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Eve Riachi

Psychotherapists' Perspectives on the Development of Psychological Disorders and Loss of Sense of Control

UNIVERSITY OF JYVÄSKYLÄ
FACULTY OF EDUCATION AND PSYCHOLOGY

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ABSTRACT

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Psychological disorders have been theorized and examined in numerous studies. However, the development of psychological disorders remains uncertain. Moreover, in the field of psychotherapy, revisions such as changes in the classifications of disorders are regularly made. Such changes could be facilitated by a better understanding of the onset of psychological disorders. This study investigated psychotherapists' perspectives on the development of disorders. Therapists work daily with individuals and can thus provide novel insights into the onset of disorders. Therapists were interviewed and asked to explain the development of psychological disorders in their own words. They were also asked about triggering factors and loss of sense of control. The data, collected from sixteen psychotherapists, were analyzed using Erving Goffman's frame analysis. The results showed that two frames were dominant in the therapists' explanations for the development of disorders: an environmental frame and a frame combining environmental and biological factors. Although the therapists reported applying specific therapeutic orientations in their clinical practice, they combined different approaches in their explanations. A combination of factors was mentioned slightly more often by therapists with longer clinical experience. The examples of triggering factors given by the therapists were assigned into three frames: interpersonal, environmental and trauma. The therapists also described common categories of triggers and common factors that connect most triggers. On the topic of loss of sense of control, two frames were identified. The most frequently mentioned examples of loss of sense of control were relational issues or stress. Country-specific environmental factors, such as war, were also discussed in relation to the development of disorders. Genetic predisposition was not among the examples of triggering factors provided by the participants. Moreover, the therapists differed in their views on the role of loss of sense of control in the onset of psychological disorders. Finally, both triggering factors and loss of sense of control were perceived as linked to personal vulnerabilities. Future studies could expand on these findings by further examining loss of sense of control and investigating the underlying psychological vulnerabilities involved in the onset of symptoms.

Keywords: psychotherapist, psychological disorders, loss of sense of control, triggers, frame analysis, qualitative study

TIIVISTELMÄ (ABSTRACT IN FINNISH)

Riachi, Eve
Psykoterapeuttien näkökulmat psykologisten häiriöiden kehittymisestä ja hallinnan tunteen menetyksestä
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Psykologisten häiriöiden kehittymiseen on erilaisia teorioita, jotka pohjautuvat tutkimukseen tai teoreettisiin käsityksiin. Kliinisen psykologian, psykoterapian ja psykiatrian aloilla tehdään tutkimukseen perustuen muutoksia, esimerkiksi häiriöiden luokitteluun. Ymmärrys psykologisten häiriöiden kehittymisestä on vaikuttanut kliinisen psykologian ja psykiatrian muutoksiin. Tämän tutkimuksen tavoitteena oli tutkia psykoterapeuttien näkökulmaa häiriöiden kehittymiseen. Psykoterapeutit työskentelevät psykologisista häiriöistä kärsivien ihmisten kanssa päivittäin ja voivat tarjota uusia ammatilliseen kokemukseensa perustuvia näkemyksiä häiriöiden kehittymisestä. Terapeutteja haastateltiin ja heitä pyydettiin selittämään psyykkisten häiriöiden kehittyminen omasta näkökulmastaan. Heitä pyydettiin kuvaamaan myös psykologisia häiriöitä laukaisevia tekijöitä ja hallinnan tunteen menetyksen roolia näissä tilanteissa. Kuudentoista psykoterapeutin vastaukset analysoitiin Erving Goffmanin kehysanalyysillä. Löytyi kaksi häiriöiden kehittymisen kehystä: ympäristökehys sekä ympäristöllisten ja biologisten tekijöiden yhdistelmäkehys. Vaikka terapeutit ilmoittivat soveltavansa tiettyjä terapeuttisia suuntauksia kliinisessä toiminnassaan, he yhdistivät selityksissään erilaisia teoreettisia lähestymistapoja. Kokeneemmat psykoterapeutit mainitsivat yhdistelmäkehyksen hieman useammin kuin aloittelevat terapeutit. Laukaiseviksi tekijöiksi terapeutit tarjosivat kolme kehystä: ihmissuhde-, ympäristö- ja traumakehyksen. Terapeutit kuvasivat myös laukaisevia tekijöitä yhdistävää kehystä. Hallinnan tunteen menettämiseen esitettiin kaksi kehystä. Useimmiten hallinnan tunteen menettäminen katsottiin liittyvän suhdeongelmiin tai stressiin. Ympäristötekijät, kuten sota, nähtiin vaikuttavan häiriöiden kehittymiseen, kun taas geneettistä taipumusta ei katsottu laukaisevaksi tekijäksi. Lisäksi terapeuteilla oli ristiriitaisia näkemyksiä hallinnan tunteen menettämisen roolista psykologisten häiriöiden ja mielenterveyden ongelmien puhkeamisessa. Sekä laukaisevat tekijät että hallinnan tunteen menetys liittyivät henkilökohtaisiin haavoittuvuuksiin. Tämä tutkimus tuo näkyväksi psykoterapeuttien käytännön kokemuksen näkökulman psykologisten häiriöiden kehittymiseen. Lisää tutkimusta tarvitaan hallinnan tunteen menetyksen sekä psykologisten haavoittuvuuksien yhteydestä oireiden alkamiseen.

Avainsanat: psykoterapeutti, psyykkiset häiriöt, hallinnan tunteen menetys, laukaisevat tekijät, kehysanalyysi, kvalitatiivinen tutkimus

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Jyväskylä 14.3.2023
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LIST OF ORIGINAL PUBLICATIONS

The present thesis is based on the following original articles, which are referred to by their Roman numerals.

I. Riachi, E., Holma, J., & Laitila, A. (2021). Frame analysis of psychotherapists' perspectives on the development of psychological disorders. *Current Psychology*. https://doi.org/10.1007/s12144-021-02222-4

II. Riachi, E., Holma, J., & Laitila, A. (2022). Psychotherapists' views on triggering factors for psychological disorders. *Discover Psychology, 2*(1), Article 44. https://doi.org/10.1007/s44202-022-00058-y

III. Riachi, E., Holma, J., & Laitila, A. (2023). Psychotherapists' perspectives on loss of sense of control. Submitted Manuscript.

Taking into account the instructions given and comments made by the co-authors, the author of the thesis collected the data, conducted the analyses, and wrote the report of the three publications.

TABLES

CONTENTS

1 INTRODUCTION

The world has experienced many changes and complications during the past few years. The COVID-19 pandemic has influenced individuals on a personal and global scale, especially in relation to social life, health care and mental health. For example, a noticeable increase in psychological symptoms and disorders was observed during the pandemic. This highlighted the importance of mental health and the necessity for research in the field of psychology as a means towards improving therapeutic techniques (Ronnestad & Skovholt, 2012).

It is only in recent years that mental health has received notable recognition. In Lebanon, for example, mental health and mental disorders were long considered taboo in certain communities. Psychology was viewed as a lesser discipline than health care or engineering. Stigmatization was a major concern, and individuals were not comfortable discussing mental issues for fear of being labeled and perceived as different. Being part of a smaller community or living in villages also placed people at a disadvantage, especially in those where it is common to discuss other people's private lives. This creates feelings of uneasiness in social relationships. Other concerns were related to the country's political and economic situation. The instability of governmental institutions and constant struggles within the country or with neighboring countries, including armed conflict, have left an impact over the years on the mental health of the citizens of Lebanon.

Lebanon is a developing country which is currently classified by the world bank as a lower-middle income country (The World Bank, 2022). Lebanon's surface area is 10,452 square kilometers with a population estimated at 5,353,930 in 2023. The ongoing economic crisis, that included banking collapse and liquidity crisis since 2019, has led to an increase in unemployment with almost half of the population under the poverty line. In addition, Lebanon has experienced an absence in basic services including absence of foreign exchange, fuel shortage, and electricity blackouts. The COVID-19 pandemic then added to the already exhausted health care system. After that, the citizens of Lebanon endured the Port of Beirut explosion in August 2020. In addition to the disastrous human losses, the United Nations (UN) and the European Union (EU) estimated

the impact of the blast and found the value of damage to range between US$3.8 and US$4.6 billion.

Lebanon is known for being a heterogeneous society with several ethnic and religious groups (Wikipedia, 2023). Arabic is the official national language, however, French and English have substantial presence. Many schools and educational institutions follow French or American educational systems and conduct their teachings in their respective languages. English is also increasingly used in the business sector.

Similar to the healthcare sector, the psychiatric sector is struggling to meet the need for treatment. The number of psychologists and psychiatrists in the country is insufficient in meeting the increasing demand for mental health services (Haigney, 2022). To become a licensed psychologist in Lebanon a Master's or a Bachelor's degree is required in addition to 3 to 5 years of clinical practice. In 2022, the number of licensed psychologists was 829 (Ministry of Public Health, 2022). In addition to the mandatory working license, psychotherapists can also acquire certification in specific therapeutic approaches. For individuals residing in Lebanon, there are three main channels for accessing psychiatric services. Firstly, public institutions within health care centers run by the Ministry of Public Health. Secondly, private hospitals and private clinics, and thirdly international non-governmental organizations (NGOs) within civil society (Mourani & Ghreichi, 2021). While the private clinics are accessible by individuals who can afford it, the public centers and the civil society offer services affordable to many and some could even be free (Haigney, 2022).

In the study of clinical psychology, many educational programs have focused on theories, therapeutic approaches, and the diagnosis and assessment of psychological disorders. Although many theories intend to explain the development of psychological symptoms and disorders, a clear understanding of their onset is lacking. Several theories have remained disparate rather than complementary in regards to how psychological disorders develop. It had been hoped that discovering a common theoretical ground would provide an all-inclusive overview of the development of disorders. This dissertation research was motivated by curiosity on this topic and interest in the concept of loss of sense of control. In Lebanon, the experience of loss of sense of control on a social, national and daily basis is a relatable issue that could play a part in psychological disorders. A better understanding of the onset of symptoms and the development of mental disorders could aid in developing their treatment through psychotherapy. Moreover, this knowledge could provide a basis for improvements in psychology courses in the educational sector.

Improvements in the domain of psychotherapy are a constant concern, as shown by the various amendments and revisions issued for the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5). The DSM is one of the main assessment tools in psychotherapy and has been adopted internationally (American Psychiatric Association, 2013). On the micro level, psychotherapists also have a fundamental role in this process. Therapists combine psychological theories with therapeutic approaches in their daily practice (Ahn et al., 2009).

Therapists also acquire information on psychological disorders from working with clients that help them create individual interpretations. These interpretations inform treatment and ultimately provide better outcomes for clients.

Decisions on treatment approaches are based on therapists' views about the factors triggering mental disorders, whether psychological or biological (Ahn et al., 2009). The requirement for either therapy or medication or both is also based on the therapists' perspectives on the origin of disorders. Irrespective of the causality of psychological disorders, the therapist's views on this matter affect the therapy process. For instance, clients with disorders seen as biologically caused are less likely to feel personally responsible for their symptoms in comparison to mental disorders that are attributable to psychological or other factors. In addition, evaluating psychotherapists' views on the development of disorders can further knowledge in the field of psychology. This knowledge is generated by therapists' experiences in working with clients, conducting therapy, and tailoring their approaches to fit their clients' needs (Ronnestad & Skovholt, 2012). Following the epistemological or ontological stance of constructivism, this study holds the concept of the absence of a single reality and that all knowledge is socially formulated (Patel, 2015). Knowledge is investigated and attributed to the combination of both professional and personal experiences of psychotherapists.

This dissertation aimed at understanding psychotherapists' perspectives on three main issues: the development of psychological disorders, the factors triggering psychological disorders, and loss of sense of control. Triggering factors and loss of sense of control were investigated with the aim of gaining better knowledge of these concepts and their role in the onset of symptoms. Each of these three topics laid the foundation for the studies reported in the publications appended to this dissertation summary. Collectively, the articles have contributed to a fuller understanding of psychotherapists' views on the development of psychological disorders.

1.1 The development of psychological disorders

Previous studies have investigated psychotherapists' opinions on the development of psychological disorders. One study found that therapists mention both biological and psychological components (Ahn et al., 2009). Another study showed that therapists and psychiatrists differentiate between psychological and neurobiological factors in the development of disorders (Miresco & Kirmayer, 2006). Therapists have also separated psychological disorders with biological components from other disorders whose origins have mainly been deemed as psychological and/or environmental (Ahn et al., 2009). When discussing biological influences in the development of disorders, therapists have spoken about genetic and hereditary factors as well as biochemical imbalances in the brain. Psychological and environmental influences,

in turn, have been described as social or personal relationships and life events. As increasing evidence that certain psychological disorders have biological origins has been accumulated, the importance attributed to psychological and environmental factors has diminished. Some therapists have even argued that psychological disorders do not necessarily have a single obvious cause but may have several causes (Ahn et al., 2006).

1.2 Psychotherapeutic approaches and years of experience

Various factors, including psychotherapeutic orientation and professional experience can influence therapists' opinions (Skovholt; 2012). The school of therapy and the treatment approach adopted by therapists in their clinics underlie their psychotherapeutic orientations (Cave, 1999). Psychotherapists also receive specialist training in the therapeutic orientations of their choice. The main psychotherapeutic orientations mentioned by the therapists in this study were psychodynamic, behavioral, cognitive, humanistic, eclectic and integrative.

In the psychodynamic approach, the development of disorders is viewed as a result of a conflict between an individual's desires and societal pressures (Cave, 1999). This conflict is believed to occur during the developmental years and is repressed in the unconscious. For example, individuals with behavioral problems are treated by unraveling the unconscious conflict perceived as the root cause of their psychological problems (Leitan & Murray, 2014). Another important aspect of this approach is object relations theory, which focuses on mental images created by childhood experiences and parental attachment styles (Cave, 1999). Object relations theory also explains that these mental images end up affecting the way people relate to themselves and the world around them, even into adulthood.

The behavioral approach focuses on learning as the main factor in the development of psychological disorders and maladaptive behaviors. Environmental factors, such as an individual's experiences, are believed to affect behavior through learning specific ways of responding in different situations (Leitan & Murray, 2014). Treatment emphasizes either unlearning maladaptive behavior or learning new and more acceptable behavior.

In the cognitive approach, problems result from negative thoughts and perceptions (Cave, 1999). Treatment then deals with the way experiences are processed in the mind and focuses on substituting negative thoughts with thoughts that are beneficial and aid in improving the individual's psychological condition (Leitan & Murray, 2014). The behavioral approach was later merged with the cognitive approach, resulting in cognitive-behavioral therapy (CBT). CBT incorporates therapy techniques from both approaches and focuses on treating current symptoms by altering thoughts and behaviors. The humanistic approach explains mental disorders as an individual's digression of from their real self (Cave, 1999). This struggle affects psychological development and impedes self-growth. The client-therapist relationship forms the basis for therapy.

Humanistic therapists aim to treat their clients by providing them with a safe environment in which they can express their real self without being judged.

The eclectic and integrative approaches combine different therapy techniques from several approaches (Norcross & Goldfried, 2005). Eclectic and integrative therapists adapt and adjust their approach to accommodate their client's therapeutic needs. Eclectic therapists choose therapy techniques based on their efficacy while integrative therapists combine different approaches to create the best outcome for their clients.

In addition to their therapeutic approach, their length of clinical experience working as a therapist has also been shown to affect psychotherapists' opinions on the development of disorders. Thus, the greater their experience, the more confident therapists become in adapting and improving their therapeutic methods (Dawson, 2018). To be considered an experienced therapist or expert in the field, a therapist must have ten or more years of clinical experience. Therapists who are experts are also more capable of effectively managing or accepting uncertainty in therapy and better understand the complexity of the mind and psychology (Ronnestad & Skovholt, 2012).

1.3 Triggering factors

Triggering factors play a crucial role in the onset and development of symptoms. The former was clearly demonstrated by research conducted during the COVID-19 epidemic. Several psychological symptoms were identified as resulting from the pandemic, including obsessive-compulsive disorder symptoms, stress, generalized anxiety and major depressive disorder symptoms (Abba-Aji et al., 2020; Ji et al., 2020;). Some studies discussed possible factors responsible for triggering stress during the epidemic, such as financial issues, social isolation, internet access and changes in educational institutions (Shafiq et al., 2021).

In the literature, triggering factors have also been debated and pondered in relation to the development of psychological symptoms. Examples of the triggers mentioned include environmental factors, stressful events, trauma and neurotransmitter dysregulation (Kring et al., 2010). In anxiety disorders, such as phobia and post-traumatic stress disorder, triggering factors have been explained as stimuli causing extreme fear. In cases of depression, the triggering factors are feelings of hopelessness, as posited by the hopelessness theory. This has also been demonstrated in research with immigrants, where hopelessness was found to be a factor mediating between past traumatic experiences and symptoms of depression (Gambaro et al., 2020). Other studies have focused on social stress as a trigger for paranoia in individuals at risk for schizophrenia. The development of symptoms was found to be associated with an individual's reaction to stress, rather than with the level and type of stress experienced (Lincoln et al., 2018).

The terms risk factors and triggering factors have been used interchangeably in the literature. Some of the risk factors found to affect the probability of developing psychological disorders are genetic predisposition, low

socioeconomic status, and family issues (Mrazek & Haggerty, 1994). Other studies have discussed the connection of negative emotions and social isolation to eating disorders in young women (Stice at al., 2017). Sleep disturbances and different types of abuse have been reported risk factors for depression (Arango et al., 2021). The development of both depression and anxiety has also been associated with neuroticism as a personality trait, negative cognitions, and self-esteem issues (Struijs et al., 2021).

1.4 Loss of sense of control

Understanding loss of sense of control is best facilitated by examining the definitions of sense of control. Shapiro (1994) described the term sense of control as one's personal beliefs regarding the amount of control one can hold or obtain in life. This definition has been further discussed as imagined control, that is, as the control one believes one has in managing life events or even in dealing with difficult situations (Ward, 2013; Zhu et al., 2020). Other definitions see sense of control as a person's belief in their ability to achieve certain goals in life (Lachman et al., 2015). Loss of sense of control is then defined as the absence of sense of control. More specifically, loss of sense of control manifests in the belief that one is incapable of attaining power or control and unable to change unwanted circumstances (Ross & Sastry, 1999).

Several concepts and terms refer to the idea of perceived control, such as sense of agency. Sense of agency is defined as perceived control over actions and their consequences (Moore, 2016). Sense of control increases sense of agency if the action performed resulted in the desired effect (Pacherie, 2007). Personal control is similar to sense of agency and is explained as the perceived ability to significantly modify events, in such a way that enables good events and avoids the bad (Alper, 2018). Sense of control, on the other hand, could still be present even when facing negative or difficult situations, especially that it relates to an imagined power or belief.

Another term to consider is locus of control, which is defined as an individual's perception about the underlying causes of events in their life (Rotter, 1966). Internal locus of control relates to an individual's belief that life events are a result of personal decision and effort, while external locus of control associates life events to a matter of chance, luck, or other external circumstances (Baker, 1979). Sense of control could be present regardless of the causes or perceived causes of events. Sense of control over time could be viewed as psychological resilience. Resilience is defined as the development of positive adaptation in the face of adversity (Richards & Dixon, 2020). Likewise, learned helplessness and loss of sense of control are complementary, as helplessness focuses on the learned behavioral aspect while loss of sense of control encompasses the cognitive and emotional aspects (APA Dictionary of Psychology, n.d.).

Previous studies have shown a connection between loss of sense of control and psychological disorders such as depression and anxiety (Keeton et al., 2008;

Precht et al., 2021; Southwick & Southwick, 2018). Stress and burnout have also been linked to loss of sense of control. Emotions reflecting inefficacy and failure to attain control have been reported in relation to binge eating and obsessive-compulsive symptoms (Froreich et al., 2016). Suicidal thoughts and self-harm behaviors have also been found to be combined with loss of sense of control (Wand et al., 2018; Pavulans et al., 2012). A few studies have examined loss of sense of control experienced during the recent COVID-19 pandemic and its association with psychological symptoms. A study on health care workers showed that in addition to symptoms of depression, insomnia, and anxiety, they reported feelings of loss of control and vulnerability (Lai et al., 2020). Increased alcohol consumption and drug abuse have also been associated with loss of sense of control (Brailovskaia & Margraf, 2021).

1.5 Research aims

Based on the previous research, this dissertation aims to add to the existing knowledge on the development of psychological disorders by investigating psychotherapists' perspectives on the matter. Therapists are in a position to provide novel information that could ultimately lead to advances in the field of psychology and psychotherapy. Although some studies have examined therapists' opinions on the development of disorders, regular changes and improvements in the field justify reassessment (Ronnestad & Skovholt, 2012). While acknowledging that therapeutic orientation and years of clinical experience affect therapists' treatment methods, previous research has not clarified whether these two variables influence therapists' views on the development of disorders.

The association between the development of disorders and triggering factors has been discussed in the literature. Many studies have shown that triggers play a significant role in the onset of symptoms. However, little research has been conducted on the precise nature of triggers or on how psychotherapists interpret triggering factors. Similarly, loss of sense of control was the least mentioned and studied in comparison to other terms pertaining to perceived control or lack thereof. While loss of sense of control has been associated with the development of psychological disorders, its exact role in their onset has not been discussed. A better understanding of the development of psychological disorders can be gained through learning more about triggering factors and loss of sense of control from therapists' points of view.

The research questions formulated for this dissertation on psychotherapists' views on the topics of interest were addressed in three separate studies. Study I focused on the development of psychological disorders, study II on triggering factors and study III on loss of sense of control. The specific research questions were as follows:

Study I:
How do psychotherapists perceive and explain the development of psychological disorders?
Are psychotherapists' opinions on the development of disorders related to their therapeutic orientation, and if so, how?
To what extent are psychotherapists' opinions on the development of disorders related to the length of their experience working as a psychotherapist?

Study II:
How do psychotherapists define triggering factors?
What are the most recurrent triggering factors that psychotherapists have encountered in their practice?
Do psychotherapists perceive a common trigger for most psychological disorders?

Study III:
How do psychotherapists define loss of sense of control?
Do psychotherapists perceive loss of sense of control as playing a role in the onset of symptoms or psychological disorders?
What examples do psychotherapists give of cases where loss of sense of control played a role in the development of disorders?

2 METHODS

2.1 Participants

Lebanese psychotherapists were selected as participants for this study. Sixty therapists were contacted via online platforms and asked to participate in this study. The inclusion criteria included working as a psychotherapist, a good command of the English language and a convenient geographical location. Participants' ability to express their opinions in English was important as the interview questions were in English.

Sixteen psychotherapists agreed to participate in the research. These participants had different therapeutic backgrounds including psychodynamic, humanistic, trauma, cognitive and behavioral (CBT), eclectic, and integrative approaches. Some of the participants had a master's degree in clinical psychology, others had a doctorate in clinical psychology or a bachelor's degree in psychology and specialized training in psychotherapy. The length of participants' experience as a working psychotherapist ranged from three to thirty-eight years. Most of them had their own private practice and/or worked in either psychiatric units or public organizations offering mental health services. The demographic characteristics of the participants are presented in Table 1.

TABLE 1 Participants' demographic characteristics and their frequency

Demographics	**Frequency**
Education	
- BA clinical psychology	2
- MA clinical psychology	9
- PhD clinical psychology	5
Years of experience as a therapist	
- From 3 to 10 years	7
- From 10 to 38 years	9

Demographics	Frequency
Psychotherapeutic approach	
- Cognitive behavioral therapy	7
- Integrative therapy	6
- Trauma therapy	4
- Eclectic therapy	4
- Psychodynamic therapy	2
- Humanistic therapy	2

2.2 Data collection

Information on the research focus and process was communicated to therapists over the phone or by email. The therapists were informed that the study was qualitative and that they would be asked to give their views on different topics, including the development of disorders and the role of loss of sense of control. They were also informed that the data would be collected individually through face-to-face interviews, the questions would be in English, and their responses would be audio-recorded. Although Arabic is the national language of Lebanon, English is used in schools, universities and in various occupational contexts, including psychotherapy. To acquire data on the therapists' selection of words when discussing their perspectives, they were informed that the interviews would be conducted in English.

The therapists who gave their verbal consent to participate were then scheduled for an interview. Before the interview began, both the participant and the researcher signed a written consent form. The therapists received a copy of the privacy agreement and were able to ask more questions and clarify any concerns they had regarding the research. The interview comprised thirteen questions and was semi-structured. Five questions concerned demographics, while the other items generated the data for the three sub-studies. For study I, the therapists were asked to give their views on how psychological disorders develop. For study II, three items focused on the therapists' understanding of triggering factors. Finally, for study III, three items investigated therapists' views on loss of sense of control and whether it plays a role in the start of psychological disorders. The final item in the interview was not analyzed to avoid redundancy, especially since the participants' responses were clearly demonstrated in the previous items. The interview questions are shown in the Appendix. For purposes of clarification, additional questions were asked during the interview. The interviews lasted on average about 25 minutes each.

One participant preferred not to be audio recorded and for that reason their interview was collected in writing. One interview was collected in Arabic; in addition, some therapists included statements in Arabic which were then translated into English. After collection, the data were transcribed for analysis.

The data collection and coding were done by the first author, while the interpretation and analysis was done in collaboration with the other authors. The first author had completed university studies in clinical psychology with a focus on several therapeutic approaches. The other two authors practice an integrative approach and have psychotherapy training in systemic therapy.

2.3 Analysis

Data were analyzed using frame analysis, a research methodology developed by Erving Goffman (Goffman, 1974). This research method is considered a form of discourse analysis and involves categorizing data into frames representing different perceptions of a specific topic. A feature of discourse analysis is examining the language and focusing on the relation between text and context; for this study context represented the social, i.e. personal and professional background of the therapists (Hardy et al., 2004). This is also based on the theoretical perspective of symbolic interactionism in which communication, language and social interaction are a main part of interpretation (Patel, 2015).

In this dissertation research, frame analysis was applied to gain understanding of therapists' views on three main topics: the development of psychological disorders, triggering factors, and loss of sense of control. Each topic was addressed in a separate study and hence the interview data were divided accordingly. The data were analyzed using Atlas.ti software and codes were created from words and phrases used by the psychotherapists. Each interview was analyzed separately, and the frames were generated by combining related codes.

The frames generated in study I, described the therapists' different explanations for the development of disorders. These frames were then analyzed in relation to each participant's therapeutic orientation and length of experience as a therapist. The participants had described their therapeutic orientations and the number of years they had worked as a psychotherapist as part of the demographic data obtained in the interview.

In study II, the data gathered in response to three of the interview questions were analyzed. Hence, the frames represented the therapists' opinions on what constitutes a triggering factor, examples given by the therapists of the triggers they have observed to be the most recurrent, and their opinions regarding the existence of a common trigger for psychological disorders. Two interviews were excluded from this analysis, as the participants' answers did not provide specific information on or examples of recurrent triggers.

The frames generated for analysis in study III described the psychotherapists' definitions of loss of sense of control, whether they considered loss of sense of control to play a role in the onset of psychological symptoms, and if so, in what specific cases. Four interviews were excluded from the analysis, one from the data collected for the second research question and three from the data collected for the third research question. The reasons for this were that

participants' answers did not provide information on the topic or examples of the role of loss of sense of control.

2.4 Ethical consideration

Participation was voluntary and personal information remained confidential throughout the research process. Participants' names were not included in any of the saved data. Participants were provided with a copy of the signed consent form as well as a copy of the privacy agreement containing a thorough description of the research. All participants consented to the publication of the findings.

All procedures performed in this study were in accordance with the ethical standards of the relevant institutional and national research committees and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

3 OVERVIEW OF THE ORIGINAL STUDIES

3.1 Study I

This study aimed at investigating psychotherapists' opinions on the development of psychological disorders. These were then analyzed in relation to their therapeutic orientations and years of experience working as a therapist. The therapists' views on the development of psychological disorders were categorized into two frames, named single frames and combinations of frames. Single frames comprised factors contributing to the development of disorders that were discussed by the therapists in isolation and not in combination with other factors.

The sub-frames of these single factors were categorized as biological, psychological, and environmental. Environmental factors were most frequently mentioned by the therapists, especially issues related to childhood and upbringing, trauma and loss of sense of control. Therapists discussed loss of sense of control as the inability to manage in the face of certain events or life situations. Although loss of sense of control was explained as a psychological construct, the environment was seen as a precursor, and therefore classified under the environmental frame. In turn, the combination frame included conjoint factors. The combination of biological and environmental factors, in which the therapists described biological and environmental factors as of mutual importance in the development of psychological disorders, was the second most frequently mentioned contributor to disorders. The frames and their frequencies are shown in Table 2.

The frames were then studied in relation to the participants' therapeutic orientation and years of clinical experience. The therapeutic orientations mentioned by the therapists were psychodynamic, cognitive behavioral, humanistic, trauma, integrative, and eclectic. Some of the therapists reported applying more than one approach in therapy, and some stated that they applied trauma therapy as their main therapeutic approach. The frames mentioned across all the therapeutic approaches in this study were childhood and upbringing,

trauma, and loss of sense of control. Analysis of the participants' length of experience working as a practicing therapist showed that those with more than ten years of experience focused slightly more on a combination of factors than on single factors. In addition, the single factors discussed by the therapists with more than ten years of experience included childhood and upbringing, trauma, and loss of a sense of control, while therapists with less than ten years of experience reported focusing mostly on childhood and upbringing.

TABLE 2 Frames describing psychotherapists' views on the development of disorders and their frequencies

Frames	Frequency
Single Frames	**35**
Biological Frame	2
Psychological Frame	5
Environmental Frame	28
- Childhood and upbringing	14
- Trauma	6
- Loss of sense of control	5
- Cultural factors	1
- Unspecified environmental factors	2
Combination of frames	**23**
Combination of Biological and environmental frames	16
Combination of several frames	7

3.2 Study II

The focus of this study was to examine psychotherapists' definitions of triggering factors, examples of the most recurrent triggers they had observed, and the probability of a common trigger for psychological disorders. The psychotherapists' definitions of triggering factors are shown in Table 3. The definitions were grouped into three frames: situational, past experiences, and non-specific. The situational frame was the most mentioned. In this frame, the therapists defined triggers as events, new situations and occurrences. The therapists who defined past experiences as triggers explained that triggers are elements from an individual's current environment that remind them of a past negative experience or trauma. The last frame was named non-specific, since the therapists, although describing the effects of triggers, did not identify their precise nature. The effects of triggers mentioned were inducing symptoms or disorders, and leading to dysfunction or loss of sense of control. Some also referred to triggers as normal events that affect certain individuals differently.

Three frames were created to describe the examples of the triggers the therapists had most frequently encountered in their clinics. These frames were

titled interpersonal, environmental and trauma. The interpersonal frame contained the most examples, and included problems in relationships, breakups, the death of a loved one, an unsupportive family, and unmet childhood needs. The examples of environmental triggers were related to stressful life events, such as changing jobs or schools, moving to a new country, being a victim of crimes or accidents, having financial problems and being unemployed. The triggers in the trauma frame included abuse, neglect, traumatic childhood events and experiencing war traumas.

The therapists' views on whether most psychological disorders have a common trigger were grouped into three frames: connectivity, categorization, and dismissive. The most frequently mentioned of these was the connectivity frame, in which therapists focused on the associations of factors that are common for most triggers. These associations were divided into two subcategories: common outcomes and common causes. Therapists explained that what combines most triggers is a sense of vulnerability or hopelessness, distress, or loss of sense of control with a common cause, i.e., past trauma. Examples of commonly encountered triggers in the categorization frame included unmet childhood needs, family, trauma, issues related to safety, acceptance, and self-worth. The therapists whose responses were in the dismissive frame disagreed with the idea of a common trigger and dismissed the question by saying it was too reductionist.

TABLE 3 Frames describing the definition of triggers and their frequencies

Definition of Triggers	Frequency
Situational Frame	8
Past experiences Frame	4
Non-specified Frame	4

3.3 Study III

The three research aims of this study were to examine how therapists define loss of sense of control, what they consider to be the possible role of loss of sense of control at the onset of psychological disorders, and in what sorts of cases they have observed loss of sense of control to play a role in the development of disorders. The therapists' definitions of loss of sense of control were grouped into two frames: helplessness and disinhibition. The number of times each frame was mentioned is shown in Table 4. In the helplessness frame, the therapists discussed the feeling of powerlessness, passiveness, and helplessness, and loss of the belief that one can deal with certain situations. Some therapists described loss of sense of control as an outcome of a gradual buildup of difficulties and unpredictable situations. Others saw psychological symptoms as the root cause

of loss of sense of control. In the disinhibition frame, the therapists emphasized loss of control over one's thoughts, emotions and behaviors.

The therapists' answers to the question of whether loss of sense of control plays a role in the onset of disorders were divided into two frames, one of agreement and the other of disagreement. The number of therapists in the agreement frame, including explanations that confirmed the role of loss of sense of control, was slightly larger than the number in the disagreement frame. The explanations therapists provided for the role of loss of sense of control at the onset of disorders included the occurrence of unpredictable events, the connection between loss of sense of control and cognitive schemas, emotional dysregulation, and the vulnerability-stress model. Some of the therapists who rejected the role of loss of sense of control in psychological disorders referred instead to the importance of genetics and environmental factors in the development of disorders. Others considered loss of sense of control as a symptom of an already existing psychopathology.

The therapists' examples of cases where loss of sense of control played a role in the start of disorders were categorized into seven frames, as shown in Table 5. The most frequently mentioned cases concerned relational issues, such as breakups, divorce, cheating, family issues, and overprotective or unsupportive parents. In the stress frame therapists focused on the stress experienced as a result of instability in the country of residence, changes or new circumstances, and work stress. The life events frame included examples of death, accidents, illness, and being a victim of crime. The therapists emphasized feelings of unsafety or insecurity related to loss of sense of control.

TABLE 4 Frames describing the definition of loss of sense of control and their frequencies

Definition of Loss of sense of control	**Frequency**
Helplessness Frame	11
Disinhibition Frame	5

TABLE 5 Frames describing the examples of loss of sense of control and their frequencies

Frames	**Frequency**
Relational issues	8
Stress	6
Life events	5
Abuse	4
Failure	3
Trauma	3
Drug Abuse	2

4 DISCUSSION

This dissertation explored psychotherapists' perspectives on three main topics: the development of psychological disorders, triggering factors, and loss of sense of control. The results showed that the participating psychotherapists' explanations for the development of disorders could be categorized into two main frames: single frames and a combination of frames. Single frames comprised environmental, psychological and biological factors cited as explanations for the development of psychological disorders. Among these different factors, environmental factors, particularly those relating to childhood and upbringing, trauma, and loss of sense of control, were the most frequently mentioned. The explanations for the development of disorders in the second main frame combined several factors such as biological and environmental factors.

On the topic of the factors triggering psychological disorders, three frames, named situational, past experiences and non-specific, were identified. Factors perceived as triggers in the situational frame, including events, situations or life experiences, were the most frequently cited. In the other frames, the therapists either defined triggers through past trauma and past negative experiences or focused on the effects of triggers on psychological functioning. The therapists also provided several examples of triggering factors that were grouped into three further frames: interpersonal, environmental and trauma. Interpersonal triggers, such as relational issues, family problems, and dysfunctional support systems were the most frequently mentioned. Therapists' answers to the question of whether there is a common trigger for mental disorders were grouped into three frames: connectivity, categorization and dismissive. In these frames, the therapists discussed the consequences or causes that link most triggers together, or spoke about several common categories of triggers.

The therapists' definitions of loss of sense of control were grouped into two frames: helplessness and disinhibition. Definitions in the helplessness frame, in which the therapists spoke about loss of sense of control as a feeling of helplessness and a belief in the inability to cope, were the most frequent. The therapists also discussed whether loss of sense of control plays a role in the

development of psychological disorders. Some supported this idea while others rejected it. Examples of cases in which loss of sense of control had played a role in the onset of a psychological disorder were categorized into the following frames: relational issues, stress, life events, abuse, failure, trauma, and drug abuse. Relational issues were the most frequently mentioned.

4.1 Psychotherapists' perspectives on the development of psychological disorders

Many factors are known to contribute to the development of psychological disorders. As previous research has shown, therapists discuss biological and neurological factors as independent of psychological and environmental factors (Ahn et al., 2009; Miresco & Kirmayer, 2006). However, in the present study, therapists more often perceived biological and genetic factors as combined with, rather than as independent of, environmental factors. Some of the therapists stated that genetic factors could have full influence in the development of disorders while others emphasized the importance of environmental factors in triggering genetic vulnerability. The research evidence on the neuropsychological aspects of mental disorders could explain the mention of genetic and biological components in combination with psychological and environmental factors. Moreover, the therapists in this study also seemed to combine environmental factors such as childhood, upbringing and trauma with psychological elements such as the formulation of cognitive schemas or negative thoughts and perceptions. As in previous research, the results of this study show that therapists disagree on the existence of a clear origin for the development of psychological disorders (Ahn et al., 2006).

The psychotherapeutic approaches described in the literature explain the development of disorders in various ways and some do not share any common factors (Cave, 1999). While the therapists in this study stated that they identified with a specific therapeutic approach, they nevertheless explained the development of disorders by combining aspects from other approaches as well. This finding indicates that therapists are willing to integrate different therapeutic approaches and it also demonstrates the importance of understanding the development of mental disorders from multiple viewpoints. Several participants reported applying more than one therapeutic approach, which indicates a shift away from the professional expectation to identify with only one orientation. This might indicate the clinical efficacy of combining different therapeutic techniques.

In agreement with previous studies, therapists with more than ten years of experience seemed to discuss the combination of several factors slightly more than therapists with less experience. This finding could indicate that more experienced therapists are comfortable with acknowledging the complexities in the development of disorders (Dawson, 2018; Ronnestad & Skovholt, 2012;). It

could be that less experienced therapists seek to simplify the development of disorders in order to create a sense of ease and reassurance in their therapeutic encounters.

Trauma and loss of sense of control were included in the frame of environmental factors. The therapists explained traumatic events and loss of sense of control in connection with events that result in feelings of powerlessness, such as war. The therapists gave war as an example as the inhabitants of Lebanon have been struggling with war and war-related crises for years. This situation has had a marked impact on psychological well-being in the country. The fact that some therapists named trauma therapy as their main therapeutic approach could be connected to their geopolitical situation. The therapists also discussed the importance of protective factors and resilience in the context of mental health.

4.2 Psychotherapists' perspectives on triggering factors

Previous research has not examined the definition of triggering factors from the viewpoint of psychotherapists. Although triggering factors and risk factors seem to share certain features in the literature, risk factors do not play an initiating role in the onset of symptoms. Instead, their presence and accumulation plays a part in the prevalence of the development of disorders (Mrazek & Haggerty, 1994). The therapists in this study clarified the differences between triggering factors and risk factors. They explained, in accordance with their definitions, that triggers induce the development of symptoms and happen at the onset of a disorder.

Most of the examples of triggering factors provided by the therapists, except for those related to genetics or neurotransmitter imbalance, resembled risk factors. The examples given included environmental factors such as stressful life events, the death of a loved one, trauma, abuse, family problems, and low socioeconomic status (Arango et al., 2021; Kring et al., 2010; Mrazek & Haggerty, 1994; Stice at al., 2017; Struijs et al., 2021; Gambaro et al., 2020; Lincoln et al., 2018). These findings show that the therapists in this study did not consider genetic vulnerability a triggering factor. This suggests that in their view the biological aspect of mental disorders could be more of a risk factor for the development of symptoms and hence might require a triggering factor.

A study by Lincoln and others, published in 2018, on people at risk for disorders such as schizophrenia, showed that it is not the nature or severity of a social stressor, but personal reactions to stress that play a significant role in the occurrence of symptoms. This concept arose in this study when the therapists were discussing triggers in relation to personal vulnerabilities. The therapists stated that everyday events could be triggers for some people, mainly owing to underlying vulnerabilities, such as weak coping skills, negative cognitions or experiences, as well as past trauma.

The examples of triggers provided by the therapists were assigned to three frames: interpersonal, environmental and trauma. The most frequently

mentioned examples were interpersonal triggers. The frames were created based on the therapists' explanations, and several examples could be included in more than one frame. One example in the environmental frame was relocating to a new country, which also includes interpersonal difficulties such as getting accustomed to a new social setting and building connections with new people. Examples in both the environmental and the trauma frames were war and poverty. These results point both to the importance of personal relationships for mental health, and to the complexity of dividing triggers into separate groups. The same situations or experiences could function as triggers for individuals for different reasons.

The therapists responded differently to the question of whether most psychological disorders have a common trigger. Some discussed the common consequences or causes of triggers included in the connectivity frame, some described various categories of triggers and others rejected the concept of a common trigger. The absence of a clear-cut answer to this question indicates a reluctance on the part of the therapists to limit their explanations for the development of disorders. The therapists also discussed the common effects of most triggers, specifically distress, feelings of helplessness, vulnerability, and loss of control. Previous studies have shown that feelings of hopelessness and helplessness are linked to the development of depressive symptoms (Kring et al., 2010; Gambaro et al., 2020). Some of the therapists discussed past trauma as a common underlying cause of most triggers. Although the therapists provided common categories for triggers and similar effects, the results also indicate the importance of evaluating cases individually.

4.3 Psychotherapists' perspectives on loss of sense of control

The definitions of loss of sense of control offered by the therapists in this study were assigned to two distinct frames. The first was named the helplessness frame and the definitions it contained resembled those found in the literature. The focus in this frame was on perceptions and feelings related to powerlessness, helplessness, and the inability to believe that one can change and influence current unwanted situations. The second was named the disinhibition frame and included explanations pertaining to loss of control over one's thoughts, emotions or behaviors. The definitions in both frames implied that loss of sense of control has an internal aspect that originates from cognitions or beliefs about one's capabilities. This is then manifested externally by an inability to deal with life's circumstances.

Previous studies have confirmed a connection between loss of sense of control and psychological disorders, including depression, anxiety, eating disorders, and obsessive-compulsive disorders (Keeton et al., 2008; Froreich et al., 2016; Southwick & Southwick, 2018; Lai et al., 2020; Precht et al., 2021). Other studies have discussed the link between feelings of inefficacy, vulnerability and loss of sense of control and psychological symptoms (Froreich et al., 2016; Lai et

al., 2020; Brailovskaia & Margraf, 2021). However, the specific role of loss of sense of control at the onset of symptoms or disorders has not been explained.
In this study, some therapists argued that loss of sense of control plays a role in the onset of disorders. They clarified their view by reference to the impact of the following on the development of symptoms: unpredictable events and the buildup of situations that are outside the individual's control. Some described loss of sense of control through the vulnerability-stress model, and explained that genetic vulnerability requires a trigger such as loss of sense of control. Others discussed the possibility of symptoms developing from the negative cognitive schema and emotional dysregulation that result from loss of sense of control. Some therapists stated that loss of sense of control and feelings of fear co-occur and prevent individuals from taking the steps needed to change or manage situations in their lives; a situation that ultimately leads to symptoms. Other therapists rejected the idea that loss of sense of control plays a role in the onset of disorders. Some mentioned that genetics and other environmental factors play a more central role in certain disorders, such as bipolar, schizoaffective disorder and schizophrenia. Others argued that loss of sense of control is a symptom of a pathology that is already present. They believed that trauma leads to loss of sense of control which may in turn lead to additional symptoms. These findings clearly show contrasting views on the origin and the role of loss of sense of control. The information provided, although contradictory, supports the therapists' divergent views on the role of loss of sense of control, indicating the possible validity of both perspectives.

The examples of loss of sense of control were categorized into several frames. The most frequently mentioned examples concerned relational issues, followed by stress and life events. The relational issues frame included family issues, breakups, affairs, and divorce. The frames for stress and life events focused on work stress, difficult situations, change, and the everyday stress related to political or economic instability commonly experienced in a country like Lebanon. These findings imply that unpredictability, whether experienced in relationships or environmental situations, leads to loss of sense of control. The uncertainty experienced during the COVID-19 epidemic and currently during the war against Ukraine has generated loss of sense of control on an international scale. These tumultuous events have also affected Finland's political stance and are contributing to a sense of unpredictability about the future.

4.4 Combined results

In study I, when asked for their views on the development of psychological disorders, the psychotherapists most frequently mentioned environmental factors. The second most frequently mentioned factors were a combination of environmental and biological factors. In study II, the therapists discussed triggers in relation to interpersonal, environmental and trauma frames. Biological and neuropsychological elements, such as genetic vulnerabilities or neurotransmitter

imbalance were not mentioned as examples of triggers. These results indicate that while biological or genetic factors were considered to play a role in the development of psychological disorders, they were not seen as triggers. Furthermore, these results point to the importance of triggering factors in the onset and development of psychological disorders.

In study I, loss of sense of control was categorized as one of the environmental factors contributing to the development of psychological disorders. The therapists discussed loss of sense of control as a psychological construct originating from certain situations or events that an individual was unable to deal with. The further analysis conducted in study III revealed that the therapists defined loss of sense of control as a belief or a feeling in oneself. This belief was explained through an inability to imagine having or gaining control as well as a feeling of hopelessness and powerlessness. These beliefs remained connected to certain unpredictable situations or the accumulation of negative events. Loss of sense of control was also defined as an inability to control one's thoughts, feelings or behaviors. The origin of loss of sense of control remains unclear: do environmental factors lead to loss of sense of control, or is loss of sense of control an already existing belief in one's inability to adapt? Some of the therapists argued that loss of sense of control could be a symptom of an already existing pathology.

On the issue of triggering factors, explored in study II, a common factor associated with most triggers was loss of sense of control. The therapists stated that what unites triggers is that they can induce disorders, activate symptoms, cause dysfunction and distress, and lead to loss of sense of control, feelings of vulnerability, helplessness, confusion, and loss of identity. In study III, when asked about the role of loss of sense of control in the onset of psychological disorders, the therapists seemed to have opposing views. Slightly more than half of the participants agreed that loss of sense of control has a role while the others rejected this idea. Even though loss of sense of control was seen as a significant factor in the development of disorders, not all the participants clarified its role as a trigger. This could imply that loss of sense of control was not viewed as a triggering factor per se, but a consequence of being triggered.

It is worth mentioning that the examples of the most recurrent triggers that the therapists provided in study II were similar to the examples of loss of sense of control in study III. These examples seemed to fall under the main themes of interpersonal and relational issues, or environmental factors such as life events or stress, and trauma or abuse. Some therapists explained that triggering factors could be everyday events that are triggering for some individuals and not others, owing to personal vulnerabilities such as poor coping skills, negative experiences or trauma. This perspective was also discussed by some of the therapists in relation to loss of sense of control. They stated that loss of sense of control is a symptom of trauma, or a consequence of an already existing pathology. These findings indicate that both triggering factors and loss of sense of control may have an underlying psychological basis.

4.5 Limitations

Participants selected for this study all worked in Beirut, the capital of Lebanon, which could have biased the results. In addition, most participants had their own therapy clinics and did not necessarily treat clients with severe psychological disorders; this in turn could have affected therapists' discussions and examples based on the psychological disorders they treat. Prior to the collection of the interviews, participants were informed of the research topic, the development of psychological disorders and loss of sense of control. Nevertheless, except for one participant who used the term when explaining the development of disorders, the therapists discussed loss of sense of control only when directly asked.

Although English was not the participants' native language, they were quite easily able to express their opinions. English is commonly used in Lebanon, and most participants had either studied and practiced therapy in English or had received training in English. Some of the interview questions were answered in a different way by participants. Nevertheless, this was associated with differences in interpretation rather than a misunderstanding of the question.

When analyzed and coded, overlapping factors were observed in some frames. Commonalities were noted between the frames generated for subcategories of environmental factors and those generated for examples of triggering factors and loss of sense of control. However, to maintain their perspectives on the topics discussed, the frames were all based on phrases and concepts used by the therapists. Finally, some responses, which failed to supply the information or examples requested, were omitted from the analysis.

4.6 Recommendations for future research

This study explored the environmental factors that therapists working in Lebanon saw as playing a role in the development of psychological disorders. The participating therapists discussed several persisting issues in the country, such as political and economic instability and the various consequences of war. Trauma therapy was also mentioned as a main therapeutic orientation by some participants. Future research could investigate how psychotherapists from different countries understand the role of environmental factors specific to their communities in the development of disorders. Moreover, examination of trauma therapy across countries could reveal differences in therapeutic needs related to the environmental issues experienced by individuals in these countries.

The results of this study showed that some therapists explained the origin of loss of sense of control as an outcome of environmental factors and life events while others discussed loss of sense of control as an internal belief and a perceived inability to gain control over oneself or one's life. Further research could examine this matter further. It would also be beneficial to investigate the

various ways in which psychotherapists help clients to restore their sense of control.

Understanding the role of loss of sense of control in specific psychological disorders would provide valuable information. Some of the therapists in this study stated that loss of sense of control does not play an integral part in the onset of all psychological disorders, citing as examples bipolar disorder, schizophrenia, and schizoaffective disorder. In addition, some therapists viewed loss of sense of control as a symptom of trauma or an already existing pathology. This idea of an underlying factor, such as trauma, personal vulnerability or pathology, was discussed in relation to both triggers and loss of sense of control. the therapists explained that triggers affect certain individuals differently, owing to differences in their personal vulnerabilities. Research could further investigate these underlying factors and support the development of appropriate treatment approaches.

4.7 Clinical implications

Psychotherapists and other professionals in the field of psychology could find this study of value in clinical practice and research. The findings provide an insight into psychotherapists' perspectives on the development of psychological disorders, a topic that remains understudied. The therapists in this study showed agreement on certain issues, such as the importance of environmental factors in the development of disorders, the similarities in the effects of triggering factors, and the definition of loss of sense of control. On the other hand, disagreement was visible on the role of biological and genetic factors, the definition of a triggering factor, and whether loss of sense of control plays a role in the development of disorders. These results are important for psychotherapists, especially since the way the development of a psychological disorder is understood plays a big part in the treatment plan.

The therapists in this study provided different definitions of triggering factors. Nevertheless, they acknowledged that triggers can have an initiating role in the development of disorders. Some therapists reported that triggers are not necessarily recognized by either the client or the therapist. Throughout the therapy process triggers are revealed, as both the client and the therapist work together to unravel the events surrounding the onset of symptoms. Identifying triggers ultimately aids in exposing core issues and working towards a resolution within therapy. Loss of sense of control is another important element. Whether loss of sense of control originates in environmental factors or whether it is a symptom of an already existing pathology, its presence and recognition allow further awareness of the challenges facing the client. This, in turn, highlights what the client and the therapist need to focus on in therapy and helps in creating a treatment plan.

War, and related crises were mentioned in this study as environmental factors that played a role in the development of psychological disorders. It is very

clear that recurrent global concerns like armed conflict and the consequences of pandemics like COVID-19 can function as triggers. The findings of this study emphasize the important impacts that unpredictable and uncontrollable events can have on an individual's psyche. The therapists mentioned distress, dysfunction, feelings of hopelessness and vulnerability as well as loss of sense of control. These events could also be particularly triggering for at-risk individuals, i.e., those with underlying vulnerabilities for developing a psychological disorder. As the findings of this study showed, loss of sense of control could also be a symptom of an existing pathology. The therapists further explained that triggers are connected to personal vulnerabilities such as poor coping skills, negative experiences, and past trauma. Recognition of the connection between environmental factors, loss of sense of control, and personal vulnerabilities is essential for practitioners. Therapy should ultimately aim at reestablishing an individual's sense of control and helping individuals cope, especially when they are faced with uncontrollable events such as war and pandemics.

The findings of this study had clinical implications on the role of psychotherapists in identifying and reporting on the causal influences for psychological disorders. Sharing knowledge based on clinical experience provides information on the psychological and cultural needs of clients within specific countries and communities. Historical events, both national and international, could account for loss of sense of control and the development of certain psychological symptoms; which should be considered within therapy.

Moreover, this study highlighted the importance of treatment focused on underlying causes as opposed to symptomatic treatment alone; especially that psychotherapists stated differing opinions regarding the development of disorders, triggering factors and the role of loss of sense of control. Therapists in this study seemed to combine different therapeutic approaches, and that could also signify a greater move toward an eclectic or integrative approach to psychotherapy. The client centered approach and the need to develop individualized treatment plans could facilitate treatment efficacy.

4.8 Conclusion

This dissertation research yielded knowledge on how therapists' view several important issues. The different explanations given by the therapists, regarding the onset of psychological disorders, revealed the importance of environmental and biological factors. Some emphasized the role of environmental factors alone, while others claimed that both a genetic predisposition and environmental triggers are necessary. Their therapeutic orientation did not seem to affect the therapists' explanations of the development of disorders, as they combined factors from several approaches. Moreover, the more experience the therapists had, the more complex their explanations of mental disorders.

Definitions of valuable terms, such as triggering factors and loss of sense of control, were presented. In their definitions of triggers, therapists did not

mention genetic or neurological factors. This finding indicated that the therapists regarded triggers as important in the development of psychological disorders. Loss of sense of control, in turn, was defined as an internal aspect or a belief system. Triggers and loss of sense of control were seen as connected to individual vulnerabilities such as trauma, weak coping skills, and genetic predispositions. The therapists explained that regular daily events could be triggering for some individuals because of an existing psychological vulnerability. Moreover, the examples of triggers and loss of sense of control given by the therapists mostly revolved around unpredictability in interpersonal and environmental issues.

The therapists provided two quite different explanations for the origin of loss of sense of control and its role in the development of psychological disorders, and hence the issue remains unresolved. Loss of sense of control was explained as either caused by environmental factors or as a consequence of trauma. Some therapists also cited loss of sense of control as a trigger for psychological disorders, while others stated that loss of sense of control is a result of being triggered or an indication of an existing pathology.

YHTEENVETO (SUMMARY)

Psykoterapeuttien näkökulmat psykologisten häiriöiden kehittymisestä ja hallinnan tunteen menetyksestä

Tässä väitöskirjassa tutkittiin psykoterapeuttien käsityksiä kolmesta aiheesta: psyykkisten häiriöiden kehittyminen, häiriöitälaukaisevat tekijät ja hallinnan tunteen menetyksen liittyminen häiriöiden kehittymiseen. Tutkimukseen osallistui kuusitoista libanonilaista terapeuttia ja heitä haastateltiin englanniksi. Haastattelussa oli kolmetoista kysymystä ja se kesti noin kaksikymmentäviisi minuuttia. Haastettelujen analysointiin Goffmanin kehysanalyysillä.

Terapeuteilla oli erilaisia selityksiä psyykkisten häiriöiden alkamiselle. Jotkut tarkastelivat ympäristötekijöitä erillisenä, kun taas toiset korostivat sekä geneettisten että ympäristötekijöiden yhteisvaikutusta. Oma terapeuttinen orientaatio ja omaksuttu lähestymistapa ei näyttänyt vaikuttavan terapeuttien selityksiin häiriöiden kehittymisestä ja he hyödynsivät selityksiä useista lähestymistavoista. Kokeneemmat terapeutit, joilla oli yli kymmenen vuoden kokemus, antoivat enemmän useaa eri näkökulmaa integroivia selityksiä mielenterveyshäiriöiden kehittymiseen. Terapeutit eivät uskoneet genetiikkaan laukaisevana tekijänä. He katsoivat, että tavanomaiset elämäntapahtumat olivat laukaisevia tekijöitä ihmisille, joilla oli psykologisia haavoittuvuuksia, kuten heikot selviytymistaidot, negatiivisia kognitiivisia kokemuksia tai aiempia traumakokemuksia. Hallinnan tunteen menettämiseen liittyvät käsitykset voitiin luokitella kahteen kehykseen: avuttomuus ja hallitsemattomuus. Hallinnan tunteen menetys liittyi ajatuksiin tai uskomuksiin kyvystä käsitellä elämän olosuhteita. Terapeuteilla oli erilaisia käsityksiä siitä, johtuiko hallinnan tunteen menetys ympäristötilanteista vai onko se oire jo olemassa olevasta patologiasta. Erilaisia käsityksiä oli myös siitä, onko hallinnan tunteen menetyksellä vaikutusta häiriön alkamiseen vai onko hallinnan tunteen menetys seurausta laukaisevista tekijöistä. Terapeutit näkivät laukaiseviksi tekijöiksi samanlaisia asioita kuin kontrollin menettämiseen: ihmissuhteet, ympäristötekijät, kuten elämäntapahtumat tai stressi, sekä trauma tai hyväksikäyttö.

Jatkossa voisi tutkia, kuinka eri maiden psykoterapeutit erilaisissa yhteiskunnissa ja kulttuureissa selittävät häiriöiden kehittymistä yhteisöissään esiintyvien ympäristötekijöiden perusteella. Voisi tutkia myös henkilökohtaisten haavoittuvuuksien ja laukaisevien tekijöiden sekä hallinnan tunteen menettämisen yhteyttä. Olisi tarpeen myös tutkia miten psykoterapeutit auttavat palauttamaan asiakkaidensa kontrollin tunteen terapiassa.

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APPENDIX

Interview Questions

1. Which of the following best describes your therapeutic approach?
   Psychoanalytic
   Behavioral
   Cognitive
   Humanistic
   Systemic
   Narrative
   Solution-Focused
   Collaborative
   Integrative
   Other

2. What degrees you have completed? And in which fields?
3. How many years have you worked as a psychotherapist?
4. In which language did you study psychology?
5. Do you feel comfortable explaining your opinions clearly in English?
6. Clarify, based on your approach, how psychological disorders develop.
7. How would you define a triggering factor?
8. What are the most recurrent triggering factors for psychological disorders that you have observed? Please give examples.
9. From your experience, do you think there is a common trigger for most psychological disorders? If so, please explain.
10. How would you define loss of sense of control?
11. In your opinion, does loss of sense of control play a part in the development of psychological disorders? If yes, how?
12. If available, please describe any cases in which loss of sense of control triggered the onset of a psychological disorder.
13. For further research, do you believe a causal relationship between loss of sense of control and the onset of psychological disorders should be studied?

ORIGINAL PAPERS

I

FRAME ANALYSIS OF PSYCHOTHERAPISTS' PERSPECTIVES ON THE DEVELOPMENT OF PSYCHOLOGICAL DISORDERS

by

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Frame analysis of psychotherapists' perspectives on the development of psychological disorders

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Abstract

The development of psychological disorders has been explained by several psychological theories and remains under debate. Psychotherapists, however, have insights into the emergence and development of psychological disorders that stem from both theory and practice. The constantly evolving field of psychotherapy prompts reconsideration, specifically when psychotherapists' views on the development of disorders impacts their treatment approach. In addition, theoretical orientation and years of clinical experience, while known to influence psychotherapists' viewpoints also merit further study. Applying Erving Goffman's frame analysis, semi structured interviews with psychotherapists were conducted to determine their perspectives on the emergence of mental disorders. Biological, environmental, and psychological factors were mentioned both separately and in combination by the therapists. These factors, or frames, were then analyzed in relation to the therapists' therapeutic approaches and length of clinical experience. The analysis showed that the frames employed by the therapists were influenced by several therapeutic orientations. Moreover, therapists with more than ten years of clinical experience mentioned a combination of factors slightly more often than single factors alone. In sum, the findings showed that therapists perceived the development of mental disorders as highly complex and as an outcome of multiple factors. War was also mentioned as an environmental factor in the development of mental disorders. As this finding was clearly a country-specific environmental factor, future studies should explore the possible role of country-specific environmental factors in different countries.

Keywords Psychotherapists · Perspective of psychotherapists · Development of psychological disorders · Psychological disorders · Frame analysis · Qualitative research

Introduction

The increasing importance accorded to mental health has led to increased interest in the development of psychotherapy (Ronnestad and Skovholt, 2012). Psychotherapy is constantly evolving in an effort to provide better treatment outcomes. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) is the latest of many updates and revisions in the psychotherapy field (American Psychiatric Association, 2013). In linking psychological theories to practice, psychotherapists play a central role in this developmental process. They integrate their knowledge of psychotherapeutic approaches with their own understanding and experience to guide them in the treatment of disorders (Ahn et al., 2009). Psychotherapists greatly influence the progress of psychotherapy and have a substantial impact on their clients. Therapists also gain applied knowledge of psychotherapy through their clinical practice. Exploring the information psychotherapists acquire is critical in seeking to improve psychotherapy.

A fundamental component of psychotherapy is the therapist's understanding of the development of mental disorders, as this plays an important role in the therapeutic method they adopt in their clinical practice (Ahn et al., 2009). Psychotherapists' views on the development of disorders have been addressed in a few studies. Mental health clinicians have associated the development of disorders with a number of biological and psychosocial factors (Ahn et al., 2009). Miresco & Kirmayer (2006) found that psychologists and psychiatrists separated the development of disorders into psychological and neurobiological. Moreover, some disorders were viewed as caused either biologically or environmentally and psychologically (Ahn et al., 2009). In the biologically

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caused disorders, genetics, and hereditary factors as well as biochemical imbalances in the brain were emphasized. Psychological and environmental factors in turn were linked to interpersonal relationships and life experiences. The more a disorder was judged to be caused biologically, the less the emphasis placed on psychological and environmental causes. In another study, mental health experts disagreed with the idea that mental disorders have a clear origin (Ahn et al., 2006). While some research has been conducted on therapists' viewpoints on the emergence of disorders, the constantly changing nature of psychotherapy calls for regular reconsideration on this topic (Ronnestad and Skovholt, 2012). Moreover, the current perspectives of psychotherapists could be further investigated to gain a more in-depth understanding of the development of therapists' professional opinions.

Psychotherapists' perspectives on the emergence of disorders are shaped by several factors, including psychotherapy training, theoretical orientation, professional experience, and personal experience (Skovholt, 2012). Psychotherapists seek to repair or manage mental disorders by applying specific psychotherapeutic approaches or psychological theories (Cave, 1999). The psychodynamic approach emphasizes the struggle between our desires and society. This struggle functions as a precondition, internalized during the developmental years, and is thought to be repressed in the unconscious. The approach focuses mainly on the unconscious and its effects on behavior (Leitan and Murray, 2014). It also discusses object relation theory and a child's attachment to primary caregivers (Cave, 1999). The mental representation of the primary caregiver as well as early childhood experiences influence how individuals relate to the world and others.

The behavioral approach views disorders, especially maladaptive behaviors, through the process of learning (Cave, 1999). In this approach, the environment plays an important role in shaping behavior; individuals learn, based on their experiences, how to behave in certain situations (Leitan and Murray, 2014). The cognitive approach, in turn, suggests that dysfunctional thoughts or cognitions are at the root of problematic behavior (Cave, 1999). In this approach, the human mind is viewed as a processor of experiences and a generator of thoughts (Leitan and Murray, 2014).

The humanistic approach relates mental disorders to an individual's deviation from their true self and as an impediment to self-development (Cave, 1999). The therapeutic relationship between the therapist and the client acts as the foundation for therapy. Eclecticism and integrative therapies focus on different psychotherapy techniques and aim to improve treatment prospects (Norcross and Goldfried, 2005). Eclecticism selects techniques from several therapies based on the effectiveness of these techniques with respect to the client's needs. Integrative theories, in turn, combine common research-based factors from several therapies, to formulate a psychotherapeutic approach that is suited to the client. There are, however, a few similarities between these therapeutic orientations. For example, while the eclectic and integrative theoretical approaches are based on different therapeutic approaches, both are modified by the client's therapeutic needs (Norcross and Goldfried, 2005). Moreover, the personal interpretation of experiences, and the importance of the meanings derived from these experiences, is an element common to most psychotherapeutic approaches.

With respect to professional experience, studies have shown that therapists' approaches are affected by the length of their clinical experience (Dawson, 2018). As they gain experience, therapists also develop and customize their therapeutic approach. Therapists considered as experts tend to have at least 10 years of working experience, and the more experienced therapists are, the more secure they feel in their clinical decision making and case conceptualization. Length of clinical experience is associated with therapists' sense of competence and tolerance of ambiguity. Experienced psychotherapists comprehend psychological processes in more complex ways (Ronnestad and Skovholt, 2012).

Research on the development of disorders is an integral part of psychology, and psychotherapists possess important information on the topic. Consequently, a more comprehensive understanding of psychotherapists' views on the emergence of disorders is needed to further develop psychotherapy. Theoretical orientation and professional experience are two major influences known to impact psychotherapists' perspectives and treatment approach. However, their impact on the way therapists currently view the development of mental disorders is not known. To contribute information on this issue, this study had three aims: first, to identify the different perspectives of psychotherapists on the development of disorders; second, to analyze therapists' explanations of the development of disorders in relation to their therapeutic approaches; and third, to explore the association between therapists' perspectives on the development of disorders and their years of clinical experience as a therapist.

Method

Participants and Procedure

Participants were Lebanese psychotherapists selected from various online platforms that allow individuals seeking therapy to connect with therapists. Around sixty Lebanese psychotherapists with different therapeutic backgrounds were contacted. The main inclusion criterion was working as a psychotherapist. Geographical convenience and a good command of the English language were also considered. It was important for therapists to be able to express their opinions in English. Having studied psychology or received training in English was considered an advantage.

Sixteen Lebanese psychotherapists agreed to participate in the study, ten of them were females and six were males. Nine of the participants had a master's degree in clinical psychology, five had a doctorate in clinical psychology, and two had a bachelor's degree in psychology and specialized training in psychotherapy. They mainly reported applying psychodynamic, humanistic, trauma, cognitive and behavioral (CBT), eclectic, and integrative approaches. Several participants reported identifying with more than one approach. The psychotherapists either had training in the approach they used in therapy or had received supervised hours of therapy training as part of their degree studies. Participants' length of experience working as a psychotherapist ranged between three and thirty-eight years. Some of the therapists worked in psychiatric units, others in public organizations focusing on providing affordable mental health services, and most had their own private practice.

Participants were contacted by phone or email and invited to participate in the study. Information was given on the purpose of the study and the study procedure. Participants were informed that their perspectives on the development of psychological disorders and the role of loss of a sense of control would be studied. They were further informed that the study was qualitative, and that the data would be gathered during an interview conducted in English. Although Arabic is the official national language in Lebanon, English is a medium in education. The aim of interviewing the participants in English was to obtain data on their choice of words when expressing their opinions, and this was deemed best achieved by minimizing the use of translation.

Participants were also told that the interview would be audio-recorded. After participants had given their verbal consent, a date for their face-to-face interview was arranged. Before starting the interview, the research was described in more detail and participants could ask questions. Participants were then asked to give their written consent, after which the interview was conducted.

The interviews were semi-structured. Thirteen questions were asked in the interview, five of which were on demographics. The interview questions are shown in Appendix 1. All interviews were in English except for one, which was held mostly in Arabic and subsequently translated into English. Some therapists also used Arabic to explain specific thoughts, and these utterances were also translated into English. All the recorded interviews were transcribed with the exception of one that was given in writing by a participant who was unwilling to be audio-recorded. The preliminary work of data collection and coding was done by the first author. The data were then examined and analyzed in consultation with the other authors. Data analysis sessions were conducted once a month.

Participants were informed that their participation was voluntary and that their personal information would remain confidential throughout the research process. To guarantee informed consent and to protect the rights of participants, they were provided with a copy of the privacy agreement, which contained a detailed description of the research. Participants were also provided with a copy of their written consent form signed by both the participant and the researcher. To ensure participant anonymity, participants' names were not included in any of the saved data.

Analysis

Frame analysis is a research methodology developed by Erving Goffman in which data are grouped into frames (Goffman, 1974). Frames represent different interpretations of reality. Frames describe people's views on a certain topic based on their understanding and knowledge of that topic. Understanding is built on categorizations of social situations. Frame analysis is utilized in several research fields such as sociology, politics, media, and cultural studies as well as in psychology (Shaw, 2013).

In this study, frame analysis was employed to examine the different views of psychotherapists on the development of psychological disorders. This method of analysis was chosen to gain understanding of therapists' views on disorders as an outcome of integration between their chosen therapeutic approach, training, and professional experience. Atlas.ti software was used in analyzing and grouping the data. Each interview was analyzed based on the explanations the interviewees gave for the emergence of psychological disorders. Frame analysis was used to explore and categorize these different perspectives. Each explanation represented a specific idea discussed by the therapist. Frames were created by grouping similar explanations. These frames were then examined in relation to the therapists' therapeutic orientation and length of experience as a therapist. The therapeutic orientation of the therapists and the number of years they had worked as a psychotherapist were collected in the interviews as part of the demographic data.

The analysis and interpretation of the results was done by all three authors. The first author has no specific psychotherapeutic training and completed university studies in clinical psychology with special focus on several therapeutic approaches. The other two authors have psychotherapy training in systemic therapy and follow an integrative approach.

Results

The first research question addressed the psychotherapists' views on the development of disorders. The frame analysis showed that the emergence of psychological disorders, as defined in this study, could be grouped under two main categories or frames: single frames and combinations of frames. Single frames comprised individual factors discussed by the

therapists in isolation, that is, as unconnected to other factors. Combinations of frames comprised explanations in which the main focus was on two or more factors. The single factors were labeled biological, environmental, and psychological. Combinations of factors contained two frames: a combination of factors from the biological and environmental frames and a combination of factors from several frames.

Single factors were mentioned by the therapists slightly more often than combinations of factors from different frames. Moreover, of the single frames, factors in the environmental frame were the most frequently mentioned. Combinations of factors from both the biological and environmental frames were the second most often mentioned. The frames and their frequencies are shown in Table 1.

The environmental frame comprised five subgroups: childhood and upbringing, trauma, loss of sense of control, unspecified environmental factors, and cultural factors. The most often mentioned environmental factors were childhood and upbringing. The second most mentioned was trauma, followed by loss of a sense of control. The five subgroups and their frequencies are also shown in Table 1.

Single Frames

Biological Frame

The biological frame comprised therapists' explanations that suggested biological factors as a distinct component in the development of disorders. In these explanations, the role of biology in mental disorders, and hence the identification of biological factors, was seen as an important component on its own, and unrelated to any other factors.

The psychotherapists discussed biological factors using terms such as genetics, genetic predispositions, family history and genetic background, individual vulnerabilities, temperament, and biochemical imbalances.

> *Interview 12: … if you want me to simplify things, we are born with certain weaknesses, so some people are more prone to developing certain psychological disorders than others. … there is something genetic, there is something built in with certain disorders.*

Table 1 Frames describing psychotherapists' views on the development of disorders and their frequencies

Frames	Frequency
Single Frames	**35**
1. Biological Frame	2
2. Psychological Frame	5
3. Environmental Frame	28
a. Childhood and Upbringing	14
b. Trauma	6
c. Loss of Sense of Control	5
d. Cultural Factors	1
e. Unspecified Environmental Factors	2
Combination of Frames	**23**
1. Combination of Biological and Environmental Frames	16
2. Combination of Several Frames	7

Psychological Frame

The psychological frame included explanations focusing on the role of individual psychological processes in the emergence of mental disorders. Unrelated to other factors, the psychological frame included identity, self-image, and awareness. Self-knowledge and awareness of one's mental health was seen as an essential component of overall well-being.

> *Interview 3: She gave me an example about her mom, telling her she has to lose some weight but she tells her mom I am fine with who I am in my body. In reality she doesn't like her body, she doesn't like herself. So her identity is also confused.*
> *Interview 8: …it is not knowing what is going on with you. There is no awareness and it gets to the point of suddenly having a disorder because you have never actually worked on fixing anything so it doesn't reach that point.*

Environmental Frame

The environmental frame included explanations that highlight the role of the external environment in the development of disorders. Environmental factors are components of an individual's surroundings that influence the individual. Many environmental factors were mentioned by the therapists irrespective of whether or not they believed the environment alone plays a major role in the development of disorders. These factors were exposure to trauma, family environment and upbringing, issues with love and attachment, life experiences, relocation or changes in an individual's milieu, wars and epidemics, weather, bullying, relational problems, financial problems, and level of education.

In this frame, environmental factors were discussed separately from other factors that could contribute to the emergence of disorders. While they had a clear role in the development of disorders, they differed in the explanations they offered and were therefore sorted into different subgroups. The subgroups were childhood and upbringing, trauma, loss of sense of control, unspecified environmental factors, and cultural factors.

Childhood and Upbringing Subgroup This subgroup contained the most frequently mentioned environmental factors, including family problems as well as parent-child relationships, especially communication problems, attachment issues, and parental attunement to the child's needs. Unmet childhood needs were also discussed in connection with cognition, and the effects of unmet needs on the child's perception. Abuse and neglect were part of this subgroup, as were childhood and teenage experiences. Abuse and neglect were integrated in this subgroup, as their co-occurrence in childhood was specifically referred to by the therapists. Moreover, negative childhood events that affect self-esteem and contribute to the creation of negative cognitions about the self were also discussed in this subgroup.

Interview 3: … abuse plays a major role, and by abuse I also have in mind neglect. Also communication problems play a major role especially between parents and children. …attachment problems as well are included in communication problems between parents and children. This is all during childhood. If I am going to consider the systemic approach, when a family member has a certain difficulty or problem, usually the whole system gets affected and with time this creates issues. … things happen in an individual's childhood, with time negative events create in the individual negative self-beliefs and this affects their self-esteem. Examples of negative cognitions are "I am weak" or "I am not lovable" or "People are bad".

Interview 2: I work with needs, what were the needs of the child that didn't get met in childhood and how did that impact their cognitions and the way they view the world today.

Trauma Subgroup Trauma-related factors formed the second most frequently mentioned subgroup and were not connected to other factors. This subgroup consisted of explanations focusing on the role of trauma, including severe trauma and its effects in shaping an individual's feelings, thoughts, and behaviors. Negative experiences and their ability to create negative cognitions were also discussed in addition to relational and emotional hurt.

Therapists who discussed trauma as a main factor in the emergence of disorders defined trauma as negative experiences or as life situations in general. One definition focused on the neurological component of trauma and the formation of trauma based on the abnormal processing of certain life situations. Other definitions of trauma included active abuse, whether verbal, emotional or physical. The last definition discussed the unmet needs of an organism preceding birth. The supply of oxygen and safety as well as the absence of other factors such as stress hormones, sound pollution or smoke were given as examples in this definition.

The trauma subgroup shared some features with the childhood and upbringing subgroup. Negative experiences were discussed in both subgroups but with different underlying factors: in the trauma subgroup, negative experiences were discussed in relation to trauma but without any reference to childhood and upbringing. The cognitive component was also mentioned in both groups, but the reason given for the development of negative cognition was different. In the trauma subgroup, negative cognitions were seen as an outcome of trauma, whereas in the childhood and upbringing subgroup negative cognitions were seen as a result of unmet childhood needs. Both trauma and unmet needs were considered to affect an individual and lead to the development of negative cognitions.

Interview 6: There is a lot of pathology that develops without any predisposition. We have individuals with no predisposition to any mental illness but they undergo severe enough, bad enough traumas that they develop symptoms including psychosis.

Interview 4: I believe that certain traumas in your life which are life situations, incidents, or environments shape you into being who you are today, what you believe about yourself, what you believe about the world, how you feel and how you behave. … for anxious people for example, there is this certain underlying schema or underlying belief that says "I am in danger" or "I am not safe". For depressed people it is "I am helpless" or "I am powerless".

Loss of Sense of Control Subgroup Loss of a sense of control was associated with an inability to deal with or adapt to a certain situation and was discussed as an independent factor in the development of disorders. This subgroup was categorized under the environmental frame rather than the psychological frame, as the therapists saw the environment as the origin of the loss of a sense of control. Although loss of a sense of control is considered a psychological process, the environment, or events in the environment are responsible for the feelings of loss of a sense of control and the inability to deal with or adapt to certain situations. These therapists discussed the feeling of being stuck and failure to change one's present circumstances. The term sense of control refers to an individual's perception of their ability to control or gain control over their life (Shapiro, 1994). Loss of a sense of control is thus a perceived inability to gain control. A few explanations were offered for the loss of a sense of control.

Interview 12: … there is something built in with certain disorders, maybe some others it is not genetic, it is purely environmental and the person couldn't develop and deal with that and things happen.

Cultural Factors Subgroup In the cultural factors subgroup, culture was identified as an independent component in the emergence of disorders. The influence of culture on mental health and the ability to seek help and treatment were discussed.

Interview 8: …still I think the culture plays a huge role in covering up and belittling anything that has to do with mental health so that doesn't help people.

Unspecified Environmental Factors Subgroup This subgroup contained discussion on the major role played by the environment in the development of disorders but without focusing on any specific environmental factors. For the psychotherapists in this subgroup, the environment comprises a multiplicity of variables, including childhood and upbringing, trauma, contextual factors such as an individual's surroundings and changes in these, relocation, financial and social problems, relational problems, and level of education.

Interview 2: …especially for things like personality disorders, environment really does have a considerable impact.
Interview 10: …there is obviously a genetic factor in many cases and in other cases it is environmental factors …

Combinations of Frames

Combination of Biological and Environmental Frames

Some of the psychotherapists discussed the combination of both biological and environmental factors in the emergence of disorders. Thus, this frame comprised two other frames, the biological and the environmental. The biological frame contained discussion about genetics, genetic predisposition, being born with certain predispositions, individual vulnerability, and biochemical imbalances. The term nature versus nurture was also mentioned, with nature referring to biological factors and nurture to environmental factors. The environmental frame, in turn, referred to such factors as the environment, exposure to trauma, external stressors, and an unhealthy social or relational dynamic.

In the talk assigned to this frame, the focus was on both factors equally. These psychotherapists discussed biological and environmental factors simultaneously in their descriptions of the development of disorders.

Interview 4: I think disorders develop because we are born with certain predisposition to certain disorders and then there is the factor of environment that plays a huge role.
Interview 7: Basically there is always the nurture and nature component… any exposure to trauma will cause any predisposed psychological disorder to be activated.

Combination of Several Frames

This frame comprised explanations by therapists who saw mental disorders as an outcome of multiple factors with parallel emphasis. The main factors discussed included environmental factors, perception of the environment, cognition, biopsychosocial factors, interpersonal factors, physical health, genetics, genetic resilience, predisposition to using drugs and alcohol, temperament, family, attachment issues, trauma and the timing, severity, and repetition of a trauma. The combination of the environmental, psychological, and biological frames is exemplified below.

Interview 6: We have seen that the timing of the trauma, the kind of trauma, the intensity, the repetition and any other factors including genetic resilience or genetic predisposition to develop pathology. All this stuff does affect the outcome in terms of what kind of symptoms, how severe, which disorder develops.
Interview 11: Several things, several components are involved in the development of a psychological disorder. There is the genetic part that can play an important role, the environment that plays an important role, the personality, the temperament of the person, life events, exposure, the way of thinking, the learning of the way of thinking and of managing thinking and emotions.
Interview 15: We were all born with different biology, with different abilities and different needs and emotional regulatory skills; and mainly our environment, our caregivers roles, our chronic interactions with our parents or primary caregivers plays a big part in our symptoms.

Frames and Psychotherapeutic Approaches

The second research question examined psychotherapists' views on the development of disorders in relation to their

therapeutic approaches. The psychotherapists who participated in this study were asked about their therapeutic orientation. During the interview, several psychotherapeutic approaches were listed verbally in a multiple-choice format from which therapists could choose the ones that most applied to them. The therapists were also free to add a therapeutic orientation that was not included in the interview question. The therapists selected the following main therapies: psychodynamic therapy, cognitive-behavioral therapy, humanistic therapy, trauma therapy, integrative therapy, and eclectic therapy. Psychoanalysis was combined with psychodynamic approaches, eye movement desensitization and reprocessing (EMDR) was combined with trauma therapy, and dialectical behavioral therapy or DBT was combined with cognitive behavioral therapy. These combinations of approaches were based on the similarities between them. Such combinations also facilitate analysis and aid in exploring the main psychotherapeutic approaches and the different ways in which each approach explains the development of disorders. The psychotherapists identified with one or more psychotherapeutic approaches. Their responses are shown in Table 2.

The frames, discussed previously, were then analyzed in relation to the main therapeutic approaches identified by the therapists. This permitted assessment of the resemblance between the therapists' perceptions on the development of disorders and their psychotherapeutic approaches. The number of participants in each therapy group is unequally distributed, and thus a reliable comparison between therapeutic approaches is not possible. Normalizing the data provides an equal average for each therapy group which then permits comparison. Table 3 presents the normalized version of the data as well as the relative frequencies in percentages.

The frames that were mentioned across all therapeutic approaches were the environmental frame, combination of the environmental and biological frames, and the combination of several frames. The cognitive behavioral therapists, humanistic therapists, and trauma therapists focused mostly on the combination of environmental and biological frames. The eclectic therapists, integrative therapists, and psychodynamic therapists focused mostly on the environmental frame. The eclectic therapists mentioned the following environmental subgroups: childhood, trauma, loss of a sense of control, and culture. The integrative therapists mentioned childhood, trauma, loss of a sense of control, and unspecified environmental factors. The psychodynamic therapists mentioned loss of a sense of control followed by childhood and upbringing.

The biological frame was mentioned equally by the CBT and humanistic therapists. The psychological frame was mentioned mostly by the eclectic therapists. The environmental frame was mentioned the most by the psychodynamic therapists. The combination of environmental and biological frames was mentioned mostly by the humanistic therapists, and the combination of several frames was mentioned mostly by the trauma therapists.

Frames and Clinical Experience

The third research question explored the association between the psychotherapists' views on the development of disorders and their length of experience as a therapist. In the present sample of psychotherapists, length of experience as a therapist ranged from 3 to 38 years. Frames were analyzed in relation to years of experience as a therapist. Two groups were created based on years of experience. The data showed that 7 therapists had less than 10 years' experience as a therapist and 9 had significantly more than 10 years' experience. Thus, two groups were created: therapists with less than 10 years of experience and therapists with more than 10 years of experience. The number of therapists in the two groups are unequal, and hence the data require normalization before comparisons can be made. The normalized data for frames and years of experience as a therapist are shown in Table 4.

The combination of environmental and biological frames was mentioned slightly more by the therapists with more than 10 years' experience whereas single frames were mentioned slightly more by the therapists with less than 10 years' experience.

The environmental frame was the most frequently mentioned frame in both groups. However, the distributions in the subgroups of environmental factors were different. The less experienced therapists focused more on childhood and upbringing subgroup while more experienced therapists focused equally on the three subgroups of childhood and upbringing, trauma, and loss of a sense of control. Loss of a sense of control was not mentioned by the less experienced therapists whereas psychological factors and cultural factors were not mentioned by the more experienced therapists.

Table 2 Therapeutic Orientations of Psychotherapists

Therapies	Cognitive-Behavioral Therapy	Integrative Therapy	Trauma Therapy	Eclectic Therapy	Psychodynamic Therapy	Humanistic Therapy
Frequency	7	6	4	4	2	2

Table 3 Normalized data: Frames according to the therapeutic approaches of psychotherapists and relative frequencies (RF) in percentages

Frames	Cognitive Behavioral Therapy	Eclectic Therapy	Humanistic Therapy	Integrative Therapy	Psychodynamic Therapy	Trauma Therapy	Totals
Single Frames	**13**	**19**	**12**	**17**	**15**	**9**	**85**
1. Biological Factors	3 (7.14%)		3 (7.69%)	2 (5.26%)			8
2. Psychological Factors		7 (18.75%)		1 (2.63%)			8
3. Environmental Factors	10 (25%)	12 (31.25%)	9 (23.08%)	14 (36.84%)	15 (40%)	9 (23.53%)	68
a. Childhood and Upbringing	5 (14.29%)	5 (12.50%)	3 (7.69%)	10 (26.32%)	4 (10%)		27
b. Trauma		2 (6.25%)	3 (7.69%)	1 (2.63%)		9 (23.53%)	15
c. Loss of Sense of Control	1 (3.57%)	2 (6.25%)	3 (7.69%)	1 (2.63%)	11 (30%)		19
d. Cultural Factors		2 (6.25%)					2
e. Unspecified Environmental Factors	3 (7.14%)			2 (5.26%)			5
Combinations of Frames	**16**	**7**	**18**	**7**	**8**	**20**	**76**
1. Combination of Environmental and Biological Frames	12 (32.14%)	5 (12.50%)	15 (38.46%)	5 (13.16%)	4 (10%)	13 (35.29%)	54
2. Combination of All Frames	4 (10.71%)	2 (6.25%)	3 (7.69%)	2 (5.26%)	4 (10%)	7 (17.65%)	22
Totals	**38 (100%)**	**38 (100%)**	**38 (100%)**	**38 (100%)**	**38 (100%)**	**38 (100%)**	228

Discussion

This study offers an insight into therapists' opinions and understandings on the development of psychological disorders. Specifically, psychotherapists' views were studied by applying Goffman's frame theory to interview data. Factors underlying the emergence of psychological disorders mentioned by the participating therapists were grouped into frames. Two distinct, overarching categories of frames were identified: single frames and combinations of frames. Factors constituting single frames were mentioned and discussed in isolation, while in combinations of frames factors from two or more frames were viewed as contributing to the development of disorders. The single frames category comprised the sub-frames of biological, psychological, and environmental factors and the combinations of frames category comprised two subcategories: the combination of factors in the environmental and biological frames, and the combination of factors from several frames.

These frames were then examined in relation to the participants' therapeutic orientation and years of clinical experience. The main therapeutic orientations reported by the psychotherapists were psychodynamic, cognitive behavioral, humanistic, integrative, and eclectic. The factors most frequently mentioned across all the present therapists' orientations were those subsumed under the over-arching environmental frame, i.e., childhood and upbringing, trauma, and loss of a sense of

Table 4 Normalized data: Frames and Years of Experience as a Psychotherapist

Frames	Less than 10 years of experience	More than 10 years of experience
Single Frames	**21**	**17**
1.Biological Factors	1	1
2.Psychological Factors	5	0
3.Environmental Factors	15	16
a. Childhood and Upbringing	11	5
b. Trauma	1	5
c. Loss of Sense of Control	0	5
d. Cultural Factors	1	0
e. Unspecified Environmental Factors	1	1
Combinations of Frames	**11**	**14**
1.Combination of Environmental and Biological Frames	7	10
2.Combination of Several Frames	4	4
Totals	**47**	**47**

control, followed by the combination of environmental and biological frames. With respect to length of clinical experience, the therapists who had practiced for more ten years discussed combinations of factors slightly more often than single factors. Of the therapists who only mentioned factors within the environmental frame, those with less than ten years of experience mostly discussed the single factor of childhood and upbringing, whereas those with more than ten years' experience assigned equal importance to childhood and upbringing, trauma, and loss of a sense of control.

Previous studies have shown that therapists differentiate between the contribution of neurobiological and psychological factors to the development of disorders (Miresco and Kirmayer, 2006). Therapists also tend to focus on either biological or on psychological and environmental factors (Ahn et al., 2009). In this study, however, the therapists more often discussed biological factors in combination with environmental factors. The environmental frame, which was in the single frames category, was the frame most often mentioned by the present participants. Although environmental factors were perceived as a single factor, they functioned within a larger scheme of psychological processes. Environmental factors such as childhood and upbringing were discussed in relation to negative cognitions and a negative perception of self and the world. Childhood and upbringing, including negative childhood events, neglect, and abuse, were also viewed as linked to trauma. Trauma was also linked to neurological processes as well as to the development of negative cognitions and schemas.

In addition, the frame comprising the combination of factors from the environmental and biological frames was the second most often mentioned frame. Both perspectives confirm the importance of the biomedical model in the emergence of mental disorders. However, some of the therapists in the present study believed that genetic or biological factors need an environmental trigger to induce a mental disorder, while others believed that genetics or biological factors alone can lead to a disorder. These results accord with previous findings of disagreement among therapists on a clear-cut etiological basis for mental disorders (Ahn et al., 2006).

Whereas the literature on therapeutic approaches shows a clear distinction between each approach, this was not the case with the therapists in this study. In the literature, psychodynamic therapy focuses on unconscious desires and childhood events as a basis for mental disorders (Cave, 1999). In this study, the therapists with a psychodynamic approach focused on loss of a sense of control more than on childhood and upbringing. The cognitive-behavioral approach is known for positing learning processes and cognitions as a basis for mental disorders, while in the humanistic approach deviation of the self is considered the root cause (Cave, 1999). In this study, however, both the cognitive behavioral and the humanistic therapists mostly combined biological and environmental factors. While eclectic therapists generally choose therapy techniques based on effectiveness, the present eclectic therapists focused mostly on environmental and psychological factors. Integrative therapists, in turn, combine similar techniques from different therapeutic approaches, yet in this study they focused on childhood and upbringing.

Previous research has also shown that length of experience alters the way therapists view mental disorders and increases their tolerance of ambiguity (Dawson, 2018). The present results concur with this notion, showing that therapists with more than ten years of experience explained the development of disorders using a combination of factors slightly more often than those with less experience.

The findings of this study could be viewed as evidence of an increased attempt by therapists at integrating multiple factors when explaining the emergence of mental disorders. The psychotherapists combined biological and environmental factors rather than viewing these categories as independent of each other. Within the environmental frame, different subgroups of factors were also connected, showing that the therapists viewed the factors underlying the development of psychological disorders as complex and intertwined.

In the subgroups of environmental factors, trauma and loss of a sense of control had features in common. They were both discussed as an outcome of life events in general or of events over which individuals perceive they have no power, and thus could be linked to an impaired sense of agency. War and war-related crises were also mentioned as environmental factors leading to the emergence of disorders. Given that the therapists in this study are Lebanese, this finding is unsurprising, as war has been a recurrent situation for decades in Lebanon. Another finding was the mention by some therapists of resilience as a protective factor. Despite the many factors that could lead to mental disorders, the availability of support in an individual's life was seen as an aid in developing resilience. This further indicates the complex nature of psychological disorders and highlights the impact of protective factors on their development.

Examination of the frames in relation to the therapists' different therapeutic orientations and understandings of the development of disorders revealed several common features. The therapists acknowledged and combined several concepts in their analysis of psychological disorders, showing that they understood the emergence of disorders from multiple standpoints. They incorporated several therapeutic orientations and did not show excessive commitment to any one perspective. For example, the trauma therapists were expected to focus mostly on trauma and its effects on the development of disorders; however, in this study they focused on combinations of factors, including trauma and biology.

These findings may be explained by the fact that some therapists utilized two or more therapeutic approaches in their practice. Another possible explanation is that therapists no longer choose a single therapeutic approach and adhere to it exclusively. Moreover, the undeniable importance of the biomedical

model in psychiatry could also be an explanation for the combination of therapeutic approaches. The measurable nature of the biomedical model, including neuropsychology, adds credibility to psychotherapy. Another explanation could be the increasing research on the effectiveness of different psychological therapies, thereby revealing the complexity of human psychology and the rejection of a one-size-fits-all concept.

In this study several therapists referred to applying trauma therapy and EMDR. This finding could be explained by the fact that this study was conducted in a country that recurrently struggles with war. It may also indicate that trauma therapy is gaining prevalence and a possible legitimate therapeutic position.

Therapists with more years of experience as a therapist felt more at ease in combining different therapeutic approaches as well as in developing their own approaches to understanding human psychology. These findings could indicate that more experienced therapists are more comfortable with the complexities of mental disorders, and hence perceive multiple rather than single factors as important (Ronnestad and Skovholt, 2012). The more experienced therapists are, the more willing they are to consider and combine underlying developmental factors with triggering factors in their efforts to understand psychological disorders. Therapists with less experience might find this process overwhelming and instead prefer to focus on single factors. Moreover, for new therapists, compartmentalizing the development of disorders possibly simplifies the clinical situation and provides a reassuring sense of control in treating clients.

Strengths and Limitations

Participants' rights and privacy were protected throughout the study. In addition, transparency was observed, and participants were given a detailed description of the research process. Participants consented to the use of their data in publishing the results. Participant anonymity was an important issue: names and personal information were removed from all transcripts before they were saved. Similarly, audio recordings were saved and stored on private files and contained no personal details.

The study findings may be of interest to psychotherapists and individuals interested in psychology, especially since they indicate how psychotherapists understand the development of mental disorders. This study also provides an idea about the influence of psychotherapists' therapeutic orientation and length of clinical practice on how they perceive the emergence of mental disorders. The study may also encourage cross-country comparative research on development and change in psychotherapy.

The findings of this study may be influenced by the mention of loss of a sense of control when informing participants about the purpose of the study. However, only one therapist discussed this issue in the interview data. The selection of psychotherapists may have also biased the results, as all the participating therapists work in Beirut, the Lebanese capital. The therapists' views and their interpretation of the interview questions, although general, could have been affected by the types of mental disorders they treat in their clinics. Moreover, most of the participants worked in private clinics, which do not commonly treat clients with severe mental health conditions.

Lebanon is a trilingual country, and it is common for therapists to have studied psychology in English. Some psychotherapists teach psychology in universities and provide psychotherapy for clients in English. Some of the participants had degrees from English-speaking countries and others had received psychotherapy training provided internationally in English. The therapists did not seem to have difficulties in explaining their opinions and using psychological terminology in English. Moreover, only one interview, conducted in Arabic, was translated into English. For these reasons, the use of English in the interviews is not seen as a limitation.

Conclusion

This study offers a unique perspective on how psychotherapists understand the development of psychological disorders. The results showed that therapists were flexible and did not rely on any single approach but instead combined different psychological theories. The longer the therapists had practiced, the more complex their views on the emergence of mental disorders. Trauma therapy was often mentioned, and several therapists reported applying trauma therapy in their clinics. Future research could examine the prevalence of trauma therapy and EMDR therapy in other countries.

This study also provides valuable data from a small country that faces crises caused by war. Since war is an ongoing reality in many countries globally, it would be interesting to know whether therapists in different countries would also cite war and war-related crises as environmental factors when pondering the development of disorders. Future research could consider how psychotherapists explain environmental factors based on the issues prevailing in their communities.

Appendix 1

Interview Questions

1- Which of the following best describes your therapeutic approach?

☐Psychoanalytic ☐Behavioral ☐Cognitive ☐Humanistic ☐Systemic ☐Narrative ☐Solution-Focused ☐Collaborative ☐Integrative

2- What degrees you have completed? And in which fields?
3- How many years have you worked as a psychotherapist?
4- In which language did you study psychology?
5- Do you feel comfortable explaining your opinions clearly in English?
6- Clarify, based on your approach, how psychological disorders develop.
7- How would you define a triggering factor?
8- What are the most recurrent triggering factors for psychological disorders that you have observed? Please give examples.
9- From your experience, do you think there is a common trigger for most psychological disorders? If so, please explain.
10- How would you define loss of sense of control?
11- In your opinion, does loss of sense of control play a part in the development of psychological disorders? If yes, how?
12- If available, please describe any cases in which loss of sense of control triggered the onset of a psychological disorder.
13- For further research, do you believe a causal relationship between loss of sense of control and the onset of psychological disorders should be studied?

Code Availability Not applicable.

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Data Availability Consent for sharing the data was not provided by participants.

Declarations

Consent to Participate Informed consent, both verbal and written, were obtained from all participants included in this study.

Consent to Publish Participants consented to the use of the data for publishing.

Conflicts of Interest The authors declare that there is no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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II

PSYCHOTHERAPISTS' VIEWS ON TRIGGERING FACTORS FOR PSYCHOLOGICAL DISORDERS

by

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Psychotherapists' views on triggering factors for psychological disorders

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Abstract
Triggering factors play an important role in the development of psychological disorders. Practicing psychotherapists have valuable knowledge on psychological disorders and since their views on triggering factors have not been reported in the literature, triggers were addressed in this study from psychotherapists' perspectives. The following three main issues were examined: definitions of triggers, examples of the most recurrent triggers and the idea of a common trigger for psychological disorders. Sixteen psychotherapists agreed to participate in the study. Semi-structured interviews were conducted in person and the data collected were analyzed using frame analysis. Frame analysis aims at representing the data through frames or groups that indicate different interpretations of the same topic. The results showed that the therapists provided three definitions of triggering factors. They most often defined triggers as events, occurrences or situations that explain the onset of psychological symptoms. The psychotherapists also provided examples of triggering factors: these were grouped into three frames, interpersonal, environmental and trauma. The therapists identified no single common trigger, although they discussed common categories and connections between different triggering factors. The findings indicate that triggering factors are complex and closely connected to personal vulnerabilities, as different events and circumstances act as triggers for different individuals. Future research could expand on these findings by examining the constituents of individual vulnerabilities.

1 Introduction

Triggering factors were introduced as part of the diathesis-stress model or the vulnerability–stress model in the 1960s [1]. Diathesis or vulnerability referred to psychological and genetic factors that are present in individuals prone to developing a mental disorder. Stress, on the other hand, referred to environmental factors and life events that trigger or aggravate existing predispositions. This model was first utilized to explain the origins of schizophrenia, and was later modified to include psychological disorders in general. In 1980, the term trigger was presented in the third edition of the diagnostic and statistical manual (DSM), specifically in association with post-traumatic stress disorder (PTSD) and its diagnosis [2].

The treatment of psychological disorders is widely based on the origin of disorders. Psychotherapists' understanding of the causal factors for psychological disorders influences treatment approach [3]. Studies have shown that therapists separate the development of mental disorders into biological and psychological components. Disorders that are viewed to be caused biologically and neurologically form one group, while other disorders seen as caused socially and psychologically make up another [3, 4]. One study showed that psychotherapists perceive mental disorders to range from highly biological to highly psychological or environmental [3]. Another study showed that therapists consider mental disorders

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with a genetic etiology to have an unfavorable prognosis, and suggested medication as the most effective treatment, in comparison to disorders caused psychologically [5]. The perspectives of psychotherapists regarding the development of disorders has been reported, however, their opinions on triggering factors have not yet been examined. Triggering factors are associated with the development of psychological disorders and require further investigation.

Environmental factors, stressful life events, trauma and neurotransmitter dysregulation are all considered triggers for several disorders [6]. In anxiety disorders, stimuli that lead to intense fear or anxiety, as in the case of phobias or post-traumatic stress disorder, are considered triggers. In turn, the hopelessness theory describes how feelings of hopelessness can trigger depression. A study conducted with a population of adult migrants found that feelings of hopelessness act as a mediator between traumatic childhood experiences and the development of depression [7]. Another study showed that social exclusion triggers paranoia in individuals at high risk for psychosis, concluding that it is how individuals respond to social stressors and not their form or intensity that determines the prevalence of symptoms [8].

Risk factors that increase the probability of developing mental disorders have also been discussed. Examples include genetic vulnerabilities, low socioeconomic status, and family problems [9]. It has been proposed that for a psychological disorder to develop, genetic vulnerability needs an environmental or psychosocial trigger. Several studies have reported risk factors for specific mental disorders. Negative affect and social withdrawal were found to predict the development of eating disorders in adolescents [10]. In the case of depression, such risk factors as sleep problems, abuse, and loss of a partner have been examined [11]. Certain personality traits such as high-ranking neuroticism, negative thinking and low self-esteem have also been reported as risk factors for comorbidity between depression and anxiety [12].

Recent studies have reported on the psychological consequences of COVID-19 and discussed the various symptoms triggered by the pandemic. For example, the occurrence of obsessive–compulsive disorder symptoms, higher stress levels, and generalized anxiety and major depressive disorder symptoms [13, 14]. Other studies have focused on possible triggers of increased stress during the pandemic. For university students, these triggers have been financial problems, social isolation, internet access and changes in educational approaches [15]. The pandemic has also provided evidence on the role of triggering factors in the development of mental disorders. The aim of this study was to gain further understanding of triggering factors that can assist in both the treatment and prevention of psychological symptoms.

While a few studies have addressed triggering factors, less attention has been paid to how triggering factors are defined, and even fewer studies have investigated psychotherapists' perspectives on triggering factors. Therapists are in daily contact with individuals with mental disorders, and hence their knowledge and experience is invaluable for building knowledge on triggers. A study combining 162 articles on population studies in Europe and America showed that the general public's attitude towards psychology and psychiatry has improved significantly, and that psychotherapy is chosen over psychiatric medication [16]. The American Psychological Association (APA) reported an increase in the need for mental health practitioners, as well as an increased number of individuals seeking therapy [17]. In addition, two-thirds of psychotherapists included in the study observed an increase in symptom severity among clients in 2022. The increase in demand for psychotherapy emphasizes the need to expand upon the current understanding of mental disorders, including psychological triggers. This study targeted psychotherapists' views on three main issues: the definition of triggering factors, the most recurrent triggers, and the possibility of a common triggering factor.

2 Methods

2.1 Participants and procedures

Sixty Lebanese psychotherapists were contacted either by phone or by email and were asked if they would be willing to take part in this study. Their contact information was obtained from public online information sources used to locate therapists in Lebanon. Lebanese therapists were chosen as participants for this study partly for convenience purposes and partly to decrease cultural biases; since the main researcher collecting the data is Lebanese. Inclusion criteria was working as a psychotherapist, being located in Beirut, and having good English skills. This was especially beneficial, as the interviews were conducted in English. Seventeen therapists responded and agreed to participate in the study, however, one therapist was excluded because they were unable to meet for the interview. The remaining sixteen psychotherapists, with differing therapeutic and educational backgrounds, constituted the participants for this study. Most had their own psychotherapy clinics, while the others worked in psychotherapy centers or psychiatric units. Table 1 presents the sociodemographic characteristics of participants.

Prior to collecting the interview data, participants were informed that their views on the development of psychological disorders would be studied. They were also notified that the interview would be in English and that it would be recorded using a voice recorder. They were also informed that the results of this study would be published. Participants were provided with a copy of the privacy agreement containing a detailed description of the research. After verbally agreeing to these procedures and expressing their willingness to participate, they signed an informed consent form. The written consent form was also signed by the researcher conducting the interviews.

The interview was semi-structured and contained thirteen questions. Five questions were on the participants' demographics and three on their views regarding triggering factors. The data on the latter three questions were then analyzed. The interview questions are presented in Appendix 1. If needed, additional questions were asked during the interviews for clarification purposes. English was chosen as the interview language both to decrease translation bias and to utilize participants' choice of words and phrases in their perception of triggering factors.

The interviews were conducted in person and each participant was interviewed separately. The interviews took around 25 min on average and were recorded using a voice recorder and then transcribed. One interview was collected directly in writing as the participant preferred not to have their voice recorded. Apart from one interview that was mostly conducted in Arabic and subsequently translated into English, all the interview data were conducted in English. Some therapists also occasionally used Arabic to provide additional explanations and examples; these were also translated into English. Participants' personal information was protected throughout the study and their names were not included in the saved data. Participants were aware that their participation was voluntary and received a copy of the signed consent form.

2.2 Analysis

A few qualitative research methodologies were discussed in regards to the analysis of this study, such as grounded theory, content analysis and frame analysis. Frame analysis [18] was used to investigate psychotherapists' views on factors triggering psychological disorders. Grounded theory was ruled out since the aim of the study focused more on understanding therapists' perspectives and less on creating a theory on triggers [19]. As for content analysis, it was also not fitting for the scope of this study because therapist's opinions were not interpreted for the purpose of extracting underlying meaning. However, through frame analysis, participants' opinions were grouped to identify different interpretations of triggering factors.

Frame analysis was chosen because it allows examination of how certain issues are understood differently based on perception. Within frame analysis, the concept of understanding emerges from grouping social situations based on an individual frame of reference [18]. Therapists' opinions for examples could be shaped by their therapeutic approach, psychotherapy training, clinical experience and even personal knowledge [20]. Hence, utilizing frame analysis allowed the exploration of diverse outlooks therapists have regarding triggering factors.

Three interview questions were analyzed using Atlas.ti software. The data for each interview question was coded separately. The codes were created by extracting phrases and terminology used by the psychotherapists when discussing triggers. Similar explanations or codes were then grouped together to form frames. Two interviews were excluded

Table 1 Sociodemographic characteristics of participants

	Frequency
Education	
BA clinical psychology	2
MA clinical psychology	9
Phd clinical psychology	5
Years of experience as a therapist	
From 3 to 10 years	7
From 10 to 38 years	9
Psychotherapy training	
Cognitive behavioral therapy	7
Integrative therapy	6
Trauma therapy	4
Eclectic therapy	4
Psychodynamic therapy	2
Humanistic therapy	2

from the analysis of the second research question as these participants' answers did not provide specific information on or examples of recurrent triggers.

The first author was responsible for conducting the interviews, for data collection, and for initial coding. The codes were then analyzed and interpreted in collaboration with the other two authors. The cooperation between authors occurred during regular meetings which included a detailed discussion regarding coding, agreement on the most representative titles for frames and appropriate placement of the codes within each frame. The first author holds a master's degree in clinical psychology with supervised psychotherapy training in several therapeutic approaches with no specific focus. The other authors had received psychotherapeutic training in systemic therapy, utilize an integrative approach in their clinical practice and have substantial experience in qualitative research.

3 Results

3.1 Definitions of triggering factors

The first research question focused on the definition of triggers or triggering factors. The psychotherapists were asked to define what they considered constituted a triggering factor. Analysis of the data yielded three definitions or frames that were labeled situational, past experiences, and non-specific. Table 2 presents the three frames and the number of times each definition was mentioned by the psychotherapists. The most frequently mentioned was the situational frame.

3.2 Situational frame

The triggers that were mentioned in this frame included, in the words used by the interviewee, events, incidents, changes, new situations, circumstances, happenings in the environment, and something individuals are exposed to. The occurrence of events could be either in the past or the present. Past changes or events occurring at the time of emergence of psychological symptoms were for instance divorce experienced in childhood, whereas present events were for instance relocating to a new country.

The effects of triggers as described by the therapists were activation of psychological symptoms leading to distress on an emotional, psychological or physical level, resulting in dysfunction or feelings of loss of sense of control as well as stimulating a system of thinking and behaving. Moreover, the therapists explained that the effects of a triggering factor are dependent on the individual's vulnerabilities and capacity for resilience.

- *Interview 3: I try to identify the moment where the symptoms started appearing and when we have these moments or this period of life, we try to identify what has changed, what has happened at that point in time; this would be the triggering factor for the symptoms.*
- *Interview 5: Triggers come from the environment; from a new situation; something you couldn't deal with.*
- *Interview 7: A triggering factor would be a change; any sort of change can trigger a psychological disorder.*

3.3 Past experiences frame

The psychotherapists identified another definition for triggering factors as elements of the present environment that resembled negative events experienced by the individual in the past. Some therapists used expressions such as the present environment or present happenings. Past experiences were described by phrases such as negative past experiences, unfulfilled emotional needs from childhood, and past trauma. Some therapists stated that triggers could be minor events that nevertheless generate a huge reaction in individuals. This reaction, linked to past experiences, is thus not usually

Table 2 Frequencies of the frames describing the definition of triggers

Definition of triggers	Frequency
Situational frame	8
Past experiences frame	4
Non-specific frame	4
Totals	16

proportional to the present triggering event. Examples of triggers that reminded individuals of past trauma included songs, smells, or another person's personality or tone of voice. Other examples were situations resembling past negative experiences such as not feeling listened to or being ignored. Yet other examples focused on childhood experiences and revolved around issues of abandonment, or inadequacy.

The association between triggers and the brain or the central nervous system was also discussed. The effects of triggering factors were described as arousing the central nervous system, leading to a psychological, emotional or behavioral reaction as well as raising tension and possibly leading to psychological symptoms.

- *Interview 11: An element in your environment, in the present, that is somehow similar either in setting, in content, or in the personality of the individuals around you to a previous actual trauma that you have gone through.*
- *Interview 14: A triggering factor is anything that might happen in the present that stimulates something in the person's mind or feelings or even behavior. For example, when something happens in the present and it just reminds the person of a negative experience in the past, the brain links that together and the experience in the past with all its cognitions and feelings are relived in the present…the person might feel very upset and this wouldn't usually be proportional to what is happening in the present.*

3.4 Non-specific frame

The triggers in this frame remained undefined or vague. The therapists provided a general definition of a trigger and focused on its effects rather than labeling it or specifying the elements a triggering factor. Therapists used words such as a factor, anything or something in their definitions. They described a trigger as something normal that has a strong effect on particular individuals. Such effects included inducing a psychological disorder, activating symptoms, and causing dysfunction or loss of control.

- *Interview 1: Factors that activate symptoms, contribute to its beginning, or activates the disorder in some way.*
- *Interview 9: Something that makes the person go out of control, when others around might see it as something very normal, but it makes the person completely dysfunctional.*

3.5 Most recurrent triggering factors

The second research question aimed at eliciting the most recurrent triggering factors. The psychotherapists were asked to describe and exemplify the triggers they had encountered most often in their clinical practice. All mentions of these triggers were extracted from the data and grouped into three frames: interpersonal, environmental, and trauma. Table 3 presents the three frames and their frequency of occurrence in the data. The interpersonal frame contained the most mentioned triggers.

3.6 Interpersonal frame

The most recurrent interpersonal triggering factors mentioned by the interviewees included relationship issues such as break-ups, being in a difficult relationship, losing trust in a relationship, and the death of a loved one. The therapists also mentioned unsupportive family or societal support systems as well as dysfunctional support systems. Personality differences, whether between parents and children or between couples, that create problematic interactions were also mentioned. This frame also included family issues and unmet childhood needs, such as children not feeling understood by their families or not receiving enough attention, care and emotional support from their parents. Unmet childhood needs were discussed in relation to negative cognitions and individuals' perceptions of themselves and the world.

Table 3 Frequencies of the frames comprising the most recurrent triggering factors

Most recurrent triggers	Frequency
Interpersonal frame	13
Environmental frame	9
Trauma frame	7
Totals	29

- *Interview 6: You know triggering factors are numerous, if I want to put them in categories or if I want to summarize what I have observed, it is most of the time, if not always, related to interpersonal issues. Loss for example, let's say losing someone or breaking ups, having difficult relationships with people, losing trust. So in most of the cases, if not in all the cases, it is about relationships and interpersonal issues.*
- *Interview 7: In my experience, triggers are relational in nature and are based on repetitive ways of being related to during times of need. For example, most people come to therapy and when we explore their past, we would see common patterns of either neglect or an inability of their caregiver to show a deeper understanding or an inability to cope with the child's emotions or basic needs at the time…Being too rigid or flexible with the child or having unrealistic expectations from the child, not giving them enough advice …that creates a level of frustration and results in core beliefs such as: I am not lovable, I am not worthy, or I don't have what it takes to make it in life.*
- *Interview 15: A lot of it is relational, so people. People trigger other people.*

3.7 Environmental frame

The main examples in this frame were challenging situations, stressful life events, or changes that an individual is subjected to. Examples of environmental triggers given by the therapists included financial difficulties, unemployment, poverty, accidents, being the victim of a crime such as robbery, changes in an individual's environment such as relocating to a new country, changing schools or jobs, and developmental or health-related changes like an illness. The absence of certain coping skills or having poor coping skills in certain areas of life were offered as possible reasons why certain events are challenging and become triggers for some people and not others. This frame represents factors that are not based on human interaction, which is noticeably distinct from the interpersonal frame. Many environmental triggers were included except for trauma related triggers which constituted the third frame in this study.

- *Interview 2: Changing of the environment, like relocating to different places, difficulty integrating usually is a big problem, like changing schools, changing jobs, changing countries.*
- *Interview 14: Typically, the most recurrent triggers would be a challenging situation for this specific person who perhaps has poor coping skills in that specific area.*
- *Interview 15: Poverty in this situation, specifically within the population that I work with. Their constant inability to make ends meet, not having a job, trying to find a job; it triggers a lot of things such as anxiety and depression.*

3.8 Trauma frame

Triggering factors related to trauma or abuse were considered by the therapists in this frame to be the most recurrent triggers they had encountered in their clinics. They cited such factors as emotional, verbal, or sexual abuse, neglect, traumatic events such as war or torture, and childhood traumas resulting from bullying or witnessing intense conflicts between parents. The therapists also stated that anything that reminds the individual of a previously experienced trauma could act as a trigger. Such reminders included hearing a certain tone of voice, watching a movie, being in a new job in a new setting or the personality of a boss or close individual.

- *Interview 8: Childhood traumas, traumatic events like bullying, sexual or physical abuse, intense conflicts between parents, for example if the child is seeing their father hitting their mother.*
- *Interview 12: Abuse, because I have several clients dealing with the issue of emotional, verbal, or sexual abuse or even neglect and some have more than one experience of abuse.*
- *Interview 13: The trigger could be anything. There is no way to specify, it depends on the person's actual trauma, some people are triggered by the personality of their boss or their husband. Some people are triggered by the tone of voice, or the color of someone's hair. Sometimes a similar setting can be a trigger; for example, going to a new office and working in a new setting can be a trigger for previous separation anxiety or abandonment trauma in kindergarten or preschool. Sometimes when you are dealing with someone who is authoritarian like a boss, and one of your parents was also authoritarian, then the boss will be a trigger. Also movies can be triggers, it doesn't have to be a person or a setting. It could be a movie.*

3.9 Common trigger

To answer the third research question, the psychotherapists were asked whether or not they thought there was a common triggering factor for most psychological disorders. They gave different answers and showed different ways of understanding the question. Similar answers were grouped together, yielding three frames: connectivity, categorization and dismissive. Within all three frames therapists seemed to disagree with the idea of a single common trigger. Table 4 presents the three frames and their frequencies. The connectivity frame was the most frequent.

3.10 Connectivity frame

In this frame, the psychotherapists focused on the common features of triggers and gave explanations of what, in their opinion, connects triggers together. Their understanding of the question regarding the presence of a common trigger focused on commonality, such as a common cause for triggers or a common reaction that triggers provoke in individuals. Even though some therapists clearly stated that they do not think there is one common trigger, they still provided common aspects for triggers. Two subcategories were mentioned explaining the connections between triggers: common outcome and common cause. Therapists mentioned the following common outcomes of triggers: distress, feelings of vulnerability, helplessness and confusion, losing control and losing one's identity. Another connector they mentioned was a common cause or a common origin for most triggering factors which is past unresolved trauma.

- *Interview 3: What is common with triggers is confusion and a sense of not knowing what to do and not having control…it is when people want to change a specific situation but they can't so that gets confusing and they start having problems.*
- *Interview 6: There is a common cause for triggers which is trauma, but no common trigger.*
- *Interview 7: I think every individual is different, so every trigger is different, but the common denominator would be that it causes distress. Whatever the situation is and whatever the trigger may be, it all leads to the person feeling distress.*
- *Interview 12: Definitely there has to be something in common, it is the point where something happens to you and you get lost. What triggers have in common is a situation which makes me vulnerable, regardless of the type of trigger, a situation that puts me in a certain state of mind where I feel maybe helpless, I feel that I am not in control anymore. That is the trigger, something that pushed me and I cannot. It is the reaction that people have in common, disregarding the differences, it is the fact that I had enough.*

3.11 Categorization frame

In this frame, common themes or common categories were mentioned in response to the question of whether psychological disorders have a common trigger. Psychotherapists explained that while there is no single specific common triggering factor, triggers have common elements that they have observed in their clinics. Thus, although the views in this frame discounted the idea of one common trigger, they nevertheless emphasized that triggers shared common themes, such as the family, the environment, traumatic events, and unmet needs. Other common categories were interpersonal issues, recurrent negative experiences, abuse, as well as issues related to power, safety or security, love and acceptance, self-competence or self-worth, and responsibility.

Table 4 Frequencies of the frames in response to the question about a common triggering factor

Is there a common trigger?	Frequency
1. Connectivity frame	9
Common outcome	7
Common cause	2
2. Categorization frame	6
3. Dismissive frame	2
Totals	17

- *Interview 2: I do believe that what is common in most triggers of psychological disorders is unmet needs but I cannot discount biology, so for that reason I couldn't say there is a common trigger. For me the answer would be no, but I would say that a well-adjusted family is certainly a protective factor.*
- *Interview 4: Not a common trigger, but there are common themes. So it is not one common trigger but there are common themes which are related to self-competence, love and acceptance, safety and danger.*
- *Interview 14: It is interpersonal issues and interpersonal problems. You could also be dealing with something else, for example you may have problems with achievement or with self-esteem but then again self-esteem is basically how you were looked at when you were a child, whether you were praised or criticized. It goes back to interpersonal issues.*
- *Interview 16: Traumatic events, but not for all, not in general. I believe there isn't one common triggering factor, several factors play a role. One of the major ones is traumatic events amongst others.*

3.12 Dismissive frame

Therapists in this frame dismissed the idea of a common triggering factor. They did not provide further explanation other than it would be too reductionist to suggest a single common trigger for psychological disorders.

4 Discussion

The aim of this study was to identify the viewpoints of psychotherapists on triggering factors. Three main issues were addressed: the definition of a trigger, examples of the most recurrent triggers, and the existence of a common trigger. First, different definitions for a triggering factor were grouped into three frames: situational, past experiences and non-specific. In the situational frame, which was the most frequently mentioned, triggering factors were seen as circumstances or events that individuals are exposed to. In another definition, triggers were seen as elements in the present environment that resemble past negative experiences. Second, the psychotherapists' views on the most recurrent triggering factors were grouped into three frames: interpersonal, environmental and trauma. The interpersonal frame was the most frequently mentioned and included triggers relating to relationships with others, family issues, personality differences and dysfunctional support systems. Examples of triggers relating to environmental circumstances or trauma constituted the other two frames. The third research question focused on whether or not psychotherapists considered that mental disorders were triggered by a common factor. The answers seemed to differ, according to the way the question was understood, and were grouped into three frames: connectivity, categorization and dismissive. The connectivity frame included two subgroups for connections the therapists considered to be common for most triggers, which were common outcome and common cause.

What constitutes a triggering factor has not been precisely defined in previous studies. The terms trigger and risk factor seemed to be used interchangeably. According to previous research, while risk factors do not necessarily induce symptoms, and certain risk factors such as genetics need a trigger in order for a disorder to develop, the accumulation of risk factors could lead to the development of symptoms [9]. In this study, the definitions the psychotherapists offered for triggering factors yielded a different classification from that of risk factors. First, the psychotherapists argued that the triggers occurred immediately prior to the onset of symptoms. Moreover, the majority of the therapists seemed to agree on the effects of triggering factors, which included distress, dysfunction, and psychological symptoms, resulting in an emotional, psychological, or physical reaction, and loss of sense of control. Some therapists in this study also discussed the accumulation of negative events or the buildup of unprocessed traumas which could become a trigger. They explained that a triggering factor is not necessarily a huge event; it may sometimes be the addition of a minor event that pushes the individual over the edge.

Although the therapists in this study defined triggering factors in a way that distinguishes them from risk factors, the examples they gave showed some similarities. The examples of triggers and risk factors given in the literature include environmental factors, stressful life events, social stress, social withdrawal, trauma. abuse, family issues, low socioeconomic status, genetic vulnerabilities, neurotransmitter imbalance, feelings of hopelessness, negative affect, personality traits, sleep problems, and loss of a partner [6–12]. The psychotherapists in this study also mentioned family issues, poverty, environmental changes, stressful life events, death of a loved one, trauma, abuse, feelings of helplessness and personality differences as triggering factors. However, they did not mention genetic vulnerabilities or neurotransmitter imbalance as triggering factors. The triggers they focused on all fell within the interpersonal, environmental and trauma

frames, while they made no mention of neuropsychological or medical factors, which would mainly be classified as risk factors.

Earlier research showed that social stress can trigger paranoia in individuals at risk for psychotic disorders, explaining that it is the individual's reaction to a stressor that determines the prevalence of the symptoms and not the type or intensity of the stressor [8]. The psychotherapists in this study complemented this perspective by arguing that triggers could be normal events that, however, affect specific individuals differently, precisely because of their individual vulnerabilities. For some therapists these included weak coping skills in certain areas of life such as work, personal relationships, or family. Others focused on past negative experiences and their role in shaping an individual's cognitions, perceptions and emotional reactions. Some also mentioned past unresolved trauma as the origin of most triggers.

A recent study of feelings of hopelessness in an adult migrant population found that hopelessness acted as a mediator between childhood traumatic events and depressive symptoms [7]. The hopelessness theory similarly explains how hopelessness can affect the development of depressive symptoms [6]. In this study, the psychotherapists stated that most triggers have connections with feelings such as distress, vulnerability, helplessness and confusion, loss of sense of control, and loss of identity. Moreover, most triggers were also connected with past unresolved trauma. Although the psychotherapists did not use the word hopelessness, their opinions were clearly informed by a similar notion.

In this study, therapists defined triggering factors as events, situations or occurrences which are linked to past experiences and that activate intense reactions, psychological symptoms or even disorders. This definition combines aspects from the three frames provided by the therapists. In addition, some therapists discussed triggers in relation to psychotherapy and stated that the client's explanation of their problem is generally different from the reason they are suffering or having difficulties. During their first session, clients are asked why they have come to therapy and they answer providing an explanation of the issues they are facing. However, the factors triggering their problems are not always clear to either the client or the therapist. Throughout therapy, triggers reveal themselves. This process is dependent on the client's willingness to discuss their life surrounding the onset of their symptoms, including events that they might experience as uncomfortable and challenging. During therapy sessions, something said or done by the therapist may also trigger reactions in clients. Such occurrences are also important elements of therapy, as they create an opportunity for both the therapist and the client to discuss the situation, understand what it was that had bothered the client, learn about the client's triggers, and treating past experiences linked to the trigger. An important part of resolving triggers is achieved through emotionally processing past experiences in a healthy way; which renders past traumatic experiences into just memories [21].

With respect to recurrent triggers, those that were most often mentioned were found in the interpersonal frame. Abuse and neglect were viewed by some therapists as traumas per se, while others categorized neglect as part of unmet childhood needs, which is also a trigger in the interpersonal frame. Other triggers related to past traumas, such as the personality of others or being criticized by someone, might also be considered as interpersonal. Some therapists explained that some issues, such as experiencing performance anxiety at work, are connected to self-esteem which, in turn, is generally based on how much an individual was criticized or praised when growing up. Even an environmental factor such as moving to another country, could also be considered as interpersonal trigger, especially if it is associated with difficulties in adjusting or relating to a new social setting. These findings indicate that several triggers might originate in relationships with others, thus testifying to the importance of past and present interpersonal interactions.

The environmental and trauma frames were also seen as important. For example, war and poverty were discussed as examples of triggers in both the environmental and trauma frames. This overlapping between frames demonstrates the difficulty of categorizing life events and individual experiences, which act as triggers for different reasons across individuals, and further indicates the link between triggers and individual vulnerability.

The psychotherapists seemed to understand the third research question differently. They were asked whether or not they thought psychological disorders share a common trigger. Some stated that triggers have common outcomes or causes, others that common categories of triggers exist, such as the family, the environment or trauma, and many mentioned that there is no single common trigger. The uncertainty in the therapists' answers demonstrates their striving to maintain an integrative approach as well as their unwillingness to limit attributing the onset of psychological disorders to a single common trigger.

The therapists suggested common themes and connections between triggers which also indicated their complexity. Common categories included interpersonal issues, unmet needs, recurrent negative experiences, abuse, and issues related to power, safety or security, love and acceptance, self-competence or self-worth, and responsibility. Others stated that triggers fall under the main headings of family, trauma, and the environment. On the issue of common outcomes of triggers, the therapists stated that triggers lead to distress, feelings of vulnerability, helplessness and confusion, loss

of control and loss of one's identity. Another common feature underlying triggers was past unresolved trauma. These findings show that while triggers have common effects on individuals and could belong to similar categories, each case needs to be assessed individually.

The COVID-19 pandemic could be considered an environmental trigger since it originated from situational events. It is likely that the pandemic will have a lingering and prolonged influence on the occurrence of psychological symptoms and disorders. Several of the shared outcomes of triggers, such as feelings of distress, vulnerability, helplessness, confusion, loss of control, and loss of one's identity, discussed in this study were present during the pandemic. The unpredictability and apparent uncontrollability of the pandemic might have also induced a sense of hopelessness. The restoration of psychological health occurs, as a combined effort between therapists and their clients, in creating an opportunity for clients to reconnect with their sense of control and mastery. Whether through learning new coping skills or better understanding and perceiving their own power, individuals need to be able to visualize their choices instead of being on the receiving end and simply reacting to what is happening. This, in turn, facilitates people's capacity to adjust and cope, even in the face of unpredictable and uncontrollable triggers.

5 Strengths and limitations

Previous research concerning psychotherapists' viewpoints on triggering factors is limited. This study provided novel and abundant information on this topic. The participating psychotherapists communicated their thoughts and perspectives on triggering factors, offering definitions of triggers along with examples and themes. Connections between triggers were also discussed in addition to the relation between triggering factors and individual vulnerability.

This study also created an opportunity to understand triggering factors from a comprehensive point of view, especially that the participation of psychotherapists was voluntary, and analysis of the data was done irrespective of the participants' therapeutic approaches.

This study has its limitations. First, the frames in which the different examples of triggers were collected seemed to overlap. The most recurrent triggers were distributed in three frames — interpersonal, environmental and trauma — although some could similarly be in more than one frame. Second, two interviews were omitted from the data, as they lacked concrete examples.

Although English is not the native language of the participants in this study, the use of English in the interviews is not considered a limitation. Most of the participants had either studied or worked in English and some had received training and also taught in English at university level. Only one interview was translated from Arabic into English, and translations were otherwise minimal. However, the differences in the therapists' understanding of the third research question may be linked to their English language skills. Although, it is also possible that therapists' answers differed not because they had misunderstood but because their perspectives and their way of interpreting the question were different. Moreover, their different responses yielded valuable knowledge on triggering factors and enriched the findings of this study.

6 Conclusion

This study examined the viewpoints of psychotherapists on triggering factors. The data yielded information on the definitions of a triggering factor, the most recurrent triggers, and therapists' views on the existence of a common trigger. The results showed that triggering factors were considered as events, situations or occurrences that are linked to past experiences and that explain the onset of individuals' problems or symptoms. Triggering factors are often everyday events that are triggers for some people but not others, as triggers are closely connected to personal vulnerabilities such as poor coping skills, negative experiences, or past trauma. Finally, while the therapists identified no single common trigger, they discussed common categories and links between triggering factors.

Future research could expand on the findings of this study and examine the factors underlying triggers. Understanding the constituents of individual vulnerability would provide valuable information. Recognizing the reasons why certain kinds of events are triggering could aid in both prevention and treatment. Moreover, with respect to the feelings of helplessness, vulnerability and loss of control that triggers evoke, it would be interesting to examine the ways in which therapists could help their clients regain their sense of control and mastery.

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Data availability The datasets analyzed during the current study are not publicly available due to the absence of consent from participants for absolute distribution of the data.

Code availability Not applicable.

Declarations

Ethics approval and consent to participate All procedures performed in this study were in accordance with the ethical standards of the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The Finnish National Board on Research Integrity indicated that an ethical approval is not required for this study. Informed consent was obtained from all individual participants included in the study.

Consent to publication The participants have consented to the use of their interview data for publishing.

Competing interests The authors declare that they have no competing interests that are relevant to this article.

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III

PSYCHOTHERAPISTS' PERSPECTIVES ON LOSS OF SENSE OF CONTROL

by

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Submitted manuscript

Psychotherapists' Perspectives on Loss of Sense of Control

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Abstract

Sense of control is an integral part of well-being. Studies have reported on the connection between loss of sense of control and psychological symptoms. However, loss of sense of control has not yet been studied from the perspective of psychotherapists. This study had three research objectives: to find out how psychotherapists define loss of sense of control, whether they consider loss of sense of control to play a role in the onset of psychological symptoms, and, if so, in what cases. Psychotherapists were interviewed and the data were then analyzed using frame analysis. The analysis revealed two definitions for loss of sense of control and conflicting views on whether it plays a role in the onset of disorders. Relational issues and stress were the most mentioned examples of loss of sense of control. These findings clarified that unpredictability, whether interpersonal or environmental, gives rise to loss of sense of control.

Keywords: Loss of sense of control; perspective of psychotherapists; development of psychological disorders; frame analysis; qualitative research.

Introduction

Sense of control has been defined in various ways. Shapiro (1994) defines sense of control as individuals' beliefs about how much control they possess and their ability to gain control if necessary. Another definition focuses on mastery or agency and describes sense of control as a basic need that is motivated by positive feelings generated by accomplishing one's goals (Lachman et al., 2015). Sense of control has also been defined as the perceived level of control one has over the events in one's life, or the view that one can overcome environmental uncertainty (Ward, 2013; Zhu et al., 2020). In contrast, loss of sense of control is explained as powerlessness and the belief that one is unable to exercise control over one's life or effect change (Ross & Sastry, 1999).

Loss of sense of control has been linked to depression, stress, anxiety, and burnout (Keeton et al., 2008; Precht et al., 2021; Southwick & Southwick, 2018). Studies have also shown feelings of ineffectiveness and fear of losing control to be linked with binge eating disorders as well as obsessive and compulsive symptoms (Froreich et al., 2016). In addition, self-harm behaviors and suicidal ideation have also been associated with loss of control over oneself and one's life situation (Wand et al., 2018; Pavulans et al., 2012). More recently, several studies on the role of loss of sense of control on health and mental health were initiated as a result of the uncertainty experienced during the Covid-19 epidemic. One study showed that a significant number of health care workers experienced symptoms of anxiety, depression, and insomnia during the epidemic and reported feelings of vulnerability, loss of control, isolation, and fear for their own and others' health as major sources of distress (Lai et al., 2020). Another study showed that sense of control acted as a mediator between physical activity and psychological symptoms such as depression, anxiety or stress (Precht et al., 2021). Loss of sense of control was also linked to the adoption of dysfunctional coping mechanisms and maladaptive behaviors such as alcohol or drug abuse (Brailovskaia & Margraf, 2021).

Since the Covid-19 epidemic, while the necessity for researching loss of sense of control has been underlined and its relation to psychological disorders demonstrated, its role in the onset of psychological

disorders has not yet been examined. Based on their theoretical and practical knowledge gained from working with clients, psychotherapists may be able to contribute to knowledge on this topic. While the definition of loss of sense of control has been discussed elsewhere, therapists' understanding of the concept remains to be explored. How therapists define loss of sense of control will not only add further insight into the matter but also indicates how they work with loss of sense of control in their treatment approaches.

The field of psychology and psychotherapy is in constant change (Ronnestad & Skovholt, 2012). Improvements and modifications specifically in regards to diagnostic criteria and treatment approaches is seen regularly. An example of that would be the several revised updates applied within the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013). Psychotherapists on a micro level affect this process by acquiring practical knowledge from working with clients (Ronnestad & Skovholt, 2012). Therapists' perspectives allow progress within psychotherapy and also create opportunities for pragmatic understanding and treatment of psychological disorders.

Hence, this study investigated the role of loss of sense of control from the perspective of psychotherapists. First, therapists were asked to define loss of sense of control in their own words. Second, they were asked to clarify whether they perceive loss of sense of control as playing a role in the onset of psychological disorders. Finally, they were asked to provide examples of disorders in which loss of sense of control plays an initiating role.

Methods

Participants and procedures

The participants in this study were Lebanese psychotherapists. Of the sixty therapists contacted via different online platforms, sixteen (ten females and six males) agreed to participate. All were located in Beirut and had differing therapeutic and educational backgrounds. Some were employed in psychotherapy

centers or psychiatric units and others had their own psychotherapy clinics. With one exception, the interviews were conducted wholly in English as most had good English skills.

All participants were clearly informed about the purpose of the study, i.e., the development of psychological disorders and the possible role in this of loss of sense of control. All were also informed that their participation was voluntary, the interviews would be voice-recorded, and conducted in English. They were also notified that the results of the study would be published and their personal information and rights to privacy would be protected. Prior to the interviews, participants were asked to give both their verbal consent and sign a written consent form.

The interview was semi-structured and contained thirteen questions. The three questions which focused on the role of loss of sense of control constitute the data for this study. The interview is presented in Appendix A. The data were collected in English to minimize translation bias as much as possible and, more importantly, to utilize participants' own words and phrases in the data analysis.

All the interviews were voice-recorded except for one in which the participant preferred not to be recorded. All the interviews were collected in English except for one which was mostly in Arabic and then translated into English. Some participants switched to Arabic when providing additional explanations and these statements were also translated into English.

Analysis

The data from each of the three interview questions were analyzed separately using Atlas.ti. Frame analysis (Goffman, 1974) was used to investigate the psychotherapists' views on the role of loss of sense of control in the onset of psychological disorders. Frame analysis was chosen since it allows the investigation of diverse perspectives. Coding was based on the therapists' perspectives, which was presented using their own words and phrases. Similar codes displaying a similar opinion were then combined to create the frames.

One interview was excluded from the analysis of the second research question and three interviews were excluded from the analysis of the third research question since the participants' answers did not provide specific information on the topic or examples of the role of loss of sense of control. Some therapists disagreed with the idea that loss of sense of control plays a role in the development of disorders and for this reason were unable to provide examples.

The data collection and initial coding were conducted by the first author. The analysis and interpretation were then performed in collaboration with the other two authors. The first author had majored in clinical psychology with no specific orientation or psychotherapeutic approach. The other authors had received psychotherapeutic training in systemic and integrative therapy.

Results

Defining loss of sense of control

To address the first research question, the psychotherapists were asked to define of loss of sense of control. The data analysis yielded two frames, which were labeled helplessness and disinhibition. The helplessness frame informed the answers of 11 and the disinhibition frame the answers of 5 of the therapists.

Helplessness Frame

The psychotherapists who defined sense of loss of control as helplessness spoke about feelings of helplessness or powerlessness, using expressions such as feeling passive, hopeless, being unable to imagine having control over one's life, not having a say in what is happening, being unable to plan or change certain matters, losing faith or belief that one can effect change, feeling incapable of dealing or coping with difficulties, and feeling lost or unsettled. Some of the psychotherapists described these feelings in connection with certain situations such as the accumulation of adverse events, unpredictable environments, uncertainty, and things not functioning smoothly in one's life. Others referred to symptoms, belief patterns and psychopathology as the main indicators of loss of sense of control.

Interview 8: An individual feeling that they are not able to control the events that are taking place in their lives. It's hopelessness or learned helplessness.

Interview 11: It is actually about feeling, believing not feeling, believing or trusting that you can be active, that you have a say. Even if you are not going to control the events as they are or to have control over the outcome, but if you feel that you have a say in what is happening in your life, then you can have an influence ... That is a sense of control. But if suddenly things start happening to you and you feel complete powerlessness, and you are just waiting for things to happen to you or to stop happening to you, or waiting for things to change, that's a total loss of sense of control.

Interview 6: Psychopathology is a loss of sense of control, because you don't know how to handle your life anymore. Symptoms we observe that show loss of sense of control are for example projecting on the external world such as directing blame on others, rejecting responsibility, feeling helpless, or an inability to make decisions. They could say nothing will change anyway, whatever I do I will fail. These sentences show a belief pattern of lack of sense of control.

Disinhibition Frame

The psychotherapists who defined loss of sense of control as disinhibition or the inability to exercise self-control, spoke about the inability to control one's psyche, emotions, or behaviors. They gave examples such as addictions, self-harm, impulse control, binge eating, abusing one's partner or parents abusing their children.

Interview 3: When you decide to do something and you cannot stick to what you have decided, this is in terms of impulse control disorders, this is how I understand loss of sense of control. For example: binge eating or alcohol abuse. Loss of control could be emotional imbalance, or it could be emotional dysregulation for example self-harm.

Interview 16: When you are overwhelmed and you cannot control your emotions or your actions.

The role of loss of sense of control

The second research question asked the psychotherapists to give and elaborate on their views concerning the role of loss of sense of control in the onset of psychological disorders. One interview was excluded from the analysis as it did not provide data relevant to the research question.

The psychotherapists were asked whether they believe loss of sense of control plays a role in the onset of disorders. The data analysis yielded two frames, one indicating agreement and the other disagreement with the idea. Some of the psychotherapists provided statements in both frames. They described cases where loss of sense of control could play a role in the onset of psychological disorders and cases in which they believed it did not. The belief that loss of sense of control plays a role in the onset of psychological disorders was mentioned 10 times and the opposite belief 7 times.

Loss of sense of control plays a role

The psychotherapists who expressed belief that loss of sense of control plays a role in the onset of psychological disorders discussed several reasons for this. Some stated that whether or not an individual develops a psychological disorder depends on the events that individual has been exposed to, how unpredictable these events were and how they were processed. They also focused on the feeling of being unable to change certain issues or events in one's life and how the intensification of loss of sense of control could lead to the development of a disorder. A few therapists discussed the role of fear, namely in the context of post-traumatic stress disorder, and explained that a certain event may induce both loss of sense of control and fear, which could lead to a vicious cycle of fear and avoidance. Some mentioned how loss of sense of control could create patterns of beliefs such as: "I am not capable, I am not strong enough, I am not important", which could lead to emotional dysregulation and possibly a disorder.

Others pointed to emotional dysregulation as the initiating factor in this process; they argued that emotional dysregulation leads to impulsive behavior, which in turn generates feelings of loss of control. Others emphasized feelings of helplessness or powerlessness in addition to feeling unsafe and insecure,

leading to fear that hinders one's ability to take the steps necessary to create the life they wish to have. Finally, a few discussed the vulnerability stress model, in which stressors generate loss of sense of control and trigger psychological disorders in individuals who have a predisposition for developing a given disorder.

Interview 2: Yes, PTSD being a prime example for that. Something happens and you lose your sense of control and it creates fear, then that fear creates avoidance and the avoidance creates more fear and it becomes a cycle.

Interview 11: In some disorders yes, in anxiety for example or depression. Learned helplessness or feeling that I am in constant danger or that I am not safe, and feeling loss of sense of control makes you believe that you cannot ensure your safety or do anything about it, and this puts you in a state of constant anxiety.

Interview 16: It plays a part, it depends on the outcome of the loss of sense of control; what happened when I lost control, how did I react or behave, how did I process it, how did it affect me; so all those factors play a role in whether or not I would develop a disorder.

Loss of sense of control plays no role

In contrast to the therapists in the previous frame, those in this frame stated that loss of sense of control does not play a role in the onset of disorders. Some stated that environmental factors and genetics play a major role. Others viewed loss of sense of control as a symptom or a consequence of pathology and not the other way around. They explained that symptoms result in feelings of loss of sense of control or that loss of sense of control happens gradually along with psychological symptoms.

Interview 3: No, I think loss of sense of control is a consequence of a disorder. When people have a psychological disorder they have this feeling not being able to manage their life properly, so loss of sense of control can be an impairment that is present due to the disorder itself.

Interview 13: No, I think it is the other way around, I think for a person to have a loss of sense of control then already some pathology is there.

Interview 11: Loss of sense of control does not play a role in all psychological disorders. I think this is a generalization. For example: some mood disorders, bipolar disorder, schizophrenia, schizoaffective disorder. A strong genetic component plays a part in these disorders, with some environmental factors; but there is a very strong underlying genetic component.

Cases of loss of sense of control

To address the third research question, the therapists were asked to describe cases where, in their opinion, loss of sense of control triggered the onset of a psychological disorder. Three of the therapists who did not believe that loss of sense of control plays a role in the development of disorders, as described in the results on the previous research question, were unable to provide examples, and hence their interviews were excluded from the analysis. The examples provided by the other therapists were grouped into seven frames based on their own words and labeled relational issues, stress, life events, abuse, failure, trauma, and drug abuse. Table 1 presents the frames and their frequencies.

Table 1

Frequencies of the frames describing cases of loss of sense of control

Frames	**Frequencies**
Relational Issues	8
Stress	6
Life Events	5
Abuse	4
Failure	3

Trauma	3
Drug Abuse	2

Relational Issues Frame

In the cases provided by the therapists in this frame, loss of sense of control is linked to relational issues. Therapists discussed interpersonal problems stemming from, e.g., personal or family relationships, including breakups, divorce, cheating, family problems, sickness in the family, mental illness in the family, overprotective parents, parents with depression, and unsupportive parents. Relational issues were the most commonly mentioned examples of loss of sense of control triggering psychological disorders.

Interview 11: An example would be a case where the parents got divorced and the mom became very depressed, there was nothing anyone could do at home to change that. The father left. This child suddenly started developing panic disorder and severe anxiety. Clearly for that child, putting aside all psychological factors that come into play in a case like this, but feeling that there was nothing they could do and that they were not an active agent in all of this. They were bearing whatever was happening to them, and that is why the child got anxious.

Stress Frame

This frame contained the second most frequently mentioned examples of loss of sense of control. Some of the therapists spoke about the accumulation of stress and the inability to manage, leading to burnout as well as work-related stress. Other examples included everyday stress, living in an unstable country, and new situations that induce immense stress, such as giving birth for the first time or getting married and not expecting the big life changes that accompany these events.

Interview 3: What directly comes to mind is when people are under a lot of stress and they are responsible for so many things that they are unable to manage everything together. This creates chaos

and a feeling of not being in control, specifically when it comes to managing their situation. That leads to burnout or depression.

Life Events Frame

The life events exemplified in this frame were illness, death, accidents, and being a victim of crime. These examples focus mainly on events that are independent of a relational perspective. The therapists cited situations which left individuals feeling loss of sense of control and further discussed their effects. They explained how these events could result in an individual feeling unsafe and unable to predict the future.

Interview 9: Cases of theft, that was a trigger for loss of sense of control, even if the person hadn't actually confronted the burglar. There was still the sense of your property being invaded and that you were no longer safe in your environment. Death and illness are also examples of cases where you see a lot of anxiety, a lot of depression, even OCD cropping up when it wasn't present before.

Abuse Frame

This frame of loss of sense of control contained statements in which the therapists mentioned the word abuse, mainly experienced in childhood or from an abusive partner. The therapists' main focus was on abuse, irrespective of its specific context.

Interview 7: Abuse is a trigger; a woman being abused by her husband for example. Most people come to therapy later on in the abuse because they couldn't take it anymore or because something else has changed in their lives, let's say now she has reached university level and is able to speak up because she is now able to consider divorce.

Interview 15: Another example is a case where a woman has had a very rough childhood, abuse of all kinds and anger issues. She didn't know why she had these anger issues, she didn't know where they come from until she started therapy.

Failure Frame

The examples in this frame referred to failure achieving goals, such as in school or university and losing one's job. The therapists elaborated on the situation of a person receiving for example low grades and not knowing the reasons for this or not knowing how to deal with or improve the situation.

Interview 6: Another example would be failing at college, and not knowing why I'm failing. This is very common.

Interview 7: Losing a job is another big trigger, failing at school or university.

Trauma Frame

Some therapists saw trauma as a trigger for loss of sense of control and the onset of psychological symptoms and disorders. Some stated that trauma is the main trigger and that loss of sense of control is one of the symptoms induced by a trauma; this loss of sense of control then leads to secondary symptoms such as psychopathology. Others also cited cases where loss of sense of control led to symptoms.

Interview 2: A woman who was sexually assaulted is a case where loss of sense of control triggered psychological symptoms; she has a constant fear of being assaulted, she has some depressive symptoms, highly avoidant of going outside the house, whenever she can avoid going out she will. She avoids thinking, remembering or talking about what happened. She has some sleep disturbances…

Interview 13: The primary situation is not the loss of control, the primary situation is trauma and then part of the symptoms would be loss of control. When this happens, another set of symptoms occur. So, because loss of sense of control can be scary, secondary symptoms may happen that probably are anxiety mostly and or addictions or stuff like that, basically mostly anxiety and depression… There are myriads of situations where the original symptoms include loss of control, but once the loss of control becomes very significant on its own, then more symptoms develop.

Drug Abuse Frame

In this frame, psychotherapist discussed substance abuse as an example of loss of sense of control. They described the effects of ingesting certain psychoactive drugs and their effects on the biochemistry of the brain. Some disagreed with the idea that loss of sense of control triggers symptoms, except in cases of drug abuse. The therapists explained that mind-altering substances can activate anxiety and feelings of loss of sense of control that can in turn develop into symptoms.

Interview 7: A few patients who have abused mind altering drugs and had that very powerful experiences of depersonalization …and with depersonalization there is a disconnect with the world, with reality and it is a very scary feeling. Looking back, I believe these patients had some symptoms or some distress in their lives already and after smoking they got in touch with the maximum loss of sense of control.

Discussion

The findings of this study provide an insight into how psychotherapists understand loss of sense of control. The study had three main aims: to find out how psychotherapists define loss of sense of control, whether they consider it has a role in the onset of psychological disorders, and if so, in what kinds of cases. First, the therapists' definitions of loss of sense of control could be categorized into two frames: one of helplessness and one of disinhibition. In the helplessness frame, which was most frequently mentioned in the data, loss of sense of control was defined as a feeling of powerlessness, helplessness, and the inability to manage or cope, and the inability to perceive that one had or could have control over one's life. Second, the answers to the question of whether or not loss of sense of control plays a role in the onset of psychological disorders could also be categorized into two frames, one affirmative and the other negative. The affirmative view was slightly more frequently expressed. The therapists offered several reasons for loss of sense of control having a role in the development of psychological symptoms or disorders. Those who disagreed with the idea that loss of sense of control plays a part in the onset of disorders focused on the presence of other factors or stated that loss of sense of control is a symptom

rather than a trigger. The examples given by therapists of cases in which loss of sense of control can trigger a disorder were categorized into several frames. These were relational issues, stress, life events, abuse, failure, trauma, and drug abuse. The most frequently mentioned frame was relational issues.

In this study, the definition of loss of sense of control in the helplessness frame resembled previous definitions. That is, both definitions focused on helplessness, powerlessness, and the belief that one does not have control or cannot gain control over one's life. However, the definition framed as disinhibition was a new finding. These therapists focused on loss of control over oneself, one's psyche, emotions or behaviors, a view that was more comparable to the concept of self-control than to the definition of loss of sense of control within the literature.

A link between loss of sense of control and psychological disorders, such as depression, anxiety, insomnia, obsessive compulsive symptoms and eating disorders, has been found in previous studies (Keeton et al., 2008; Froreich et al., 2016; Southwick & Southwick, 2018; Lai et al., 2020; Precht et al., 2021). The therapists interviewed in this study confirmed that loss of sense of control plays a role in these disorders as well as in post-traumatic disorder. Some of the therapists explained that, as they saw it, loss of sense of control does not play a role in all psychological disorders, giving bipolar, schizoaffective disorder and schizophrenia as examples. Instead, they discussed what they viewed as the essential role of genetics and other environmental factors in these disorders.

Previous research has not clarified the potential role of loss of sense of control in the onset of symptoms or disorders. Some studies have reported associations between feelings of ineffectiveness, vulnerability and fear of losing control with psychological symptoms, while other studies have found a link between loss of sense of control and maladaptive behaviors (Froreich et al., 2016; Lai et al., 2020; Brailovskaia & Margraf, 2021). However, the role of loss of sense of control in the onset of symptoms has not been explained. The therapists in this study clarified the different ways loss of sense of control influences the development of symptoms. Their explanations included the unpredictability of the occurrence of specific events and its effect on an individual. Therapists added that the way an individual reacts to certain events

plays a part in whether or not symptoms develop. Another explanation focused on the accumulation of events that an individual is unable to control, possibly leading to a psychological breaking point. The role of loss of sense of control in the vulnerability stress model was also mentioned as a trigger for a genetic predisposition to develop a psychological disorder. Others discussed loss of sense of control in relation to cognitive belief patterns and emotional dysregulation. Some stated that loss of sense of control creates belief patterns that lead to emotional dysregulation and hence symptoms, while others believed that emotional dysregulation leads to impulsive behavior which results in loss of sense of control and only then in the development of symptoms. Finally, some stated that feelings of powerlessness and helplessness create fear, which in turn hinders an individual's ability to change or deal with certain situations, thereby inducing more loss of sense of control and ultimately psychological symptoms.

Thus, the data analysis indicates that loss of sense of control can be defined from two distinct standpoints, i.e., helplessness and disinhibition. This was shown in the therapists' definitions in which for some of them loss of sense of control was the perception that one is unable to control one's life, labeled here as helplessness, and for others the perception that one is unable to control oneself, labeled disinhibition. The definitions in the helplessness frame mentioned feelings of helplessness, powerlessness and passivity. They also included the inability to deal or cope with challenges, whether internal or external. Beliefs and feelings about sense of control are linked both to an internal dialogue that affects an individual's external sense of control and to external challenges that were discussed as losing control over ongoing events or the inability to deal with environmental changes or effect change in a given situation. The definitions in the disinhibition frame clearly focused more on self-control, such as over one's thoughts, emotions and behaviors. These results show that loss of sense of control is seen as constructed internally through thoughts, beliefs, and feelings which are then exposed externally though an inability to deal or cope with life's challenges.

Another significant finding was the differing views of the therapists on the role of loss of sense of control in the onset of psychological disorders. Some considered it to play a role in symptom onset while others

did not. However, the former group seemed to agree that while loss of sense of control plays a role in the onset of certain disorders, such as depression and anxiety, this is not the case with bipolar, schizophrenia, and schizoaffective disorders, in which they considered genetic and other environmental factors to have a greater role. These results foreground the disagreement between psychotherapists on whether loss of sense of control is an initiating triggering factor or a psychological symptom. This may possibly explain their inability to definitively clarify the role of loss of sense of control from an overall perspective.

This disagreement was also visible in data pertaining to the third objective. Some of the therapists did not provide examples of disorders initiated by loss of sense of control since they did not believe that loss of sense of control plays a part in the onset of symptoms. This disparity was visible even within the examples provided. In the trauma frame for instance, some therapists discussed traumatic experiences as an example of loss of sense of control triggering psychological symptoms, while others stated that trauma causes loss of sense of control which can then lead to secondary symptoms. Loss of sense of control in this case was not considered as a predecessor but as a symptom of trauma.

The most frequently mentioned examples of loss of sense of control concerned relational issues. These included breakups, divorce, unsupportive parents, affairs, family problems and someone in the family suffering from a psychological disorder. This finding indicates the importance of personal relationships for humans as social beings who have a powerful need for affection, trust, and acceptance. Hence, it may be the incapacity to predict other's behaviors that leads to a loss of sense of control in these cases. Another possible explanation is that personal differences which become evident within family members and relationships affect sense of control, especially when these differences are not accepted or when others attempt to gain power or control over another. Stress was the second most often mentioned frame, and the following examples were given: living in an unpredictable environment, daily stress accompanied by living in certain unstable countries, work stress and challenging events such as marriage or giving birth for the first time. Since this study was conducted in Lebanon, this finding is informed by the unstable political and/or economic situation in the country as well as the impact such instability has on everyday

life. This could also signify that simply by living in certain countries some individuals regularly experience loss of a sense of control. These findings further support the ideas of a link between unpredictability, whether on the relational or environmental level, and loss of sense of control.

Strengths and Limitations

This study offered a unique perspective on the role of loss of sense of control in the onset of psychological disorders that has not been discussed n previous studies. Moreover, the topic was addressed from the perspective of psychotherapists, who have considerable knowledge on the matter that is worth investigating. Since this research was conducted in Lebanon, it also yielded insights into the psychological consequences of living in a politically and economically unstable country.

The fact that the interviews were conducted in English could be considered a limitation, as English was not the participants' native language. However, most of them had a good command of English and had either studied or worked in English or received training in English. Only one interview was conducted in Arabic and translated into English, while the use of translation in the other interviews was minimal.

Some interviews were excluded from the analysis reported. The reasons were lack either of relevant information or not providing examples in which loss of sense of control had a triggering role in the onset of psychological disorders. Moreover, the frames describing examples of loss of sense of control were not mutually exclusive. Some cases of abuse might also have been considered a relational issue; however, the categories created were all based on the words and concepts used by the therapists.

Conclusion

This research focused on the psychotherapists' views on loss of sense of control in psychological disorders. Three research objectives were set; first, to obtain definitions of loss of sense of control; second, to clarify its potential role in the onset of psychological disorders; and third to gather examples of disorders triggered by loss of sense of control. The therapists not only confirmed the definition of loss of sense of control found in the literature but also added the aspect of loss of self-control, that is, loss of

control over one's thoughts, emotions, and actions. The therapists disagreed on whether loss of sense of control has a role in the onset of disorders. Some argued that loss of sense of control plays a role in some but not all disorders. These differing views were also visible in the examples provided. Moreover, some examples of loss of sense of control were seen as connected to unpredictability, whether relational or environmental.

The role of loss of sense of control in the onset of psychological symptoms was in general important for most of the therapists. This finding highlights the significance of in-depth research on the topic. It would be interesting to examine the role of loss of sense of control in different psychological disorders separately. The knowledge gained would assist in developing treatment aimed at regaining sense of control.

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