To the Graduate Council:

I am submitting herewith a dissertation written by Laura R. Skinner entitled "Healing Through Meeting: A Phenomenological Description of the Experience of Being Together in Psychotherapy." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.

Howard Pollio, Major Professor

We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

Associate Vice Chancellor and
Dean of the Graduate School

HEALING THROUGH MEETING: A PHENOMENOLOGICAL DESCRIPTION OF THE EXPERIENCE OF BEING TOGETHER IN PSYCHOTHERAPY

A Dissertation
Presented for the
Doctor of Philosophy
Degree
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Laura Roel Skinner
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DEDICATION

This dissertation is dedicated to my constant objects:

Kate Skinner,
who accompanied me through graduate school

and

Tom Skinner,
who unconditionally gives me love and support to be who I am

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ABSTRACT

In this study, a phenomenological approach was used to describe the experience therapists and patients have of being with each other in psychotherapy. Previous results in the area of psychotherapy process research have indicated that the therapeutic relationship provides the basis for successful psychotherapy. For this reason, the present study was concerned with furthering an understanding of the experience of participants who are in such relationships. Sixteen participants, including student and experienced therapists and their patients, were interviewed using a dialogical method. Findings based on a qualitative analysis of the data, included a description of the thematic structure of the experience as reported by participants. Major themes described by participants included: Connection/Separation, Similarities/Differences, Presence/Absence and Ways of Relating. This structure always was experienced by all participants as contextualized by one or more of the major existential grounds of body, time, others, world and emotions.

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CHAPTER I

INTRODUCTION

This study was designed to explore experiences that psychotherapists and patients have of being with one another. As such, it derives from existing work in the area of psychotherapy process research which provides valuable information about what, and how, changes take place in the therapeutic endeavor. Its purpose is to discover and provide information about psychotherapy as it is experienced by therapists and patients who are, or have been in, in such a relationship.

Psychotherapy involves an interpersonal relationship between two people who use dialogue as they work together toward common goals. For this reason, the most suitable approach to study the psychotherapeutic relationship would seem to be one in which dialogue is also used as a method to explore the experiences of people who are involved in the psychotherapeutic relationship. Qualitative methods that use dialogue to investigate experience allow for an openness to the phenomenon being studied; there are no hypotheses or preconceptions regarding what is expected to be found; rather, the experience of therapists and patients is gathered in the form of interview narratives. Analysis of such narrative protocols are meant to provide a description of the first-person experiences of individuals who spend time together in psychotherapy.

One aim of this study is to gain some insight about the findings of psychotherapy process research which thusfar have been inconclusive and sometimes contradictory. We believe it is fitting to ask participants to tell us about their

experiences as a way to understand the meaning of what has been found by researchers using other methods to investigate what happens in psychotherapy. We hope that the findings of this study will prove useful as a guide for future research as well as for apprising practicing therapists about what stands out and is meaningful for participants involved in psychotherapy.

The following chapter will provide a review of the literature on psychotherapy process as it is most relevant to this study. Its purpose is to present and discuss findings concerning what researchers have concluded about what happens between two people in psychotherapy, and how they have gone about studying the process. An overview of the types of research which have been employed will be presented, along with representative examples of such research. A description and rationale for methods of qualitative research follows, along with a discussion of why such a method was chosen as the best way to pursue the present study.

The specific method employed in the present study is described in Chapter III. Results deriving from this method are presented in Chapter IV, and include a thematic structure of the experience that therapists and patients have of being together in psychotherapy. Results of a content analysis are presented in order to describe the experience more fully. Following this, findings regarding the use of the qualitative research method are described. The final chapter provides some discussion concerning the results of the present study as well as implications for further research in the area of psychotherapy process.

CHAPTER II

REVIEW OF THE LITERATURE

Background

Compared to research in other areas of psychology, psychotherapy research represents a relatively new endeavor that spans only about 50 years. While psychotherapists have always used observations, hypotheses and predictions about their work with specific patients, this process was not systematically standardized during the emergent stages of the practice of psychotherapy. Psychoanalytic therapy as a treatment modality was developed and popularized by Freud more than a century ago. Freud and his associate Josef Breuer used case studies to explicate not only the process of the "talking cure," but outcomes of their patients' treatments (Breuer and Freud, 1955). For several decades, the type of narrative exposition contained in case studies represented the only way that physician-therapists communicated with each other and society about what took place during and after treatment with their patients. During this time, understanding of the process and efficacy of psychotherapeutic treatment developed simultaneously with formulation of the theory on which it was based.

The 1950 marked the beginning of empirical research dealing with the efficacy of psychotherapy using methods based on hypothesis testing and correlational designs. In 1952, Eysenck published a study in which the effectiveness of psychotherapy was seriously questioned. In this study, he reported that untreated patients could be expected to recover at the same rate as patients receiving psychotherapeutic treatment,

and that patients treated with behavioral interventions improved more readily than those exposed to psychoanalytically oriented treatment or to no treatment at all.

Although Eysenck's work has been extensively criticized in the intervening years, it served as an impetus for psychologists of various theoretical orientations to examine the effectiveness of psychotherapy (Shefler, 1991). A plethora of psychotherapy outcome research exists in the literature. As this domain of research has expanded, so to has an investigation into the process of psychotherapy. Such research is concerned with an examination of the specific behaviors, activities, and interactions that occur in the psychotherapeutic endeavor in the hope of shedding light on how, when, and if change occurs.

Carl Rogers (1957) was the first to attempt this type of systematic examination of the process of psychotherapy. He adopted naturalistic observations as his approach to learn about what and how changes seemed to be taking place in successful psychotherapy. Without a preconceived theoretical basis, or expectations, Rogers and a group of researchers (Rogers, 1957) listened to audiotapes and read transcripts of sessions in order to identify, and try to understand, the experience of therapists and patients. Since that early work, investigators have continued the search for knowledge about psychotherapy process in a variety of ways and within a variety of contexts.

Orlinksy and Howard (1986) summarize the concept of psychotherapy process as it has been studied:

> By "process" we mean everything that can be observed to occur between, and within, the patient and the therapist during their work together. This comprehensive definition points toward the actual events occurring within therapy sessions, as witnessed by the participants themselves or by non-participant observers. This has the advantage of identifying a circumscribed, researchable set of interactions between specific persons at specific times and places.

Review of Methodological Approaches

Investigators have generally followed one of three ways in attempting to study the process of psychotherapy: group studies, single-case studies and, more recently, meta-analyses. Group studies compare treatment and control conditions in an attempt to assess the effectiveness of different interventions as these apply to a particular population. These include pretest-posttest control group designs, factorial designs, and single group (no control) or small group designs. These studies, in theory, can be used to make generalizations applicable to the populations being studied. In contrast to such nomothetic work, idiographic studies use individualized, descriptive information about an individual case to assess the effectiveness of a particular treatment for that individual. Since this method is concerned primarily with an individual rather than the treatment, it is not possible to make generalizations to other individuals in the population. Whether using correlational or single case study designs, the independent variables identified in studies of psychotherapy process research include therapist variables, patient variables, therapeutic techniques variables and, to an increasingly greater degree, interactions of one or more of these variables.

A recent development in psychological treatment and research has been the preparation, circulation and implementation of specific treatment manuals (Luborsky

and Schaffler, 1974; Luborsky, 1984; Beck, et al., 1979; Klerman, et al., 1984; Strupp and Binder, 1984; and Sifneos, 1992). Not only do these manuals provide a way to standardize the training of therapists to treat patients with specific disorders, they also provide an opportunity for more controlled psychotherapy research. In general, these manuals are associated with brief (10 to 40 sessions) psychodynamic or behavioral interventions, and provide researchers with an opportunity to complete their studies in relatively brief time periods (e.g., Winston, et al., 1989; Strupp and Binder, 1984). Research protocols based on training manuals are usually employed in outcome or efficacy studies in which correlations between specific variables and outcome measures are reported.

Investigators in the area of outcome/process have also used meta-analysis to investigate the effectiveness of various types of treatment as they were used and researched in different studies (Bergin and Garfield, 1986 and 1994). Meta-analysis summarizes a large number of studies with the basic unit of analysis being effect size from individual investigations. Effect size is usually determined by taking the difference between the means of an experimental (treatment intervention) group and a control (no-treatment) group and dividing by the pooled standard deviation. Effect size reported in terms of a standard deviation is thought to provide a standardized way to compare across studies (Kazdin, 1994).

Theoretical Considerations

Some researchers maintain that any robust and meaningful empirical examination requires theoretically based constructs from which to proceed (Kazdin,

1994; Forsyth and Strong, 1986 and Imber, 1992). Since the practice of psychotherapy is informed by a number of theoretical orientations, so too is the research into particular types of therapy. The design of psychotherapy research protocols is guided by the theoretical basis of researchers who, often, are asking a particular question within the context of the theory. For example, researchers who maintain a cognitive approach to understanding the process of psychotherapy will adopt "cognitions" as their units of measurement in designing and implementing research studies. Moreover, an awareness of the theoretical context is thought necessary if researchers are to say anything meaningful to practitioners about the process of psychotherapy.

Beutler, et al (1994) maintain that theory-driven approaches are not only more sophisticated, but critical for clinical applications of findings in the area of process research. They disagree with some researchers (e.g., Piper, 1988), who suggest that "theory-driven research is no longer in vogue." These authors cite conclusive findings regarding the efficacy of specific therapeutic techniques, such as interpretations in psychodynamic therapy, as evidence that theory driven research is useful and valid.

On the other hand, some researchers (Orlinsky and Howard, 1986; Orlinsky, 1989) have taken an atheoretical position in examining therapeutic factors common across schools of differing theoretical orientations. They begin their investigation using variables that have been identified in previous studies as comprising factors associated with efficacious treatment. For example, Orlinsky and Howard (1986) use results from various studies in an attempt to understand what "common" variables are associated

with effective therapy. Using results based on their review, these authors develop a "Generic Model of Psychotherapy" by which they describe significant and interrelated factors of effective psychotherapy that occur in therapies of various and differing theoretical orientation.

Review of the Literature

Research Using Group Design

Rogers' (1957) work at the University of Chicago represents the beginning of an attempt by clinical psychologists to understand what transpires in psychotherapy. In large part, efforts centered on identifying important variables that seemed salient in the therapists' contributions to the process of effective psychotherapy (Rogers, 1957). The predominant finding of Rogers' early work centered on a subset of what have come to be known as "non-specific" or common variables. Rogers noted that therapeutic progress within particular sessions, as well as across the complete course of treatment, was positively associated with the following therapist characteristics: accurate empathy, positive regard, non-possessive warmth, and genuineness or congruence (Lambert and Bergin, 1994). The importance of these variables was twofold: they served as theoretical underpinnings of Rogers' client centered psychotherapy and, secondly, they consistently have been noted as central in other forms of psychotherapy research. In a practical and invaluable way, knowledge of what these variables are, how they express themselves, and their implications for treatment, have informed and continue to inform the training and everyday practice of psychotherapists.

Although Rogers' early work as well as that of others (Haigh, 1949; Raskin, 1949; and Seeman, 1949) proceeded without specific theoretical bases for interventions or variables for changes, investigations of later researchers have been guided explicitly by their particular theoretical approach. Strupp's (1973) early research into psychotherapy process and outcome, for example, was predicated on the assumption that psychotherapy "should be studied and understood as phenomena of nature, capable of description, analysis and control." This perspective is maintained by Forsyth and Strong (1986) who argue that "psychotherapy research is science ... [and] part of a larger effort to understand human behavior ... [in which] all scientific tools are acceptable in the effort to understand the process..."

Vanderbilt Studies

The early Vanderbilt studies conducted by Strupp, a psychodynamically-oriented researcher, focused primarily on the therapist's role, actions and behaviors in the process of psychotherapy (Strupp, 1973). Included were studies that examined differences in technique and activity between Rogerian and non-Rogerian therapists, between psychologists, psychiatrists, and social workers and between experienced and non-experienced therapists of different theoretical orientations. In general, these studies examined differences among therapists in their responses to written or videotaped sessions with actual patients. In addition, Strupp developed a quantitative methodology for use in examining therapist level and type of activity within a particular session.

These studies also examined two variables from the perspective of the therapist that appeared to be associated with positive outcome: patient characteristics and the therapeutic alliance. From this work, "good patients" could be described in terms of two properties: their motivation for therapy, and the therapist's liking (or not liking) of the patient. The patient's level of motivation for therapy was a key variable determining the therapist's liking of the patient. Therapists tended to be rejecting (i.e., not liking) of patients viewed as antisocial or as acting out (Strupp, 1973). In a study comparing two different therapist's assessments and ratings of 22 different patients, Strupp (1973) concludes: "non-defensive, insightful, likable and well motivated patients were seen as most likely to improve in psychotherapy, with motivation being the most independent predictor."

The Vanderbilt II project was a 5-year study that utilized training manuals for time-limited dynamic psychotherapy (TLDP). Henry, et al. (1994) report that this effort was based on findings of their earlier studies regarding the therapeutic alliance and the tendency of some therapists to respond negatively to "hostile and difficult patients." These authors developed the TLDP training manual "to improve the working relationship between patient and therapist by focusing on systematic transference exploration and interpretation within the context of a structured formulation."

Although 16 experienced therapists were successfully trained for work with a particular patient sample, the study revealed that "some interpersonal and interactional process measures actually deteriorated after training" (Henry, et al., 1994).

Specifically the authors noted a trend in which higher levels of interpersonal hostility were present after training. Moreover, the absolute frequency of interpersonal hostility increased as "therapists became more active to meet the demands of a semistructured time-limited approach" (Henry, et al., 1994).

This finding highlights the potential for difficulty that may arise when a structured context (which invariably influences the interaction between the therapist and patient), is imposed on the therapeutic relationship. The authors point out that use of such a pre-determined formulation may limit the tendency of therapists to explore particular experiences of the patient. In this case, one might predict that a patient might feel misunderstood, hostile, or not heard. Moreover, such a response on the part of the patient would elicit a negative reaction from the therapist. A broader, but similar, conclusion was reached by Henry, et al. (1994) who proposed that the variables of alliance, use of interpretation and case formulation have the potential for positive as well as negative effects in therapy. Results of this study highlight the importance of maintaining a contextual awareness of the therapist, patient, and technique in research as in training and practice.

Penn Psychotherapy Project

A different group of psychodynamically-oriented researchers attempted to identify significant predictors of psychotherapy outcome as part of the Penn Psychotherapy Project (Luborsky, et al, 1980). Luborsky, Crits-Christoph, Alexander, Margolis and Cohen (1983) found that the only potent predictor of outcome was therapeutic alliance. Measures of therapeutic alliance used in the Penn Psychotherapy

Project included: 1) a counting signs measure in which behaviors thought to be associated with therapeutic alliance were recorded and 2) a global rating scale developed from the counting signs measure. The global rating method also was applied to portions of transcripts of therapy sessions to obtain measures of therapeutic alliance.

As one of several studies attempting to investigate the therapeutic alliance, (Frieswyk, et al., 1983; Marziali and Alexander, 1991; Orlinsky, et al., 1993), Luborsky's (1976, 1983, 1993) work provides a useful distinction between two types of alliance: Type 1 alliance referred to instances in the transcript where the patient appeared to experience the therapist as "warm, helpful, and supportive, with himself or herself as the recipient." (Frieswyk, et al., 1986). Type 2 alliance referred to instances in which the patient and therapist were rated as appearing to work in a collaborative way on the patient's problem. Results indicated that successful outcomes were associated with increasing levels of Type 1 activity over the duration of therapy; results for Type 2 alliance levels associated with positive outcome did not change over duration. Thus, it seems that the patient's perception of receiving greater warmth, support, and help from the therapist over time is a necessary condition for successful outcome. On the other hand, the patient's perception of the relationship as increasingly collaborative does not appear to be as strong a predictor of successful outcome. In other words, the patient either experiences the relationship as collaborative or not collaborative -- unlike therapist variables involved in Type 1 alliance, collaboration is not a matter of degree.

These findings would seem to provide valuable information for the practicing clinician about a patient's early termination or brief stay in therapy. It may be that patients do not remain in therapy due to the absence of the requisite Type 1 and Type 2 alliances. That is, if a patient is not experiencing the therapist as increasingly "warm, helpful or supportive" or the relationship as collaborative, that patient will not likely stay in therapy. More importantly, those patients unable to remain in therapy, for financial or other reasons, might not be able to experience the increasing levels of Type 1 alliance thought to be necessary for successful psychotherapy. Although studies of the therapeutic alliance have provided significant evidence for it as a "necessary" condition (Rogers, 1957), researchers agree that much more needs to be known about what and how therapeutic alliances contribute to successful psychotherapy (Frieswyk, et al., 1983; Marziali and Alexander, 1991; Orlinsky, et al., 1993).

Beth Israel Psychotherapy Research Program

The Beth Israel Psychotherapy Research Program (Winston, McCullough, Pollack, Laikin, Pinsker, Nezu, Flegenheimer, and Sadow, 1989) was concerned specifically with studies of the efficacy of psychotherapeutic techniques in various brief psychotherapies. As a process-outcome research endeavor, its uniqueness lies in the circumscribed treatment of patients with personality disorders using interventions based on different theoretical orientations. The time-limited treatment modality was chosen since it provided an amenable temporal frame for research and, more importantly, because short-term treatments use clearly delineated manuals ideal for use

in research. The four types of psychotherapy are Davanloo's Short-Term Dynamic Psychotherapy (STDP) (Davanloo, 1980); Brief Adaptive Psychotherapy (BAP) (Pollack and Horner (1985); Supportive Psychotherapy (SP) (Winston, et al., 1986); and Cognitive-Behavioral Therapy (CBT) (Beck and Freeman, 1990).

Winston, et al., (1989) describe the Beth Israel Research Program as a program whose goal is to study both process and outcome "in an attempt to understand the relationship of the specific and so-called non-specific factors that contribute to therapeutic success." Their review of the program includes findings of an outcome analysis of 32 patients with personality disorders. This outcome study found no differences as measured by target complains and social adjustment scales across the four short term treatment groups. However BAP was found to significantly reduce depression when compared to STDP using the 90 item Symptom Checklist (SCL-90).

With respect to process analysis, the authors investigated the effects of the therapeutic alliance using the Vanderbilt Psychotherapy Process Scales. They found that there was a significant relationship between alliance and outcome in BAP treatment but not in STDP, even though there was no difference in outcome between the two therapies. The authors conclude, therefore, that the "mechanisms contributing to the improvement appear to be different." (Winston, et al., 1989). Like many other researchers, these authors conclude that there exists an "enormous complexity of the interrelationships of the patient and therapist variables which comprise the technical ingredients of psychotherapy." Winston, et al. (1989) conclude that "patterns in patient-therapist interactions shift, sometimes dramatically, sometimes subtly, and

sometimes not at all, when examined across phases of treatment or between different treatment conditions." These authors propose continued investigation of interrelationships between process variables in an attempt to "unravel" the complexities of psychotherapy process.

NIMH Treatment of Depression Collaborative Research Program

Another research program designed to study the effectiveness of specific types of therapy for specific types of patients is the NIMH Treatment of Depression Collaborative Research Program (TDCRP). Incidentally, a major aim of this research was to determine the feasibility and usefulness of a collaborative model for use in such research, with an eye toward furthering the state of the art in psychotherapy research (Elkin, 1994). As a process/outcome study, this research tested the relative efficacy of four groups in outpatient treatment of individuals with depression at four different research sites. The treatment groups included two brief psychotherapeutic approaches (Cognitive-Behavioral and Interpersonal), a psychopharmacological treatment (Imipramine) with "clinical management," and a placebo with "clinical management" control group. (Clinical management refers in this study to "general support and encouragement.").

Results indicated that there were no significant differences between the two types of psychotherapy and the medication treatment with respect to outcome. Rate of improvement was examined as a change process variable: the group treated with medication was found to improve most rapidly during the first 12 weeks of treatment, with no difference in rate of improvement after that time. In addition to examining the

feasibility of collaborative approaches to psychotherapy research, this study also highlighted the difficulty of empirically studying psychotherapy process and outcome.

Seligman (1995) has discussed the nature of this difficulty by noting that the empirical validation of psychotherapy "omits too many crucial elements of what is done in the field." He discusses the influence of changes over time as well as the fact that patients may have multiple problems in addition to the one for which they are included in a particular study. Moreover, Seligman states that improvement in psychotherapy is "almost always concerned with improvement in the general functioning of patients as well as amelioration of a disorder and relief of specific, presenting symptoms [and that] efficacy studies usually focus on only symptom reduction and whether the disorder ends." With regard to the Elkin (1994) collaborative research project, Seligman's arguments suggest that it may not make sense to compare drug to psychotherapy treatments, depending on the severity and type of depression of the patient, and whether or not personality (or other) disorders accompany the depression. Future research concerning process and outcome will have to be more cognizant of the influence of variables that may be inseparable for purposes of studying the efficacy of a particular treatment.

Research Using Task Analysis Methodology

Currently, a number of major contributors to the psychotherapy process literature are proponents and practitioners of Rogers' client-centered therapy (Toukmanian and Rennie, 1992). One such group of researchers at the University of

Chicago (Rice, 1992; Greenburg, 1992; Wiseman, 1992) has adopted a method of studying the process of psychotherapy that involves what they refer to as "micro theories of change." These authors assume that "therapeutic change is localized in change 'episodes' or 'events' involving particular performances by the client in response to particular performances by the therapist." (Toukmanian and Rennie, 1992).

One specific method used in examining micro theories of change can be described in the language of cognitive psychology as task analysis. Task analysis refers to a strategy used to study individuals actually involved in performing tasks rather than in attempting to relate independent and dependent variables as in more experimental approaches. "The focus in task analysis is on understanding the process of task solution and the underlying mechanisms involved and building explanatory models of the process of resolution." (Greenburg, 1992). It represents, therefore, a method of studying the process of psychotherapy which, in large part, concerns both problem solving strategies and changes processes. In psychotherapy process research, the methodological strategy of task analysis involves selecting and describing in detail a particular client task (e.g., conflict resolution) within the context of a particular therapy session. The task chosen for study is based on clinical judgment about its ability to engender change in the client. A discriminable event (or task) consists of a "marker" (the beginning of an affective task on the part of the client), a therapist operation, a resultant client process, and a final resolution performance (Greenburg, 1992).

Greenburg (1992) presents results of a task analysis strategy designed to examine intrapsychic conflict resolution. In this study, clients were randomly assigned to two experimental groups: an 8-session, time limited Gestalt therapy that used two-chair dialogue to work on decisional conflict, and a control group involving a two-session brief treatment. Conflict splits are characterized by the occurrence of four features in the client's in-session presentation of a conflict: (1) an awareness of one specific tendency to do or feel something -- or partial aspect of the self (e.g., "I really don't want to do this."); (2) a statement of a second tendency or partial aspect of the self (e.g., "I feel I have to."); (3) an indication of intrapersonal contradiction indicating that the two parts are being set against each other (e.g., "but"); and (4) a verbal or nonverbal indication that the person is involved in a conflict and is struggling, striving or self-coercive (e.g., "I have to.") (Greenburg, 1992).

Dual aspects of the two chair dialogue include a "top dog", characterized as a "harsh critic," that relies on "values and standards," and an "underdog" that relies on affective reaction based on "wants and needs." Aspects of the clients' experience were assessed using a number of different procedures: the Experiencing Scale (ES), the Client Vocal Quality Classification System (CVQCS), and the Structural Analysis of Social Behavior (SASB) Model, to examine sessions during which conflict resolution did or did not occur. Findings revealed that a pattern of components was involved in successful conflict resolution, as measured by the ES, CVQCS and SASB. Those patients who succeeded in conflict resolution were noted to express three interrelated components. They were found to experience "softening" (a change to an expression of

compassion, caring or understanding, or an expression of underlying feelings, such as inadequacy or fear); to be aware of "values and standards" (expression of personal meaning or standards of values as a statement of ideals); and to express "felt wants" (statements of desires or needs by the experiencer). These patterns were not observed in non-resolution sessions. Clients observed during participation in non-resolution sessions did not show "softening," "felt wants," or the combined pattern of "values and standards" and "felt wants." The study supported the hypothesis, based on earlier research, that "values and standards and feelings and wants patterns appear to precede reliably the softening pattern in [successful] two-chair conflict resolution dialogues" (Greenburg, 1992).

The Client Vocal Quality Classification System has been used in a number of studies. Rice (1992) describes studies examining "client stylistic aspects" in sessions considered "good" and "poor" by client centered therapists. The single most important aspect that served to differentiate between good and poor sessions was the quality of the client's voice, as judged by trained observers. The vocal quality of clients was examined to determine which characteristics of their voices seemed to be related to successful sessions. Categories were defined in terms of four Vocal Features: Focused, Emotional, Externalizing, and Limited. They also were defined in terms of Expressive Stance or the level at which the material was discussed: Objective Analysis, Subjective Reaction, Static Feeling Description, and Differentiated Exploration of Feeling. In research using this system, results indicate that "focused voice" was clearly related to failure. Two expressive stance categories of client vocal

quality -- subjective reaction and differentiated exploration of feeling -- were found to be related to successful outcome (Rice, 1992).

Even though the above two examples using task analytic methodology have only been briefly summarized, it is clear that this approach involves a variety of investigative tools: detailed construct development and definition by the researcher; self report and non-participant observer scales; and the use of modelling. This approach to process research would seem to provide a useful method that could be used in conjunction with other empirical approaches. For example, research combining client vocal quality with other client and/or with therapist behaviors could provide an increased understanding of how interactions between participants in therapy influence outcome. The use of this type of research design, in which the perspective of each of the participants as well as of non-participant observers is employed would seem to represent an ecologically valid approach to studying the psychotherapeutic process. Moreover, the inclusion of variables related to both process (e.g., vocal quality) and content (e.g., conflict resolution) would seem to model the interaction of several variables that occur in an ongoing psychotherapeutic relationship. Finally, results of "en vivo" research, used in conjunction with other methods -- e.g., retrospective self report scales -- would seem to provide a richer and more meaningful understanding of what transpires in the work of psychotherapy.

Research Using Single Case Studies

Some investigators believe that generalizing findings from research involving group design to particular individuals in psychotherapy is not only impossible,

practically, but inappropriate, statistically (Barlow, 1981; Kiesler, 1971, Kazdin, 1993; Jones, et al, 1993; Persons, 1991). Various reasons are cited including the importance of "context-determined meaning of events" (Jones, et al., 1993; Persons, 1991); the lack of homogeneity of patients with a particular mental or behavioral disorder under study (Barlow, 1981); inconsistencies in definitions of psychotherapy methods and variables (Imber, 1992 and Werbart, 1989); incompatibility between outcome studies and psychotherapy models (Persons, 1991), and a lack of consensus on the meaning and definition of the most salient construct being studied: psychotherapy (Orlinsky, 1989).

A clear statement about the chasm separating practice and research is to be found in a quote from a practicing clinician, who is also a researcher:

> Even after 15 years, few of my research findings affect my practice. Psychological science per se doesn't guide me one bit. I still read avidly, but this is of little direct practical help. My clinical experience is the only thing that has helped me in my practice to date..." (Bergin and Strupp, 1972, p. 340).

While Kazdin (1993) acknowledges that research on psychotherapy has little impact on clinical practice, he maintains that "the weaknesses of scientific methods are not an argument for abandoning systematic evaluation in clinical work." He proposes seeking and developing alternative methods to study the process of psychotherapy. One method he proposes is the employment of systematic assessment and evaluation in clinical practice as a means of informing and guiding future clinical work with particular patients. As a research tool, ongoing assessment provides a method of determining which interventions are successful (or not successful or applicable) for a

specific patient. More importantly, this approach involves the patient as a collaborator in psychotherapy process.

Single case studies, as a way of investigating psychotherapy process, have reemerged in the last two decades. The single case design of today, however, has a much different appearance than the early case studies of Freud and Breuer. Hayes (1981) provides an overall framework of time series designs for single case experiments specifically aimed at psychotherapy outcome studies. He describes in detail, within series, between series, and combined series approaches for use in clinical practice. Inherent in this type of examination is a periodic evaluation of the patient in treatment. Evaluation at intake and termination are but two instances of where the clinician is required to provide assessment of the treatment provided.

In addition to providing an alternative way of examining psychotherapy process, single case study represents an instance where the requirements of the research necessarily involve on-line feedback that directly affect the clinician's work with a particular patient within a particular situation of therapy/research. The significance of this type of psychotherapy research is that it represents a way in which the psychologist can incorporate and combine the roles of scientist and practitioner. Perhaps the gap between science and practice that continues to plague the discipline of psychology can be narrowed to the level of the individual clinician-researcher, working with a specific individual seeking help for a specific problem, at a particular moment in time.

Time Series Methodology

A specific example of single-case research is provided by Jones, Ghannan, Nigg and Dyer (1993) where a time-series methodology was used to evaluate long-term psychotherapy for a patient with depression. This study employed various measures including therapist reports, patient reports, and clinical evaluator reports. Treatment included twice weekly sessions over 2 1/2 years. Reports of participants -- patient, therapist and evaluators -- were obtained at intake and termination. Therapists and evaluators completed the Schedule for Affective Disorders and Schizophrenia (SADS-1) and the Hamilton Rating Scale for Depression (HRSD) at intake and at termination. In addition, evaluator and therapist ratings -- including an Overall Change Rating and Psychotherapy Process Q-sorts -- were completed every 16 sessions. Also every 16 sessions, the patient completed the Overall Change Rating, the Beck Depression Inventory, the SCL-90, and the Automatic Thoughts Questionnaire (ATQ). Every 6 months during the study, (and 6 months and 1 year after termination), a more complete assessment, including the MMPI, Social Adjustment Scale (SAS), and Inventory of Interpersonal Problems (IIP) was administered.

Results of the study revealed a definite decrease in depressive symptomatology and a less definite decrease with respect to a "Therapist acceptance/neutrality" factor, one of four factors culled from the Psychotherapy Process Q-sorts performed by non-participant observers. This factor -- which "reflects Dr. X's nonjudgmental acceptance, her empathy and her facilitative activity, and her accurate perception of M's experience of the therapy relationship, as well as her neutrality" -- appears to

reflect what other researchers mean by the term "non-specific therapist factors." Bidirectional analyses indicated that causal effects in therapy process resulted from the therapist and patient mutually influencing one another. Specifically, statistical analysis revealed that it was the interaction of behaviors of therapist and patient that was predictive of outcome.

One conclusion presented by Jones, et al. (1993) is that "Modeling reciprocal influence processes in psychotherapy in this way is closer to contemporary interactive conceptions of the therapy process and is consistent with the current greater attentiveness to the role of the therapist's emotional interaction with the patient, both unconscious and intentional, in the change process" (Jones, et al., 1993). Using concrete and observable behaviors, combined with quantitative and statistical presentations of their results, these authors' conclusions inform the clinical psychology trainer and practitioner about what seems to be going on in the process of psychotherapy. For example, although the presence of the psychological constructs "transference" and "countertransference" are acknowledged by the great majority of therapists, the results and conclusions of this particular study provide a valuable perspective about what these terms might mean in a way that is possible to observe.

Research in Clinical Practice

A variation on single-case methodology was employed by Kazdin (1993) in which he used systematic assessment and evaluation in clinical practice as a means of studying psychotherapy process. In this work, Kazdin (1993) described a case study in which the client and the therapist collaborated to develop a course of therapy. Kazdin

allows for modification of this course, as periodic assessment by the patient and therapist come to identify new or related therapeutic goals. He asserts that "the ongoing assessment of the individual is most fundamental. Ongoing or continuous assessment refers to reliance on repeated observations of performance over time. The client's performance is measured on several occasions, usually before the intervention is applied and continuously over the period while the intervention is in effect." (Kazdin, 1993).

An interesting characteristic of this methodology is the inclusion of assessment devices specifically designed by the client. In the case study presented above, Kazdin's client developed a four-theme scale (with four items per theme) that she could use to track her progress in each of the areas for which she sought help. For example, a theme entitled "depressive thoughts and feelings" included four items ranging from "I feel more depressed ..." to "I feel a lot better ..." In addition to this self report scale, objective measures, such as the Beck Depression Scale (Beck, et al., 1979) also were used by the therapist and patient to systematically review the therapeutic process.

An example of theory informing an understanding of the change process in psychotherapy is presented by Westen (1986). Essentially, Westen uses a single case study of a short-term psychodynamic treatment to illustrate and explicate his theory of how change occurs in psychotherapy. Westen's (1986) approach, in which he draws on case material to illustrate theoretical principles, provides a useful and informative single-case design for other clinicians employing a theoretically related approach to therapy. He begins by presenting the patient's history before moving on to describe

the course of treatment over 15 sessions. Interwoven in the case presentation, are Westen's interpretations and theoretical inferences regarding the nature of the patient's difficulties. He relies on explicating the interaction of affect and cognition in understanding both the patient's trouble in living and in his move toward therapeutic change. Westen (1986) also addresses instances of transference and countertransference as these emerge in the case material. Although not readily generalizable, single case studies of this genre provide an example (in the context of a particular theoretical orientation) of what happens in short-term psychodynamic therapy.

Persons (1991) criticizes the use of traditional nomothetic approaches as appropriate for psychotherapy outcome research on the basis of their incompatibility with models of psychotherapy. She maintains that research designs using standardized assessment and treatment protocols that are separated do not study psychotherapy as it takes place in the clinic. Her version of the single-case design takes the form of a case formulation approach. This approach can be utilized independent of the clinician/researcher's theoretical orientation and incorporates individualized assessment combined with a treatment plan; it is "idiographic and theory-driven, determined by the nature of the patient's problems, and the therapist's model of psychotherapy." (Persons, 1991).

The Scandinavian researcher, Werbart (1989) offers a similar perspective in regard to psychotherapy research. Werbart notes that "research methods need to be relevant and to make use of essential aspects of what is being researched (care of

research object) [and that] psychotherapy research [of psychoanalytically based therapy] cannot avoid interpretations of meaning, and clinical methods should have a steering role." For these reasons, he advocates a return to the case study approach in which theoretical formulations are examined, tested and generated.

Case study methodology has also been employed in examining the therapeutic alliance by Hentschel, Kiessling, Heck, and Willowweit 1992. In this study, the authors used two therapeutic alliance scales (the Penn Helping Alliance Scales and the Therapeutic Alliance Rating Scale) to compare two completely documented short-term therapies, each involving a different approach. Data were presented statistically, although the purpose of this analysis was to provide a description of each therapy -- including therapist and patient variables -- in order to examine the nature and structure of each. Results of this descriptive study allowed the authors to comment on the scales used, to evaluate fluctuations over time inherent in both therapies with respect to the therapeutic alliance, to describe differences in structure and patterns of the therapeutic alliance between the two types of patients and, most importantly, to develop questions useful for further research (Hentschel, et al., 1992).

Meta-Analysis

Meta-analysis represents a different research approach to integrating and interpreting research on treatment effectiveness. In this approach, a group of eligible research studies is viewed as a population to be "systematically sampled and surveyed. Individual study results and characteristics are then abstracted, quantified, coded, and assembled into a database that is statistically analyzed ..." (Lipsey and Wilson, 1993).

Use of meta-analysis in psychotherapy research began in the late 1970s and continues to provide a wealth of information. Lipsey and Wilson (1993) provide a compendium of relevant studies in an effort to confirm, and to defend, the use of meta-analysis for psychological, educational and behavioral treatments. The authors admit that this particular statistical method has limitations but maintain that its results are "more credible than those of conventional reviews" because they are based on a standardized selection and comparison (i.e., effects sizes are the unit of comparison) of the studies included. As a result of such a statistically-based investigation, the authors conclude that "well-developed psychological, educational, and behavioral treatment is generally efficacious." (Lipsey and Wilson, 1993).

Although meta-analysis is generally employed to examine treatment effectiveness, or outcome, it also has provided useful information in the area of process research. Specifically, results of meta-analysis are in the form of effect sizes of certain process variables associated with outcome. An extensive meta-analysis, in which Orlinsky and Howard (1986) identified 100 findings across various studies, found that the variable, or aspect of the therapeutic process, that most consistently predicts outcome is the quality of the therapeutic relationship. No other process variable was found to be consistently associated with outcome. That is not to say that other process variables were not significantly associated with positive or negative experiences in therapy. It may be that meta-analysis does not provide the ideal method for analyzing the results of studies that employ widely variable types of patients,

therapists, approaches and therapeutic interventions. As such, process variables related to outcome may go unnoticed using this approach.

Criticisms of meta-analysis are well known and often cited. Among the limitations of this approach are inherent differences in the studies aggregated for study. In fact, Lipsey and Wilson (1986) state that the "deficiencies in practice rather than those inherent in the technique itself" are largely responsible for limitations of the approach. This might suggest that meta-analysis may never be appropriate for use in aggregating psychotherapy studies unless all have used identical or similar interventions. Meta-analysis is, therefore, an ideal approach for use in aggregating studies that employ systemized psychotherapeutic techniques. Studies employing the standardized treatment manuals developed for the short-term psychotherapies (discussed above) would probably yield more consistent results than have been noted to date.

Summary of Findings

The process of psychotherapy is comprised of a myriad of interacting and mutually influencing variables, all of which make it difficult to study. After almost 50 years of psychotherapy process research, a few general findings have emerged. Orlinsky (1989) draws several impressions based on his review and knowledge of the literature. He presents seven "findings" regarding psychotherapy:

1. Psychotherapy does have a moderately beneficial effect, on average, when compared with control conditions.

2. No consistent differential effectiveness among various types of therapy has emerged.

3. Specific types of therapeutic intervention show inconsistent associations to outcome.

4. The aspect of the therapeutic process most consistently related to outcome is the quality of the therapeutic relationship.

5. None of the professional, demographic or personal characteristics of therapists studied has been consistently associated with therapeutic outcome.

6. Only a few patient characteristics have been consistently found to be related to differential therapeutic outcome (i.e., "openness" or lack of defensiveness; initial level of functioning or ego strength; educational and socioeconomic status).

7. Assessments of therapeutic process and outcome by patients and therapists typically differ from one other and from assessments made by non-participant observers.

One major finding of this research project is that there were significant differences in the perspective of therapists, patients, and non-participant observers with respect to how process variables influence outcomes. When one looks at these differences, it appears that they emerge from differing emphases of and meanings to individuals doing the rating. For example, patients are more likely than therapists to provide evidence that therapeutic alliance is related to outcome. One possible way to understand this finding is that the practicing therapist may be more aware of theory, technique and process than of the relationship itself. It also may be that the differences noted between therapist and patient reports are due to the particular methodology adopted in studying the process. Specifically, studies that focus on investigating particular variables of interest may not capture the interactive nature of the relationship as it is figural to therapists and patients in a particular relationship. We can continue to speculate about why therapists and patients are aware of different

aspects of psychotherapy, or we can accept that this is an integral aspect of the process.

One early study by Strupp, Fox and Lessler (1969) found congruence in therapist and patient reports regarding successful psychotherapy. In this study, the authors distributed surveys to former patients and their therapists to investigate variables that were associated with successful therapy. Participants responded to Likert scale items that sampled characteristics of the therapist and of the therapy. In addition, several open-ended questions regarding reasons for seeking therapy and areas of change resulting from therapy were answered. Therapists and patients in this study generally agreed about whether they thought therapy had been beneficial and that the nature of the relationship influenced successful experiences in therapy.

It is clear that the therapeutic alliance -- the interaction between the participants in therapy -- lies at the center of the psychotherapeutic endeavor. This relationship is similar to and different from other human relationships in which individuals participate. The therapeutic relationship is unique in that its development occurs within a context in which two people are working together toward some specific goal, with one person seeking services from another who has a professional responsibility to provide them. One description of the therapeutic relationship was provided by Horvath and Greenburg's (1986) development of a multi-dimensional model, in which three dimensions are salient: personal bond, agreement on goals, and agreement on tasks. This model is predicated on the assumption of a professional relationship that is the basis for the interaction and alliance. Relationships in psychotherapy are relationships

between living breathing individuals, and, as such, also would seem to be possess similarities to other types of relationships.

Studies of psychotherapy process -- which are explicitly concerned with relationship -- have found that the "therapeutic working alliance [is] the overarching general process variable that relates to outcome." (Goldfried, et al., 1990). Although studies of therapeutic alliance have provided significant evidence for it as a "necessary" condition (Rogers, 1957), researchers agree that much more needs to be known about what and how (process) therapeutic alliance contributes to successful psychotherapy (Frieswyk, et al., 1983; Marziali and Alexander, 1991; Orlinsky, et al., 1993, Beutler, et al., Fisher, 1996). In light of inconsistent findings with respect to what therapist and patients are aware of, it seems reasonable to begin further studies from the perspective of the participants involved in the relationship. The following section provides a description of one alternative approach to explore the nature of the relationship between therapist and patient.

Use of Phenomenology in Research Endeavors

Background

To address the question of how phenomenological research methods may be used in psychotherapy process research, it is necessary first to discuss phenomenology. Thines (1977) provides a historical overview of phenomenology as it came to be associated with psychology. He paraphrases Husserl, the creator of phenomenology, stating that phenomenology "is concerned with a treatment of phenomena in themselves, as they actually exist for the experiencing subject." (Thines, 1977).

Phenomenologists attempt to rid themselves of preconceptions and assumptions in approaching the phenomena "as they present themselves." (Moss, 1989). With respect to psychological research, this approach involves describing the phenomenon; it does not include any attempt at verification of hypotheses implicit in the classical scientific method. (Thines, 1977). In fact, early researchers in the area of psychotherapy process research began their work using naturalistic observations in order later to describe the salient aspects that emerged for them (Rogers, 1957).

The process of psychotherapy involves two people using dialogue as a way to discover meaning. In this endeavor, individuals describe their experience as it is meaningful for them. For these reasons, using a phenomenological approach to psychotherapy research makes good sense. Moreover, it provides an alternative method to more traditional scientific approaches that have identified certain variables as important without providing an understanding of how the process of psychotherapy is experienced by participants. Moss (1989) provides a rationale for using phenomenology as a way of illuminating the process of psychotherapy. He states that:

> (a) human behavior and experience reveal a nature different from that of natural phenomena and requires a distinct "human-science" approach...(b) psychic phenomena, behavior, and experience can be understood through their intentional structure ... they are directed toward a situation or object, and (c) in order to understand and reach a patient, the psychotherapist must enter into a mutual experience of the patient's unique world of experience with its own time, space and interpersonal forms.

Rollo May (Thines, 1977) maintains that psychologists "look to phenomenology to give us a way to an understanding of the fundamental nature of man." Moreover, he advocates turning to phenomenology as a way of understanding

the relationship between two people engaged in a mutually influencing encounter. Phenomenologists appreciate the mutuality and reciprocity of what happens between two people. Winnicott (1986) appreciated these aspects of human relation when he observed that there can be no infant without a mother and no mother without an infant. Who an individual in relationship is, depends upon and is inseparable from who the other is for that individual. May claims that encounter has not been studied more in psychology because we have no understanding of it other than as a distortion, i.e., transference.

In Buber's classic I and Thou (1970), the author provides incisive and eloquent discourse regarding the nature of human relationship. One of Buber's primary theses is that "relation is reciprocity." He describes I-You as the basic unit of relating in which "man becomes an I through a You." Buber maintains that the human orientation toward contact is the same tendency that aims at reciprocity and tenderness between people in relation. He distinguishes between moments during which the person stands in relation from moments during which the person reflects on such relation. Essentially, once a relation is reflected upon, it becomes an object of experience fundamentally different from the relating of I and You.

As one reads and re-reads Buber, one finds that the relationship between an I and a You is not only difficult to articulate, but when articulated ceases to exist. Buber states "It is not in the law that is afterward derived from the appearance but in the appearance itself that the being communicates itself." Buber makes it clear that it is always possible to go from an experience or use of an object to relating to it as a

You in the basic I-You. Buber, unknowingly, speaks directly to the aspirations of this study to look at the therapeutic relationship in a different and discovery-oriented way: in I and Thou, he states: "Not that scientific and aesthetic understanding is not necessary -- but it should do its work faithfully and immerse itself and disappear in that truth of the relation which surpasses understanding and embraces what is understandable."

Since the concept of relationship as well as the endeavor of psychotherapy process research is inextricable from the experiencing human individual, I would like to provide a brief discussion of the nature of experiencing before moving on to specific examples of psychotherapy process research using a phenomenological approach. Eugene Gendlin's (1962) Experiencing and the Creation of Meaning, provides an understandable and relevant philosophical treatise concerning the role of phenomenology in psychotherapy. Gendlin notes that "meaning is formed in the interaction of experiencing and something that functions as a symbol" and, therefore, any investigation about human meaning must consider the ever present experiencing intrinsic to the human individual. Gendlin maintains that "felt experiencing" is a concept in its own right, and must be included in any investigation of human experience, including that of psychotherapy.

For Gendlin, "felt experiencing" is described as "a referent of your inward attention ... (always this or that concrete aspect you attend to) ..." (Gendlin, 1962). Felt experiencing refers to everything that a person may be aware of (physically, mentally, sensorially, emotionally, etc.). In Gendlin's words, "experiencing underlies

every moment's special occurrences of living ... we could consider it as the inward receptivity of a living body, although ... one can 'specify' high detailed aspects of it, each of which can be referred to very specifically by our attention..." The difficulty most of us would have in articulating such a phenomenon is matched by the difficulty we would have in attempting to observe it using traditional scientific methodology.

Herein lies the problem for the clinical/research psychologist: how do we arrive at a way of understanding what felt experience is, and how do we describe its presence in psychotherapy if we cannot observe it or measure it? Gendlin, in fact, admits that "there is much validity also in the fear that an attempted science of man could destroy the integrity of human experience. People have always fallen into the trap of interpreting their experience only through stereotyped concepts whereby the actual stream of experience is largely missed." In his final chapter, he treats the Rogerian concepts of "congruence" and "genuineness" as theoretical constructs that refer directly to experiencing. He further suggests that including and using terms referring to felt experiencing (e.g., direct reference to the client's experience) should provide a supplemental (not alternative) approach to theoretical understanding and testing for the researcher and clinician. He concludes "we shall then be able to test specific hypotheses of how experiencing brings about therapeutic change." Eventually he believes, these hypotheses may be reformulated in terms of behavioral observations that have been found to correlate with such experiencing.

Using Phenomenological Methods in Psychotherapy Research

An alternative approach to traditional psychotherapy research is provided by "discovery oriented" methods. Mahrer (1988) states that "the aims and purposes of discovery-oriented research are distinct from the confirmation or disconfirmation of theoretical propositions or from contribution to a cumulative body of psychotherapeutic knowledge." The focus of a discovery-oriented approach is to "learn more; to be surprised; to find out what one does not already expect, predict or hypothesize; to answer a question whose answer provides something one wants to know but might not have expected, predicted or hypothesized." (Mahrer, 1988).

Essentially, there are three ways phenomenological researchers can learn about the experience of therapists and patients in psychotherapy.

1. Naturalistic observations provide a description of what investigators are aware of when listening to audio-tapes or viewing videotapes of therapy sessions.

2. Participants are asked to provide a description of their own first-person experience in the form of narrative, or in response to psychometric tools.

3. Dialogic interviews involving either patients or therapists or both provide an interpersonal encounter within which participant experiences may be described.

Naturalistic observations have been used by psychotherapy researchers, including Rogers (1957), and provide one way to learn about the experience of psychotherapy as it exists in the here-and-now. Since this approach was discussed in detail earlier, the remainder of this section will be concerned with discussion of phenomenological

approaches involving "first-person" experience and dialogic interviews (methods 2 and 3 described above).

Use of the First-Person Approach in Psychotherapy Research

First-person approaches to psychotherapy process research are concerned with learning about the personal experiences of clients/patients and therapists who are active participants in the research. They include a variety of ways by which participants respond to researchers' questions about what they are aware of in therapy sessions. This approach differs from the use of inferential assessment tools, which were used in some of the empirical research discussed earlier. Whereas inferential assessment methods are designed to elicit responses related only to specific variables of interest to the researcher, first-person approaches allow participants to tell researchers, in their own words, what stands out for them.

Interpersonal Process Recall (IPR) is one research method in which clients and therapists view a videotaped recording of a therapy session immediately following the session. IPR provides a way for participants to "recapture fleeting impressions and reactions which would ordinarily be forgotten or merged into more global perceptions" (Elliott, 1986). It provides, therefore, a research procedure by which the first person experience of participants in therapy, may potentially, be captured.

This method has been used independently and in conjunction with other formats including rating scales, nominal category systems and open-ended questions. Results of studies using this method have provided information that led to the development of specific scales, including the Helpfulness Scale (Elliott, 1986). Early

studies found that therapist intentions and client perceptions corresponded quite closely with non-participant observer ratings of "helpfulness," thereby leading to the development of these rating scales. Use of this approach has provided clinician/researchers with a knowledge of the "awareness" patients have of the process of psychotherapy, and offers a rich opportunity for future psychotherapy process research.

More recently, IPR has been used to examine particular events (episodes) within a therapy session in order to obtain more detailed information about specific types of process. For example, Elliott and Shapiro (1989) used Brief Structured Recall, an adaptation of IPR methodology, to explore the experience of a therapist and client during "helpful" events of therapy. In this study, the client was asked to identify the most helpful event in each of 16 sessions. In addition to interviewing the client about his experience (the context, the event itself, and the impact) of this event, the therapist independently was shown the episode on tape and asked to describe the event's context, the therapist's intentions, and the impact of the event on the client. Three years later, independent observers were shown the videotape and coded patient and therapist actions and responses. Similarities and differences were noted in perceptions of client, therapist and non-participant raters. Examining these discrepancies allowed the authors to learn what each participant brought to the interaction. Finally, researchers organized and combined data from therapist and patient in a Comprehensive Process Analysis (CPA) framework. The authors used this

framework as a model for describing the interaction between therapist and client during helpful events in therapy.

Another application of this method (i.e., obtaining descriptions of first person experience of participants in therapy) is provided in Pogge and Dougher (1992). These authors asked 10 experienced therapists to evaluate specific episodes in therapy sessions that contained interpretations (identified as such by the researchers). The videotape was obtained from therapy sessions conducted by an advanced clinical graduate student. Not only did this format provide a realistic example of the phenomenon being studied (i.e., interpretations), it maximized respondents' objectivity in evaluating interpretations since it was not their own work they were evaluating.

Results of Pogge and Dougher's (1993) discovery based research were obtained by a successive analysis of their data. Transcriptions of therapists' responses to segments of the tape containing interpretations -- where they were asked to "verbalize any and all thoughts that occur to you: criticisms, suggestions, observations" -- were analyzed first. Clinical judges worked independently to identify all statements that appeared to refer to the quality of the interpretations subjects had observed. Next, statements were sorted into groups based on the presence of similar meanings. No criteria were given to judges regarding the number of categories or the meanings to be included. Ten dimensions emerged: therapist's style, accuracy of the interpretation, timing of the interpretation, body movement/physical changes/postural changes, changes in defenses, interpretation leading to new material, change in affect, linking past to present, references to the transference, sufficiency of information. Of these,

the first four were identified by all judges (4/4); the remaining 6 were identified by 3 of the four judges.

As the authors state, the goal of using this method was to provide information about how "people who do therapy think, rather than to test a hypothesis derived from an a priori theory about how psychotherapy should work" (Pogge and Dougher, 1992). Good interpretations were defined as those delivered in a style that was neither too direct nor overly intrusive. Such interpretations were judged to be accurate since they captured the essential meaning for the patient. Good interpretations were accompanied by particular bodily postures or movements such as the patient sitting forward in response to therapist's words. Interpretations that were not good were accompanied by other bodily movements -- for example, by the patient shifting to a defensive posture such as covering the groin area with his hands. Finally the authors found that good interpretations were accompanied in time by a change in the patient's level of defensiveness (either increased or decreased). This study provides an example of how the meaning of a particular process can be explored from the first-person perspective, while investigating a phenomenon of interest to the researcher.

Yardley (1990) provides yet another approach to understanding "what happens" in psychotherapy. She notes the interdependence of understanding, intentions, and action as inseparable aspects of the flow of psychotherapy process. Yardley uses her own experience and knowledge as a therapist to identify three principles she believes are distinguishing features of psychotherapy: empathy, interpretation, and the "faded person of the psychotherapist." Empathy is defined as "the listener's continuous

attempt to experience the world 'as if' the client themselves." (Yardley, 1990). Interpretation is understood by Yardley as the therapist "making sense of the client in a relatively systematic way ..." in order to develop different ways of viewing the client, and oneself. The faded person refers to the therapist's ability to understand by interpreting and empathizing, and by remaining "remote from the client." (Yardley 1990). Specifically, she maintains it is necessary for the therapist to be protected from "personal impact of the client," to be aware of differences in "status, to avoid personal investment and to be aware of professional boundaries in order to work effectively.

Yardley holds that the "faded person of the therapist" is integrally related to the critical variables of empathy and interpretation that influence successful psychotherapy, but particularly refers to the "power and remoteness of the therapist." While her study focused primarily on the experience of therapist, Yardley (1990) completes her essay by highlighting the importance that future research include both clients' and therapists' subjective experiences in order to more completely describe the experience and to gather as many perspectives as possible.

Use of Dialogical Methods

The use of phenomenology in research, as explicated by Pollio, et al., 1994 and Halling, 1994, involves the use of "dialogue as method." Based on the etymology of the word method (meta: across or beyond + hodos: a path or way) Pollio states that "method is a way or path toward understanding that is as sensitive to its phenomenon as to its own orderly and self-correcting aspects." The phenomenon of

interest in the present study is the psychotherapy relationship; a relationship characterized almost exclusively by dialogue. Therapists and patients come together in a relationship where dialogue is used to describe, clarify, understand -- and perhaps change -- experiences that the patient brings to therapy. The use of dialogue as way to study psychotherapy process, therefore, would seem to provide an approach that closely mirrors the phenomenon being explored. Using a dialogic method would seem the most congruent way to explore the experience of participants involved in the intimate interpersonal and dynamic experience of psychotherapy. In other words, using a method that itself is similar to the phenomenon being studied could be described as "ecologically valid."

Various researchers have used dialogic methods (Valle and Halling, 1989); Halling, 1994). Although there are slight differences in the way these method are employed, all are concerned with achieving a first-person description of some experience reported by a participant collaborating in an open-ended interview about the topic of interest. A respectful and appreciative stance toward the participant/collaborator is maintained since the researcher is aware that participants are providing very personal and intimate descriptions. In this work, an interview format is used in which the participant is asked to respond to open-ended questions about a particular phenomenon or experience. The interview is audiotaped, transcribed and subsequently analyzed by a collaborative research group. Within this setting, the protocol (written narrative) is analyzed to achieve a thematic structure of the experience of the relevant participants.

Researchers conducting phenomenological research are sensitive to the fact that experience is based on unique perspectives and brings with it the personal history and relationships of individuals. To minimize the influence of such personal experience on a research study, phenomenological researchers interpret research data in the context of a group of other phenomenologists. This approach is believed to provide one way that the "subjectivity of the researcher's particular perspective" is kept from overly influencing study results. In addition, the phenomenological method employs what is known as "bracketing."

The purpose of the "bracketing" as used in phenomenological research is to highlight researchers' preconceptions about the phenomenon being studied and to minimize the potential for being overly influenced by one's a priori theory. Bracketing may be achieved in one of two ways: 1) the individual conducting the research may assume the role of interviewee in answering the same research question to be posed to participants in the proposed study (Pollio, 1994), 2) the researchers (members of the group analyzing the protocols) prepare written narratives regarding the phenomenon being studied, and provide these to each other to be read and discussed among themselves. (Halling, 1994). Both approaches to bracketing aim to help the researcher(s) hold in abeyance any preconceived notions they may have about the phenomenon being studied.

Although a recent literature review revealed no publications in which the dialogic method was used for psychotherapy process research, an earlier study by Rahilly (1993) is relevant and illuminating. In this study, Rahilly (1993) used the

dialogic method in an analysis of what she termed "authentic experience." She conducted interviews with 14 participants (in addition to her own interview) who were asked to describe in detail an authentic experience they had lived through. Participants were invited to focus specifically on their awareness of feelings as these were related to the experience being described. After obtaining interviews and transcribing them, Rahilly (1993) and her co-researchers systematically analyzed the narrative data. First, verbal expressions explicit in the protocols were classified into categories called constituents. "A necessary constituent is 'a moment of the experience which, while explicitly or implicitly expressed in the significant majority of explications by a random sample of subjects, is also compatible with those descriptions which do not express it.'" (Rahilly, 1993). The next step involved a "reduction and transformation of the data into descriptive, precise terminology that can be understood outside of the particular situations described in the protocol." The third step involved discarding expressions that were specifically related to the event being discussed in order to distill the nature of experience.

Using independent judges, Rahilly (1993) identified four constituents that were described in the experience of all participants: intensity of emotion, a significantly heightened awareness of somatic experience, a sense of being fully present and aware of self, and a heightened awareness of others involved in the particular situation being described. Eight of the remaining 9 constituents were experienced between 64% and 92% of the time by participants. One (having an otherworldliness or dreamlike quality) was experienced 50% of the time.

In addition to obtaining this description of an authentic experience, Rahilly (1993) also was able to say something about what it was not! Specifically, she identified certain personal preconceptions about authentic experience being equivalent to spirituality and morality. She had bracketed these expectations in her research, and was surprised to find that themes relating to these expectations did not emerge in the experience of her participants. She also found, unexpectedly, that authentic experience includes negatively experienced events as well as positively experienced ones.

If the psychotherapy relationship is considered as involving powerful experiences of the type similar to those described by Rahilly's (1993) participants under the term authentic, findings of her study may inform us of the nature of such relationships as well as of the process of therapy. Rahilly's study provides a good example of achieving Mahrer's goal of discovery-oriented approaches, in which the structure and meaning of the experience emerges from collaboration between researcher and participant. Moreover, this mode of exploring and discovering, is in keeping with suggestions made by Martin Buber: namely, that scientific and aesthetic understanding should do its work faithfully and "immerse itself and disappear in that truth of the relation which surpasses understanding and embraces what is understandable." In the case of phenomenological research concerning psychotherapeutic relationships, I propose to immerse myself, by means of an intimate and personal encounter with participants, in an attempt to understand their experience of being with each other in psychotherapy.

INTENTION OF CURRENT STUDY

The present research is meant to combine elements of previous studies in the area of psychotherapy process with studies using phenomenological methods in order to learn more about therapeutic relationships. Consistent findings regarding the significance and primacy of the relationship, or therapeutic alliance, as it influences psychotherapy process are well known and have been reviewed above. While a group of non-specific factors including empathy, warmth, genuineness, etc. has been consistently cited in the literature, standardized definitions of these variables have yet to be developed. As noted above, inconsistencies in the results of process research are much more prevalent than unequivocal findings and it may be that the subjective and qualitative aspects of such difficult-to-quantify variables preclude their measurement using traditional scientific methodology.

For this reason, the present work will adopt a more qualitative approach. This approach is designed to discover what participants are aware of when they are with each other in the context of a psychotherapeutic relationship. No preconceived expectations are assumed with regard to what the phenomenon entails; rather the phenomenological method, described above, represents an ongoing interpersonal interaction which seems to closely correspond to the interpersonal experience of psychotherapy. This method, described in detail in the following chapter, offers a reasonable and sensible way to explore the experiences of participants in the psychotherapy process.

Chapter III

METHOD

Introduction

The methodology that a researcher adopts to investigate a particular phenomenon depends upon the nature of the phenomenon, the particular characteristics of the phenomenon that interests that researcher, and the specific paradigm informing the researcher's understanding. The nature of the phenomenon being studied here -- the therapeutic relationship -- is a personal and intimate one. It is different from other types of relationship, although it does encompasses aspects of other types of relationships. To date, investigators have examined particular variables as they are thought to occur within the therapeutic relationship. The present study differs in that it is concerned with the total experience of specific individuals in relation. As such, it aims to capture the meaning of the experience for the person rather than the "effects" of predetermined research variables.

Although many of the variables identified in previous psychotherapy process research may be expected to emerge in the course of the present study, the present focus concerns the first-person experience of participants within the highly particular interaction known as psychotherapy. The characteristics of interest in this study are those identified by the participants as meaningful and present in their own experiences of therapeutic relationship.

The phenomenological method used in this dissertation was chosen for two reasons:

1. It provides a way of obtaining first-person descriptions of the experience of therapeutic relationship. Instead of "objective" dependent variables that may or may not be part of the participant's experience, the present method is concerned with discovering what is meaningful to the participant.

2. Phenomenological interviewing provides an "ecologically valid" approach to study therapeutic relationship in which two people are intimately involved in dialogic interaction. The open-ended format of the research interview mirrors the process of psychodynamically-oriented individual psychotherapy.

Participants

Participants in this research were adult volunteers recruited from the University of Tennessee Psychological Clinic, the therapeutic community of Knoxville, Tennessee, and the therapeutic community of San Antonio, Texas. Eight therapist-patient dyads (16 participants), half student therapists and half experienced therapists, agreed to participate in the study. Therapists were contacted to ascertain interest in participating, and were given a description of the study (Appendix A). If they indicated a desire to participate, they were asked to identify a patient with whom they had worked for at least one year on a weekly basis. The therapist then made the patient aware of the opportunity to participate, leaving the final decision up to him or her. The dyad was included only if both participants agreed to be interviewed. Interested patients contacted the principal investigator to obtain further details about the study. All patients approached by their therapists agreed to participate.

Although it was not a requirement of the study, all therapists interviewed operated on the basis of a psychodynamically-oriented perspective in their work with patients. All therapist-patient dyads had been in therapy together for more than one year. Table M-1 presents information relevant to the following characteristics of participants: gender, length of therapy, and experience level of therapist.

Procedure

As the primary researcher and interviewer it was necessary to identify my own preconceptions about the experience of being with someone in psychotherapy. To this end, I began the present research by participating in a phenomenological bracketing interview. This interview is designed to make me aware of preconceptions so as to minimize their potential for influencing the direction and content of interviews conducted with participants of the research. I was interviewed by another member of the phenomenology research group at the University of Tennessee; in this interview I was asked to talk about what it was like for me to be with a particular patient. As a student therapist at the University of Tennessee Psychological Clinic, I had been working with a particular patient for 18 months, whom I chose to talk about during the bracketing interview.

After transcribing this interview, the resulting written protocol was analyzed and themetized by the phenomenology research group. I became aware of my biases about the experience of being with someone in psychotherapy and kept these in mind as I interviewed participants in the study. Specifically, I made sure not to guide the interview in ways that might support my preconceived notions of the experience,

Table 1. Characteristics of Study Participants

Dyad	Therapist		Patient	
	Gender	Experience	Gender	Time with therapist
ET-1	Male	>20 yrs.	Male	18 months
ET-2	Female	>10 yrs.	Male	6 years
ET-3	Female	>20 yrs.	Male	2 years
ET-4	Male	>10 yrs.	Male	18 months
ST-1	Male	2 yrs.	Male	2 years
ST-2	Female	2 yrs.	Female	2 years
ST-3	Female	2 yrs.	Female	18 months
ST-4	Male	2 yrs.	Female	2 years

ET = Experienced therapist
ST = Student therapist

focusing instead on the unfolding participant's narrative, and asking only for clarification of concepts and awareness identified as salient.

Participants who agreed to take part in the study were insured of confidentiality with respect to their participation and the content of their interviews. Therapists and patients were interviewed separately and confidentially after being informed of the procedure, risks and benefits; both also signed a consent form (Appendix B). An audiotaped interview was conducted in which the participant was asked to "tell me what it's like to be with your (patient)/(therapist)." A dialogue ensued during which the interviewer did not ask specific questions, but asked only for clarification and exposition of the participant's responses. The interview continued until the participant indicated he or she had finished sharing his or her experiences of being in therapy.

After completing the interview, audiotapes were transcribed by the author/interviewer, deleting all identifying information. Following this, a written narrative was provided to the participant for review and information. Participants were told they could delete or add parts of the transcript if they so chose (none did). Finally, participants agreed to sign a consent form (Appendix C) to have all or portions of the interview published in the dissertation or in other published reports.

Analysis of the transcripts took place within a group setting at the University of Tennessee. The process of themetizing the narrative and developing the structure of the experience followed the procedure set forth by Pollio, et al. (1994). The procedure used for analysis, the hermeneutic circle, refers to "interpretive procedure in which there is a continuous process of relating a part of the text to the whole of the text."

(Bleicher, 1980). For this study, hermeneutic analysis was undertaken in the context of group interpretation. In the phenomenology lab, transcripts of interviews are read aloud with frequent pauses to discuss potential meanings and possible interrelationships among meanings. Group reading served to orient both the researcher and the interpretive group to the nature of the data, and to alleviate the difficulties of beginning to organize and interpret qualitative data by myself. For this study, eight of the interviews were interpreted in the group setting; remaining transcripts were interpreted by the primary researcher.

For each of the interviews analyzed in the group setting, a descriptive summary of the participant's experience was developed by the primary researcher. These summaries were taken back to the phenomenology group to ensure that they were supported by the data and that they provided clear descriptions of participant experience. These thematic descriptions formed the basis for developing the general thematic structure describing the experience that patients and therapists reported having when they are with one another in psychotherapy.

Themes that appeared in all protocols were combined into a global thematic structure of the experience of being together in psychotherapy. This structure was presented to the research group to ensure that it was supported by the data and that it provided a clear representation of the experience for each of the participants as it was described. Analyzing data within a group setting provides an external audit similar to that advocated by naturalistic researchers (Belk, Sherry and Wallendorf, 1988; Belk and Wallendorf, 1989). In an external audit, independent judges evaluate the

interpretive procedures of the study as well as the fit between interpretation and data to assess the trustworthiness of the study. The present group procedure incorporates some of the auditor's functions into the interpretive process itself.

The content analysis portion of the study was based on an enumeration of words and statements provided by all participants. Statements made by participants that captured salient aspects of their awareness were compiled and sorted into categories based on similarity of meaning. Categories common to the reported experience of all participants were identified. Similarities and differences in reported awareness were noted among all participants. This included comparing reported experiences of participants within and across therapeutic dyads, and experiences among and between student and experienced therapists and their patients.

CHAPTER IV

RESULTS

Introduction

All results are based on qualitative analyses of first-person experiences of participants as they were described in dialogic interviews. This chapter is divided into four sections: First, findings are presented concerning the experience of being together in psychotherapy based on a content analysis of each of the 16 protocols. This analysis depends upon an enumeration of the words and phrases that were found in participants' descriptions of their awareness of being with each other. Results of this analysis provide one way to compare and contrast the experience of both therapists and patients.

Second, a thematic structure of the experience of being together in psychotherapy is presented. This structure was developed on the basis of a thematic analysis of the interviews of the participants, and provides a description of the meaning of the experience of being with another person in psychotherapy for both therapists and patients. A third section of this chapter describes similarities and differences between and among participants. It also presents the results of comparisons among individual participants; between members of each of the 8 therapist-patient dyads; among the 8 student and experienced therapists; and among the 8 patients of student and experienced therapists. Finally, results will be presented which relate to the research process itself.

Content Analysis

The specific words and statements provided by each participant in response to the invitation to "tell me what it's like to be with your therapist/patient" were grouped according to similarity of meaning. The following five categories were found in the descriptions provided by all participants in the study: body, time, others, world and emotions. These categories are comprised of words and phrases that are similar to (and/or related) to each other (Refer to Appendix D for a master list).

The category of "body" refers to instances of participants being aware of their own or the other person's body. It includes words and phrases about physical sensations (e.g., warm, comfortable) as well as of non-verbal body language. The category of "time" refers to an awareness of time passing over the course of therapy, or to changes over time, or of different times in the participant's life. The category "others" includes references to other people; often specific reference to other therapists and patients. "Emotions" includes words and phrases indicating an awareness of specific emotions, affects or feelings such as fear, happiness, anger, gratitude, sadness, and pride. Finally, the category "world" includes references by participants to the world outside of the unique world of therapy; usually, but not always, as these concerned differences between the two.

The five content categories that emerged in participants' descriptions of their experience of being with one another are presented in Table 2, along with representative examples of each, drawn from various protocols. Excerpts referred to in the descriptions are identified by a 5-character code in which "ET" refers to 1 of

Table 2. Categories from Content Analysis of Interviews.

Category	Representative Sample Statements
Body	**ST2-FP**: "It's just a look in her eyes ... a tilt of the head, or just a smile ... when I've conquered something really hard, she'll give me a hug ... the bigger part is what she does non-verbally... like leaning forward."
	ST2-FT: "I can see the muscles in her face ... moving different ways. Or how she moves her hands or if she slouches down or sits up"
Time	**ET2-FT**: "Until as a therapist you have the experience of knowing somebody over a long term, you can't experience what therapy is like ...what the relationship is going to be like...and the changes that take place."
	ET3-MP: "When I first started here ... December or October of 1990, I was in very very bad shape. And for almost my entire life, things have really bothered me."
Others	**ST2-FP**: "I'd been in group therapy ...I'd been in marital therapy with two different counselors. And they just never projected the kind of caring that she did."
	ET3-FT: "He has two grown sons and he's been very controlling with them, and they've been a great disappointment to him ... And how he perceived his father when he was growing up."
Emotions	**ET4-MT**: "... where they feel free to show their feelings, maybe cry, maybe be really touched ... And that I might cry too. But that we might also laugh about it ... kind of a rounded emotional range."
	ET2-FT: "... his feelings of wanting ... more love, more tenderness. Or being afraid of losing me ... he can be very brave in talking about these very tender issues. He takes risks with his anger..."
World	**ET4-MP**: "I can tell him about ... the way I feel about the wicked world I live in. And about things that happened in the war ..."
	ET1-MT: "I remember at the time thinking ... 'we're from two different worlds. How are we ever going to be able to connect in a meaningful way.' And he gave me a picture ... because the picture has something to do with the way he grew up. And I got absolutely no feel ..."

the 4 experienced therapist dyads; "ST" refers to 1 of the 4 student therapist dyads; "M"/"F" identifies the gender of the patient or therapist; "T" to the therapist interview; "P" to the patient's interview. For example, ET1-MP refers to an excerpt from the interview of a male patient for the 1st experienced therapist dyad; ST4-MT refers to an excerpt from the interview of the male therapist of the 4th student therapist dyad, and so on.

Results of the present content analysis revealed that interviews for each and every participant in the study included multiple references to all five content categories discussed above. Table 2 provides examples of the kinds of statements that were made by all participants about their awareness of being in therapy. As can be seen from an examination of the table, participants' interviews included references to the categories of body, time, others and world. In addition, they specifically included reference to emotional aspects of the experience of being together in psychotherapy. These categories have been found in other phenomenological investigations, and in the present study seemed to represent the grounds against which particular experience of being together in psychotherapy emerged.

Thematic Structure of the Experience of Being Together in Psychotherapy

All participants, to some degree, were aware of changes over time, of their and their therapeutic partners' bodies, of emotions, of relationships with other people, and of the world outside therapy. Thematic analysis of participant experiences revealed a thematic structure that invariably was discussed against one or more of these grounds. Specific themes discussed by participants included those of

Connection/Separation, Similarities/Differences, Presence/Absence, and Ways of Relating.

Each of the four themes is described below, with selected examples drawn from the narrative interviews. Although these themes are presented separately, it is important to keep in mind that they never were discussed independently of one another in the description provided by any participant. Rather, the thematic structure that describes the experience always includes interrelationships among themes. More discussion regarding the thematic structure, and the relationship between themes, will be presented following a description of each theme.

Connection/Separation

This theme refers to participants' awareness of being connected to, or separated from, the other person, event, or topic being discussed. It includes statements explicitly discussing relationship. Selected examples of interview excerpts containing the theme of connection/separation are presented below:

> **ET3-FT**: "I guess I think, almost always, is (sic) about how connected or disconnected a patient is from me. And the degree of detachment. And then I listen to how connected they are with -- both cognitively and affectively -- with what they're talking to me about. Whether they're connected with the material. And when I'm with him, I think I'm very aware of how he's relating to me, or including me, or distancing himself form me."

> **ST1-MP**: "I think there are times I feel the human connection. And I think there are other times -- I don't know if I feel the lack of it -- ah, there might be times I feel the lack of it. But also there are times when I question the sincerity of it. [later] I think when I feel a connection, is when I feel the sincerity, I feel that it's real that it's not forced...just a natural sincere reaction."

ST3-FP: "Cuz we sit there and I, and I don't want to leave her. She feels safe to me. It feels good to be there [and later] It feels like pulling away. Cuz when I imagine myself having to get up and leave the room and us saying bye, I usually feel a kind of disappointment or sadness -- or sometimes, depending on the session, I feel a lot of fear."

Similarities/Differences

This theme refers to an awareness of similarities and or differences in experiences with the other person in therapy or with others in the world outside therapy. It also includes discrepancies, such as those noticed between content of speech and "body language."

ST1-MT: "Just as he was very different from me, ah, he was also, there were also things that seemed to be very much like me as well. So I did identify with a lot of the themes and the things he discussed. And, some of the things he did, in his life, or things that came up, out in his dreams that we discussed, fascinated me. And um, and reminded me of myself, or even inspired me in some way."

ET1-MP: "And he and I have similar backgrounds. A lot of things that have come to mind in the last couple of years. Similar experiences that we've had. I can't think of any right now. Obviously, I don't keep a ... a lot of those at my fingertips" [and later] He appreciated my sense of humor. Sounds self-serving, but ... maybe it's just that we both appreciated each other's sense of humor, that might be right. We had a similar sense of humor.

ET3-FT: I went over the results of the psychological assessment with him. Cause there was this discrepancy. And that perhaps went along with the two inputs [of patient's previous therapists]. So I told him very honestly how I saw the psychological testing. This is what he LOOKED like. But based on my interview with him, I didn't get that sense at all. And he talked about how that might be. Or WHY the test data looked so bad.

Presence/Absence

This theme refers to an awareness of the presence or absence of the other person or of their relationship. It often was captured in participants' use of figurative

language involving the visual realm to describe the awareness (e.g. seeing, looking, hiding). This theme also includes instances of an awareness of felt experience.

> **ST3-FP**: "Yea, because her presence -- it's kind of funny to say -- but I trust her presence more now. That she's there, and she's going to accept me for who I am, no matter what. But that is different from her words. You know, just trusting that she's going to BE there. It is different somehow than the feedback and the words that she's going to say."
>
> **ST3-FT**: "She's pretty just to look at. But there's more to it than that. She's got a kind of a presence about her. There's something about her that, um, is kind of like a natural phenomenon, kind of. She sort of reminds me of a really beautiful sunset. And there are times that I catch myself being real caught up in just sort of experiencing what it's like to be with her like visually and physically.
>
> **ET3-MP**: "But the person themselves -- I think is more important than the knowledge. The knowledge you need, but the -- I think the person is the most important **(The person of the therapist?)** [and later] It's not so much what they knew, it was HOW they conveyed it. To put it in non-technical terms, the VIBES that they put out was very very important for me."

Ways of Relating

This theme refers to an awareness that there are different levels of the experience of being with another person. It also refers to individual awareness of ways of relating to the other, to oneself, or to one another within the relationship.

> **ST4-MT**: "She said only a few times, and it was very hard for her to say, very hard for her to say, that our relationship was her primary relationship. And although there's a boundary and a distance in terms of my role, I still--I don't now see her as a patient. I do see her as a friend, and as a parent in a way, and as a comrade-in-arms in a lot of ways.
>
> **ET1-MP**: "I guess the biggest change in the therapy is my focusing on it more and more as a relationship, as opposed as going to a doctor. When you're sick, you go to a doctor and they do something to you or for you and you're well. So, I didn't have any expectations about therapy, but as far as what I've noticed is that I focus more and more on the relationship that we have, and less and less on his role as a doctor or a therapist, or ..."

ET2-FT: "I have a RELATIONSHIP with him. Which means he is a very important person in my life. And you can color the relationship with all kinds of psychological terms, you know and paradigms, and all that to make it sound more professional. Like doctor-patientish, and all that. But when you get down to it, the bottom line is that we have a long-term committed relationship. And that is precious. And I'VE changed because of it. My life is enriched because of him."

The thematic structure of the experience of being together in psychotherapy may be presented in the form of a diamond whose four vertices correspond to each of the four themes: Connection/Separation, Similarities/Differences, Presence/Absence, and Ways of Relating (See Figure 1, next page). Lines linking each of the four themes to one another represent the fact that each theme mutually influenced all other themes; in other words, the four themes are mutually interdependent. In addition, the thematic structure of the experience is always grounded against one or more of the content categories: body, time, others, world, emotions. Any specific experiences described by participants may be illustrated using this thematic structure and its grounding contexts or categories.

"Here-and-now" and "Deep" Aspects of Experience

When one examines the thematic structure represented by Figure 1, several triangles are evident. First, there are the two triangles divided by a common horizontal line. The upper triangle that has this horizontal line as its base represents an awareness of those experiences in the here-and-now level. The example presented on the page following Figure 1, from the interview of a patient of a student therapist, can be used to illustrate one such experience:

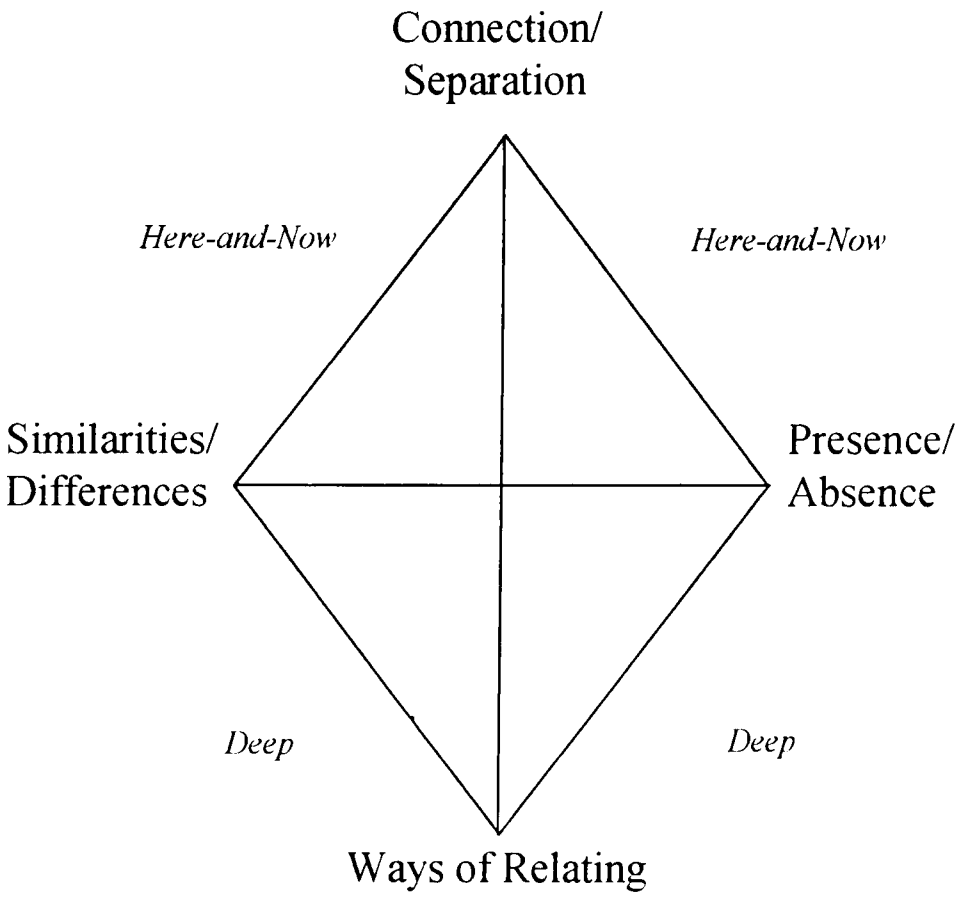

Figure 1. Thematic Structure of the Experience of Being Together in Psychotherapy

ST4-FP: "That's probably what we'll be dealing with in the next several months is ending a relationship well. And that's something that's new to me, cuz I've really never had that experience. In the past ... I've been out of it."

This patient is describing an experience grounded in the here-and-now of therapy. Although she is aware of the "past" as a contrast to this "new" experience, her awareness is of the present "ending" of a relationship. Additional themes defining Figure 1 also are evident in this excerpt: The theme of Connection/Separation is captured by the participant's description of being together as a "relationship." The theme of Similarities/Differences is evident in her awareness of the present experience as different from those "in the past." Finally, her description of having "been out of it" illustrates the theme of Presence/Absence.

In contrast to a specific awareness of "here and now", some participants described experiences involving other levels of awareness that they did not (or could not) capture in the course of the dialogue. In describing these experiences, many participants referred to "deep" feelings, emotions, or topics that were (are) difficult to articulate. These experiences can be understood as defined by the inverted triangle whose base is the horizontal line bisecting the diamond (Figure 1). Such experiences were usually associated with other relationships or experiences in the participant's life. In the following example, the patient of an experienced therapist achieves an awareness of which he had not been aware, until he described it in the context of the interview. Each of the themes are noted, as they become evident in the excerpt.

ET2-MP: "Well, in a way it's like -- here you are 59 years old and someone having to make plans for you. You can't even think of ideas for yourself. You have to have people ... I do like it that she does it.

Researcher: So it sounds like there's an element where she's like attending to you...

ET2-MP: Yea. Like a surrogate mother almost [Ways of Relating theme]. I KNOW that's what she is. I have to say that, to admit ... Well not exactly, but somewhat [Similarities/Differences theme].

Researcher: What's that like to have that experience of being with someone like a surrogate mother?

ET2-MP: Well, I don't know if I like it now. I probably did at one ... cause I could throw my, like a little baby I could throw my fits. I don't need that now. [...] I never really... I had thought of this a LONG time ago But, I don't think I thought of it until today. That's EXACTLY ... she is [Presence/Absence theme] in effect a surrogate mother and even more so, years ago.

In another example of "deep" awareness, from a different patient of an experienced therapist, the participant described similarities with past experiences and relationships to describe his awareness of being with his therapist:

Researcher: What's that like, when he's "on to you?

ET1-MP: I guess that's when I kind of put him in that paternal role [Ways of Relating theme], you can't bullshit your father. You can't bullshit someone who's more adult than you are, I suppose.

Researcher: What are you aware of during those times when he's gotten on to you?

ET1-MP: Well it's kind of like, I guess if you relate it back to childhood [Similarities/Differences theme], you know and you did something and you thought there was no way you'd be caught and somehow or other your parents figured out you did this, or something like that. It's a mild embarrassment, but it's not embarrassment for me. It's more revelatory [Presence/Absence theme] because a lot of things he points out are things I'm not aware of. Not consciously aware of, you know.

Although there is less than a 10-year age difference between these two middle aged men, the patient experiences the therapist as "more adult" than himself. He is also aware that he may not be "conscious" of some experiences while with his therapist.

The thematic structure presented in Figure 1 also includes interrelationships between and among themes comprising triangles whose common base is the vertical line between Connection/Separation and Ways of Relating. In these cases, elements of here-and-now as well as of a deeper awareness would be included. The following excerpt from the interview of a patient of a student therapist illustrates an awareness of both "here and now" and "deeper" aspects of the experience:

ST3-FP: Just make myself. Cause everything I'm dealing with right now, I'm just ... I walk in. I NEED her. That's how I feel. I need her very much right now, in my life (mm hmm). Everything that I'm dealing with, I'm so exposed throughout the whole session. That's how I feel (mm).

Researcher: Exposed?

ST3-FP: Cause I'm revealing stuff that just feels so deep and, um, I've never talked about it this openly. So, I'm just "here I am". (wow). And so ...

Researcher: What are you aware of when you're feeling exposed like that?

ST3-FP:.. (sigh) Maybe a little more lately, that I am needing to look at her more. Needing to know she's here. (mm) I ask her a lot lately, not like "are you going to leave me?" But, "if this is not OK for me to be doing, I need to know." And sometimes we have to sit there just a few extra seconds. Me, kind of make a decision that I can walk on out (mm hmm) transition back to my life, after an hour of doing some work. (mm).

In this excerpt, the theme of Connection/Separation is evident in the participant's awareness of being with her therapist and of having to "transition back to my life." The theme of Presence/Absence is evident is her awareness that "here I am," and of her therapist "being here." Finally, the theme of Ways of Relating is evident in her being "exposed" and talking about things in a different way -- more "openly". This excerpt provides an example of a participant's awareness of both "here and now" as well as "deep" aspects of the experience.

The purpose of this section has been to describe salient aspects of each of the themes and the overall thematic structure describing the experience of being together in psychotherapy. Where necessary, specific examples have been used to clarify the structure itself. The following section is meant to present examples of the thematic structure as it was present in the experience of specific participants. Selected examples

provided below will show, more comprehensively, how the thematic structure may be used to describe the meaning of individual experiences of being in psychotherapy.

Examples Presenting Interactions Among Themes

Each theme defining the structure presented in Figure 1 is related to all other themes. The experience of all participants, however, can be understood only in terms of one or more of the major existential grounds (i.e., body, time, others, world, emotions) described in the section, Content Analysis, above. Awareness of these contexts permeated the interviews of all participants to the extent it became clear that their experience was always grounded in an awareness of them. In descriptions of their experience of being with, participants always mentioned one or more of these grounds as the backdrop against which the thematic structure emerged. Examples from the narrative interviews are provided below to illustrate the interrelationship of the major themes as they are present in the experience of participants, along with the grounds against which the thematic structure figural.

> **ET1-MT**: But he's not easy to be with actually. There's a certain strain. You know, because he comes in -- I used to kid him about it -- he walks like a zombie. There's a very mechanical quality about his walk. Or at least there was, and it stands out for me. Like soldier. And then he smiles, and it's like it lights up the room.

In this example, the figural awareness of the therapist takes place against the ground of his awareness of the patient's body. The thematic structure depicted in Figure 1 may be used to capture this experience in the following way: the therapist's

awareness is defined by the triangle connecting the three themes of Connection/Separation, Similarities/Differences, and Presence/Absence. The theme of Connection/Separation is captured by the therapist's remark that it's not easy "to be with" his patient. The theme of Similarities/Differences is expressed in the contrast between the therapist's awareness of his patient as a "zombie" who, when he smiles, "lights up the room." The theme of Presence/Absence is captured by the therapist's description of his awareness as it "stands out for me."

A second example depicting interrelations among themes is presented below. In this example, the participant describes her experience of being with her therapist in the early stages of their relationship:

> **ST2-FP**: "And just felt, I felt such a connection with her already, and she was just doing [testing]. And I felt like--I can't explain it ... there was like a "click" (snaps fingers) you know. So ... she was very empathetic, I guess, listening to me. Cuz she was the first person I had ever told my story to, you know, cuz I didn't have anybody. My husband didn't understand what I was going through. My parents didn't, well my mom and my sister didn't understand what I was going through. And everyone around me thought I was going crazy. I guess no one else really saw my severe depression. [...] And she was my lifeline ... here was someone in the whole wide world who cares enough about me to make me promise ..."

The participant's figural awareness takes place against the ground of an awareness of other people in her life and her world; specifically as it is different from

her experience of being with her therapist. Using the thematic structure depicted in Figure 1, this participant's experience may be described as the intersection created by the lines connecting all four themes. The theme of Connection/Separation is evident in her explicit awareness of the connection as well as in her metaphor of the therapist as a "lifeline." The theme of Similarities/Differences is found in her description of differences between her therapist and members of her family and everyone else in the "whole wide world." The theme of Presence/Absence is captured by this participant's description of her awareness of the "click" and the empathetic listening presence of the therapist who could "see my severe depression," as contrasted with the opposite awareness of absence ("I didn't have anybody.") Finally, the theme of Ways of Relating is evident in this participant's awareness that the therapist relates by listening, by being empathic and by showing she "cares about me."

It is clear when reading the above exposition of the thematic structure of this patient's experience that all four themes are inextricably interconnected. For example, her experience of her therapist being empathic is related both to the themes of Presence/Absence and to Ways of Relating. Also, her experience of being cared for is both a Way of Relating on her therapist's part and a way in which Connection is expressed. The grounds of others and world are interrelated with one another and to the experience as she describes it. Finally, she is mindful of the ground of time (in the relationship) as she chooses to describe what it was like for her in the beginning of their time together.

Similarities and Differences in Participant Awareness

In addition to the development of a thematic structure, the present study also was concerned with discovering whether, and how, similarities and differences in the awareness of participants were expressed. Results concerning what was similar and what was different in experiences reported by both therapists and patients are presented in following sections. First, common areas of awareness identified among all participants are presented. Second, for each therapist-patient dyad, similarities and differences in the awareness of each member are presented. Third, similarities and differences in experiences reported by student and experienced therapists are presented. Finally, results of comparisons made among and between the experiences of patients of student and experienced therapists are presented.

Common Awareness of Participants

As noted in the previous section, participants described themes of Connection/Separation, Similarities/Differences, Presence/Absence and Ways of Relating. All participants reported being aware of experiences of being connected or separated either by words, non-verbal communications, common experiences, or emotions. Experiences of being connected included: "identifying with" one another; being "touched" or "reached" by the other; being "attuned to him; or the other just "being with me." Participants also all were aware of similarities or differences within themselves or within their therapist/patient as well as between relationships in therapy and other relationships. Differences were sometimes characterized as discrepancies, especially when they related to inconsistencies between the words and/or behaviors of

the participant's therapist/patient. Similarities include "liking" the same kinds of things, "knowing each other," or one acting "like a mother or a father ought to be."

Participants all reported being aware of presence and/or absence in being with one another. They often used words related to the visual realm in describing their awareness of presence in their experience of being with the other (e.g., "seeing", "looking," "revealing," "showing," and being "exposed"). Much of this "looking" was in the service of noticing consistency or inconsistency between "body language" and the words spoken. Participants also reported being aware of the presence of "real," "genuine," and "authentic" experience. At times, they were aware of its absence; for example, when the other was "not there with me," or when "I get caught up in my own experience of it, and then I lose her" (ST3-FT).

Participants also all were aware of various aspects of the relationship, or of ways of relating. Some described the relationship with the therapist as being like a mother, father or brother. One student therapist (ST2-FT) was aware of a patient being "sometimes like a little girl, and sometimes like a grown woman." In addition, the theme of Ways of Relating captured experiences in which participants were aware of different levels of relating, as the student therapist (ST3-FT) who operated on "cognitive and affective levels" and tried "to find a balance."

Similarities and Differences Between Patients and Therapists in a Dyad

Table 3 presents narrative summaries, based on the completed interviews, of each participant's experience of being with the other member of the therapeutic dyad. Summaries are presented side by side for each dyad to facilitate comparison of what

Table 3. Summary Narrative of the Experience of Being Together in Psychotherapy

ET1 - This participant's experience is grounded in awareness of others in his patient's life. He is aware of his patient's history, relationships and world outside of the therapy. When he is with his patient, he is aware of connection to his patient; of struggles; of feeling warm and touched; and liking his patient. He is aware of differences in their backgrounds; of his patient hiding from him; and of making mistakes in the therapy. He is aware of therapy as a chess game and uses figurative language reminiscent of battle -- battling, struggling, tug of war, "like a soldier."	EP1 - This participant's awareness of being in therapy centers around relationship. He is aware of his therapist as "the father I never had." He is aware of reciprocity : "sometimes he's the guide and sometimes he's by my side." He is aware of termination and of "deeply embedded things that need to be dealt with." He likes his therapist, and finds therapy "gratifying." He is aware of similarities with his therapist; of revealing; of being challenged; and of his therapist "being on to me." He is aware of therapy as a chess game and uses figurative language reminiscent of battle -- diversionary tactic.
ET2 - Her awareness centers around relationship and time. She is aware she is important to her patient; of being in the role of an "accepting and nurturing mother," and of having responsibility. She is aware of comfort/discomfort, of being attuned and of "aliveness." She is aware of changes over time and of knowing each other very well. She is aware of being touched, grateful and privileged. She is aware of taking risks and of not being defended. She is aware of painful and difficult emotions, and that her patient is afraid of being abandoned. She is aware of his world and relationships outside of the therapy. She is aware of struggling at times and of making mistakes.	EP2 - His awareness centers around connection/separation. He thinks about what he says, "plays games" to test her, and sees her as a "surrogate mother." He is aware of similarities with her, that he likes and is comfortable with her, and of reciprocity. He is aware of changes over time, and that they know each other. He is aware of being furious or angry with her. He is aware of his therapist's gender and that therapy is like a "teddy bear" or "security blanket." He is aware of painful emotions and of fearing being rejected or left. He is aware of silence and that he leaves when he is angry. He is aware of struggling with her and that she is not always right.

Table 3 (Continued)

ET3 - Her awareness centers around her patient's connection: to himself and to the material. She is aware of discrepancy within her patient and among others who see him. She is aware of comfort/ tension and of comfort coming with time and knowledge of him. She is aware she is interested and of clarifying his thoughts and feelings. She is aware of understanding how he "operates in the world" and of his defenses. She is aware that he values therapy and of a good match. She is aware of others in his life. She is aware of her own feelings, of the work of therapy and that the patient is "doing what he contracted to do."	EP3 - He is aware of being connected to himself and the material, and of being "reached." He is aware of trust and of therapy as a safe place where he is comfortable and relaxed. He is aware that "who she is" is as important as the "knowledge." He is aware of internal changes; of learning, of "giving and receiving" and of feedback. He transfers what he learns in therapy to the world outside. He is aware of his problems in living and that therapy has helped him overcome these. He is aware of changes in his relationships and of dealing with painful feelings. He is aware of being "determined" to do the work of therapy.
ET4 - This participant's awareness centers around knowledge of his patient's world and the troubles he experiences. He is aware of helping by offering practical solutions. He is aware of his patient's problems, and of his emotions, especially anger, and of other people in his patient's life. He is aware that he cares, supports, gives direction and takes control when necessary. He is aware of his own feelings and that he is "hooked, emotionally." He is aware that the relationship with his patient is "reciprocal" and that he would like this and other patient's to see him as a friend.	EP4 - This participant's awareness centers around his difficulty living in "this evil world." He is aware of his therapist helping and of telling him things to do or ways to think. He is aware of his own feelings especially his anger and wanting to hurt himself or others. He is aware of trusting his therapist as time has passed. He is aware he therapist cares, takes control when necessary, and "reaches my world." He is aware of "corresponding" or relating with his therapist, and that he thinks about him outside of the therapy. He sees his therapist as "very intelligent," "friendly," and a "family man."

Table 3 (Continued)

ST1 - This participant's awareness, centered around connection and "aloneness," is grounded in bodily experience. He is aware of "vital force"; of struggle and confrontation; and confusion. He is aware of contrasts and comparisons, including between himself and his patient. He is aware of his patient's difficulty trusting. He is aware of distance, being uncomfortable, frustrated, afraid, and bored. He is aware of talking, seeing, and of his patient's face when he is "emotional." He admires his patient's courage. He is aware of his own powerful emotions. He is aware that the patient does not "stay" with emotions. He is aware of others in his patient's world and of his dreams. He is aware of learning and of supervision.	SP1 - This participant is aware of safe/unsafe aspects and of difficulty connecting. He is aware of "non-verbal" feeling and trusts more in his therapist's body than in his words. He is aware of being confused, questioning his therapist's sincerity and competence, and of judgement. He is aware of his difficulty trusting. He is also aware that his therapist cares and can be "genuine", and that he can be bored at times. He is aware that his face shows his emotions. He is aware of "deep feelings" that he fights to "push down" when they begin to surface. He notices when his therapist talks, he loses touch with his emotions. He is aware that he notices the room more when the "focus is lost between" them. He is aware of relationship and of others.
ST2 - Her experience is grounded in awareness of body. She is aware of connection and termination, of "reading her feelings," and being centered. She is aware of safety, honesty, and sharing emotions. She is aware of her patient's comfort and her relationships. She is aware of looking and listening and understanding. She sees various aspects of her patient (little girl, woman). She feels warmth, gratitude, is proud of, and admires her patient's courage. She is aware of metaphor and laughter in relationship. She is aware she "can mess up," of learning and supervision.	SP2 - Her experience is grounded in awareness of body and emotions. She is aware of connection based in "body language." She is aware of trust, safety and honesty. She is aware of her own painful emotions, that her therapist cares, is empathic and supportive. She sees her therapist as a "lifeline" that understood when others in her life didn't. She feels warmth and knows her therapist is "concerned", and gives her "sign posts." She is aware of metaphor, that her therapist adapted to communicate on her level and that she is "free to do and say what I'd like."

Table 3 (Concluded)

ST3 - Her experience is grounded in awareness of her own and her patient's body. She is aware of her patient's beauty, and of a powerful experience "like a natural phenomenon." She is aware of connection, movement and balance. She is empathic, attuned and open, likes and cares for her patient and feels nurturing. She is aware of giving direction at times. She is looks, listens and responds on affective and cognitive levels. She is aware of her own and her patient's background and emotions. She wants her patient to feel safe when leaving. She admires her patient's growth. She is aware of working, that she does not always do the right thing, of supervision and learning.	SP3 - Her experience is grounded in awareness of her own and her therapist's body. She is aware of feeling comfortable and "free" to talk. She is aware she trusts therapist's "presence more than words," watches and reads her "facial expressions." She is aware that she needs her therapist, that she talks openly about deep feelings and reveals herself. She is aware her therapist gives direction, remembers details and "really does care" and accept her. She wishes they could be friends, but is aware of professional boundaries. She is aware of her therapist's laughter and "style." She is aware of work, of difficulty transitioning to the outside world and wonders about termination.
ST4 - His experience is grounded in relationship, emotions and identity. He is aware he is provocative, of the goals of, and changes over time of therapy.He is aware of a "cat and mouse" game; of her problems, background, and relationships. He is aware he does not impinge, and that she is motivated & determined. He is aware she shows rage, pain and fear, and of his own excitement and fear. He is aware of risk- taking, working and being responsible for her safety. He respects, admires and finds her valuable. He is aware he feels happy, warm, grateful, and proud "as a parent" does. He is aware of learning, supervision, and termination.	SP4 - Her experience is grounded in seeing therapy as a relationship and building an identity. She is aware his gender was not important-- "he could have been a chair." She is aware her therapist helps, accepts, and guides her. She is aware he is non-judgmental in contrast to others in her life. She is aware of his voice; of movement; and of painful feelings in therapy -- like a burn victim whose skin must be torn away in order to heal. She is aware of feeling safe, and that even though he "holds her hand to the fire," and is "hard on me," she does the work. She is aware of her therapist being in her dreams and of upcoming termination.

each is aware of when with the other. These summaries are meant to provide a context for results of the subsequent content analysis as well as for the thematic structure of the experience of being together in psychotherapy. Each summary includes the primary ground(s) against which the major themes for each participant emerged. (Appendix D is available for more detailed examination of common and unique reported awareness for members of each dyad.)

As may be seen by reading the summary narratives presented in Table 3, it seems clear that therapists and patients within specific dyads reported being more aware of similar than dissimilar aspects of being with each other. Similar aspects include instances where both members of the dyad might be aware of communicating non-verbally (ST2-FT/FP) or where patient and therapist in one dyad both were aware of the therapist's boredom (ST1-MT/MP). Sometimes, the therapist and patient were aware of related experiences: for example, one male patient (ET2-MP) was aware of being afraid of rejection or of being abandoned whereas the therapist (ET2-FT) was aware of her behaviors that might make him feel abandoned.

Table 4 presents a listing of those aspects of the experience of being together in psychotherapy that were most common within each dyad. This table was developed by summarizing information presented in the narratives contained in Table 3. These summary words and phrases relate to the content of the awareness of participants whereas the thematic structure discussed in the previous section relates to the meaning of the experience for participants.

Table 4. Common Awareness of Being Together by Patient/Therapist Dyad

Dyad	Common Content of Awareness
ET1-MT/MP:	Seeing/Hiding; battle metaphors; Relationship
ET2-FT/MP:	Comfort; Tx as surrogate mother; roles/levels of relationship
ET3-FT/MP:	Working; Connection; Comfort
ET4-MT/MP:	Patients problems in "world"; Therapist helping/caring; Emotions
ST1-MT/MP:	Power/Struggle; Contrast/Comparison; Confusion
ST2-FT/FP:	Body language; Trust, Honesty&Safety; Seeing
ST3-FT/FP:	"Presence"; Looking; Patient's anger
ST4-MT/FP:	Being Real; Safety; Relationship

ET = Experienced Therapist
ST = Student Therapist
FT = Female Therapist
MT = Male Therapist
FP = Female Patient
MP = Male Patient

Members of the ET1 dyad both reported being aware of various instances of seeing and hiding -- the patient describes his behaviors as "relate it back to childhood ... and you did something and you thought there was no way you'd be caught ..."; likewise, the therapist was aware that "it was him daring you to find out something about him ... and he'd laugh and say that's your job to find out. Oh, I see." They also both used battle metaphors -- the patient referring to "diversionary tactics" and the therapist explicitly aware of "there always being this element of we are battling." Both therapist and patient also focused on "relationship" -- the patient describing the therapist as "the father I never had" whereas the therapist was aware of asking "are we in this together, or are we not?" Participants in dyad ET2 were both aware of their own and the other's comfort, of the therapist acting as a "surrogate mother," and that there were various roles and levels of their relationship. Both members of dyad ET3 were aware of the work involved in therapy, of being connected with and of comfort to each other. Participants in dyad ET4 both reported awareness of the patient's problems living in the "world", of the therapist caring about the patient and helping him, and of the presence of various emotions.

Both members of dyad ST1 were aware of power and struggle in their discussion of being with each other -- the therapist noted that "I had to learn that sometimes his agenda wasn't the best agenda for the focus of the therapy, and to assert my prerogative." The patient also described what seems to be a similar struggle: "I have had at least one disagreement with my therapist, and have felt a need to set a boundary, and I have had it pushed, and I've gotten angry." Both therapist and patient

in dyad ST1 also both used comparison and contrast as a way of talking about their experiences; both were aware of feeling confused. Participants in dyad ST2 were both aware of their own and the others' body language; they both were aware of the trust, honesty, and safety of being with each other; and they were both aware of "seeing" in various ways. Both participants in dyad ST3 referred to the "presence" of one another; they were both aware of "looking" when with the other; and both patient and therapist discussed the patient's anger. Finally, both members of dyad ST4 referred to being "real"; to various instances of feeling safe and/or unsafe when they were together; and to the importance and growth of their relationship.

Examination of Table 4 indicates that the therapist and patient within a specific dyad often were aware of similar aspects of being with each other. Despite such within-pair similarity, little similarity in awareness of participants across dyads is noted. Only three of the eight dyads referred to being aware of "relationship", the most frequently cited content area of awareness. All of the content areas presented in Table 4 can be understood as corresponding to the grounds (body, time, others, world and/or emotions) identified in the content analysis, and/or to the thematic structure defined by Figure 1. For example, ET4-MT/MP are both aware of the "patient's problems in the world" (ground of others and world); "therapist helping" (theme of Connection/Separation); and "emotions" (ground of emotions). ST4-MT/FP are both aware of "being real" (theme of Presence/Absence), "safety" (ground of world and others), and "relationship" (theme of Connection/Separation). Comparison of what members of these two particular dyads are reporting reveals the presence of a similar

theme (e.g., Connection/Separation) across dyads; despite this similarity, the way in which this particular theme was expressed (i.e., "therapist helping" and "relationship", respectively) was quite different across both.

Similarities and Differences in Experienced and Student Psychotherapists

In addition to each of the major themes, several content areas were found to characterize the experience of being together in psychotherapy from the perspective of therapists. Appendix E presents specific content areas identified by both experienced and student psychotherapists in their descriptions of being together. All therapists were aware of body, time, others, emotions and the world outside of therapy. They also were aware of their own feelings and of the feelings of their patients including, "being comfortable and uncomfortable" and "being connected and separated." All therapists were aware of the presence of similarities and differences in describing their experience. They all also were aware of other patients and of seeing, showing, or looking while being with their patients. Student and experienced therapists alike, were aware of their patients' history, diagnoses, and psychiatric problems. In addition, they reported being aware of relationship with their patients, of listening, of making mistakes, and of termination.

Some differences did distinguish experienced from student therapists. Although all therapists were aware of emotional experiences, student therapists were more specifically aware of fear, anger, pain and crying. This in contrast to experienced therapists, only one of whom was aware of fear, one of anger, one of painful feelings, and only two (both male experienced therapists) of crying. All student therapists, and

none of the experienced therapists, were aware of movement, of learning, of supervision, and of admiring their patients. Finally, all student therapists, but no experienced therapists, were aware of doing/not doing when with their patients. The following excerpt from an interview by one student therapist is presented to illustrate the themes of doing/not doing and movement, both of which were unique to student therapists:

> **ST3-FT**: "... and what were we going to do with what was unfolding. Where were we headed? How was I going to maintain the most completely ethical stance that I could at that time, despite the fact that she didn't want me to do that in some ways. And it, and it did feel like -- weaving is a metaphor that captures a lot of what I feel like I do in therapy. It's just catching all these disparate strands of things and trying to kind of see how they're patterning themselves, and kind of hold on to them all, you know. Cuz otherwise they're like floating around the room ..."

This excerpt provides another example of interrelationships among themes that served to create the thematic structure presented in Figure 1. In this example, the therapist's experience includes the theme of Connection/Separation (i.e., her description of "holding" the "disparate strands"); Similarities/ Differences (i.e., patient wanting something different); Presence/Absence (i.e., maintaining an ethical "stance"); and Ways of Relating (i.e., "weaving" as a metaphor and a way of "doing"). Moreover, this student therapist's description illustrates her awareness of movement ("where were we headed?"; "unfolding," "patterning" and "floating"). She

is aware of not knowing what "we were going to do" as well as of her experience of "what I do in therapy."

Similarities and Differences in Patient Awareness of Experienced and Student Psychotherapists

In addition to the major themes comprising the present thematic structure, patients of both experienced and student therapists were aware of certain content areas. Appendix E presents areas of awareness most prevalent in the experience of patients and therapists in this study. Patients of experienced and student therapists alike were aware of body, being comfortable or uncomfortable, their own feelings, talking and questioning or analyzing. They all also were aware of control and/or direction when with their therapists. Moreover, all patients reported being aware of connection and separation, of time and changes in the therapy, of the world outside of therapy, and of others. All patients were aware of similarities and differences and of seeing, looking, or showing. Patients of student and experienced therapists alike were aware of their therapists' bodies, of trusting their therapists, of being cared for by their therapists, of their own anger, and of having (or not having) personal knowledge about the therapist.

Patient descriptions about their awareness of the person of the therapist (i.e., "Who s/he is") took various forms. The following two excerpts illustrate the patients' awareness -- as well as the meaning to them -- of having or not having personal knowledge about the therapist:

ET4-MP: "He looks like a real family man that is real smart and educated. And he has pictures of his kids and stuff in his office ... [and later] He's real friendly. He seems like a real friendly guy. And he seems real happy too. And he also exercises. And I walk too. I don't run..."

ST1-MP: "And so it's hard for me to develop as much of a sense of trust when, you know, I don't really know who the person is ...**(Researcher: mmm.)** You know, I can trust in the institution, I can trust in the training, but I really don't know the person."

All patients of student therapists were aware of a congruence or lack of congruence in both their own and their therapists' words and "body language;" only one patient of an experienced therapist referred to an awareness of a words-body language match. Although all patients of student therapists were aware of crying, only one patient of an experienced therapist was aware of crying. Similarly, all patients of student therapists, and none of those of experienced therapists, were aware of being afraid of their experience. Likewise, patients working with student therapists were more aware of safety than patients working with experienced therapists.

All of the patients of experienced therapists were aware of reciprocity in describing their experience of being with their therapists; none of the patients of student therapists explicitly referred to reciprocity in their interaction. One patient of an experienced therapist describes an instance of such reciprocity in the following excerpt:

ET1-MP: "I remember a few times, it's kind of funny to me, the first time it happened. Cuz he just opened the door, and I said 'what are you anxious about?' ... His room was full of smoke. I assume he smokes his pipe more when he's nervous [...]

Researcher: What was that like, when you realized that you knew how he was feeling?

ET1-MP: "Well, I just, it's like I had a recognition that how, how deep the relationship is when you can look at someone and tell how they're feeling. I assume he obviously has the same ability with me ...

Results Related to the Process of Phenomenological Research

Several findings emerged regarding the specific research process used in this study. First, the use of figurative language -- including metaphor, simile, and analogy -- was noted in all of the interviews. Second, I was aware that my experience conducting the interviews often was similar to the experiences noted in the results of the research; particularly those involving student therapists. Finally, participants made positive comments regarding their experience of participating in the present set of interviews. Many participants, especially patients, indicated that they had learned something new about themselves and/or about their relationships with their therapists during the interview. No participants withdrew from the interview or from the study, and all data from all interviews were used for thematic analysis of the research process.

Use of Figurative Language in Describing the Experience of Being With One Another in Psychotherapy

Some participants reported being aware, explicitly, of metaphor in their descriptions of being in psychotherapy; all participants used such language in talking about their experiences. Table 4 contains some examples of figurative language used by patient-therapist dyads. In one case (ET1-MT/MP), the metaphor was the same; for remaining dyads, the metaphors were complementary. Both members of the first dyad (ET1-MT/MP) used the same metaphor (i.e., both were aware of being together as analogous to a chess game) as well as a complementary one (i.e., the therapist was aware of a feeling of "holding hands" whereas the patient was aware of the therapist being a "guide by my side."). The therapist and patient in one dyad (ST2-FT/FP) employed complementary or opposing metaphors (i.e., "warm like a full belly" and "like a husk -- an empty shell") in describing their awareness of being in therapy.

Ecological Validity of the Phenomenological Method in Studying the Process of Psychotherapy

As I reflected on my experience of interviewing participants, I found many similarities in what both therapists and patients described regarding their experiences of being in psychotherapy. All of the major themes that emerged from the present study also characterized my experience of being with participants in the dialogic interviews. For example, I was aware of a connection with participants that was based on their sharing emotional aspects of their experience with me. I was aware of physical aspects, including mutual eye contact during the interviews, and of powerful feelings evoked in me as I listened to their stories. I was most aware of a respect and

Table 5. Use of Figurative Language within each Dyad

Therapist Symbolic Language		Patient Symbolic Language	
ET1-MT:	Chess game Holding hands	ET1-MP:	Chess game Guide by my side
ET2-FT:	Accepting caring, constant mother Spoiled brattish	ET2-MP:	Surrogate mother Teddy bear; blanket Throw my fits
ET3-FT:	Tennis game	ET3-MP:	Learning to talk
ET4-MT:	Hooked emotionally My heart bleeds for him	ET4-MP:	Open up my tunnel Like I'm with my dad or brother
ST1-MT:	Missing the mark Impression in sand Holding pattern	ST1-MP:	Like I'm sitting across a computer Pushing my envelop
ST2-FT:	Balanced like yin and yang Warm like a full belly Like hot potatoes	ST2-FP:	Tethered to me Felt like a husk an empty shell Like having a co-pilot back seat
ST3-FT:	Weaving a pattern; Spinning a web Natural phenomenon Dancing	ST3-FP:	Right on target Like a rocket getting ready to take off
ST4-MT:	Cat-and-mouse game Empty nest kind of feeling Proud like a parent	ST4-FP:	Holding my hand to the fire Like a mother and father ought to be

ET = Experienced Therapist
ST = Student Therapist
FT = Female Therapist
MT = Male Therapist
FP = Female Patient
MP = Male Patient

admiration both for the participants and for the process of psychotherapy. I was aware of the difficulty of participating in an intense personal human interaction and that my presence in the interview influenced some participants' descriptions.

For example, several participants referred to the interaction that was transpiring between them and me. One patient of a student therapist (ST4-FP) stated:

> "... and when I do get to the emotional level, to me it's like, I don't really lose it, but ... I guess the main thing that I see working is that -- I talk like I'm talking now -- you know."

This patient was commenting on the quality of her voice as she talked with me, and of the fact that her voice expressed the emotional nature of the content of her speech. This patient was able to demonstrate, as well as tell, an aspect of her experience of being with her therapist.

In another instance, the patient of an experienced therapist (ET1-MP) stated:

> "Just changing topics all of a sudden, when we'd be talking about something and having one of those long pregnant pauses where he would ask me something that I'd draw a blank on -- like the questions you're asking me today..."

Like the first participant described above, the present individual was using the interaction with me as a way of illustrating and clarifying his description.

CHAPTER V

DISCUSSION

Introduction

The nature of therapeutic relationship has repeatedly and consistently been identified as central to successful and efficacious psychotherapy. The present study provides first-person descriptions of the therapeutic relationship that other researchers have described and investigated in more quantitative studies of psychotherapy process. By asking participants to "tell me what it's like to be with ..." we were able to learn how the relationship of psychotherapy is experienced by participants in that relationship. Although we were interested in learning about the nature of the therapy relationship, we were careful not to predispose participants to an experience that might not be salient for them while with each other. For that reason, we did not ask specifically about relationship. Instead, we asked participants to describe their experience in the form of an open-ended interview about their personal and unique awareness of being with the other.

Participants in this study described the experience of being with the other as involving an awareness of four interrelated themes that always occurred against one or more of the existential grounds of body, time, others, world and emotions. Specifically, participants were aware of the themes of Connection/Separation, Similarities/Differences, Presence/Absence and Ways of Relating. We believe that these interrelated themes describe a phenomenon that other researchers have identified

as "therapeutic relationship" or "therapeutic alliance." The word "relationship," as defined by Webster, is "the state or character of being related or interrelated: CONNECTION." In this study, participants described being aware of connection as influenced by their awareness of similarities with the other, awareness of the presence of the other, and awareness that there were various ways in which they relate to the other.

The richness and breadth of information shared by participants in the study also allowed us to explore the experiences of being together as these might be similar or different among and between individuals, and groups, of experienced and student therapists and their patients. Finally, the use of the dialogic method -- as one that closely mimics the phenomenon of psychotherapy -- provided some insights into the process of psychotherapy. The use of the dialogical method in this study revealed many of the same findings that others have arrived at using different methods, and a few new ones. The possibility of using this method in future research seems to be one way of furthering our knowledge of the psychotherapy relationship and process. Increasingly, psychotherapy researchers have been advocating use of alternative methodologies to study the process of therapy (Drozd and Goldfried, 1996; Campbell, 1996; Beutler, et. al., 1996). They are aware of the complex interplay of aspects of psychotherapy and the difficulty inherent in studying the process using only traditional experimental approaches.

The results of this study, including the thematic structure of the experience as well as the content analysis of the interviews, provided the following major findings:

1. The ubiquitous nature of connection and/or of relationship in the experience of participants in psychotherapy.

2. The significance of body, body language and "non-verbal" communication.

3. The prevalent use of figurative language.

4. The striking congruence of reported awareness between therapist and patient.

5. The similarity between the experience of the primary phenomenological researcher and those described by participants.

These major findings will be discussed before addressing the thematic structure and other specific findings described above.

Connection/Relationship

By asking participants engaged in the process of psychotherapy about their experience, we have re-affirmed the centrality of the relationship between two people in the healing work of therapy. The use of phenomenological methods provided us with valuable first-person insights of the participants who shared their experience with us. These insights point to, emphasize, and reiterate the only conclusive finding of process research: the importance of the therapeutic alliance in yielding successful change in psychotherapy. In the present study, awareness of the relationship permeated the experience of participants and was understood by them as involving trust, safety and caring; connection and disconnection; and the awareness of each others' physical presence and expressions.

All participants reported being aware of connection and/or separation as part of their experience of being in therapy with the other person. Many participants referred explicitly to the relationship between themselves and the other member of the therapeutic dyad. In these cases, it was clear that participants experienced connection through, or along with, an awareness of relationship.

Although all participants specifically used the words "connection" and/or "separation," it was evident that these words held different meanings for different participants. For example, some participants associated feeling connected with physical bonds (e.g., the patient of Student Therapist Pair 2 who stated "she was like a lifeline;" the Experienced Therapist of Pair 1 who stated that connection felt "like holding hands."). Other participants focused on similarities in likes and/or traits as a basis for the experience of the presence of a connection (e.g., the patient of Experienced Therapist 2 who stated "we're both messy;" the Student Therapist of Pair 3 who referred to "resonance" with the way her patient talked."). Another patient of a student therapist (ST1-MP) associated connection with feeling the sincerity of his therapist: "I think when I feel a connection, is when I feel the sincerity, I feel that it's real that it's not forced ... Just a natural sincere reaction."

In discussing the centrality and importance of connection and relationship to the experience of therapists and patients, we can see clearly other themes of the more general thematic structure. Awareness of similarities and differences was one way that people might feel connected or separated from each other. Likewise, the theme of Presence/Absence was evident, for example (above), in the participant's experience of

feeling the "natural sincere reaction." The theme of Ways of Relating influenced feeling connected as expressed in participants' words of "holding hands" and "like a lifeline."

Various meanings of the word "connection" and ways of articulating the experience of feeling connected, were evident in the interviews. The word "connection" -- with reference to the patient-therapist relationship -- is one that is often used. Unfortunately, the deeper meaning (of this and other words) to particular participants may only become evident when we ask them to specify and clarify their experiences. Such requests in the context of this study resulted in our discovery of a wide variety of personal meanings of one word that may be overused and trivialized.

The meaning of the word "relationship" was less ambiguous. Although it was not used as frequently as "connection," many participants chose to talk specifically about relationship. The less ambiguous meanings implied when participants employed the word relationship may be associated with the fact that it is usually reserved to describe interpersonal interactions. On the other hand, the word connection often is used to refer to interactions between people and inanimate objects or between inanimate objects themselves. Since we asked participants to tell us what it was like to be with another person, we were implicitly asking them to talk about relationship. The reported prevalence of an awareness of connection, in addition to that of relationship, provided us with a richer understanding of the interaction between therapist and patient.

The present study offers an alternative method for studying psychotherapy process. Such phenomenological methods allow us to learn about, and consider, personal meanings when asking people to describe their experiences. While the discussion presented in this section focuses on use of the word "connection," other words often used to describe aspects of the experience of being in psychotherapy -- e.g., "empathy," "trust," "care," and "warmth" -- hold specific and personal meaning to the individual whose experience is under consideration. As such, it becomes important that the meaning of a particular word, concept, or behavior to a particular person be specifically ascertained by the researcher. This point is particularly important as more and more research relies on the administration of standardized scales to participants -- including therapists, patients, and observer/judges. If individuals hold different definitions or descriptors of their experience as articulated in language, results of such scales and other instruments may not properly characterize the experience of individuals or of groups as a whole.

Awareness of Body and Physical Presence

Existential and phenomenological psychologists including van den Berg (1972) describe the essential aspects of human experience as body, time, others and world. It was not surprising, then, that the participants in this study all reported awareness of these aspects in describing being with the other. As discussed in the previous chapter, the ubiquitous occurrence of these contextual domains in the reports of all participants led us to understand these as grounds against which the thematic structure of the experience became figural.

All participants reported an awareness of their own and the other's body. This finding corresponds with underlying assumptions of process researchers who focus on physical aspects in their investigations. Pogge and Dougher (1993) cite specific behaviors noted by non-participant observers in psychotherapy process research. These behaviors, including body posture, leaning, etc., were reported by participants in the current study as being an important aspect of their experience of being with the other person in psychotherapy. Although researchers have noted inconsistencies in reported awareness of therapists, patients, and non-participant observers regarding various aspects of the psychotherapy process, examinations specifically concerned with body posture do yield consistent results.

As articulated by participants of the present study, congruence between "body language" and words is one way that patients and therapists alike come to experience the communication between them as "sincere", "honest" and "real." The phenomenon of "congruence" as a necessary condition of psychotherapy as explicated by Rogers (1957), captures the experience of participants in this study who described one form of congruence as it obtains between the verbal and non-verbal realms.

Awareness of bodily sensation also was described as one way participants were able to articulate their experience. One therapist referred to her feeling of being "warm, like a full belly" as she described her experience of being with her patient. Use of metaphoric language based in physical experience also was noted in one patient who referred to her therapist "holding her hand to the fire" as she described the pain

inherent in the healing of psychotherapy. Clearly, reference to the body allows people to put into words what it is like to being with another person.

One word that often was used by people talking about their experience was "comfortable." This descriptor of a person's experience is also obviously based in an awareness of bodily sensation. The word comfort, however, also may be used to describe an experience of self-confidence or knowledge of the other. An example reported by one experienced therapist (ET3-FT) reveals the two levels of meaning of comfort for her:

> "When I meet with a patient and I don't know the patient very well, there's always a certain amount of tension for me. Meaning that I'm more alert.... Will I be able to relate to them and will they be able to relate to me? ... I reach a certain amount of comfort when I have a certain amount of understanding of the person."

In addition to discovering the meaning of the experience of being with another person in psychotherapy, this study also was concerned with apprising therapists about what individuals are aware in therapy. Our finding regarding the centrality of non-verbal communication, especially from the perspective of patients, suggests it may be important to emphasize awareness of body language in training clinical psychologists and other therapy providers. In the words of one of the patients in the current study:

> "But the person themselves, I think is more important than the knowledge. The knowledge you need, but I think the person is the most important ... and what they convey: the atmosphere, the persona, what they convey is extremely

... Besides just the therapeutic work. ... It's not so much what they knew, it was how they conveyed it -- to put it in non-technical the vibes that they put out was very very important for me."

Likewise, our finding that patients are acutely aware of their own bodies when they are with their therapists is a noteworthy result. This finding highlights the need for therapists to be sensitive to references by patients to their own bodies as they seek to communicate their experiences. One example of this sensitivity is found in the work of Gestalt therapists who rely on, and emphasize, the patient's awareness of physical aspects of their experience. Participants in this study clearly communicated the role of bodily, emotional and cognitive experiences as integrated aspects of the experience of being in therapy. This finding is certainly applicable to therapists of different theoretical orientations and, that, at a minimum, suggests a necessary sensitivity to the prevalence of body in the awareness of patients. A related finding is the awareness of what Gendlin refers to as "felt experience." Many participants, including the one cited above, referred to an awareness of sensations in describing their experience. As stated above, participants often communicated awareness of physical sensation using metaphor to articulate their experience.

Use of Figurative Language

The importance and prevalence of the use of metaphor in psychotherapy has long been accepted and demonstrated (Barlow, 1973; Cirillo and Crider, 1995). Thus, it was not surprising that we found participants to use it in describing their experience of being with their therapeutic partner. Research has revealed there are various reasons

for the use of metaphor in psychotherapy. Among these are "making a point vividly with a comparison; accommodating disparate interests in a single designation having multiple meanings; changing perspective on a topic with terminology borrowed from another domain; and bringing to light something new by combining topics." (Cirillo and Crider, 1995). Participant reliance on figurative language in the context of the present study made use of each of these types of metaphors.

One implication to our finding that metaphor is central to the experience of therapists and patients, concerns the suitability and appropriateness of using phenomenological methods to investigate the psychotherapeutic relationship. The prevalent use of metaphor offers an additional illustration of a case in which results obtained by using the dialogic approach mirror the experience of psychotherapy as reported by participants. In other words, participants relied heavily on the use of metaphor to describe their experience of being in another situation -- i.e., psychotherapy -- that also depends on, and is characterized by, the use of metaphor.

Congruence of Patient-Therapist Awareness

One significant finding that arose from the present study is that patients and therapists reported being aware of very similar aspects, themes, and meanings of their experience of being with each other. Its significance, in our view, lies in the fact that previous research has not found this congruence (Orlinsky and Howard, 1986). Rather, investigators in the area of psychotherapy process research to date consistently have found inconsistencies among awareness of patients, therapists, and non-participant observers. The findings regarding similarity in use of figurative language --

for example, that one patient and therapist independently used metaphors of "surrogate mother" and "nurturing mother", respectively, to describe the therapist's role in psychotherapy -- as well as their descriptions of similar and sometimes identical awareness made us step back and wonder. How can our finding be so different from those of others who report therapists and patients being aware of such very different things?

One possible way to understand such inconsistent findings would seem to depend on the research method used. Whereas most experimental designs are limited to specific variables of interest, the present study began with an open-ended question designed to reveal the nature of the participant's experience of being with another person. As such, the experience of participants in this study was not one that could be translated into answers on a psychometric scale, q-sort, or prescribed segment of time in a particular psychotherapy session. In our study, we relied on participant decisions of what to talk about as they described their experience. Each participant chose the topics for discussion, the words for the descriptions, and the length of time for the total interview.

A second possible explanation for previous findings of inconsistencies between reports of patients and therapists is also related to research design. Many studies of psychotherapy process and outcome use experimental group designs or meta-analysis rather than a single case design. For this reason, specific awareness of participants within a particular therapeutic dyad might not be revealed. One benefit to adopting a qualitative approach in studies of psychotherapy process, therefore, is the ability to

obtain useful idiographic results that might otherwise be overlooked in other experimental approaches.

Therapists and patients that participating in this study were not randomly selected. Rather, the major criterion used in asking participants to take part in the study -- that therapist and patient had worked together in therapy for at least one year -- may have significantly influenced the finding regarding the congruence of awareness within dyads. The only way to investigate whether congruence between the awareness of members of a therapeutic dyad is a function of time together would be to include participants who had not been working together as long. Such a study might also reveal differences in patients' ability to articulate their experience in a way that facilitated the qualitative analysis employed.

Researcher as Participant-Observer

All researchers are both participants and observers in scientific investigations. Although the scientific method as commonly understood relies on the researcher adopting an "objective stance," we believe that the researcher's presence in the process invariably influences, and enriches the research. As stated by Pollio (1994) "the interview is a human event that yields interpretable data if approached properly. Such data reflect the participant's perspective on his/her experiences as they emerge in the context of an interview." As a participant-researcher in this study, my presence clearly influenced at least some of the responses to the open-ended interview. As discussed previously, several participants explicitly made reference to me in describing their experience.

Participants in the study were all aware of my training and of the fact that I was a student therapist. Other therapists were eager to participate: my peer student therapists had an interest in helping me complete a dissertation, whereas the experienced therapists had an interest in furthering my training and education about the process of psychotherapy. Participants who were patients may have seen their interaction with me in the context of their therapy as somehow affecting their own therapeutic relationship. How much my role as a therapist and student influenced the responses of both therapists and patients in the study is impossible to determine. Likewise, my role as a researcher may have evoked some responses or discussion with participants that would not have been evident had I been their own therapist, a friend or casual acquaintance.

What is clear, however, is that I was present as another person extremely interested in whatever experience the participant wished to share with me. Even though I was aware of, and careful not to introduce my personal conception about the experience of being in therapy, I met each person in my own unique way. It is possible, albeit unlikely, that another researcher would have obtained different results. One reason it seems unlikely is that phenomenological interviewing, augmented by hermeneutic analytic procedure, is characterized by the appearance of central or personally relevant issues emerging repeatedly throughout the dialogues (Pollio, 1994). In fact, this was the case in the present study, and the major themes that comprise the thematic structure were pervasive in each interview. In light of this fact, we believe that the descriptions reported to us by participants comprise a good

representation of the thematic structure of the experience as it emerged through the dialogic interviews.

Thematic Structure of the Experience of Being Together in Psychotherapy

I undertook the present study in the hope of understanding more about the psychotherapeutic relationship. The consensus of psychotherapy process literature pointed to the "therapeutic alliance" (Horvath and Greenburg, 1994; Luborsky, Crits-Cristoph, Mintz and Auerbach, 1988; Orlinsky and Howard, 1986) as the single variable most adequately able to predict successful experiences that people are likely to have in therapy. By successful experiences, we mean those that lead to amelioration of psychological or physical problems; increased self-esteem and satisfaction; and/or gains in the areas of personal growth and awareness.

As a way to minimize the possibility of predisposing participants to particular responses, we were sensitive to the words and content of our open-ended question. We chose not to include the word "relationship" in the opening question but chose rather, to ask participants to "tell me what it's like to be with your therapist/patient." The decision to exclude the word "relationship" was made to allow for the possibility that the relationship might not be what was most figural for individuals choosing to share their experience with us. As it turned out, therapists and patients both told us that they were most aware of relationship in describing their experience of being with one another. Psychotherapy relationships were described: 1) as connections, 2) as similar or different from other relationships, 3) as based in awareness of the presence or

absence of the other, and 4) as comprising various levels and ways of relating to each other.

Each of the four themes that emerged from the study are mutually influencing aspects of the experience of being together in psychotherapy. In addition, some of these themes has been found in other phenomenological studies concerned with our experience of other people. A recent qualitative study of the experience of connection (Nowell, 1996) revealed descriptions of interpersonal connection as characterized by four themes: Being Present to Each other; Openness; History and Possibilities; and Feels Good. In the present study, the theme of Presence/Absence was also found to capture experience of people being with or connected to one another. Moreover, results of the content analysis of the present study also revealed an awareness by all participants of the history and background of self and/or other. Therapists in this study were all aware of the history and others in their patients life. The theme of "Openness" described by participants in Nowell's (1996) study seems to correspond to one of many Ways of Relating described by participants in the present study; whereas, her finding of the theme of "Feels Good" can be understood as one of many types of emotional expressions discovered in the experience of participants in the present study.

Another qualitative study explored psychotherapists' experiences of empathy (Taylor, 1995) and found four interrelated themes characterized this experience: Being Present; Being Connected; Being Responsible and Being Safe Enough. The first two themes found by Taylor (1995) correspond to the themes of Presence/Absence and Connection/Separation described both by therapists and patients in the present study.

The other two themes -- Being Responsible and Being Safe Enough -- appear to be unique to the experience of therapists. In Taylor's (1995) study, the therapists were aware of being responsible for the therapy and for their patients and of a relationship that is safe enough for themselves and their patients. The differences in results between the two studies would seem to arise from the fact that the thematic structure of the present study captures the common experiences of therapists and patients rather than that of the therapists.

In another related qualitative study, Bradley (1993) explored the experiences of one therapist and patient during positive moments in therapy and found two thematic structures that captured the experience of these two participants. Specifically, Bradley (1993) found that during positive experiences, the therapist was aware of "Being With the Client" and "Doing for the Client" while the patient was aware of "Saying It/Being Understood" and "Not Saying It/Being Understood." The themes of "Being With" and "Saying It/Being Understood" are captured in the three interrelated themes of the present study of Connection/Separation, Presence/Absence and Ways of Relating. Perhaps the theme of Similarities/Differences was not figural in Bradley's study due to her focus on positive experiences rather than on the relationship specifically. The theme of "Doing for the Client" seems related to the awareness of student therapists in the present study of Doing/Not Doing, discussed in more detail in the following section.

Clearly, the studies discussed above all are concerned with the experience of individuals in relationship. The consensus and differences noted between these studies

and the present one provide valuable information about what therapists and patients are aware of in being with each other and how this relates to interpersonal relationships.

Similarities and Differences in the Experiences of Participants

An examination of present results seems to suggest that participants were more aware of similar than dissimilar experiences in describing what it was like to be with another person in therapy. Some differences, however, did emerge that we would like to highlight as these might be valuable both for future research and for the training of clinical psychologists or other therapeutic practitioners.

Student therapists who participated in this study were more aware of crying, fear, pain, movement, doing, learning and supervision than their experienced counterparts. Differences in an awareness of learning and supervision are obvious, but what about other aspects of being with patients that were differentially salient for student and experienced therapists? Studies of psychotherapy process, including the present one, have revealed the importance of emotional experiences in psychotherapy. Various emotions and affective experiences were discussed by participants in this study as expected. However, crying, fear, and painful feelings were reported by all student therapists in describing their experiences, whereas senior therapists did not do so as frequently or not at all. We might speculate that with experience and time, seasoned psychotherapists are better able to relate to and integrate an understanding of their patients' lives to include emotional aspects, without having "negative" emotions specifically stand out for them. By contrast, student psychotherapists may be less

comfortable in regard to negative emotions and affective experiences evoked in and by their patients, thereby having them stand out in awareness.

Interestingly, patients of student therapists also reported being more aware of fear, crying, and painful feelings than was the case for patients of experienced therapists. One possible way to think about this difference might be in terms of congruence in awareness among particular dyads. Are student therapist and patient aware of crying because more crying occurs in this relationship? Or is the meaning of crying in that relationship significant enough that it stands out for both members of the dyad? Or, is one or the other of the two participants so aware of the "painful" emotions that their occurrence stands out for the other as well?

Results of the present study suggest that the level of therapist experience is somehow influencing differences in the awareness of crying, fear and painful feelings on the part of both student therapists and their patients. "Reasons" for this finding do not seem as important as making it known to both student and experienced therapists and their supervisors/trainers. One way of making use of this knowledge would be from the vantage point of training therapists. It is possible that devoting some time and attention to the meanings of this finding in supervisory sessions, or in other settings outside the therapy room, could serve to help student therapists better integrate their patients' emotional experience in the sessions themselves.

A second way of understanding this difference in awareness of painful affect would be from the point of view of experienced therapists. It may be just as likely that experienced therapists have learned not to focus on the painful emotional

experiences on their own or on their patients' behalf. If this is the case, patients who are with them might be less likely to focus on painful experience. It may not be the case that pain is any less likely in therapy with experienced therapists, only that it is less figural in the relationship. Future research in the area of aspects of emotional experience may provide better understanding of the differences noted in this study between experienced and student therapists.

Student therapists in this study also were aware of "doing and not doing" in describing their experience of being with patients in therapy, whereas none of the experienced therapists specifically made reference to this theme. Student therapists often described situations during which they were "doing" or "not doing" whereas experienced therapists were more aware of "being." This phenomenon may be associated with the experience that senior psychotherapists have obtained over years of practicing. That is to say, the experience of becoming a seasoned psychotherapist can be understood in the same manner as an experienced athlete, artist or scientist. When one is learning an art or a trade, one is aware of the specific actions and thoughts necessary for the performance of that activity. With time, such actions become increasingly automatic, freeing energy for other, perhaps higher level activities and/or ways of being. Likewise, as a student becomes able to develop as a psychotherapist and to integrate this experience into his or her personal identity, an awareness of doing would likely be replaced by one of being. In addition to the subtheme of doing and not doing, student therapists also reported an awareness of movement. Similar to the example given above, it may be that student therapists focus on the activity (i.e.,

movement) that is occurring when they are with the patients. With time, perhaps the experienced therapist has incorporated an awareness of movement into a way of being with a patient so that it is no longer figural in the experience of being in psychotherapy.

In addition to being more aware of painful affect than patients of experienced therapists, patients of student therapists also were more aware of congruence between their therapist's "body language" and words. This finding does not easily lend itself to speculation about the meaning of the difference. However, it is probably important for student therapists to know that patients are sensitive to the presence of their therapists' congruence or incongruence as it may be expressed in the form of non-verbal as well as verbal communications. Carl Rogers' (1957) finding about the importance of being genuine and congruent is in line with what some of the patients in this study told us; specifically, that they experienced sincerity, genuineness and caring when their therapists' words matched their actions and bodily behaviors.

Patients of student therapists were much more aware of being safe or not safe when with their therapists, whereas patients of experienced therapists did not report such awareness. One is reminded of the occasional first-time mother who is anxious and insecure in the unfamiliar maternal role, and whose infants are thought to experience similar feelings of insecurity. As this analogy speaks to those instances during which patients reported feeling unsafe, it may also shed some light on their awareness of feeling safe. In cases where a therapist feels confident and competent in the role of therapist a patient may likely feel safe and secure as well. The difference

between the two groups of patients, therefore, may correspond to related experiences of the therapists with whom they are in therapy. As a group, experienced therapists probably have had more opportunity to develop such confidence as professionals than student therapists.

Patients of experienced therapists, but not patients of student therapists, reported an awareness of reciprocity in their experience of being with the therapist. In some ways, this is related to their curiosity about the person of the therapist. These patients were more likely than the patients of student therapists to describe their relationship with their therapists as reciprocal. The obvious difference in the two groups is the level of therapist experience of the therapists -- perhaps experienced therapists, more comfortable in their role as therapists, are able to participate more fully in the one-to-one relationship such that the other is able to experience an I-You type of relationship. On the other hand, student therapists, still learning the role of therapist may be less able to relate in a reciprocal manner within the context of psychotherapy.

Only one significant difference was noted in this study between the reported experience of therapists and patients, and this concerned the finding that patients are aware of having (or not having) personal knowledge of the therapist with whom they work. This awareness has to do with patients reporting knowing, or wondering, or not knowing the person of the therapist. In addition to their awareness that various dimensions, aspects and ways of relating are present (theme of Ways of Relating), patients specifically discussed the issue of having personal knowledge of their

therapist. Both the theme of Ways of Relating and patients' awareness of having or not having personal knowledge of the therapists' appear to relate to what some call "transference." That is, interpersonal interactions between therapist and patient (especially in psychodynamically-oriented theory) are understood by some theorists as manifestations of relationships with other people in the patients' lives. It may be that a patient's interest in the "person of the therapist" is related to finding different ways to relate rather than as alternative expressions of other relationships (i.e., transference). As such, this curiosity points to an interest in the here-and-now relationship of therapy as it is meaningful in and of itself. Also, it is not surprising that the therapists did not report being aware of having or not having personal knowledge of patients, since knowing who the patient is is integral to, and requisite of, the responsibility of working as a therapist.

In summary, the observations noted in this section regarding differences between experienced and student therapists and their patients concern only the 16 participants of the present study. In addition, phenomenologists hold that awareness of an experience may change as that experience is reflected upon. Experience as it has been reported by these participants may not be the experience of other therapists or their patients; nor might it be the experience of these same participants at the time they are actually with each other. However, it is clear that the participants in this study reported thematically similar experiences as they described what it's like to be with one another. As such, the thematic structure as well as results of the content analysis would seem to offer valuable information to researchers in the area of

psychotherapy process. Finally, the findings discussed herein may provide knowledge of the process as it can be used in training and supervising student therapists.

Psychotherapy Process Research in a Changing Environment

Research in the area of psychotherapy process is necessarily bounded by contextual factors. In addition to specific therapist and patient variables, the political, social and cultural environment may be thought to influence the types of therapy seen as valuable as well as the general perception of psychological treatment. The practice of psychotherapy has evolved in the past half-century from a fairly open-ended exploratory type of endeavor, to a more circumscribed, time-limited, specialized, and focused activity. Similarly, the progression of psychotherapy research over the past 50 years has moved from exploratory naturalistic observations to more specialized treatment manual-based research approaches.

As research continues in this area, some investigators have begun to emphasize the "need for methodological diversity and pluralism ..." (Russell, 1994). In addition, researchers are increasingly becoming aware of the necessity for researchers and practicing clinicians to collaborate in the area of psychotherapy research (Campbell, 1996; Beutler, Davison, Kim, Karno and Fisher, 1996; Seligman, 1995; Drozd and Goldfried, 1996).

In a recent article, Silverman (1996) highlights the need for researchers to broaden their perspectives. To this end, he discusses the conclusions provided by Seligman (1995), who maintains that psychotherapy as it is practiced differs from psychotherapy as it is studied under controlled conditions in the following ways: 1) it

is not of fixed duration; 2) it is self-correcting, discarding unsuccessful techniques and/or modalities for others; 3) patients actively choose therapists and therapeutic forms rather than being assigned; 4) patients have multi-problems requiring interactive choices between therapist and client; and 5) field studies focus upon improvement in general functioning while efficacy studies focus on specific symptoms (Silverman, 1996).

We believe that the present study provides one alternative way of looking at the experience of being in a psychotherapeutic relationship; a way that more closely mimics the way psychotherapy is actually practiced. We have used a dialogic approach as a method to discover the meaning of the experience for participants who are themselves involved in psychotherapy relationships. In this endeavor, we have been able to confirm some previous findings and suggest others for future study. It is our hope that more researchers will incorporate qualitative aspects into their work as they continue to study the process as well as the outcomes of psychotherapy. The most significant contribution we can offer is to ask researchers to be aware of how important and valuable first-person experiences and meanings are as we attempt to understand relationships between people both in, and out, of therapy.

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APPENDICES

APPENDIX A

DESCRIPTION OF RESEARCH AND REQUEST FOR PARTICIPATION

DESCRIPTION OF RESEARCH AND REQUEST FOR PARTICIPATION

I am a fourth year Ph.D. student in Clinical Psychology, interested in exploring the experiences that therapists and patients have of being with each other. My dissertation project will adopt a qualitative approach in which I will interview several pairs of therapists-patients confidentially and separately in order to find out what each is aware of when they are with the other. The interview will be in the form of a collaborative exploration to help me understand what it is like for therapists and patients to be with each other. If you feel you might be interested in participating in this study, I encourage you to contact me (anonymously, if you wish) for more information. If you decide you are interested, the process will be as follows.

We will set up a time and place convenient to you, I will provide a consent form for you to sign, and will fully explain the risks and benefits of your participation and provisions for confidentiality in the research. Once you sign the consent form, we will begin the interview. Your interview will be audiotaped, with only a code as identifying information. Once I transcribe the interview, again with only an identifying code, the audiotape will be destroyed. I will ask you to review the transcribed interview for accurateness and completeness. If there is anything you wish to delete, I will honor that request. The transcribed interview, and the yet-untranscribed audiotape, will be maintained in a secure place and will be destroyed once the research is completed. If you are interested in results of the study, in a general way, I will be happy to make these known to you upon completion of the research.

Under no circumstances will I discuss with your therapist the content or nature of your interview. If you decline to participate in this study for whatever reason at whatever time, this information will not be made known to your therapist either. You are, of course, free to discuss this with your therapist should you so desire.

I thank you for your consideration of this request, and will be happy to discuss the research and procedures with you. Feel free to contact me at home or at my office at the UT Psychological Clinic.

Laura Skinner
University of Tennessee Department of Psychology
227 Austin Peay Building
Knoxville, TN 37996
Telephone: (Office) 974-2161
(Home) 539-0748

APPENDIX B

HUMAN STUDY INFORMED CONSENT FORM

HUMAN SUBJECT INFORMED CONSENT FORM

TITLE OF RESEARCH: Healing through meeting: A phenomenological description of the experience of being together in psychotherapy.

PROJECT DIRECTOR AND CO-DIRECTOR:

Laura Skinner, University of Tennessee; Department of Psychology; 227 Austin Peay Building; Knoxville, TN 37996; Telephone: 615-974-2161.

Howard Pollio, Ph.D., University of Tennessee; Department of Psychology; 301B Austin Peay Building; Knoxville, TN 37996. Telephone: 615-974-4361.

The purpose of this research is to try to understand the experiences that therapists and patients have of being with each other. In this research, you will be asked to participate collaboratively in an audiotaped one-on-one interview about your experience of being with your therapist/patient. The interview will be conducted by the Project Director, a fourth year Ph.D. student in the Clinical Psychology Program at UT, and is estimated to take between 1 and 1 1/2 hours. The audiotaped interview will be transcribed with all identifying information deleted in the transcription, and the tape destroyed. Although your therapist/patient knows of your participation in this study, he/she will ABSOLUTELY NOT have access to the tape or transcription, or to any discussion with the Project Director concerning your interview.

Your participation is entirely voluntary, and you can discontinue participation at any time for any reason, by simply telling the interviewer.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND THAT I MAY TERMINATE MY AGREEMENT AT ANY TIME. I FURTHER CERTIFY THAT I AM AT LEAST 18 YEARS OLD.

_____
Name of Participant

_____
Signature of Participant

_____
Date

APPENDIX C

CONSENT FORM FOR PUBLISHING EXCERPTS OF INTERVIEW

CONSENT FORM FOR PUBLISHING EXCERPTS OF INTERVIEW

TITLE OF RESEARCH: Healing through meeting: A phenomenological description of the experience of being together in psychotherapy.

PROJECT DIRECTOR AND CO-DIRECTOR:

Laura Skinner, University of Tennessee; Department of Psychology, 227 Austin Peay Building; Knoxville, TN 37996; Telephone: 615-974-2161.

Howard Pollio, Ph.D., University of Tennessee; Department of Psychology; 301B Austin Peay Building; Knoxville, TN 37996. Telephone: 615-974-4361.

I have reviewed the transcribed interview contributed for the research cited above, and agree that any or all portions may be published in the dissertation reporting results of the research. I understand that there will be no identifiable information contained in the published portion(s) of the interview.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND THAT I MAY TERMINATE MY AGREEMENT AT ANY TIME BEFORE PUBLICATION OF THE DISSERTATION. I FURTHER CERTIFY THAT I AM AT LEAST 18 YEARS OLD.

_____
Name of Participant

_____
Signature of Participant

_____
Date

APPENDIX D

FREQUENCY DISTRIBUTION OF REPORTED AWARENESS BY PARTICIPANT: CONTENT ANALYSIS

Table A-1. Frequency Distribution of Reported Awareness by Participant

Theme	ET1	EP1	ET2	EP2	ET3	EP3	ET4	EP4	ST1	SP1	ST2	SP2	ST3	SP3	ST4	SP4
Relationship	x	x	x	x	x		x		x	x			x	x	x	x
Connection	x	x	x		x	x	x		x	x	x	x	x	x		
Attuned			x				x						x			
Engaged										x			x			
Reciprocity		x	x	x	x	x	x	x	x							
Collaborative															x	x
Similarities/Diffs	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Reached						x		x								
Touched	x		x													
T as lifeline												x				
"Hooked emotionally"							x									
Good match/fit					x											
Vibes/Rapport					x	x										
Connection to self					x	x							x			
Connection to material					x	x										
Communication(diffs)							x	x	x							
Separation								x	x	x	x	x	x	x	x	x
Aloneness								x	x							
Distanced/detached					x			x	x	x						
Termination	x	x	x	x							x	x	x	x	x	x
Discrepancy					x								x			
Contrasts/comps.	x								x	x			x	x		
Talking	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
Listening	x		x		x	x	x	x			x	x	x	x	x	x
Silence	x	x														
Doing/Not doing									x	x			x		x	x
Thinking				x				x					x	x		
Confusion									x	x	x	x				
"words are threatng						x						x				x
Questioning/Analysis	x	x		x	x	x		x		x	x	x	x	x	x	x
Validating													x			
"Know"/not know other	x		x	x	x		x	x	x	x	x	x		x	x	x
Feelings/Emotions																
Own feelings	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Feelings of other	x		x		x		x		x		x		x	x	x	
Felt experience					x	x	x			x	x		x			
Likes the other	x	x		x			x						x	x		
Enjoyable							x									
Tender feelings			x													
Happy			x					x							x	x
Humor/laughter			x	x			x				x			x		
Nurturing			x										x	x		
Gratitude			x			x	x				x				x	
Gratifying		x														

Table A-1. (Continued)

Theme	ET1	EP1	ET2	EP2	ET3	EP3	ET4	EP4	ST1	SP1	ST2	SP2	ST3	SP3	ST4	SP4
Privileged			x				x				x					
Feel Important			x						x			x	x	x		
Proud of pt.											x				x	
Warm	x		x								x	x	x		x	
Hopeful							x					x				
Crying/tears	x						x	x	x	x	x	x	x	x	x	x
Painful feelings			x	x			x		x		x	x	x	x	x	x
Fear									x	x	x	x	x	x	x	x
Anger				x		x	x	x	x	x	x	x	x	x	x	x
Struggle	x	x	x	x					x	x						
Strain	x															
Confrontation	x	x							x	x					x	x
Control/Direction	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
Power																
Judgement/non-judg.									x	x						x
Critical				x						x						
Frustrating									x	x						
Irritating																
Pt agitated							x									
Interesting	x	x			x	x			x						x	
Boredom					x				x	x						
Deep feelings		x								x			x	x		
Powerfulness									x				x			
Aliveness			x													
Energy													x			
Movement													x			x
Vital force									x							
Alertness					x											
Realness																
Genuine/insincere										x					x	
Honesty											x	x			x	
Open								x					x			
Seeing	x	x	x	x	x	x			x	x	x	x				
Revealing(showing)	x	x						x	x	x					x	x
Looking							x				x	x	x	x		
Perspective						x										
Hiding	x	x											x			
Comfortable/ Uncomfortable	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Tension					x											
Balance													x			
Body																
Non-verbal comm.	x	x		x		x			x	x	x	x	x	x		
Body of self	x	x		x	x	x			x	x	x	x	x	x	x	x
Body of other	x	x							x	x	x	x	x	x	x	x
Match/no match b/w		x			x					x	x	x	x	x	x	x

Table A-1 (Continued)

Theme	ET1	EP1	ET2	EP2	ET3	EP3	ET4	EP4	ST1	SP1	ST2	SP2	ST3	SP3	ST4	SP4
Others																
Other relns.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Other therapists	x	x		x	x	x	x	x		x		x		x		x
Other patients	x		x		x	x	x	x	x		x		x		x	x
Pt reln w/mo	x		x	x	x	x					x	x			x	x
Pt reln w/fa	x										x	x				
Different levels	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
T as mo.			x	x											x	x
T as fa.		x						x							x	x
T as friend		x		x			x						x	x	x	x
T as therapist		x		x		x	x	x		x		x	x	x	x	x
Pt as pt.	x	x		x									x	x	x	x
Pt "needs" T														x		
Gender/no gender				x		x						x				x
"Who s/he is"					x	x		x					x	x	x	x
Identity														x	x	x
Focus is on pt.					x	x										
Time/changes over T	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Internal changes						x										
Practical changes							x	x						x		
Safe/Unsafe			x			x				x	x	x	x	x	x	x
Trust/not trust	x		x	x		x		x	x	x	x	x		x	x	x
T caring			x			x	x	x		x		x	x	x	x	x
T accepting			x									x		x		x
T empathic											x	x	x			
T supportive			x	x			x	x				x				
T available								x			x					
T concerned												x			x	
T adapts											x	x				
T helps						x	x	x			x	x				x
T gives direction							x	x				x	x	x		
T guides		x						x				x				x
T remembers details														x		
Understanding					x		x	x				x				
Courage of other			x						x		x					
Risk taking			x	x							x				x	
Admiration									x		x		x		x	
Aware of Hx	x		x		x		x				x	x	x		x	x
Pt's background	x		x	x	x	x	x	x				x		x	x	x
Tx's background	x												x			
Games	x	x		x											x	
Aware of metaphor								x			x	x	x			

Table A-1 (Continued)

Theme	ET1	EP1	ET2	EP2	ET3	EP3	ET4	EP4	ST1	SP1	ST2	SP2	ST3	SP3	ST4	SP4
Dreams									x							x
T makes mistakes	x		x	x	x				x	x	x		x			
Supervision									x		x		x		x	
Learning		x				x			x		x		x		x	x
Tx as Work			x	x	x	x	x						x		x	x
Profess. Boundaries				x	x								x	x	x	x
Process of Tx			x												x	x
Diagnostics/Prob	x	x	x	x	x	x	x	x			x	x			x	x
Defended/Not Defend.			x		x	x							x			
World outside Tx	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Tx as safe place						x		x				x		x		
Pt values Tx		x			x	x										
T feels P valuable							x								x	

APPENDIX E

COMMON CONTENT AREAS

Table A-2. Significant Content Areas in Experiences of Therapists and Patients Being With One Another

Content Area	Experienced Therapists	Student Therapists	Patients of Experienced Therapists	Patients of Student Therapists
Own Body	2	4	4	4
Body of Other	2	4	2	4
Body/Words Match	1	3	1	4
Comfortable/Uncomfortable	4	4	4	4
Own Feelings	4	4	4	4
Others' Feelings	4	4	0	0
Crying	2(MT)	4	1	4
Fear	0	4	0	4
Painful Feelings	1	4	2	3
Anger	1	4	3	4
Talking	4	3	4	4
Listening	4	3	2	3
Questioning/Knowing	2	2	4	4
Doing/Not Doing	0	4	0	2
Control/Direction	4	3	4	4
Therapist Mistakes	3	4	1	1
Safe/Unsafe	1	3	1	4
Trust	2	3	3	4
Therapist Cares	2	2	2	4
Supervision	0	4	0	0
Learning	0	4	2	1
Admiration	0	4	0	0
Relationship	4	3	2	3
Connection/Separation	4	4	4	4
Reciprocity	3	1	4	0
Therapy as Work	2(FT)	2	2(FT)	1
"Defended"/not "Defended"	2(FT)	1	1	0
Time/Changes over time	4	4	4	4
World Outside Therapy	4	4	4	4
Pt's History/Background	4	3	3	3
Diagnostics/Psychol. Probs	4	2	4	2
Other Patients	4	4	2	0
Other Therapists	3	0	4	4
Similarities/Differences	4	4	4	4
Seeing/Looking/Showing	4	4	4	4

Note: Out of 4, the number of participants in each group who referred to content area.

VITA

Laura Graciela Roel Skinner was born in Laredo, Texas on March 20, 1958. She lived in American Samoa between the ages of 4 and 10, before moving to McLean, Virginia where she graduated from Bishop Denis J. O'Connell High School. Her father is a retired attorney and judge and her mother a retired executive secretary. She obtained a Bachelor of Science degree in biology from Virginia Tech in Blacksburg in 1978. She worked as an environmental systems scientist in the Washington, D.C. area until she enrolled in the Clinical Psychology doctoral program at the University of Tennessee in knoxville. In August 1996, she completed a predoctoral internship at the Audie L. Murphy Memorial Veterans Hospital in San Antonio, Texas. She is currently living in Kannapolis, North Carolina with her husband, Tom and daughter, Kate. She will receive the degree of Doctor of Philosophy in psychology in December, 1996. Her plans are to work as a clinical psychologist in the Charlotte area.