation of cross-cultural counseling. Because the existential approach is grounded in the universal characteristics of human beings, they maintain that it is perhaps the most applicable of all approaches when working with culturally diverse clients. They write: "Existential counseling is probably the most useful approach to helping clients of all cultures find meaning and harmony in their lives, because it focuses on the sober issues each of us must inevitably face: love, anxiety, suffering, and death" (p. 32). These are the human experiences that transcend the boundaries that separate cultures. Vontress (1996) points out that all people are multicultural in the sense that they are all products of many cultures. He encourages counselors in training to focus on the universal commonalities of clients first and secondarily on areas of differences. Thus, in working with cultural diversity it is essential to recognize simultaneously the commonalities and differences of human beings. He notes: "Cross-cultural counseling, in short, does not intend to teach specific interventions for each culture, but to infuse the counselor with a cultural sensitivity and tolerant philosophical outlook that will befit all cultures" (p. 164).

The researcher did work on SCVET as method to function existentialism therapy and to achieve its goals and secondly to be useful in Arabic culture Yacoub (2022 a, b, c, d). Thirdly, in this paper the aim is to help clients who visits for one session and have no commitments in continuing therapy for so many reasons.

Methodology

The methods which have been used to conduct the research. Qualitative research techniques have been used such as grounded theory. Analyzing the interviews was useful in establishing the movements between categories of SCVET to enable data analysis of one session.

This research is a qualitative study that uses a reflexive approach to identify the ways in which clients grow during SCVET therapy sessions focusing on one or two category and its tools depending on the clients needs The research will be a qualitative research which studies a special situation that faced the researcher. Gall, Borg, and Gall (1996) outline some differences between qualitative and quantitative research. Quantitative research assumes an objective social reality, takes an objective, detached stance toward research participants and their setting, studies populations or samples that represent populations, uses statistical methods to analyze data and prepares objective, impersonal reports of research findings. On the other hand, qualitative research assumes that the participants in it construct social reality. Social reality is continuously constructed in local situations, it becomes personally involved with research participants, study cases, concepts, and theories, uses analytic induction to analyze data, generalizes case findings by searching for other similar cases and prepares interpretive reports that reflect researchers' constructions of the data.

In qualitative data validity might be addressed through the honesty, depth, richness, and scope of data achieved, the extent of triangulation and the disinterestedness or objectivity of the researcher. In quantitative data validity might be improved through careful sampling, appropriate instrumentation and appropriate statistical treatments of the data. In qualitative data the subjectivity of respondents their opinions, attitudes, and perspectives together contribute to a degree of bias. Validity, therefore, should be seen as a matter of degree rather than as an absolute state (Cohen, Manion, and Morrison,2000, p105).

Quality as defined in the Oxford English dictionary is "the goodness or worth or degree of excellence of a thing. It is a distinctive attribute or faculty while quantitative refers to a measurement of the amounts of the constituents of a substance". (Pearsall. J, 1999 p822). Gall, Borg, and Gall, 1996 argue that some researchers believe that qualitative research is best used to discover themes and relationships at the case level, while.

quantitative research is best used to validate those themes and relationships in samples and populations.

In this view Gall, Borg, and Gall (1996) argue that qualitative research plays a discovery role, while quantitative research plays a confirmatory role. The label interpretive research is sometimes used instead of qualitative research. So they define interpretive research as the study of immediate and local meanings of social actions for the actors involved in them. Taking into consideration the researcher's goal which is building a model might suit clients who are coming from an Arabic culture.

The researcher has chosen the grounded theory approach because it aims to develop a theory or model of the phenomenon being investigated that precisely fits her client's experience. It is an inductive approach, using descriptive data and subjecting that

material to increasing levels of conceptualization. Strauss and Corbin, 1990 assume that grounded theory is one that is inductively derived from the study of the phenomenon it represents. They add that it is discovered, developed and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon.

Grounded theory, like any theory has specific rules that researchers need to consider. Strauss and Corbin, 1990 give three important steps that researchers can follow to make the data analysis easier and more successful. The researcher reads the material and engages in a process of open coding. This activity has been defined as; the process ofbreaking down, examining, comparing, and categorizing data. (Strauss. A, and Corbin J, 1998, p61).

The first step in a grounded theory analysis is to go through the qualitative data and break it down into meaning units. The researcher codes these units by labelling or tagging each of them with as many different meaning words or phrases as possible. Strauss and Corbin, 1990 argue that we need to challenge our assumptions, delve beneath our experience, and look beyond the literature if we are to uncover phenomena.

The next step in grounded theory analysis is to group these elements of meaning into categories. This involves looking at all the concepts that seem to relate to the same phenomena and questioning whether they are in fact all examples of one category or they can be differentiated into subcategories. Finally, the researcher can identify core categories and bring all the data together to build up a descriptive narrative about the central phenomena of the study.

In this research the researcher did bring in sessions categories and its tools depending on clients needs which will be helpful as an example for counsellors to move in a

flexible way between categories and its tools according to the client needs and knowing that each category is related to the rest of categories and they never conflicted with each other even if they did not come in the same order as Yacoub (2022 c).

The Research Sample and data collection

50 males and females' nots were used to analyses the data after attending one session for the present research. The researcher in previous research did apply SCVET model for one session and presented the data quantitatively and collected the qualitative data from 8 clients for this research. The results show that it was effective on samples. The data was collected from clients attended one 45 to 60 min session. All clients were given one session based on the next procedure. All clients in this research clarified that they are visiting for one session as well were signing the permeation to use their diaries for research purpose. All clients attended the same clinic with the same counsellor which is the present researcher. All clients gave the following reasons for visiting one time: the session expenses, the stigma, the time management, being in different location in different city and finally, just to visit the counsellor as he or she had word of mouth about how it is useful to do so.

Clients have been divided to three groups according to the goal of visit. Groub, one have symptoms of mood swings, depression, or anxiety. Group two had relationships problems and group three had dissection that needed to be made. Next number of samples have been selected from the whole sample to analyze the diaries qualitatively and know how SCVET was helpful in one session.

- Group 1: The first group consisted of 14 women and 10 men who came to the clinic for help with their symptoms.

- Group 2: The second group consisted of 12 women and 4 men who came to the clinic to discuss conflicts in their relationships.
- Group 3: The third group consisted of 8 women and 2 men who came to the clinic because they were struggling with making decisions.

Clients who have severity of any of the previous problems were given the advice to visit the psychiatrist at the same clinic and given the option to do so with full referral. All of them did know about the clinic specialist list and area of specialty and have the choice to come back to any of them or to the researcher. All clients were given the chance to continue online with the counsellor or with any other specialty in the clinic. Some of them did come back because of awareness and some of them decided not to as it is going to be mentioned in results for the fact that they were feeling better and some of them needed time to think after the heavy session and decided to continue later. The clinic location is based in Jeddah Saudi Arabia in a place that is available for most populations and decent location. It has staff of psychiatry and family counselling and child therapy and social workers. All clinic members are similar to the researcher who is working part time. All of them work in the morning at different hospitals and universities in Jeddah. A clear website and location are available with phone numbers and list of services. The clinic's name is "dr. Nisreen Yacoub office" which is 15 years old clinic which was established in by the researcher.

The researcher knows the difficulties of time management for the SCVET in one session and was aware of organizing that throw staff who are meant to arrange that for her starting from taking appointment throw contact in the clinic to the phase were client are able to come to the time that they are given good waiting area filling the consents form saying why they would come once until they inter the room of counselling with the researcher. The researcher admits that extra work needed to be

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done in the present research with extra team and members who need to do the induction work and follow up with the clients for referral. But the full explanation of the referral was given by the researcher. The researcher-counselor collected two sets of diaries from the clients:

- Diary 1: This diary included all thoughts and words written by the clients before the counseling session.
- Diary 2: This diary included all thoughts and words written by the clients in the 30 days after the counseling session.

The clients were given blank A4 sheets to start writing from the moment they made the appointment. They were advised to write about anything related to their problem, their expectations, their fears before the session, and their thoughts, impressions, and feelings in the month after the session.

SAS analysis the quantitative data for the whole samples

Methodology

The methods which have been used to conduct the research. Quantitative research techniques have been used such as percentages analyzing of the clients reaction on SRS (2002) about the usefulness of SCVET in one session.

The SRS is a brief, 4-item visual analogue scale designed to assess key dimensions of effective therapeutic relationships. The items assess the client's perception of:

- Respect and understanding
- Relevance of the goals and topics
- Client-practitioner fit
- Overall alliance

- Administration: The SRS is typically administered at the end of each therapy session. Clients are asked to place a hash mark on the line nearest to the description that best fits their experience.

- Scoring: The SRS is scored on a scale of 1 to 5, with 1 indicating "very dissatisfied" and 5 indicating "very satisfied."

- Interpretation: The SRS scores can be used to track the client's perception of the therapeutic alliance over time. Higher scores indicate a stronger alliance, while lower scores indicate a weaker alliance.

- Psychometric properties: The SRS has good psychometric properties, with high internal consistency and test-retest reliability. The SRS has also been shown to be predictive of treatment outcome.

The SRS is a valuable tool for assessing the therapeutic alliance. It is brief, easy to administer, and has good psychometric properties. The SRS can be used to track the client's perception of the alliance over time and to identify potential alliance problems. The SRS is a valuable tool for assessing the therapeutic alliance. It is brief, easy to administer, and has good psychometric properties. The SRS can be used to track the client's perception of the alliance over time and to identify potential alliance problems.

The Research Sample and data collection:

30 males and 70 females' answers on SRS were used to analyses the data after attending one session for the present research.

- Group 1: The first group consisted of 40 women and 15 men who came to the clinic for help with their symptoms.

- Group 2: The second group consisted of 18 women and 10 men who came to the clinic to discuss conflicts in their relationships.

- Group 3: The third group consisted of 12 women and 5 men who came to the clinic because they were struggling with making decisions.
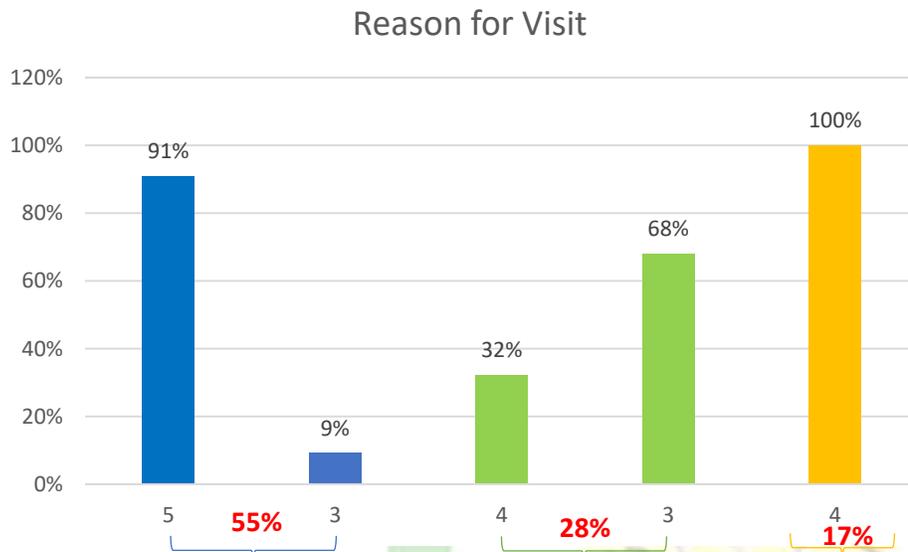
55% of the patients came due to symptoms, 28% due to relationship issues & 17% due to decision. In the symptoms patients 91% of them gave a rating of 5 & 9% gave a rating of 3. In relationship issues patients there was no rating of 5, 32% gave rating of 4 & 68% gave rating of 3. In Decision making patients 100% of them gave a rating of 4. From the above we can see that the symptoms group had the most benefit of the therapy compared to relationship issues group & decision group. Followed by decision group with score of 4. The least benefit goes to the relationship issues group with 68% to score 3.

Methods of analyzing the qualitative data

The analysis and interpretation of qualitative data presents considerable challenges to researchers. Typically, the qualitative researcher will gather words of transcripts, notes and other written material. This raw material exists in a non-standardized form. The first step in any qualitative data analysis is for the researcher to become immersed

in the information that he or she has gathered. The main instrument that the researcher possesses is his or her capacity to enter, in an empathic way, the actual experience of the person being studied. To gain a sense of the whole of that experience, the researcher must temporarily internalize and own as much as of the data as possible. Many qualitative researchers will work on coding discussion as soon as they can following an interview, so they do not lose the feel of what the informant has said. Other qualitative researchers will carry around a notebook and jot down analytic themes or ideas whenever they occur to them. It is normal practice to read through field notes or interview transcripts, several times before beginning to do analytic work on them (Mcleod, 1998, p40).

The basic rules for dealing with qualitative data are that analysis of some form should start as soon as data is collected, this helps to keep tabs on what has been collected. Themes, categories, and codes can then be generated with the aim to include as much as possible rather than to exclude. This should not be a mechanical task. Careful thought and reflection and the use of analytical notes all help to get from data to a conceptual level. The use of some form of filing system to sort the data will also assist in analysis, but one must be prepared to review the system and report the data as the research progresses. There is no one right way of analyzing data which places even more emphasis on your being systematic, organized and persevering. The main tool is comparison because researchers seeking to take the data a part in various ways and then to put it together again to form some consolidated picture (Robson, 1997, p377).

Dick Bob (2000) gives a procedure to researchers who want to use grounded theory in order to help them in building their knowledge. He suggests that interviews are the main data for the grounded theory researcher, however Bob adds that any data

collection can be used. As we see in the figure Bob gives the steps that he believes make the processes in searching easier and more careful.

- Data-collection
- Note-taking.
- Coding
- Memoing
- Sorting
- Writing

Good researchers are also skilled writers. There are many interesting and worthwhile counseling research studies that have never been published or disseminated because the people who carried them out were unable to cope with the task of writing. (Mcleod, 1998, p40) Regarding this problem, Mcleod (1998, p97) argues that researchers can use computers so that a section of text does not need to be retyped every time it is assigned to a new category. The disadvantage, however, is that the researcher can lose touch with the material. For example, when sorting categories into groups or themes it can often be helpful to spread index cards over the floor. This is not possible with computerized records.

Dick Bob (2000) believes that in using grounded theory methodology the researcher assumes that the theory is concealed in his/her data waiting to be discovered. Coding makes some of its components visible. Memoing adds the relationships which link the categories to each other. grounded theory researcher might ask other people to look at what has been done. It is not enough that you understand what you mean; the aim is to communicate to others.

My own personal and the clients Journal/ Diaries

It is important to have a description of the process from the clients and researcher's points of view, so the researcher suggested that the participants make the diaries available for research with their own agreement to understand the processes. So, the researcher had some of the members diaries before the sessions and all the diaries after. The most common data sources of qualitative research are personal documents and official documents. Personal documents include letters, diaries, personal journals, poems and novels written by researchers and research participants. (Mcleod, 1998, p87)

Bell (1999) suggested some guidelines for using diaries such as deciding what the researcher needs to know, why he/she needs this information, and how to obtain it. Burgess (1981) notes, diaries can be used as a preliminary to interviewing. The most important thing in running a personal development group is helping members to be present.

themselves and to describe their experiences in their own way safely, therefore correct grammar or writing is not important as that what is written is from the participant's view point.

Regarding the clients' diaries, the researcher is going to investigate: thoughts, feelings, ideas, whether they have changed, how they changed, what changed them, what they have learnt, and what they need to develop in themselves?

Presenting and Analyzing the Data:

Data categories:

Organizing and categorizing the emerged data from grounded research is a complex task. McLeod (1998) suggests that doing a grounded theory analysis properly involve a constant checking and re-checking of every aspect of the data, so that every possible

way of making sense of the data can be given sufficient consideration. Strauss and Corbin (1990) recommend that, whenever possible, categories are framed in terms of activities and processes rather than static entities. Grounded theory categories tend to be active rather than passive terms (words or phrases such as becoming storytelling and resisting rather than static entities such as the process of narrative or resistance). So the researcher is imagining that she is telling readers what she has found by analyzing the diaries and the interviews. Grounded theory is a flexible approach that can be stretched to fit the researcher's experience in the field of the study (West, 1997).

In choosing the categories, the researcher used herself, the clients' phrases and other theories' terms as resources for the classifications (Strauss and Corbin, 1990). The focus of this categorizing was to provide answers for the research questions. The dimension of the categories that were chosen in this research was the pyramid dimension. In other words, each main tool in each category facilitates or gives reason to the following or the sequent one. When you begin to develop a category, you do so first in terms of its properties. So, the process of open coding stimulates the discovery not only of categories but also of their properties and dimensions (Strauss and Corbin, 1990, P69).

In explaining the categories, the researcher also referred to some quotes from the sessions and diaries such as 'shock', 'why', and 'not being sure'. "Usually, a grounded theory analysis is presented first in terms of a representation which centers on definitions of the main category and the structure of subsidiary categories, with some examples of observations of interview quotes being given to exemplify each of thecategories" (McLeod, 1998, p74).

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SCVET in one session: time management and timeline for 45 minutes:

- In the first fifteen minutes, The counselor will help the client to explore their own values and beliefs, and to see how they can make these values work for them, rather than the other way around. This may be a challenging process, but it can be very rewarding. It dose affect all the rest of the session if the counsellor did not succeed the main unhealthy value that the client hold. In this part of the session counsellor will focuses on ambiguity and ceiling category of SCVET Yacoub 2002).

- The 20 minutes of SCVET made by the counsellor according to the client needs and problem: The seven main categories that the counsellor might address in session depending on the client case in group one who came for their symptoms, or group two who came for the problems in their relationships or group three who wanted to take an important decision. Classifications in this paper were made in three types and all of them used SCVET to maintain client's needs. In this time of the session counsellor will focuse on limitation, lonleness, responsibility, evel categories from SCVET (Yacoub 2002).

- The summarizing 10 minutes finalizing the session with the client depending on the client case and needs the counsellor will finalize the session and make the client ready to leave. In this time of the session the counsellor will focus on letting go category from SCVET (Yacoub 2002).

The first fifteen minutes:

Robert J. Landis 1996 Gerald Corey Marianne Schneider Corey, and Patrick Callanan 2022 James F. T. Bugental 1976 Rollo May 1961 gave basic tips for communication and therapeutic tools to establish good trust and therapeutic relationships.

- Warming

- Giving the client positive good impression

- Having some general topics for 2 minutes is not bad to warm the session. Sometimes the counsellor starts by asking about the main reason behind the visit the most resent reason no matter how much long detailed history the client had and saying we might have the time to discus history however what made you attend this session? This question is extremely helpful for clients to focus on here and now. And most of them will be able to answer and after that the counsellor will explain that any reason such as symptoms or resent problem for the therapy is not the point as much as the client way of dealing with them. The counsellor will explain in 2 minutes how life incidents are continuously bad, and symptoms are result of suffering and unhealthy way of dealing with them.

- Usually, the clients' explanations and the discussion between counsellor and client about the issue and reflecting on the main suffering points for the clients and linking the pain and the values behind them would take 15 minutes.

- The counsellor will start to explain how symptoms and daily problems, relationships conflicts and confusion are all consequences of something deep such as the values we hold to go throw daily life and face trauma or conflicts or confusions. The counsellor will start to explain more about her style of treatment that assumes that all what we suffer from is influenced by values we hold to live to love to give to take or anything. She will explain how values we hold will affect us in an unhealthy way when we believe that we should hold them no matter what. Connecting the values affects any problem or complaint from the client.

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Discussion usually leads to the client's mind and emotions behind the values in life and the next step will come to ask the client whether he or she believes that values are an aim or goal on the one hand or a way of living on the other hand? In different words the question is the value are higher or the human hem self is higher? Clients take a few seconds to understand the question because for most of them its absolute and values are always good and higher than anything else, even themselves and loved once. The counsellor did count the answers from clients about this question and all 8 samples said values are higher. 2 females and 2 males said first they are not sure and then they would prefer to make values higher than them. The specific question was the same for all clients. "Tell me, succeeding, giving, loving, being honest, achieving, being loyal all are values are they number one, and you come next or the opposite?

Most clients will not like the counselor's answer that the session aims to make the client higher and more important than any value, no matter how good that value is to them. They may be scared that the counselor will teach them to be evil. Even if this is the case, the counselor will explain to them what this means and how they can make values less important than themselves. They will also discuss how to know if this is right or wrong, to them and how to deal with the concept of harming others and what is this concept in their circumstances.

Before starting with groups classifications and the tools from SCVET used with them its important to note that they are related to each other and clients sometimes do not have clear idea if they are suffering from a decision or relationship or symptoms. However, asking the clients before session about this was helpful to counsellor to classify the groups according to clients point of view about the severity of each of them from a client point of view.

The therapy for each group is not easy to divide into separate categories because they are all interconnected. However, the counselor classified them according to the severity of any of them from their point of view. However, it is essential to deal with all of them with all clients because they are all interrelated and influenced by strict rigid values that people hold in their lives.

The introduction and the discussion about values is important for all kind of groups so the preparation of the next 20 minutes of what each clients specifically need will be understandable and explainable to the clients so they can link what the counsellor assume about the effect of values they hold on the pain they have (Yacoub, 2022, c, d)

- The main first two points in most sessions with most clients as the reader can see is discussing the ambiguity and the ceiling taken from SCVET individual therapy for longer sessions in this book. category one and two. The counsellor establishes the dark side of the life reality which tells us every day that we have fears and these fears expressing the main values in life for us and the reality hits with the fact that we do not have clear picture about future, and we do not have answers for our questions and we need to make the values we hold more suitable for us so we can survive. Exercise 1 and 2 and 3 in ambiguity category individual therapy for longer sessions in this book.is extremely helpful to help the client to be aware in this moment about fears and the unhealthy values behind them. And exercise 1 which askes about what is virtu and what is vice in ceiling category where clients understand what should make any thing bad or good is the human not the value absolute meaning. So the exercise 4 in ceiling category in SCVET treatment individual therapy for longer sessions in this book.will help the counsellor to address what is the goal and what is the way to reach the goal the values revers the human.

- Counsellor: What are your values?

- Client: I value family, honesty, and integrity.

- Counsellor: What are the criteria that are aligned with those values?

- Client: I want to be a better parent, I want to be more honest in my relationships, and I want to live a life that is true to my values.

- Counsellor: What if your values in your head are far higher than you believe your succeeding?

- Client: I I try by spending more time with my family, I can be more open and honest with my friends, and I can start making choices that are aligned with my values.

- Counsellor: what if you did all of this already?

- Client: I will try to do more.

- Counsellor: don't you think we need to change something in your plan?

Deciding from the client about what is enough and what it is not from the value will be hard first but the aim of these 15 minutes is to cover the basic role for the session which is we can never be write and we can never be sure and we can never be not confused and we cannot have one rigid ceiling for values for ever. Hegel triangle in exercise two in the ceiling category is very helpful as well where the counsellor can explain how human can grow from basic adopted values in his life are opposite to each other to third suitable mature value can be useful created by hem or her. In exercise three in the same category counsellor can discuss the theories of ethics must and should, circumstances and harm with benefits individual therapy for longer sessions in this book.

One of the clients diary tow "I did not like the list of virtue and vice that the counsellor wrote on her paper for me. I was confused how selfishness can be good and

sacrificing can be bad. I was looking at this written list as if I am doing mathematics. It is just doesn't work, this is what I thought. However, I think I really need to learn how to use this list in my circumstances even though I dislike it because it is realistic and the way I hold my values is not healthy I reach the bottom rock and I need to do something as long as my way of living became not helpful. I lost my university place and I lost my exams and almost kicked out of my department because of the relationship I was in. I realized that I am not her god I cant fix all her problems and I will never make her happy the way I want and hope"

Another client from diary two "the counsellor way of welcoming me was amazing and hopeful but the moment session started I felt how much the therapy is painful it was like destroying all that positivity I felt when I was coming in, seeing the counsellors smile on her face. I did get very bad feeling, I think this is reality this is what we need to know the minimum damage we do not afford what we hope we only afford what we can. The list of my fears was helpful to understand the value of fatherhood and the value of giving that I was living for. It was a shock for me looking at that triangle and realize that both conflicted father hod values are not min and I needed to create third value more working and suitable for me and my son. The must and should theory that I follow in my life was going to kill my relationship with my son> I realized that I need to examine the situation and search for better reactions every single day. Loosing the shelter over my head and be without stable fixed one was not easy but realistic. I thought I was write in trying to make my son happy, I realized that I have the choice of letting hem do what he thinks is good for hem and support if he needed me, empathy was way different from sympathy I used to give. Its painful to step back and watch my son in pain after doing the biggest mistake but I realized that I am his father not his god. The session is extremely heavy and shocking. I remember the counsellor

word when she said I can dislike what I do but I cannot disrespect it. The value of parenting changed from being the caregiver or advisor or protector to the one who let the pain happen and wait for supporting roll that I only have with no reminding at all to what I was thinking and seeing from my own point of view. The counsellor is too harsh is to specific is too realistic is extremely confronting but very polite and empathetic in a way I cant deny that she was human. What was not forgettable was her word (even if your son is doing something not good in your point of view, your relationship with hem should be good)"

The 20 minutes focusing on the client's problem using SCVET category 3, 4, 5, and 6:

The 20 min for Group one who came because of their symptoms:

The client who came complaining from symptoms of GAD and suffering from psychosomatic pain in stomach was trying to understand her values after the fifteen minutes in the session. She was not happy about reevaluating her values about her loved once. She is a student abroad and living far a way from family. One of her family member was suffering from cancer and she was stressed that she needs to stop her course and comeback living with her relative. Living the concept of limitation in existentialism was important for her case so she can understand that its important to be kind and loyal to others but exercise 2 in category three in SCVET helped allot in making her differentiating between feeling incomplete and admitting that we are incomplete. the differences between love and respect in exercise two category 4 loneliness was helpful for her to understand that we can never love what we do but at the end we need to respect what we do so we don't loos dignity. Exercise fore in same category helped her to understand that the reality is painful and it is a source of pain but as long as we cannot change it then it cannot be the source of pain any more we need to change the values we use to see it. The cold whether exercise was good for her

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to understand that the skin disease might be because of the whether but we need to help our skin to cope with it instead of waiting for the whether to change. exercise five in category five responsibility helped her to imagine the differences between her values and adopted values that she should give up her future plan and stay in her country. And finally the exercise one in category six the positivity of pain and negativity of happiness. Her notes after session was "I felt shame of being abroad and doing my degree while someone I love is suffering. I did not realize that my symptoms and my low GPA at university is because of the guilt I have for my people in my country. I learnt in my life that I have to be positive and strong and doing my best. How come I know now that I am incomplete. the motivational videos that I used to see did convince me that I have allot to do. But now I think I am human and I have no choice to change that and I need to respect this fact even if I don't like it. Imagining that I took the choice of coming back is painful because it will be high price that me and my loved once will never be able to pay it in the future. The negativity of happiness I would achieve if I follow my guilt was not clear to me. The story of Kafka was extremely helpful"

Another client was suffering from depression and was discussing the values with the counsellor about the past mistakes that she did before and the people she loves know about it. In category three the limitation she was trying to put the criteria of achieving her values exercise 6. It was helpful to understand that we do choose the criteria of good and bad. In exercise three the same category she was able to understand the important of forgiveness and the negative feeling she needed to express when she was punished about these mistakes. Feeling glad and happy when others are counting our mistakes for the reason that we deserve this is something unhealthy and make the falt stigma for ever. In exercise one category four the loneness she learned the differences

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between what is under her control and what is not. And in exercise two and three in category five she learnt that she can feel disappointed about what happened but not guilty and the differences is huge between them. The assertive behavior is not always write but is always human so she protect herself from going to passive aggressive attitudes. She wrote in her note "I was almost going to kill my self after feeling guilty. I did not know that I am mixture of good and bad things and I need to have immunity against evil so I can live better. The mistakes I did was not good however, I did learn allot from it and the pain that I caused to my family is not under my control I said sorry and I cannot do any thing more. I can go away and live without them but they will have more pain and they want be to be around."

The 20 minutes for Group two who came because of their struggles in relationships:

A 17-year-old girl is struggling to cope with the aftermath of her sister's motorbike accident. The clients sister, who is 33 years old and a mother of three, suffered brain damage in the accident. This has left her physically and mentally impaired, and she is now like a teenager. The girl is feeling overwhelmed by the responsibility of taking care of her sister and her sister's children. She is also grieving the loss of her sister's old self, and she is struggling to come to terms with the new reality. The client 20 minutes time in session , after assessing what is the ceiling of ethics at the beginning of the session, was exercising the forth exercise in category three the limitation where she started with the idea that she is wrong and not giving enough and did have the list of evidence against and evidence with going the new idea of the fact that she will be always wrong and will never do enough to make her sister happy. The exercise three in the same category helped her to understand how important to feel bad mad sad about her self not only about what happened to her sister. Exercise seven in category four helped her to differentiate between the negativity of happiness and the positivity

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of pain. When she leave her sister to the caregiver and go to school that might be painful but realistic and life will go on so staying with her all the time might look good and make both of them happy but in reality it is negative because both of them will be codependent and even the client her self will be burden on family in the future even if she did not have motorbike accident but she will stop her future and achievement.

She wrote in her diary 2 "I need to make the gymnastic to my brain. I was thinking that I will live doble life if I went to school and had some food with my friends. I was in pain and big conflict between my sister and my life. I realized that I can be mad sad bad when my mom makes me feel guilty and I can **acknowledge my feelings, even if I don't want to share them with my mom.** Maturity is not an option now, the wave is pushing me, even if I want to resist" and "Resisting my immediate maturity is more difficult than resisting others as before. All theses concepts we discussed in clinic were strange and new for me"

Another 35 years old client who is understanding the narcist mother she has but is depressed because of not being able to save her father and has anger towards him for continuing in his weakness. Exercise one in category three the limitation she needed to learn why she needs to change her value of saving hem to another value of accepting what he wants. In exercise five in category four my bad treats are changeable because the bad situation will not change. Bad treats other personality such as falls hop that her father will wakeup or falls hope that if he wakes up he will be happier. The basket exercise four in category five was helpful for her to put what is in this basket that she can share with her father such as occasions, ceremony, weekends diner but nothing ells than that so she can filter the responsibility of changing hem to be free and admit the limitations from exercise 5 category five.

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She wrote in her diary 2 "I was shocked when counsellor asked me if my father will not be able to live without my mother even if she is narcist what I would do? I did not want to see hem dying because of this relationship but now I think yes as we discussed in session, The death is repetitive but the kind of relationship I have with hem doesn't. I think even if he is doing something not good in my point of view, the relationship between us is good. I realized that the Stockholm syndrome that the counsellor told me to read about is explaining my dads situation. Its sad and as I am trying to cope with my chronic back pain that I learnt long time a go what to do and what not to do to help my self I am going to treat my pain towards my dad. I was raised for a life and I lived totally different life but as Victor said world is not beautiful and it will never be so I have to stop waiting for the life I was raised for and live the life I am in now".

<u>The 20 minutes for Group three who came because of their struggles in taking decisions:</u>

A twenty five years old lady came asking for advice about carer and work. She thought she did take very quick bad decision when she faced her nice helpful colleague that he is misusing her in some work and submit it under his name. exercise five in category three did help her allot in deciding whether she wants to be better or different. She was scared of loosing his support. So exercise three in category four loneness was useful in helping her to go back and evaluate what is more important in her all life incidents? Her self as a main source of success or others or incidents? In exercise three category five she learnt that the assertive behavior is not always write but at least confident to be wrong.

she did not know that growing did that to her. When we get bigger we change our size of cloth and we never ware the same slice again. This is what happened to her. She chose to loos hem and be working on her own instead of keeping hem being scared to work without hem. So the personality treat that she did change was keeping people in her life the way she wants no matter how harm they were to her. exercise one in category five was useful to realize that things will never be ok and we will never guarantee that but we can make sure that the human is ok and can always cope with loosing.

She wrote in her diary 2 " I cannot forget the discussion in session about the difference between change for the compelled and change for someone who is ready. I realized that we will never be ready completely for change or diction. A man whose size has changed cannot be comfortable in a smaller sizes, that was an amazing word has ben said by the counsellor. So even if I want to go back and be weaker with my colleague I cant now because I am a ware of my writes in work".

Another client who is having a conflict between divorcing her husband or staying in relationship. exercise two in category six was extremely helpful. The choosing of minimum damage for her was easier than the way she used to think in piking the advantages and disadvantage of her divorce and her marriage. Exercise two in category five was useful to help her to differentiate between feeling disappointment of ending something is not as feeling guilty. She wrote in her diary two "I was dispirit to know if man has a choice or a path? Is it up to the individual to decide? The session was a reminder that we have the power to control our own destiny, but it is also a warning that our choices have consequences. I cannot forget what counsellor said about the type of food that I feed on in my life, toxic relation or loneliness" is a reminder that we all have a choice in the types of relationships and experiences that

we allow into our lives. We can choose to feed on the negativity of toxic relationships and loneliness, the choice is ours. I realized from going back to my husband for so long that I was hoping that he might change. The counsellor decision about whoever leaves a person because of his basic qualities cannot return to him again unless he believes his delusions that he has changed".

The last 10 minutes for the session using category 7 in SCVET:

Group one

The client how went back to her study wrote: the exercise of causing pain to others (exercise 3 category six) was extremely ugly and I did not like it, however it showed me what is under my control and what is not. And I started to focused on hear and now (exercise 2 category 7) which allow me to contact the people I love and send good texts and try to have some vacations to see them.

The client who was depressed took exercise four in category seven and wrote the fearful list and then wrote the hopeful list which was completing the whole story not half of it

Group two

Clients wrote about the finale stage in her session: "I cannot forget the last thing we talked about in the session. Mastering quitting things rather than continuing with the same idea about my values to help my sister", "We destroy things when we insist on continuing with them".

Exercise three category seven she learnt to close doors of healing her sister and kept the only door available which is spending some times with her when ever she can.

The other clients wrote "I cant forget the Euthanasia terms that the counsellor used to help me to understand the way I need to treat the idea of saving my dad. I know it is used for ending the life of a terminally ill or severely injured person who is in constant

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pain and has no hope of recovery and I think my hope that I can change my dad situation needs to be treated the same way. ", "Motivate to leave, not resist"

This client was getting allot of benefits from exercise 1 in category seven the example of David son the falls hop and healthy desperate.

Group three

The client who was confused whether its good or bad to be harsh on her colleague at work who took her work and wrote his name on it was better in exercising the exercise 5 in category seven what are my main values and what are the criteria to meet them?

The client who was leaving and closing the discussion about her divorce decision had the chance to see the hopeful and fearful list exercise 4 category seven. She was writing in her notes "I can still remember the counsellor discussion about my fears of loneness , the surgical removal process, even if we agree to it, does not prevent it from being painful"

Finally:

Hard reality made the researcher design SCVET for one session. According to the reasons mentioned before behind clients attendance for one session only.

Jean-Paul Sartre 1971assumes that awareness is like a river. It is always flowing, always changing, and never the same from one moment to the next. The "aha" moment in existentialism can be a powerful and life-changing experience. It can help people to see the world in a new way and to live their lives more authentically and meaningfully. Jean-Paul Sartre 1971, Simone de Beauvoir, and Albert Camus 1995 argue that emphasizes the individual's freedom and responsibility to create their own meaning in life. It is often associated with a sense of shock or "aha" moment, as people come to realize the full implications of their freedom and responsibility.

This shock can be caused by a number of things, such as a personal crisis, a philosophical awakening, or simply a moment of introspection. When people experience this shock, they may suddenly become aware of the fact that they are not just cogs in a machine, but that they have the power to shape their own destiny. This realization can be both liberating and terrifying. On the one hand, it can be liberating to know that you are not bound by any pre-determined fate. On the other hand, it can be terrifying to realize that you are completely responsible for your own life. The "aha" moment in existentialism is often accompanied by a sense of urgency. People who have experienced this shock may feel a need to start living their lives more authentically and meaningfully.

It is difficult to use existentialism therapy in one session, however she assumed that if the client did not attend the rest of the session he or she will be different from first session just because of the confrontation of the fact that human can never be write and always will be choosing the minimum damage and they will look bad to them selves but never guilty and this is the "aha" moment in one time.

There are also a number of existentialist novels and plays that can be helpful for counsellors to give to there clients as homework to read such as The Stranger" by Albert Camus (1942), "Nausea" by Jean-Paul Sartre (1949), and "The Death of Ivan Ilyich" by Leo Tolstoy (1886), and Frankl,s **Man's Search for Meaning (1959)**. These works can help clients to see how existentialist ideas play out in real life and they are all translated to Arabic in good way and available as pdf copy for free.

Finally I need to clarify that counsellors can move from exercise to another or choose to start with any category they believe its more useful for clients. And they can as well explain the categories for clients if the visit is to ask about the approach of therapy. This therapy is extremely flexible and can change clients life even if the counsellor

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was good in practicing one of the categories or exercises. The point is to be ready as an existentialism counsellor who believes that all categories are painful and human being cannot tolerate the reality of facing them and dealing with them and accepting them.

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