To the Graduate Council:

I am submitting herewith a dissertation written by Kathleen Marie Bradley entitled "A Phenomenological Investigation of Participants' Experiences of Positive Events in the Therapy Process." 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 Education.

Mark A. Hector, Ph.D., Major Professor

We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

Associate Vice Chancellor
and Dean of The Graduate School

A Phenomenological Investigation of Participants' Experiences of Positive Events in the Therapy Process

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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Kathleen Marie Bradley

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DEDICATION

I sincerely and gratefully dedicate
this dissertation to
my parents

Marian Young Bradley
Matthew Henry Bradley, III

who provided me with the love,
the inspiration, and the opportunity
to experience life fully.

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ABSTRACT

This study is a phenomenological investigation of a therapist's and a client's experience during positive events in therapy. Independent, taped recall procedures were used to capture in-session, moment-to-moment experiences of therapy participants. Phenomenological analysis procedures included the following steps: 1) thematizing the separate protocols of therapist and client recall sessions, 2) comparing therapist and client recall sessions, and 3) analyzing themes as they emerged over the course of the recall sessions.

Results of the study revealed themes, subthemes, and grounds for both therapist and client. Therapist themes were Being With the Client and Doing For the Client whereas client themes were Saying It/Being Understood and Not Saying It/Not Being Understood. Results from analyzing themes over the course of the recall session showed that during the majority of the session, the Moving subtheme of the Being With the Client theme was most figural for the therapist and the Saying It theme was most figural for the client.

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CHAPTER ONE

LITERATURE REVIEW

POSITIVE EVENTS

This study presents a phenomenological investigation of therapy participants' experiences of positive events in the therapy process. By using phenomenological methodology, an emphasis is placed upon the study of a therapist's and a client's experiences during positive events. In addition, an attempt was made to capture the in-session, moment-to-moment experiences of these participants by using a modification of the Interpersonal Process Recall procedure (IPR; Kagan, 1975). In this procedure, a therapy session was videotaped and played back for participants to aid them in remembering back to specific moments in the therapy session.

Studying positive events in therapy can increase our understanding of how therapy is effective. Elliott and Shapiro (1992) studied positive events in therapy in terms of their relevance to the change process, whereas Martin and Stelmaczonek (1988) focused on this topic in order to understand "how and when counseling

achieves lasting, positive effects" (p. 385). Reporting on the events paradigm in her review of exploratory process research, Hill (1990) summarized the importance of studying helpful events by stating that "an aggregate of everything that occurs in therapy is not as important as whether significantly helpful or hindering events have occurred" (p. 291).

Mahrer and Nadler (1986) have noted five ways "good moments" (positive events) have been determined in the literature. In their review, they found that moments were considered positive because of: 1) their presumed relation to outcome; 2) clients behaving in ways generally accepted as healthy, mature, adjusted, or normal; 3) theoretical frameworks of positive occurences, or change; 4) a reduction of client problems, complaints, and symptoms; and 5) post-session evaluation (which includes self-report methods).

Researchers have studied the <u>experiences</u> or perceptions of participants during positive events in therapy by means of self-report methodology. For example, Elliott (1985) investigated helpful therapy events from the framework of immediate therapeutic

impact on the client. He defined immediate therapeutic impact (client impact) as "the immediate effects on the client of specific counselor responses" (p. 307) and studied it by asking volunteer clients to describe how counselor responses helped or hindered them. Results were categorized into an empirically derived taxonomy that included Task and Interpersonal superclusters. The main clusters within the Task supercluster were New Perspective and Problem Solution. In the Interpersonal supercluster, the two main clusters were Understanding and Client Involvement.

Elliott, James, Reimschuessel, Cislo, and Sack (1985) also studied clients' descriptions of therapeutic impact during helpful events in therapy. In ongoing therapy cases, clients reported impacts relating to Awareness, Involvement, and Reassurance. Within the context of a dynamic-experiential case study, impacts were described as Insight, Awareness, and Involvement whereas in a cognitive therapy case study the main impacts were described as Insight and Reassurance.

Continuing this focus on client therapeutic impact, Elliott and Shapiro (1988) attempted to describe therapeutic impact by seeking both therapist and client ratings of the client-identified "most helpful event" in therapy. In a cognitive behavioral case study, the impacts called Insight, Awareness, Problem Clarification, and Problem Solution were most commonly described by both the therapist and the client. In comparison, in a personal psychodynamic case study, impacts described by the client were Involvement, Personal Insight, Awareness, Reassurance, and Problem Clarification and impacts described by the therapist were Problem Solution, Understanding, Problem Clarification, and Reassurance.

Llewelyn, Elliott, Shapiro, Hardy, and Firth-Cozens (1988) studied client perceptions of therapeutic impact during both helpful and hindering events in two types of therapy. Awareness was the most common impact from personal, psychodynamic therapy cases and Problem-Solution was the most common impact from cognitive-behavioral cases. Awareness, Problem-Solution,

Reassurance and Personal Contact were prevalent in both types of therapy.

Martin and Stelmaczonek (1988) studied important events in therapy, which they construed as outstanding or "memorable events." Such events were important because they believed the results would provide information about the "lasting, positive effects" of counseling. Results showed that both clients and counselors identified important events as including Expression of Insight and Understanding, Provision of Personal Material, Description or Exploration of Feelings, and Expression of New Ways of Being or Behaving.

Lietaer (1992) asked both clients and therapists to describe what was most helpful and hindering during therapy sessions. The three general categories that emerged as indicative of both helping and hindering times in therapy were; 1) Aspects of the Relational Climate, 2) Specific Therapist Interventions, and 3) Process Aspects Concerning the Client. The most outstanding helpful events, as perceived by both clients and therapists, that were subsumed within these

three categories were Self-Exploration and Experiential Insight. Differences in therapist and client reports of what was helpful showed that clients spoke about the therapeutic relationship and immediate outcome more readily, whereas therapists focused more often on client self-exploration work.

The different types of self-report methods employed in the previously described studies involved variations on the IPR procedure (Elliott, 1985; Elliott, et al., 1985; Elliott & Shapiro, 1988) which were used as a means of capturing in-session experiences of the participants, and open-ended, post-session questionaire methods (Lietaer, 1992; Martin & Stelmaczonek, 1988). Although most of these studies specifically looked at client therapeutic impact during positive events, the open-ended projects addressed positive events broadly, with few directives from the researchers.

The researcher's focus on the behavior of therapy participants during positive events is illustrated in the following studies. Rice and Wagstaff (1967) investigated client behavior as it was associated with

"productive psychotherapy" which was assessed according to change in congruence between clients' self and ideal-self and on the basis of therapists' ratings of change. Judges rated client responses in terms of voice quality and expressive stance. Voice quality was believed to be related to clients involvement in therapy whereas expressive stance was defined as the position assumed by therapy participants about the topic under discussion. Results showed that a focused voice quality (pondering style, energy focused inward) and a subjective reaction and objective analysis expressive stance (immediate responsiveness and analytical perspective) were associated with productive psychotherapy.

Hoyt (1980) employed raters to listen to audiotapes of dynamic psychotherapy and rate various therapist and client actions. These ratings were correlated with other ratings about the quality of the therapy session ("good" to "poor"). Results showed that "good" therapy moments included therapist and client actions that were related to the client's expression of thoughts and feelings as well as the

subsequent discussion about the meaning of this communication.

Auerback and Luborsky (1968) also used judges to rate "good" therapy sessions on numerous dimensions. A "good" session was defined in terms of the variable "Therapist Responds Effectively to Patient's Main Communication." "Good" sessions for the therapist included moments when the therapist showed signs of empathy, warmth, and acceptance. Results for the client were inconclusive.

Another method of investigating positive events was implemented by Martin, Paivio and Labadie (1990) who studied the memory enhancing qualities of client-recalled "important" events in cognitive and experiential therapy. Raters coded both client-recalled important events and "control events" (control group for important events) by using the Therapeutic Information Processing Scales (TIPS) which assessed: a) depth; b) elaboration; c) personalizing; d) conclusion-orientation; and e) clarity in the dialogue of the events. It was assumed that dialogue possessing these characteristics would be more readily remembered

by clients. Therapeutic events that are remembered are believed to help clients achieve desired changes in their lives. Results showed that the TIPS scales clearly discriminated between important and control events for both cognitive and experiential therapy with a particular emphasis on the depth, elaboration and conclusion-orientation characteristics.

In conclusion, researchers have not only studied positive events in different ways, but they have used a variety of terms to describe participants' experiences of positive events in therapy. It is therefore difficult to summarize the findings of studies on positive events. A possible summary of these findings, however, is that positive events include: 1) the experiences of insight or new cognitive frameworks, 2) the acquisition of new behavioral skills, particularly in regard to problem-solving, 3) an understanding and reassuring therapeutic relationship, and 4) an interactional, expressive component. In the next section, counseling process research methodology is discussed in relation to the study of positive events.

COUNSELING PROCESS RESEARCH METHODOLOGY

Exploratory Process Research

Mahrer (1988) encourages psychotherapy researchers to "discover what is there to be discovered" and Hill (1990) suggests that one reason for using exploratory process research methods is that psychotherapy research is still in the hypothesis-development stage. While conducting research to verify clinical theories remains relevant, she believes it is of tantamount importance to "observe the therapy process and generate testable hypotheses in the service of developing empirically based theories" (p. 289).

A recent emphasis in exploratory process research has been on covert processes in psychotherapy. Therapists' and clients' unspoken thoughts and feelings during therapy are acknowledged and addressed in the literature (Heppner & Claiborn, 1989; Heppner, Rosenberg, & Hedgespeth, 1992; Hill, Helms, Spiegel & Tichenor, 1988; Regan & Hill, 1992; Rennie, 1990). Rennie (1992) has used the term reflexivity to illustrate the client's covert activity, and has argued

that it is the most salient aspect of the client's experience in therapy. According to Rennie, reflexivity occurs when a client is aware of both the self and thinking about the self. Reflexivity also may include times when a client is reflecting upon and monitoring his or her behavior.

Studying covert processes has presented methodological challenges for researchers since they cannot be assessed directly through verbal response modes or content analyses of therapy sessions (Heppner et al., 1992). Researchers have explored alternative methods for studying these covert phenomena (Elliott & Shapiro, 1988; Heppner et al., 1992; Rennie, 1990).

Interpersonal Process Recall

In response to the focus on therapy participants' covert processes, there is a call for studies concerning how clients and therapists experience the therapy process (Elliott & James, 1989; Hill, 1990). Although postsession questionaires are a common means of data gathering, Elliott (1985) argues that "postsession reports may miss much that clients experience during therapy sessions" (p.308). The

Interpersonal Process Recall (IPR) procedure is advocated as one way of eliciting participants' moment-to-moment experiences of a therapy session. This method, or variations of it, has been used to investigate the ongoing sequences of interactions between therapy participants in a number of studies (Elliot, 1985; Elliot & Shapiro, 1988; 1992; Hector, Bradley, Daigle, & Klukken, 1990; Hill et al., 1988; Powell & Hector, 1987; Rennie, 1990; Wiseman, 1992).

The IPR procedure involves playing back a taped therapy session for participants and asking them to stop the tape at particular moments. At these moments, they are asked to think back to the original therapy session and describe their experiences. They are aided in this activity by a recaller who asks open-ended, exploratory questions about the moments specified on the tape. The IPR process is meant to provide an opportunity for counselors and clients to "recapture fleeting impressions and reactions which would ordinarily be forgotten or merged into more global perceptions" (Elliott, 1986, p. 503).

A Phenomenological Approach

Understanding and describing human experience is the goal of phenomenological research. Colaizzi (1978) maintains that neglecting the dimension of experience when studying human beings is to "eliminate and deny what is really there" (p.51). Husserl, the founder of phenomenological philosophy, recommends studying phenomena by "returning to the things themselves" (in Colaizzi, 1978, p.56), and Giorgi (1970) has suggested studying phenomena in "precisely the way . . . people experience them" (p.87). Human experience has often been left out of psychological investigations due to concerns about the methodological issue of objectivity. Colaizzi (1978) responds to this concern by discussing objectivity in phenomenological research in terms of a faithfulness to the topic under study:

> When someone is said to be objective, it means that his statements faithfully express what stands before him, whatever may be the phenomenon that he is present to; objectivity is fidelity to phenomena. It is a refusal to tell the phenomenon what it is, but a respectful listening to what the phenomenon speaks of itself. (p.52)

The phenomenologist seeks to understand the phenomenon as it is revealed in its context, or as it

is "lived." One way of understanding a phenomenon as lived involves Husserl's concept of "Lebenswelt," or life-world, which encompasses cultural, social, linguistic, and bodily expressions of human experiences (Thompson, Locander & Pollio, 1988). Human existence and the surrounding world are seen as interwoven and inseparable from one another. The importance of addressing context is linked to the phenomenological term co-constitutionality in which the world and human existence "co-exist by reciprocal implication . . . not creating or causing (one another)" (Colaizzi, 1978, p.54).

Co-constitutionality can be further elaborated through the description of figure-ground. This is a dynamic event that occurs when certain aspects of an experience stand out (figure) as others recede into the background (ground). These two aspects of an experience are never independent or causal of one another, but instead are dependent on each other in a reciprocal manner (Thompson et al., 1988). In sum, the figure and ground of any experience co-constitute one another through their inter-relatedness.

In a phenomenological approach, the researcher endeavors to set aside, or "bracket" theoretical presuppositions and seeks to understand phenomena from the first-person perspective of the participant-subjects. Phenomenological researchers regard subjects as participant-subjects who are the momentary experts, and the researcher's task is to understand the specific participant-subject's lived experiences of the phenomena under study.

While the interview method has been widely used in counseling process research, it is important to note that the phenomenological research model attempts to unveil a pattern of themes that emerge within a thematic structure (Thompson et al., 1988). This thematic structure contains the "pattern or figure as it emerges from a ground or context" (p.26).

In summary, a variety of terms have been used in the literature to describe positive events in therapy. Terms such as important events, helpful events, change events, key events, significant events and good moments all describe the positive events phenomena. In this study, positive events and positive moments are used

interchangeably as the experiences of the therapy participants are discussed.

Based on the review of positive events in therapy and the need for experience-based research methodologies in studying therapy process, the present study attempts to describe the experiences of a therapist and a client at moments when therapy was described as going well. These experiences were described using a variation of the Interpersonal Process Recall procedure and a phenomenological data analysis method. A thematic structure was developed from the data analysis procedure which revealed patterns and interrelationships among the themes.

CHAPTER TWO

METHOD

DATA COLLECTION

Participants

Selection Criteria

Phenomenological research participants are selected according to their ability to be "informants" about the topic under study (Polkinghorne, 1989). To function in this capacity, Polkinghorne recommends that participants have experience with the topic under study and have the "capacity to provide full and sensitive descriptions of the experience under examination" (p. 47).

Data were collected from one therapist/client dyad who was involved in therapy at the time of data collection. The therapist was an experienced, licensed, female, Ph.D. psychologist who was working at a comprehensive counseling center at a large southeastern university. The client was selected based on being a client of the aforementioned therapist and upon the therapist's recommendation. The therapist was

asked to recommend a client who was in counseling for assistance with a normal developmental concern. The woman who participated as the client in this study was in her junior year at the university. Both participants maintained that they had a relationship with the other member of their therapist/client dyad, and the therapist described their therapy process as being inclusive of positive events.

Selection Process

The therapist was given a written description of the study (see Appendix A) and attended a meeting with the researcher in which the format of the study and client selection criteria were reviewed. Following this session, a current client of the therapist was selected. This client was then given a written description of the study, and a meeting with the researcher was scheduled once she expressed interest in participating in the project. During this meeting the researcher described the study and all client questions were answered.

Protection Measures

Several steps were taken to protect the confidentiality of participants. Informed consent forms were signed by both the therapist and the client (see Appendix B). Neither the therapist or the client had access to the recall sessions of the other member of the dyad. Full names were not used on tapes and "therapist" and "client" were used on transcripts. The transcribing typist and research group members, who had access to the data, also signed confidentiality forms (see Appendix C and D).

Procedure

Bracketing Interview

In undertaking a phenomenological study, it is critical that the researcher be able to "bracket," or set aside her own biases and presuppositions about the topic under investigation (Hycner, 1985). To become aware of these biases, the researcher participated in a bracketing interview in which she assumed the role of a therapist in an analogue counseling session. She then

took part in a recall session using IPR procedures. Data were transcribed and then analyzed.

The Therapy Session

The client and therapist engaged in a scheduled 50 minute counseling session. This session was audiotaped and videotaped. No one other than the client and the therapist was present during the therapy session.

The Recall Session

Two recall sessions with the client were scheduled within 3 days of the therapy session; these sessions lasted a total of 2 1/2 hours. The therapist met with the researcher for three recall sessions, for a total of 3 hours. These meetings were accomplished within a week of the therapy session. Recall sessions were audio and videotaped. In all recall sessions the researcher was the recall interviewer. Using a modification of the IPR procedure, participants were instructed to view the videotaped counseling interview and to signal the recaller to stop the tape at moments "when you feel therapy is going well." When the tape was stopped, the recaller interviewed the relevant participant about that moment on the tape. This

process continued until the entire therapy session tape had been reviewed. The audiotapes of the recall sessions and the therapy session were then transcribed into protocols by a typing consultant. In the protocols therapy session segments were interspersed between recall session segments; however, only the recall sessions were thematized.

DATA ANALYSIS

Thematization Process

The purpose of the thematization process was to extract meaningful statements from the protocols of the recall session that were representative of the participant's experiences during the therapy session. These statements were then organized into a thematic structure. It should be emphasized that the transcript of the therapy session was not thematized; only that of the recall sessions. The following steps are adapted from the data analysis procedures proposed by Colaizzi (1978), Giorgi (1985), and Hycner (1985) as a means for analyzing the phenomenological data:

1. Sense of the Whole

As the researcher proofread the transcribed protocols, she listened to audiotapes of the recall sessions and became familiar with intonations, pauses, and other nonverbal levels of communication of the participants (Hycner, 1985). By reading and rereading the entire transcribed protocols, the researcher was able to gain an overall sense of the data. This step facilitated a contextual understanding of the data which served as the ground for the next steps in the data analysis (Giorgi, 1985).

2. Extracting Significant Statements

From each protocol the researcher extracted verbatim statements that related to the phenomenon under study. A list was compiled and used as a reference to confirm findings throughout the data analysis process. See Appendix E for an example of one therapist and one client recall segment which include the significant statements.

3. Formulating Meanings

The researcher formulated meanings from the data by intensively analyzing the extracted significant

statements within their context in the protocol (see Appendix F). This step involved delineating the essence of what was communicated by the participants (Hycner, 1985), and was accomplished carefully since the researcher moved beyond the rote content of the protocol statements and derived meaning units that "should never sever all connection with the original protocol" (Colaizzi, 1978, p. 59).

4. Clustering Themes

Formulated meanings were organized according to naturally occurring categories. These categories were identified by their thematic representation and were called "theme clusters" (see Appendix G). Some clusters were subsumed within larger categories and called subthemes. The researcher checked out these theme and subtheme clusters by referring back both to the significant statement list and to the original protocol to insure their existence.

5. Structural Description

In the final step of the data analysis, a structural diagram of the clusters of themes was developed which portrayed the interrelationships and

patterns among the themes and subthemes. Included in this step was the integration and depiction of insights that had been gleaned from steps two and three of the data analysis (Giorgi, 1985).

Research Groups

The use of research groups in the process of phenomenological data analysis is recommended due to the complexity of the thematization task, as well as the continued concern about subjective bias on behalf of the researcher (Hill, 1981; Thompson et al., 1988). In this study, a variety of research groups were employed in the thematization process. The researcher and her primary professor conducted an initial thematization of both the therapist and client protocols. The data were also presented to a graduate student research group.

The researcher also attended an ongoing interdisciplinary phenomenological research group at which time she presented sections of both the therapist and client transcripts for group feedback and discussion. At the final stage of analysis, this group

assisted with the identification of structural relationships among the themes as well as with other patterns within the data. In addition to the structured research group meetings, the researcher also consulted with her doctoral committee members and a phenomenologically oriented experimental psychologist.

CHAPTER THREE

RESULTS

The purpose of this study was to investigate the recalled experiences of a therapist and a client during positive moments in therapy. Therapist themes emerging from the phenomenological analysis of the recall sessions were Being With the Client and Doing For the Client. Client themes derived from the analysis of recall sessions were Saying It/Being Understood and Not Saying It/Not Being Understood. The ground for the therapist themes was the Therapeutic Relationship; the two grounds for the client themes were the Therapeutic Relationship and the World of Others.

A brief summary of the therapy session is presented, followed by descriptions of the therapist and client themes which emerged from the phenomenological analyses of the respective videotape recall sessions. A second rendering of the results is provided involving a comparison of therapist and client recall sessions. A third section is then presented that includes an analysis of therapist and client themes as they occurred over the course of the recall session.

SUMMARY OF THE THERAPY SESSION

The presenting problem for the client was unresolved grief regarding an acquaintance-rape that occurred at a fraternity party approximately one year before the start of therapy. The therapy session that was used for data collection was the tenth session with the therapist. In this session the client was focusing on assertiveness with her boyfriend, rather than directly talking about the rape. The person who raped the client was not the client's boyfriend.

During the therapy session, the client was struggling with her feelings about her five-year relationship with her boyfriend. Throughout most of the therapy session, she expressed extreme ambivalence about her continued involvement with her boyfriend. On the one hand, she felt a lack of support, saw that she had little power and influence in the relationship, and believed she was a low priority in her boyfriend's life. On the other hand, she realized she received a great deal of comfort and security from the relationship due to its familiarity and long-term nature.

Throughout the first half of the therapy session, the therapist used both directive and non-directive approaches with the client and frequently switched back and forth between these modes. Initially the therapist used a directive technique in challenging the client to consider the lack of support she was experiencing from her boyfriend. For instance, the therapist said to the client "I just find myself wondering about him (the boyfriend) being this closest person to you and how you feel about him not really being able to help you." She continued with this directive approach by pointing out that the client felt she had little power in the relationship and that she was angry with her boyfriend.

The therapist then assumed a nondirective approach by reflecting both the positive and negative feelings the client had about the relationship. As an example, the client said that she valued the comfort and security in the relationship, to which the therapist responded by saying: "You're used to it (the relationship)." The client agreed and said, "Yeah, he's real comfortable." The therapist concurred with the client by saying, "He's familiar, yeah." The

therapist then returned to a directive tactic, restated the client's dissatisfaction and suggested that the relationship could possibly end if the client asserted herself. Less directive restatements again followed this segment.

A more directive tactic was then assumed by the therapist as she helped the client explore her ambivalence by asking her on what characteristics their relationship was based. This intervention resulted in the client admitting to an abundance of negative relationship traits, and few positive ones.

During the latter portion of the therapy session, the client told about two recent examples of independent and assertive behaviors that she exhibited with her boyfriend. The therapist reinforced the client for both of these behaviors. For instance, the client told the therapist about a time she told her boyfriend to go on out with his friends and that she was going to the store. The therapist asked her how that felt and the client said: "Kind of felt good, kind of like I can actually let him go by himself." The therapist reinforced the client by saying, "I think

that was kind of empowering to you." After the client said that she wanted to "make myself important," the therapist told the client that changes in the relationship would have to start with her. The client could work towards feeling important by saying to herself and believing that she was important.

THEMATIZATION OF THERAPIST AND CLIENT RECALL SESSIONS

The results produced from thematizing the therapist and client recall sessions are reported in this section. The themes were derived from the thematization of all of the recall segments combined for each of the therapist and client recall sessions.

Therapist Recall Session

This section consists of three parts: 1) descriptions of therapist themes, 2) description of the ground of these themes, and 3) discussion of the structural relationships among themes.

Therapist Themes

Explanations and examples for the two therapist themes, Being With the Client and Doing For the Client,

are provided in this section. An overview of each theme is given followed by more detailed descriptions of the subthemes.

Being With the Client

The theme, Being With the Client, describes the strong relational emphasis that was experienced when therapy was going well. During these moments, the therapist was aware of the therapeutic relationship as a whole, and did not experience the client in a more separate sense. Some examples of this theme include the therapist feeling a strong connection with the client ("I'm really with her and understanding"); feeling strong empathy ("being intensely attuned to what she was feeling"); and sensing a merging of boundaries ("it felt like we were just one voice"). In the following example, the therapist described how very present and intense the connectedness was with the client during this positive moment in therapy:

> I really think that in that moment, in just being that intensely attuned with what she was feeling . . . that it's really hard to do or be anything else. You know, I think that when I am that connected there's not much else going on for me. This really being there with her, that's all, there's no room for anything else.

Effortless Flow. The subtheme, Effortless Flow, was described by the therapist during positive moments in therapy. At these times, she had an intuitive sense, or a knowing, that therapy was progressing. She also described the therapy process as effortless, and that more therapeutic progress was made than she expected. During Effortless Flow, the therapist sometimes responded physically, through the use of gestures, before she was cognitively aware of her response. The following examples illustrate the effortless and knowing qualities of the experience of Effortless Flow:

> Things start coming real freely and flowing. Flowing is a real good word for it, there's just this flow where it's not me trying so much as it's just happening. . . . It's kind of effortless at that point. And there's a knowing that something really important is happening. . . . And I may leave feeling like "Oh my gosh! I worked really hard." But in the midst of it, it was just kind of this flowing.

> It felt like sailing across the top of, where sometimes it feels like grueling work . . . this is kind of sailing. That's part of how I know it's right, it's that flowing . . . being kind of effortless.

This example shows how more therapeutic progress was made than the therapist expected during the Effortless Flow state:

> It was going beyond what I'd hoped it would do, it was also serving to pull some things together in a real important way. And I think that's part of what happens when I start flowing, in that way, that it does do more than I expect it to do.

In this last example of Effortless Flow, the therapist described how her body sometimes "knew" that she was understanding and feeling connected with the client:

> It's when I start using my hands, you know, kind of drawing things with my hands, that it feels like I'm really understanding. . . . Where my hands sometimes know better than my words what's going on. . . . It may not be until I see myself using my hands that I'm always aware that that's actually what's going on, you know, that I'm really with her and understanding, that kind of, into that flow again.

Beyond Words. Another subtheme of the Being With the Client theme is the therapist's experience of Beyond Words. During the recall session, the therapist described a Beyond Words experience in which it seemed that something was occurring beyond two people interacting with one another. She said it was difficult to find words to describe this timeless and

highly focused relational experience. During this period of Beyond Words, the therapist worked intuitively and felt a strong sense of connection with the client. In fact, the boundaries between the therapist and client seemed to merge at these times. She summarized this experience by describing Beyond Words and Effortless Flow experiences as both having a strong spiritual component. The following example highlights the Beyond Words experience for the therapist:

> It was at that point that I started getting into this place . . . where it's like somehow something's happening that's beyond just two people sitting in the room talking, and something was happening that was beyond, that felt really strong and powerful. I'm very aware of how difficult it is to talk about these things that I feel like I do intuitively, just not having words . . . but maybe there just aren't words to describe some of these things. There really is kind of a beyond words experience.

The merging experience between the therapist and the client is illustrated in this example:

> It felt like we were just one voice. . . . It's more like being in her anger with her. . . . I think that was part of that kind of being beyond, just kind of being the one voice. And her really knowing I was right there with her . . . in what she was doing, in what she was feeling.

The timeless and highly focused experience of the therapist is portrayed by the following:

> I'm becoming more intensely involved in what's happening between her and me . . . it's getting to a place where it's beyond just talking to each other. . . . Like being fully present with her. My mind is not going off somewhere else or I'm not being distracted by something or thinking beyond that moment, but really fully being in that moment.

In this example the therapist related both Beyond Words and Effortless Flow to a spiritual dimension:

> It's almost a spiritual experience . . . when I think about what's beyond me or beyond our relationship. . . . When I talk about the flow it feels like a spiritual tapping into, God's energy, and that sort of thing.

Moving. Moving is a subtheme of both therapist themes, Being With the Client and Doing For the Client. It is related to two separate experiences: Moving On and Moving Back. In the Moving On experience, the therapist described times when she and the client were in agreement regarding the direction of therapy. The therapist believed that the client needed to make changes and possibly end the relationship with her boyfriend. This therapeutic framework of the therapist was supported by her belief that the client's relationship with her boyfriend was "based on some real

negative stuff." Moving On, therefore, was described as occurring when the client spoke about making assertive changes in her relationship with her boyfriend. Inferred in this theme is the notion of therapy progressing forward and the occurrence of change and action. Moving On reflects the therapy process when it was experienced as a path, a track, as something happening, or by therapeutic processes coming together. In the following example, change and action are portrayed while the therapist's focus was on the client:

> She's beginning to say out loud some of the things that she`s been thinking about for a long time and are really important for her to say out loud and hear what she's saying. . . . It's like being honest about things as they really are so then we can move on to doing something differently.

This next example describes therapy as a path, implying forward movement:

> This was like, yeah, we're really on the path to doing some good work here. . . . It feels like things are just really moving in the right way . . . . We`re moving toward her being able to really make some positive changes in her life.

The next example illustrates the idea of therapy coming together through a lining up experience. It

also shows Moving On as arriving at a location, or place, in the therapeutic process:

> When I began to get to those core issues it's like there's a lining up that occurs. . . . It was that kind of coming together and just knowing we're really in line and she had really begun to get to that place that's really important for her.

The Moving Back part of the Moving subtheme describes times when therapy was not Moving On, or was not on track. This phenomenon occurred when the client expressed feelings about her relationship with her boyfriend that did not coincide with the therapist's belief that changes were needed in the relationship. In the following example, the therapist described the client as Moving Back when the client disclosed her assumption that she and her boyfriend will get married:

> (Therapist quotes client) "Once we're married!" Then it's like, oh my gosh, did I really do anything at all today? Is everything I said to her out the window? But it's not . . . she (the client) moves from one to the other (side of her ambivalence), and she had moved at that point back to the place where she just can't imagine any other way but to be with him.

Doing For the Client

Doing For the Client is the other main theme that describes the experience of the therapist when therapy was going well. During times when this theme was

figural, the therapist experienced a sense of distinctiveness from the client. This feeling of separateness differed from the therapist's experience of oneness with the client when the Being With the Client theme was most present. While Doing For the Client, the therapist needed to feel separate from the client in order to consider her technique, thoughts, and feelings. Decision-making is implied in this theme. The therapist made decisions based on her cognitive and affective reactions to the client and based on things she wanted to have happen for the client. When the theme of Doing For the Client was present, the therapist was either primarily focused on the client or was most aware of her own process. This distinction can be seen in the examples of the subthemes of the main theme that follow. The following example exemplifies the therapist's focus on her technique, thoughts, and feelings, all in the service of Doing For the Client:

> My summarizing what she was feeling (about her relationship with her boyfriend), trying to give her unconscious that conscious voice. . . . I wanted to make it real clear to her, kind of lay it out in front of her so it's no longer just kind of confusion anymore. . . . I was really feeling

> that pull, you know, wanting so much for her to see and be able to know, just know what she's saying, and yet knowing she's only able to hear so much right now. So I felt like I was kind of at the edge of saying as much as I could possibly say, as strongly as I could possibly say it, without pushing her further than she can go.

Thinking/Feeling About. Thinking/Feeling About is a subtheme of the Doing For the Client theme. During the recall session, Thinking/Feeling About was described when the therapist talked about various affective and cognitive reactions that she experienced while interacting with the client. Some of these reactions revealed a personal involvement by the therapist in the client's therapeutic process. The "About" part of the Thinking/Feeling About term illustrates the separateness the therapist experienced from the client as she thought about her. Sometimes the therapist focused primarily on the client as she experienced her reactions; at other times she was mainly aware of her own process. The cognitive aspect of this Thinking/Feeling About theme includes three main experiences: 1) the therapist's awareness or observation of the client, 2) the therapist's cognitive understanding of the client and 3) opinions the

therapist had about the client's situation. The following are examples of the therapist's awareness of the client:

> This whole process of her talking about these things seems to be a really important thing, that she's able to say them out loud.
>
> I became more aware of how low her self-esteem is, what she puts up with, that he treats her mean. . . . She's willing to kind of take that all of the time.

The next example illustrates the therapist's cognitive understanding of how the client's past relates to her current behavior:

> This is really important, this is not just an isolated experience with her boyfriend. . . . Here it is connecting to this past in her life which has been a theme for her for a long time.

The therapist developed opinions about how changes in the client's current behavior would affect her relationship in the future:

> Probably nothing or little is going to change in their relationship until she starts being a different person. My guess is that as soon as she starts letting herself really be herself and starts to build on that, she's not going to have much use for him anymore.

The affective portion of the Thinking/Feeling About theme is illustrated in the following example by the therapist's empathy toward the client's pain:

> I became aware of that deep pain . . . just the look on her face . . . the more she talked about it, I was just really feeling for her.

The therapist also had affective responses that were geared more toward herself. In the following example, the therapist was aware of her feelings and described how she needed to be careful about showing this reaction to the client. This carefulness is reflective of the Choosing/Wanting subtheme that is discussed after this example:

> There's this feeling, "Wow, this is good, something's happening here" and also . . . "Be careful, (don't) let too much of this show."

Choosing/Wanting. The Choosing/Wanting subtheme describes that aspect of the Doing For the Client theme that reflects the therapist's focus on her therapeutic technique. The therapist reported being aware of technique as she made choices about how to intervene. During these times, the therapist was focused on the present as she made decisions about technique. At other times, the therapist was aware of wanting certain things to happen in therapy; at these times, she was aware of therapeutic intentions. In the following

example, the therapist was choosing to be very careful about how she verbalized her interventions:

> I was aware of choosing my words very carefully, because I know how much he does mean to her and I'm aware of the delicate balance of trying to challenge her with some of these things, but not alienate her. It felt like part of the balance keeping that I've been doing throughout (the session). Trying not to get too close to either one point of her ambivalence, just trying to stay equidistant with those things.

This next example shows how the therapist had a plan, or an intention, in mind for what she wanted to convey to the client:

> I want to make it real clear to her, kind of lay it out in front of her so it's no longer just kind of confusion anymore.

Another example of the therapist wanting certain things to happen in therapy describes how the therapist wanted the client to experience certain effects from her therapy experience:

> I was wanting for her to hear and see what she was really saying.

The therapist also wanted the client to take certain steps during therapy:

> I wanted as much as possible for it (negative comments about her relationship) to come from her.

Another part of Choosing/Wanting relates to the therapist addressing different levels of the client's consciousness. In the next two examples, the therapist described how she chose to address the client's unconscious as well as how she wanted to perceive the deeper client issues:

> It was one of those times when I was speaking to a deeper level in her. A more unconscious level . . . and I think on some level she was hearing that.

> From the very first session I'm really looking for, trying to perceive the core issues. And it's like when I began to get to those core issues, it's like there's a lining up that occurs.

In summary, the two main themes, Being With the Client and Doing For the Client, describe two types of interaction the therapist experienced with the client during positive moments in therapy. Throughout the recall session, the therapist's descriptions of her experience moved between these two styles of relating. The following example illustrates a time when the therapist moved from the Doing For the Client to the Being With the Client mode of experiencing:

> That intervention of trying to help her see what their relationship was based on felt really important. . . . I was aware of the importance of naming those things and continuing to come back to

> that (intervention). . . . I felt like some good work was really occurring. In the moment just before you turned this off I think it was kind of a different thing. I was really feeling with her, to say she has no self . . . that's the crux of this, you know. . . . I just felt a real deep agony for her about that. I was aware of the look on my face, just really feeling with her, because I'm aware that I was feeling that loss more than she's able to feel it right now. . . . It went from a more cognitive kind of process for me, making this intervention that I felt would be helpful, . . . to really being with her, you know, in an intensely affective way.

Ground for the Therapist Themes

The ground in the thematic structure provides a context against which experiential themes emerge and become figural. In the protocol from the recall session, the themes and ground often were described in similar terms, with themes being prominent and the ground providing the context.

Therapeutic Relationship

Therapeutic Relationship was described as the major ground serving to contextualize the themes, Being With the Client and Doing For the Client. The therapist's experience of each theme was grounded in terms of her awareness of the therapeutic relationship. In other words, therapist themes could only emerge in a meaningful manner with the ground of the therapeutic

relationship. For instance, with the Beyond Words aspect of the Being With the Client theme, the therapist talked about "something happening that's beyond just two people sitting in the room talking . . . that felt really strong and powerful. . . . There really is kind of a beyond words experience." The therapist's sense of Beyond Words was based on, or grounded upon, the feeling between the client and herself.

Structural Relationships Among Themes

A structural diagram of the interrelationships of the themes and subthemes of the therapist's experience of positive moments in therapy is presented in Figure 1. The two main themes, Being With the Client (top half of Figure 1) and Doing For the Client (bottom half of Figure 1), illustrate the two types of experiences described by the therapist during moments when therapy was going well.

It is important to note that the Moving subtheme is "located" in both halves of Figure 1. As described earlier, the Moving On portion of this subtheme is associated with the Being With the Client theme,

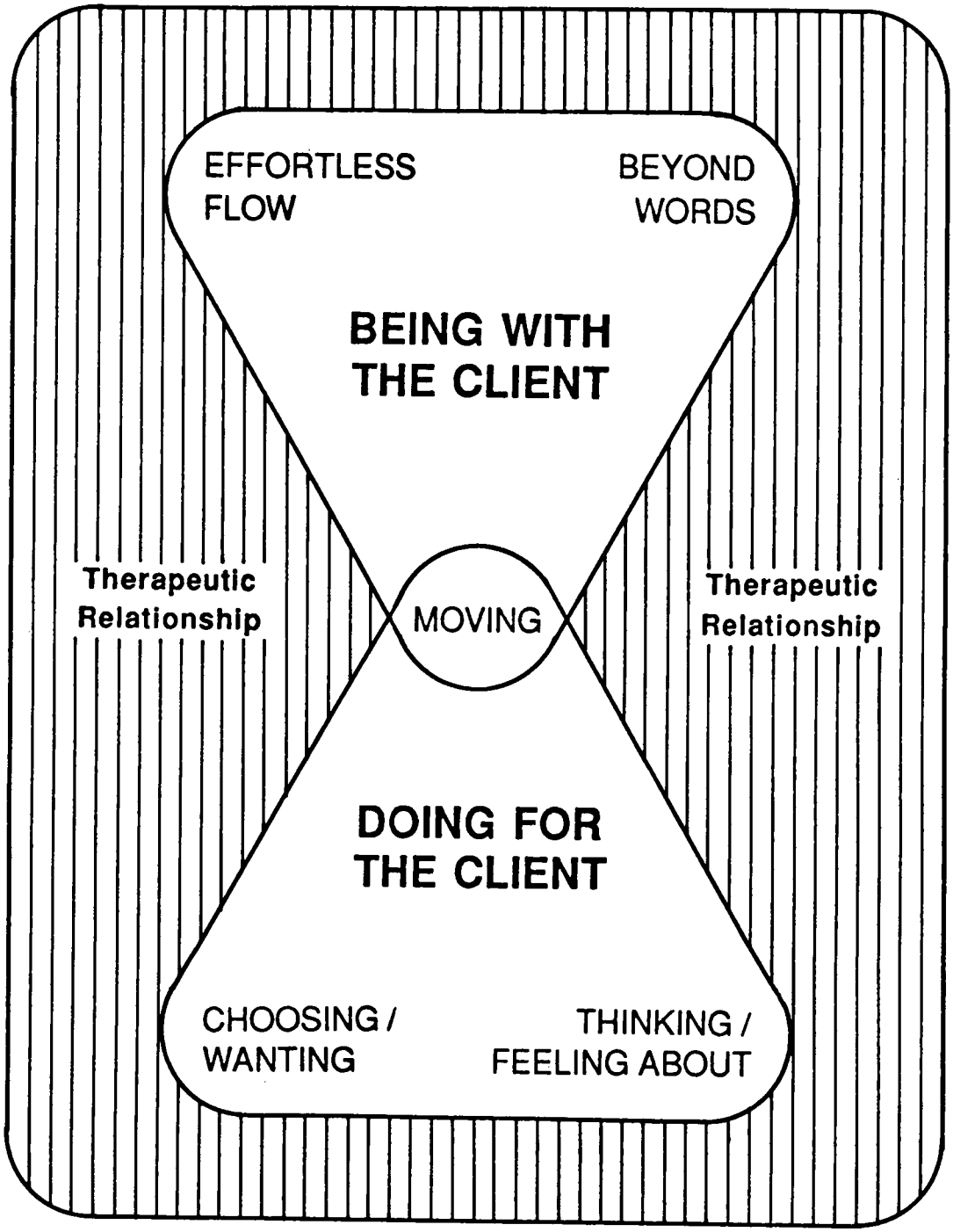

Figure 1. The thematic structure of the therapist's recalled experience of positive moments in therapy.

whereas both Moving On and Moving Back are associated with the Doing For the Client theme. There are three main points to be addressed in terms of this figure. The first point has to do with the difference between the intuitive and analytical styles of the therapist. The theme in the top half of Figure 1, Being With the Client, represents an intuitive style used by the therapist as she was experiencing positive moments in therapy. For example, the therapist spoke of her Beyond Words experience as something she sensed, but had difficulty describing in words. Therapist themes in the bottom half of Figure 1 reflect an analytical style used by the therapist. In essence, the major theme of Doing For the Client is more technique focused than the theme in the top portion of the structure.

The second point relates to the differences in the therapist's proximity to the client in the two parts of the structure. Effortless Flow, Beyond Words, and Moving all describe a merging quality between the therapist and the client. This is exemplified by the main theme: Being With the Client. On the other hand, the main theme, Doing For the Client, and its

subthemes, Thinking/Feeling About, Choosing/Wanting, and Moving Back, dictate a need for separateness between therapist and client. For instance, the therapist assumed a more detached posture in order to be aware of her thoughts, feelings, and therapeutic technique, especially when she felt the therapy was Moving Back.

The third point regarding structural relationships is the similarity that exists between the subthemes in the top and bottom portions of the diagram. For example, Effortless Flow and Choosing/Wanting both address the energy output by the therapist. Effortless Flow is characterized by a lack of effort by the therapist during positive moments in therapy whereas Choosing/Wanting indicates conscious therapeutic work is being employed by the therapist. Similarly, Beyond Words and Thinking/Feeling About both relate to the degree of closeness between the therapist and client. As mentioned above, Beyond Words depicts a feeling of oneness with the client whereas Thinking/Feeling About requires a separateness between the client and therapist so she could become aware of and use her

experiencing to help the client in her therapeutic process. Both parts of Moving characterize the direction of the therapy process.

In summary, it should be noted that the two halves of the thematic structure have a dynamic relationship. This dynamic relationship between the top and bottom parts of the structure can be considered from a figure/ground perspective. For example, when the therapist was focusing energy on therapeutic technique (figure), the experience of Effortless Flow (ground) had receded from her awareness. The experience of Effortless Flow as a ground served to highlight, or contextualize, the experience of Doing For the Client. Likewise, if the therapist described the therapy relationship as Beyond Words, the sense of separateness from the client indicative in the Thinking/Feeling About subtheme was not figural in her consciousness.

Client Recall Session

This section consists of three parts: 1) descriptions of client themes, 2) descriptions of grounds of client themes, and 3) discussion of structural relationships among themes.

Client Themes

Explanations and examples for the client themes, Saying It/Being Understood and Not Saying It/Not Being Understood are provided in this section. An overview of each theme is given followed by more detailed descriptions of subthemes of each theme.

Saying It/Being Understood

Positive moments in therapy for the client occurred when the client or her therapist were Saying It and when the client felt she was Being Understood. Saying It involved times when the client verbalized her thoughts and feelings to her therapist as well as times when the therapist said things to the client. The client experienced Being Understood when she was able to say things to her therapist. While it was the client's experience of Saying It that was present to her during positive moments in therapy, the overarching

experience of Being Understood was most salient to the client. As the client spoke about her experience of Saying It/Being Understood, she described a process of realizing things, having a sense that she was getting better, having an embodied awareness of feeling good, and a feeling that the therapist was supportive of her. The four subthemes of the theme of Saying It/Being Understood were: Realizing Things, Getting Better, Feels Good, and There For Me. In the following descriptions, the first two examples are of the client Saying It, while the last exchange illustrates the therapist saying things to the client. For the purpose of this discussion, the main theme will be identified as Saying It, instead of Saying It/Being Understood.

Realizing Things. By talking with the therapist, the client was aware of Realizing Things, or experiencing an increased understanding about relationships in her life. The client Realized Things about her relationship with her boyfriend in the following examples:

> I really had a realization, like this is really what I think like . . . and you're like "man, this is really true." It was kind of just realizing what I'd been feeling for a long time that I've

> never really spoken. You know, I just kind of felt it and kept it inside and I finally said it, you know, finally realized that I didn't feel important to him.
>
> Being able to tell somebody else really made me see that. I understood . . . talking to her makes me understand more about my relationship.

The client also described times when the therapist said things that facilitated a new awareness about herself. In the following example, the client Realized Things about the positive aspects of her behavior after the therapist had spoken to her:

> Here's the bad and here's the good and by her (the therapist) talking about it, I could see both sides instead of looking at it just from the negative aspect.

Getting Better. The client described herself as Getting Better, or as making therapeutic progress, when she felt understood as well as when she was able to say things to the therapist. In this example, the client believed she was Getting Better because she was able to think of things and realize things on her own:

> It challenges me to think of it myself, I feel that makes me feel better inside, I feel like I'm getting better myself . . . it's not totally her telling me things, it's me realizing things for myself.

The client also described how she was Getting Better by being able to be more assertive with her boyfriend:

> He must be seeing that I am getting stronger and getting better. And I'm not going to be taking what he dishes out so much anymore.

In this next excerpt the therapist said things to the client that made the client believe she was Getting Better:

> She actually says things that I can see, you know, I'm getting better. She says things that I know are helping me to get well inside. You know, ways to make my life better.

Feels Good. The client described herself as "feeling good" during moments when therapy was going well. While the Getting Better theme has a cognitive focus, the Feels Good theme has a more embodied, emotional orientation. In the following examples, the client described feelings that she experienced after expressing herself to the therapist:

> Being able to say it on my own makes me feel confident in myself and it makes me feel a little more settled, a little easier, you know. . . . It's just comforting . . . realizing that "Gosh, that made me feel good," to be able to say that. It feels a lot more peaceful, like there wasn't so much turmoil inside. My mind wasn't racing back and forth between things and I just was just kind

> of calm and at peace. . . . So by telling her I can say it and get a little bit of peace inside.

The client also described her experience when the therapist spoke to her about feelings of self-importance:

> Somebody else telling me that I was important, really, really felt good inside. It really felt like somebody thinks I'm important. So that was great. It made me feel really happy. It made me feel really good about myself.

<u>There For Me</u>. The subtheme, <u>There For Me</u>, reflects the supportive relationship the client experienced while sharing feelings with the therapist. In the next two examples, the client described the nonjudgmental and trusting aspects of the therapeutic relationship:

> I can tell somebody and you know that she really understands. . . . She's really there with you and understanding. You know, hearing your side of the story and on your side. I felt like she's on my side, helping me fight my battle, you know, against myself.

> It's the first person who's not going to judge. . . . She understands me and I can tell her and you know, I feel like she's going to believe, she's going to help me to realize what's true.

The client acknowledged the importance of the therapist speaking to her by the following:

> She kind of is there for me, to listen to what I had to say and also be able to respond and say something that's helpful. . . . She actually says things that I can see. . . . She says things that I know are helping me to get well inside.

Not Saying It/Not Being Understood

During the recall session, the client talked directly about her experience in therapy as portrayed by the Saying It/Being Understood theme. At other times during the recall session she spoke about her experiences outside of therapy, as revealed in the Not Saying It/Not Being Understood theme. During these experiences, the client described how difficult it was to share her thoughts and feelings with significant others in her life. Since she was unable to share feelings effectively with others, she often did not feel understood. Even though the client talked about events outside of therapy during the recall session, it should be emphasized that the stimulus for her to talk about Not Saying It was the recall review of the tape of her therapy session. For the purpose of this discussion, the Not Saying It/Not Being Understood theme is shortened to Not Saying It.

The Not Saying It theme was a significant part of the client's experience during the recall session because it provided a backdrop or a standard of comparison for what the client was able to do verbally in the therapy session. The client highlighted the importance of her sharing with her therapist by contrasting that sharing with her perceived inability to speak openly with others in her life. The client more often talked about Saying It than Not Saying It during the recall session. Therefore, there are fewer examples of Not Saying It than there are of Saying It in the protocol of the recall session.

The way in which the client theme, Not Saying It, was illustrated was by the client Not Wanting To See Things, Not Being Able to Connect, Not Feeling Effective, and by being Afraid of Being Judged. Explanations and examples of these aspects of the Not Saying It theme follow:

Afraid of Being Judged. The first way the client theme, Not Saying It, was described was in terms of being Afraid of Being Judged. The client was afraid of sharing her thoughts and feelings with others in her

life for fear of being judged by them. In the following examples, she contrasted her fear of others judging her with the ease she felt in speaking with her therapist:

> I didn't want to tell anybody because I was afraid they would be judgmental, that they would use it against me later . . . but I knew that wouldn't happen with her (therapist) so that's O.K., it's O.K. to say it.

> You don't want to share your feelings with other people because you might get judged about how you feel, and knowing that she's (therapist) not going to judge makes me comfortable to say things and realize them.

Not Being Able to Connect. A second subtheme of the Not Saying It theme was Not Being Able to Connect. The client did not feel able to express her feelings with others in her life. When she did attempt to express herself, she felt there was a lack of understanding and attention given to her by others. This lack of sharing resulted in her feeling disconnected and alienated from others. In the following example, the client described her inability to express her feelings with others:

> I`ve never been able to tell anybody the bad so that's what I always thought about, and I felt like everybody could see the good so there's no need to talk about that.

In the next two examples, the client described not sharing her feelings with her boyfriend because she believed he would not understand (first example) or he would not be attentive (second example):

> (If I talked to my boyfriend) he would react just the same way that he always had. He would not understand.

> A talk to him, it's not the same as somebody really looking you in the eye, paying you attention, and giving you their undivided attention. Totally one-hundred percent and understanding.

Not Wanting to See Things. The subtheme of Not Wanting to See Things describes how the client felt unable to face and express her feelings with others in her life. The client hoped that if she didn't say her feelings aloud, or if she didn't "see" her problems, then she wouldn't have to face the reality of her situation. The following example describes how the client's experience changed from Not Wanting to See Things to Realizing Things when she felt noticed, or understood by the therapist:

> I never wanted to say it or see it or believe it but with somebody else noticing it, it forced me to see that that was true, too. To admit the truth.

In this next example, the client spoke about not wanting to accept the truth:

> It's kind of like, if I don't say it, it's not true, you know. I don't want to accept that.

Not Feeling Effective. The final subtheme of the theme, Not Saying It, portrays the client as Not Feeling Effective. The client's feeling of ineffectiveness included a sense of hopelessness and powerlessness about her ability to communicate. In this example, the client described the manner in which she did not feel effective in communicating with her boyfriend:

> That's my only chance, you know, to get mad about a certain situation or react. And I only got one chance to react and if I do it wrong, it's just not going to be effective. And it usually never is effective.

The client felt a sense of powerlessness about being able to tell her boyfriend how she felt:

> That's exactly what I wanted to say to him. You know, exactly, I want to go, "Pay attention," that's how I want it to be, but I didn't feel like I could.

The client also felt hopeless about trying to communicate effectively with her boyfriend, as indicated in these last two examples:

I just gave up trying. I just didn't get mad anymore.

I don't feel like it would help to tell him these things.

Grounds for Client Themes

The ground for the experiential theme of Saying It/Being Understood was the Therapeutic Relationship. The ground for the theme, Not Saying It/Not Being Understood, was the World of Others. An example is given of each ground to illustrate the figure-ground relationship between client themes and grounds.

Therapeutic Relationship

The Therapeutic Relationship describes the ground against which the Saying It/Being Understood theme became figural. The client felt good, realized things, felt supported by her therapist, and believed she was getting better because she was able to speak to her therapist about intimate thoughts and feelings. The client's ability to verbalize her inner struggle was experienced as due to the strength of the therapeutic relationship. The meaning for the theme, Saying It/Being Understood, becomes apparent through the interdependence between the theme (figure) and its

ground. In this example, the client spoke about this trusting relationship:

> Since I've been going to counseling, I haven't been able to trust anybody, so it was nice to be able to finally realize; I think saying it made me realize that I did trust somebody. There was one, at least one person out there that I trusted.

World of Others

The World of Others was the ground against which the Not Saying It/Not Being Understood theme became figural. The client did not feel understood and chose not to share her intimate thoughts and feelings with her boyfriend, parents, or friends. It was through the client's experience of others in her life that the Not Saying It theme took form. In the following example, the client spoke about how her Not Saying It was based on the type of relationships she had with her parents and boyfriend:

> I don't want to tell them (parents) bad things about my boyfriend because I feel like it will distort their view of him. I want them to think he's as good as he can be so they don't give me a hard time about it. . . . I for sure can't tell my boyfriend because he just doesn't understand.

Structural Relationships Among Themes

The experiential themes for the client are divided into two interrelated parts (see Figure 2). The top

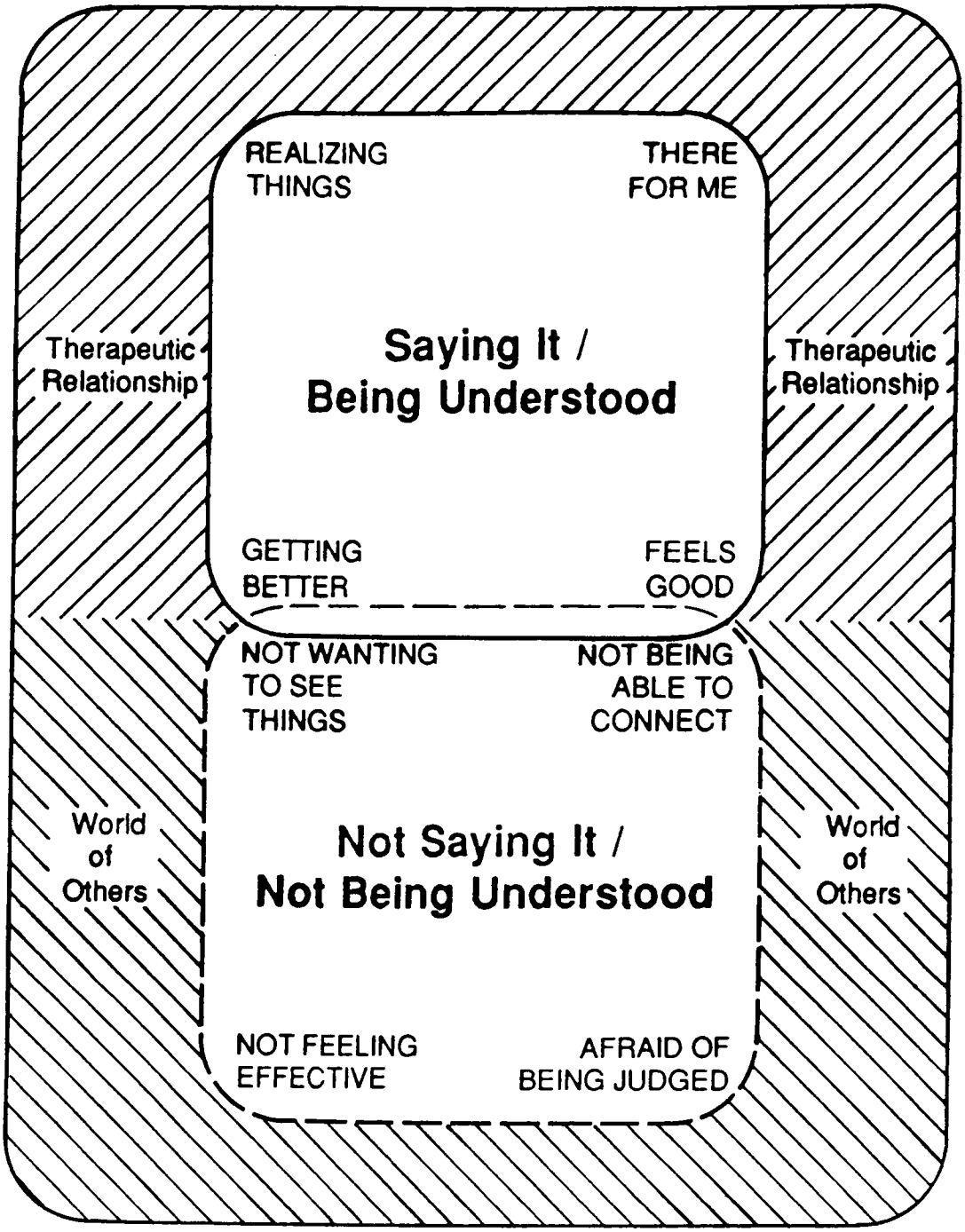

Figure 2. The thematic structure of the client's recalled experience of positive moments in therapy.

part is meant to capture the Saying It/Being Understood theme whereas the bottom part is meant to depict the Not Saying It/Not Being Understood theme. Each of the subthemes of the two main themes corresponds with a comparable subtheme of the other main theme. In fact, the two parts of the Figure could be layed upon one another, with each subtheme corresponding to the subtheme above or below it. For instance, when the client was Saying It, she Felt Good; when she was Not Saying It, she experienced being Afraid of Being Judged. Likewise, the client believed the therapist was There For Her when she was Saying It and she was Not Able to Connect when she was Not Saying It. Lastly, when the client was Saying It, she believed she was Getting Better and Realized Things, which correlate, respectively, with times the client did Not Feel Effective and did Not Want to See Things when she was Not Saying It. The correlation of these subthemes emphasizes the interrelationship between the two main themes. The client explained the significance of Saying It to the therapist by speaking about Not Saying It with others in her life.

The two parts of this structure can also be considered from a figure/ground perspective. The experience of Saying It for the client stood out in terms of her awareness of what it was like to Not Say It to others in her life. Similarly, when the Not Saying It theme was figural, the client understood this experience in terms of her experience of Saying It with her therapist. According to this perspective, the two main themes existed in a dynamic manner, shifting back and forth in terms of being figures and grounds.

COMPARISON OF RECALL SESSIONS

The following results compare therapist and client themes during their respective recall sessions. The first analysis involves identifying and analyzing five recall segments in which the therapist and client stopped the tape at similar times. The second analysis involves an in-depth examination of one therapist recall segment along with a corresponding client recall segment. The purpose of these analyses is to determine: 1) what themes were present or absent in the five recall segments, 2) whether any patterns could

be detected between the therapist and client themes that were present, and 3) if similarities and differences existed between one client recall segment and one therapist recall segment.

Comparison of Five Recall Segments

Therapist and client recall sessions were carried out separately and, in most cases, the therapist and client did not stop the therapy session tape at common points. There were five points, however, in which each did stop the tape at similar times. The themes that were present during these five common recall segments are noted in Table 1. Therapist subthemes that were present in at least four of the five recall segments were Moving, Thinking/Feeling About and Choosing/Wanting. The client theme that was present in at least four of the five recall segments was Saying It with all four subthemes present, Getting Better, Feels Good, Realizing Things, and There For Me.

The client theme, Saying It, and the four corresponding subthemes were most representative of the client's reported experiences during these recall

Table 1

Client and Therapist Themes from Five Recall Segments

	Recall segments				
Themes/Subthemes	1	2	3	4	5
Being With the Client					
Effortless Flow		X			
Beyond Words	X				
Moving	X	X	X	X	X
Doing For the Client					
Moving	X	X	X	X	X
Thinking/Feeling	X	X	X	X	X
Choosing/Wanting	X	X		X	X
Saying It					
Getting Better	X	X	X	X	X
Feels Good	X	X	X		X
Realizing Things	X	X	X		X
There For Me	X	X	X	X	X
Not Saying It					
Judged	X	X			
Not Connected	X	X			
Not Seeing		X			
Not Effective		X	X		

segments. For the therapist, the theme, Doing For the Client, and its three subthemes, were most figural in the recall segments. These results indicate that while the experiences of the client and therapist were different, they were also complementary. For example, the therapist subtheme, Moving, corresponds to the client subtheme, Getting Better. Likewise, the therapist subtheme, Thinking/Feeling About, corresponds to the client subtheme, There For Me. It makes sense that the experiences of the therapist and client were different since they have different roles as participants in therapy. The relevant point is that the experiences of the therapist and client complement each other during similar positive moments in the therapy session.

In-Depth Analysis of Two Corresponding Recall Segments

The second analysis was more qualitative in nature and involved an in-depth examination of one pair of corresponding recall segments for the client and therapist. In other words, these therapist and client recall segments are their respective recalled

experiences about a similar therapy session segment. Protocols for the therapy session segment and subsequent therapist and client recall segments are provided in Appendix E. Lists of the therapist and client recall session themes and examples are provided in Tables 2 and 3, Appendix H. In the following section, summaries of the therapy and recall session segments are provided.

Summary of Therapy Session Segment

Preceeding this therapy session segment the therapist had asked the client, "What would you say your relationship with your boyfriend is built on, based on?" The client proceeded to name approximately ten relationship characteristics. For instance, the client had said her relationship was based on fear, anger, distrust, love, and familiarity. In this segment, the client admitted that she would only want to keep two of the ten characteristics that are a part of her present relationship. For example, the therapist asked, "How many of them (characteristics) would you choose to keep if you were choosing a good, ideal relationship for you?" The client responded,

"Love, and familiarity, I guess, too. So besides that, that's about it." The client then proceeded to say she felt hurt, depressed, and angry inside, and that she felt hopeless about the possibility of productive communication with her boyfriend. She ended the segment by expressing angry feelings that she felt toward her boyfriend.

Summary of Therapist and Client Recall Session Segments

In the therapist's recall segment the therapist said she was excited about how therapy was "going beyond what I'd hoped it would," and that this felt like a flowing experience. She believed it was important not to show this excitement to the client. The therapist was pleased that the client was realizing the connection between her relationship with her boyfriend and her past. The therapist intervened with the client in what she called a "benign manner" so that the client would not feel a need to defend her relationship. The therapist had expectations that the client would be able to explore and voice her dissatisfaction with the relationship.

In the client's recall segment the client said that she couldn't talk to her boyfriend about her feelings because she was afraid, believed she wouldn't be listened to, and because she felt hopeless. While expressing herself to her therapist, however, she experienced feelings of peace, relief, and the reassurance that her feelings were a normal reaction to her situation. For instance, the client said, "Being able to tell her, it's like telling anybody, it helps."

In summary, the therapist spoke about a positive, flowing experience in her recall description due to more progress occurring than she had anticipated. She also had thoughts, or expectations about how therapy should proceed and she was aware of making choices about technique to accomplish her therapy goals. The client highlighted the significance of being able to share her feelings with her therapist, especially due to the client's apparent inability to express herself to her boyfriend.

The two major themes, Being With the Client and Doing For the Client, were present in the therapist`s recall session segment and the two themes, Saying It

and Not Saying It, were present in the client's recall session segment. Although this thematic representation differs for the therapist and the client, the therapist did have thoughts, or expectations, that the client would be able to voice her dissatisfaction with her relationship. This therapist expectation coincides with the client theme, Saying It.

ANALYSIS OF THEMES OVER THE COURSE OF THE RECALL SESSION

Recall themes and subthemes were analyzed across the therapist and client recall sessions. The question to be answered here is: Do patterns of themes exist over time in the respective recall sessions?

Therapist Recall Session

The majority of therapist themes and subthemes were present in all recall segments. However, certain themes and subthemes were more figural than others at different points in the recall session. The researcher noted those themes or subthemes that appeared most figural in each recall segment and evaluated their frequency of occurence across the entire recall

session. The following general pattern of themes did seem to describe the progression of themes across the session:

The therapist was most aware of Doing For the Client in the beginning and end of the recall session; during these times she reported focusing on therapeutic technique. Throughout the bulk of the recall session, however, the Moving subtheme was most figural for the therapist. She spoke about the client "being on a path," "being on track," or "moving on" in therapy. There was one exception to the predominance of the Moving subtheme which occurred approximately in the middle of the recall session. During this time, the Doing For the Client theme again became figural as the therapist reported focusing on therapeutic choices as the client began defending her relationship with her boyfriend. The therapist's thoughts and feelings were also figural at this time due to her focusing on a personal experience. She reported that remembering this personal experience allowed her to have more empathy for the client.

Client Recall Session

Client themes and subthemes that were figural across the recall session varied between Saying It and There For Me. The Saying It theme was predominant throughout most of the session; however, the There For Me subtheme became figural at three different points in the session. This occurred at the beginning of the recall session and at two other times when the therapist seemed to affect the client at a deeper level of her experiencing. One time was when the client remarked "someone finally noticed" her giving up of herself. The other instance occurred when the therapist reinforced the client for her progress.

In summary, a general pattern of themes existed over time for both therapist and client recall segments. The therapist primarily experienced the Moving subtheme whereas the client primarily experienced the Saying It theme. Exceptions to this pattern served to point out unusual or salient occurences in the recall sessions. One example was when the therapist was remembering a personal experience that related to the client which led to the

emergence of the Thinking/Feeling About subtheme. Another example occurred when the client was focusing on the therapeutic relationship when the therapist had reinforced her for her changes; at this point the There For Me subtheme emerged for her as figural.

CHAPTER FOUR

DISCUSSION

The purpose of this study was to describe the experiences of a therapist and a client during positive moments in therapy. The moments that were most positive for the therapist occurred when she was Being With the Client. During these times she experienced therapy as Moving, as an Effortless Flow, and as a Beyond Words experience. The therapist also described positive moments when she was Doing For the Client. During these times, she was aware of Choosing therapeutic strategies, Wanting the therapeutic process to proceed in a certain way, and of having Thoughts and Feelings about the client. The client described positive moments as those times when she was Saying It and Being Understood by her therapist. The client felt understood when she was able to verbalize her thoughts and feelings to the therapist. During these times she trusted and felt accepted by her therapist (There For Me subtheme), and she Realized Things, Felt Good, and believed she was Getting Better.

METHODOLOGICAL ISSUES

In this research a phenomenological methodology was employed in order to study participants' experiences of positive moments in therapy. Polkinghorne (1989) describes how the phenomenological method is different from other methodologies in that it examines "experience as it actually appears in a person's consciousness. . . . (which is) different from commonsense descriptions that are aimed at depicting things or happenings as they exist independently of a person's experience of them" (p.46). A modified Interpersonal Process Recall procedure was used to capture in-session experiences of moment-to-moment interactions between the therapist and the client. Along with a list of themes, a thematic structure was produced that depicts interrelationships among themes.

Other studies covering positive events in therapy have focused on particular aspects of these events such as the effect of therapist responses on client impact (Elliott, 1985), or clients' ratings of therapeutic impact (Elliott et al., 1985; Elliott & Shapiro, 1988).

Researchers have also used open-ended, post-session questionaires with predefined category systems (Martin & Stelmaczonek, 1988) or category systems developed from the data (Lietaer, 1992). Some of these studies used IPR, or variations of it, and all have used raters to analyze and/or categorize the results. Rennie (1992) investigated general experiences of clients in therapy by using a tape replay procedure and the grounded theory method of data analysis.

The present research differs from these studies in that the participants were asked to describe their own experiences in their own words. These words, which became the data of this study, were then analyzed using a phenomenological data analysis procedure. The researcher let the participants' experiences "speak for themselves" rather than attempting to categorize the data according to a specific theoretical perspective (Elliott & James, 1989). The present results reflect the participants' descriptions of their awareness while experiencing positive events in therapy.

Reliability

In his discussion of the interview technique in qualitative research, Kvale (1983) suggested the need to reinterpret the criteria for reliability and validity in phenomenological research. Traditional reliability coefficients are not appropriate for phenomenological data analysis. Reliability was addressed, however, in three ways. First, the researcher participated in a bracketing interview so that she would become aware of, and remain as free as possible from biases she held about the topic under consideration. In this bracketing interview, the researcher followed the same routine as the therapist in the study.

Second, in the thematizing process, the researcher sought out discrepancies in the data as they were read and reread. What initially appeared to be contradictions, or unreliable data, in fact enhanced the richness of both the thematization process and the final structure. It is through the process of revising and adjusting the <u>meaning</u>, and of not being overly

concerned with content, that a final, reliable, structure emerged (Wertz, 1986).

Third, inter-rater reliability was addressed as the researcher returned to the original protocols to insure that the themes and subthemes reflected the original data. Not only was it important that the researcher be able to confirm the findings, but others had to be able to accomplish this task, as well. Through the use of research groups and collaboration with colleagues, checks were repeatedly made to ensure that the obtained results were reliable.

Validity

Validity in qualitative research is addressed by being able to "ensure a close fit between the data and what people actually say and do" (Taylor & Bogdan, 1984). In addressing validity the researcher asked, "Am I evaluating what I purport to evaluate?" There were two ways in which this question was answered. The first involved the gathering of data. Polkinghorne (1989) recommends that participants should have experience with the phenomenon under study and be able to articulate this experience. The therapist and

client involved in the present study both had extensive exposure to positive moments in therapy.

Other data acquisition factors affecting the validity of this project included the use of interview questions that neither overled or underled participants' descriptions. Accurate tape transcriptions were vital.

The second way in which the issue of validity was addressed was in the "power of presentation to convince the reader that its findings (were) accurate" (Polkinghorne, 1989, p. 57). This idea is related to the concept of face validity. The many therapist and client direct quotes form a powerful presentation of their experiences. In addition, the results must be understood and concurred with by readers who have also had experience with the phenomenon (Polkinghorne, 1989).

THERAPIST THEMES

Reflected and Unreflected Experiencing

The covert experiences of therapy participants has recently been studied (Heppner et al., 1992; Rennie, 1992). The purpose of these studies was to describe what participants reflected upon, but did not verbalize in therapy sessions. The reflected experience occurs when participants are thinking or pondering about a given moment or happening. Reflexivity, defined as a "turning back on the self" (Lawson, 1985) to think about an experience, addresses the process of cognitively considering the meaning of an experience (Gendlin, 1962; Rennie, 1992).

The therapist's thematic structure in the present study illustrates both reflected and unreflected experiences. Unreflected experiences occur when thinking in the usual sense is not a focal experience. Behavior is performed, and although one may reflect on the instance afterwards, "at the moment of the doing there is no such reflection; all there is is the act itself" (Pollio, 1982, p. 9).

The distinction between the reflected and unreflected experiences of the therapist was depicted in Figure 1 by the two halves of the diagram. In the top half, the theme, Being With the Client, is indicative of unreflected experiencing in the therapist. In the bottom half of Figure 1, the theme, Doing For the Client, illustrates times when the therapist was reflecting on her experience in the therapy session.

Reflected Experiencing: Doing For the Client

The theme, Doing For the Client, occurred when the therapist was reflecting on her technique or on her thoughts and feelings during the therapy session. Through her reflective process, the therapist usually chose not to express her immediate reactions, but often used them strategically as she intervened with the client. Evidence for this type of covert processing was provided in the recall when the therapist remarked that she experienced a great deal that she never talked about with the client. For instance, the therapist said "I'm aware that so often what's going on inside me is so different than what I'm portraying to the

client." Hill (1989) believes that therapists who reflect on their behaviors will be more effective when intervening with clients.

The Choosing/Wanting subtheme of the Doing For the Client theme is synonymous with the concept of therapeutic intentions. Hill & O'Grady (1985) define therapist intentions as "what the therapist wants to accomplish. . . . (and) the cognitive component that mediates the choice of intervention" (p. 3). Stiles (1987) has differentiated between different types of therapist intentions. His "off-record" intentions address therapists' purposes and are "subjective, epistemologically private, and hence, knowable most directly by report" (p. 236). Stiles suggests there are varying levels of "off-record" intentions and Hill (1990) calls for research studying these levels of intentions.

There are three ways in which the Choosing/Wanting subtheme emerged for the therapist. The first relates to the therapist making choices about her therapeutic technique. She spoke about such technique in regard to her own process:

> And I continued to be careful about what I said, and I felt like I was measuring my words very carefully. And measuring not only my words but my emotions. Trying to check my stuff, and at the same time facilitate her continuing to talk about that.

The therapist also spoke about her technique in terms of how she intervened with the client ("trying to puzzle with her...wonder with her").

The second way the Choosing/Wanting subtheme revealed itself concerns what the therapist wanted to have happen, or her intentions, in regard to her overall therapeutic plan. She had beliefs about what would be most helpful for the client and she "was aware of really working for that (change in client framework)." This included what the therapist wanted to accomplish in terms of her therapeutic technique ("I want to make it real clear to her"), as well as what the therapist wanted the client to be able to do ("I wanted it to come from her").

The third way Choosing/Wanting was apparent was when the therapist reported wanting to address different levels of the client's consciousness. The therapist chose to speak to a "more unconscious level" and believed "on some level (the client) was hearing

that." The therapist also wanted to access the client's "core issues" and do a "deeper level of work."

The therapist also reflected on her thoughts and feelings during the therapy process, as indicated by the Thinking/Feeling About subtheme of the Doing For the Client theme. This process may be understood in a straightforward sense; the therapist reflected on the client's needs and made therapeutic choices accordingly. Thinking/Feeling About may also be understood according to the psychoanalytic concept of projective identification which seemed to occur when the therapist reported experiencing feelings she felt the client also experienced in the moment. When this phenomenon takes place, it is recommended that therapists make sense of their reactions and use this information in decision making about the client's therapy process (Corsini, 1984). As stated earlier, there were several reactions that the therapist had and did not reveal to the client; yet, these reactions were used in her therapeutic strategy.

The Moving subtheme of the Being With the Client theme and the Doing For the Client theme may be

considered in two different ways. One way is to think about this experience of therapy in terms of the well-known phrase "therapy process." A dictionary definition of "process" is "a continuing development involving many changes" (Guralnik, 1986, p.1133). The words "continuing" and "development" imply movement and growth. In the therapy process, therefore, a sense of movement is assumed as one works toward change. The therapist described this experience by her delineation of times when therapy was Moving On versus times when it was Moving Back. She used several metaphors for forward movement (e.g. "being on a path," "getting to that place") to emphasize the positive nature of these experiences.

A second way by which to consider the Moving subtheme is in reference to William James' notion of the stream of consciousness. He conceptualized thinking and experiencing as a changing, yet continuous phenomenon. Rather than thinking/experiencing being a segmented, static experience, it was described as the stream itself (Pollio, 1979). Pollio (1982) points out that subsumed in the stream of consciousness

perspective is the experience of anticipation. This viewpoint coincides with the therapist's expectations as she is involved in therapy.

Unreflected Experiencing: Being With the Client

As noted, Figure 1 describes the structure of the therapist's experience of positive moments in therapy. The top half of the diagram is meant to represent the unreflected aspects of her experience and the bottom half, the reflected aspects. One way of understanding unreflected experiences is based on Gendlin's (1962) concept of "felt meaning." He suggests there is more to one's experience than those things that can be logically deduced and explained. Gendlin writes:

> Besides logical schemes and sense perception, we have come to recognize that there is also a powerful felt dimension of experience that is prelogical, and that functions importantly in what we think, what we perceive, and how we behave. (1962, p. 1)

Gendlin (1962) believes it is difficult to create a conceptual framework and vocabulary for unreflected phenomena. He states that "only 'intuition' or actual living can grasp it adequately, while concepts and definitions can distort and deaden it" (p. 2). The therapist clearly identified the challenge of

articulating the unreflected by the Beyond Words subtheme of the Being With the Client theme. Rogers (1980) addressed this issue by stating that "our experience in therapy and in groups, it is clear, involves the transcendent, the indescribable, the spiritual" (p. 130).

Polkinghorne (1989) writes about unreflected experience as compared to reflected experience: "The act of reflecting . . . effects a change in awareness. The initial nonreflective, direct engagement with the flow of experience . . . is replaced by the self's relocation to a point of observation that is removed from the experience" (p.46).

Unreflected experiencing has been described in terms of an embodied experience (Thompson et al., 1988). Embodiment can be construed according to the phenomenological term "lived," which means being present to an experience as it is revealed in its context. As such, it is meant to suggest a unified experience of self-in-the-world. Embodiment may also be described more literally, as when the therapist pointed out that her hand gesturing was indicative of a

"knowing"; a knowing of which she had been previously unaware. She described this moment as part of the Flow experience.

Csikszentmihalyi (1975, 1988), in his writings on the flow experience in general life activities, has developed a list of descriptive terms concerning the flow state which coincide with the notion of unreflected experiencing. One of his descriptions, the merging of action and awareness, occurs when individuals are "aware of (their) actions, but not of the awareness itself" (1975, p. 38). If, during a flow experience, one begins to question ability, technique, or, in the case of therapy, the therapeutic process, then reflecting occurs and the experience of flow ceases. While Csikszentmihalyi mostly has studied individuals participating in solitary activities (for example, rock climbers, dancers, long distance runners), it appears that achieving and maintaining a flow state in the therapy process is much more difficult due to the complexity involved with two people interacting. For example, just as the therapist is feeling very positive and "flowing," the client

could present new material requiring the therapist to reflect and make therapeutic choices, thus terminating the flow experience.

One way the therapist described unreflected therapeutic phenomena during the Effortless Flow and Beyond Words experiences was in terms of the merging that occurred between the client and herself. This is most aptly illustrated by the Being With the Client theme in which the therapist had ceased to construe her experiences in terms of herself or the client, but based her experience on the relationship as a whole. For instance, the therapist said:

> There's kind of a oneness, a unity . . . her really seeing and saying what I've been seeing and not necessarily saying but seeing for a long time in our relationship . . . we're kind of close in moving, coming into line with each other.

This merging experience has been written about by others as ego-transcending and self-forgetful (Maslow, 1964) or as a loss of ego (Csikszentmihalyi, 1975). Carl Rogers believed that "when communication is good the boundaries between communicators disappear. In effect, they mutually and freely flow into and through one another" (Van Belle, 1990, p. 52).

Other aspects of the therapist's experience of Effortless Flow and Beyond Words that have been written about concern their highly focused and timeless qualities. During the flow state, Csikszentmihalyi (1975) identifies as important the "centering of attention" at which time individuals have a specific goal and clear expectations for the endeavor at hand. When describing peak experiences, Maslow (1964) also states the "percept is exclusively and fully attended to . . . there is tremendous concentration of a kind which does not normally occur" (p.60). The therapist in this study described her focused manner with the client as being "intensely involved" with her. Similarly, she described the timeless quality as "being fully present . . . and in that moment" with the client. This timelessness was also identified by Csikszentmihalyi (1988) in his flow description and Maslow (1964) has written about a "disorientation in time and space, or even the lack of consciousness of time and space" (p. 63).

The therapist summarized her experience of Flow and Beyond Words as encompassing a spiritual dimension:

> It's almost a spiritual experience . . . when I think about the what's beyond me or beyond our relationship . . . when I talk about the flow, that's what it feels like. A spiritual tapping into, God's energy, and that sort of thing. And that feels like a really important part of what I do.

Rogers (1980) addresses the spiritual dimension in counseling process and believes its' significance has been underestimated.

CLIENT THEMES

Saying It/Being Understood

Saying It/Being Understood, or the client's ability to express herself and feel understood in-session, was the most pronounced theme in her description of positive moments in therapy. According to Elliott & James' (1989) literature review of client experience in psychotherapy, Client Unburdening, Expression was the most "impactful factor," and Client Self-Expression Permitted was the second most "helpful factor." In Martin & Stelmaczonek's (1988) study of client experiences, it is interesting to note that nearly all of their important event titles begin with "Expression

of. . . ." In their list of important events they have, among others, Expression of Insight/Understanding, Expression of Good Therapeutic Relationship, and Expressive Communication. Expressive Communication is clearly related to the client's experience of Saying It.

The importance of this theme to the client can best be described in terms of the work of Belenky, Clinchy, Goldberger, & Tarule, Women's Ways of Knowing (1986). In their interviews with women about their experiences of learning, knowing, concepts of self and relationships with others, the authors found that women's "voice" meant far more than expressing a point of view:

> Voice. . . . is a metaphor that can apply to many aspects of women's experience and development. In describing their lives, women commonly talked about voice and silence: "Speaking up," "speaking out," "being silenced," "not being heard," "really listening" . . . all having to do with sense of mind, self-worth, and feelings of isolation from or connection to others. We found . . . that the development of a sense of voice, mind, and self were intricately intertwined. (p.18)

Saying It, for the client, meant that she felt understood by her therapist. The importance of Being Understood reveals a strong relational emphasis for the

client. Lietaer (1992) found that clients more often than therapists reported the safe, trusting therapeutic relationship as helpful.

Bordin (1979) writes about the working alliance as having relational and task components. The client felt she had a relationship with the therapist which was indicated by her saying, "Now that we've been meeting awhile I feel pretty comfortable to say anything." Being able to "say anything" allowed the client the freedom to talk openly about the task at hand -- her dissatisfaction about her relationship with her boyfriend. The therapist also described experiences that indicated a working alliance was evident with the client. The therapist referred to the therapeutic relationship ("I sensed that she was trusting me more"), and to the task of addressing the client's feelings about her boyfriend ("It seemed like time to start tying some things together, I felt like that's part of what the session was about, was tying some things together that we had been talking about").

The four subthemes of the theme Saying It which are Realizing Things, Getting Better, Feels Good and There

For Me, are discussed relative to two major categories that Elliott & James (1989) developed from their review of clients' experience of helpful aspects of therapy. These two major categories are Task/Problem-Solving and Interpersonal/Affective. The category, Task/Problem Solving, coincides with the present subthemes of Realizing Things and Getting Better. This category is primarily comprised of insight and behavioral changes, with some focus on therapist intentions. Elliott & James found that the subcategory, Self-Understanding, was the most helpful impact under the Task/Problem Solving category.

The second category, Interpersonal/Affective, fits with the subthemes of There For Me and Feels Good. This category includes relationship and client affect descriptors. Elliott & James (1989) found that the subcategories of Facilitative Therapist Characteristics and Client Unburdening were the most helpful experiences in therapy. Client Unburdening directly relates to the main client theme, Saying It.

Other terms used in the literature on client experience that relate to the subtheme of Realizing

Things are Better Self-Understanding (Hill et al., 1988), Awareness (Llewelyn et al., 1988), and the pyschoanalytic concept of insight. The There For Me subtheme seems to relate to concepts in the counseling literature such as warmth, trustworthiness, and genuineness (Rogers, 1957) and Barrett Lennard's (1981) empathy contruct.

CONCLUSION

Findings from this study indicate that the therapist's experience of positive moments in therapy include an awareness of Being With the Client and of Doing For the Client. During these moments, the therapist was aware of a flow state and a beyond words relationship. She was also aware of moving, her therapeutic technique, and her thoughts and feelings about the client. The client's experience of positive moments in therapy involved her capacity to verbalize her thoughts and feelings with her therapist and to feel understood by her therapist. During these times she felt she was supported by her therapist, she

realized things, she felt good, and believed she was getting better.

In light of literature to date, these results provide the most explicit description of positive experiences of therapy by a therapist and a client. This description was created through the study of an actual interview, the use of videotape recall procedures, and a phenomenological method of data analysis. The use of videotape recall procedures enabled the therapy participants to remember back to particular moments in the therapy session. The phenomenological data analysis procedure made possible in-depth descriptions of the life-world of the therapist and client during positive moments in therapy.

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APPENDICES

APPENDIX A

Study Description

Study Description

My name is Kathy Bradley and I am a fifth year doctoral student in Counseling Psychology at The University of Tennessee. The following is a description of my dissertation research study. I have included details about what your involvement as a participant in the study would entail.

In this research study I will be describing positive moments in therapy. In order to perform this study I need the help of clients and therapists who are willing to share information about their positive experiences during therapy. As a client, if you choose to participate in this study you must be willing to partake in a series of recall sessions following your regular therapy session. This will involve videotaping your therapy session and then following the session, playing the tape back with only the recaller present in the room with you. The recaller will be Kathy Bradley, who is also the researcher conducting this study. The recaller will ask you to stop the videotape when you feel the session is going well. She will then ask you to describe your experience at that moment on the tape. The recaller will help you with this process by asking you questions about comments you make. You will be free to determine the topics you talk about. Your therapist will also be participating in recall sessions. They will be scheduled at times apart from your recall sessions. The recall sessions will be both audiotaped and videotaped and these tapes will only be used for transcription purposes. When not being used the tapes will be securely stored in the research advisor's office. Following the completion of the project all tapes will be erased. Guidelines for confidentiality are of utmost importance in this research study. The researcher is bound by the American Psychological Association's Ethical Principles of Psychologists. Both the client and therapist will be asked to not use names which identify anyone, but rather use the identifiers "my client", or "my therapist" during the recall session. Any identifying information will be deleted in the transcriptions and the final report. In addition, neither you or your therapist will have access to the tapes or transcripts

of the recall session of the other member of the therapy dyad.

The recall process should last 3 hours and will be divided into two 1 1/2 hour recall sessions. The first recall session will be scheduled, if possible, following your counseling session, and the second within a few days. If for some unexpected reason the recall is not complete after 3 hours, a maximum of one more 1 1/2 hour recall session will be scheduled. Your participation in this study will be greatly appreciated. It is also completely voluntary. You may withdraw from the study at any time. Your decision about participation in the study, or about withdrawl from the study, will have no affect on your therapy relationship with your regular therapist.

If you have questions and/or are considering participating in the study I will be available to meet with you following your next counseling session. You are also welcome to call me at home to ask questions, or to schedule another time to meet to talk about the study. Home phone: XXX-XXXX.

Thank you for considering participating in this research project.

Sincerely,

Kathy Bradley

APPENDIX B

Informed Consent Forms

INFORMED CONSENT (therapist)

Title of Study: A Phenomenological Investigation of Participants' Experiences During Positive Events in the Therapy Process.

I understand that I will be participating in a study about therapy, and that all aspects of my participation in this study are voluntary. This means I am free to withdraw from the study at any time, without penalty or prejudice. I have enlisted one of my clients to be a participant in this study. I accomplished this task by following the selection guidelines for clients, given by the researcher, and by giving the client a written description of the study. I have made a concerted effort to keep the boundaries of the therapeutic relationship with my client separate from that of the research study. This means that questions the client has regarding the research study will be referred to the researcher unless they pertain to our therapeutic endeavor.

I understand that my perceptions about positive moments in the therapy process will be expressed through the recall interview technique. This will involve videotaping a therapy session and then following the therapy session, playing the tape back with only the recaller present in the room with me. I will be asked to stop the tape when I feel the session is going well and to describe my experience at that moment on the tape. The recaller will help me with this process by asking me open-ended, exploratory questions about comments I have made. I understand I am free to talk about items of my own choosing. I also understand that I will not have access to the tapes or transcripts of the recall session of the other member of my therapy dyad, nor will he/she have access to materials from my recall session.

The recall process should last 3 hours. I understand the researcher will want to schedule my first 1 1/2 hour recall session two hours after the counseling session takes place, if possible. The second 1 1/2 hour recall session will be scheduled within the next few days. If for some unexpected reason the recall is not complete at this time, a

maximum of one more 1 1/2 hour recall session will be scheduled.

I also give permission for my therapy sessions to be videotaped and my recall sessions to be audiotaped and videotaped. I understand that my identity and responses will be kept confidential by the researcher. These tapes will be used for transcription purposes and will not be presented to any research groups. At times when the tapes are not in use they will be stored securely in the research advisor's office. Following the completion of the research project all tapes will be erased.

I understand that transcripts will be made of the recall sessions and that segments of these transcripts, with names changed, will be presented to a research group and may appear in the final dissertation. I understand that any information identifying me will be deleted from written reports.

I know that the science of human behavior is not an exact or precise science and that by participating I could experience psychological or social harm, i.e. unpleasant or disruptive thoughts about myself or my client, or there could be changes in my interactions with other persons in my life. I understand that the researcher has instituted measures to reduce my risk and protect me from harm and if such harm were to occur the researcher would make every effort to work with me toward resolution of the situation. I also understand that precautions have been taken to protect my client from psychological or social harm. For instance, if counseling needs emerge during the recall session crisis intervention will be provided by the recaller. A counseling session with the regular therapist (me) will be set up as soon as possible after such an occurence. If for some reason the client is uncomfortable talking to me about the problem, a referral will be made to another counselor for short-term intervention. In the event counseling needs emerge for the client, participation in the study will be terminated and debriefing will ensue. Results from this study are expected to have implications for training therapists.

I understand that the research is being conducted by Kathleen Bradley, a doctoral candidate in the Department of Education and Counseling Psychology at The University of Tennessee, Knoxville. I am aware that she will be performing the role of the recaller in this study, as well as being the researcher overseeing the study. It is my understanding that she is being supervised by Dr. Mark A. Hector, Professor, in the same department. I have read the above, had my questions answered, and understand what my participation in the study involves. I have received a copy of this consent form for my use and information. I understand that if I have further questions I may contact the researcher listed below. Therefore, I consent to participation in the project as stated herein.

_____ _____

Printed Name Date

_____ _____

Signature address or phone #

Please send me a copy of the final results: ( ) yes ( ) no

Project Researcher:
Kathleen Bradley
(Address)
(Phone #)

Project Advisor:
Dr. Mark Hector
(Address)
(Phone #)

INFORMED CONSENT (client)

Title of Study: A Phenomenological Investigation of Participants' Experiences Of Positive Events in the Therapy Process

I understand that I will be participating in a study about therapy, and that all aspects of my participation in this study are voluntary. This means I am free to decide not to participate, or to withdraw from the study at any time and that such decisions will in no way jeopardize my therapy relationship with my regular therapist.

I understand that my perceptions about positive moments in the therapy process will be expressed through the recall interview technique. This will involve videotaping my therapy session and then following the therapy session, playing the tape back with only the recaller present in the room with me. I will be asked to stop the tape when I feel the session is going well and to describe my experience at that moment on the tape. The recaller will help me with this process by asking me questions about comments I have made. I understand I am free to talk about items of my own choosing. I also understand that I will not have access to the tapes or transcripts of the recall session of the other member of my therapy dyad, nor will he/she have access to materials from my recall session.

The recall process should last 3 hours. I understand that following my regular therapy session I will take a 15 minute break and then commit to a 1 1/2 hour recall session, followed by another 1 1/2 hour recall session that will be scheduled within a few days of the first meeting. If for some unexpected reason the recall is not complete at this time, a maximum of one more 1 1/2 hour recall session will be scheduled.

I also give permission for my therapy sessions to be videotaped and my recall sessions to be audiotaped and videotaped. I understand that my identity and concerns will be kept confidential by the researcher. These tapes will be used for transcription purposes and will not be presented to any research groups. At times when the tapes are not in use they will be stored

securely in the research advisor's office. Following the completion of the research project all tapes will be erased.

I understand transcripts will be made of the recall sessions and that segments of these transcripts, with names changed, will be presented to a research group and may appear in the final dissertation. I understand that any information identifying me or my personal concerns will be deleted from written reports. I know I can leave the study at any time and for any reason, without penalty or prejudice.

I understand that the science of human behavior is not an exact or precise science and that by participating I could experience psychological or social harm, i.e. unpleasant or disruptive thoughts about myself or my therapist, or there could be changes in my interactions with other persons in my life. I know the researcher has instituted measures to reduce my risk and protect me from harm and if such harm were to occur the researcher would make every effort to work with me toward resolution of the situation. This includes a referral to a therapist for additional support if my regular therapist or the recaller cannot be of help. Expenses accrued from such a referral would be absorbed by the researcher. Results from this study are expected to have implications for training therapists.

I understand that the research is being conducted by Kathleen Bradley, a doctoral candidate in the Department of Education and Counseling Psychology at The University of Tennessee, Knoxville. I am aware that she will be performing the role of the recaller in this study, as well as being the researcher overseeing the study. It is my understanding that she is being supervised by Dr. Mark A. Hector, Professor, in the same department. I have read the above, had my questions answered, and understand what my participation in the study involves. I have received a copy of this consent form for my use and information. I understand that if I have further questions I may contact the researcher listed below. Therefore, I consent to participation in the project as stated herein.

Printed Name	Date
Signature	address or phone #

Please send me a copy of the final results:
( ) yes ( ) no

Project Researcher:
Kathleen Bradley
(address)
(phone #)

Project Advisor:
Dr. Mark Hector
(address)
(phone #)

APPENDIX C

Confidentiality Guidelines

For Transcribers

Confidentiality Guidelines For Transcribers

As the transcribing typist of this research study I understand that I will be hearing tapes of confidential counseling interviews and confidential recall sessions. The information on these tapes has been revealed by research subjects who participated in this study on good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information on these tapes with anyone except the researcher of this project (Kathy Bradley) or the research advisor of this study (Mark Hector, Ph.D.). I realize a violation of these confidentiality guidelines would result in unethical standards and behavior. I herein make the pledge to abide by these guidelines.

_____ _____

Transcribing Typist Date

_____

Kathy Bradley, Researcher

APPENDIX D

Confidentiality Guidelines for Research Group Members

Confidentiality Guidelines for Research Group Members

As a member of this study's research group, I understand I will be reading and discussing transcripts from confidential counseling interviews and confidential recall sessions. The information in these transcripts is produced by subjects who participated in this study on good faith that the content of these sessions would remain strictly confidential. I understand I have a responsibility to honor this confidentiality agreement. I agree to abide by the American Psychological Association's Ethical Principles of Psychologists and will not share any information in the transcripts with anyone except the researcher (Kathy Bradley), the project advisor (Mark Hector, Ph.D.), or other members of the research team. I realize a violation of this agreement would result in unethical standards and behavior. I agree to abide by the above stated guidelines.

_____ _____

Research Group Member Date

_____

Kathy Bradley, Researcher

APPENDIX E

Therapy and Recall Session

Segment Examples

Therapy Session Segment

T: Always?

C: My parents, yeah, my parents, too, I feel like I've been their child, you know. As far as how my boyfriend is, how he always was the controller. I was never, my parents were always, you know, my mom picked out my clothes for me until I was in Jr. High or even, no, I would even ask her everyday when I would pick it out. And she would say yes or no, and then I'd go pick out something else if she didn't like it.

T: So you gave up yourself, you've been giving up yourself for as long as you can remember.

C: Never just taking a stand for me.

T: So, it sounds like what you learned in your parents home kind of switched over to your boyfriend.

C: Yeah.

T: When you started dating him.

C: I let him be the ruler. I don't ask him what I should wear, I mean, you know, but I do ask for his approval, you know, kind of, I say "Well do you like this?" or, and I know, I don't, I mean I don't wear things he doesn't like.

T: Of those things, I think we named about ten, that your relationship seems to be based on with your boyfriend, how many of them would you choose to keep if you were choosing a good, ideal relationship for you?

C: Love, and familiarity, I guess, too. So, besides that, that's about it. I mean, I don't want distrust, I don't want secrets, I don't want anger, I don't, you know, don't want any of that. All that does is weigh me down and hurt me.

T: How does that hurt you?

Therapy Session Segment (continued)

C: Makes me feel just hurt inside. It makes me feel depressed and angry and, like, I don't have any friends.

T: And so it contributes to the depression you've talked about that's beneath the mask.

C: Uh hmm, yeah.

T: O.K., contributes to the anger that you feel.

C: Uh hmm, yeah.

T: That keeps growing inside you.

C: Yeah, because I can never let it out, can never tell him. I can tell him, but it doesn't do any good. It's not like I can tell him and it helps. I guess, because I've told him before that this stuff makes me mad and it's like no big deal to him, I mean, you know.

T: What's it like for you to try to tell him something that is important to you and for him to say.

C: It makes me just want to scream and hit him and say "Just pay attention to me," you know. "Why don't you change for once, why don't one time ever you say..."

Therapist Recall Segment

T: Just before her last little comment there, I was aware, really feeling like some things, some real important parts of our therapy were coming together. When she was talking about her parents, we were connecting it (her current behavior) with her past. I was aware inside of just going "Yes!" Here is this really important thing about her relationship that she was really talking about very honestly. She was connecting to something that we kind of touched on a lot, but we still need to get into more. But it's, it's like she was connecting those two things and I noticed it kind of felt like just pulling it (therapy) together and the (previous) intervention was continuing. I think I was aware of feeling pleased that the intervention was continuing to feel good for me and it would be helpful to her. Helping her see, again, laying it out, "What are the things you can keep of those ten things?" Well, she's able to name two out of the ten, you know. That felt like part of the balance keeping that I've been doing throughout the session. Trying to connect or not get too close to either point of her ambivalence, you know, just try to stay equidistant with those things. Let her say, let her point out the discrepancies and the weightedness, you know, being so awful in so many ways and the good being so rare and small.

R: O.K. Can you say more about the feeling you had inside when you said "Yeah!"?

T: Yeah, that was, I really was, it's interesting to watch because I'm aware that so often what's going on inside me is so different than what I'm portraying to the client. I think that's important. I think that it would be a mistake for the client to see everything that you're thinking. But you know, I was, it was one of those times where I just felt like something really big was happening and I was getting really excited about it. I was just (saying to myself), "Yes, this is it, this is what I've been wanting to happen," you know, and on the outside just trying to be calm and to

Therapist Recall Segment (continued)

continue the intervention. Let it be, you know. I'm not sure what else to say about it, but...

R: You said that part of it was what you were wanting to have happen.

T: Right.

R: Can you say more about that?

T: Yeah, as I was saying earlier, about, you know, the intervention being based on what we've been talking about already, and also being future based in me wanting to push it ahead. Let the intervention be a moving force, to move into some new things or through this, what she`s doing now. I lost my thought.

R: You said that this was part of what you wanted to have happen.

T: Right, right, yeah. I was wanting, I was hoping that the intervention would not only help lay it out, but make it more clear for her, what was going on. I think that it was, maybe even more than what I hoped for, actually. Because I guess what I hoped for is to lay it out and help her to begin seeing more clearly what the relationship really is and how it's really affecting her. And I think part of what my "yes!" was about was that it was going beyond what I'd hoped it would, that it was also serving to pull some things together in a real important way. And I think that's part of what happens when I start flowing in that, you know, that way, that it does do more than I expect it to do.

R: O.K.

T: Yeah.

Therapist Recall Segment (continued)

R: And you mentioned that part of this moment was her relating to her family and making a connection between her family and the present, or her present ways.

T: Right, yeah, connecting with family and recognizing that this has been going on for a long time, this is not an isolated relationship situation. This is something that's endured for a long time for her.

R: And then the other thing you said was that you also, in the back of your mind, had been aware of the balance keeping that you had really been thinking about throughout this session, and you're aware of it at this moment, as well.

T: Right, yeah, even as I was beginning the intervention I think I was aware that I needed to present it in such a way that she could, you know, it was like I had already seen very clearly that their relationship was based on some real negative stuff. You know, but for me just to say "Yeah, it kind of is" then (she would say) "You know, I really love him," and so, it gets back to that. So, to avoid that I wanted as much as possible for it to come from her. So, to give her that example, you know, "Some relationships might be based on da, da, da, da...I wonder what yours and your boyfriend's is based on?" And it's just that whole way of presenting it in kind of a benign way, it felt important in terms of staying equidistant from those two points.

R: In a benign way, what does that mean for you?

T: For me not to be too invested in all those things, that she says her relationship is based on, being negative. You know, for me not to be so invested in, you know, "Gosh, this is such a negative relationship," that I just have to say "Gosh, this really is a negative relationship, why do you want to stay in this?" And so to me, benign means stepping back from that and not just disclosing everything that I'm

Therapist Recall Segment (continued)

perceiving or feeling right then, but trying to disclose it in such a way, or there may be a time at some point that I do that, but it would be much later. It will be after she's able to see it for herself.

R: O.K.

Client Recall Segment

C: I could finally act like I really, I could be in her office and act like that's exactly what I wanted to say to him. You know, exactly, I want to go, "Pay attention," that's how I want it to be, but I didn't feel like I could be. But with her, I felt I could. I could really do it before, so maybe now I'm going to have the confidence. Maybe the next time I really get mad I can really say, "Pay attention to me," you know. "Act like you care." You know, it's kind of, by being able to do it with her I got the reassurance that it's O.K. to do that. I feel like maybe I really can, and thats O.K. You know, I'm not going to be put down. It's kind of like testing the waters, seeing, seeing if I'm going to get put down for something. You know, but with confidence, I know that I'm not.

R: Tell me more about testing the waters.

C: I don't really want to do things with my boyfriend first because I'm afraid, because then once I say it, it's out there, you know, then that's it. That's my only chance, you know, to get mad about a certain situation or react. And I only got one chance to react and if I do it wrong, then it's just not going to be effective. And it usually never is effective. So, being able to say how I feel and, you know, act really the way I want to. I really would like to just scream and just grab him by the arms and shake him, you know. So, it was kind of like I could actually play out what I really wanted to do.

R: And you said you're acting exactly how you've always been wanting to. What does that feel like, to really do that?

C: It let out a lot of anger. It was like, you know, relieving. I finally could just do it and just, just be mad. It was O.K. to be mad and he was not going to get mad back at me. I know she's not going to get mad back so I could just get angry and let out my anger. And then, it was like, once I did that I was a lot less

Client Recall Segment (continued)

angry, you know. So even in telling her, it helped tremendously.

R: How are you aware that you have a lot less anger, what does that feel like?

C: It feels a lot more peaceful, like there wasn't so much turmoil inside. My mind wasn't racing back and forth between things and I was just kind of calm and at peace with myself inside. You know, there weren't things I wanted to say. By being able to tell her, it's like telling anybody, it helps. You know, it's not, it's not being directed to who I wanted it to be directed at, but right now I don't feel like it would help to tell my boyfriend those things because he would react just the same way that he always had. He would not understand. So, by telling her I can say it and get a little bit of peace inside.

R: O.k., and you mentioned that you felt reassurance at this moment on the tape, can you say more about that feeling?

C: It felt like what I wanted to do was a normal reaction and that, you know, this is the right way to feel when you're angry. You want to feel mad about, I don't feel like I ever have the freedom to feel mad because I don't feel like it's going to do any good. So, for so long I tried and then I just gave up trying. I just didn't get mad anymore, I just pushed it down inside of me. You know, it hurt myself, (but) being able to talk to my therapist is like, I don't need to push it down anymore. I need to just say it when I feel it and it was nice to know that she would listen and understand.

R: And being listened to, how does that feel?

C: Great, because, even though a talk to my boyfriend, it's not the same as somebody really looking you in the

Client Recall Segment (continued)

eye, paying you undivided attention. Totally one-hundred percent and understanding and to be able to comment back and not have a reaction. You know, if I said that something made me angry at him he would get mad back and think of a reason why it shouldn't make me mad. Then why do this instead, or like the example, his going hunting on the weekend, (boyfriend says) "I come and stay every night at your apartment during the week," but that doesn't make up for him going out of town. But in his mind, it's the same thing. He said, "Would you rather me not stay there all week and be here on the weekend?" You know, that's a weird, you don't want to pick one or the other. But having her, it's like I know that whatever I say will be listened to. I'm not going to get a contradiction, you know, like I got to make a decision between two things and neither one of them is good. I can see my results, I can even feel them in me by being able to say things and act, you know, how I want to. I feel a lot better off inside, I don't feel so at odds.

R: O.K.

APPENDIX F

Sample Delineation of

Meaning Units

Sample Delineation of Meaning Units From
One Therapist Recall Segment

1. Some real important parts of our therapy were coming together.

2. She was connecting the past to the present.

3. I was aware of feeling excited.

4. What she's saying about her relationship is really important.

5. We still need to discuss that topic more.

6. She was connecting ideas that have been discussed.

7. Therapy was moving (pulling it together).

8. I was aware of feeling pleased.

9. The intervention was continuing to feel good to me.

10. I believed the intervention would be helpful to her.

11. I was helping her see her relationship more clearly.

12. I intervened by asking her about her relationship.

13. The client can only name two positive characteristics in her relationship.

14. I intervened carefully with the client, remaining balanced between her points of ambivalence.

15. I will let her verbalize the problems in her relationship.

16. I see lots of problems in her relationship and few positive qualities.

Delineation of Meaning Units -- Therapist (continued)

17. I am aware that my internal process is very different than what I'm portraying to the client.

18. It's important that the client does not know everything that I'm thinking.

19. I felt that something big was happening in therapy.

20. I was getting really excited about what was happening in therapy.

21. What I've wanted to happen in therapy is happening.

22. Even though I was feeling excited on the inside, on the outside I tried to be calm and continue the intervention.

23. The intervention was future based because I wanted to help the client make progress (push it ahead).

24. I wanted the intervention to move the client forward into new ways of being.

25. I was wanting the intervention to help the client be more aware of issues in her relationship.

26. The intervention had more of an effect than I had hoped for.

27. I had hoped the intervention would help the client see how her relationship is affecting her.

28. I was excited.

29. The intervention was pulling some things together (helping make the relationship more clear) in a real important way.

Delineation of Meaning Units -- Therapist (continued)

30. When I start flowing the intervention is doing more than I expect it to, beyond what I'd hoped it would do.

31. The client realized this relationship pattern exists with her family and has gone on for a long time.

32. I was aware of presenting the intervention in a particular manner.

33. I was very clear that their relationship was based on negative things.

34. It would not be effective for me to directly say that their relationship was based on negative things.

35. If I said the relationship was based on negative things then the client would likely take the opposite viewpoint.

36. I wanted to avoid the client becoming oppositional.

37. I wanted the client to say herself that the relationship was based on negative things.

38. I strategically gave her examples of other relationships to help her consider her own in a nonthreatening manner.

39. I tried to present the intervention in a benign manner.

40. I tried to stay equidistant from the two sides of her ambivalence.

41. I tried to not be too invested in the negative parts of her relationship.

Delineation of Meaning Units -- Therapist (continued)

42. I tried to not be too invested in my own feelings about the relationship.

43. I intervened by not disclosing everything that I was perceiving or feeling at the moment.

44. I might disclose my feelings and thoughts at some point in therapy but it would be done later, after she's able to realize the problems herself.

Sample Delineation of Meaning Units
from One Client Recall Session

1. When I was in her office I could finally act how I really wanted to act and say what I really wanted to say to my boyfriend.

2. I want to say to him, "Pay attention," but I didn't feel like I could say it to him.

3. With my therapist, I felt I could say it.

4. Since I said it before maybe now I will have the confidence to say to him "pay attention and show that you care."

5. By being able to say things with my therapist I feel reassured that it's O.K. to say things out loud.

6. Maybe I really can say things to others.

7. I realize it's O.K. to say things to others.

8. When I say things to my therapist, I'm not going to be put down.

9. I've experimented by saying things to my therapist.

10. Now I have the confidence that I won't get judged.

11. I'm afraid to say things to my boyfriend.

12. I only have one chance to say things effectively to my boyfriend, and it usually is not effective.

13. With my therapist I was able to act (and say) how I really wanted to act.

14. (Saying it) let out a lot of anger and this was relieving.

Delineation of Meaning Units -- Client (continued)

15. I was finally able to just get mad.

16. I usually worry about getting mad because my boyfriend will get mad back at me.

17. I was able to get mad without worrying that my therapist would get mad back at me.

18. Once I expressed my anger I was a lot less angry.

19. It helped tremendously to be able to get angry.

20. Being less angry feels peaceful and there is less turmoil inside of me. My mind is calmer and I feel more at peace with myself.

21. After talking to her, I didn't feel my usual need to talk.

22. It helped me to talk to her.

23. I don't feel it would help to talk to my boyfriend.

24. I can't talk to my boyfriend because he would not understand.

25. I feel peaceful inside after saying it to her.

26. I felt reassured by my therapist that my feelings were normal and appropriate.

27. I don't feel like I have the freedom to feel mad.

28. I feel hopeless about my ability to express my anger.

29. I used to try to express my anger but then I gave up, repressed my feelings and this hurt me.

30. By talking with my therapist I found out I can say my feelings when I feel them.

Delineation of Meaning Units -- Client (continued)

31. When talking to my therapist I will be listened to and understood.

32. I feel lots of attention and understanding when I talk to my therapist.

33. My boyfriend does not pay attention to me when I talk to him.

34. If I said I was mad, my boyfriend would get mad at me and tell me why I shouldn't be mad.

35. I have problems talking to my boyfriend about the time he spends with me; we have different perspectives and don't understand each other.

36. When I talk to my therapist I am listened to and understood.

37. I feel in a bind between two undesirable choices when I talk to my boyfriend.

38. I can see the results of my talking with my therapist.

39. I can feel the results in me by being able to say things and act how I want to.

40. I feel a lot better off inside myself, not so at odds.

APPENDIX G

Sample Clustering of

Meaning Units

Sample Clustering of Meaning Units From One Therapist Recall

This clustering of meaning units from one recall segment is compiled from the list of therapist recall meaning units in Appendix F. The clusters are formed and are called themes and subthemes.

Effortless Flow

30. When I start flowing, the intervention is doing more than I expect it to, beyond what I'd hoped it would do.

Moving

Moving On

1. Some real important parts of our therapy were coming together.

7. Therapy was moving (pulling it together).

19. I felt that something big was happening in therapy.

29. The intervention was pulling some things together (helping make the relationship more clear) in a real important way.

Thinking/Feeling About

Thinking About

2. She was connecting the past to the present.

4. What she's saying about her relationship is really important.

6. She was connecting ideas that have been discussed.

10. I believed the intervention would be helpful to her.

Clustering of Meaning Units, Therapist (continued)

13. The client can only name two positive characteristics in her relationship.

16. I see lots of problems in her relationship and few positive qualities.

17. I am aware that my internal process is very different than what I'm portraying to the client.

18. It's important that the client does not know everything that I'm thinking.

26. The intervention had more of an effect than I had hoped for.

31. The client realized this relationship pattern exists with her family and has gone on for a long time.

33. I was very clear that their relationship was based on negative things.

Feeling About

3. I was aware of feeling excited.

8. I was aware of feeling pleased.

9. The intervention was continuing to feel good to me.

20. I was getting really excited about what was happening in therapy.

28. I was excited.

Choosing/Wanting

5. We still need to discuss that topic more.

Clustering of Meaning Units -- Therapist (continued)

11. I was helping her see her relationship more clearly.

12. I intervened by asking her about her relationship.

14. I intervened carefully with the client, remaining balanced between her points of ambivalence.

15. I will let her verbalize the problems in her relationship.

21. What I've wanted to happen in therapy is happening.

22. Even though I was feeling excited on the inside, on the outside I tried to be calm and continue the intervention.

23. The intervention was future based because I wanted to help the client make progress (push it ahead).

24. I wanted the intervention to move the client forward into new ways of being.

25. I was wanting the intervention to help the client be more aware of issues in her relationship.

27. I had hoped the intervention would help the client see how her relationship is affecting her.

32. I was aware of presenting the intervention in a particular manner.

34. It would not be effective for me to directly say that their relationship was based on negative things.

35. If I said the relationship was based on negative things then the client would likely take the opposite viewpoint.

Clustering of Meaning Units -- Therapist (continued)

36. I wanted to avoid the client becoming oppositional.

37. I wanted the client to say herself that the relationship was based on negative things.

38. I strategically gave her examples of other relationships to help her consider her own in a nonthreatening manner.

39. I tried to present the intervention in a benign manner.

40. I tried to stay equidistant from the two sides of her ambivalence.

41. I tried to not be too invested in the negative parts of her relationship.

42. I tried to not be too invested in my own feelings about the relationship.

43. I intervened by not disclosing everything that I was perceiving or feeling at the moment.

44. I might disclose my feelings and thoughts at some point in therapy but it would be done later, after she's able to realize the problems herself.

Sample Clustering of Meaning Units From One Client Recall Segment

This clustering of meaning units from one recall segment is compiled from the list of client recall meaning units in Appendix F. The clusters are formed and are called themes and subthemes.

Saying It

Feels Good

14. (Saying it) let out a lot of anger and this was relieving.

18. Once I expressed my anger I was a lot less angry.

20. Being less angry feels peaceful and there is less turmoil inside of me. My mind is calmer and I feel more at peace with myself.

25. I feel peaceful inside after saying it to her.

39. I can feel the results in me by being able to say things and act how I want to.

40. I feel a lot better off inside myself, not so at odds.

There For Me

3. With my therapist, I felt I could say it.

5. By being able to say things with my therapist I feel reassured that it's O.K. to say things out loud.

8. When I say things to my therapist, I'm not going to be put down.

9. I've experimented by saying things to my therapist.

Clustering of Meaning Units -- Client (continued)

17. I was able to get mad without worrying that my therapist would get mad back at me.

26. I felt reassured by my therapist that my feelings were normal and appropriate.

31. When talking to my therapist I will be listened to and understood.

32. I feel lots of attention and understanding when I talk to my therapist.

36. When I talk to my therapist I am listened to and understood.

Getting Better

1. When I was in her office I could finally act how I really wantd to act and say what I really wanted to say to my boyfriend.

4. Since I said it before maybe now I will have the confidence to say to him "pay attention and show that you care."

10. Now I have the confidence that I won't get judged.

13. With my therapist I was able to act (and say) how I really wanted to act.

15. I was finally able to just get mad.

19. It helped tremendously to be able to get angry.

21. After talking to her, I didn't feel my usual need to talk.

22. It helped me to talk to her.

38. I can see the results of my talking with my therapist.

Clustering of Meaning Units -- Client (continued)

Realizing Things

6. Maybe I really can say things to others.

7. I realize it's O.K. to say things out loud.

30. By talking with my therapist I found out I can say my feelings when I feel them.

Not Saying It/Not Being Understood

Afraid of Being Judged

34. If I said I was mad, my boyfriend would get mad at me and tell me why I shouldn't be mad.

Not Being Able to Connect

16. I usually worry about getting mad because my boyfriend will get mad back at me.

24. I can't talk to my boyfriend because he would not understand.

33. My boyfriend does not pay attention to me when I talk to him.

35. I have problems talking to my boyfriend about the time he spends with me; we have different perspectives and don't understand each other.

Not Feeling Effective

2. I want to say to him, "pay attention," but I didn't feel like I could say it to him.

11. I'm afraid to say things to my boyfriend.

12. I only have one chance to say things effectively to my boyfriend, and it usually is not effective.

Clustering of Meaning Units -- Client (continued)

23. I don't feel it would help to talk to my boyfriend.

27. I don't feel like I have the freedom to feel mad.

28. I feel hopeless about my ability to express my anger.

29. I used to try to express my anger but then I gave up, repressed my feelings and this hurt me.

37. I feel in a bind between two undesirable choices when I talk to my boyfriend.

APPENDIX H

Themes and Examples from Therapist and Client Recall Segments

Table 2

Themes and Examples From One Therapist Recall Segment

Themes	Examples
Effortless Flow	That's part of what happens when I start flowing in that, you know, that way, that it does do more than I expect it to do.
Moving	Some real important parts of our therapy were coming together. I noticed it kind of felt like just pulling it (therapy) together. I just felt like something really big was happening. It (the intervention) was also serving to pull some things together in a real important way.
Thinking/ Feeling About	She was talking about her parents and we were connecting it with her past. Here is this really important thing about her relationship. I was aware inside of just going "Yes!" I was aware of feeling pleased that the intervention was continuing to feel good for me and (that) it would be helpful to her. (The relationship) being so awful in so many ways and the good being so rare and small. So often what's going on inside me is so different than what I'm portraying to the client.

Table 2 (continued)

Themes	Examples
Thinking/ Feeling About	I was getting really excited about it (what was happening in therapy).
	Connecting with family and recognizing that this has been going on for a long time, this is not an isolated relationship situation.
	I had already seen very clearly that their relationship was based on some real negative stuff.
Choosing/ Wanting	For me not to be too invested in all those things, that she says her relationship is based on, being negative.
	We still need to get into (the topic of her past) more.
	Helping her see, again, laying it out... (characteristics of her relationship).
	That felt like part of the balance keeping that I've been doing throughout the session. Trying to connect or not get too close to either point of her ambivalence.
	Let her say, let her point out the discrepancies and the weightedness.
	This is it, this is what I've been wanting to happen.
	On the outside just trying to be calm and to continue the intervention.
	(The intervention) being future based in me wanting to push it ahead.

Table 2 (continued)

Themes	Examples
Choosing/ Wanting	Let this (the intervention) be a moving force, to move into some new things.
	I was hoping that the intervention would not only help lay it out, but make it more clear for her.
	To avoid that (client becoming oppositional) I wanted as much as possible for it to come from her.
	Presenting it in kind of a benign way, it felt important in terms of staying equidistant from those two points.
	Benign means stepping back from that and not just disclosing everything that I am perceiving or feeling right then.
	There may be a time at some point that I (disclose)... but it would be much later.

Table 3

Themes and Examples From One Client Recall Segment

Themes	Examples
Saying It/Being Understood	
Getting Better	I could finally act like...what I wanted to say to him.
	Maybe now I'm going to have the confidence, maybe the next time I really get mad I can really say "Pay attention to me."

Table 3 (continued)

Themes	Examples
Getting Better	I feel like, you know, maybe that I really can (say it to boyfriend), and that's O.K.
	I finally could just do it and just, just be mad. It was O.K. to be mad.
	Being able to say how I feel, and, you know, act really the way I want to.
	I could just get angry and let out my anger.
	So even in telling her, it helped tremendously, you know.
	By being able to tell her, it's like telling anybody, it helps.
	I can see my results.
Realizing Things	Maybe now I'm going to have the confidence. Maybe the next time I really get mad I can really say (things)... and it's O.K. to do that.
	To talk to my therapist is like, I don't need to push it down anymore. I need to just say it when I feel it.
Feels Good	It let out a lot of anger. It was like, you know, relieving.
	Once I did that (expressed anger), I was a lot less angry.
	By telling her I can say it and get a little bit of peace inside.

Table 3 (continued)

Themes	Examples
Feels Good	It feels a lot more peaceful, like there wasn't so much turmoil inside. My mind wasn't racing back and forth between things and I was just kind of calm and at peace. I can feel (the results) in me by being able to say things and act, you know, how I want to. I feel alot better off inside, I don't feel so at odds.
There For Me	But with her, I feel I could (say it). By being able to do it with her I got the reassurance and it's O.K. to do that. It's like testing the waters, seeing if I'm going to get put down . . . I know that I'm not (with her). I know she's not going to get mad back. It's nice to know that she would listen and understand. But having her, it's like I know that whatever I say will be listened to.
Not Saying It/ Not Being Understood	
Afraid of Being Judged	If I said something made me angry at him he would get mad back and think of a reason why it shouldn't make me mad.

Table 3 (continued)

Themes	Examples
Not Being Able to connect	He would react just the same way that he always had. He would not understand. A talk to my boyfriend, it's not the same as somebody really looking you in the eye, paying you attention.
Not Wanting to See Things	I just didn't get mad anymore, I just pushed it down inside of me.
Not Feeling Effective	Exactly, I wanted to go, "Pay attention," that's how I want it to be, but I didn't feel like I could be. I don't really want to do things with my boyfriend first because I'm afraid, because once I say it, it's out there, that's it, that's my only chance. I don't feel like it would help to tell my boyfriend those things. I just gave up trying. I just didn't get mad anymore. I don't feel like I ever have the freedom to feel mad because I don't feel like it's going to do any good.

VITA

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