THE AWE ENCOUNTER: AN ANALYSIS OF AWE'S EMERGENCE IN PSYCHOTHERAPY

By

JENESSA GLANZ

Bachelor of Arts in Psychology (Hons), The Kings University, 2019

Thesis

Submitted in Partial Fulfillment of the Requirements for

the Degree of

MASTER OF ARTS IN COUNSELLING PSYCHOLOGY

in the

FACULTY OF GRADUATE STUDIES

TRINITY WESTERN UNIVERSITY

October 2025

DECLARATION OF COMMITTEE

The following individuals certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, the thesis entitled:

The Awe Encounter: An Analysis of Awe's Emergence in Psychotherapy

---

submitted by Jenessa Glanz in partial fulfillment of the requirements for
the degree of Master of Arts in Counselling Psychology.

Degree Committee Members

Deepak Mathew, Ph.D., Associate Professor and Program Director, MA Counselling Psychology, Trinity Western University

---

Thesis Advisor

Kenneth A. Pérez, Ph.D., Assistant Professor in Residence, Department of Psychological Sciences, University of Connecticut – Avery Point

---

Degree Committee Member

Alice Chirico, Ph.D., Assistant Professor, Università Cattolica del Sacro Cuore

---

Degree Committee Member

ABSTRACT

This study explored how awe emerges in psychotherapy without being explicitly elicited and considers its functions within the therapeutic process. Using both a quantitative content analysis (QCA) and a constant comparison method (CCM), the research examined transcripts from a two-part interview to identify and categorize expressions of awe in the context of psychotherapy. The QCA provided frequency data on the emergence of established dimensions of awe in participant language. This analysis confirmed and explored awe's natural emergence in impactful therapeutic moments without specific elicitation. Additionally, the CCM generated ten thematic categories pertaining to both the process of experiencing awe in psychotherapy and the related outcomes. These categories are overwhelm, perspective shifts, alterations of time, clarity, comfort and safety, altered self-concept, enhanced connectedness, newfound hope, inspiration and motivation, and acceptance. These results were further integrated into a cohesive framework describing how awe emerges and its functions within psychotherapy.

Keywords: awe, wonder, emotion, psychotherapy, well-being

This project is dedicated to the small corner of this universe I am privileged to inhabit. Each day, I am enthralled with new wonders and mysteries, an infinity of things to explore and limitless knowledge to gain. May this work honor the extraordinary gift of existence; the magnificent and the terrible.

ACKNOWLEDGMENTS

First, I would like to thank my parents, Sandy and Gerald Glanz. The awe I stand rapt in each day started with the both of you. Of all the infinite possibilities and probabilities, being your daughter is the greatest gift this universe gave me. Thank you for everything. Thank you for the sacrifices you made to support my dreams, for instilling an unwavering belief that nothing is beyond my reach, and for loving me so unconditionally that the most authentic version of myself is someone I am proud to be.

Thank you to Dane, a friend who brings all the joys and trials of a younger sibling. You have been integral to this project, the ones that came before it, and the ones that will come after it. None of this would have been possible without you. The hours spent teetering on the precipice of overwhelm with laughter carrying us through are some of my fondest memories of this degree. Your friendship is the best thing I am graduating with.

To my supervisor Dr. Deepak Mathew, I am grateful for the freedom you granted me to pursue my ideas throughout this project and your patience as I navigated this process. This project took shape because of your support.

I also wish to thank Dr. Kenneth Pérez, for kindly agreeing to take on an advisory role in this project. I deeply appreciate your willingness to engage with my research and share your wisdom with me. Thank you for inspiring the next generation of awe researchers.

Finally, to the participants who contributed their time and insights, I owe you my deepest gratitude. Without your willingness to be part of this work, none of it would have come to life. Your contributions and voice in this project have been invaluable.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1: INTRODUCTION

I go down to the shore in the morning
and depending on the hour the waves
are rolling in or moving out,
and I say, oh, I am miserable,
what shall –
what should I do? And the sea says
in its lovely voice:
Excuse me, I have work to do.

— Mary Oliver, *A Thousand Morning: Poems*

In these few lines, Mary Oliver (2012) demonstrates the emotional experience of confronting something that transcends our existing frame of reference. The sea and the writer's misery both convey a vastness, expertly evoking and capturing the unique characteristics of the emotion of awe. Awe that can be experienced with many different affect states. In this example, Oliver illustrates comfort in the indifference of the waves, giving the reader a felt sense of how we as human beings are a part of a world that continues beyond our suffering. In this sense, moments of awe can be uplifting and peaceful. However, they can also be dreadful and overwhelming. Oliver's poem may also provoke feelings of insignificance, smallness, or loneliness in the realization that individual suffering, that is felt so deeply, does not delay the tides. Despite this spectrum, or perhaps because of it, Oliver's lines about the vastness of the sea and its rhythms offer a point of connection that shifts perspective from a state of all-consuming personal misery to a recognition of being a part of something larger. This transformation through awe is not only poetically profound but also therapeutically significant.

However, what exactly is awe? Across poetics, art, literature, and research awe is defined and discussed in many ways. In the context of this research project, awe is conceptualized as a psychological construct, an emotion, and an experience. It is often discussed in terms of its nature and classification within the broader spectrum of human

emotions (Pérez et al., 2023). The specificity and situational nature of awe differentiates it from traits and other psychological constructs. This distinction, that awe is indeed an emotion, is important for understanding its characteristics and the implications as part of the human experience. Findings from a meta-analysis done by Pérez et al. (2023) provide robust empirical support for the classification of awe as a discrete emotion with unique functional properties. Studies reviewed in the meta-analysis demonstrate that awe has consistent and distinct effects on experience, judgment, behaviour, and physiology. These findings reinforce awe's status as a unique and valuable area of study within emotion research.

The value of studying awe in the landscape of psychology connects mental health to the excitement of existence. Awe can act as a tether between these two by facilitating connection to the environment (Ng et al., 2023), promoting belonging (Seo et al., 2023), and enhancing our sense of meaning (Zhao et al., 2019). These transcendent and beneficial features of awe speak to its potential as a therapeutic resource that can help foster well-being and human flourishing.

Additionally, as discussed awe demonstrates a unique capacity to host both the uplifting and the dreadful (Gordon et al., 2017). Awe is often associated with positive affect states relating to wonder and inspiration, but an awe experience also has the capacity to be experienced with many other affect states that aren't exclusively positive, such as fear. For example, imagine standing at the edge of a steep cliff and looking out over a vast canyon. The sheer scale of the landscape might evoke amazement, while at the same time there may be recognition of the potential danger, such as the possibility of falling. Thus, awe can be experienced with negative affect states like fear. This ability to host a broad spectrum of affect states, the emotional complexity, and the positive impacts of awe further underscore the importance of researching awe in the specific context of psychotherapy.

Therapeutic spaces have long served as settings where individuals share their suffering, find connection, and move toward well-being. However, despite the broadness of awe and its capacity to host both the uplifting and the dreadful, it has yet to be contextualized in therapeutic settings. Moreover, the impacts of awe are documented to be beneficial and aligned with the general goals of psychotherapy (Monroy & Keltner, 2023). By better understanding the relationship between awe and therapeutic settings, we can advance our

understanding of both the emotion of awe and the factors that might contribute to healing in psychotherapy.

In focusing on the role of awe in therapeutic contexts, I hope to contribute meaningfully to the growing body of knowledge by specifically looking at the moments of awe that arise in therapeutic contexts. As the principal investigator, I hope to advance the current understanding of awe's presence and role in psychotherapy. To accomplish this objective, I asked three research questions:

1. What features of awe emerge, without elicitation, when participants reflect on impactful moments in psychotherapy?
2. If awe is present; what are the patterns of awe's emergence?
3. How do these patterns align with participants' explicit accounts of awe in their therapeutic experiences?

This thesis is organized into five chapters. This chapter, chapter one, introduces the research contexts, outlines the rationale for the study, and beings to situate it within existing literature. Chapter two provides a comprehensive review of relevant theoretical and empirical work on both awe and psychotherapy. Chapter three describes the methodological approaches adopted in the present study and the procedures for data collection and analysis. Chapter four presents the findings, with attentions to the themes and categories that emerged across two methods of analysis. Finally, chapter five discusses the implications of the findings and proposes a conceptual framework that begins to describe how awe emerges in the context of psychotherapy.

CHAPTER 2: LITERATURE REVIEW

In this chapter I will review and synthesize the relevant literature on awe and psychotherapy. I will first provide an overview of awe, discussing how awe is being empirically conceptualized, its defining features, and its transformational impacts. Next, I explore the context of psychotherapy and draw some important parallels between awe and psychotherapy. Then I introduce the supporting theories that create the foundation of the proposed research. Finally, I speak specifically to the present study and the need to contextualize awe in psychotherapy.

Introduction to Awe

As with many complex phenomena, there are various theories and definitions seen within the literature when conceptualizing awe. Notably, Keltner and Haidt (2003) theorized awe to have evolved because of its social function. They present the idea that awe may have been experienced in the presence of powerful or charismatic leaders and thus individuals were more likely to respond with respect and devotion to these leaders. This emotional response would have fostered cohesion and allowed groups to remain organized and cooperative in the face of challenges. Conversely, Chirico and Yaden (2018) offer another line of thinking that positions awe's evolutionary roots not in social cohesion but in the natural environment from which we evolved. They argue that awe may have cued our ancestors to value and seek out large open space, which would have offered visibility and safety as dangers could be more easily assessed and anticipated. Both of these models speak to certain features of awe such as vastness, but the features of this emotion are not uniformly agreed upon or talked about.

Keltner and Haidt (2003) built on their theory and introduced two essential features that characterize awe: a perceived vastness and the need for accommodation. These defining characteristics of awe have become fairly standard in empirical research. First, a perception of vastness involves the recognition of something significantly larger than oneself. This vastness extends beyond physical size to include things like works of art, impressive human achievement, or more abstract concepts such as fame. Vastness within this framework is nuanced and stretches far beyond physical largeness. For example, vastness can be found by peering through a microscope into a drop of water and seeing an ecosystem teeming with life.

The vastness held in that small droplet of water, though physically small, can still evoke the sense of boundlessness captured by this feature of awe. Within Keltner and Haidt's (2003) model the perceived vastness must also challenge existing mental frameworks such that they require accommodation.

The second feature of Keltner and Haidt's (2003) model—the need for accommodation—refers to the inability of the newly experienced vastness to assimilate into existing mental structures. Consequently, a person's existing cognitive frameworks must adjust to incorporate the new experience. Importantly, the accommodation aspect captured here speaks to the human learning and adaptation that is integral to survival. In this way an emotion like awe in part functions by prompting people to expand their existing mental schemas rather than clinging to old ones. Thus, from this perspective awe presents itself as an evolutionary tool that fosters the flexibility necessary for individual and collective advancement.

Keltner and Haidt 's conceptualization of awe, though compelling, does overlook other critical aspects of awe which occur beyond the two features they presented. For example, the work of Bonner and Friedman (2011) support a more robust conceptualization of awe. In their qualitative research on the features of awe, they attempted to offer more conceptual clarity to the construct of awe by extracting rich themes from participant descriptions of awe. Bonner and Friedman's study goes beyond the typical characterization of awe as a perception of vastness and the need for accommodation, by presenting10 characteristics: profoundness, connectedness, numinous, fear, vastness, existential awareness, openness and acceptance, ineffable wonder, presence, and heightened perceptions. They further clarify these themes into the categories of emotional, cognitive, and sensory experience. This model better highlights the experiential aspects of awe that are missed in Keltner and Haidt's (2003) conceptualizations, which presents awe as being more perceptual in natural.

Moreover, the growing momentum behind the study of awe in research settings has led to the development of the Awe Experience Scale (Yaden et al., 2019). This scale captures six empirically supported dimensions of awe: perceived vastness (encountering something experienced as larger or more powerful than oneself), the need for accommodation (a drive to

revise or expand one's mental frameworks to integrate a novel or vast experience), self-diminishment (a reduced focus on the self in relation to a larger whole), connectedness (a heightened sense of connection to others, nature, or the universe), physical sensations (somatic markers such as goosebumps or chills), and time perception (alterations in the subjective experience of time). These dimensions have been consistently identified in both experimental and naturalistic contexts and capture four important dimensions of awe beyond the two Keltner and Haidt (2003) presented. These six dimensions of awe will be further discussed below, as well as the dimension of threat, which is emerging as a specific consideration in existing conceptualizations of awe.

Empirical Dimensions of Awe

The present study is concerned with various dimensions of awe that have emerged in the literature. Here I discuss seven of these dimensions in more depth and provide an overview of the empirical support backing each dimension.

Perceived Vastness and Need for Accommodation

As discussed above awe is often a talked about in relation to the characteristics of a perception of vastness and the resulting need to cognitively accommodate. The perceived vastness, encompasses encounters with stimuli that are physically, conceptually, or symbolically large (Keltner & Haidt, 2003) and the need for accommodation, is a cognitive need to revise or expand existing mental schemas to integrate new, complex, or overwhelming information.

Self-diminishment

Importantly, across the literature awe is consistently linked to shifts in self-concept, often described as a shrinking of the self or a diminishment of perceived self-size. Piff et al. (2015) conducted experiments that demonstrated this phenomenon of the small self and related it to increases in prosocial inclinations such as more generosity. This feature of awe importantly does not necessarily indicate a loss of self-worth, but rather a recalibration of perspective. Awe is an emotion that can change our perceptive of self in relation to the world around us. These shifts suggest that awe can destabilize egocentric frames of reference and foster a more expansive and relational sense of identity. Such changes to self-concept are

often understood through the lens of connectedness, another dimension of awe supported in the literature.

Connectedness

Thus, another consistently documented feature of awe is an enhanced sense of connectedness. This feature of awe is explicitly seen in Bonner and Friedman's (2011) conceptualizations of awe and can be seen in tandem to the self-diminishing feature of awe talked about by Piff et al. (2015). They built on their framework of the small self and conceptualized that the change in self-concept directly relates to the ability to foster feelings of unity and belonging. For example, Bai et al. (2017) examined awe's role in fostering a small self and further explored how the reduced focus on individual concerns was strongly correlated with increased feelings of connectedness. Further, connectedness as a dimension of awe is not limited to social relationships but extends to the environment (Ng et al., 2023). Such findings underscore awe's capacity to blur the perceived boundaries between self and other, positioning connectedness as a central dimension of the awe experience.

Time Perception

Time perception is also often recognized as one of the hallmark features of awe. Historically, awe is often noted as carrying with it a temporal distortion where it is experienced alongside a sense that time slows down, stretches, or momentarily loses its usual structure (Rudd et al., 2012). This feature of awe relates to its capacity to disrupt habitual ways of perceiving and orienting oneself in the world, creating an opening for novel perspectives and meaning making. In contemporary research, temporal alterations are described as part of awe's vastness and accommodation qualities. Rudd et al. (2012) conducted a series of experimental studies that empirically supports awe as a uniquely time-oriented emotion. Their work demonstrated that awe alters subjective perceptions of time. Researchers theorized that awe's capacity to alter time perception stems from its ability to shift attention away from the self and toward a broader, more expansive frame of reference (Rudd et al., 2012). Importantly, the subjective alterations of time were linked to downstream effects like the increased willingness to volunteer time, greater life satisfaction, and a heightened sense of well-being. From this perspective awe's temporal dimension is not only a perceptual quirk but also a key feature of the emotion and a potential mechanism by which

the emotion fosters connection. This work helps anchor the idea that alterations in the perception of time are not merely incidental to awe but central to its transformative potential.

Threat

Importantly, there is an emerging conceptualization of awe that posits it not as an exclusively positive emotion. The work of Gordon et al. (2017) is especially important for this as it helps broaden the understanding of awe because their research makes a strong case for the existence of a threat-based variant of awe. This threat-based dimension of awe is distinguished from the more commonly studied positive or self-transcendent forms. Threat-based awe is marked by feelings of fear, vulnerability, and diminished personal safety in the face of overwhelming stimuli. This dimension of awe is crucial to consider because it demonstrates that awe is not unilaterally uplifting; it can also be accompanied by discomfort, dread, and even avoidance. Gordon et al. (2017) additionally show that when awe is threat-based, people may still undergo cognitive accommodation, but the outcomes of it may differ than more strictly positive experiences of awe. This research highlights the need to consider the threat-based dimensions of awe and the specific contexts or stimuli that specifically pertain to this feature of awe.

The above dimensions of awe all have clear relevance for the context of psychotherapy as therapeutic processes often require clients to confront emotionally vast material and work towards change and connection. This aligns with theories of therapeutic change that emphasize both emotional arousal and cognitive reorganization as central mechanisms of transformation, which I will discuss more in following sections. However, I will first provide an overview of the specific transformational aspects of awe found in the literature.

Transformational Potential of Awe

Increasingly, the impacts of awe are being documented empirically, revealing a rich array of insights into this powerful emotion. Researchers have begun to explore the different dimensions of awe, from its psychological effects (Luo et al., 2021) to its influence on social behaviours (Bai et al., 2017; Jiang & Sedikides, 2022). As studies continue to emerge our understanding of awe similarly continues to advance. The following section synthesizes the advancements that contemporary research has made toward understanding the impacts and

transformational potential of this emotion.

Importantly, in a review done by Monroy and Keltner (2023), awe was shown to be beneficial for both mental and physical health by acting on five different processes: a) shifts in neurophysiology (e.g., Chirico & Gaggioli, 2021; Thomson & Siegel, 2017), b) a diminished focus on self (e.g., Bai et al., 2017; Piff et al., 2015; Stellar et al., 2018), c) increased prosocial relationality (e.g., Jiang & Sedikides, 2021; Naclerio & Van Cappellen, 2022; Rudd et al., 2012), d) greater social integration (e.g., Bai et al., 2017; Van Cappellen & Saroglou, 2012; Yaden et al., 2019), and e) a heightened sense of meaning (e.g., Nakayama et al., 2020; Lin et al., 2020; Zhao et al., 2019). Essentially, awe is consequential to these five processes, each of which is documented to have positive impacts on the mind and body. These findings suggests that awe is an important pathway to both mental and physical health (see Figure 1, Monroy & Keltner, 2023).

However, despite the well documented impacts of awe, there is disparity in the broader literature when considering the spectrum of associated affect states. For example, in their review, Monroy and Keltner (2023) firmly differentiate positive experiences of awe from other threat-based appraisals of awe. Threat-based awe was categorized as being tied to subsequent negative affect states and did not offer the same benefits as awe associated with positive affect states. In a study conducted by Gordon et al. (2017), findings indicate that threat-based awe did not improve momentary well-being in the same way that awe experienced with positive affect states does. Conversely, in a study done by Diamante and Plisco (2024), it was demonstrated that in the context of trauma narrative integration, there was instances of both positive and threat-based features of awe present. Both the positive and threat-based awe were irretrievably tied together and contributed to the participant's capacity to accept and integrate their trauma narrative. Thus, it has been demonstrated that in certain contexts the threat-based dimensions of awe may be integral to the benefits and potential of the emotion. This discourse across the literature speaks to the need to further investigate awe and its unique dimensions across different contexts.

Figure 1

Illustration of the Pathways Through which Awe Contributes to both Mental and Physical Health

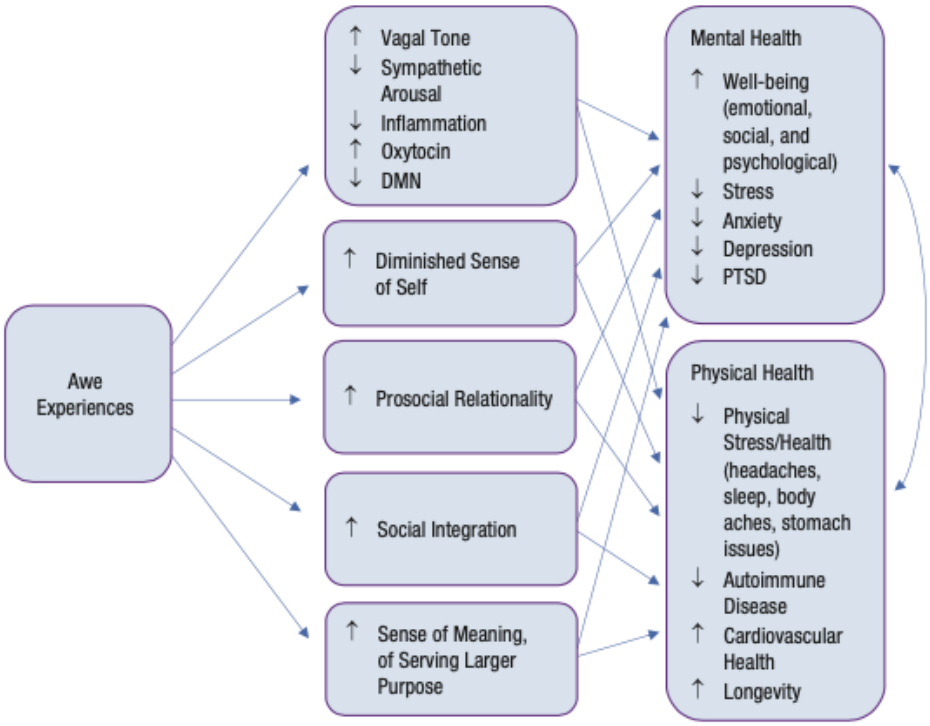


Fig. 1. Model for awe as a pathway to mental and physical health. This model shows that awe experiences will lead to the mediators that will lead to better mental and physical-health outcomes. Note that the relationships between awe experiences and mediators, and mediators and outcomes have been empirically identified; the entire pathways have only recently begun to be tested. One-headed arrows suggest directional relationships, and two-headed arrows suggest bidirectionality. DMN = default-mode network; PTSD = posttraumatic stress disorder.

Note. Reprinted from Monroy, M., & Keltner, D. (2023). Awe as a pathway to mental and physical health. *Perspectives on Psychological Science, 18*(2), 309–320. Copyright 2022 by Maria Monroy and Dacher Keltner.

Psychotherapy as a Transformational Process

Therapy is widely recognized as a process capable of catalyzing profound and lasting personal transformation. Across theoretical orientations, the therapeutic encounter is designed to foster meaningful change in clients' cognitive, emotional, and behavioural patterns, often leading to improved mental health, relational functioning, and overall well-being (Wampold & Imel, 2015). Transformation in psychotherapy is not limited to symptom

reduction; it also encompasses shifts in self-concept, worldview, values, and interpersonal engagement. These changes parallel the broad, transformational effects observed in awe research.

Evidence from a metanalysis done by Cuijpers et al. (2019), further underscores psychotherapy's effectiveness across a variety of conditions, with benefits that often persist well beyond treatment termination. Such change can emerge from specific techniques (e.g., cognitive restructuring, exposure, experiential processing) but is also deeply influenced by common factors, including the therapeutic alliance, empathy, and the client's openness to the process (Norcross & Lambert, 2018). Like awe, psychotherapy often involves encounters with material that challenges established mental frameworks, prompting cognitive accommodation and deeper integration of new perspectives. This alignment suggests that awe-related processes may already be implicitly operating in some transformative therapeutic moments, even if they have not been explicitly identified or studied. Thus, highlighting the importance of the present research that hopes to explore the intersection of awe in psychotherapy.

Mechanisms of change in Psychotherapy

Importantly, emotion is a central driver of therapeutic change, functioning both as an object of intervention and as a catalyst for transformation. Emotion-focused theories (e.g., Greenberg, 2015) propose that in-session emotional arousal, particularly when safely accessed and processed, facilitates the reconsolidation of maladaptive memories, the restructuring of meaning, and the formation of new emotional experiences that support adaptive functioning. Experiencing emotions in the context of a supportive therapeutic relationship allows clients to approach, rather than avoid, feelings that were previously overwhelming or disorganizing. Research across modalities supports this idea that emotional activation predicts positive outcomes in psychotherapy. For example, in psychodynamic and experiential therapies, emotional deepening during sessions is associated with positive change (Pascual-Leone & Greenberg, 2007). Awe fits naturally into this framework: as an emotion that is both intensely felt and cognitively complex. Subsequently, awe's potential to integrate many mixed affect states, like both the positive and threatening, mirrors the

therapeutic process of approaching difficult emotions within a safe and structured environment.

Further, Chen, Orobio de Castro, and Liu (2025) provide compelling empirical evidence that emotions exert a meaningful influence on the self, specifically through their finding that positive affect mediates the relationship between daily nature exposure and children's self-worth. In their study, children reported higher levels of self-worth following daily exposure to natural environments, however this effect was partially explained by concurrent increases in positive emotions such as happiness, interest, and relaxation. This mediation indicates that it was not just being in nature that improved children's sense of self, but the emotional states elicited by that experience that contributed to enhanced self-evaluations. Such findings underscore the role of emotion as an active process in shaping one's self-concept. It is demonstrated that momentary affective states can influence how individuals perceive and value themselves.

More broadly, these results align with the theoretical perspective that emotions are not only reactions but also integral mechanisms through which experiences become transformative to the self. In Chen et al.'s (2025) study, positive affect served as the conduit through which environmental experiences translated into changes in self-worth, offering concrete evidence that affective processes help construct and reinforce the sense of self. This supports the notion that emotions play a central role in mediating how individual experiences translate into changes and transformation on a psychological level. However, it is worth considering how more complex emotions, such as awe, might fit within this model. Awe often emerges in response to vast or profound stimuli, including nature, but it is not an exclusively positive emotion. Awe blends elements of a multitude of affect states such as wonder, joy, fear. This multifaceted affective profile suggests that awe may impact the concept of self in more nuanced ways. Awe might influence the self not only through straightforward pathways of positive affect but also through more complex emotional and cognitive reconfigurations that challenge and reorganize self-concept. Integrating emotions like awe into this framework broadens our understanding of how emotional activation, whether through positive, negative, or mixed, serves as a mechanism through which experiences shape the self and promote change.

Building on the multidimensional nature of awe and its capacity to evoke complex cognitive and emotional shifts, it becomes clear that awe shares significant conceptual overlap with the transformative processes central to psychotherapy. Both the emotion of awe and psychotherapy involve encounters with experiences that challenge existing mental frameworks, prompting a need for accommodation and integration. Moreover, as psychotherapy relies heavily on emotional activation to facilitate change, awe's powerful affective qualities position it as a potentially important, yet understudied, mechanism within therapeutic contexts. Recognizing how awe's cognitive and emotional dimensions influence psychotherapy's transformational processes offer a novel perspective for understanding how impactful therapeutic moments may be imbued with awe, and how this co-occurrence might contribute to healing and growth. This intersection invites further exploration into the ways in which awe and psychotherapy mutually reinforce one another's capacity to foster profound personal change.

Relevantly, a central objective to psychotherapy is often fostering meaningful changes in self-concept, as individuals' perceptions of themselves strongly shape their psychological functioning and overall wellbeing. Many presenting issues in therapy are associated with rigid, negative, or fragmented self-concepts that limit adaptive functioning (Wang et al., 2025) Thus, many therapeutic processes aim to help clients reconstruct more coherent and self-compassionate self-concepts, which in turn supports resilience and healthier relational patterns (Sønderland et al., 2024). For example, narrative and other humanistic approaches emphasize exploring and reshaping clients' self-stories to allow for greater agency and integration, while cognitive-behavioural therapies directly target maladaptive self-beliefs to promote adaptive change (Sønderland et al., 2024). Thus, across orientations we see that an important objective in psychotherapy is enabling changes in how clients view themselves, often through emotions.

Therefore, I have chosen the specific context of psychotherapy to examine the complex dynamics of awe. To date research has failed to thoroughly contextualize awe in psychotherapy. Researchers and practitioners have consistently recognized the significance of emotions in therapeutic settings (e.g., Greenberg & Safran, 1989; Lane et al., 2015). Thus, understanding how the emotion of awe functions within therapeutic settings would provide

more depth and nuance to our existing framework of awe in addition to providing insights regarding therapeutic healing in general. These findings may then in turn influence therapeutic practice and inspire future investigations.

While existing research underscores the positive impacts of awe, there is a notable gap in understanding the richness of its unique characteristics, especially within therapeutic settings. As research on awe continues to expand, its integration into therapeutic practices may offer new avenues for fostering human flourishing and well-being. However, efforts thus far have failed on three fronts: a) awe has not been contextualized within the specific setting of psychotherapy, b) research has focused on experimental elicitations of awe, which miss the wholeness of naturally occurring moments of awe, and c) there has been a lack of qualitative exploration that would offer more nuance to the existing conceptualizations of awe.

Therefore, I address these gaps by looking at the awe that emerges, without elicitation in participant accounts of impactful therapeutic moments they have experienced. Then I compare the patterns of awe emergence to the explicit participant conceptualizations of awe in psychotherapy. This exploration is crucial as it seeks to bridge the gap between theoretical constructs of awe and real-world therapeutic experiences. The implications of this research go beyond contributing to the existing literature and understanding of awe. These results may influence therapeutic practices and contribute to a deeper appreciation of the role of awe in the human experience.

Theoretical Context

Importantly, the present study builds its theoretical foundation using both the broaden-and-build theory of positive emotions and principles from second-wave positive psychology. Together these frameworks provide critical support for this research and shape the direction of the study.

Broaden-and-Build Theory of Positive Emotions

Barbara Fredrickson's (2001) *broaden-and-build* theory of positive emotions exemplifies the notion that positive emotions, like joy, love, and gratitude, offer benefit beyond the moment they are experienced. Awe is an emotion that, in part, fits within this framework— Fredrickson believes that positive emotions, such as awe, *broaden* an

individual's thought-action repertoire, leading them to explore new ideas, relationships, and experiences. This broadening helps individuals think more creatively and be more open to new perspectives or solutions. Moreover, the *build* portion of Fredrickson's theory refers to how these broadened thoughts and behaviours help people build enduring internal resources that can be drawn upon later in life, particularly during times of stress. Essentially, positive emotions do more than just feel good in the moment; they contribute meaningfully to long-term well-being by expanding people's ability to cope with challenges (Fredrickson, 2001). This backdrop is important for the present research as it supports the transformative power of emotions, which relates to awe in therapeutic contexts. For instance, the transformation seen through awe such as changes in self-concept (Piff et al., 2015) or enhanced feelings of connectedness (Bai et al., 2017) might be a result of awe acting as a positive emotion within Fredrickson's (2001) framework. In this way awe might be broadening perspectives and building psychological resources that facilitate important processes which are central to therapeutic change.

Although Fredrickson's (2001) theory accounts for positive aspects of awe, it does not adequately address the aspects of awe that can be difficult or threat-based. The emotion of awe only partially fits within Fredrickson's theory. The threat-based aspects of awe do not necessarily constitute as *positive* emotions within this framework. Therefore, principles from second-wave positive psychology were also considered in the theoretical foundation of the present study.

Second-wave Positive Psychology

Second-wave positive psychology emerged out of positive psychology to further recognize the complexity of human experiences. This theoretical foundation highlights the importance of the unique properties of awe. The evolution from positive psychology to second-wave positive psychology is a shift that better captures both ends of awe as an emotion that can be uplifting and positive or fearful and threat-based. Second-wave positive psychology more accurately embraces the spectrum of experiences seen in day-to-day life, which are neither exclusively positive nor exclusively negative.

Historically, the framework of positive psychology emerged largely in response to an overwhelming trend in psychology to focus on pathology and understanding the contributing

factors of mental illness (Seligman et al., 2005). This emergence of positive psychology attempted to recalibrate this emphasis and direct attention towards well-being and human flourishing. Positive psychology has made significant contributions to understanding how individuals can lead fulfilling lives and has informed many influential interventions; however, it has also faced critiques for its bias toward and vague definition of what constitutes the 'positive' aspects of life (Alexander et al., 2024). As a newer framework, second-wave positive psychology acknowledges nuance to labelling components of the human experience as either positive or negative (Wong, 2011). For example, positive psychology might focus on therapeutic interventions that increase happiness and life satisfaction, such as practicing gratitude or identifying personal strengths. In contrast, second-wave positive psychology might take this a step further by also considering how individuals can find meaning in suffering and integrate challenging experiences into their overall sense of well-being.

Awe seems particularly well suited to second-wave positive psychology because it allows for the dichotomy of suffering and joy without diminishing the importance of one or the other. For example, Diamante and Plisco (2024) demonstrated how awe can help integrate trauma narratives because of its capacity to braid together negative and positive experiences in a meaningful way. This study utilized a grounded theory approach with 12 trauma survivors. Through systematic coding and an independent audit, the researchers found that awe facilitated trauma narrative integration by helping participants articulate previously inexpressible experiences. Additionally, awe helped accommodate shifts in core beliefs and marked a clear *before* and *after* in the participants' life stories. Awe was further linked to self-transcendent emotions and spiritual reorientation, both of which supported the weaving of trauma into a more coherent and meaningful narrative. These findings exemplify the importance of subscribing to a framework, like second-wave positive psychology, that attributes value to the full range of human experiences, including fear and suffering.

However, there is a trend in the literature to conceptualize awe experiences as either distinctly negative or distinctly positive yet there is no strong evidence that awe should be categorized in such a way. Segregating awe experienced with positive affect states from awe experienced with negative affect states without proper examination of these characteristics

runs the risk of being too reductionistic. This limits the robustness of our understanding of awe. Therefore, more research that allows for the emergence of a full spectrum of awe experiences is needed to better grasp the nuance of this unique emotion. I begin to address this need by borrowing principals from second-wave positive psychology. In the following chapter I discuss the methodological choices made in consideration to the existing theories, definitions, and categorizations of awe and psychotherapy within contemporary research.

CHAPTER 3: METHODOLOGY

In the following chapter I delineate the research design and methodological approaches adopted within the present study to specifically investigate awe in psychotherapy. I provide an account of the participant selection process, data collection methods, data analysis procedures, ethical considerations, and trustworthiness and rigour practices.

Paradigm

This study functions within a pragmatic research paradigm for several key reasons. The philosophical foundation of pragmatism emphasizes a focus on the contextual nature of knowledge and reality (Morgan, 2014). Within the pragmatic framework this is acknowledged by embracing freedom of inquiry, which contributes to conducting research that is responsive to the complexities of the human experience. This responsiveness is necessary in the exploration of such a nuanced emotion as awe, and it is mirrored in the methods chosen for analysis.

Additionally, throughout this study there are ontological, and epistemological assumptions present in the form of objectivity and intersubjectivity, which are consistent with the philosophical assumptions of a pragmatic paradigm. The present study assumes an objective reality that exists independently of human perception. This objective reality has consistent truths, but the subjectivity of the human experience removes our ability to interact with the objective reality. Thus, much of what we consider knowledge or reality is constructed through individual processes and social interactions (Aliyu et al., 2015). Knowledge is therefore comprised of an interplay between objective facts, subjective experiences, and shared understandings. These interactions emphasize that knowledge is co-constructed through both individual and collective processes. This co-construction is important to consider in the context of this research as data is being collected through interviews where both the researcher and participant are contributing to the construction of the data.

Moreover, pragmatism emphasizes focusing on the research questions and using whatever methods are necessary to understand them, demonstrating a belief that truth is what works at the time (Creswell & Creswell, 2018). Pragmatism commits to freedom in methodological choice based on the immediate research questions. Therefore, considering

that existing literature on awe in psychotherapy is limited, methodological freedom is necessary to accomplish the overarching goals of the present study. This framework supports a clear rationale for the pluralistic analytical approach adopted within the present study as pragmatism is not committed to any one system of philosophy and reality. Thus, allowing for an integration of complimentary but philosophically different approaches. The objective to better understand the presence and role of awe in psychotherapy requires the broadness that using multiple methods of analysis allots. Consequently, in considering the intricate context of psychotherapy and the multifaceted nature of awe, investigating both the broader quantitative patterns and the rich qualitative themes is not only accepted but necessary to answer the research questions.

Research Design

To comprehensively understand and begin to contextualize awe in psychotherapy, a methodologically pluralistic research design is essential. Both the emotion of awe and the context of psychotherapy are complex phenomena; thus, nuance is lost when these phenomena are explored exclusively with only one methodology (Klein & Elliott, 2006). To address this, I utilize a dualistic approach that leverages the strengths of two different methods to provide a broader exploration of awe in therapeutic settings. This design is particularly useful in research where little is known as it allows us to triangulate the research findings and seek convergence across datasets (Jick, 1979). Thus, this design can inherently check the consistency of the findings by comparing the findings across the different datasets.

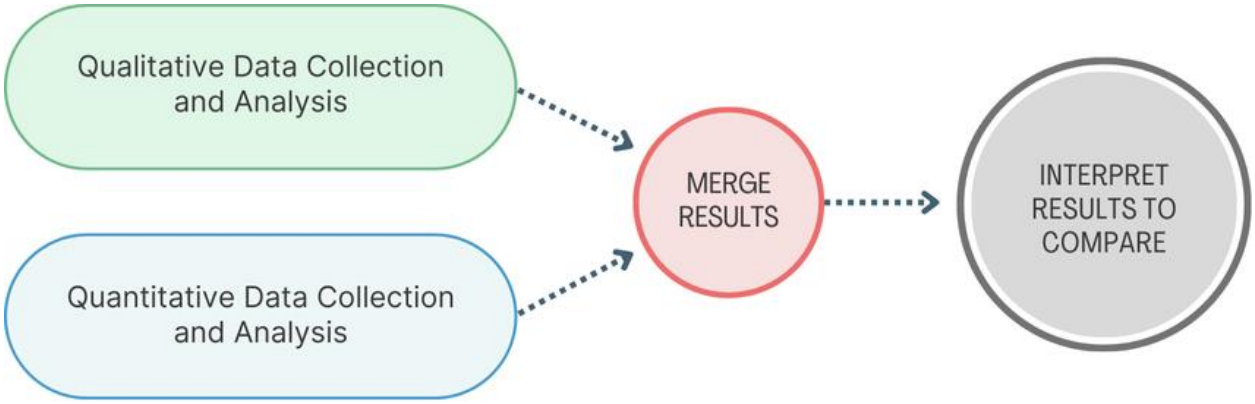
The first method I utilize is a quantitative content analysis (QCA). It was conducted to systematically identify and quantify the instances of awe-related language and expressions within participant accounts of impactful moments in psychotherapy sessions. This method involved applying predetermined categories of awe-related language to participant interviews. The emergence of these categories across the transcripts of participant interviews was analyzed, allowing for a quantitative exploration of the patterns and trends of awe-related language in the context of therapeutic moments. Considering that little is known about whether awe is present in the impactful moments of psychotherapy this content analysis provides important preliminary contextualizing data for conceptualizing awe, specifically awe that is not elicited, in psychotherapy.

Second, an interpretive qualitative exploration using the constant comparison method (CCM) was employed. This involved continuously analyzing and comparing data segments to develop and refine a framework about awe's role in psychotherapy (Glaser & Strauss, 1967). Through iterative analysis, themes and patterns relating to the experience of awe in psychotherapy were uncovered, providing deeper insights into its role in therapeutic processes. This approach was chosen because there is currently no existing theory pertaining to awe in psychotherapy. Using the CCM allowed for the emergence of a framework derived directly from the data. Additionally, this method supported a flexible and dynamic research process, where initial insights were revisited and refined in light of new data.

Importantly, the present study followed a convergent parallel design (Figure 2). In this design, data for each method of analysis was gathered concurrently in a single phase of data collection but was initially analyzed separately (Creswell & Creswell, 2018). The separate results from both methods were then compared and integrated in a way that allowed for findings to be corroborated by each method. Finally, the merged findings were subject to an interpretation phase of analysis, which aimed to provide a preliminary understanding of awe's presence and role in the context of psychotherapy.

Figure 2

Convergent Parallel Design (One-Phase Design)



Note. Adapted from Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Participants

To be eligible for participation individuals had to be over the age of 19. The justification for this choice is supported by the neurological and developmental differences between adults and adolescents or children (Casey et al., 2008). Additionally, therapeutic intervention tends to differ from adults and adolescents or children. Thus, excluding children and adolescence helped maintain consistency in experiences and specify the findings. Moreover, it is important to note that the present study is not evaluating the accuracy with which participants recall their experiences but is concerned with exploring the participant's interpretation of their experiences. Thus, criterion for participant selection included having the capacity to effectively recall and comment on their past experiences of psychotherapy in English. Prior to the interview, participants were asked three initial screening questions. Only participants who answered yes to all questions were eligible to participate. The questions were: 1) are you over the age of 19? 2) are you currently, or have you previously received psychotherapy services? 3) are you willing and capable of reflecting on your experiences in psychotherapy in English? The final sample of participants included 11 participants.

Participant Recruitment

Eleven participants were recruited and selected through convenience sampling. Participants were recruited through advertisements circulated at various university campuses, psychotherapy practices, and social media forums. See Appendix A for recruitment poster. Permission to post recruitment posters was acquired prior to advertisement. Interested candidates were provided with information about the study and were provided with the informed consent document. See Appendix B for informed consent document. Additionally, all participants received a $20 CAD e-gift card as an honorarium for their participation.

Demographic Data

The final sample for this study consisted of 11 participants; however, due to a technical issue, one participant's interview was not available for analysis and thus is missing demographic data in the table below. Of the participants, six self-identified as male and five self-identified as female. Participants ranged in age from 19 to 57 years old and varied in education level from high school diploma to master's degree. All participants were located in Canada and employment status ranged from full-time employment to unemployed, with

household incomes spanning from less than $20,000 to over $100,000 CAD annually. Length of time in psychotherapy ranged from three months to 2.5 years. Table 1 provides a summary of the demographic data collected from the sample.

Table 1

Basic Demographic Data

Participant #	Age	Education	Employment	Ethnicity	Gender Identity	Household Income	Length of Tx
1	56	University Diploma	Employed-FT	Caucasian	M	> $100, 000	2 years
2	27	Bachelor's Degree	Employed-PT	Black	M	$40,000 - $59,000	3 months
3	25	Bachelor's Degree	Unemployed	South Asian	M	< $20, 000	5 years
4	22	Bachelor's Degree	Self Employed	Black	M	$40,000 - $59,000	1.5 years
5	26	Bachelor's Degree	Employed-PT	Black	F	< $20, 000	1 year
6	29	Bachelor's Degree	Employed-FT	Black	M	$20,000 - $39,999	1.75 years
7	27	Bachelor's Degree	Employed-PT	Black	F	< $20, 000	3 months
8	22	Some post-secondary	Employed-PT	Filipino	F	> $100, 000	2.5 years
9	19	High School Diploma	Unemployed	East Asian	F	> $100, 000	2 years
10	57	Master's degree	Employed-FT	Caucasian	M	> $100, 000	5 months
11			Employed-FT	Caucasian	F		

Note. Table summarizes the basic demographic data collected. FT = Full time, PT = Part time

Data Collection

Considering the convergent parallel research design, the present study hosted one primary phase of data collection that gathered the data for both the quantitative content analysis and constant comparison method of analysis. Following the confirmation of eligibility and receiving signed informed consent documents, participants were invited to engage in a semi-structured interview lasting approximately 60 to 90 minutes. For interview guide see Appendix C. The interviews were broken up into three different parts, which are detailed below.

Semi-Structured Interviews

During the first part of the interview participants were asked to reflect on their experiences in psychotherapy, particularly focusing on one significant or impactful moment they encountered. This section of the interview was designed to provide data to explore the emotion of awe in therapeutic experiences without prompting participants to consider awe directly. This methodological choice is rooted in the desire to identify whether awe naturally emerges as a significant emotion in psychotherapy without elicitation. By avoiding direct questioning about awe in the first part of the interview, I aimed to capture authentic and spontaneous emotional responses, ensuring that the emotion was not artificially introduced or influenced by the interview process itself. This approach allowed for a more genuine exploration of the role awe might play in significant therapeutic moments.

The second part of the interview adopted a more structured exploration that explicitly asked about the participants' experience of awe in psychotherapy. Participants were first introduced to the emotion of awe. To do this I followed a script that gave a brief definition of awe but positioned it as a nuanced and complex emotion that is hard define in any concrete ways. For the script of this definition see Appendix C. Participants were then questioned on their experience of awe in psychotherapy. An interview guide was used to ensure consistency across interviews while allowing flexibility for participants to express their experiences in their own words. See Appendix C for interview guide.

Additionally, consistent with the procedures of the constant comparison method (CCM) the data analysis and data collection were done iteratively (Glaser & Strauss, 1967). Thus, as data emerged the interview guide for the second part of the interview was amended

to specifically explore emerging themes in more depth. The only notable amendment made was to specifically ask about the role of threat as it pertains to awe in psychotherapy. This methodological choice was made following 6 participant interviews in which the theme of overwhelm emerged. For the amended interview guide see Appendix D.

The first two parts of the interview were designed to achieve a comprehensive understanding of the emotion of awe in psychotherapy. The unprompted exploration in the first part allowed for the detection of awe as it naturally arises, ensuring that the data reflects genuine emotional experiences. The prompted second part then facilitates a deeper analysis of how participants consciously recognize and interpret awe in psychotherapy. This approach provides a robust framework for examining both the spontaneous and reflective aspects of awe in psychotherapy, offering a nuanced perspective on its role and significance in therapeutic experiences.

The third and final part of the interview gathered additional information and demographic data. This included questions regarding the duration and reasons for receiving psychotherapy, and personal background details such as ethnicity, gender identity, household income, education level, and employment status. Collecting this additionally information provides important contextual information for understanding participants' therapeutic experiences. For example, ethnicity, gender identity, household income, and education level can all influence how individuals experience and interpret emotions, including awe, in therapeutic settings. Collecting this data invites an exploration on how these variables might impact the manifestation of awe in psychotherapy. The following sections further detail the specific methods of analysis of the collected data.

Part One: Quantitative Content Analysis

Quantitative content analysis (QCA) is grounded in positivist research traditions, emphasizing objectivity, replicability, and the search for generalizable patterns (Krippendorff, 2019). The method's roots can be traced back to the early 20th century, with its development often attributed to the analysis of media content. Berelson (1952) provided an overview, defining content analysis as a *"research technique for the objective, systematic, and quantitative description of the manifest content of communication."* (p. 18). Thus, a QCA provides a bridge between qualitative richness and quantitative rigour.

By quantifying the expressions related to the emotion of awe in psychotherapy, the present study hopes to first identify whether awe emerges without elicitation in participant accounts. Secondly, this analysis will also offer preliminary insights into the trends and patterns of awe's emergence, particularly which dimensions of awe tend to emerge. Additionally, an advantage of using this method is that the systematic nature of a QCA reduces the potential for researcher bias and increases the replicability of the study (Higuchi, 2016). The purpose of this portion of the study is to gather initial data pertaining to awe's emergence in the context of psychotherapy. Furthermore, the weaknesses of the QCA are complimented by the strengths of the exploratory qualitative method of analysis applied; the constant comparison method (CCM). Where the QCA fails to extract deeper meanings, the CCM excels in drawing interpretations behind any emerging patterns. The following sections detail the specific design and procedures pertaining to the QCA that were applied in the present study.

Design

This portion of the study employed a two-step QCA following the framework established by Higuchi (2016, 2017) in his seminal work using the software KH Coder for text analysis (Higuchi, n.d.). This two-step approach allows for a comprehensive analysis of textual data, balancing the need for systematic examination with the flexibility to explore nuances within the transcripts. Additionally, I have included an added step to the analysis to specifically evaluate the quality of the emerging awe. The following section provides a more detailed exploration of how these steps were applied.

Procedures

The procedure for the quantitative content analysis consists of several carefully structured stages, designed to ensure a thorough analysis of participant transcripts. Prior to data collection or analysis there are critical preparatory steps that support a well-structured and methodologically sound study. Drawing on the guidance provided by Neuendorf (2017) and Higuchi (2016, 2017), the following sections detail the processes of defining the research questions and objectives and developing a coding scheme before detailing the procedures for collection and analysis.

Defining Research Questions and Objectives. First, it is crucial to clearly define the research questions and objectives as they guide the research process. Consistent with the pragmatic research paradigm the research questions and objectives were decided first, and the selection of the methodologies and methods followed (Creswell & Creswell, 2018). For the present study the overarching objective is to better understand the presence and role of awe in the context of psychotherapy. To accomplish this, I ask three research questions: 1) What features of awe are present when participants reflect on influential moments in psychotherapy? 2) If awe is present; what are the patterns of awe's emergence? 3) How do these patterns align with participant's explicit accounts of awe in their therapeutic experiences? These objectives and questions have guided the decision-making processes surrounding the design and methodological choices of this proposed study.

Developing a Coding Scheme. Consistent with the process of conducting a content analysis detailed by Neuendorf (2017), a comprehensive coding scheme was developed prior to data collection. This process involved creating distinct categories that were used to analyze the transcripts. Each category has an operational definition that outlines what it represents, as well as a detailed account of the selected units of analysis that fall within that larger category. These units of analysis include individual words or phrases that represent the categories. These categories each represent a specific dimension of awe and come together to make up the larger concept of awe. This process ensures consistency in analysis, which helps maintains the validity and reliability of the findings. I developed and utilized a coding scheme consisting of eight categories to capture the concept of awe. These categories are inspired by six characteristics of awe borrowed from the awe-experiencing scale (AWE-S) (Yaden et al., 2019), one additional category that includes explicit awe-related language, and I also included an additional category to capture expressions of fear or threat, to evaluate patterns that may pertain specifically to threat-based awe experiences. These eight categories make up the coding scheme for this portion of the study and are detailed in the following sections.

Category One: Perception of Vastness. This category is being operationally defined as instances when participants perceived or experienced something larger or more powerful than themselves. Something vast or transcendent. The specific units of analysis for this

category will include the key words and phrases "overwhelming", "grand", "vast", "immense", "infinite", "expansive", "beyond", "limitless", "transcend", "massive", "huge", "big", "large", "transcends", "transcendent".

Category Two: Need for Accommodation. The second category captures instances where participants express the need to adjust their cognitive frameworks or reference shifting perspectives. This category aims to include statements reflecting cognitive or emotional adjustment, transformative experiences, or expressions of needing to rethink prior assumptions. The specific units of analysis for this category will include the key words and phrases "changed", "rethink", "shifted", "redefined", "made me", "had to", "challenged my", "caused me to", "epiphany", "realized", "compared", "comparison", "different", "difference", "adjusted".

Category Three: Self-diminishment. The third category encompasses moments when participants mention feeling smaller or less significant in comparison to something larger. This involves a recognition of one's place in a broader landscape. The key terms and phrases for this category will include "small", "insignificant", "humbled", "reduced", "shrink", "diminished".

Category Four: Connectedness. This category reflects experiences where participants felt a deep connection to others, the world around them, or the universe. It captures the sense of unity and interrelatedness that accompanies an experience of awe. The units of analysis will include "connected", "connect", "connecting", "unite", "united", "uniting", "part of…", "oneness", "belong", 'belonging", "belonged".

Category Five: Alterations of Time. This category is concerned with the instances where participants express perceiving time differently. This might be a slowing down, speeding up, or feelings of timelessness which may accompany a feeling of awe. This category is looking for statements that indicate a distorted sense of time. The key terms and phrases included in this category will include "time stood still", "timeless", "time", "lost track of time", "time flew by", "in the moment", "eternal", "fleeting", "present", "moment".

Category Six: Physical Sensations. The sixth category includes descriptions of physical reactions or sensations. Generally, these include bodily responses such as chills,

goosebumps, or a sense of lightness. The units of analysis for this category will include "chills", "goosebumps", "tingling", "lightheaded", "warmth", "warm", "heart racing".

Category Seven: Affective Awe. This category is concerned with capturing the explicit affective response of awe. Therefore, this category includes direct mentions of the word awe or similar expressions that indicate the participant is experiencing or describing awe. The key terms and phrases for this category are "awe", "awesome", "wonder", "awestruck", "wonderstruck", "amazed", "astonished", "wow", "woah".

Category Eight: Threat. Finally, this category captures expressions of fear, anxiety, or a sense of threat. These expressions included moments where participants describe feeling vulnerable or afraid. The key terms for this category are "fear", "scared", "threat", "threatening", "intimidating", "daunting", "anxious", "panic", "panicked", "panicking", "dread", "afraid", "worried".

Data Collection and Preparation. Following the development of the coding scheme, data were then collected and prepared for analysis. The present study gathered text data in the form of transcribed participant interviews. For the detailed interview procedures read the data collection section. For review, during the interview participants were first asked to reflect on an impactful moment they experienced in psychotherapy. In this section of the interview, I avoided mentioning or prompting for awe as this portion of the study is specifically interested in awe that is not elicited for but rather naturally emerges. Following the interviews participant transcripts were audited and anonymized prior to analysis. Then, to further prepare the data, the participant's responses were extracted and ordered in a document without the interviewer's responses. This created the first set of cleaned data. Data were then uploaded to the software KH Coder for analysis.

Importantly, although 11 participants consented to take part in this study and conducted interviews, there was an error made when saving one participant's (participant 11) transcript. As a result, the QCA analysis and demographic reporting include data from 10 participants only. However, memos taken during the interview of participant 11 have been included in later analyses using the constant comparison method.

Data Analysis. Once the prepared data were uploaded to the KH Coder software, analysis commenced in two steps as detailed by Higuchi (2016, 2017), with an additional

step to confirm that the language being used was representative of the dimension of awe being targeted. The first step was a text-mining process, where the transcripts were subjected to a lexical analysis. This step is instrumental in reducing the complexity of the text, allowing for a more focused and manageable analysis in the subsequent stage. Here the text was broken down into its constituent words or phrases and categorized based on frequency and co-occurrence patterns. The KH Coder software analyzed the transcript to identify word frequency distributions, create co-occurrence networks, and run correspondence analysis. The goal of this step is to explore the underlying structure of the transcripts and identify key terms or themes that recur across the dataset. However, the present study is more concerned with the second step of analysis, which is detailed below.

In the second step, the analysis shifts towards a more focused approach, wherein the patterns and themes identified in the first step are specified to be regarded as appearances of a concept, in this case awe (Higuchi, 2016, 2017). The various dimensions of awe that were specifically captured by the coding scheme detailed above were used in this second step. For example, the key terms from category seven affective awe ("awe", "awesome", "wonder", "awestruck", "wonderstruck", "amazed", "astonished", "wow") were used to create a coding rule in the software which counts all instances of these words and flags them as an appearance of the seventh category. Coding rules for all eight categories were fed into the software for analysis. For the entire raw coding scheme that was used see Appendix F.

Importantly, I included an additional step that evaluated the degree to which the dimensions of awe were represented by each emergence in the transcripts. Considering the nuances in language and the contextual clues that the KH Coder software inevitably missed I incorporated a rating scale to allow me to quantify how well each emergence of a category aligned with the subsequent awe-related dimension based on the context in which the linguistic features are expressed. This procedure gave insight into the strength of representation of awe in the data and ensured that the QCA did not merely categorize words or phrases into broad features but also evaluated their significance and relevance to the concept of awe. This step contributed to a more refined understanding of how awe is represented in the transcripts and helped reveal subtleties in language that might otherwise be overlooked by the categorical coding.

For each unit of text, the software picked up as representing a dimension of awe I manually reviewed the selected text within the larger context of the participants response to determine the degree to which the participant evoked the defined dimension of awe. This step utilized a rating using a 3-point- alignment scale indicating low, moderate and high alignment (-1, 0, 1). During this step I documented the rationale behind each rating given by noting the specific linguistic features, context or intensity that led to the decision. Importantly, for this analysis the codes which received a low alignment rating (-1) were excluded from the final analysis to better ensure each category is accurately represented by the language being used. Given the complexity of both the emotion of awe and general linguistics, it is important not only to categorize the language according to predefined dimensions of awe but also to evaluate the degree of alignment between the language used and the conceptual framework of awe being applied.

The results of this analysis were then subject to an interpretation phase of analysis. This study's first research question of whether awe is present in the context of psychotherapy was answered by whether the predetermined categories of awe can be coded for in the transcripts. However, if awe is present, more insights can be drawn by exploring the contexts and patterns regarding how and where it emerges. I used the information extracted from the QCA to explore the patterns of awe's emergence in more depth using chi-square analyses, and various visualizations to present the data. Additionally, the insights gleaned from this portion of the study were further explored using the data from the second part of the interviews. This cross validation ensures reliability of the findings and supports that the QCA accurately captures any emergent awe. In later sections, the results of this analysis will be reported on and discussed in depth.

Rigour and Trustworthiness

The quantitative content analysis (QCA) method inherently is constructed with a detailed structure and procedures that help maintain the rigour and trustworthiness of the data. Additionally, other practices were incorporated in the present study to ensure the credibility of the analysis. For instance, to ensure the integrity and transparency of the findings, meticulously documentation of the coding schemes developed (Appendix F), memos taken, raw data, and related materials were kept throughout the research process.

Thus, there are detailed logs of data collection procedures, analytic decisions, and any modifications made during the research process. This documentation ensure that each step is traceable and justifiable, thereby upholding the overall credibility of the research. Additionally, the coding scheme used in the present study will be made public so others can replicate the study to verify the findings and conclusions made. An audit trail such as this not only supports the replicability of the study but also facilitates thorough examination and validation of the methods used and the conclusions drawn.

Part Two: Constant Comparison Method

The constant comparison method (CCM), originally developed by Glaser and Strauss (1967), emerged as a facet of their foundational work on grounded theory. This method provides a systematic approach to theory development through iterative comparison and analysis of qualitative data. It is particularly well-suited for the present research exploring awe in psychotherapy where existing theories are limited. This method allows the development of a theory that is grounded in the data itself, ensuring that the findings are closely aligned with participants' lived experiences. By comparing new data with existing data throughout the analysis process, I identified emerging patterns and refined the existing understanding of how awe manifests in and influences therapeutic processes. One of the strengths of the CCM is that it does not require extensive procedural preparation before data analysis begins. This method allowed me to develop and refine categories directly from the data as it was being analyzed. This means that there was no need to establish rigid coding schemes or analytical frameworks in advance as with the content analysis. Instead, the CCM relied on the ongoing comparison of data to uncover patterns and insights, allowing a contextually rich framework to emerge naturally from the data itself.

Design

The constant comparison method (CCM) is a key component of grounded theory, but using it independently differs from adopting the entire grounded theory methodology. In grounded theory, researchers allow the data to shape the research questions, hypotheses, and the direction of the study as it progresses (Glaser & Strauss, 1967). This process of theory generation is deeply iterative and responsive to the data. However, when the CCM is used on its own it can serve primarily as a tool for analyzing data without necessarily influencing the

data collection process to such a degree. In the present study I used the CCM to identify patterns and themes across the dataset, but the emerging data minimally altered the pre-defined interview structure and did not alter the overall research design.

Glaser and Strauss (1967) presented the constant comparison method in four stages: *"(1) comparing incidents applicable to each category, (2) integrating categories and their properties, (3) delimiting the theory, and (4) writing a theory"* (p. 105). These stages naturally transition from one another and the procedures for how these stages were applied in the present study are detailed in the following section.

Procedures

As previously discussed, the present study had one phase of data collection. The data gleaned from the second part of participant interviews was used for this portion of the study. The second part of the interviews explicitly asked participants about the role they believe the emotion of awe has played in their therapeutic journey. For full interview procedures see the data collection section and Appendix C for the interview guide. Interviews were audited and anonymized before being uploaded to the qualitative coding software Atlas.ti for analysis. The four stages of the constant comparison method were then applied and are as follows.

Step One: Comparing Incidents Applicable to Each Category. The first stage of analysis involved initial coding, where the data were dissected into discrete segments (Glaser & Strauss, 1967). This process started with a line-by-line reading of the transcripts to identify significant words, phrases, and concepts. These initial codes were kept as close to the data as possible to preserve participants' meanings and experiences. These segments were assigned descriptive labels telling of broader categories. As coding progressed, I engaged in two versions of the constant comparison process where each new coded segment was subjected to comparison to identify similarities and differences. The two steps comparison was inspired by the work of Boejie (2002) who aimed to provide a more structured approach to the CCM.

The first version of this comparison happened within individual transcripts. The codes extracted from a single participant were compared to all other codes extracted from that same participant to begin looking for patterns within a single interview. The second version of comparison involved comparing the themes between participant interviews. The codes extracted from an individual interview were compared to the themes extracted from another

participant's interview, again looking for similarities or differences telling of larger conceptual categories. This process helped determine if any new codes resembled an existing category or warranted the creation of a new category and helped to distill the properties of each larger category. Thus, ensuring that the emerging categories were defined and refined continuously throughout analysis. These comparisons allowed for the preliminary identification of patterns and relationships that contribute to the emerging conceptualization of awe in psychotherapy consistent with the objective of the present study. Additionally, this process was documented through memo writing and diagramming. I recorded any thoughts, insights, and theoretical ideas that arose during this analysis.

Step Two: Integrating Categories and Their Properties. The second stage of the CCM is concerned with connecting categories to build a coherent interconnected theoretical framework (Glaser & Strauss, 1967). In this stage of analysis, I further specified the properties and dimensions of the categories and reassemble the data in new ways to identify the relationships among the themes and categories. During this stage I explored how the different categories interacted and influenced one another, and how they combined to explain the emotion of awe in the context of psychotherapy. This process began to build the broader picture of how different aspects of the data are connected, thus the data began to form a unified theoretical structure. Additionally, this portion of analysis contributed to the evaluation of theoretical saturation in the present study. Once the essential categories were distilled, three interviews in which no new categories emerged were conducted to confirm saturation. Theoretical saturation indicates that the categories are sufficiently developed and are well-grounded in the empirical data.

Step Three: Delimiting the Theory. In the third stage of the CCM the categories were refined and organized to resemble a more coherent theoretical framework that explains the phenomenon under study, in this case awe (Glaser & Strauss, 1967). This stage of analysis consisted of reducing the number of categories by collapsing similar or redundant categories. Essentially this stage pared down the emerging framework to the most essential elements and began to conceptualize how the categories interacted.

Step Four: Writing the Theory. The final stage of the CCM involves organizing and writing the theory (Glaser & Strauss, 1967). The categories, properties, and relationships

were synthesized into a theoretical framework to be communicated to others. The process of this stage involved gathering and reviewing all the memos and diagrams that were generated throughout the analysis. This process was done to elaborate on the interpreted connections or themes drawn, thus helping to further defend and refine the created theoretical framework. The aim of this step is to explain the proposed theoretical framework logically and clearly in a way that is accessible, thus allowing others to understand and potentially apply the theory themselves.

Rigour and Trustworthiness

To ensure the rigour and trustworthiness of this portion of the study, I employed several strategies in line with qualitative research standards. One of the most significant practices was the extensive journaling I undertook throughout the research process. These journals included detailed reflections, spontaneous notes, conceptual sketches, and iterative analytical memos, which together create a multilayered audit trail. This record provides transparency by documenting how my interpretations and decisions unfolded over time and allow for the possibility of external evaluation and auditing. Importantly, the act of journaling functioned not only as a repository of information but also as a methodological tool. By revisiting and re-engaging with earlier entries, I was able to critically examine the evolution of my ideas, identify patterns or inconsistencies, and ensure that emerging insights were systematically grounded in the data rather than in unexamined assumptions.

The research journals also served as a mechanism for reflexivity. They facilitated ongoing awareness of my role as principal investigator and the ways in which my positionality, biases, and prior knowledge shape both the process and the interpretation of findings (Patnaik, 2013; Creswell & Creswell, 2018). Reflexivity was not treated as a one-time disclosure but as a continuous practice of interrogating how meaning was being co-constructed within the research. This included explicitly noting moments when personal experiences or theoretical knowledge might have been influencing coding or categorization. By journaling my thoughts throughout this process, I was better able to critically assess whether such influences were supported by the data. In this way, journaling acted as a mirror to check and deepening my engagement with the material while offering a guard against undue bias.

To further strengthen trustworthiness, regular supervisory discussions complemented this process by offering an additional layer of accountability. These conversations provided opportunities to test interpretations, surface blind spots, and critically examine how my values and preconceptions intersected with analytic choices. By combining extensive journaling, reflexive practice, and supervisory dialogue, I aimed to achieve transparency in methodological and analytical decisions. These practices supported a robust and credible use of the constant comparison method, helping to ensure that the conclusions drawn from the data were both trustworthy and meaningfully grounded. The following section outlines how these reflexive and procedural safeguards were further bolstered by the integration of both analytic methods.

Data Integration

A key feature of the present study lies in the use of both a quantitative content analysis (QCA) and the constant comparison method (CCM) of analysis. These methods are complimentary in that the CCM results provide qualitative depth to the understanding of awe in psychotherapy and allows for meaningful interpretations to emerge. While the QCA offers a structured way to measure and categorize the presence of awe that is not specifically elicited for in therapeutic encounters. By using both methods, I was able to compare the frequency and patterns identified through QCA with the thematic insights uncovered through qualitative exploration. The integration of both methods allowed for a triangulation of data, where the strengths of each approach could compensate for the limitations of the other, leading to richer and more robust conclusions. In the present study, the merging of the data from both methods was approached in an integrative fashion to allow the findings from both methodologies to be meaningfully combined. The procedure for merging the findings are as follows.

Once the data analysis from both the QCA and the CCM were complete, I first focused on synthesizing the preliminary findings from each method separately. For the QCA, this involved reviewing the numeric results, visualizations and coded categories. For the CCM, I compiled the categories and theoretical insights developed throughout the analysis process. This helped provide clear overviews of the distinct contributions of each method. Next, I compared the synthesized findings from both methods and created a joint display,

which presents the findings of each analysis side by side allowing for a clear and direct comparison (Guetterman et al., 2015).

The joint display involved cross-referencing the themes and categories identified through the CCM with the patterns and dimensions of awe identified in the QCA. I conducted a detailed comparison of the specific instances awe emerged in the QCA and how these instances aligned with or differed from the qualitative findings. Areas of convergence where both methods indicated similar patterns were noted, as well as areas of divergence where the methods offered different insights. Furthermore, the qualitative insights were used to check the consistency and reliability of the QCA. For example, if the QCA determined that awe emerged in a participant's experiences of psychotherapy, but the participant did not agree that awe was a part of that moment in the second phase of the interview, that indicates an important discrepancy. These discrepancies or affirmations across both analyses influenced the final conclusions drawn in the present study.

The final step in the integration process involved interpreting the integrated findings. This interpretation considered how the combined insights from both methods of analysis contribute to a deeper understanding of awe's presence, function, and influence in psychotherapy. Here the theoretical implications of the merged data were explored, highlighting how the findings enhance the existing literature and suggest avenues for future research.

Ethical Considerations

Ethical approval for this study was obtained through the Human Research Ethics Board (HREB) at Trinity Western University. Participants were provided with detailed information about the study, including its aims, procedures, potential risks, and benefits. Informed consent was obtained from all participants prior to the study, ensuring they understood their rights to confidentiality, anonymity, and voluntary participation. Participants were assured that they could withdraw from the study at any time without any negative consequences. Participants were assigned participant numbers, which were used in any written reports to protect participants' identities, and transcripts were anonymized prior to data analysis. Additionally, all data was stored securely, and access was limited to the research team. Importantly, the present study was able to expand the geographical range of

participants by utilizing the online networking platform Zoom. Therefore, it is important to note that the data from the Zoom interviews was downloaded to a locally secured hard drive immediately following the interviews. Participants were provided with information concerning the privacy policies of Zoom during the informed consent process (Appendix B). Additionally, consider the present study was concerned with exploring awe that was not elicited or prompted for the title explaining the study on the informed consent document was altered slightly to avoid awe being noticed when participants were reviewing the document and thus, priming them to reflect on awe. Thus, the present study included a thorough debriefing document and space to debrief following the interview. Participant questions were answered and the original target of the study explained. Additionally, participants were offered some local resources or supports to connect with should they need. For the debriefing document see Appendix F.

CHAPTER 4: RESULTS

In this chapter I present the findings from both the quantitative content analysis (QCA) and the constant comparison method (CCM), used to explore how the emotion of awe emerges in the context of psychotherapy. Additionally, the results pertaining to the integration of the findings from both these analyses are included. The results are organized to reflect the unique contributions of each method followed by the section highlighting the points of convergence and discrepancy across the two analyses. The QCA provides a structured overview of how established dimensions of awe are represented in the data without specific elicitation, while the CCM offers a more nuanced, interpretive lens to capture the lived complexity and therapeutic significance of the emotion of awe. Together, these findings deepen our understanding of awe not only as a discrete emotional experience, but as a potentially transformative force in the context of psychotherapy.

Quantitative Content Analysis

To explore the emergence of awe in psychotherapy without explicitly prompting for awe, I analyzed participants' language during interviews in which they described a personally impactful moment they experienced in their psychotherapy sessions. This content analysis specifically explored eight distinctly coded dimensions of awe-related language. These dimensions were perceptions of vastness, need for accommodation, self-diminishment, connectedness, alterations of time, physical sensations, affective awe, and threat.

Awe's Emergence Without Elicitation in the Context of Psychotherapy

Importantly, this analysis addressed the first research question and confirmed that awe-related language did emerge in participant reflections of an impactful therapeutic moment. The total emergence across all the dimensions of awe-related language encompasses exactly 33.25% of the text analyzed. Conversely, 66.75% of the text analyzed did not fall within any of the awe dimensions demonstrating a meaningful proportion given that participants were never asked explicitly about awe. Additionally, there were mentions of every dimension of awe, though there was variability in how frequently certain dimensions emerged. Thus, these findings confirm that awe does show up organically, without elicitation, in therapeutic spaces. *Table 2* provides an overview of how the different dimensions of awe were distributed across the ten participants. Each column following the participant column

represents a specific dimension of awe that was coded for. The values in the table indicate both the raw frequency and the percentage of each awe dimension relative to the total number of awe-related instances (listed in the final column, "N of Emergence") for each participant.

Across all participants, the need for accommodation was the most frequently coded dimension, appearing 150 times (30.30% of all excerpts). Participants one (n = 24), two (n = 23), three (n = 23), ten (n = 21), and four (n = 20) demonstrated the most frequent mentions of this dimension. However, participant seven demonstrated the highest proportion of emergence for this dimension, 62.96% of their total mentions of any awe dimension fell in need for accommodation. Physical sensations was the second most frequently observed dimension, with 121 instances (24.44%). This dimension appeared most frequently in participants four (n = 25) and three (n = 25), however it appeared in the highest proportion for participant five taking up 63.64% of their total mentions of any dimension.

The dimensions of awe which had moderate emergences across participants are alterations in time, connectedness, and vastness. Mentions of alterations in time was the next dimension most frequently mentioned with 58 mentions. Participant four had both the most mentions of this dimension and the highest proportion of its emergence (n = 18, 21.69%). Moreover, connectedness was the fourth most frequent dimension of awe with 57 total mentions across participants. Connectedness appeared most prominently for participants two (n = 15, 18.29%) and three (n = 12, 18.18%). Vastness (n = 52) appeared most frequently in participant three's accounts (n = 11) but had higher proportions for participants five (18.18%) and nine (17.24%).

Other dimensions occurred less often. Self-diminishment appeared 19 times across all participants. However, 10 of those 19 mentions were from participant three (15.15%). Affective awe appeared 16 times but was more evenly distributed across participants. Finally, threat had the lowest levels of emergence with 13 mentions across participants. Importantly, these findings align with this study's hypothesis that awe is an emotion that emerges in therapeutic spaces without specific elicitation.

Table 2

Frequencies and Proportions of Awe Dimensions Across Participants

Participant	Vastness	Accommodation	Self - Diminishment	Time	Physical Sensation	Affective Awe	Threat	Connectedness	N of Emergence
1	6 (10.91 %)	24 (43.64 %)	2 (3.64 %)	8 (14.55 %)	7 (12.73 %)	2 (3.64 %)	2 (3.64 %)	4 (7.27%)	55
2	2 (2.44 %)	23 (28.05%)	6 (7.32 %)	5 (6.10 %)	25 (30.49 %)	3 (3.66 %)	3 (3.66 %)	15 (18.29 %)	82
3	11 (16.67 %)	23 (34.85%)	10 (15.15 %)	6 (9.09 %)	1 (1.52 %)	1 (1.52 %)	2 (3.03 %)	12 (18.18 %)	66
4	9 (10.84 %)	20 (24.10%)	0 (0.00%)	18 (21.69 %)	25 (30.12%)	1 (1.20 %)	2 (2.41 %)	8 (9.64 %)	83
5	4 (18.18 %)	3 (13.64 %)	0 (0.00%)	0 (0.00%)	14 (63.64 %)	0 (0.00%)	1 (4.55 %)	0 (0.00%)	22
6	5 (13.16 %)	13 (34.21 %)	0 (0.00%)	5 (13.16 %)	12 (31.58 %)	1 (2.63 %)	0 (0.00%)	2 (5.26 %)	38
7	0 (0.00%)	17 (62.96%)	1 (3.70 %)	1 (3.70 %)	6 (22.22 %)	1 (3.70 %)	0 (0.00%)	1 (3.70 %)	27
8	5 (14.29 %)	11 (31.42 %)	0 (0.00%)	7 (20.00 %)	5 (14.29 %)	4 (11.43%)	1 (2.86 %)	2 (5.71 %)	35
9	5 (17.24 %)	5 (17.24 %)	0 (0.00%)	6 (20.69%)	7 (24.14 %)	3 (10.34 %)	0 (0.00%)	3 (10.34 %)	29
10	5 (8.62 %)	21 (36.21 %)	0 (0.00%)	2 (3.45 %)	18 (31.03 %)	0 (0.00%)	2 (3.45 %)	10 (17.24 %)	58
Total	52 (10.51 %)	150 (30.30 %)	19 (3.84 %)	58 (11.72 %)	121 (24.44%)	16 (3.23 %)	13 (2.63 %)	57 (11.52 %)	495
Chi-Square	16.85	33.00*	55.21**	39.24**	52.83**	10.25	7.77	42.47**	

Note. Values are frequencies followed by percentage in parentheses. Chi-square conducted across participants for each awe dimension. *$p < .05$, **$p < .001$.

The Patterns of Awe's Emergence

As detailed above, the QCA provided important frequencies and counts pertaining to awe's emergence in the context of psychotherapy. However, to build on these findings I conducted further tests and presented the data in various ways to gain perspective on the patterns of awe's emergence in psychotherapy effectively addressing the second research question presented in this study.

Chi-Square Goodness-of-Fit. First, to explore whether the distribution of the emergence of the awe dimensions differed significantly from an expected uniform distribution across participant responses, a series of chi-square goodness-of-fit tests were conducted. See Table 2. These tests examined whether certain dimensions of awe were more

or less likely than expected to emerge in the impactful therapeutic moments participants shared. The analysis revealed that several dimensions of awe emerged across participants at significantly different rates than would be expected by chance. The null hypothesis here was that each dimension of awe would emerge across participants with a somewhat even or predictable distribution. Importantly, these findings hint at the differences in which dimensions of awe emerge on an individual level.

The findings from these chi-square tests suggest that certain dimensions were disproportionately represented in certain participant accounts. For example, self-diminishment had the highest variation as determined by the chi-square test $\chi^2(9) = 55.21$, $p < .001$. Participant three had a significantly higher emergence of self-diminishment than any of the other participants. This finding demonstrates that certain aspects of awe are not uniformly distributed but rather appeared more selectively across participant narratives.

Additionally, descriptions of physical sensations also demonstrated a strong pattern of variation across participants, $\chi^2(9) = 52.83$, $p < .001$. Moreover, connectedness also deviated significantly from the expected pattern, $\chi^2(9) = 42.47$, $p < .001$. The dimension of alterations of time, $\chi^2(9) = 39.24$, $p < .001$, also emerged as significantly uneven in its distribution, with mentions of timelessness or time distortion, appearing more frequently than anticipated in some participant accounts and less frequently than anticipated in others. Finally, accommodation is the last dimension to demonstrate significant variation in its emergence across participants, $\chi^2(9) = 33.00$, $p < .001$. This indicates meaningful patterns in how these aspects emerged across participants.

In contrast, several features did not show significant deviations, indicating a more even, consistent distribution across participant responses. These included affective awe, $\chi^2(9) = 10.25$, $p = .331$, and threat, $\chi^2(9) = 7.77$, $p = .558$, both of which were relatively infrequent but distributed in a manner consistent with the expected variation. Finally, the dimension of perceptions of vastness yielded a borderline result, $\chi^2(9) = 16.85$, $p = .051$. While this narrowly missed the conventional threshold for statistical significance, it suggests a trend worth noting considering perceptions of vastness is often cited as a core feature of awe (Keltner & Haidt, 2003).

The findings from these chi-square analyses suggest that awe in psychotherapy is not monolithic. Rather, certain features appear more prominently for some individuals than others. Importantly five of the eight dimensions of awe-related language did not emerge uniformly across participants; rather, they reflected the unique ways in which the individual participants made sense of and articulated their impactful therapeutic experiences. These patterns offer preliminary insights into how awe, and the various dimensions of awe, emerge in therapeutic contexts.

In addition to the above tests, I conducted another series of chi-square goodness-of-fit tests to assess whether each participant's distribution of responses across the eight dimensions of awe differed significantly from an even distribution. For all but one participant, the null hypothesis of equal distribution was rejected, suggesting that the emergence of the awe dimensions is highly uneven on an individual level. See table 3 for summary of results.

For Participant one, the analysis indicated a significant deviation from evenness, $\chi^2(7) = 54.53$, $p < .001$. The dimensions of need for accommodation and physical sensations were disproportionately represented, while the dimensions of self-diminishment, affective awe, and threat were notably underrepresented. Participant two demonstrated a similar pattern, $\chi^2(7) = 60.77$, $p < .001$, with strong concentrations in need for accommodation and physical sensations as well, accompanied by reduced representation in the dimensions of vastness, affective awe, and threat. Participant three's responses also diverged significantly from even distribution, $\chi^2(7) = 47.03$, $p < .001$, again reflecting a dominance of the dimension of need for accommodation.

Moreover, participant four showed a markedly uneven distribution, $\chi^2(7) = 61.49$, $p < .001$, with higher than expected counts in the dimensions of need for accommodation, alterations of time, and physical sensations, and striking underrepresentation in self-diminishment, affective awe, and threat. Participant five's distribution, $\chi^2(7) = 58.52$, $p < .001$, was overwhelmingly concentrated in psychical sensations, with very little or no representation in several other dimensions, including self-diminishment, alterations of time, affective awe, and connectedness. Participant six likewise demonstrated significant unevenness, $\chi^2(7) = 39.47$, $p < .001$, driven by heavy representation in the dimension of need

for accommodation and physical sensations, and the absence of emergence for the dimensions of self-diminishment and threat.

Table 3

Summary of Chi-Square Analysis of Awe Dimension Distribution Across Participants

Participant	Total N	Chi-square	df	p-value	Main Overrepresented Awe Dimension	Main Underrepresent Awe Dimension
1	55	54.53**	7	1.8×10^{-9}	Accommodation, Physical Sensation	Self-diminishment, Affective Awe, Threat
2	82	60.80**	7	$<1\times10^{-10}$	Accommodation, Physical Sensation	Vastness, Affective Awe, Threat
3	66	47.00**	7	2×10^{-8}	Accommodation	Physical Sensations, Affective Awe, Threat
4	83	61.50*	7	1×10^{-11}	Accommodation, Alterations of Time, Physical Sensation	Self-diminishment, Affective Awe, Threat
5	22	58.50**	7	3×10^{-10}	Physical Sensations	Self-diminishment, Alterations of Time, Affective Awe, Connectedness
6	38	39.50**	7	2×10^{-6}	Accommodation, Physical Sensation	Self-diminishment, Threat
7	27	70.20**	7	$<1\times10^{-12}$	Accommodation	Vastness, Self-diminishment, Alterations of Time, Affective Awe, Threat, Connectedness
8	35	20.20**	7	0.005	Accommodation	Self-diminishment, Threat
9	29	13.30	7	0.065	Physical Sensations	Self-diminishment, Threat
10	58	65.80**	7	$<1\times10^{-11}$	Accommodation, Physical Sensation	Self-diminishment, Alterations of Time, Affective Awe, Threat

Note. Degrees of freedom (df) are based on eight awe dimensions. Chi-square values marked with ** represent statistical significance, $p < .01$.

The strongest imbalance was evident in participant seven, $\chi^2(7) = 70.22$, $p < .001$, where the dimension of need for accommodation accounted for the majority of emergence, and most other dimensions were minimally or not at all represented. Participant eight also showed a significant result, $\chi^2(7) = 20.21$, $p = .005$, characterized also by overrepresentation in need for accommodation and underrepresentation in self-diminishment and threat. By contrast, participant nine's responses did not differ significantly from an even distribution, $\chi^2(7) = 13.30$, $p = .065$. This was the only participant with a distribution of the awe dimensions that did not meet a statistically significant level of variation, although the dimension of physical sensations was somewhat elevated and self-diminishment and threat were absent. Finally, participant ten's distribution was strongly uneven, $\chi^2(7) = 65.79$, $p < .001$, with need for accommodation and physical sensations heavily overrepresented with most other dimensions showing low emergence.

Although preliminary these findings point to a potential pattern of awe's emergence across participants in the context of psychotherapy: many individuals displayed notable concentrations in the dimensions of need for accommodation and physical sensations, with underrepresentation in the dimensions of self-diminishment, affective awe, and threat. These findings suggest that within the context of psychotherapy some dimensions of awe emerge with a disproportionate salience in participants' responses.

Visual Representation of Awe's Emergence. This study further explored the patterns of awe's emergence in participant account of impactful therapeutic moments using visual methods to display the data. The visual format helps to surface nuanced variations in language that may be difficult to detect through raw frequencies and proportions alone. The present study utilized a heatmap and a co-occurrence network to provide complimentary perspectives on the data; the heatmap emphasizes the intensity and prevalence of the emergent awe dimensions, while the co-occurrence network emphasizes connectivity and structure. Thus, providing a more comprehensive and intuitive understandings of how awe was expressed and embedded within therapeutic experiences. First, Figure 3 denotes the heatmap, which allows for the identification of patterns in the frequencies and distributions, highlighting which awe-related dimensions appear most often and how they cluster across the different participants.

Figure 3

Distribution of Awe Dimensions Across Participants

Note. This heat map displays the emergence of the various awe dimensions across the ten participants.

Participants tended to vary in which of the dimensions emerged in their accounts. For example, the dimension that emerged most prevalently for participant five is descriptions of physical sensations. Conversely, they seldom mentioned the other dimensions of awe. Particularly the dimension of need for accommodation was notably absent compared to other participants. Oppositely, participant three had a wider expanse of dimensions emerge in their

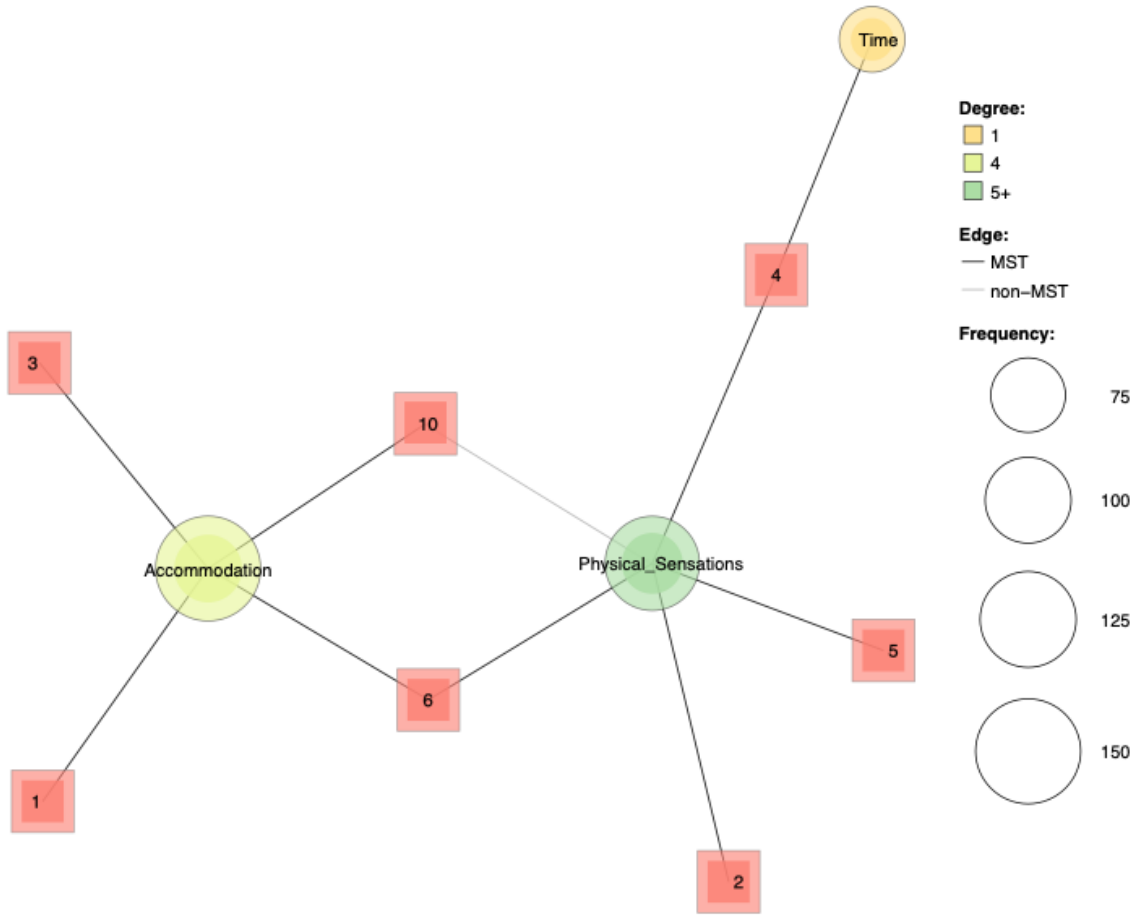
language, but physical sensations took up a proportionately less prominent role for them. Moreover, participants two, seven, and ten visually seem to share a similar pattern of emergence, which favours need for accommodation, physical sensations, and connectedness. These distributions are indicative of important individual variability in how awe is experienced and expressed in therapeutic moments. These results highlight the individualized and multifaceted nature of awe, illustrating a need to better understand the factors that might contribute to or explain this variability.

The second visual presentation of the data included is the co-occurrence network depicted in Figure 4. This analysis visualized the patterns of co-occurring awe dimensions among the eight theoretically derived dimensions of awe. Interestingly, only a subset of these dimensions appeared frequently enough in participant accounts to be included in the final network visualization. The resulting network displays co-occurrence patterns between among the dimensions of need for accommodation, physical sensations, and alterations of time. The nodes in the network represent awe dimensions, while the lines or edges represent co-occurrence frequency between them across participants. Edge thickness corresponds to the co-occurrence strength and the size of the nodes reflect the number of direct connections a dimension has with others.

Among the dimensions, physical sensations emerged as a particularly central construct showing strong co-occurrences with the other themes included (alterations of time and the need for accommodation). This suggests that reported experiences of physical sensations were frequently discussed alongside shifts in temporal experience and cognitive restructuring processes. This pattern of linkage between these dimensions might indicate that embodied experiences may act as anchors or catalysts for broader conceptual or temporal changes during therapeutic encounters.

Figure 4

Co-occurrence Network of Awe-Related Dimensions in Participant Narratives of Impactful Therapeutic Moments.



Note. Nodes represent awe-related dimensions identified in participant narratives of impactful therapeutic moments. Node size reflects degree centrality (number of co-occurring connections), and edge thickness indicates the frequency of co-occurrence between themes. Solid edges represent links included in the minimum spanning tree (MST), highlighting the most structurally significant connections. Only dimensions that appeared with sufficient frequency across the dataset are visualized; infrequent dimensions (e.g., *threat*, *vastness*, *self-diminishment, connectedness, and affective awe*) were excluded from the final network.

The use of a minimum spanning tree (MST) overlay in the network allows for the identification of the most structurally significant connections. The MST highlighted the co-occurrence of physical sensations and need for accommodation as the strongest and most

direct path within the network. Participants six and ten routinely mentioned both of these awe dimensions together frequently enough to support the core thematic cluster seen in the network. Additionally, participant four tended to discuss physical sensations and alterations of time in close proximity in their accounts building the other leg of the network. These findings support the notion that these are the constructs forming the core thematic cluster in participants' language. Thus, pointing to a psycho-physiological and cognitive axis along which awe-related language emerges during descriptions of impactful therapeutic moments. Notably, dimensions such as vastness, threat, self-diminishment, connectedness, and affective awe are absent in the co-occurrence network. Their limited presence suggests that, while theoretically significant to awe, these elements were not prominently featured in participants' accounts of their impactful therapeutic experiences.

The following section presents findings from the CCM, which further answers the second research question regarding the patterns of awe's emergence in the context of psychotherapy. Eventually, the patterns extracted from both the QCA and the CCM analyses will be meaningfully integrated to address the third and final research question; how do the patterns of awe's emergence, without specific prompting, compare to participant accounts of being explicitly asked about awe in psychotherapy.

Constant Comparison Method

In addition to the above quantitative content analysis (QCA), the present study followed up on participant's narratives of impactful therapeutic moments with a second set of questions explicitly pertaining to their experience of awe within those moments, and in psychotherapy in general. The accounts from this second part of the interview were subject to a constant comparison method (CCM) of analysis to extrapolate themes and construct a preliminary framework that captures how awe shows up in psychotherapy.

Importantly, this analysis revealed a distinction between how awe shows up as an unfolding process within therapeutic encounters, and awe as a catalyst for or correlate of identifiable therapeutic outcomes. This differentiation proved essential in organizing the data, as awe was not solely described in terms of what it achieved, but also how it was encountered, experienced, and moved through specifically within psychotherapy. The themes relating to the process of experiencing awe in psychotherapy capture the dynamic nature of

awe as it arises and evolves within psychotherapy. Conversely, the themes relating to the specific therapeutic outcomes illuminate the transformative impacts of experiencing awe in psychotherapy. The resulting themes are presented in these two primary domains: the process; how awe shows up in psychotherapy, and the outcome; what awe contributes to in psychotherapy.

Analysis revealed three themes oriented to the process of experiencing awe in psychotherapy, and seven themes oriented to the outcomes of awe in psychotherapy. The process-oriented themes are overwhelm, perspective shifts, and alterations of time. The outcome-oriented themes are clarity, comfort and safety, altered self-concept, enhanced connectedness, newfound hope, inspiration and motivation, and acceptance. Table 4 presents these themes with a count of how many participants mentioned each theme. The following sections will report on these themes in further detail.

Table 4

Themes Relating to the Process and Outcome of Experiencing Awe in psychotherapy

Process Oriented Themes	# of Participants	Outcome Oriented Themes	# of Participants
Overwhelm	9	Clarity	11
Perspective Shifts	9	Comfort and Safety	8
Alterations of Time	2	Altered Self-concept	7
		Enhanced Connectedness	6
		Newfound Hope	6
		Inspiration and Motivation	5
		Acceptance	4

Note. This table organizes themes into two primary domains: 1) the process of experiencing awe during psychotherapy sessions, and 2) the outcomes associated with awe in psychotherapy. Numbers indicate how many of the ten participants mentioned each theme.

Importantly, 10 out of the 11 participants expressed that awe was indeed present in the impactful moment they had described. However, the participant who did not report awe as being present in their impactful moment still commented on the role of awe in psychotherapy, beyond the impactful moment they had previously shared. Similarly, the

depth and richness of the awe encountered in the impactful moments varied significantly. Some participants responded to the question of whether awe showed up in their impactful moment with excitement and strong agreement. For example, participant four excitedly replied *"Yeah, very much, very much, very very much!",* while participant nine hesitantly conceded *"very slightly, I'd say yes. it wasn't like a mind-blowing moment, like a full moment of awe, but yeah, it was just that tiny little"*.

Process Themes: How Awe Shows up in Psychotherapy

Overwhelm. A salient category that emerged from this analysis is being labeled as overwhelm. This category captures the destabilizing and disorienting dimensions of awe as it is experienced in psychotherapy. Across participant accounts, nine participants described awe as being destabilizing emotionally, cognitively, and even physically. The accounts included in this category underscore the magnitude of inner experiences of awe in therapeutic contexts. The process of moving through awe was described with an intensity that became difficult to metabolize. For example, participant one stated *"I really felt like my world was imploding and that I was losing touch with reality because… the number of revelations and insights and feelings and emotions that I had was overwhelming"*. Moreover, participant five similarly articulated this disorientation expressing, *"I was just all over the place. My mind was not settled…my head was spinning, because I was actually thinking of different things at different times, like, a lot of it."* In this way, awe not only disrupted the present moment but introduced a kind of cognitive scattering and a struggle to regain coherence and stability. Thus, this category reflects participants' experiences of moving through awe, which exceeded their capacity for immediate understanding or integration. These moments were marked by visceral descriptions of confusion or fear, and explicit references to the psychological challenge of encountering the overwhelm associated with awe in the specific context of psychotherapy.

Importantly, participants experienced the state of overwhelm differently, for some it was paired with more existential concerns revealing the limits of personal understanding and exemplifying a threat to stability. For example, participant two offered a vivid and emotionally intense description of this rupture: *"There are things in this world that no one will maybe ever understand... if maybe I keep on thinking about it, I will end up like*

confusing myself. I'll end up like doing, you know, harming myself." This account demonstrates that the experience of being overwhelmed with awe was sometimes viewed as harm-inducing, where the inability to understand and assimilate the experience led to distress and the desire to retreat from the stimulus: *"You feel confused... it's a gap that you can't fill and that's so disgusting... you just feel like you're not in control."*. Conversely, some participants framed this destabilization as a necessary precursor to transformation. For example, participant nine described "*I just need[ed] to process, because I guess awe kind of connects with shock…it made me speechless, like there was a moment of silence."* In this example, the overwhelm associated with awe was described as more of a slowing down and a stunned silence, which reflects the feature of "*process[ing]"* rather than fear.

Perspective shifts. Awe being experienced as a process of shifting perspectives is the next central theme that emerged from participant accounts. Nine participants spoke of awe as being synonymous with transformation. However, which specific perspectives were shifted or the insights gained through the experience naturally varied and pertain to the outcome categories which are reported on in later sections. The present category is concerned with reporting on how awe was irrevocably tied to the process of moving through change and adjustment. This category was captured by participant mentions of awe's guiding force in transformation. For example, participant ten describe awe as the process of shifting into a new space of peace, belonging, and contentment claiming that for them *"awe is that process".* In addition to being overwhelming awe in these instances served as a kind of compass or usher, helping participants navigate the changes and existential complexity. Participant four articulated this directly claiming *"I think the the emotion of awe was more like a guide into the newness…an usher into a completely new phase."* This participant used the metaphor of entering a vast and unfamiliar castle, they reflected that awe functioned like a knowledgeable guide; *"the housekeeper… who is like, 'welcome, let me take you around and show you places.'"* This image conveys both the scale of the inner experience (expansive and potentially disorienting), and the critical role awe played in making it navigable. Without awe, the participant reflected *"[they] would have been lost."* This account positions awe, not as a passive feeling, but as an active agent in personal transformation making the new and unknown approachable. This sense of awe was not soothing in a typical way, but it allowed

the participant to remain in contact with the new, potentially overwhelming, without becoming consumed by it.

A similar account appeared in the reflections of participant two, who described awe as *"a blueprint. It was like a mark to show that something needed to be done, and something like, I'll say, it's like a signal to me, and something that I feel like I needed help to maybe understand it."* This remark suggests that awe shed light on a deep internal state and illuminate a path forward. The process of experiencing awe in psychotherapy seemed to function as both a destabilizing and reorganizing force, allowing participants to see old problems through new eyes and shift their perspectives.

Alterations of Time. A distinct yet infrequent theme that emerged in the data was the experience of distortions or disruptions in the perception of time during moments of awe. Although this category was identified in only two participants, its presence suggests that awe may, in certain cases, alter an individual's temporal orientation by slowing, pausing, or expanding one's perception of time in ways that carry significance. Participant four described a profound and disorienting shift in their experience of time during a moment of awe: *"Everything stopped… there was no forward to go anymore."* They explained that their mind went blank, and in order to make sense of what was happening, they had to move *"backwards"* reflecting on their past to accommodate a new was forward. In this account, awe suspended linear temporality, prompting a kind of temporal reorientation in which reflection and retrospection became necessary precursors to moving forward. Time, rather than flowing steadily, collapsed into a stillness that demanded new integration. Participant five offered a simpler but parallel account, noting: *"I was in awe for some time."* Here, time is subtly stretched. The phrase *"for some time"* suggests a prolonged state of being suspended in the unexpected, with awe functioning as a temporal container.

It is notable that only two participants reported this kind of temporal distortion. While many described awe as impactful or transformative, few spontaneously reflected on time as a dimension that was altered by the emotion. This may point to the rarity or intensity required for awe to reach the threshold of temporal disruption, or it may indicate that such experiences are less consciously accessible or harder to articulate. It's also possible that while more participants may have felt time shift, only a few had the language or reflective space to

describe it. Nonetheless, these accounts suggest that when it does occur, awe has the capacity to disrupt experiences of time in therapeutic spaces.

Outcome Themes: What Awe Contributes to in psychotherapy

Clarity. A dominant category, and the only universally reported category across participants was clarity, which in essence is the sense of illumination that emerged as an outcome of experiencing awe in psychotherapy. Clarity here refers not only to greater understanding but also to the result of the recalibration of one's framework. Participants described one outcome of awe as being a kind of mental or existential light switch, where things suddenly became comprehensible or emotionally manageable. However, unlike the process-oriented nature of categories like perspective shifts, clarity represents an arrival or the experience after the light has come on rather than the process of turning on the light. The moment in which understanding coalesced and direction becomes more apparent. While the content of this category varied across individuals, awe's function was remarkably similar. It aided in finding a sense of orientation and coherence in the midst of complexity.

For some, clarity arrived as a deep, almost philosophical realization. For example, participant two captured this sense of internal simplification: *"Now when you come into that realization, things become simple… You know how to live."* This clarity was framed as freeing, offering relief from perfectionistic striving and the futility of trying to control the uncontrollable. Awe, in this case, functioned as something that both exposed dissonance and pointed toward more grounded living. For others, awe unlocked an entirely new kind of understanding. Participant five said, *"It hits you… and then you have this feeling like, 'Oh, wow.' This is what I should have done."* Such realizations were directly linked to therapeutic actions such as making changes, correcting missteps, and deepening one's commitment to the therapeutic work. Notably, participant one described a deeply personal integration of awe into value-aligned living. To them awe *"open [their] eyes, to make [them] aware that [they] had been following the less ideal path."*

The pervasiveness of this theme across participants highlights the central role of awe in supporting insight-gaining processes in psychotherapy. Whether subtle or sweeping, clarity arrived as a sense of finally understanding something that had previously been elusive. For instance, participant two described a sudden awareness of something missing in their

relational world: *"I could see the difference between me and the other people… something needed to be done."* This moment of clarity created the conditions for imagining new possibilities and reorienting toward relationships differently. Even the more subtle expressions of clarity, like those from participant eight, reflected a reorientation toward life and an expanded ability to see *"what opportunities I have for myself… not just for work, but for things I want to enjoy."* In this case, clarity was not a grand insight but a gentle realignment of attention toward personal values and priorities in life. Importantly, the fact that every participant spontaneously described some form of clarity reinforces its centrality in awe's therapeutic function. While not always immediate or dramatic, these moments of realization provided a powerful sense of direction, coherence, and relief. It seems, awe experienced in psychotherapy illuminates.

Comfort and safety. The theme of comfort and safety captures the grounding and soothing dimensions of awe as described by participants. Across eight participant accounts, awe was reported as a force that made participants feel safer and more comfortable in therapeutic spaces. This comfort extended to life beyond psychotherapy. In this way, this category captures another outcome of awe that acts as a counterbalance to the intensity or confusion previously discussed. Awe experiences in psychotherapy offered participants a sense of inner peace and spaciousness in which they found comfort and safety. Participant ten succinctly articulated the notion of refuge through awe stating, *"It's just comfort and belonging…it was just a feeling of relief"* when prompted to reflect on the function of awe in psychotherapy.

Furthermore, participants also emphasized how this comfort and safety enabled vulnerability and personal expression. Feeling safe following an experience of awe some participants described a greater confidence in being able to live authentically. For example, participant eight noted *"my confidence has gone up. I was talking more and I was more authentic."* Moreover, participant six shared a similar sentiment stating, *"one role I'll really emphasize on is…giving me the the confidence, you know, to speak out my mind, pour my heart."* Importantly, the safety described here was not passive. It was expansive and invited participants to loosen the grip on the things causing them distress, whether those be memories or ways of being and moving through the world.

This category invites comparison with the theme of hope. While hope is oriented toward future possibilities, the comfort and safety described here is firmly rooted in the present moment. Participants weren't necessarily forecasting better futures; rather, they were settling into an okay-ness, a feeling that, at least for now, things were manageable, and that was enough. Awe facilitated an emotional pause, allowing participants to inhabit their experience with less fear, more softness, and a deeper sense of internal safety. The emergent themes thus far support the notion that awe fosters insight, transformation, and containment and care. It appears that awe can help build a kind of emotional scaffolding that supports the therapeutic journey.

Altered self-concept. The category of altered self-concept captures participants' accounts of how awe contributed to a reshaping of their understanding of themselves including their identity, and how they view themselves. This category captures one notable way that the process of changing perspectives materialized in outcomes. The accounts included in this category were not just fleeting moments of insight into self, but meaningful shifts in self-perception that often redefined how participants related to their past, present, and future selves. For example, participant four reflected on how *"everything I thought I knew about myself came crashing down."* This disorientation, facilitated by awe, created a space for change regarding how they know themselves. Six other participants described similar experiences in which awe disrupted old self-narratives, catalyzing a reconsideration of long-held assumptions about self. For some, this meant confronting a sense of smallness or inferiority, as participant two succinctly claimed; *"we are just small thing. We are inferior."*

Conversely, a shift in self-perception also involved a transcending of perceived limitations. Participant ten spoke of awe experienced in psychotherapy and the subsequent change in their self-perception as something that removed their *"barrier to a feeling of belonging,"* highlighting how awe facilitated a new narrative of inclusion and connection that had little to do with external circumstances and more to do with perceptions of self. This suggest that awe does not merely accompany therapeutic breakthroughs, it can restructure the internal architecture of self-concept. It further highlights the interconnectedness of these themes.

While the process of experiencing awe in psychotherapy may involve an initial destabilization, one notable outcome was that it could facilitate a reclaiming of personal identity with greater fluidity and compassion. Awe, in this context, appears to serve as a catalyst toward self-renewal, offering participants not just a new lens, but a newly felt truth about who they are and how they see themselves in the world.

Enhanced Connectedness. Another core outcome theme emerging from participants' accounts is that of enhanced connectedness, which specifically captures a deepened sense of belonging and relational awareness that followed or accompanied awe experiences in psychotherapy. This category encompasses both affective shifts and more prosocial orientations. For example, participant ten described awe as fostering a felt connection to people, nature, and the universe: *"you stop being as discreet an entity and start being much more of an integrated thing in the system of nature and the world."* This shift seemed to reduce existential isolation and increase a sense of ease in the world, *"a feeling of contentment and belonging in the universe."*

Additionally, several participants placed awe as being an integral part of moments of deep attunement with their therapist, experiences that allowed them to feel truly seen and safe. For example, participant six stated *"I just know about the connection aspect of it. Because I feel connected with my therapist, and I was able to pour my mind, you know, pour my heart"*. Additionally, participant nine emphasized that experiencing awe *"help[ed] [them] understand and build that connection and become stronger"* specifically within psychotherapy. However, this sense of connection was not limited to the therapeutic setting nor to people. Participant one stated:

> *That moment of awe three years ago in August, I try to recruit recreate that at least once, if not more every single day that you know, this journey has taken me to this place where I'm at now and I'm just surrounded by beauty, I'm surrounded by community.*

This participant demonstrated how awe and connection is carried beyond therapeutic spaces. Importantly, enhanced connection appears to be a category that is a correlate of awe, talked about as both an outcome and a precursor to awe. Some participants spoke of enhanced connectedness as a direct consequence of the awe they experienced in psychotherapy, while for others the therapeutic relationship was something that provided a depth of connection that inspired awe. This pattern highlights to need for further research to explore the nature of the

relationships between awe and connection in the specific context of psychotherapy. It appears connection is something that can inspire awe as well as a desired outcome of its experience.

Newfound hope. Another distinct category that emerged from the data is newfound hope. This category captures the sense of renewed possibility or positive expectation that was catalyzed by moments of awe within psychotherapy. Participant six simply articulated that awe in psychotherapy is *"something that gives you hope".* Moreover, participant three described this experience of shifting emotional and cognitive orientation toward the future toward hope through awe: *"I've had this experience once, and maybe I can replicate this experience again."* This kind of hope frequently followed a perspective shift, wherein awe reoriented participants' awareness toward new possibilities that were previously out of sight. Awe seemed to serve as a turning point or emotional reset that allowed participants to imagine or embrace new beginnings with more optimism for the future. For example, participant four succinctly recalled: *"That was the moment where everything new is supposed to start."*

Hope also took the form of greater self-compassion and patience with progress. Rather than demanding immediate change, awe-inspired hope allowed some participants to envision gradual transformation. As participant eight noted, *"knowing that…within time, I might be able to do them, because it doesn't have to be necessarily, right now."* In this quote, *"them"* is referring to this participant's goals in life, which were once a source of anxiety and distress. Here the emotion of awe helped create a hopeful future in which their goals were not merely something they needed to race towards but something to look forward to. This allowed the participant to experience life with less anxiety and feel more grounded and present.

Inspiration and Motivation. Similar to the previous category of hope, awe was frequently described as a catalyst for action. This category captures a renewed energy, determination, and movement toward meaningful goals both within psychotherapy and beyond. Five participants spoke of the energizing quality of awe where they expressed a felt shift that helped take them beyond reflection and into mobilization. Participants articulated a sense of internal propulsion, with awe prompting them to revisit abandoned paths or pursue new aspirations. For example, participant one excitedly talked about their process of

"ruthlessly cull[ing]any activities that are not aligned with [their] goals, [their] dreams, [their] aspirations." Here, awe not only appeared to reinforce clarity of values but it galvanized an effort to actively pursue those values in life. Participant five simply captured this notion by saying *"People are going to have this feeling of awe and want to do more and feel motivated."*

Importantly, inspiration and motivation often intersected with the previous category of hope, pointing to a dynamic interplay. Awe may inspire thinking of more possibility which in turn motivates action. Conversely, awe-fueled motivation may deepen a sense of hopefulness. These findings frame awe as an emotion that orients individuals with the potential to disrupt inertia and initiate meaningful change. Thus, awe may function as an important bridge between insight and action.

Acceptance. The final outcome-oriented category identifies awe as a gateway to acceptance. While some awe experiences began with overwhelm, they often resolved in a space of greater tolerance and integration. Participant two has a salient description of this acceptance specifically in the importance of accepting their own limits. They stated: *"I feel like, you know, if, if, maybe, if, maybe, I try thinking again, I'll just, you know, go mad."* Here awe emerges as an emotion that facilitates acceptance, which is an intensely powerful resource.

Awe, in this way, seemed to expand emotional capacity allowing for coexistence with uncertainty and personal limitations. Importantly, participant eight had a rich description of this acceptance:

> *I can let go of things easier. You know, when you have things in your past that has weighed you down, like I've done quite a bit of mistakes in my clinicals, and I've like, really, really put myself down for it. But even those things that I that used to weigh on me, they're a little bit lighter now, at least, because I've accepted that that's not something that I can control anymore… it's almost like I forgive myself.*

Acceptance here was not resignation, but a generative letting go that was marked by reduced resistance and increased presence. This captures awe's facilitative role in accepting difficult realities. While some initially experienced awe as overwhelming, it seemed to soften through shifting perspectives into clarity and comfort in a way that allows individuals to expand their capacity for acceptance and increase their tolerance for ambiguity. In this way, awe was

described as both disruptive and healing, unsettling in its vastness, yet grounding in its invitation to concede to that which is beyond us.

Spirituality

Importantly, participant two and ten both reflected on awe as being inseparable from spirituality or religion. For example, participant two described their experience of awe, both within therapy and beyond, as being explicitly tied to God and their higher power. Participant ten similarly framed awe as a spiritual encounter without direct reference to religion. Although only two participants articulated awe in directly religious or spiritual terms, these accounts highlight the potential for awe to be understood not only as a psychological, emotional state but also as a transcendent and sacred one. Given the limited frequency, spirituality did not emerge as a distinct category in this analysis; however, its presence underscores the way awe can intersect with existential or faith-based meaning-making for some individuals and warrants further exploration.

Integration of Results

This section specifically integrates the findings from both the above analyses, which were a quantitative content analysis (QCA) that coded awe-related language across eight dimensions of awe, and a constant comparison method (CCM) that identified thematic patterns in participants accounts of awe's role in therapeutic experiences. When viewed together the data provide a nuanced understanding of how awe arose and operated in participant's experiences of psychotherapy. The following sections first compare the findings, then I propose a model for conceptualizing awe in psychotherapy based on the integrated findings.

First, Table 4 presents a joint display aligning the dimensions of awe utilized in the QCA with thematically related CCM categories. This side-by-side comparison highlights the ways participants' spontaneous language about awe reflected both the well-established features of the emotion and the context-specific nuances related to its role in psychotherapy. For example, the QCA dimension of need for accommodation corresponded closely to the CCM categories of perspective shifts, clarity, acceptance, and newfound hope, illustrating the way cognitive and emotional adjustments were described in participants' narratives. Oppositely, the dimension of self-diminishment conceptually aligns with the category of

altered self-concept but the nuance within each of these themes diverges from one another. This table was utilized to begin to explore areas of convergence and divergence across the analyses. How these results align will be further discussed in the following sections.

Table 5

Joint Display of Quantitative Content Analysis (QCA) Dimensions and Constant Comparison Method (CCM) Categories Related to Awe in Psychotherapy

Quantitative Content Analysis	Constant Comparison Method
Need for Accommodation	Perspective Shifts, Clarity, Acceptance, Newfound Hope
Physical Sensations	
Alterations of Time	Alterations of Time
Connectedness	Enhanced Connectedness, Comfort and Safety
Perceptions of Vastness	Perspective Shifts, Enhanced Connectedness
Self-Diminishment	Altered Self-Concept
Threat	Overwhelm
Affective Awe	
	Inspiration and Motivation

Note. Left column lists dimensions utilized in the QCA; right column lists thematically related categories from the CCM analysis. Correspondence between methods was determined through side-by-side comparison.

Congruence Between Dimensions of Awe and Conceptual Categories

Importantly, some of the dimensions of awe evaluated through the QCA were found to align meaningfully with the thematic categories generated through the CCM, highlighting how participants' spontaneous language pertaining to awe reflected both well-established features of the emotion and unique, context-specific nuances related to the role of awe in their therapeutic journey. Several key areas of congruence and overlap emerged and are detailed below.

Accommodation and Related Categories. Several of the CCM categories of appeared to reflect processes encompassed by the QCA dimension of need for accommodation. The CCM categories of perspective shifts, clarity, acceptance, and newfound hope all capture meaningful characteristics within the concept of accommodation.

First, the process-oriented category of perspective shifts and need for accommodation both involve fundamental changes in how information about the world is interpreted and organized. In both cases, existing mental frameworks or assumptions are no longer sufficient to make sense of a new experience. Perspective shifts in this context occurred as the process of participants adopting new vantage points, as a result of encountering awe in psychotherapy. Similarly, the need for accommodation captures the dimension of awe that requires just such an expansion of cognitive schemas to incorporate new information that cannot be assimilated into the existing structures.

Moreover, the outcome-oriented themes of clarity, acceptance, and newfound hope each parallel the need for accommodation in that they too involve reconfiguring of internal frameworks. Clarity emerges when previously confusing or unclear experiences are reorganized into coherent understanding. Acceptance similarly demands an adjustment to the previously held frameworks and involves letting go of resistance and integrating circumstances that may conflict with prior expectations or desires. Furthermore, newfound hope reflects the need for accommodation as it requires a reimagining of possibilities and beliefs about the future. In each of these categories, there is an accommodation that assimilates new information into revived frameworks. Importantly, while the need accommodation is a core theoretical component of awe (Keltner & Haidt, 2003), the broad overlap we see with multiple categories extracted in the CCM might indicate that unique qualities of awe are lost under this large umbrella, especially in the context of psychotherapy.

Connectedness. Connectedness was a dimension identified as central to the emotion of awe prior to data collection, and it also emerged prominently when participants reflected on awe's role in their therapeutic experiences. Many described feeling a profound sense of closeness to their therapist, to significant others in their lives, to the communities and the world around them, or to something larger than themselves following and inspiring moments of awe in psychotherapy. The confirmation of connectedness seen in the QCA and the

emergence of connectedness in the CCM highlight the centrality and importance of this feature in understanding awe in psychotherapy. That this theme surfaced robustly in both analytic approaches suggests it is not an incidental byproduct of awe, but a core experiential component with particular relevance in psychotherapy.

Alternations of Time. Similarly, both analyses captured alterations of time, but with differing prominence. In the QCA, time-related language emerged moderately across participants, whereas in the CCM, explicit references to time distortions were rare. This suggests that while temporal shifts are recognized features of awe in the literature, they may not be universal to awe in psychotherapy. Although this feature is a well-documented feature of awe in prior research, it emerged inconsistently in both analyses, and when present, was described more as subtle shifts (e.g., feeling momentarily suspended) than dramatic distortions. This suggests that time alterations may occur only in certain intensities or types of awe and may be peripheral rather than central in therapeutic contexts.

Overwhelm and the Dimension of Threat. Next, the CCM category of *overwhelm* closely mirrors the awe dimension of *threat,* which describes the unsettling or threatening aspect of confronting something vast or outside of existing cognitive frameworks (Gordon et al., 2017). In the second phase of the interviews, when participants were prompted to reflect explicitly on awe, several recounted moment sin which their perceptions, assumptions and beliefs were disrupted producing a sense of disorientation or overwhelm. These descriptions seen in the CCM echoed the QCA dimension of threat-based awe in that overwhelm and disorientation often arise when individuals encounter experiences that exceed their usual capacity to comprehend or integrate information, thus producing a sense of cognitive or emotional flooding. In the context of awe, these feelings can be closely linked to the dimension of fear and threat because they signal a perceived loss of control or stability. When people feel overwhelmed or disoriented, they may interpret the vastness or strangeness of their experience as potentially dangerous or threatening. This interplay reflects how the unfamiliar or incomprehensible aspects of an awe are sometimes perceived as threatening.

Thus, the emergence of overwhelm as a category in participant reflections confirms previous literature that awe does not always feel purely positive but can carry an edge of fearfulness (Gordon et al., 2017). Additionally, this overwhelm emerged as a specific role

that awe plays in psychotherapy, indicating that the experience of awe in a way that is disorienting and even threatening might be related to the positive benefits that result from an awe experience. This is in line with (Diamante & Plisco, 2024), which shared similar findings that awe may be beneficial not despite the associated threat, but because of it.

Interestingly, the dimension of threat in the QCA had the lowest frequency of emerges, whereas the emergence of the category of overwhelm in the CCM had quite a high degree of emergence. This might suggest that even though awe was rarely characterized by threat in the narrower sense, it was often accompanied by an intensity that was so great it was described as overwhelming. Perhaps overwhelm and threat, though on the same spectrum of experience, rest at different points of intensity and experience.

Incongruence Between Dimensions of Awe and Conceptual Categories

While several awe dimensions identified in the QCA aligned closely with CCM categories, notable points of divergence also emerged. These incongruences offer insight into the complexity of awe in therapeutic contexts and highlight areas where existing theoretical frameworks may not fully capture participants' experiences.

Self-Diminishment and Altered Self-Concept. The QCA dimension of self-diminishment found only partial correspondence with the CCM category altered self-concept. While the theoretical models often associate awe with a "small self," (Piff et al., 2015) participants described changes in self-concept that were expansive, not necessarily mentioning a shrinking of self but reporting that their sense of self was changing and even growing. Additionally, it is of note that self-diminishment had low levels of emergence in all but one participant who had significantly higher mentions. This might point to more individual nuance in how different features of awe are experienced. Perhaps some experience self-diminishment but others do not.

Themes Without Clear Counterparts. Two of the QCA dimensions had no direct equivalents across the CCM categories and one CCM category did not align with any of the QCA dimensions. See Table 4. First, the QCA category physical sensations did not map neatly onto any CCM themes, although some descriptions of slowed bodily experience loosely resembled temporal alterations. The second dimension was affective awe, which similarly did not have a CCM counterpart. This makes sense as this dimension was focused

on explicit expressions of awe. Conversely, the CCM category inspiration and motivation did not align directly with any of the predefined QCA dimensions. These findings raise questions about whether current conceptual models of awe sufficiently account for outcome-oriented or future-directed processes that may be especially relevant in therapeutic contexts.

Discrepancies Between Self-Reported Awe and Awe-Related Language

In one case, participant seven explicitly stated that awe was absent from the impactful therapeutic moment they shared. However, certain dimensions of awe-related language did emerge in their accounts. Notably mentions of the dimension need for accommodation emerged 17 times in their interview. This pattern suggests that even when participants do not consciously identify their experience as awe, the underlying cognitive and emotional processes associated with awe, such as re-evaluating one's worldview or reorganizing existing mental frameworks, might still be present. In participant seven's case, the repeated references to accommodation could point to a moment of significant perspective shifting and meaning making, which are central to both awe experiences and therapeutic change. This raises the possibility that awe-related processes may be operating implicitly in psychotherapy, shaping outcomes even when they are not labeled or recognized as awe by the client. Conversely, it may also highlight a limitation of the present study that the language identified to capture the specific dimensions of awe were not accurately capturing the emotion.

CHAPTER 5: DISCUSSION

In this study, I set out to start contextualizing the emotion of awe in psychotherapy, an emotion largely overlooked within this context by mainstream research. By combining a quantitative content analysis (QCA) with a constant comparison method of analysis (CCM), this study offers a preliminary exploration of how awe in psychotherapy emerges both spontaneously without elicitation and when explicitly reflected upon by participants. The results from both these analyses confirm that awe emerges organically in therapeutic spaces and indicate that awe is not merely incidental but may be integral to transformative moments in psychotherapy. Participants' accounts demonstrated that within psychotherapy awe functions both as an unsettling rupture and a guiding force that supports things such as clarity, safety, connection, and hope. These findings further confirm that awe is a complex, multi-dimensional experience that bridges cognitive, affective, and relational domains specifically in psychotherapy. In this chapter I interpret and integrate the results from both analyses in relation to existing literature. Additionally, I propose a conceptual model that captures and contextualizes awe in psychotherapy based on the integrated findings. Finally, the implications, recommendations and applications of this research will be discussed followed by a commentary on the limitations of the present study.

Quantitative Content Analysis

Importantly, the QCA revealed that awe-related language emerged organically in participants' narratives of impactful therapeutic experiences, comprising approximately one-third (33.25%) of the text. Considering that participants were not asked explicitly about awe for this analysis this is a meaningful proportion of emergence. These findings are consistent with Schneider's (2017) concept of slow simmer awe, which refers to awe that is not deliberately evoked but rather allowed to arise spontaneously in moments of deep presence and openness. The fact that awe-related language surfaced naturally in participants' accounts suggests that psychotherapy can serve as a fertile ground for this kind of unprompted, emergent awe. This is important because it demonstrates that awe, and all the benefits associated with awe (Monroy & Keltner, 2023), may be occurring organically in therapeutic spaces, yet our existing understanding of this emotion in these spaces is significantly lacking. By highlighting that awe shows up without explicit elicitation, this study underscores

exciting potential to advance existing knowledge and further explore and contextualize this emotion in psychotherapy. Developments of this kind are crucial as they directly pertain to healing and well-being.

Among the eight coded dimensions of awe the need for accommodation and physical sensations stood out as the most frequently coded, with 150 and 121 instances of emergence respectively. The prominence of the dimension of need for accommodation suggests that participants often described moments in psychotherapy that pushed them to revise or expand their existing mental frameworks, consistent with the idea that awe can disrupt familiar ways of understanding and invite new meaning structures. This further aligns with the original conception of accommodation as being fundamental to awe as the process by which individuals adjust their cognitive schemas to integrate novel information (Keltner & Haidt, 2003). Thus, this finding aligns with exiting literature on awe that features the need for accommodation as an integral characteristic of awe.

Conversely, perceptions of vastness emerged only moderately across participants. Considering Keltner and Haidt's (2003) seminal work, which posits a perception of vastness as one of two key characteristics of awe alongside need for cognitive accommodation. This finding could suggest that in the therapeutic context, vastness may be experienced more as an inward expansion of understanding or insight rather than as an encounter with an overwhelming external scale. Another possible explanation is that the existing conceptualizations of awe are not fully capturing the nuance behind how it is experienced and talked about organically in certain contexts. However, it is possible that participants have experienced a sense of vastness but lacked the specific language to articulate this dimension clearly, especially given the abstract and ineffable nature of such experiences. Moreover, while less frequent than other dimensions, perception of vastness still emerged moderately across participants, meaning that some individuals did frame their experiences in ways that expressed a sense of vastness or scale beyond the self. Albeit this emergence was more subtly expressed in this study than in contexts where awe is intentionally elicited for. This nuance extends existing theories by suggesting that the context of psychotherapy may shape how the awe characteristic of vastness is experienced and described.

Furthermore, the frequent emergence of physical sensations further indicates that these moments were not experienced purely at a cognitive level but were deeply embodied, often felt viscerally through bodily cues. The salience of this dimension together with the salience of need for accommodation confirm that when awe arises naturally in psychotherapy, it is both an intellectual and somatic phenomenon (Jain et al., 2023). Awe that emerges in psychotherapy may be felt in the body and experienced alongside an encounter with the need to adjust cognitive frameworks. Thus, this idea reinforces awe's transformative potential in this interplay between the mind and body within a safe relational space. This interplay has long since been a notion of interest in research, specifically as it pertains to therapeutic transformation. For example, many psychotherapy modalities and theories focus on bringing together the mind and body (*Resolving Trauma in Psychotherapy*, 2010). Thus, the findings of the present study align meaningfully with existing literature on the important dynamics of mind and body in therapeutic growth and healing.

Similarly, the presence of alterations in time suggests that impactful moments in psychotherapy often involved shifts in how participants experienced the flow or passage of time, echoing prior research that links awe to a sense of temporal distortion or timelessness (Rudd et al.,2012). Moreover, the dimensions of self-diminishment (n = 19), affective awe (n = 16), and threat (n = 13) did appear in the narratives however they were the least frequently coded dimensions across participants. The relatively low presence of self-diminishment suggests that, although awe often involves a sense of feeling small in the face of something vast (Piff et al., 2015), in other contexts, such as psychotherapy, awe may emerge with different features. This could point to the safety and relational support of the therapeutic setting offsetting some of the self-diminishing qualities of awe seen in the literature. Rather than feeling diminished, in therapeutic contexts clients may reinterpret moments of awe as opportunities to connect more deeply with themselves and their values, effectively expanding self.

Chi-Square

The significant variability across participants in awe language usage, as revealed by chi-square tests, further reflects the individual and context-dependent nature of awe (Schneider, 2004). Rather than being a single uniform emotion, awe emerges as a

constellation of experiences. Some participants used awe-related language that captured cognitive aspects of the experience, some focused on emotional, and some expressed the somatic domains more readily. Importantly, the variability across individuals may be due to differences in personality, context, cultural backgrounds, or individual interpretation and meaning-making processes. These findings are not a limitation but a rich insight into the nature of awe. They point toward a more nuanced model of emotion, encourage the development of flexible measurement tools, and ultimately remind us of the diversity and depth of the human emotional life. One of the most immediate interpretations of the significant variability in awe-related language use across participants is that individuals experience awe differently. Awe is a complex emotion that can be triggered by various stimuli, such as nature, music, art, space, acts of moral beauty, or vast ideas, and individuals may be differently sensitive or attuned to these triggers. Some people might be more likely to enter a timeless awe state, while others focus on bodily sensations or emotional shifts. This variability aligns with theoretical frameworks in psychology that emphasize trait-level differences in awe responsiveness (Nakayama et al., 2020).

Variability in which dimensions of awe-related language emerged and how they emerged across individual participants may also indicate differences in interpretative frameworks or cultural contexts. Language is not just a mirror of experience but also a product of cultural and interpretive frameworks. This aligns with work done by Bai et al. (2017) that explored the differences in experiencing awe across both American and Japanese cultures. Participants from different cultural or educational backgrounds may emphasize different aspects of experience due to varying belief systems, language norms, or personal traits. Thus, different dimensions of awe-related language would emerge differently for individuals. Considering the diversity of the sample, variability in each participants use of language reflects not just differences in what they felt but also in how they understand and articulate those feelings. Future research may want to consider exploring some of these differences as they pertain to the experience of awe in therapeutic settings.

Importantly, this research supports the idea that awe cannot be meaningfully captured by a single dimension. Awe is not a monolith. For instance, when a participant does not report a distortion in their experience of time, it doesn't mean they didn't feel awe. It might

mean that dimension wasn't part of their awe experience. Researchers should be cautious about overgeneralizing awe based on limited criteria as not all participants will express awe in a uniform way. A rich, dimensional understanding is necessary for both theoretical and empirical accuracy.

These findings align with work done by Shiota et al. (2017) as they explored awe-proneness in individuals. Results from the present study support the notion present by Shiota et al. that individuals differ in their likelihood to experience awe with different features, in different contexts, and with different elicitors. Thus, there is support for the idea that different pathways may privilege certain dimensions of awe over others, though more research on this front is needed.

Constant Comparison Method

This study further explored how the emotion of awe manifests in psychotherapy by using a qualitative thematic analysis to extrapolate themes directly from the data. The findings suggest that awe is not merely an emotional byproduct of significant therapeutic moments, but a transformative agent with distinct therapeutic functions. Awe appears to disorient and destabilize, yet it also guides and contributes to important therapeutic outcomes. These qualities position awe as a complex but potent emotion within the therapeutic space. Importantly, the results from the CCM analysis revealed awe, in the context of psychotherapy, to be expressed by participants as both a process being experienced in sessions and as a phenomenon that contributed to distinct therapeutic outcomes.

Awe as a Process: A Dynamic Emotional Experience

The process-oriented themes of alterations of time, shifting perspectives, and overwhelm, reveal awe's capacity to create and be experienced as altered states within the therapeutic setting. In line with Keltner and Haidt's (2003) early conceptualization of awe as involving vastness and need for accommodation, participants described awe as a cognitive-affective stretch, often requiring time and therapeutic support to fully process. Such moments were described as emotionally intense and cognitively disruptive, aligning with literature on peak experiences (Maslow, 1976) and transformative learning (Mezirow, 1997). Importantly, the presence of overwhelm or disbelief, although sometimes distressing, it did not negate

therapeutic progress. In consideration of Diamante and Plisco's (2024) work it is possible these destabilizing elements could be necessary precursors to later integration, insight, or acceptance. This challenges strictly positive valences often associated with awe and supports recent conceptualizations that awe's therapeutic utility lies precisely in its emotional complexity as it's experienced.

Awe as an Outcome: A Therapeutic Resource

The outcome-oriented themes (connection, hope, comfort and safety, inspiration and motivation, clarity, altered self-concept, and acceptance) highlight awe's role in amplifying therapeutic movement. Participants described enduring shifts in how they viewed themselves, others, and the world. Additionally, the impacts they described from awe are all deeply integral to the therapeutic process, as each represents a fundamental shift in the emotional, cognitive, or relational world in ways that support growth and healing. Hope instills a belief in the possibility of change, providing the energy and persistence needed to engage in the often-challenging work of psychotherapy. Connection fosters a sense of belonging and mutual understanding, which may strengthen the therapeutic alliance and counters feelings of isolation. Comfort and safety create the secure foundation necessary for clients to explore vulnerable experiences without fear of judgment or harm. Inspiration and motivation ignite forward movement, encouraging clients to envision and pursue meaningful goals. Clarity helps clients make sense of their experiences, uncover patterns, and approach challenges with new understanding. Altered self-concept reflects the transformative nature of psychotherapy, allowing clients to see themselves in a more empowered, compassionate, or integrated way. Acceptance, whether of self, others, or life circumstances, provides a sense of peace that can reduce inner conflict and open space for authentic living. Together, these outcomes are not isolated achievements but interconnected elements that reinforce each other and contribute meaningfully to well-being.

Across both process and outcome themes, awe appears to follow an arc: initial disruption, followed by reorientation, culminating in integration. This mirrors the narrative structure of many healing journeys and highlights awe's capacity to facilitate both deep work and future-oriented growth (Diamante & Plisco, 2024). This arc may help explain awe's unique contribution to psychotherapy. Where other emotions might sustain narrative

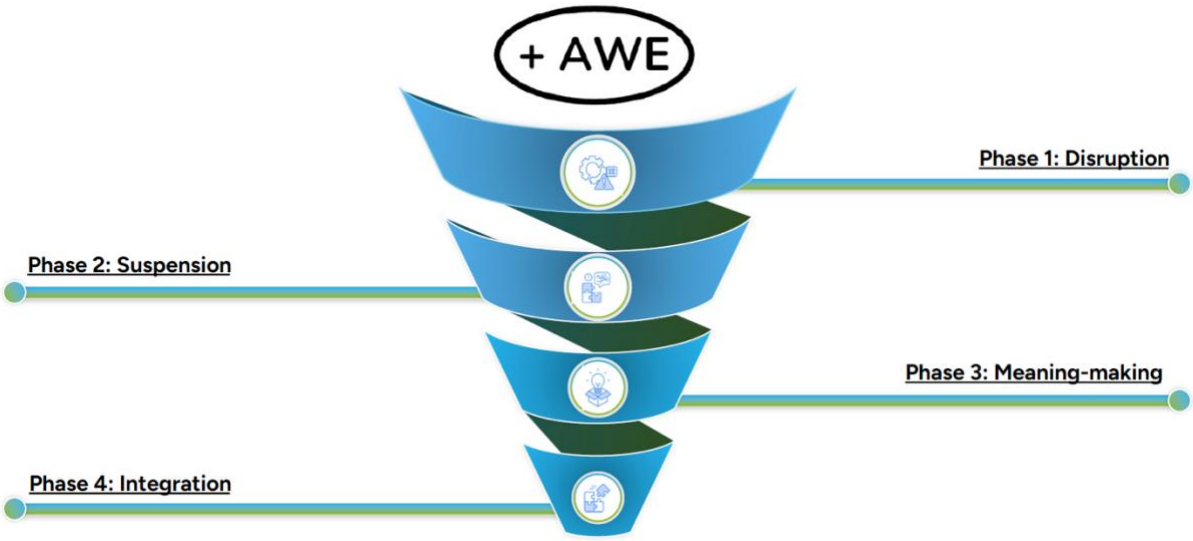
continuity or support emotional release, awe seems to interrupt the known, making space for new meaning structures. In this way, awe is not just another therapeutic emotion, but it is a catalyst for transformation. Awe enables shifts that might not be accessible through more familiar affective routes.

Proposed Conceptual Model

To synthesize and integrate the intersecting findings of the QCA and CCM analyses, I propose the following model of awe in psychotherapy. See Figure 5. This model is a conceptual framework hoping to begin to capture how awe emerges, unfolds, and influences the context of psychotherapy. This model incorporates insights from both analyses, which revealed patterns of spontaneous awe-related language and thematically captured how participants explicitly described awe shaping their therapeutic journeys. By placing these findings into this structure, this model clarifies how awe is neither a fleeting emotional peak, nor a static state but rather an unfolding experiential process marked by identifiable yet permeable phases. These phases are not rigidly sequential but instead represent experiential zones that may overlap and feed into one another. The spiral depicted in the figure generally moves in one direction, however the movement through these proposed phases is not necessarily linear nor directional.

Figure 5

Cyclical Model of Awe in Psychotherapy



Note. This model depicts how awe unfolds in psychotherapy, progressing from disruption, to suspension, to meaning making, and finally integration. Phases are grounded in findings from both the QCA and CCM.

Phase 1: Disruption.

The proposed model begins with the disruption phase. In participants' narratives, awe often emerged alongside accounts of destabilization, shock, disbelief, or even fear. This initial phase aligns with QCA dimensions of need for accommodation, perceptions of vastness, and threat. Moreover, the CCM confirmed this phase with the thematic category of overwhelm. This disruption is not just a rupture of cognition but may also destabilize beliefs about the world or about self. Such accounts point to a powerful psychological rupture: awe, in its initial appearance, disrupts entrenched patterns of thought and meaning. This echoes Yaden et al.'s (2019) notion that awe expands cognitive frames by momentarily breaking them apart. Therapeutically, this phase suggests that awe can act as a boundary-crossing agent. It disrupts the coherence of rigid narratives creating a necessary moment of disequilibrium that primes for change. Yet, as participants noted, this rupture can also evoke

discomfort or fear, which may lead to avoidance if not adequately contained, thus we further see the therapeutic significance of this emotion.

Phase 2: Suspension.

Following the disruption phase is the suspension phase. This is a transitional phase marked by the emerging recognition that the existing ways of making sense of the world are no longer sufficient, but there is also no yet clear orientation towards new frameworks. This suspension captures the need for accommodation, which is central to this phase and to awe. In these moments, there is a lingering between the comfort of familiar narratives and the yet-to-be-formed clarity of new perspectives. This suspension reflects a psychological space where meaning-making is not yet in motion, neither fully dismantled nor reassembled. Within psychotherapy, such a phase can be pivotal, as it holds the tension and openness necessary for deep accommodation to occur. Importantly, descriptions of alterations of time fit within this phase. These distortions in time, such as slowed pacing or the sense of being frozen specifically capture how it might feel to be in the suspension phase when existing frameworks are being stretched and pulled to accommodate new information. Within psychotherapy, this suspension phase may be critical as it offers a pause in habitual narrative construction, creating space for re-evaluation and change.

Phase 3: Meaning-Making.

The third phase of this model is the shift into the meaning-making processes. This is where awe begins to move from disruption toward construction, supporting shifts in perspective and giving form to the accommodation set in motion during the prior phase. This movement might be energized by feelings of inspiration and motivation that emerged as an integral category within the CCM. These emotional currents that seemed to propel clients forward. Where suspension holds a sense of openness and uncertainty, in this phase inspiration and motivation act as the momentum, helping clients translate emerging insights into intentional actions. In the therapeutic context, this might mean actively reframing core beliefs, resolving long-held dissonance, or generating new narratives about the self, others, and life. In this way, the meaning-making phase reflects not just cognitive reorganization but also the drive to apply the new perspectives in real and tangible ways. In this model, awe first

disrupts entrenched narratives (phase 1), it then creates the spaciousness for change to begin (phase 2), and then it fuels the energy needed for that change to take root (phase 3).

Phase 4: Integration.

Finally, there is the integration phase. In this stage, the unsettling disruption and unfolding change set in motion by awe resolves into a grounded sense of clarity, comfort, acceptance, connection, and hope. This is the point at which the shifts initiated in earlier phases become woven into one's ongoing sense of self and way of engaging with the world. Integration in this sense is less of a dramatic moment and more like a steady settling, where new understandings and perspectives begin to feel natural and trustworthy. This phase specifically encompasses many of the outcome categories identified in the CCM, such as enhanced connectedness, altered self-concept, acceptance, comfort and safety, and newfound hope, because it is defined by the tangible outcomes of change. Integration is both an end point and a launching point. While it marks certain outcomes it also seeds future growth. Here the outcomes of awe that are being integrated carry with them a residue of possibility and growth. Consistent with Barbra Fredrickson's broaden and build theory that positive emotions build scaffolding of resources to be tapped into beyond just the moment they are experienced (2001). Thus, the integration phase may continue to shape attitudes and behaviours long after it is first encountered and may help deepen future encounters within the phase. In this way, integration is not simply the final chapter of the process but the beginning of a new narrative, one in which the transformative effects of awe remain alive and accessible.

Crucially, this phase is not final or fixed. Once new insights or outcomes are integrated, new moments of awe may emerge, especially when confronting new therapeutic material. This dynamic supports the idea that awe can cycle, recur, and echo within long-term therapeutic work. These phases appear distinct, yet they overlap and feed into one another in fluid and flexible ways. This fluidity supports the idea that awe is not a single event but a phase cycle process that presents an interplay of rupture, liminality, and reassembly that repeats and deepens.

Although the phases are described sequentially, participant' account show that disruption, suspension, meaning making, and integration may overlap and cycle back on

themselves. This fluidity reflects the nature of therapeutic spaces and our conceptualizations of self: dynamic, relational, and responsive. Awe's role across phases is not to provide a singular transformation, but to generate repeated opportunities for the self to be disrupted, reconsidered, reshaped, and deepened. In this way, awe emerges as a powerful emotion with the capacity to perpetuate foundational shifts within a person.

Implications and Recommendations

The phase shift model developed from this study offers a nuanced framework for understanding how awe emerges within therapeutic contexts. By connecting qualitative categories from the constant comparison method with the emergent dimensions of awe identified in the quantitative content analysis, the model not only deepens conceptual clarity but also highlights actionable steps for therapeutic practice. These implications are followed by recommendations for future research to continue the development of this model.

Practical Implications

The findings of this study offer several practical considerations for therapists seeking to recognize, facilitate, and integrate awe within the therapeutic process. Importantly, the phase model of awe provides a framework for identifying where clients may be in their experience of awe and tailoring interventions accordingly. In the first phase of the model awe's transformative potential begins with disruption, a moment when existing frameworks are challenged and dismantled. Therapists can be attuned to signs of this phase, such as sudden shifts in emotional tone, or expressions of intensity or overwhelm. Rather than moving quickly to resolve the discomfort, therapists might hold space for the disorientation, signaling safety and validation. This can help clients remain open to the possibilities that the disruption may catalyze.

Furthermore, the suspension phase requires tolerance for ambiguity. Therapists might help clients explore this space by inviting reflection, slowing the pace of inquiry, and leaving time for silence or processing within this suspension phase. In the meaning-making phase, awe shifts from destabilizing to constructive. Here, factors like inspiration and motivation can provide the energy for change. In this phase it may be important to reinforce these emerging energies by helping clients articulate new insights, experiment with reframed beliefs, and identify concrete steps for applying these shifts in daily life. This approach will

hopefully help link the emotional spark of awe to actionable changes and increase the likelihood that insights will translate into enduring transformation.

Finally, the integration phase represents the point at which awe-related changes are grounding into a client's worldview and daily practices. Therapists can strengthen this phase by helping clients identify and name the qualities as awe they are noticing taking shape in their lives. Additionally exploring how these can be sustained beyond psychotherapy. Encouraging clients to notice and nurture awe in everyday life may help maintain the benefits over time.

Furthermore, given that awe is often underrecognized in therapeutic discourse, training programs and professional development initiatives could incorporate the identification and facilitation of awe into their curricula. Learning to work skillfully with awe would enhance a therapist's capacity to support profound perspective shifts and other important transformations.

Overall, the results of this study position awe not as a rare anomaly but as a potent and accessible emotional process that, when recognized and supported, can contribute meaningfully to therapeutic change. By being attuned to and attending to the phase-specific qualities of awe, therapists may more effectively harness its potential for growth, resilience, and deeper connection.

Theoretical Implications

The findings of this study contribute to the theoretical understanding of awe and its role in psychotherapy by demonstrating how current emotion and change process models might extend into the clinical context. While much of the existing awe literature has emerged from experimental psychology the present work situates awe firmly within the relational and narrative dynamics of psychotherapy. The proposed model developed in this study demonstrates that awe in psychotherapy is not a single, fleeting event but an unfolding process that does emerge naturally in therapeutic spaces. This research illuminates a preliminary link between awe and psychotherapy that requires further exploration to better understand how they intersect, and the impacts of this emotion on the self when experienced in this context. The process of disruption, suspension, meaning-making, and integration

identified in the present study aligns with psychotherapy models that describe destabilization, exploration, and reorganization as core mechanisms of change (Hayes & Strauss, 1998).

The findings further reinforce the complex and multifaceted nature of awe supporting the theoretical accounts that view awe with more nuance than some conceptualizations of awe allow (Gordon et al., 2017). This model adds theoretical nuance by specifically demonstrating how the different dimensions of awe emerge not uniformly, but rather in an individual and seemingly unpredictable way across participants. This study highlights the way forward as research should further work to find predictable patterns in how awe emerges in therapeutic spaces.

Additionally, an interesting tension emerged in the present study between the qualitative and quantitative findings related to our existing conceptualizations of awe and the self. In the constant comparison, there emerged the theme of altered self-concept, with participants describing that awe experienced in psychotherapy as something that prompted them to see themselves differently. This theme aligns with theoretical accounts that link awe to reorganization of the self (e.g., Piff et al., 2015; Stellar et al., 2018). However, in the quantitative content analysis, the dimension of self-diminishment was among the least frequently coded dimensions. This discrepancy may suggest that in therapeutic contexts, awe operates through emotional pathways that differently impact the sense of self than is captured by the concept of self-diminishment. Chen, Orobio de Castro, and Liu (2025) provide useful context for this interpretation, showing that positive affect mediates the relationship between environmental experiences and changes in self-worth. Their findings indicate that affective states play an active role in shaping how individuals perceive and value themselves. Similarly, the present results suggest that in psychotherapy, awe's impact on self-concept may be mediated by the elicitation of emotionally positive or restorative states, such as safety, connection, or clarity, rather than by feelings of smallness or diminishment. Thus, while awe can indeed reorganize the self, in therapeutic contexts this process may reflect more nuance and complexity than existing literature recognizes.

Recommendations for Clinical Practice and Policy

The findings of this study suggest that awe is both clinically relevant and underrepresented in existing therapeutic discourse and training. To better integrate awe into therapeutic practice, changes at the policy and training levels are warranted. First, I propose incorporating awe into therapist education and supervision. Therapist training programs could explicitly include modules on the psychology of awe, its potential therapeutic benefits, and strategies for recognizing it or even facilitating it in session. Case studies, role-plays, and supervised practice could help trainees learn to identify and support awe across its phases, from disruption to integration. This practice would aid in therapists and practitioners developing a deeper more accurate understanding of the emotion of awe, and its vast potential as a therapeutic resource. Additionally, such practices would prepare therapists not only to harness awe's constructive energy but also to hold space for its disorienting aspects without prematurely resolving them.

Given that awe is culturally inflected, training and policy should promote sensitivity to diverse interpretations of awe, including spiritual, religious, ecological, and secular framings. This could involve incorporating culturally relevant examples and client narratives into training and ensuring that policy guidelines reflect a range of cultural expressions and understandings.

By embedding awe into therapist education, clinical supervision, professional guidelines, and outcome measurement, the field can move toward a more deliberate and informed engagement with this transformative emotion. Such changes would help ensure that awe is not merely an incidental occurrence in psychotherapy, but a recognized and actively supported aspect of the change process.

Recommendations for Future Research

The present study has importantly demonstrated the need for further research into the emotion of awe in the context of psychotherapy. This future research can take many different directions as the framework to contextualize awe is psychotherapy is in the preliminary and exploratory phases. First, there is a need for future research to look at the individual dimensions of awe both more specifically and more broadly. Each of the dimensions of awe discussed in the present study warrant further exploration of the elements and properties

integral to the dimension. Additionally, these dimensions and their relationships to one another are ill understood. The dimensions of awe within existing literature do not consistently specify any weight or hierarchy when discussing the dimensions of awe, yet the present study saw that certain dimensions emerged more robustly and frequently than others. The patterns pertaining to how these different dimensions of awe emerge and their relationships across dimensions requires further investigation.

Secondly, the present study illuminates the need for studies that include specific measures of outcome. This design would better explore how awe and the presence of awe might impact measurable therapeutic outcomes. The present study confirmed that awe does emerge organically in psychotherapy, and past research has confirmed the positive impacts experiencing awe in psychotherapy might have, but there is no empirical evidence to confirm whether the emergence of awe is correlated to distinct therapeutic outcomes.

Moreover, questions pertaining to whether certain dimensions of awe consistently appear more saliently in therapeutic contexts compared to other contexts might offer important insights into context specific features of awe, which would help expand and develop our current understanding of this emotion in meaningful ways. Additionally, replicating this analysis in different cultural contexts or with different demographics might reveal important systemic differences in how awe is conceptualized and prioritized. Finally, the inclusion of more emotion-specific explorations could also help distinguish awe from overlapping affective states, and longitudinal designs could further assess whether awe predicts sustained therapeutic gains.

Additionally, future research might afford more attention to the factors specific to the context of therapy that contributed to the emergence of awe. Several participants in this study identified specific conditions that either supported or inhibited their experience of awe in therapy. These included things like relational dynamics with the therapist, therapeutic environment, and depth of therapeutic engagement with the content of the session. Future research could systematically examine such contributing factors to explore what enables awe and what might prevent its emergence in psychotherapy. The findings lead the question of whether something like self-disclosure seen in traditional talk therapies could inspire awe.

Such work would provide practical insights into how therapeutic environments might be structure to cultivate conditions where awe is more likely to occur.

Moreover, more exploration into how individuals conceptualize awe in specific contexts is needed. The findings of this study highlight that awe is not experienced or described uniformly across people within the specific context of psychotherapy. The variation seen in what dimensions of awe emerged in this context underscores the need for future research to investigate the individual differences in how awe is understood and expressed. Psychotherapy involves unique relational, emotional, and cognitive processes that shape how awe emerges, and thus influences how individuals are conceptualizing awe. Thus, there is a need for studies that compare how individuals conceptualize awe across contexts.

Limitations

While this study offers important insights into how awe emerges and evolves in therapeutic contexts, several limitations should be acknowledged to better contextualize the findings. These limitations relate to methodological choices, sample characteristics, and the scope of analysis, each of which may influence the interpretation and generalizability of the results. Recognizing these constraints is essential, not to diminish the contributions of the research, but to clarify its boundaries and guide the direction of future inquiry.

One key limitation of this study is that, while it examined eight distinct dimensions of awe, there was no way to determine which of these dimensions were exclusively necessary for an experience to constitute awe. Many dimensions emerged separately, yet the analysis could not establish whether the presence of only one of these dimensions, without reference to others, was sufficient to represent an experience of awe. However, I did include a manual audit of the emerging dimensions, which scored each emergence on the quality of its representation of awe. This practice is still susceptible to error as I was interpreting the quality of awe based on contextual clues but did not explicitly ask the participants to confirm. As such, the findings do not clarify how many, or which combination, of dimensions must be present for an experience to be reliably identified as awe. This limits the ability to draw definitive conclusions about the essential components of awe as it emerges in therapeutic contexts.

Additionally, the participant pool was small and likely does not reflect the full diversity of perspectives on awe or psychotherapy. With only a limited number of individuals contributing to the dataset, the range of experiences, cultural backgrounds, therapeutic modalities, and personal histories represented in the study was narrow. This limitation restricts the generalizability of the findings, as awe experiences in psychotherapy may be shaped by factors such as cultural values, spiritual beliefs, type and duration of psychotherapy, and individual differences in personality or life stage. As a result, the patterns identified in this research should be interpreted as illustrative rather than definitive, providing a starting point for further investigation with larger, more demographically varied samples.

The retrospective nature of the interviews introduced the possibility of recall bias, and conceptual overlaps between awe and related emotions may have influenced how experiences were described. Memories of awe may have been shaped into more vivid, positive, or coherent stories than the experiences were in the moment. Thus, in session analysis using tools such as video review or verbatim session transcripts could help capture awe as it arises in real time, offering a more immediate and less reconstructed account as seen in the present study.

Furthermore, in the present study, one participant's transcript was not available for analysis due to a technical issue during data storage. While the remaining data set was sufficient to address the research questions, this loss may have reduced the diversity of perspectives represented in the final analysis, potentially narrowing the range of awe experiences captured. Additionally, notes taken from this interview were still utilized in the final thematic analysis which may have limited the depth and nuance of the data compared to fully transcribed interviews and introduced the potential for researcher interpretation bias.

Finally, an important limitation concerns my role as principal investigator. Although this study recognizes the role I play in the co-construction of knowledge, my assumptions, biases, and perspectives have influenced the research process and outcomes in meaningful ways. These findings cannot be separated from my interpretive lens. My prior academic exposure to theories of awe and psychotherapy inevitably shaped the way I approached this project and the data. In both the QCA and the CCM I brought forward a particular sensitivity to awe's transformative potential, which may have predisposed me to emphasize certain

dimensions. Similarly, my choice of quotations and framing of thematic categories reflect my judgment of what was most compelling and relevant, which may not have aligned with how participants themselves would prioritize their experiences. For example, when highlighting participant accounts, I interpreted the responses primarily through the lens of awe literature, which risks overshadowing any alternative interpretations participants might have intended. Even reflexive practices such as maintaining a research journal, were shaped by my subjective evaluations of what was noteworthy or puzzling at the time. This underscores that the study's insights, while grounded in systematic analysis remain interwoven with my presence.

Taken together, these limitations do not diminish the contributions of the study but instead highlight important considerations for interpreting its findings and for guiding future research on awe in therapeutic contexts.

Conclusion

This study set out to explore how awe emerges, unfolds, and integrates within the therapeutic setting. Awe has long been recognized in psychological research as a powerful and complex emotion with the potential to transform perspectives, deepen connectedness, and foster openness to change (Schneider, 2002). However, little empirical work has examined how awe operates specifically within psychotherapy, how it arises, how it evolves, and how it is ultimately woven into clients' lives. To begin to address this gap, this study employed two methods of analysis, integrating a quantitative content analysis (QCA) of emergent awe dimensions with a constant comparison method (CCM) analysis of qualitative interviews. This combination allowed for a preliminary mapping of awe's components that was informed by rich experiential understandings of its role in psychotherapy.

The findings revealed awe in psychotherapy as a dynamic, phase-based process rather than a single, isolated event. The phase shift model developed from the analysis captures four interrelated stages (see figure 4): 1) Disruption – The initial destabilizing experience in which existing frameworks of meaning are challenged; 2) Suspension – A liminal phase marked by the recognition of the need for accommodation, often accompanied by openness, uncertainty, and the gradual unfolding of new possibilities; 3) Meaning-making – The active reassembly of perspectives, supported by inspiration and motivation, in which emerging insights are

translated into new narratives and actions; 4) Integration – The consolidation of these changes into a grounded, ongoing sense of clarity, connection, acceptance, and hope, with awe leaving behind enduring "residues".

This study makes several contributions to the growing literature on awe and psychotherapy. Theoretically, it extends existing models of awe into the therapeutic context, demonstrating that awe can facilitate the core mechanisms of change described in psychotherapy research. Methodologically, the integration of QCA and CCM demonstrates how quantitative coding of emotional dimensions can be meaningfully combined with grounded theory-based qualitative analysis to capture both the structure and the lived process of a phenomenon. The QCA supported exploration of patterns seen in the frequency and distribution of awe dimensions across participants. For example, while the need for accommodation was the most frequently coded dimension overall, its proportional weight varied greatly between participants, indicating that raw frequency does not necessarily reflect experiential importance. Moreover, the CCM added depth by illuminating how these dimensions cluster around broader experiential categories and how these categories inspire the different phases of the model. Practically, the findings also highlight awe as a valuable, if underrecognized, therapeutic resource. The proposed model offers clinicians and a conceptual map for identifying, supporting, and integrating awe experiences in psychotherapy.

This research suggests that awe, far from being a rare or incidental occurrence, may be a more common and integral part of therapeutic transformation than previously thought. By tracing awe's trajectory from disruption through suspension, meaning-making, and integration, the proposed model highlights both the destabilizing and the constructive aspects of awe. In psychotherapy, awe's power lies in its ability to unsettle entrenched narratives, open clients to new perspectives, energize change, and anchor lasting shifts in identity and worldview. The hope is that these findings will encourage therapists to recognize and nurture awe when it appears, allowing it to play its full role in the work of healing and growth.

REFERENCES

Alexander, K. D., Harris, T. P., & Rottinghaus, P. J., (2024). The power and pitfalls of positive psychology: Navigating Critiques and Criticisms. *International Journal of Applied Positive Psychology*, *9*(3), 1339–1355. https://doi.org/10.1007/s41042-024-00168-z

Aliyu, A., Singhry, I., Adamu, H., Mu'awuya, A., & Abubakar, M. (2015, December). *Ontology, epistemology and axiology in quantitative and qualitative research: Elucidation of the research philosophical misconception* [Conference paper]. *Proceedings of The Academic Conference: Mediterranean Publications & Research International on New Direction and Uncommon,* University of Agriculture, Abeokuta, Ogun State, Nigeria.

Bai, Y., Maruskin, L. A., Chen, S., Gordon, A. M., Stellar, J. E., McNeil, G. D., Peng, K., & Keltner, D. (2017). Awe, the diminished self, and collective engagement: Universals and cultural variations in the small self. *Journal of Personality and Social Psychology*, *113*(2), 185–209. https://doi.org/10.1037/pspa0000087

Berelson, B. (1952). *Content analysis in communication research*. Free Press.

Bonner, E. T., & Friedman, H. L. (2011). A conceptual clarification of the experience of awe: An interpretative phenomenological analysis. *The Humanistic Psychologist*, *39*(3), 222–235. https://doi.org/10.1080/08873267.2011.593372

Casey, B. J., Jones, R. M., & Hare, T. A. (2008). The adolescent brain. *Annals of the New York Academy of Sciences*, *1124*(1), 111–126. https://doi.org/10.1196/annals.1440.010

Chen, Z., Orobio de Castro, B., & Liu, G. (2025). Does daily nature exposure enhance children's self-worth and positive feelings? An experience sampling study. International Journal of Environmental Health Research, 35(4), 948–958. https://doi-org.twu.idm.oclc.org/10.1080/09603123.2024.2376238

Chirico, A., & Gaggioli, A. (2021). The potential role of awe for depression: Reassembling the puzzle. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.617715

Chirico, A., & Yaden, D.B. (2018). Awe: A self-transcendent and sometimes transformative emotion. In: Lench, H. (Ed.) The function of emotions (pp. 221-233). Springer. https://doi.org/10.1007/978-3-319-77619-4_11

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Cuijpers, P., Karyotaki, E., Weitz, E., Andersson, G., Hollon, S. D., & van Straten, A. (2014). The effects of psychotherapies for major depression in adults on remission, recovery and improvement: A meta-analysis. *Journal of Affective Disorders*, *159*, 118–126. https://doi.org/10.1016/j.jad.2014.02.026

Diamante, H. M., & Plisco, M. (2024). The emotional experience of awe as a facilitator of traumatic narrative integration. *The Humanistic Psychologist*, *52*(2), 163–185. https://doi.org/10.1037/hum0000324

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, *56*(3), 218–226. https://doi.org/10.1037//0003-066x.56.3.218

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Aldine Publishing Company.

Gordon, A. M., Stellar, J. E., Anderson, C. L., McNeil, G. D., Loew, D., & Keltner, D. (2017). The dark side of the sublime: Distinguishing a threat-based variant of awe. *Journal of Personality and Social Psychology*, *113*(2), 310–328. https://doi.org/10.1037/pspp0000120

Greenberg, L. S. (2015). Introduction. In L. S. Greenberg, *Emotion-focused therapy: Coaching clients to work through their feelings, 2nd ed.* (pp. 3–10). American Psychological Association. https://doi.org/10.1037/14692-001

Greenberg, L. S., & Safran, J. D. (1989). Emotion in psychotherapy. *The American Psychologist*, *44*(1), 19–29. https://doi.org/10.1037//0003-066x.44.1.19

Guetterman, T. C., Fetters, M. D., & Creswell, J. W. (2015). Integrating quantitative and qualitative results in health science mixed methods research through joint displays. *Annals of Family Medicine*, *13*(6), 554–561. https://doi.org/10.1370/afm.1865

Hayes, A. M., & Strauss, J. L. (1998). Dynamic systems theory as a paradigm for the study of change in psychotherapy: An application to cognitive therapy for depression. *Journal of Consulting and Clinical Psychology*, *66*(6), 939–947. https://doi.org/10.1037//0022-006x.66.6.939

Higuchi, K. (2016). A two-step approach to quantitative content analysis: KH Coder tutorial using Anne of Green Gables (Part I). *Ritsumeikan Social Sciences Review, 52*, 77–91.

Higuchi, K. (2017). A two-step approach to quantitative content analysis: KH Coder tutorial using Anne of Green Gables (Part II). *Ritsumeikan Social Sciences Review, 53*, 37–147.

Higuchi, K. (2023). KH Coder (Version 3) [Computer software]. https://khcoder.net/en/

Jain, A., Schoeller, F., Horowitz, A., Hu, X., Yan, G., Salomon, R., & Maes, P. (2023). Aesthetic chills cause an emotional drift in valence and arousal. *Frontiers in Neuroscience*, *16*, Article 1013117. https://doi.org/10.3389/fnins.2022.1013117

Jiang, T., & Sedikides, C. (2022). Awe motivates authentic-self pursuit via self-transcendence: Implications for prosociality. *Journal of Personality and Social Psychology*, *123*(3), 576–596. https://doi.org/10.1037/pspi0000381

Jick, T. D. (1979). Mixing qualitative and quantitative methods: Triangulation in action. *Administrative Science Quarterly*, *24*(4), 602–611. https://doi.org/10.2307/2392366

Keltner, D., & Haidt, J. (2003). Approaching awe, a moral, spiritual, and aesthetic emotion. *Cognition & Emotion*, *17*(2), 297-314. https://doi.org/10.1080/02699930302297

Krippendorff, K. (2019). *Content analysis: An introduction to its methodology*. SAGE Publications, Inc. https://doi.org/10.4135/9781071878781

Lane, R. D., Ryan, L., Nadel, L., & Greenberg, L. (2015). Memory reconsolidation, emotional arousal, and the process of change in psychotherapy: New insights from brain science. *Behavioral and Brain Sciences*, *38*. https://doi.org/10.1017/S0140525X14000041

Lin, R.-M., Hong, Y.-J., Xiao, H.-W., & Lian, R. (2020). Dispositional awe and prosocial tendency: The mediating roles of empathy and self-transcendence. *Social Behavior and Personality: An International Journal, 48*(12), Article e9665. https://doi.org/10.2224/sbp.9665

Luo, L., Mao, J., Chen, S., Gao, W., & Yuan, J. (2021). Psychological research of awe: Definition, functions, and application in psychotherapy. *Stress and Brain*, *1*(1), 59–75. https://doi.org/10.26599/SAB.2020.9060003

Maslow, A. H. (1976). *Religions, values, and peak-experiences.* Penguin Books. (Original work published 1964).

Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education*, *1997*(74), 5–12. https://doi.org/10.1002/ace.7401

Monroy, M., & Keltner, D. (2023). Awe as a pathway to mental and physical health. *Perspectives on Psychological Science*, *18*(2), 309–320. https://doi.org/10.1177/17456916221094856

Morgan, D. L. (2014). Pragmatism as a paradigm for social research. *Qualitative Inquiry, 20*(8), 1045–1053. https://doi.org/10.1177/1077800413513733

Naclerio, M., & van Cappellen, P. (2022). Awe, group cohesion, and religious self-sacrifice. *The International Journal for the Psychology of Religion*, *32*(3), 256–271. https://doi.org/10.1080/10508619.2021.1975423

Nakayama, M., Nozaki, Y., Taylor, P. M., Keltner, D., & Uchida, Y. (2020). Individual and cultural differences in predispositions to feel positive and negative aspects of awe. *Journal of Cross-Cultural Psychology*, *51*(10), 771–793. https://doi.org/10.1177/0022022120959821

Neuendorf, K. (2017). *The Content Analysis Guidebook* (2nd ed.). SAGE Publications, Inc, https://doi.org/10.4135/9781071802878

Ng, S. T., Leung, A. K.-Y., & Chan, S. H. M. (2023). Through the lens of a naturalist: How learning about nature promotes nature connectedness via awe. *Journal of Environmental Psychology*, *92*. https://doi.org/10.1016/j.jenvp.2023.102069

Norcross, J. C., & Lambert, M. J. (2018). Psychotherapy relationships that work III. *Psychotherapy*, *55*(4), 303–315. https://doi.org/10.1037/pst0000193

Pascual-Leone, A., & Greenberg, L. S. (2007). Emotional processing in experiential therapy: Why "the only way out is through." *Journal of Consulting and Clinical Psychology*, *75*(6), 875–887. https://doi.org/10.1037/0022-006X.75.6.875

Patnaik, E. (2013) Reflexivity: Situating the researcher in qualitative research. *Humanities and Social Science Studies 2*(2), 98–106.

Pérez, K. A., Lench, H. C., Thompson, C. G., & North, S. (2023). Experimental elicitations of awe: A meta-analysis. *Cognition & Emotion*, *37*(1), 18–33. https://doi.org/10.1080/02699931.2022.2140126

Piff, P. K., Dietze, P., Feinberg, M., Stancato, D. M., & Keltner, D. (2015). Awe, the small self, and prosocial behavior. *Journal of Personality and Social Psychology*, *108*(6), 883–899. https://doi.org/10.1037/pspi0000018

Rudd, M., Vohs, K. D., & Aaker, J. (2012). Awe expands people's perception of time, alters decision making, and enhances well-being. *Psychological Science*, *23*(10), 1130–1136. https://doi.org/10.1177/0956797612438731

Schneider, K. (2017). The resurgence of awe in psychology: Promise, hope, and perils. *The Humanistic Psychologist*, *45*(2), 103–108. https://doi.org/10.1037/hum0000060

Schneider, K. J. (2002). Standing in awe: The cosmic dimensions of effective psychotherapy. *Psychotherapy Patient*, *11*(3/4), 123. https://doi.org/10.1300/J358v11n03_08

Schneider, K. J. (2004). *Rediscovery of awe: Splendor, mystery, and the fluid center of life.* Paragon House.

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, *60*(5), 410-420. https://doi.org/10.1037/0003-066X.60.5.410

Seo, M., Yang, S., & Laurent, S. M. (2023). No one is an island: Awe encourages global citizenship identification. *Emotion*, *23*(3), 601–612. https://doi.org/10.1037/emo0001160

Sønderland, N. M., Solbakken, O. A., Eilertsen, D. E., Nordmo, M., & Monsen, J. T. (2024). Emotional changes and outcomes in psychotherapy: A systematic review and meta-analysis. *Journal of Consulting & Clinical Psychology*, *92*(9), 654–670. https://doi.org/10.1037/ccp0000814

Stellar, J. E., Gordon, A., Anderson, C. L., Piff, P. K., McNeil, G. D., & Keltner, D. (2018). Awe and humility. *Journal of Personality and Social Psychology*, *114*(2), 258–269. https://doi.org/10.1037/pspi0000109

Thomson, A. L., & Siegel, J. T. (2017). Elevation: A review of scholarship on a moral and other-praising emotion. *The Journal of Positive Psychology*, *12*(6), 628–638. https://doi.org/10.1080/17439760.2016.1269184

Wampold, B. E., & Imel, Z. E. (2015) *The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work* (2nd ed.). Routledge. https://doi.org/10.4324/9780203582015

Wang, J., Drossaert, C. H. C., Knevel, M., Chen, L., Bohlmeijer, E. T., & Schroevers, M. J. (2025). The Mechanisms underlying the relationship between self-compassion and psychological outcomes in ddult populations: A systematic review. *Stress & Health: Journal of the International Society for the Investigation of Stress*, *41*(4), 1–20. https://doi-org.twu.idm.oclc.org/10.1002/smi.70090

Wong, P. T. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology/Psychologie Canadienne*, *52*(2), 69–81. https://doi.org/10.1037/a0022511

Yaden, D. B., Kaufman, S. B., Hyde, E., Chirico, A., Gaggioli, A., Zhang, J. W., & Keltner, D. (2019). The development of the Awe Experience Scale (AWE-S): A multifactorial measure for a complex emotion. *The Journal of Positive Psychology*, *14*(4), 474–488. https://doi.org/10.1080/17439760.2018.1484940

Zhao, H., Zhang, H., Xu, Y., He, W., & Lu, J. (2019). Why are people high in dispositional awe happier? The roles of meaning in life and materialism. *Frontiers in Psychology*, *10*. https://doi.org/10.3389/fpsyg.2019.01208

APPENDIX A

Recruitment Poster

APPENDIX B

Informed Consent Form

Impactful Moments in Psychotherapy

Principal Investigator:
Jenessa Glanz, MA Counselling Psychology Student
Department of Counselling Psychology
Trinity Western University
Email: [redacted]
Phone: [redacted]

As a graduate student, I am required to conduct research as part of the requirements for a master's degree in counselling psychology. This research is part of a thesis and will be made public following completion. It is being conducted under the supervision of Dr. Deepak Mathew. You may contact my supervisor at [redacted].

Purpose

The purpose of this study is to explore the significant experiences people have during psychotherapy sessions. By examining these impactful moments, the study aims to gain insights into the factors that make certain experiences stand out as especially meaningful or transformative. The main objective is to identify and understand what is present in the kinds of moments that leave lasting impressions on individuals undergoing psychotherapy. These could be moments of realization, deep connection, or profound personal change. Importantly, these moments do not need to be positive or uplifting but can include difficult moments of challenge or despair as well. Understanding these impactful moments is crucial to help therapists better recognize and foster such experiences, ultimately enhancing the effectiveness of psychotherapy. By pinpointing what makes these moments special, therapists can create more supportive and enriching environments for their clients, leading to better outcomes in mental health treatment. This study contributes to improving therapeutic practices and deepening our understanding of the healing process in psychotherapy.

What is involved

If you voluntarily consent to participate in this research, your participation will include a brief questionnaire followed by an interview that may last around 60 to 90 minutes, which will be conducted via Zoom. Additionally, there will be a follow-up interview where the findings will be presented to be confirmed.

Following the completion of the research, participants will have access to the completed research. Should you be interested in accessing the final results of the study, upon completion they will be emailed to you.

Potential Risks and Discomforts

The risks associated with participating in this research are minimal, but may include discomfort from discussing personal experiences and reflections on your journey in psychotherapy. If at any point you feel uncomfortable or distressed you may choose to stop, take a break, and either continue when you feel ready or end your participation. Ending your participation will not result in negative consequences.

Potential Benefits to Participants and/or to Society

There are some potential benefits to you participating in this research, including feeling more connected to your experiences, which may involve new insights or learnings.

Compensation

As a way to thank you for your participation and compensate you for any inconvenience related to that participation, you will be given a $20 gift card of your choosing. If you choose to withdraw from the study prior to completion, you will still be entitled to receive incentive and you will still receive the gift card.

Confidentiality and Anonymity

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required

by law. Confidentiality and anonymity will be protected by assigning pseudonyms, using aggregate data, and removing any identifying information from transcripts. All audio and video recordings will be stored on a password-protected computer and/or encrypted and password-protected drive. Additionally, transcripts and documents related to interviews will be stored on password-protected storage device and only members of the research team will have access to these documents. All audio and video recordings will be destroyed once the project is completed and the thesis has been submitted and defended, while anonymized interview transcripts will be submitted to a public data archive indefinitely for future research. Upon your request, a copy of the final study results will be provided to you.

Zoom Confidentiality

Depending on preferences and location, interviews may take place in person or over Zoom. It is important to note that Zoom is based in the United States of America (U.S.A) and is subject to the U.S. Patriot Act that allows authorities access to the records of internet service providers. To ensure ethical handling and confidentiality of data, the data will be downloaded to a Canadian server within ten days of the interview. Thus, should your interview take place over Zoom the data will be stored and accessed in the USA prior to being downloaded to a Canadian server. For more information regarding the security and privacy policy of Zoom please see:
http://www.zoom.us.

Contact for information about the study

If you have any questions or desire further information with respect to this study, you may contact the principal investigator, Jenessa Glanz by phone at [redacted] or by email at [redacted] or the faculty supervisor, Dr. Deepak Mathew by phone at [phone number] or by email at [redacted]

Contact for concerns about the rights of research participants

If you have any concerns about your treatment or rights as a research participant, you may contact the Ethics Compliance Officer in the Office of Research, Trinity Western University at 604-513-2167 or HREB@twu.ca.

Consent

Your participation in this study is voluntary and you may refuse to participate or withdraw from the study at any time without negative consequences or repercussions. Please note that withdrawal from the research will not be possible after the researcher has integrated the data into the full data set. After that, only transcripts and audio-video recordings can be destroyed. ***The data from this study may be used in future research. If you do not wish it to be used in future research, you may indicate so below. It will then not be used beyond this study.***

Signatures

Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

_____

Research Participant Signature ***Date***

_____

Printed Name of the Research Participant signing above

Do you consent to allow your data from this study (in anonymous form) to be used in future research?

□ ***Yes*** □ ***No***

APPENDIX C

Interview Guide (Version 1)

Part 1: Impactful Moment

[Hello, my name is Jenessa Glanz, I am a student of the MA in Counselling Psychology at Trinity Western University. I appreciate your interest in my study and taking the time to meet with me. The purpose of this study is to better understand some of the experiences that are influential in psychotherapy, so I want to hear your descriptions of some of the significant moments that occurred for you in psychotherapy. These moments don't necessarily need to be positive or uplifting, but simply moments that stand out to you as being an important part of you journey in psychotherapy. Tell me about one or two of the moments that come to mind…]

Other Prompts

- How did you experience this influential moment?
- Did this moment change the way you think about yourself, others, or the world? If so how?
- What new insights or understandings emerged for you during or after this significant moment?
- How did you feel during this moment? What emotions stand out to you?
- Did you notice any physical sensations or changes in your body during or after this moment? If so, describe them.
- Did this moment influence your sense of meaning, purpose, or connection to something greater than yourself? If so, how?
- Did this moment change how you interact with or relate to others? If so, how?

**If you need a short break to get some water or stretch would now be a good time before we move into the second portion of our interview?*

Part 2: Awe

[Now that you have had some time to reflect on a particularly important moment in your therapeutic journey I want to ask about a specific emotion. My research is interested in how

the emotion of awe presents itself in psychotherapy and in those impactful moments that we just talked about. First, I'll introduce you to how I am defining awe in this research. Generally I am defining awe as an emotion with two main characteristics. These characteristics are the perception of vastness, and the need for cognitive accommodation. This means awe is an emotion related to our experience of a vastness that transcends our existing mental structures, so we need to adjust our cognitive framework. This vastness can include things beyond just physical size and can be experienced as more abstract concepts like fame. However, I recognize that awe is complex and this definition might not fully capture awe in its entirety so I'd like to hear from you, now that you have heard that description of awe…]

- Do you think the emotion of awe was present in the impactful moment in psychotherapy we just reflected on?
    - If so, how did awe show up in that moment?
- Do you think that awe played any specific role in your experience of that impactful moment?
    - If so, what role?
- Tell me about your experience of awe in psychotherapy in general.

Part 3: Additional Information and Demographics

Approximately when did you receive services: from _____ to _____

Please state cumulative duration of counselling services received (in years and months):

_____

___

Please state reason(s) for counselling services received:

_____

___

Ethnicity

- Caucasian
- African Canadian/American
- First Nations, Inuit, or Métis
- East Asian
- South Asian
- Hispanic or Latino
- Other _____

Gender Identity

- _____

Household Income

- Less than $20, 000
- $20,000-$39,999
- $40,000-$59,000
- $60,000-$79,000
- $80,000-$99,000
- Greater than $100,000

Highest Level of Education

- Some high school
- High school diploma
- Some university/college
- University (undergraduate) degree or diploma
- Some post-graduate studies
- Post-graduate degree

Employment

- Unemployed
- Part-time

- Full-time
- Full-time student
- Other _____

Counselling History, Services Received

- Government counselling services
- Privatized counselling services
- Hospital inpatient counselling services
- Hospital outpatient counselling services

Other _____

APPENDIX D

Interview Guide (version 2)

Part 1: Impactful Moment

[Hello, my name is Jenessa Glanz, I am a student of the MA in Counselling Psychology at Trinity Western University. I appreciate your interest in my study and taking the time to meet with me. The purpose of this study is to better understand some of the experiences that are influential in psychotherapy, so I want to hear your descriptions of some of the significant moments that occurred for you in psychotherapy. These moments don't necessarily need to be positive or uplifting, but simply moments that stand out to you as being an important part of you journey in psychotherapy. Tell me about one or two of the moments that come to mind…]

Other Prompts

- How did you experience this influential moment?
- Did this moment change the way you think about yourself, others, or the world? If so how?
- What new insights or understandings emerged for you during or after this significant moment?
- How did you feel during this moment? What emotions stand out to you?
- Did you notice any physical sensations or changes in your body during or after this moment? If so, describe them.
- Did this moment influence your sense of meaning, purpose, or connection to something greater than yourself? If so, how?
- Did this moment change how you interact with or relate to others? If so, how?

**If you need a short break to get some water or stretch would now be a good time before we move into the second portion of our interview?*

Part 2: Awe

[Now that you have had some time to reflect on a particularly important moment in your therapeutic journey I want to ask about a specific emotion. My research is interested in how

the emotion of awe presents itself in psychotherapy and in those impactful moments that we just talked about. First, I'll introduce you to how I am defining awe in this research. Generally I am defining awe as an emotion with two main characteristics. These characteristics are the perception of vastness, and the need for cognitive accommodation. This means awe is an emotion related to our experience of a vastness that transcends our existing mental structures, so we need to adjust our cognitive framework. This vastness can include things beyond just physical size and can be experienced as more abstract concepts like fame. However, I recognize that awe is complex and this definition might not fully capture awe in its entirety so I'd like to hear from you, now that you have heard that description of awe…]

- Do you think the emotion of awe was present in the impactful moment in psychotherapy we just reflected on?
    - If so, how did awe show up in that moment?
- Do you think that awe played any specific role in your experience of that impactful moment?
    - If so, what role?
- Tell me about your experience of awe in psychotherapy in general.

Part 3: Additional Information and Demographics

Approximately when did you receive services: from _____ to _____

Please state cumulative duration of counselling services received (in years and months):

_____

___

Please state reason(s) for counselling services received:

_____

___

Age:_____

Ethnicity

- Caucasian

- African Canadian/American
- First Nations, Inuit, or Métis
- East Asian
- South Asian
- Hispanic or Latino
- Other _____

Gender Identity

- _____

Household Income

- Less than $20, 000
- $20,000-$39,999
- $40,000-$59,000
- $60,000-$79,000
- $80,000-$99,000
- Greater than $100,000

Highest Level of Education

- Some high school
- High school diploma
- Some university/college
- University (undergraduate) degree or diploma
- Some post-graduate studies
- Post-graduate degree

Employment

- Unemployed
- Part-time
- Full-time

- Full-time student
- Other _____

Counselling History, Services Received

- Government counselling services
- Privatized counselling services
- Hospital inpatient counselling services
- Hospital outpatient counselling services
- Other _____

APPENDIX E

Debriefing Document

Principal Investigator:

Jenessa Glanz, MA Counselling Psychology Student

Department of Counselling Psychology

Trinity Western University

Email: [redacted]

Phone : [redacted]

Thank You

I would like to extend my sincere gratitude for your participation in this study. Your contributions will provide essential insights into how awe is experienced in psychotherapy, which will help to inform the theoretical framework I hope to construct. Your involvement plays a crucial role in advancing our understanding of emotional experiences and their transformative power in mental health.

Thank you again for your time, effort, and willingness to be part of this important research.

Purpose of the Study

This research study, along with impactful therapeutic moments, investigates how the specific emotion of awe manifests in the therapeutic settings in the hope of building a cohesive framework for understanding awe in psychotherapy. I will first explore the emergence of awe related language in the first portion of the interview, then I will look for patterns and themes in the second portion of the interview and explore the insights drawn.

I have intentionally excluded mentioning the emotion of awe prior to your interview. This decision was made to ensure that any awe that does emerge in the first portion of the interview emerges without elicitation. It is a hope of the present study to begin to explore the authentic experiences of awe that we naturally encounter in everyday life rather than awe that is experimental elicited.

What I am Hoping to Learn

Through your participation, I aimed to gather data that could address the following questions:

1. What features of awe are present when participants reflect on influential moments in psychotherapy?
2. If awe is present; what are the patterns of awe's emergence?
3. How do these patterns align with participant's explicit accounts of awe in their therapeutic experiences?

These questions aim to deepen the understanding of the presence, influence, and function of awe in therapeutic settings.

What Happens Next?

Following the conclusion of this study, I will analyze the collected data, synthesizing the findings into meaningful insights. These insights will be shared through academic publications, and conferences. I will also upload anonymized data into a public data archive to allow other researchers to access and build upon this work. Once the data collection is complete, I will begin analyzing the results and compiling the findings into academic papers and presentations. If you have indicated that you are interested in receiving a summary of the study findings, I will convey the findings following analysis.

Participant Rights

I would like to remind you that your participation in this study was completely voluntary. You have the right to withdraw from the study at any time without any penalty or impact on your professional or therapeutic relationships. If you have concerns about your privacy or the confidentiality of your responses, please know that all data will be anonymized, and no identifying information will be included in the published results.

Resources Available to You

I understand that reflecting on emotional experiences such as those experienced in psychotherapy can sometimes bring up unexpected or difficult feelings. If you find that you

need support following your participation in this study, I encourage you to access any of the following resources:

Emergency Services - 911

Please call emergency services if you are in any situation where harm to yourself or another person seems likely.

Crisis Centre – Toll Free: 1-866-661-3311

The Crisis Centre is a 24/7 toll-free helpline that provides immediate support to individuals experiencing emotional distress, mental health challenges, or crisis situations. The service offers confidential assistance, compassionate listening, and resources to help callers navigate difficult times, aiming to prevent suicide and promote well-being.

Family Services of Greater Vancouver – 604 731 4951

Family Services of Greater Vancouver (FSGV) is a non-profit organization dedicated to supporting individuals and families through a range of social services, including counselling, family support, and community programs. Their mission is to strengthen families and promote social well-being by providing accessible and comprehensive services to those in need throughout the Greater Vancouver area.

Fraser River Counselling - 1-604-513-2113

This is a community counselling program designed to provide counselling services at a very low cost for those whom typical counselling is financially inaccessible.

APPENDIX F

Coding Scheme for QCA

*Vastness

vast OR vastness OR grand OR immense OR infinite OR expansive OR beyond OR limitless OR transcend OR transcendent OR transcends OR more OR massive OR huge OR big OR large OR enormous

*Accommodation

changed OR change OR changes OR rethink OR rethought OR shift OR shifted OR shifts OR redefined OR made OR had OR challenged OR caused OR epiphany OR realized OR realization OR realizations OR compared OR comparison OR comparisons OR adjusted OR adjustments OR adjusted OR different OR difference OR differences OR new OR newness OR now OR started OR realize OR insight OR insights

*Self_dimishment

small OR insignificant OR humbled OR reduced OR shrink OR shrunk OR diminished OR withered OR self OR smaller OR matter OR important

*Time

time OR timeless OR stillness OR seconds OR paused OR slowed OR present OR fleeting OR moment

*Physical_Sensations

Chills OR goosebumps OR tingling OR lighthearted OR lightness OR warm OR warmth OR heart OR sweating OR chill OR sweats OR sweat OR felt OR hot OR feel OR physically OR physical OR sensations OR sensation

*Affective_Awe

awe OR awesome OR wonder OR awestruck OR wonderstruck OR amazed OR astonished OR wow OR woah OR speechless OR shock OR shocked OR shocking

*Threat

fear OR scared OR threat OR threatening OR threatened OR scary OR intimidating OR daunting OR anxious OR panic OR panicked OR panicking OR dread OR dreadful OR afraid OR worried OR defensive OR overwhelm OR overwhelming OR overwhelmed

*Connectedness

connect OR connected OR connecting OR unite OR united OR uniting OR part OR oneness Or belong OR belonging OR belonged OR contributed OR contributing OR contribution OR connection OR connections OR humanity OR whole OR wholeness OR mankind OR interaction