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INTERRELATIONSHIPS BETWEEN CLIENT STRENGTH OF FEELING,
IN-SESSION CLIENT CHANGE EVENTS, AND TYPE OF THERAPY

ANASTASSIOS STALIKAS

Dissertation presented to the School of Graduate Studies,
University of Ottawa, as partial fulfilment of the
requirements for the degree of
Doctor of Philosophy



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ABSTRACT

A growing number of psychotherapy researchers are studying in-session events that signify therapeutic change, process or progress. Similarly, a number of psychotherapy theorists have suggested that client strength of feeling is related to therapeutic change, process and progress. The purpose of the present research was to a) examine the relationship between client change events and client strength of feeling, b) identify what particular levels of client strength of feeling are related to given categories of client change events, and c) examine the effects that type of therapy may have in the relationship between client change events and client strength of feeling. Judges assessed the occurrence of categories of client change events and the level of client strength of feeling in 982 statements in 10 sessions of client-centered, rational-emotive and experiential therapies. The findings indicated that: a) there is an overall positive significant relationship between client change events and client strength of feeling; b) given categories of client change events are significantly related to particular levels of client strength of feeling; and c) type of therapy is a significant variable in the relationship between client change events and client strength of feeling. These findings have implications for psychotherapeutic practice and also for clinical theory, with especial relevance for the role and meaning of level of strength of feeling, in-session client change, and a practitioner relevant matrix of conducting sessions of therapy on the basis of the research variables. Possible directions for further research were outlined.

Table of Contents

<u>Section</u>	<u>Page</u>
Overview.....	xi
Chapter I: Client Change Events and strength of Feeling in Psychotherapy: a literature review	
Client Change Events in Psychotherapy	
Meaning and Terms used to Describe client change Events.....	1
The Importance of Studying Client Change Events.....	3
Category Systems of Significant In-session Change Events.....	8
Client Strength of Feeling in Psychotherapy	
Definition and Importance of Strength of Feeling in Psychotherapy Theory and Research.....	14
Relationship between Client Change Events and the Degree of Strength of Feeling	
The importance of studying the relationship between client change events, client strength of feeling and type of therapy.....	22
Strength of Feeling and Client Change Events:Research Findings.....	23
The Research Question.....	27
Hypotheses.....	29
Chapter II : Methodology	
Selection of Therapists, Psychotherapy Sessions, Judges and Rating Instruments	
Therapists.....	31
Limitations.....	34
Number and Type of Sessions.....	34
Client- Centered Therapy.....	35
Rational-Emotive Therapy.....	36
Experiential Therapy.....	36
Limitations.....	37
Judges for the Rating of the Client Change Events and Strength of Feeling.....	37
Instruments.....	38
Client Change Events.....	38
Client Strength of Feeling.....	43

Procedure

Ratings of Client Change Events.....	49
Ratings of Client's Strength of Feeling.....	52

Data and Statistical Analysis.....	54
------------------------------------	----

Chapter III : Results

General Description of the Data.....	58
--------------------------------------	----

Reliability of the Data.....	64
------------------------------	----

Evaluation of the Hypotheses.....	65
-----------------------------------	----

Hypothesis #1.....	65
--------------------	----

Additional Analyses for Hypothesis #1.....	65
--	----

Hypothesis #2.....	72
--------------------	----

Additional Analyses for Hypothesis #2.....	72
--	----

Hypothesis #3.....	78
--------------------	----

Hypothesis #4.....	80
--------------------	----

Additional Analyses for Hypothesis #4.....	83
--	----

Chapter IV: Discussion and Conclusions

The Relationship Between Client Change Events and Client Strength of Feeling.....	92
--	----

Overall Relationship Between Client Change Events and Client Strength of Feeling.....	93
--	----

Implications for Psychotherapy Practice.....	93
--	----

Implications for Theories of Psychotherapy.....	94
---	----

The Relationship of Individual Categories of Client Change Events to particular Degrees of Strength of Feeling.....	95
---	----

Single Categories of Client Change Events.....	97
--	----

Category 1.....	97
-----------------	----

Category 5.....	98
-----------------	----

Category 9.....	99
-----------------	----

Category 6 and 11.....	100
------------------------	-----

Combinations of Categories of Client Change Events.....	100
---	-----

Combinations of Categories Common to two Therapeutic Approaches.....	101
---	-----

Category 1-5.....	102
-------------------	-----

Category 1-4.....	103
-------------------	-----

Combinations of Categories Unique to One Therapeutic Approach.....	104
---	-----

Category 4-5.....	105
-------------------	-----

Category 5-7.....	105
Category 5-8.....	106
Category 5-10.....	107
Category 8-9.....	108
 The Relationship of Individual Categories of Client Change Events to Particular Degrees of Strength of Feeling: Conclusions.....	 109
Type of Therapy: Relationships Between Client Change Events and Client Strength of Feeling Within Rational- Emotive, Client-Centered and Experiential Therapies.....	 113
Further Research.....	116
Representation of all categories of client change events.....	 116
Therapies and Therapists.....	116
Representation of All Degrees of Strength of Feeling.....	 117
Category System Used.....	117
The Examination of the Causal Relationship and Procedures that Bring About Client Change Events and Client Strength of Feeling.....	 118
Summary and Conclusions.....	119
References.....	122
Appendix A.....	146
Appendix B.....	162

LIST OF TABLES

Table		Page
1	Distribution of Categories of Client Change Events Over Levels of Strength of Feeling in Three Types of Therapy.	59
2	The Relationship Between Level of Strength of Feeling and Occurrence of Client Change Events, with the Effects of Type of Therapy Partialled Out.	66
3	The Relationship Between Level of Strength of Feeling and Occurrence of Category 1 with the Effects of Type of Therapy Partialled out.	69
4	The Relationship Between Level of Strength of Feeling and Occurrence of Category 5 with the Effects of Type of Therapy Partialled out.	70
5	The Relationship Between Level of Strength of Feeling and Occurrence of Category 1-5 with the Effects of Type of Therapy Partialled Out.	71
6	The Relationship Between Level of Strength of Feeling and Occurrence of Category 1-4 with the Effects of Type of Therapy Partialled out.	73
7	The Relationship Between Level of Strength of Feeling and Occurrence of Client Change Events in Rational-Emotive Therapy.	74
8	The Relationship Between Level of Strength of Feeling and Occurrence of Category 4-5 in Rational-Emotive Therapy.	76
9	The Relationship Between Level of Strength of Feeling and Occurrence of Category 4-5 in Rational-Emotive Therapy.	77
10	The Relationship Between Level of Strength of Feeling and Occurrence of Category 11 in Rational-Emotive Therapy.	79
11	The Relationship Between Level of Strength of Feeling and Occurrence of Client Change Events in Client-Centered therapy.	81
12	The Relationship Between Level of Strength of Feeling and Occurrence of Client Change Events in Experiential therapy.	82

Table		Page
13	The Relationship Between Level of Strength of Feeling and Occurrence of Category 5-7 in Experiential Therapy.	84
14	The Relationship Between Level of Strength of Feeling and Occurrence of Category 5-8 in Experiential Therapy.	86
15	The Relationship Between Level of Strength of Feeling and Occurrence of Category 5-10 in Experiential Therapy.	87
16	The Relationship Between Level of Strength of Feeling and Occurrence of Category 8-9 in Experiential Therapy.	88
17	The Relationship Between Level of Strength of Feeling and Occurrence of Category 9 in Experiential Therapy.	89
18	Relationships Between Level of Client Strength of Feeling (CSF) and Categories of Client Change Events (CCE).	91

LIST OF FIGURES

Figure		Page
1	Distribution of Categories of Client Change Events in Rational-Emotive, Client-Centered & Experiential Therapies.	61
2	Distribution of Levels of Strength of Feeling in the Three Types of Therapy.	63

**Interrelationships Between Client Strength of Feeling,
In-Session Client Change Events, And Type of Therapy.**

OVERVIEW

In recent years, researchers have been increasingly interested in the study of in-session events that constitute client change, movement, progress, and/or improvement. (e.g., Elliott, 1983a, 1983b, 1984; Fiske, 1977; Gomes-Schwartz, 1978; Gottman & Markman, 1978; Greenberg, 1980, 1983, 1984; Greenberg & Dompierre, 1981; Horowitz, 1979, 1987; Hoyt, 1980, Kiesler, 1971, 1973; Orlinsky & Howard, 1967, 1978; Rice, 1973, 1974; Rice & Greenberg, 1984; Rice & Saperia, 1984; Schauble & Pierce, 1974). Client change events refer to instances in the session when the client behaves in a therapeutically valued manner, as exemplified by studies that focus on such events as client insight, the exploration of feelings, and in-session occurrences of a reduction in problem behaviours.

Although research has examined client change events, an issue that has not been addressed is the relation between these events and what is referred to as the degree of the client's strength of feeling, emotional arousal, or affect. Qualities such as force, energy, intensity, saturation, depth and breadth of bodily sensations characterize a client's strength of feeling.

Researchers and theorists have outlined the importance of studying strength of feeling to gain a better understanding of the process of psychotherapy (Greenberg & Safran, 1987; & Zax, 1977; Pierce, & Dubrin, 1983; Scheff, 1979). It has been established that the degree of charge (i.e., force, energy, arousal, saturation, fullness) of feeling during the session is a significant variable

for understanding the process of psychotherapy. The client's strength of feeling, therefore, remains an important therapeutic variable and warrants further investigation. However, there is no research that examines the relationship between client change events and degree of strength of feeling.

Accordingly, the purpose of the present study is to investigate the inter-relationship between categories of in-session client change events, the degree of client strength of feeling, and a number of different types of therapeutic approaches.

The questions that this study will address are: (a) At different degrees of strength of feeling, are there different distributions of categories of client change events? (b) Does the occurrence of given categories of client change events vary significantly across degrees of strength of feeling? (c) Do these relationships vary significantly with different types of therapeutic approaches?

These research questions will be investigated by means of transcribed audiotapes of sessions with several clients, conducted by therapists representing different therapeutic approaches. Each client statement will be assessed in order to identify client change events and to identify the degree of client's strength of feeling. Statistical analyses will be performed in order to determine overall and fine-grained relationships between the categories of client change events, degree of client strength of feeling, and type of therapy.

It is expected that the findings of this study will have

direct implications to the theory and practice of psychotherapy. With regard to theory, the findings should enable conceptualization of the relationships between varying levels of strength of feeling and varying categories of client change events. With regard to practice the findings should contribute to the attaining of selected categories of client change events, depending on the practitioner's therapeutic approach and obtained level of strength of client feeling.

CHAPTER I

CLIENT CHANGE EVENTS AND STRENGTH

OF FEELING IN PSYCHOTHERAPY : A LITERATURE REVIEW

The purpose of this chapter is twofold. First, the chapter outlines the significance of studying in-session client change events and degree of strength of feeling. Secondly, the relevant research literature that addresses the relationship between client change events and degree of strength of feeling will be reviewed.

Client Change Events in Psychotherapy

Meaning and Terms Used To Describe Client Change Events

Psychotherapy researchers have identified a class of in-session client events as therapeutically significant, special, desirable or valued (e.g., Auerbach & Luborsky, 1968; Elliott, 1983a, 1983b; Hoyt, 1980; Orlinsky & Howard, 1967). These include events such as the occurrence of new ways of behaving, a new perspective on the issue at hand, insight into the causes of his/her problems, or in-depth exploration of feelings. These are generally regarded as significant client change events.

Researchers who study these special events propose that one research strategy that can be used to examine the process of psychotherapeutic change is to identify and investigate these client change events that occur during the session (e.g., Elliott, 1983a, 1983b, 1984; Fiske, 1977; Gomes-Schwartz, 1978; Horowitz, 1979, 1987; Hoyt, 1980; Kiesler, 1971, 1973; Mahrer, 1985, 1988a, 1988b; Mahrer & Nadler, 1986; Orlinsky & Howard, 1967; Raskin, 1949; Rice, 1973, 1974; Rice & Saperia, 1984; Rice & Greenberg,

1984; Schauble & Pierce, 1974). The general thesis is that these client change events are important to study not only for determining the client's progress and improvement but also for studying the process of therapy as well. A number of terms have been used to describe these special and significant change events. Kelman (1966) referred to them as *kairos* (*keros*) or "auspicious moments". He described the "auspicious moment" as a shift, a major event or series of events whose appearance allows for significant changes to take place in the personality of the client. It facilitates the process and changes the course of therapy.

Elliott (1983a, 1984) examined the impact of the therapist's interventions in the therapeutic process and found that certain interventions can particularly facilitate the process of change in the client. He named these client events 'helpful impacts'. Mahrer (1985) and Mahrer and Nadler (1986) examined client statements and identified 'good moments' as those statements that indicate change, progress, process, movement or improvement. Rice and Saperia (1984) analyzed sessions in terms of a series of separate affective tasks that are initiated by the client. They identified the separate tasks and referred to those client statements that indicate the beginning of an affective task as 'markers'. Luborsky and his associates (Luborsky, Singer, Hartke, Crits-Christoph & Cohen, 1984) examined the appearance and reduction of depressive symptoms in clients during the therapeutic hour and identified client statements that signified the onset of a change in the client's mood. They named these client statements 'significant

shifts'. Standahl and Corsini (1959) identified certain client-therapist interactions which they referred to as 'critical incidents'. These were significant interactions that facilitated therapeutic process if the therapist intervened in a positive way, or hindered the therapeutic process if the therapist intervened in an inappropriate way.

Finally, Mathieu-Coughlan and Klein (1984) examined the process of experiencing in client-centered therapy and identified a number of client-therapist interactions that resulted in a heightening of experiencing. These clusters of interactions, and particularly those client statements that indicated an increase in experiencing, were called 'key events'.

Even though the nomenclature used to describe significant change events is varied, there is a commonality underlying the different terms. Regardless of the terminology, client change events are described as (a) lasting a few seconds or a few minutes, (b) comprising one or several client statements, (c) appearing once or several times during the session, and most importantly (d) constituting incidents of concrete in-session change, process, movement, improvement and change. It is these client change events that constitute one of the targets of the present research project.

The Importance of Studying Client Change Events

A plethora of studies has demonstrated the importance of examining significant in-session change events (e.g., Elliott, 1983a, 1984; Fiske, 1977; Horowitz, 1979, 1987; Greenberg, 1983, 1984; Kiesler, 1973; Mahrer, 1983, 1985; Mahrer & Nadler, 1986;

Raskin, 1949; Rice & Greenberg, 1984). These studies have advanced our understanding of the mechanisms of change within the therapeutic session.

Raskin (1949) was one of the first to study the occurrence of client change events in the therapeutic hour and how they are related to therapy outcome. In a parallel study of ten psychotherapy cases, he isolated and identified insight / understanding and self-exploration as concrete in-session events related to successful outcome.

Similarly, other researchers (e.g, Walker, Rablen & Rogers, 1960; Gendlin & Tomlinson, 1967; Gendlin, Beebe, Cassens, Klein & Oberlander, 1968; Kiesler, 1971; Mathieu-Coughlan & Klein, 1984) have examined the process of client-centered therapy and presented a model of the process of therapeutic change based upon client 'experiencing'. 'Experiencing' was defined as a significant change event in client-centered therapy, one that indicates client progress and facilitates therapeutic process and movement. Through a careful analysis of psychotherapy sessions, the process of change in client-centered therapy was conceptualized as a succession of seven consecutive stages. Stage one referred to the state where the client is talking about impersonal material in an impersonal way. By stage seven, the client would be deeply exploring feelings and 'felt experiences', and experiencing new, autonomous and more positive feelings.

In addition, the importance of the client's self-exploration during the session has been outlined in studies conducted by

Elliott (1984), Schauble and Pierce (1974), and Strupp (1980). These researchers identified instances wherein client exploration and description of feelings were related to therapeutic process.

Greenberg (1979, 1980, 1984) and Greenberg and Rice (1981) identified the resolution of a 'split' as an important recurring event in the practice of Gestalt therapy. Following a rational-empirical approach, Greenberg closely examined the process through which a 'psychic split' is resolved. He presented a nine-stage model detailing the process from the appearance of the 'psychic split' to the resolution of the split. He reported that the moment of integration (i.e., the moment where the two parts of the client's personality converge into one) is characterized by a high level of experiencing and a focused voice quality. In addition, integration included the recovery and experiencing of previously disowned feelings and a shift from self-criticism to self-acceptance. These findings illustrate the importance of a careful study of client change events in that (a) the understanding of the 'split' phenomenon is enhanced, (b) clients experiencing the 'psychic split' benefit from this increased comprehension and, (c) subsequent integration is facilitated.

The same kind of intensive analysis has been performed by Elliott (1983a, 1983b, 1984) in a series of studies examining insight events. Using an interpersonal process recall method, he analyzed a sample of several hundred client-therapist interactions and found that the events that were deemed most significant were those characterized by insight and understanding. His comprehensive

analysis of these moments also revealed the presence of a high level of experiencing, focused voice quality, an elevation in self-exploration, and a strengthening of the therapeutic alliance.

Similar studies were conducted by Orlinsky and Howard (1967) using post-session evaluations, by both therapist and client, to identify important segments of the therapist-client interactions. They were able to identify moments that were valued by both the therapist and the client, and that confirmed the significance of insight and understanding as a significant client change event.

In addition, Rice (1973, 1974) and her colleagues (Rice & Koke 1981; Rice & Wagstaff, 1967; Rice & Greenberg, 1984; Rice & Saperia, 1984) reported that the client's voice quality during the therapeutic hour is a significant indicator of change. Through an examination of a number of psychotherapy sessions, Rice & Wagstaff (1967), for example, were able to identify four types of voice quality, each related to different levels of experiencing.

Similarly, Orlinsky and Howard (1967, 1978), Kell and Mueller (1966), and Gomes-Schwartz (1978) examined the therapeutic relationship and provided a set of specific conditions that facilitate and increase the therapeutic alliance. Orlinsky and Howard (1978), for example, found that expressiveness and concreteness can be significant client events beneficial for the process and positive outcome of therapy. Orlinsky and Howard (1967) and Kell and Mueller (1966) found that instances of client open communication, accompanied by the therapist's empathy and understanding, constituted significant client change events. To

these significant change events Gomes-Schwartz (1978) and Hoyt (1980) added the client's willingness to trust, communicate and cooperate with the therapist.

Other researchers identified the client's noting improvement in the occurrence or severity of symptoms or problems as a significant change event. Improvement of problematic behaviours such as momentary forgetting (Luborsky, 1967), depression (Luborsky, Singer, Hartke, Crits-Christoph & Cohen, 1984), stomach pains, migraines, or sexual anxiety (Luborsky & Auerbach, 1969; Luborsky & Mintz, 1975), have been found to constitute significant change events.

Finally, a number of researchers (e.g., Gassner, Sampson, Weiss & Brummer, 1982; Horowitz, Sampson, Siegelman, Wolfson & Weiss, 1975) identified that the re-appearance of feelings, thoughts or events previously unavailable to the client can constitute significant change events. These include instances when the client expresses, manifests or explores material that had been forgotten or 'repressed'.

In view of these illustrative findings, it can be said that the examination of in-session client change events is a useful means of contributing to knowledge regarding the mechanisms of change, and the process of therapy. A large number of in-sessions client change events has been identified and examined, and the processes that trigger these events have been analyzed. This line of inquiry has provided clinicians with concrete examples of actual change during the psychotherapeutic hour and has outlined a number

of phenomena that were previously inaccessible. It has opened an avenue of psychotherapy research where the actual therapy session becomes the data in examining client change events significant in the therapeutic process. In general, these researchers have demonstrated the importance of studying client change events.

Category Systems of In-Session Client Change Events

Given the importance of examining in-session client events, and since the present study will use a category system of client change events, it is pertinent to review category systems designed for this purpose. In general, these category systems are designed to provide researchers with a comprehensive schema of these events so as to transcend the boundaries of therapeutic approaches and to be used as an effective psychotherapy research instrument. To this end, researchers have focused on the behaviour of the client during the therapeutic hour and have developed a number of category systems that bear on in-session client change events.

Stiles (1978a, 1978b, 1979, 1981, 1986) developed a taxonomy of Verbal Response Modes (VRM) to code client's and therapist's verbal responses. His taxonomy is based on three principles of classification: source of experience, focus, and frame of reference. Source of experience refers to whether the gist of the client's utterance is a product of the speaker's experience or the therapist's experience. Focus refers to whether the utterance relies only on the speaker's or therapist's experience or additionally presumes knowledge of what the other's experience is, was or should be. Frame of Reference refers to whether the

utterance comes from the speaker's viewpoint or takes a viewpoint that is shared with the other.

Based on these three principles, Stiles (1978a, 1986) identified eight modes of verbal communication. These are: (a) Disclosure (revelation of thoughts, feelings, perceptions, intentions), (b) Edification (statements of objective information), (c) Advisement (attempts to guide the other's behaviour, such as suggestions, commands, advice, permission, prohibition), (d) Confirmation (comparisons of the speaker's experience with that of the other's, such as agreement, disagreement, shared beliefs), (e) Question (request information or guidance), (f) Acknowledgment (conveying receipt or receptiveness to the other's communication), (g) Interpretation (explanation or labelling the other, such as judgements, evaluations of other) and (h) Reflection (putting the other's experience into words, including repetitions, restatements, clarifications).

This taxonomy was constructed to measure the verbal behaviours of both the therapist and the client without measuring the content, affect, truth or eloquence of the statements. Similarly, the taxonomy does not measure the value of utterances or the emotional impact of the interaction between the participants and it is not explicitly designed as a category system of client change events. Rather, it is used to identify the modes that the therapist and the client use in their communication, and to locate the changes in the verbal response modes of both parties. This taxonomy has been used in a number of investigations. It has been used to demonstrate that

psychotherapists with different theoretical orientations systematically use different modes of communication (Stiles, 1979). It has also been used to discriminate between a number of different theoretical orientations as exemplified by nondirective, directive, analytic, and hortatory approaches (Stiles, 1986). Moreover, the taxonomy has been used to classify the client's verbal modes at different moments in therapy such as when they are engaged in the process of experiencing, as it is measured by the Experiencing Scale, (Stiles, McDaniel & McGaughey, 1979), or as it is measured by the Client Exploration Scale (Gomes-Schwartz, 1978).

Hill, Greenwald, Reed, Charles, O'Farrell and Carter (1981) developed a Client Verbal Response Category System that classifies the behaviour of the client in eight primary categories. These are simple response, request, description, experiencing, exploration of client-therapist relationship, insight, discussion of plans, and silence. There is also a ninth category for responses that are unrelated to the client's problem. These types of responses include greetings or small talk, or any statement that cannot readily be classified by any of the eight categories. The aim of this system is to (a) identify the client's behaviours as he/she engages with the therapist, (b) describe the client's style of interaction and (c) assess the client's ability to participate in a verbal therapy interaction (Hill, 1986). This scale, in conjunction with a Therapist Verbal Response Mode Scale (Hill, 1978, 1986), has been used to identify the therapist modes of interaction that tend to elicit a particular response mode from the client (Hill & Gormally,

1977; Hill, Carter & O'Farrell, 1983; Hill, 1986), and to compare session outcome with therapist's and client's modes of responding (Hill, Carter & O'Farrell, 1983).

While the aforementioned researchers have not developed these scales to identify client change events, other researchers (Mahrer, 1985; 1988b; Mahrer & Nadler, 1986; Elliott, 1985; Hill, Helms, Spiegel, & Tichenor, 1988) have developed rating category systems specifically for this purpose. The present study will utilize such an instrument. It is pertinent, therefore, to turn our attention to these rating scales.

Mahrer (1985) and Mahrer and Nadler (1986) presented a comprehensive literature review of in-session client change events, and proposed a 'provisional list' of in-session 'good moments' comprised of the change events found in previous research. This list was made up of, initially, thirteen (Mahrer, 1985) and then eleven clusters of change events (Mahrer & Nadler, 1986). These included, among others, (a) provision of personal material about self and/or interpersonal relationships, (b) expressive communication, (c) insight and understanding, and (d) description/exploration of the personal nature and meaning of feelings. This list was later revised, and a 12-category list of 'good moments' was developed (Mahrer, 1988b). Moreover, Mahrer presented a comprehensive review of studies that used the list to identify and examine the distribution of these client change events in numerous sessions using different types of therapy.

Elliott and his colleagues (Elliott, 1985; Elliott, James,

Reimschuessel, Cislo & Sack, 1985) presented a different system for identifying significant events in therapy. These researchers refer to their system as the Therapeutic Impact Taxonomy. In this taxonomy, rather than identifying the client statements that constitute 'good moments' (Mahrer, 1988b), the therapist's statements are identified as helpful or not helpful, to the client's progress. In other words, this taxonomy evaluates the therapeutic effect of the therapist's statements during the therapeutic hour. It identifies eight 'helpful' and six 'hindering' impacts that the client may experience following a therapist's statement. The eight helpful impacts are in turn divided into four 'task impacts'. 'Task impacts' refers to the process toward completion of tasks in therapy, such as personal insight, awareness, and problem solution. The four remaining helpful impacts are categorized as 'interpersonal impacts' that indicate interpersonal contact with the therapist. Interpersonal impacts are comprised of therapist responses that are construed by the client as showing understanding, personal contact, reassurance and involvement.

The six impacts that hinder the client's progress include therapist responses that the client evaluates negatively and perceives as obstructing the process of therapy. These include, for example, a therapist's negative reaction to the client, therapist's repetitiveness and therapist's misconception.

Similar to Elliott's taxonomy (Elliott, 1985), Hill and her colleagues (e.g., Hill, Helms, Spiegel & Tichenor, 1988) developed a Client Reactions System (C.R.S.) to identify the client's

reaction to the therapist's responses during the therapeutic hour. The system includes fourteen positive reactions to therapists' statements (e.g., perception of being understood and supported) and seven negative reactions (e.g., feeling scared, stuck or confused).

These measures provide researchers with a means to identify the significant change events by either (a) emphasizing the actual client statement (Mahrer, 1988b) or by (b) concentrating on the interventions the therapist uses and the subsequent consequences these interventions have on the client's progress. (Elliott, 1985; Elliott et al., 1985; Hill et al., 1988).

Each category system presented above, has been designed to measure particular facets of the therapeutic encounter and to identify a number of valuable variables related to the mechanism of change and to the process of therapy. These category systems provide the means to the psychotherapy researchers to identify, classify and isolate a number of different variables let these be, the mode of communication, the helpful impacts, the client's behavior or the 'good moments'. One of these systems will be selected to be used in the present study in order to identify client change events in the therapeutic hour.

Our attention will turn now to the importance of studying strength of feeling in psychotherapy. Since this study will examine the relationship between client change events and degree of client strength of feeling, it is germane that the appropriate literature on client strength of feeling be reviewed. What follows is an illustrative presentation of the importance of degree of strength

of client feeling as it has been outlined in the literature.

Client's Strength of Feeling in Psychotherapy

Definition and Importance of Strength of Feeling in Psychotherapy Theory and Research.

The importance of client strength of feeling during the psychotherapeutic hour has been extensively documented in the literature (e.g., Greenberg & Safran, 1987; Hoehn-Saric, 1977; Nichols, 1974; Nichols & Zax, 1977; Liberman, 1978; Pierce, Nichols & DuBrin, 1983). A number of prominent theorists have advocated that the degree of the client's strength of feeling is an important therapeutic variable that facilitates psychotherapeutic and personality change. Some value a higher degree of feeling (e.g., Breuer & Freud, 1955; Janov, 1970; Jackins, 1978; Perls, 1969), while others espouse a lower degree of strength of client feeling (e.g., Gendlin, 1961; Reich, 1949; Rogers, 1958; Sullivan, 1953). All agree, however, that client strength of feeling is therapeutic.

Strength of client feeling refers to the degree of charge, force, energy, arousal, saturation, and fullness of feeling, emotion, or affect. It describes the continuum of feeling levels from neutral, flat, 'dead' and empty to very strong, powerful, saturated and mighty. The strength of client feeling can be detected in every client's vocal expression. For every client vocalization, there are varying degrees of strength of feeling. The degree of strength of feeling can be neutral, low, moderate, or high. There is a particular feeling strength level, every time

there are feelings in the client. There can be little, a large degree or no strength of feeling at all. Strength of feeling is present when the client is sad, angry, annoyed, upset, happy, excited or when having any kind of feeling.

Accordingly, these feelings may be expressed in small or large degrees, forcibly or only moderately so. This expression of feelings may include a trembling or shaking of the voice, changes in the loudness and pitch, or perhaps heavy and/or irregular breathing.

Strength of feeling is characterized by several factors. These are (a) the degree of force or energy, (b) the loudness and volume of the expression of feeling, (c) the degree of client's spontaneity and freedom of control, (d) the degree of fullness and saturation of feeling and (e) the degree of strength and breadth of bodily sensations (Mahrer, Stalikas, Boissoneault, Trainor & Piloud, in press; cf., Greenberg & Safran, 1987; Pierce, Nichols & DuBrin, 1983).

Psychotherapy theorists and researchers use a multiplicity of terms to describe the fullness, force, or energy of the feeling, emotion and effect of the client. These terms however, do not explicitly specify the degree of strength of feeling of the client. For example, terms such as feeling-expression and/or catharsis (Freud, 1955a), abreaction (Breuer & Freud, 1955), explosion (Perls, 1969), historical emotions (Casriel, 1972), experiencing (Gendlin, 1961), primal scream (Janov, 1970), damage repair facilities (Jackins, 1978), 'getting in touch with feelings' (Rogers,

1961), emotional arousal (Greenberg & Safran, 1987) and emotional insight, (Perls, 1969) are among the many found in the literature, that describe different patterns of strength of feeling.

Similarly, psychotherapy theorists portray the increase or decrease of strength of feeling, in relation to therapeutic phenomena that occur during the session in general terms, without specifying what degree of strength of feeling corresponds to the therapeutic phenomena they describe.

Jung (1960) encouraged elevations in his clients' strength of feeling. He proposed that feelings constitute the effort of the unconscious self to express itself. He maintained that one has to live through one's emotions, to endure the tension between the conscious and the unconscious to finally incorporate into consciousness what was previously out of awareness (Jung, 1960). He never specified, however, what degree of strength of feeling was optimal for this process to take place.

Along the same lines, Sullivan (1953) proposed that being in an 'emotionally aroused state' helps one uncover the ways in which satisfaction tendencies are blocked by security tendencies and Reich (1949) proposed that 'some' strength of feeling is therapeutic in that it facilitates the process of lowering the physical defenses and increasing the individual's level of awareness (Reich, 1949). Here again, the actual degree of feeling needed for these therapeutic processes to take place remain unknown.

Gestalt theory postulates that, 'emotional arousal' is

necessary for effective therapeutic work. Gestalt theorists maintain that the 'expression of feelings' reveals the individual's relationship to his/her environment, and facilitates the acquisition of a new and fresh awareness about him/herself and his/her relationship with the world (Polster & Polster, 1973). Horney (1950) believed that 'emotional expression' brings the client closer to his/her real self, while Blanck and Blanck (1979) propose that through 'experiencing' his/her feelings, the client becomes capable of correcting distortions of the object world. While the terms 'emotional expression', 'emotionally aroused state', 'expression of feelings' and 'experiencing' denote an elevation in the strength of feeling of the client, they do not specify the actual degree of strength of feeling.

Similarly, Weiss (1971) outlined that the client should be helped to gradually reveal and experience feelings that had been suppressed so as to get in touch with her/his feelings. Dahl (1980) also believed that emotions are an important part of therapy because they represent motivational forces and unconscious wishes. Dahl (1980) argues that the only way people become aware of their wishes is through the 'experience' of their emotions. Here again, while the term 'experience' indicates a certain amount of strength of feeling, but there is no definition of its degree.

The core of client-centred therapy involves the 'valuing of experiencing', and helping the client 'to get in touch' with his feelings (Rogers, 1958, 1959, 1965). The client was encouraged to enter a state that would promote acceptance and understanding of

his/her feelings that had been previously disconnected and kept out of awareness. Gendlin (1961), in an extension of the client-centred framework, proposed that for therapeutic change to take place, the client had to undergo the process of 'experiencing'. The client had to 'make a space', introspect, listen to his/her body and get hold of a bodily 'felt datum'. It is this 'felt datum' that allows the client to achieve an awareness of his/her condition, and enables him/her to construct the necessary concepts that will lead to personality change. It is the process of experiencing that facilitates change and 'engages' the client in a self-exploration that is based on introspection, and a search for felt elements in the body (Gendlin & Tomlinson, 1967). Gendlin developed a therapeutic procedure called "focusing" (Gendlin, 1969, 1978, 1979, 1981; Gendlin & Olsen, 1970) that allows the client to 'enter' his body and focus on internal bodily sensations. The client can then identify and express these sensations to create corresponding concepts that will help him resolve conflicts, find direction, and indicate the core of the difficulty, problem and disturbance. The terms 'focusing', 'experiencing' 'getting in touch' again imply the presence of some strength of feeling but again the actual degree is not indicated.

The only group of theorists who clearly specify a certain degree of strength of feeling as optimal for psychotherapeutic change, are those who value a high degree of strength of feeling. These theorists clearly specify that for the therapeutic process they value to take place a strong level of feeling strength is

required. Freud (1955b; Breuer & Freud, 1955) emphasized the importance of a high strength of feeling and of a strong expression of feelings as bringing a reduction of hysterical symptoms. Conceptions regarding the usefulness of a great degree of strength of feeling are incorporated in Stampfl's (1967) implosive theory and therapy and in Olsen's (1976) therapeutic method of 'flooding'. Both therapies value and utilize a high degree of feeling strength for the treatment of phobias. Both theorists advocate that a high level of strength of feeling carries a corrective element that brings balance and stability in the client's affective system. Mahrer's (1978) experiential approach also posits that attainment of a strong degree of strength of feeling is the first of four steps found in each session. The client's ability and willingness to experience, and vividly express his/her feelings, is the prerequisite for further therapeutic work in the session.

Similarly, bio-energetic theory and therapy (Lowen, 1975), primal therapy (Janov, 1970), encounter groups therapy (Back, 1973) and paradoxical experiential therapy (Kutzin, 1980) value also a high strength of feeling, and consider it a necessary ingredient for therapeutic change to occur.

It is evident from the above review that strength of feeling is seen as beneficial for psychotherapeutic change by many theorists from different therapeutic approaches. Even though each theory may define strength of feeling differently, may provide a different rationale for how and why it is important, and may use a different name to describe the elevation of strength of feeling,

all the theories reviewed agree that strength of feeling, in general, is valuable and helpful for therapeutic progress to take place. Yet, while the importance of strength of feeling in general has been documented in psychotherapy theory, the usefulness of particular degrees of strength feeling and its relation to psychotherapeutic progress remains unknown, with the exception of those theories that explicitly value a high degree of strength of feeling.

In general, we can conclude that psychotherapy theory values strength of feeling as an important therapeutic variable, but that it falls short in precisely describing specific degrees of strength of feeling and their precise therapeutic function.

Albeit the importance attributed to strength of feeling by the theory of psychotherapy, the examination of the research literature indicates the absence of studies that investigate strength of feeling. Rather than studying strength of feeling, researchers have concentrated on a diversity of other variables related but not constituting strength of feeling.

Among others, researchers have examined particular therapeutic phenomena that necessitate emotional arousal, such as catharsis, (e.g., Dittes, 1957; Goldman-Eisler, 1956; Gordon, 1957; Grossman, 1952; Haggard & Murray, 1942; Keet, 1948; Levison, Zax & Cowen, 1961; Martin, Lundy & Lewin, 1960; Nichols, 1974; Nichols & Zax, 1977; Ruesch & Prestwood, 1949; Wiener, 1955) experiencing (Gendlin, 1974, 1979, 1981; Wexler, 1974, Wexler & Rice, 1974), flooding (Calif & MacLean, 1970; DeMoor, 1970; Hackman & MacLean,

1975), emotive imagery (Lazarus & Abramovitz, 1962; Lazarus, 1968) and introspection (Rogers, 1959, 1961). Other researchers studied particular therapies and their effectiveness in using emotions, such as, implosive (e.g., Boudewyns & Wilson, 1972; Boulougouris, Marks & Marset, 1971; Hogan, 1966, 1968; Levis & Carrera, 1967; Mealiea & Nawas, 1971; Watson, Gaird & Marks, 1972), and client-centered therapy (e.g., Kiesler, 1971; Kiesler, Mathieu & Klein, 1967; Kirtner, Cartwright, Robertson & Fiske, 1961; Orlinsky & Howard, 1978; Tomlinson & Hart, 1962; Tomlinson, 1967; Truax, 1963; Walker, Raklen & Rogers, 1966; Wexler, 1974). Finally, other researchers examined the relationship between the absence or presence of emotion expression and therapy outcome (e.g., Fischer & Apostol, 1975; Frank, 1973; Gendlin, Beebe, Cassens, Klein & Oberlander, 1968; Gendlin, Jenney & Shlien, 1960; Jackson, 1984; Kiesler, 1971; Kiesler, Mathieu & Klein, 1967; Melnick, 1972; Rogers, Gendlin, Kiesler & Truax, 1967; Starkweather, 1961; Tomlinson, 1967; Tomlinson and Hart, 1962; Tomlinson & Stoler, 1967), the characteristics of the therapist and his ability to initiate, facilitate, and promote feeling expression in the client (Beahrs & Humiston, 1974; Duncan, Rice & Butler, 1968; Gomes-Schwartz & Schwartz, 1978; Hill & Gormally, 1977; Wexler & Butler, 1976), and the 'readiness' of the client to feel, experience, show and express emotions in therapy (Gendlin, Jenney & Shlien, 1960; Kiesler, 1966; Kiesler, Klein & Mathieu, 1965; Rogers, Gendlin Kiesler & Truax, 1967; Richert, 1976; Van Der Veen, 1967).

Since however the focus of the present study is on the

relation between client change events and client strength of feeling, the research on these variables which are related to strength of feeling, but do not constitute strength of feeling as such will not be further pursued. Instead, what follows is a presentation of the major research question, that is the core of the present study, and a literature review on the research relating client change events and strength of feeling.

**Relationship Between Client Change Events and the Degree of
Strength of Feeling**

The Importance of Studying the Relationship Between Client Change Events, Client Strength of Feeling and Type of Therapy.

One issue that has yet to be addressed in psychotherapy research, despite the existence of a prolific psychotherapy research literature, is the relationship between client change events, client strength of feeling, and type of therapy. It is important to study this relationship for several reasons.

First, the study of the relationship between client change events, client strength of feeling and type of therapy, will provide research data, regarding the therapeutic value of client strength of feeling. There is an on-going, long-standing debate among psychotherapy theorists, regarding the usefulness of feelings, emotional arousal or affect in therapy. The examination of the different degrees of client strength of feeling and their relationship to client change events will demonstrate the degree of strength of feeling associated with particular change events, in different types of therapy, thus providing data that may help

contribute to a better conceptualization of the importance of strength of feeling in therapy.

Second, the study of the relationship between client change events, client strength of feeling and type of therapy will address a number of practitioner-relevant questions. For therapists who value particular categories of client change events the examination of this relationship may indicate the degree of feeling strength associated with the occurrence of the desired client change event. Conversely, for therapists who value, and tend to operate at, a certain degree of client strength of feeling, the study of this relationship may indicate what categories of client change events will or will not tend to occur at particular degrees of feeling strength.

Third, the study of the relationship between client change events, client strength of feeling and type of therapy may open a new avenue for psychotherapy researchers who are interested in exploring the mechanisms that bring about client change events and/or different degrees of strength of feeling. This study may provide with the necessary background for further examination of the client change events and client strength of feeling especially as these relationships may vary with type of therapy.

Strength of Feeling and Client Change Events: Research Findings

Systematic review of the research literature reveals that the relationship between strength of feeling and client change events has never been directly investigated. Existing studies have examined a variety of relationships between other variables which

may be related to either client change events or client strength of feeling but have not directly investigated the relationship between client change events and client strength of feeling. There are several reasons for the virtual absence of studies.

First, instead of examining the relationship between in-session client change events and client strength of feeling, researchers have investigated the relationship between extra-session therapeutic outcome and feeling-related variables (e.g., Baer, Dunbar, Hamilton & Beutler, 1980; Bohart, 1977, 1980; Bottari & Rappaport, 1983; Grinker & Spiegel, 1945; Hartley & Strupp, 1983; Hoehn-Saric, Frank & Gurland, 1968; Hoehn-Saric, Liberman, Imber, Stone, Pande & Frank, 1972; Hoehn-Saric, Liberman, Imber, Stone, Frank & Ribich, 1974; Mintz, Luborsky & Auerbach, 1971; Roether & Peter, 1972; Rounsaville, Weissman, Prusoff & Herceg-Baray, 1979; Truax, 1971). Feeling-related variables refer to in-session events which entail some degree of client's emotional arousal and expression. These variables were examined and were found to be related to positive therapeutic outcome. For example, Baer and his associates (1980), report that one of the psychotherapeutic process factors that relates to positive therapy outcome (as measured by the MMPI), is the client's verbalization of dysphoric subjective experiences of guilt, insecurity, sadness, anxiety and self-derogation. Nichols and Zax (1977) and Bohart (1977) report that cathartic events in therapy are positively related to therapy outcome, and Truax (1971), along with Roether and Peters (1972), report that hostility and exposure to hostility in group therapy

facilitate therapeutic outcome. Bohart (1977, 1980) reports that role playing is an efficient method for reducing anger.

Second, rather than examining how strength of feeling may be related to particular change events, researchers examined the effectiveness of certain methods and techniques in elevating the client's arousal, feeling state, or emotional expression (DeMoor, 1970; Hackman & MacLean, 1975; Hekmat, 1973; Mathieu-Coughlan & Klein, 1984; Mylar & Clement, 1972; Orlinsky & Howard, 1978); techniques such as flooding (DeMoor, 1970; Hackman & MacLean, 1975), implosion (Hekmat, 1973; Mylar & Clement, 1972) and focusing on felt meaning (Mathieu-Coughlan & Klein, 1984; Orlinsky & Howard, 1978). For example, Mathieu-Coughlan & Klein (1984) regard that 'focusing' enhances the process of experiencing and DeMoor (1970) finds that 'flooding' is an effective method of elevating the client's strength of feeling.

Third, rather than examining how different degrees of strength of feeling may be related to different change events, researchers have investigated the relationships between therapeutic outcome of therapies that value a strong degree of feeling expression (known as 'strong-feeling therapies') such as, Primal, Reichian, Encounter, Gestalt, Implosive, Bioenergetic and Re-evaluation therapies (Greenberg & Safran, 1987; Nichols & Zax, 1977; Orlinsky & Howard, 1978; Pierce, Nichols & Dubrin, 1983).

Fourth, rather than directly examining strength of feeling, researchers have concentrated on assessing a number of variables tangentially related to degree of strength of feeling such as

problem expression (Van der Veen & Tomlinson, 1967), voice quality (Rice, Koke, Greenberg, & Wagstaff, 1979), novelty experiencing (Kohn & Annis, 1975; Pearson, 1971), actualization (Shostrom, 1963), expressiveness (Wexler, 1975), emotional style (Allen & Hamsher, 1974), sensitivity to emotions (Kagan & Schneider, 1980), self-reported affect (Zuckerman & Lubin, 1965) and experiencing (Klein, Mathieu, Gendlin, & Kiesler, 1969; cf. Gendlin & Tomlinson, 1967; Kiesler, 1971; Lansford & Bordin, 1983).

Finally, instead of examining how strength of feeling may have varying relationships over categories of in-session change events, researchers have concentrated on studying single categories of client change events in relation to variables peripherally related to strength of feeling. Researchers have examined individual client change events such as insight (Elliott, 1983b, 1984), resolution of Gestalt splits (Greenberg, 1979, 1984), change in target behaviours (Luborsky, 1967; Luborsky & Auerbach, 1969; Luborsky, Singer, Hartke, Crits-Christoph & Cohen, 1984; Marmar, Wilner & Horowitz, 1984), self-exploration and felt shifts (Mathieu-Coughlan & Klein, 1984; Rice & Saperia, 1984). For example, Elliott (1983b, 1984) examined the relation between voice quality and insight and Greenberg (1979, 1980) examined the relation between experiencing and 'psychic splits'.

In conclusion, the results of a systematic review of the research literature addressing feeling-related variables makes it evident that researchers have not directly and broadly examined the relationship between client change events and strength of feeling.

Existing studies have: (a) Only addressed feeling-related variables other than strength of feeling; (b) Have generally studied the relation of these variables to extra-therapy outcome; and (c) When studying their associations with intra-session client change events, have addressed their relations to individual categories of client change rather than assessing their place in the natural patterning of occurrence of multiple categories of client change events. Based upon these manifest lacunae in research-based knowledge on the relation of strength of feeling and client change events, it is the purpose of the present study to examine this relationship more comprehensively.

The Research Question

Being cognizant of the limitations of current research-based knowledge on strength of feeling, this study will address, generally stated, the following question:

Across types of therapy, do different levels of client strength of feeling correlate with certain categories of client change events? That is, at a given level of strength of feeling, does the distribution of categories of client change events differ significantly from distributions at other levels of strength of feeling? Do these distributions vary significantly with type of therapy? The answers to these questions will determine what categories of client change events tend to appear at specific degrees of strength of feeling, and the effect that type of therapy has on the distribution of client change events and client strength of feeling.

It may be that, across types of therapy, a particular degree of strength of feeling is associated with certain categories of client change events. For instance, when the client is at a particular level of strength of feeling, are there identifiable significant client change events that are likely to occur? For example, when the client is at the neutral or at the moderate degree of strength of feeling are particular categories of client change event more or less likely to occur? One category of client change event that has been studied is insight and understanding. Is the occurrence of insight consistently or significantly related to the neutral or moderate degree of strength of feeling or is its occurrence unrelated to the degree of strength of feeling?

Conversely stated, it may be that across types of therapy, the occurrence of given categories of client change events differs significantly at certain levels of strength of feeling. If one is interested in a given kind of significant change event, does this particular change event occur with equal frequency across all levels of strength of feeling or is it associated with a particular level of strength of feeling? For example, let us assume that clinicians value the client's active cooperation with the therapist in the search for meaningful material, as a significant client change event. Are we to expect that this particular change event will occur with equal frequency across all levels of strength of feeling or it is to be found associated with a particular degree of strength of feeling?

Finally, it may be that type of therapy is related to

particular categories of client change events and to particular degrees of client feeling strength.

Based on this general research question we can formulate the hypotheses of this study.

Hypotheses

It is hypothesized that:

1. When type of therapy is statistically controlled for, there is a significant positive relationship between the degree of strength of feeling and the proportion of client change events statements to the total number of client statements; that is, as the degree of strength of feeling increases, the proportion of client event statements to the total number of client statements increases. It is hypothesized that this relationship will also stand true for each of the three types of therapy studied. In other words it is hypothesized that:

2. Within rational-emotive therapy, there is a significant positive relationship between the degree of strength of feeling and the proportion of client change events statements to the total number of client statements; that is, as the degree of strength of feeling increases so does the proportion of client change events to the total number of client statements.

3. Within client-centered therapy, there is a significant positive relationship between the degree of strength of feeling and the proportion of client change events statements to the total number of client statements; that is, as the degree of strength of feeling increases so does the proportion of client change events to the total number of client statements.

4. Within experiential therapy, there is a significant positive relationship between the degree of strength of feeling and

the proportion of client change events statements to the total number of client statements; that is, as the degree of strength of feeling increases so does the proportion of client change events to the total number of client statements.

Although hypotheses #2, #3, and #4 are identical, it was decided to be kept separate in order to facilitate the statistical analyses and the subsequent reporting of the findings.

While these hypotheses are predicting the existence of a positive and significant relationship between client strength of feeling and client change events they also allow for the examination of at least two related research questions. First, if there is an overall positive and significant relationship between client strength of feeling and client change events, do all of the client change events categories significantly relate to client strength of feeling or only some of them? Second, for those categories of client change events that significantly relate to client strength of feeling, which particular degree of client strength of feeling are predominantly related to?

The procedure that will be followed in order to test these hypotheses and answer these questions entails the use of a number of transcribed audiotapes of several sessions with different clients conducted by well known therapists representing different psychotherapeutic approaches. Each client statement in each of these sessions will be rated by a group of trained judges, to: (a) identify the categories of client change events and (b) measure the degree of client strength of feeling.

Chapter II: Methodology

This chapter is divided into three parts. The first includes a discussion of the selection of therapists, psychotherapy sessions, judges, and rating instruments. The second part presents the procedure that will be followed, and the final part outlines the proposed statistical analyses.

Selection of Therapists, Psychotherapy Sessions, Judges and Rating Instruments

Therapists

Exemplary psychotherapists, acknowledged to be representative of the therapeutic approach they practice, will be used in the present investigation. The decision to use well known therapists has a number of advantages. First, generalizations based on type of therapeutic approach can be made; it is assumed that such distinguished therapists practice the therapy they represent in its purest form. Second, the necessity to examine the therapists' interventions, in order to ensure that they are indeed performing the kind of therapy they claim to practice, is reduced. Third, a relatively uniform level of quality, across individual sessions and therapeutic approaches, can be generally assured. Fourth, it is assumed that the psychotherapy sessions made available for educational and research purposes by these therapists are generally of a rather high quality.

Several therapy sessions conducted by each therapist will be studied. Such an approach enables one to examine the interrelations between client change events and client strength of

feeling across the different therapeutic approaches. Accordingly, each of the therapists chosen will be studied by means of several complete audio-taped sessions that were conducted with different clients.

With these criteria outlined, three therapists, were selected. Each represents a major therapeutic approach that is sufficiently distinct from the other two, and each has written a number of major works outlining his distinct view on the nature of personality and how to bring about therapeutic change. The three therapists are: (a) Albert Ellis, as representative of Rational-Emotive Therapy (1971, 1973, 1976, 1977, 1979); (b) Alvin Mahrer, as representative of Experiential Therapy (1978, 1983, 1986, 1989a, 1989b) and, (c) Carl Rogers, as representative of Client-Centered Therapy (1951, 1961, 1967, 1970).

Rational-Emotive therapy contends that emotional disturbances are the result not of objective events in people's lives but of the irrational beliefs that guide their interpretations of those events. The modification of irrational beliefs constitutes the major method by which change occurs. To combat such beliefs, the rational-emotive therapist points out in blunt terms the irrationality of the client's thinking, models more realistic evaluations of the client's situation, instructs the client to monitor and correct his or her thoughts, rehearses the client in appraising situations realistically, and gives homework assignments so that new ways of interpreting experience can be strengthened.

Client-Centered Therapy endorses that 'conditions of worth'

applied by the immediate social environment are the causes of the client's emotional disturbances. Conditions of worth impede the unfolding of the self, and the individual becomes poorly adjusted and generally unhappy. In the effort to reconcile clients to their true selves, the client-centered therapist attempts to see the world through the clients' eyes so that they will come to regard their own experience of the world as a thing of value. The therapist develops a therapeutic relationship with the client that is based on three variables; unconditional positive regard, emphatic understanding, and congruence or 'realness' (Rogers, 1970). Thus, the therapist-client relationship is the key to change.

Experiential Therapy regards 'therapeutic experiencing' as the cornerstone of personality change, rather than the therapist-client relationship or the modification of irrational beliefs, that client-centered and rational-emotive therapies value respectively. Each session moves through four steps. The purpose of the first step is to 'access' some inner experiencing in the client by means of attaining a level of strong feeling. The purpose of the second step is to appreciate, welcome and enjoy the inner experiencing that has been accessed. The purpose of the third step is for the client to become the inner experiencing by the means of 're-living' scenes from his/her life experienced through the new perspective that the inner experiencing provides. Finally the purpose of the fourth step is for the client to have a taste and a sample of what it is like to be this new and different experiencing in the

context of the extra-therapy world.

Limitations. The selection of therapists and therapeutic approaches is by no means comprehensive. Alternative therapeutic approaches and other therapists representing these approaches could have been selected. For example, the selection could have included a psychodynamic, Gestalt or Integrative therapist in addition to, or instead of the approaches selected. However, such a selection was not possible because of the difficulty to locate several complete audio-taped sessions conducted by exemplar therapists with different clients, representing different therapeutic approaches. Thus, the present selection of therapeutic approaches and therapists was deemed adequate for the needs of this study.

Number and Type of Sessions

Complete sessions, conducted by the aforementioned therapists, will be used in this study. The selection of these sessions was carried out to ensure maximum variability and to balance variables such as client sex, age, and stage of therapy. Consequently, both male and female clients, at various ages, and at different stages in the course of therapy, have been selected. Given that these criteria limit the selection of taped sessions, they cannot be considered randomly selected.

The reason that the present design utilizes complete sessions rather than samples or segments of different sessions, is because it was thought that more representative examples of the co-occurrence of client change events and strength of feeling as they occur in the session will be detected. In using complete therapy

sessions, the way that the different kinds of client change events and the different levels of client strength of feeling occur as the session progresses, is obtained. This acquisition of the pattern of occurrences of client changes events and client strength of feeling provide the basis for greater generalization and the means for the illustration of an representative picture of the distribution of the co-occurrences of client change events and client strength of feeling within the session, within each therapeutic approach and across therapeutic approaches.

The sessions will be selected from a number of sources, including the (a) American Academy of Psychotherapists Tape Library, (b) Psychotherapy Research Tape Library of the School of Psychology of the University of Ottawa, and (c) Psychological Films Library of the University of Ottawa.

Based on these criteria, the following sessions were selected:

Client-Centered Therapy. Session #1. Nineteenth session with Mrs. Mun., a middle-aged woman. The tape was obtained from the American Academy of Psychotherapists Tape Library. There are 41 client statements in the session.

Session #2. Initial session with Mr. Lin., a man in his twenties. This tape was also obtained from the American Academy of Psychotherapists Tape Library. There are 59 client statements.

Session #3. Initial session with Cathy, a woman in her thirties. This session was obtained from Psychological Films: Three Approaches to Psychotherapy I. There are 121 client statements.

Session #4. An initial session with Mrs. P.S., a woman in her

twenties. The tape was obtained from the American Academy of Psychotherapists Tape Library and contains 105 client statements.

Rational Emotive Therapy. Session #1. Fourth session with Ms. E., a woman in her thirties. The tape was obtained from the University of Ottawa Psychotherapy Research Tape Library. There are 78 client statements.

Session #2. Third session with Mr. O., a man in his thirties. This tape was also obtained from the University of Ottawa Psychotherapy Research Tape Library. There are 91 client statements.

Session #3. Fifteenth session with John Jones, a man in his thirties. The tape was obtained from the American Academy of Psychotherapists Tape Library. There are 255 client statements.

Session #4. An initial session with Gloria, a woman in her thirties. The tape was obtained from Psychological Films: Three Approaches to Psychotherapy II, and it contains 40 client statements.

Experiential Therapy. Session #1. Sixteenth session with Mrs N., a woman in her thirties. The tape was obtained from the University of Ottawa Psychotherapy Research Tape Library and contains 92 client statements.

Session #2. A third session with Ms. W, a woman in her thirties. The tape was obtained from the University of Ottawa Psychotherapy Tape Library. There are 106 client statements.

The above ten psychotherapy sessions, constitute the data for the investigation. Four are initial sessions and the remaining six

are early sessions. Ten different clients, three men and seven women, will be studied, ranging in age from mid-twenties to middle age.

Limitations. As with the selection of therapists and therapeutic approaches, the selection of sessions drawn from each therapeutic approach is not the only possible one. Alternative selections of sessions, with other clients could have been performed. For example, we could have selected a more evenly balanced sample of male / female clients and we could have four sessions of experiential therapy, as the case is for the rational-emotive and client-centered therapy. However, such alternative selections were not possible, due to the limited number of complete audio-taped sessions available, conducted by the therapists chosen with different clients and from different times in the course of therapy. The present selection was deemed satisfactory to serve the purposes of the present study.

Judges for the Rating of the Client Change Events and Strength of Feeling.

Twelve judges will be selected to rate the ten sessions with regard to client change events and client strength of feeling. The rationale that underlies the decision to utilize such a relatively large number of judges is that a large number of judges can (a) provide for more reliable ratings and (b) increase the likelihood that judges represent a variety of therapeutic approaches.

The judges will be required to: (a) be either registered clinical psychologists, practising psychotherapists, senior

graduate students in clinical psychology, or research associates with a B.A. honours degree in Psychology, and (b) have prior experience and training, of at least 40 hours, in rating audio-taped and verbatim transcripts, preferably with the measures that will be used in this study.

Instruments

Two rating instruments will be used in this study. The first will be used to identify client change events, and the second for the assessment of the degree of client's strength of feeling.

Client Change Events. As mentioned in the first part of this proposal, there are at least three rating systems assessing in-session client change events. These are the (a) Therapeutic Impact Taxonomy (Elliott, 1985; Elliott, James, Reimschuessel, Cislo & Sack, 1985), (b) Client Reactions System (Hill, Helms, Spiegel & Tichenor, 1988) and (c) The Category System of Good Moments (Mahrer, 1985; Mahrer & Nadler, 1986, Mahrer, 1988b).

The Therapeutic Impact Taxonomy (Elliott, 1985; Elliott, James, Reimschuessel, Cislo & Sack, 1985) and the Client Reactions System (Hill, Helms, Spiegel & Tichenor, 1988) were not selected for two reasons. First, both emphasize the use of the therapist's interventions rather than the client's statements. For both systems, the quality of the therapist's interventions and the impact that these interventions have on the client's therapeutic progress serve as the data. While such an analysis delineates the effectiveness of the therapist's interventions, and differentiates between helpful and hindering therapeutic impacts, it does not

identify the client statements that reflect actual client change events. In other words, while these systems are useful tools for identifying impacts that help or hinder the process of therapy, they do not directly identify the occurrence of client change events. For the purposes of this study, the actual client change events, as they are depicted in the client statements, are of prime importance. Second, if either the Therapeutic Impact Taxonomy or the Client Reactions System were selected, the clients would have been required for post-session interviews, immediately following the termination of the session, since they rate whether the therapist's interventions were helpful or detrimental. Given that this study will use audio-taped sessions that have been conducted in the past, and that the clients' identities are unknown, it is impractical to use either of these systems.

The Category System of Good Moments (Mahrer, 1988b), however, met the needs of the present study and was deemed appropriate for the identification of client change events in this study. The system is comprised of twelve categories of client change events, and was specifically designed to identify in-session client change events. The system identifies distinct categories of client change events as they occur in the session, and is the only instrument that offers a wide representation of client change events. Further, the client change events are presented in a meaningful and empirical manner, making their use easier and more reliable.

The system (Mahrer, 1985) was generated to be representative of most theoretical approaches to psychotherapy, thereby making it

suitable for use in this investigation. It was developed from a comprehensive survey of client change events found in the psychotherapy research literature (Mahrer & Nadler, 1986), thus ensuring its representativeness across most psychotherapeutic approaches. In addition, it organizes the client change events into twelve distinct categories, providing an organized set of different categories of client change events. Moreover, the list is worded in such a way as to be free from the technical jargon of any given approach, and it has been used successfully in a large number of studies that examined client change events within the therapeutic hour (e.g., Mahrer, Paterson, Thériault, Roessler, Quenneville, 1986; Mahrer, Boulet & Stalikas, 1987; Mahrer, Nadler, Stalikas, Schachter & Sterner, 1988; Mahrer, Markow, Gervaise & Boulet, 1987; Mahrer, Sterner, Lawson & Dessaulles, 1986; Martin & Stelmazonek, 1988; Martin, Martin & Slemon, 1987). Finally, a recent review of the extensive studies using this category system presents data on the high inter-judge reliability and the strong average kappa reliability coefficients (Cohen, 1960) ranging from .72 to .77 that attest to the satisfactory psychometric properties of the category system (Martin & Stelmazonek, 1988; Martin, Martin & Slemon, 1987).

Given that the Category System of Good Moments is not derived from any particular therapeutic approach, it is a-theoretical and is therefore appropriate for rating of client change events found in sessions conducted across different theoretical orientations. Finally, the list is a widely used system for rating client change events, which attests its suitability for use in the present study.

The Category System of Good Moments (Mahrer, 1988b) is summarized as follows:

1. **Provision of Significant Material about Self and/or interpersonal Relationships.** The patient is providing (reporting, describing, expressing) material that is significant (important, revealing, special, meaningful) and that pertains to the patient's personal self and/or interpersonal relationships. The material may refer to immediate events, recent events, or remote events significant in the shaping of life patternings, behavior, and personality. Varying somewhat with the approach, the material consists of meaningfully significant data/information relevant: to personal problems and difficulties; to the nature, content, history or origin of these personal problems and difficulties; to the inner self, thoughts and ideas, wishes and fears, impulses, behavioral tendencies, fantasy life, imagery, daydreams; and to interpersonal relations, interactions, and involvements occurring in current and past life.

2. **Description-Exploration of the Personal Nature and meaning of Feelings.** The patient is describing-exploring the personal nature and meaning of feelings that are immediate and ongoing. Rather than distant, intellectual, or removed, the description-exploration is meaningful and personal, affect-laden and emotional. It includes the nature and content of the feeling, a focused inner sensing of how the feeling is, what it is like to have the feeling, a differentiating inner exploration of the meaning of the feeling, how the feeling changes with further description-exploration, the bodily-felt sensations accompanying the feeling.

3. **Emergence of Previously Warded-off Material.** The patient is expressing, manifesting, recollecting or exploring material that is meaningful and significant, but had been warded-off earlier in therapy. The material includes recent or remote incidents, memories, and traumatic events; it includes feelings and reactions, cognitions, thoughts and ideations, impulses, and behavioral tendencies. Whereas such material had previously been avoided, defended against, blocked, and unavailable, its emergence is now accompanied with heightened feelings of pain, hurt, discomfort and distress, or with feelings of relief, discovery, and reduced unpleasantness.

4. **Expression of Insight/Understanding.** The patient is expressing, demonstrating, or acquiring a significant degree of insight/understanding that is therapeutically meaningful in that: (a) its expression is accompanied with feelings of emotional arousal; (b) it indicates a substantial change in the way the patient sees (recognizes, construes, organizes, constructs, sustains and maintains) him/herself and his/her world; and (c) it has significant implications for the patient's determining role in effecting well-being, personal and interpersonal behaviour. The content may include current and past behavior, psychodynamics, intra-psychic processes, problems and problem situations,

interpersonal relations, cognitions and ideations, feelings, and emotions, self-concept, and attitudes toward life and the world.

5. Expressive Communication. The patient is communicating (talking, verbally behaving) in a manner that is significantly expressive. There are two yoked defining characteristics of significantly expressive communication: (a) The voice quality is active, alive, energetic, fresh, spontaneous and vibrant, with energy either turned outward or inward. (b) The expression includes vividness and richness in the spoken words: figures of speech, colourful use of imagery and metaphor, a strong sensual quality that draws upon visual, auditory, and/or kinaesthetic modalities.

6. Expression of a Good Working Relationship with the Therapist. This includes expression of a high level of trust in the therapist, reliance and confidence in the helping intent and motivation of the therapist, a valuing of the patient-therapist working bond and alliance, active cooperation in the search for meaningful material, and acceptance of a significant responsibility for effecting personal change. Expression of a good working relationship exceeds moderate warmth, friendliness, and acceptance toward the therapist; it exceeds a moderate level of agreement and acceptance of the therapist's statements and/or compliance and acquiescence in assuming the patient role.

7. Expression of Strong Feelings Toward the Therapist. The patient is expressing feelings that are strong, may be positive or negative, and are expressed directly toward the therapist. Positive feelings include strong expressions of love, lust, sexual attraction, caring for and being cared for, closeness, intimacy, understanding, acceptance, prizing, helping, nurturing, security. Negative feelings include strong expressions of defiance, disagreement, disapproval, mistrust, hatred, rebellion, outrage, violence, assaultiveness. Well beyond the level of feelings of a good working relationship, there are intensively personal feelings, signifying a highly emotional bond, confrontation, encounter, clash; these may be regarded as "transference" when they are understood as deriving from repressed fantasies originating in significant conflictual childhood relationships, and as revived in the current therapeutic relationship.

8. Expression of Strong Feelings in Personal Life Situations. The patient is predominantly being (living, existing) in a personal life situation that is recent or remote, real or fantasied, but is meaningful and significant, encompassing and involving. The patient is predominantly in this personal life situation rather than predominantly being in the therapy situation talking to or with the therapist about the personal life situation. Secondly, the patient is expressing (having, undergoing) strong feelings within the live context of the personal life situation. The feelings may be positive or negative.

9. Manifest Presence of Substantively New Personality State. The patient is manifesting the presence of a substantively new personality state. It is as if there were a qualitatively new and different person and/or personality state. This radical shift or transformation exceeds that of the essentially same person with

altered behavior, attitudes, thoughts, outlook, or psychodynamics. The accompanying feeling may be pleasant or unpleasant, with the critical feature that of a substantively new personality state, qualitatively different from the ordinary, continuing person and/or personality state.

10. **Undertaking New Ways of Being and Behaving in the Imminent Extra-therapy Life Situation.** The patient is undertaking (expressing, manifesting, carrying out, undergoing) new ways of being and behaving in the imminent extra-therapy life situation. The extra-therapy life situation may be within the imminently recent or remote future, and may be real, imagined, or fantasied. It is as if the patient is existing and being in the imminently future extra-therapy life situation, and the new way of being and behaving is carried out with concrete specificity.

11. **Expression or Report of Changes in Target Behaviour.** The patient is expressing (showing, manifesting) or reporting the increased or decreased occurrence of behaviours (actions, symptoms, thoughts, feelings) that have been targeted as change markers. Targeted behaviors exclude those that are therapeutically incidental or irrelevant. One subclass includes positive target behaviors whose increased occurrence is taken as improvement, health, maturity, optimal functioning, adjustment, or welcomed and valued and desired functioning. The second subclass includes negative target behaviors that are to be reduced, extinguished, replaced, eliminated, or diminished in magnitude or frequency. This subclass includes behavioral problems, symptoms, intra-psychic conflicts, painful and unpleasant feelings and states, and distressing and self-defeating cognitions, ideas and attitudes.

12. **Expression of a Welcomed General State of Well Being.** The patient is expressing (indicating, manifesting, reporting) a general state of well-being (good feelings, soundness, pleasure, happiness). This may include security, confidence, competence, comfort, satisfaction, relaxation, health. The general state of well-being may be in relationship to oneself (e.g. self-satisfaction, self-esteem, self-acceptance, self-confidence, self-regard, self-respect), in relationship with others (e.g. family relationships, work relationships, peer relationships) or in relationship to some problem (e.g. relief, resolution).

Client Strength of Feeling A comprehensive survey of the psychotherapy research literature regarding the assessment of the degree of strength of feeling yielded a number of instruments that were designed to measure feeling related variables such as patient problem expression (Van der Veen & Tomlinson, 1967), voice quality (Rice, Koke, Greenberg & Wagstaff, 1979; Trager, 1958), novelty experiencing (Kohn & Annis, 1975; Pearson, 1971), actualization

(Shostrom, 1966), expressiveness (Wexler, 1975), emotional style (Allen & Hamsher, 1974), sensitivity to emotions (Kagan & Schneider, 1980), self-reported affect (Zuckerman & Lubin, 1965), depth of self-exploration (Kiesler, 1973; Truax & Carkhuff, 1967), and experiencing (Klein, Mathieu, Gendlin & Kiesler, 1969).

While this survey was comprehensive, it was at the same time restricted to scales and measures of strength of feeling within the psychotherapy research and practice and limited to those scales that could be utilized with audiotaped sessions.

Only two rating systems were found, however, that directly measure client strength of feeling. These are the Feeling Intensity Scale (FIS; Karle, Corriere, Hart & Woldenberg, 1980) and the Client Strength of Feeling Scale (CSFS; Mahrer, Stalikas, Boissoneault, Trainor & Piloud, in press).

The FIS (Karle, Corriere, Hart & Woldenberg, 1980) was developed to measure the client's overall feeling intensity level from written transcripts of dream reports (Hartshorn, Corriere, Karle, Switzer, Hart, Gold & Binder, 1977; Corriere, Hart, Karle, Switzer & Woldenberg, 1978). The scale:

"... measures the overall intensity of the feeling level in the dream. The scale points are: 5-Intense, 4-Strong, 3-Moderate, 2-Slight, and 1-No feeling. At the intense level, feeling dominates the entire dream report. At the slight level, the dream itself evokes some feeling response in the scorer" (Karle, Corriere, Hart & Woldenberg, 1980, p. 29).

The CSFS (Mahrer, Stalikas, Boissoneault, Trainor & Piloud, in press) was developed from the FIS. A four-step modification process was used to generate a new scale that could be used to measure client strength of feeling in single audio-taped or videotaped client statements (Mahrer, Stalikas, Boissoneault, Trainor & Piloud, in press).

In the first step, each of the instruments that measure the previously cited feeling related variables was examined to extract dimensions useful for the assessment of strength of feeling. This analysis generated four dimensions of strength of feeling; (a) degree of charge (force, energy, loudness, volume), (b) degree of spontaneity (freedom from control and restraint), (c) degree of fullness and saturation, and (d) degree of strength and breadth of bodily sensations (Mahrer, Stalikas, Boissoneault, Trainor & Piloud, in press).

In the second step, a team of one clinical psychologist, two doctoral students, and three research associates, using these four dimensions, assessed the strength of feeling of 225 audio-taped client statements. These statements were randomly selected from 15 sessions that were conducted by a variety of counsellors who represented a number of different approaches. The unit of analysis was the individual client statement, which was preceded and followed by therapist's statements. Each client statement was judged to reflect a given level of strength of feeling regardless of whether that level was attained at a single point in the statement or whether that level lasted throughout the entire client statement (Mahrer, Stalikas, Boissoneault, Trainor & Piloud, in press).

Through this second step, a provisional scale comprised of four levels of strength of feeling, was generated. The four levels were neutral, low, moderate, and strong. Each level was defined and examples of each were collected. Each client statement was rated as

reflecting one of the four levels of strength of feeling on the basis of the degree of strength of feeling independent of the denoted content of what the client says or talks about. For example, statements such as, "I feel very angry" may be rated at any of the four levels of strength of feeling (Mahrer, Stalikas, Boissoneault, Trainor & Piloud, in press).

The third step had a dual purpose. First, the provisional four-levelled scale was fine-tuned and second, inter-rater reliability levels were obtained (Mahrer, Stalikas, Fairweather, & Scott, 1989; Mahrer, White, Howard, & Lee, in press). For purposes of establishing reliability, two different sets of judges were used. Each set of judges rated an audio-taped session conducted by a different therapist with a different client. One team was made up of one clinical psychologist, four doctoral students, and three honours students. This group of judges rated a client-centered session which was conducted by Carl Rogers. The session contained 105 client statements (Mahrer, Stalikas, Fairweather, & Scott, 1989). The second team of judges was comprised of four clinical psychologists and eight doctoral students. These judges rated a Gestalt session which was conducted by Fritz Perls. This second tape contained 121 client statements (Mahrer, White, Howard, & Lee, in press). The criterion level of inter-judge agreement was set at 75% for both teams of judges. For the Client-Centered and Gestalt sessions, 85.9% and 82.2% agreement was attained, respectively. On the basis of these findings, the reliability of the provisional four-levelled strength of feeling scale was deemed satisfactory.

The definitions of the four levels of strength of feeling were then fine-tuned.

The fourth and final step in the development of the Client Strength of Feeling Scale was to determine its construct validity. To this end, the scale was compared to the Experiencing Scale (ES; Klein, Mathieu, Gendlin, & Kiesler, 1969; Klein, Mathieu-Coughlan & Kiesler, 1986) to assess its discriminability. The researchers who developed the Client Strength of Feeling Scale designed it to measure a different construct than the one measured by the ES, the most commonly used scale in the literature for assessing client feeling. More specifically, while the Client Strength of Feeling Scale was designed to measure client strength of feeling, the Experiencing Scale :

"...attempts to assess the degree to which the patient communicates his personal phenomenological perspective and employs it productively in the therapy session...The dimension of experiencing refers to the quality of an individual's personal, subjective, awareness" (pp. 1, 50; cf. Gendlin & Tomlinson, 1967; Kiesler, 1971; Mathieu-Coughlan & Klein, 1984).

For the purposes of determining whether the CSFS measures the same or a different construct from that measured by the ES, the two scales were used to rate the client-centered and gestalt sessions outlined above. In addition, one rational-emotive therapy session, conducted by Albert Ellis, was included in this analysis (Mahrer, Stalikas, Boissoneault, Trainor & Piloud, in press).

Spearman correlation coefficients between the ratings from the two scales were very low. For the client-centered, rational-emotive and experiential sessions, the correlation coefficients were

$r = .24$, $p < .05$, $r = .29$, $p < .03$, and $r = .10$, $p < .17$, respectively. For all three sessions combined, the correlation coefficient was also low, $r = .09$, $p < .08$. These low correlations were taken to indicate that there was very little shared variance between the ratings by the Client Strength of Feeling Scale and the Experiencing Scale. Consequently, it was concluded that the two scales measure relatively different constructs.

Accordingly, the CSFS (Mahrer, Stalikas, Boissoneault, Trainor & Piloud, in press) was selected to measure client strength of feeling for the present study. The definitions of the four levels of client feeling strength, as presented in the manual for the Client Strength of Feeling Scale, are as follows:

Neutral Level of Feeling Strength: At the neutral level there is essentially no strength of feeling. Feeling is lacking, absent, flat, turned off. There is essentially no charge, force, energy, loudness or volume; no spontaneity, freedom from control and restraint. There is essentially no fullness or saturation of feeling. Strength and breadth of bodily sensations are lacking. Client statements are typically coherent, connected and organized whether or not the patient is talking about or referring to feeling.

Low Level of Feeling Strength: Feeling is definitely present and discernible, but only to a minimal degree. There is some charge, force, energy, loudness and volume. There is discernible degree of spontaneity, freedom from control and restraint; a low degree of fullness and saturation of feeling. Bodily sensations are mildly present and generally localized.

At the low level, there may be a burst of nervous laughter or laughter that is light, giggling, chortling, chuckling. Tearfulness may be imminent, or crying may be light and gentle. There may be tension or "butterflies" in the stomach region, some facial warmth, mild perspiration, mild flushing, some significant change in breathing or heart rate, mild trembling in arms or legs. Speech may be somewhat rapid, fragmented and disconnected.

Moderate Level of Feeling Strength: Feeling is conspicuously present in substantial quantity, and the degree of strength is moderate. There is a moderate degree of charge, force, and energy, generally with elevated loudness and volume. There is a moderate

degree of spontaneity and freedom from control-restraint, with substantial fullness and saturation of feeling. Bodily sensations are of moderate strength, somewhat compelling and rather conspicuous, and either localized in one part of the body or extended over a good measure of the whole body.

Laughter may occur as a substantial outburst of moderate intensity, somewhat unrestrained and generally of some duration. Crying may likewise be rather loud and full, rather unrestrained, generally of some duration, and often with sobbing. Speech is typically rapid, occurring in bursts and volleys, may be broken, fragmented, moderately disorganized, and occurring with some pressure or rush. Noise level is typically rather high. Words and phrases are frequently repeated.

Strong Level of Feeling Strength: Feeling is quite powerful, intense, high, robust, all-pervasive. There is a strong degree of charge, force, and energy, and a high degree of loudness and volume. There is virtually open and unrestrained spontaneity and freedom from control. Feeling is full and saturating. Bodily sensations are quite strong, quite compelling and conspicuous, and generally extended over the entire body.

Laughter may occur as sheer gales of hard and essentially unrestrained outbursts. Crying and sobbing may be hard and full, quite unrestrained, with wailing and moaning. There may be screaming, yelling, sharp and shrill outcrying, shrieking, piercing outbursts, or roarings. Speech may be very rapid, highly pressured and rushed, with little choice of words, repetition of words and phrases in a manner that is quite jumbled, fragmented, broken and disorganized. Loudness and volume may be booming, explosive and powerful. Bodily sensations may include almost uncontrolled shaking and trembling, faintness or weakness, hot or cold flashes, a sense of floating or elevation or falling or forward movement, muscular contraction or clenching, gasping for breath.

Procedure

Ratings of Client Change events.

Two stages will be used to rate each of the ten psychotherapy sessions selected for the present study. Analyses will proceed session by session, in a random order, and both stages of the evaluation will be completed for any one session before proceeding to the next. A training manual providing definitions and examples of the client change events (see Appendix A) will be given to the judges to study prior to the commencement of the investigation. The

examples and definitions are intended to aid the judges in identifying the various client change events.

In the first stage of the rating process, each of the twelve judges will be assigned four of the twelve client change event categories. The assignment of specific categories in this first stage will be based largely on the personal preference expressed by the individual judges. Each of the twelve judges will be asked to select four client change event categories according to their own personal therapeutic preferences. If there is insufficient or excessive coverage of a specific category, judges will be asked to change/alter their selections appropriately. In the event that this is not possible, categories will be assigned by the experimenter.

In this first stage, each judge will be responsible only for the four categories he/she has chosen. Each judge will have access to both an audio-tape and transcript of the particular session under investigation. Each judge will independently go through the session, on a client statement by client statement basis, to identify whether any given individual client statement, defined as those words spoken by the client preceded and followed by a therapist statement, represents one or more of his/her four categories. Judges will be asked to spend no more than approximately one hour per week on this assignment, in order to avoid fatigue that may affect the accuracy of the ratings. All judges will be requested to attend a research team meeting once a week to report their ratings of the assigned client statements. At this point, they will receive their next assignment.

Given that any one of the 12 categories of client change events will be used by at least 4 judges, and that any one client statement may be representative of any of the 12 categories, the evaluation is referred to as a "parallel analysis". This type of analysis has been employed by Elliott (1983a, 1984), Greenberg (1980, 1984), and Rice and Saperia (1984). The client change events are being used as parallel measures of the same phenomena; that is, parallel measures of the complete client statement.

At the end of the first stage of evaluation, each client statement in each session will have been rated as representing (a) no client change event category, (b) one category, or (c) multiple categories. All client statements that have been identified as representing at least one client change event category, by at least one judge, will then be examined in a second sweep through the session.

In this second stage, each judge will be presented with a table that lists those client statements that have been identified as representing one or more client change events, as determined by the initial sweep. Each judge, regardless of his or her theoretical biases or experience with particular client change event categories from the first sweep, will once again go through the audio-tape and transcript of the session independently. Each judge will then decide whether he/she agrees or disagrees with the provisional ratings from the first stage. A criterion of 75% agreement among the 12 judges was deemed necessary before any particular provisional rating would be confirmed. In the event that at least

75% agreement is reached for any one category of client change events in any client statement, that client statement will be considered as depicting one, two or several client change event categories.

Judges will be assigned 20 to 30 client statements that have been provisionally identified as depicting one or several client change events each week. Their independent evaluations will be reported to the researcher during a weekly research team meeting, in which the next set of provisional categorizations will be assigned.

Ratings of Client's Strength of Feeling.

As with the ratings of the client change events, an instruction manual providing definitions, descriptions and examples of the four different levels of client strength of feeling will be given to each of the judges (see Appendix B). The judges will be asked to study the manual and understand the way that the four levels of strength of feeling are to be used. The examples and descriptions of the four levels are intended to aid the judges in identifying each level of strength of feeling.

Each judge will again have access to both an audio-tape and transcript of the session under examination and will once more go through the session independently, on a client statement by client statement basis, to identify the degree of the client's strength of feeling for each client statement. Each client statement will be judged to reflect the highest level of strength of feeling regardless of whether that level was attained at a single point in

the statement or whether that level lasted throughout the entire client statement. That is, if at one point in the client statement the strength of feeling is rated as moderate, and the rest of the client statement is rated at a neutral level, the statement will be regarded as possessing a moderate level of strength of feeling. In addition, each client statement will be rated as reflecting one of the four levels of strength of feeling on the basis of the degree of strength of feeling in that statement independent of the denoted content of what the client says or talks about. For example, statements such as, "I feel very angry" , or "I could kill him right now" may be rated at any of the four levels of strength of feeling.

Again, in order to avoid fatigue that may affect the accuracy of the ratings, the judges will be asked to spend approximately one hour every week on this project. For any given week, between 20 and 30 client statements will be evaluated by the judges. Judges will again be requested to attend a weekly research meeting to report their results and to receive the next set of client statements that are to be evaluated.

A criterion of at least 75% agreement among the judges was deemed necessary before any particular client statement received a given level of strength of feeling. The results of the assessment of the client change events will not be reported to the judges prior to the termination of the study, leaving the judges blind to the criterion assessment of categories of client change events.

Upon completion of these two ratings, each client statement

from the ten sessions will have been rated as either neutral, low, moderate or strong in strength of feeling, and as containing none, one, two or more categories of client change events.

Data and Statistical Analysis

In this section the statistical analyses that will be used to test the hypotheses of the present study will be outlined. The data for the proposed analyses will consist of the ratings for the client change events and client strength of feeling. The procedures that will be performed will be a series of tests of relationships between client change events, client strength of feeling and type of therapy.

Given that the data are non-parametric, and categorical in nature, the tests of relationships that will be performed will consist of a series of cross-tabulations. For this purpose, the Hiloglinear procedure, as outlined in the Statistical Package for the Social Sciences (SPSS-X, 1986), will be used. The Hiloglinear procedure allows for multiple Chi-squares to be performed between various categorical, non-parametric variables. The procedure automatically eliminates variables when an overall significant relationship has been found, thereby allowing for the identification of both main and partial effects. The Pearson coefficient will be the test of significance chosen for all Chi-square tests and a level of $p < .05$ will be taken as indicating a significant difference adequate for the purposes of this study.

The first hypothesis of this study states (see page 37) that a positive association is expected to characterize the relationship

between proportion of occurrence of client change events and client strength of feeling when the effects of type of therapy are partialled out. This hypothesis will be tested using the Hiloglinear procedure in order to explore the relationship between the proportion of occurrences of client change events and client strength of feeling, by taking into consideration the total number of client statements in the ten sessions and by statistically controlling for the possible effects of type of therapy. This type of analysis will determine whether level of client strength of feeling is positively related to the proportion of client change events. If such is the case, one will be able to conclude that the proportion of statements that represent client change events to the total number of statements will be greater as client strength of feeling increases.

The second, third, and fourth hypotheses of this study (see pages 37-38) state that a positive association is expected to characterize the relationship between proportion of occurrence of client change events and client strength of feeling in rational-emotive, client-centered and experiential therapies, respectively. In order to test these hypotheses three Chi-square tests, one for each type of therapy will be performed. The results of these tests will indicate whether there is a significant positive relationship between client change events and client strength of feeling in each of the three types of therapy used in this study.

In summary, the above analyses will determine whether there is a significant relationship between proportion of occurrence of

client change events and client strength of feeling, first, when type of therapy is partialled out and second, within each type of therapy. If the data confirm the hypothesized associations, two more sets of analyses will be performed, using a series of Chi-square tests. These subsequent analyses will provide a closer examination of the associations found in the first set of analyses, and will answer the research questions proposed in this study (see page 38).

In the first of these sets of subsequent analyses, the relationship of each of the 12 categories of client change events to client strength of feeling will be examined, across and within therapy types. These analyses will specify which categories are related to client strength of feeling and which are not. The results of this type of analyses may indicate, for example, that only the client change event categories #1, #5, #8, and #12 are related to client strength of feeling, when the effects of type of therapy are partialled out. The results may also indicate that client change event category #3 is significantly related to strength of feeling in rational-emotive therapy, categories #5, and #7 are significantly related to strength of feeling in client-centered therapy and that categories #2 and #9 are significantly related to strength of feeling in experiential therapy. That is, these analyses are expected to indicate that the association found in the first set of analyses is due to the relationship between some specific client change events categories (and not others) and client strength of feeling.

However, these analyses can not specify with which degree of client strength of feeling does each category of client change events relate. In order to specify this, a series of tests of proportions will be performed. These tests will specify the relationship between certain client change event categories and particular degrees of client strength of feeling. For instance, the results may indicate that when the effects of type of therapy are partialled out, the client change event category #1, is related to a low degree of strength of feeling, that categories #5 and #8 are related to a moderate degree of strength of feeling, and that category #12 is related to a neutral degree of strength of feeling.

In addition, the results may indicate that client change event category #1 is significantly related to a low degree of strength of feeling in rational-emotive therapy, that categories #5, and #8 are significantly related to a moderate degree of strength of feeling in client-centered therapy, and that categories #2 and #9 are significantly related to a strong degree of strength of feeling in experiential therapy.

Chapter III: Results

Utilizing the procedure described above, wherein a group of trained judges performed a statement-by-statement analysis of each of the ten sessions, a pool of data representing in-session client change events and client strength of feeling was obtained. What follows is a presentation of the findings bearing upon the hypotheses of the present study, preceded by a general description of the data including information regarding their reliability.

General Description of the Data

In total there were 982 client statements across the ten sessions examined with the Category System of Good Moments and the Client Strength of Feeling Scale; 464 client statements in the four sessions of rational-emotive therapy, 326 statements in the four sessions of client-centered therapy, and 192 statements in the two sessions of experiential therapy.

The distribution of categories of client change events over levels of strength of feeling in each therapeutic approach is presented in Table 1. In client centered therapy (CCT), for example, 307 statements were rated as being the neutral level of strength of feeling and 19 as being at the low level of strength of feeling. Ninety two of these 307 statements were also rated as including at least one category of a client change event. These 92 instances of client change event comprise 69 instances of category 1, eight instances of category 5, three instances of the combination of categories 1 and 5, 8 instances of the combination of categories 1 and 4 and four instances of other categories.

Table 1. Distribution of Categories of Client Change Events Over Levels of Strength of Feeling in Client Centered, Rational-Emotive and Experiential Therapies.

Type of Therapy	Levels of Strength of Feeling	Client Change Events Categories											Total of Client Change Event Statements	Total of Client Statements					
		1	4-5	5	1-5	1-4	6	5-7	5-8	5-10	8-9	9			11	All Other			
Client-Centered	Neutral	69	0	8	3	8	0	0	0	0	0	0	0	0	0	0	4	92	307
	Low	2	0	1	13	0	0	0	0	0	0	0	0	0	0	0	2	18	19
Rational-Emotive	Neutral	49	7	9	8	7	11	0	0	0	0	0	0	0	0	0	5	105	446
	Low	3	1	4	9	0	0	0	0	0	0	0	0	0	0	0	1	18	18
Experiential	Neutral	10	0	0	0	0	0	0	0	1	0	0	2	0	0	0	7	20	79
	Low	4	0	3	0	0	0	8	8	10	7	12	0	0	0	1	53	53	67
	Moderate	0	0	6	0	0	0	2	21	0	0	0	0	0	0	7	36	36	36
	Strong (M+S)	0	0	1	0	0	0	0	5	0	1	2	0	0	0	1	10	10	10
		0	0	7	0	0	0	2	26	0	1	2	0	0	8	46	46	46	46

Similarly, out of the 19 client statements rated as being at the low level of strength of feeling, 18 were also rated as including at least one category of client change events. These 18 instances of client change events comprise two instances of category 1, one instance of category 5, 13 instances of the combination of categories 1 and 5 and two instances of other categories.

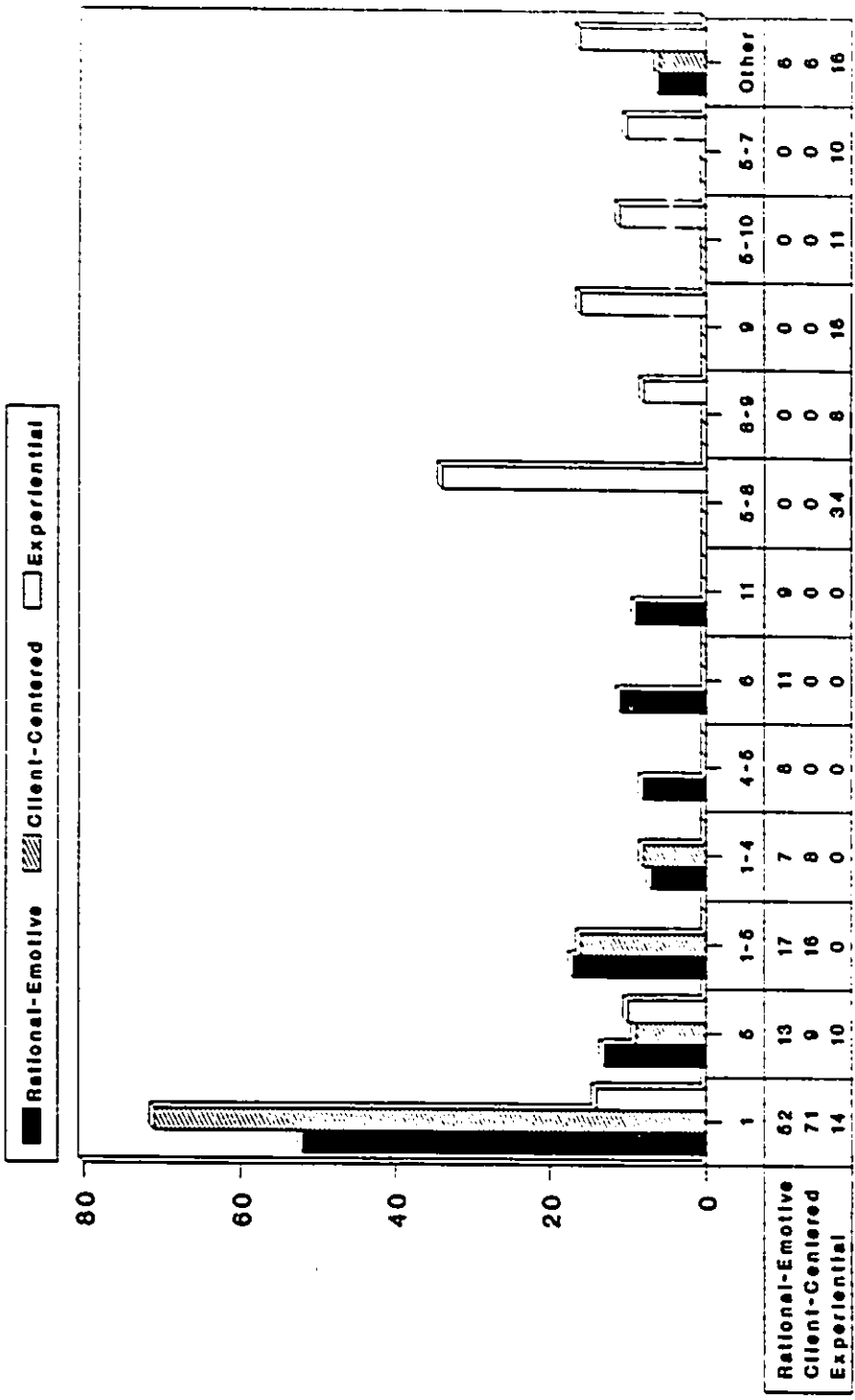
The manner in which each individual category of client change events is distributed over the three therapeutic approaches is presented in Figure 1. We can see for example, that there are 52 instances of category 1 in rational-emotive therapy, 71 instances of the same category in client-centered therapy and 14 instances in experiential therapy.

Regarding the ratings of client change events (CCE), 352 client statements (35.8%) of the 982 statements, met the criterion of at least 75% agreement among the 12 judges and were found to contain at least one category of a client change event.

Concerning the three types of therapy, 110 (30.7%), out of 326 client statements, in the four sessions of client-centered therapy, 123 (26.5%) out of 464 statements in the four sessions of rational-emotive therapy, and 119 (62%) out of 192 client statements in the two sessions of experiential therapy, were found to contain at least one category of a client change event.

Regarding levels of client strength of feeling (CSF), out of the total of 982 client statements, 832 (84.7%) met the 75% agreement criterion and were found to be at the neutral level of

Figure 1. Distributions of Categories Of Client Change Events in Rational-Emotive Client-Centered & Experiential Therapies

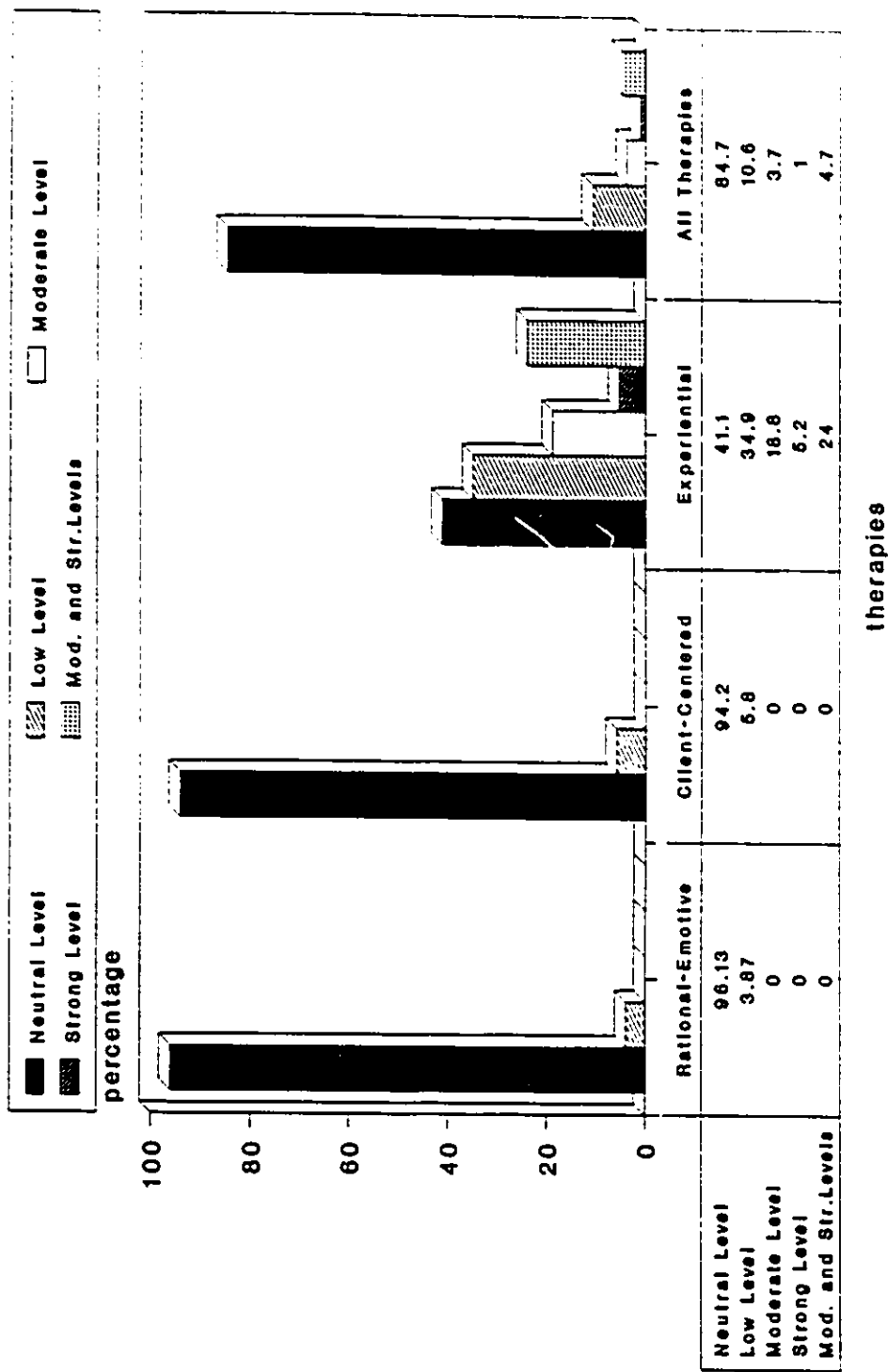


Therapies

strength of feeling, 104 (10.6%) at the low level, 36 (3.7%) at the moderate level, and 10 (1.0%) at the strong level of strength of feeling. Figure 2 illustrates the distribution of client strength of feeling in the three therapy types. In the client-centered therapy 307 client statements (94.2%) were at the neutral level of strength of feeling, 19 statements (5.8%) were at the low level of strength of feeling, while there were no statements in the moderate or strong level of strength of feeling. In the rational-emotive therapy, 446 client statements (96.12%) were at the neutral level of strength of feeling and 18 (3.87%) at the low level of strength of feeling. Again, there were no statements in the moderate or strong levels of strength of feeling. In experiential therapy, 79 statements (41.1%) were identified as being at the neutral level, 67 (34.9%) as being at the low level, 36 (18.8%) at the moderate level and 10 (5.2%) at the strong level.

In summary, 35.8% of the total number of client statements in the ten sessions was found to contain at least one category of a client change event. Regarding strength of feeling, in both client-centered therapy (CCT) and rational-emotive therapy (RET), the majority of client statements was at the neutral level of strength of feeling (94.2% and 96.12% respectively), and the rest was at the low level of strength of feeling (5.8% and 3.87% respectively). In contrast, in experiential therapy (ET) only 41.1% of client statements were at the neutral level of strength of feeling, while the distribution at the low, moderate, and strong levels was 34.9%, 18.8%, and 5.2% respectively. Since the moderate and strong levels

Figure 2. Distribution of Levels of Strength of Feeling in the Three Types of Therapy.



of strength of feeling occurred only in ET, the data for these levels of strength of feeling were combined into a single 'high' level of strength of feeling, for purposes of statistical analyses.

Reliability of Data

The use of a relatively large number of judges, as opposed to using two or three as frequently is the case (cf. Klein, Mathieu, Gendlin, & Kiesler, 1969) allowed for a direct and clear control over the reliability of each unit of data allowed for and used in the final analyses. Each and every unit of the data (ie. a specific client statement identified as an instance of a client change event and as being at a particular level of strength of feeling) was agreed upon and selected by at least 75% of 12 judges.

Regarding the evaluations of client change events, only those client change events which were first identified by at least one judge in stage one of the evaluation, and then verified and accepted as legitimate by at least 9 of 12 judges in the second stage of evaluation, were accepted for the final pool of data which were used to examine the hypotheses.

Regarding the evaluation of level of strength of feeling, again a 75% agreement among the 12 judges, ie. 9 of 12 judges agreeing on the level of strength of feeling of each individual client statement was the minimum accepted for evaluating a client statement as belonging at a particular level of strength of feeling.

Therefore, it becomes evident that the data used for the analyses of the hypotheses and presented here were collected in a

stringent manner and they are assumed to be reliable and thus appropriate for any further statistical manipulation.

Evaluation of the Hypotheses

Hypothesis #1: When type of therapy is statistically controlled for, there is a significant positive relationship between the degree of strength of feeling and the proportion of client change events statements to the total number of client statements.

In order to test this hypothesis the Hiloglinear procedure of the Statistical Program for the Social Sciences (SPSS-X, 1986) was used. This procedure enables for a series of chi-squares between various categorical variables to be performed, allowing for partial relationship between two variables while a third is statistically controlled for. This procedure was deemed satisfactory for the testing of this hypothesis because it allowed for the estimation of the relationship between levels of strength of feeling and occurrence of client change events while it controlled for the possible therapy effects. The results of the analysis indicated that with type of therapy partialled out, there is a significant relationship between level of strength of feeling and proportion of occurrence of client change events ($\chi^2 = 103.36$, $df=2$, $p < .001$). These results support the hypothesis, demonstrating that the proportion of client change events statements to the total number of client statements increases as level of strength of feeling increases. The zero-order results concerning level of feeling and the occurrence client change events are presented in Table 2.

Additional Analyses for Hypothesis #1. Since the general relationship between client change events and client strength of feeling was found to be significant and positive, the examination

Table 2: The Relationship Between Level of Strength of Feeling and Occurrence of Client Change Events, with the Effects of Type of Therapy Partialled Out.

		Occurrence of Client Change Events	
		No	Yes
Level of Feeling	Neutral	615 (73.90%)	217 (26.10%)
	Low	31 (29.80%)	73 (70.20%)
	High	0 (0%)	46 (100%)

NB: $X^2=103.36$, $df=2$, $p.<.001$

of the relationship between individual categories of client change events and levels of client strength of feeling became pertinent.

The categories with adequate frequency to allow for statistical manipulation, and which occurred across at least two types of therapy were categories 1 (Provision of Significant Material), and 5 (Expressive Communication). In addition, analyses were also carried out with combinations of client change events categories which occurred across two or more types of therapy with sufficient frequency to permit for such individual analyses. Combinations refer to categories of client change events co-occurring within a client statement. For example, a client statement may include only the provision of significant material about self and/or interpersonal relationships (category 1), or the client statement may be judged as including both category 1 as well as the expression of insight/understanding (category 4), comprising a 1-4 (Significant Material and Insight) combination of categories of client change events. These were categories 1-4 (Significant Material and Insight), and 1-5 (Significant Material and Expressive Communication).

The Hiloglinear procedure (SPSS-X. 1986) was again used to examine the partial relationships between these categories, combinations of categories and client strength of feeling, while controlling for the possible therapy effects.

Category 1 (Provision of Significant Material) occurred across all three types of therapy, and at the neutral and low levels of strength of feeling. The results indicate that there was a

significant relationship between level of strength of feeling and occurrence of Category 1 (Provision of Significant Material), with type of therapy partialled out ($\chi^2=9.34$, $df=1$, $p=.002$). The zero-order results concerning level of feeling and the occurrence of Category 1 are presented in Table 3. The occurrence of category 1 is proportionally highest at the neutral level of feeling.

Category 5 (Expressive Communication) appeared across all three types of therapy and all three levels of strength of feeling. The results for this category show that there is a significant relationship between level of strength of feeling and occurrence of category 5 (Expressive Communication) ($\chi^2=15.61$, $df=2$, $p<.001$). The raw data for level of feeling versus occurrence of category 5 are presented in Table 4. For category 5 higher proportions occurred at the low and high level of feeling with the largest proportion at the high level.

Category 1-5 (Significant Material and Expressive Communication) appeared in RET and CCT and at the neutral and low levels of feeling. The results demonstrate a significant relationship between level of strength of feeling and occurrence of category 1-5 when type of therapy is partialled out ($\chi^2=77.84$, $df=1$, $p<.001$). The zero-order data for level of strength of feeling and the occurrences of category 1-5 are presented in Table 5. Occurrence of category 1-5 was found to be proportionally higher at the low level of feeling.

Category 1-4 (Significant Material and Insight) appeared in client centered therapy and rational-emotive therapy and in the

Table 3: The Relationship Between Level of Strength of Feeling and Occurrence of Category 1 with the Effects of Type of Therapy Partialled out.

		Occurrence of Category 1	
		No	Yes
Level of Feeling	Neutral	363 (74%)	128 (26%)
	Low	93 (91.20%)	9 (8.80%)

NB: $X^2=9.34$, $df=1$, $p.<.001$

Table 4: The Relationship Between Level of Strength of Feeling and Occurrence of Category 5 with the Effects of Type of Therapy Partialled out.

		Occurrence of Category 5	
		No	Yes
Level of Feeling	Neutral	474 (96.55%)	17 (3.45%)
	Low	96 (92.30%)	8 (7.70%)
	High	39 (84.80%)	7 (15.20%)

NB: $X^2=15.61$, $df=2$, $p.<.001$

Table 5: The Relationship Between Level of Strength of Feeling and Occurrence of Category 1-5 with the Effects of Type of Therapy Partialled Out.

		Occurrence of Category 1-5	
		No	Yes
Level of Feeling	Neutral	401 (97.4%)	11 (2.6%)
	Low	15 (40.5%)	22 (59.5%)

NB: $X^2=77.84$, $df=1$, $p.<.001$

neutral level of strength of feeling. For this category, there was no significant difference between the occurrence of client change events in the neutral and low level of strength of feeling. The results indicate no significant relationship between level of strength of feeling and occurrence of category 1-4 and this is true when the effect of type of therapy is statistically controlled for ($\chi^2=0.75$, $df=1$, $p=.39$). The zero-order data for level of strength of feeling versus occurrence of category 1-4 are presented in Table 6.

Hypothesis #2: Within rational-emotive therapy, there is a significant positive relationship between the degree of strength of feeling and the proportion of client change events statements to the total number of client statements.

In order to test this hypothesis a Chi-square test was performed. The results of the analysis indicate that overall, there is a significant relationship between level of strength of feeling and proportion of occurrence of client change events in rational-emotive therapy ($\chi^2 = 51.92$, $df=1$, $p.<.001$). These results support the hypothesis that there is a significant and positive relationship between the proportion of occurrences of client change events statements and levels of strength of feeling; the proportion of client change events statements to the total number of client statements increases as level of strength of feeling increases from a neutral level to a low level. The zero-order data for level of strength of feeling versus occurrence of categories of client change events in rational-emotive therapy are presented in Table 7.

Additional Analyses for Hypothesis #2. Since a significant and positive relationship between client change events and client

Table 6: The Relationship Between Level of Strength of Feeling and Occurrence of Category 1-4, with the Effects of Type of Therapy Partialled Out.

		Occurrence of Category 1-4	
		No	Yes
Level of Feeling	Neutral	738 (98%)	15 (2%)
	Low	37 (100%)	0 (0%)

NB: $X^2=0.75$, $df=1$, $p=.39$

Table 7: The Relationship Between Level of Strength of Feeling and Occurrence of Client Change Events in Rational- Emotive Therapy.

		Occurrence of Client Change Events	
		No	Yes
Level of Feeling	Neutral	341 (76.5%)	105 (23.5%)
	Low	0 (0%)	18 (100%)

NB: $X^2=51.92$, $df=1$, $p=.001$

strength of feeling was established, further analysis examining the relationship between level of strength of feeling and those individual categories of client change events with adequate frequency to allow for statistical manipulation within rational-emotive therapy was conducted. The categories that occurred with sufficient frequency were category 1, category 1-4, category 4-5 (Insight & Expressive Communication), category 1-5, category 5, category 6 (Expression of Good Working Relationship), and category 11 (Report of Changes in Target Behavior). Since the relationship between categories 1, 1-4, and 1-5 and level of strength feeling has been already examined as part of the additional analyses of hypothesis #1 of this study, the relationship between the remaining of the categories (ie. category 4-5, category 6 and category 11) and client strength of feeling was examined. For this examination a series of Chi-square tests was performed.

The data for category 4-5 (Insight & Expressive Communication) are presented in Table 8. The results show that there is no significant relationship between level of strength of feeling and occurrence of category 4-5. No difference in terms of proportion between the neutral and low levels of client strength of feeling was found ($\chi^2 = 1.62$, $df=1$, $p < .20$).

The data for category 6 (Expression of Good Working Relationship) are presented in Table 9. The results indicate no significant relationship between level of strength of feeling and occurrence of category 6. Once again there was no difference in terms of proportions of client change events between the neutral

Table 8: The Relationship Between Level of Strength of Feeling and Occurrence of Category 4-5 in Rational-Emotive Therapy.

		Occurrence of Category 4-5	
		No	Yes
Level of Feeling	Neutral	439 (98.45%)	7 (1.55%)
	Low	17 (94.45)	1 (5.55%)

NB: $X^2=1.62$, $df=1$ $p=.20$

Table 9: The Relationship Between Level of Strength of Feeling and Occurrence of Category 6 in Rational-Emotive Therapy.

		Occurrence of Category 6	
		No	Yes
Level of Feeling	Neutral	435 (97.53%)	11 (2.47%)
	Low	18 (100%)	0 (0%)

NB: $X^2=0.45$, $df=1$, $p=.50$

and the low levels of strength of feeling ($x^2 = 0.45$, $df=1$, $p < .50$).

The data for category 11 (Report of Changes in Target Behavior) is shown in Table 10. The results are similar to the RET categories 4-5 and 6. There was no significant relationship between level of strength of feeling and occurrence of category 11. Again there was no difference in proportion between the neutral and low levels of strength of feeling ($x^2 = 0.37$, $df=1$, $p < .54$).

In summary, no significant relationship between client strength of feeling and each category, unique to RET was found. No significant differences in proportion were found between the neutral and low levels of strength of feeling for category 4-5 (Insight and Expressive Communication) ($x^2=1.62$, $df=1$, $p=.20$), category 6 ($x^2=0.45$, $df=2$, $p=.50$), and category 11 ($x^2=0.37$, $df=1$, $p=.54$).

Hypothesis #3: Within client-centered therapy, there is a significant positive relationship between the degree of strength of feeling and the proportion of client change events statements to the total number of client statements.

In order to test this hypothesis a Chi-square test was performed. The results of the analysis indicate that there is a significant relationship between level of strength of feeling and proportion of occurrence of client change events in client centered therapy ($x^2 = 33.57$, $df=1$, $p < .001$). These results support the hypothesis that there is a significant and positive relationship between the proportion of occurrences of client change events statements, in relation to the total number of client statements, and levels of strength of feeling; the proportion of client change

Table 10: The Relationship Between Level of Strength of Feeling and Occurrence of Category 11 in Rational-Emotive Therapy.

		Occurrence of Category 11	
		No	Yes
Level of Feeling	Neutral	437 (97.98%)	9 (2.01%)
	Low	18 (100%)	0 (0%)

NB: $X^2=0.37$, $df=1$, $p=.54$

events statements to the total number of client statements increases as level of strength of feeling increases from the neutral to the low level. The zero-order data for level of strength of feeling versus occurrence of categories of client change events in client-centered therapy are presented in Table 11.

Since there were no categories of client change events unique to client-centered therapy, no additional analysis was conducted.

Hypothesis #4: Within experiential therapy, there is a significant positive relationship between the degree of strength of feeling and the proportion of client change events statements to the total number of client statements.

In order to test this hypothesis a Chi-square test was performed. The results of the analysis indicate that there is a significant relationship between level of strength of feeling and proportion of occurrence of client change events in experiential therapy ($\chi^2 = 81.62$, $df=2$, $p.<.001$). These results support the hypothesis that there is a significant and positive relationship between the proportion of occurrences of client change events statements, in relation to the total number of client statements, and levels of strength of feeling; the proportion of client change events statements to the total number of client statements increases as level of strength of feeling increases from the neutral to the low and high levels. The zero-order data for level of strength of feeling versus occurrence of categories of client change events in experiential therapy are presented in Table 12.

Table 11: The Relationship Between Level of Strength of Feeling and Occurrence of Client Change Events in Client-Centered Therapy.

		Occurrence of Client Change Events	
		No	Yes
Level of Feeling	Neutral	215 (98%)	92 (2%)
	Low	1 (5%)	18 (95%)

NB: $X^2=33.57$, $df=1$, $p=.001$

Table 12: The Relationship Between Level of Strength of Feeling and Occurrence of Client Change Events in Experiential Therapy.

		Occurrence of Client Change Events	
		No	Yes
Level of Feeling	Neutral	59 (74.6%)	20 (25.4%)
	Low	14 (19.9%)	53 (79.1%)
	High	0 (0%)	46 (100%)

NB: $X^2=81.62$, $df=2$, $p.<.001$

Additional Analyses for Hypothesis #4. Since a significant and positive relationship between client change events and client strength of feeling was established, in order to explore the relationship between levels of strength of feeling and those individual categories of client change events with adequate frequency to allow for statistical manipulation, a series of Chi-square tests was performed. These individual categories, were categories 1 (Provision of Meaningful Material), 5 (Expressive Communication), 5-7 (Expressive Communication and Expression of Strong Feelings toward Therapist), 5-8 (Expressive Communication and Expression of Strong Feelings in Extra-therapy Contexts), 5-10 (Expressive Communication and Client Undergoing New Behaviors in Imminent Extra-therapy World), 8-9 (Expression of Strong Feeling in Extra-therapy Context and Manifesting a Qualitatively Altered Personality State), and 9 (Manifesting a Qualitatively Altered Personality State). The relationship between categories 1, and 5 has been already examined as part of the additional analysis of hypothesis #1 of this study. The remaining categories, unique to experiential therapy, were categories 5-7, 5-8, 5-10, 8-9, and 9.

The data for category 5-7 (Expressive Communication and Expression of Strong Feelings toward Therapist) are presented in Table 13. A significant relationship was found between level of strength of feeling and the occurrence of category 5-7 ($\chi^2=10.56$, $df=2$, $p=.005$). Higher proportions of category 5-7 occurred at the low and high levels of strength of feeling as compared with the neutral level.

Table 13: The Relationship Between Level of Strength of Feeling and Occurrence of Category 5-7 in Experiential Therapy.

		Occurrence of Category 5-7	
		No	Yes
Level of Feeling	Neutral	79 (100%)	0 (0%)
	Low	59 (88.05%)	8 (11.95%)
	High	44 (95.65%)	2 (4.35%)

NB: $X^2=10.56$, $df=2$, $p=.005$

The data for client change event category 5-8 (Expressive Communication and Expression of Strong Feelings in Extra-therapy Contexts) are shown in Table 14. The highest proportion of category 5-8 occurred at the high level of strength of feeling ($\chi^2=66.08$, $df=2$, $p<.001$).

The data for Category 5-10 (Expressive Communication and Client Undergoing New Behaviors in Imminent Extra-therapy World) are recorded in Table 15. The proportion of occurrence was greater at the low level of strength of feeling than at the neutral level. A significant relationship was obtained between level of strength of feeling and occurrence of category 5-10 ($\chi^2=9.71$, $df=1$, $p<.002$).

For category 8-9 (Expression of Strong Feeling in Extra-therapy Context and Manifesting a Qualitatively Altered Personality State), a significant relationship was obtained between levels of strength of feeling and occurrences of this category. The results indicate a greater proportion of occurrence at the low level of strength of feeling, relative to the neutral level ($\chi^2=10.51$, $df=2$, $p<.005$). The distribution of client statements for this category is presented in Table 16.

The distribution of client statements for category 9 (Manifesting a Qualitatively Altered Personality State) is shown in Table 17. The results indicate a significant relationship between levels of client strength of feeling and the occurrence of category 9 (Manifest Presence of New Personality). Specifically, the low level of strength of feeling was found to be positively related to proportion of occurrence of category 9 ($\chi^2=12.48$, $df=2$, $p<.002$).

Table 14: The Relationship Between Level of Strength of Feeling and Occurrence of Category 5-8 in Experiential Therapy.

		Occurrence of Category 5-8	
		No	Yes
Level of Feeling	Neutral	79 (100%)	0 (0%)
	Low	59 (88.05%)	8 (11.95%)
	High	20 (43.47%)	26 (56.52%)

NB: $\chi^2=66.08$, $df=2$, $p.<.001$

Table 15: The Relationship Between Level of Strength of Feeling and Occurrence of Category 5-10 in Experiential Therapy.

		Occurrence of Category 5-10	
		No	Yes
Level of Feeling	Neutral	78 (98.73%)	1 (1.27%)
	Low	57 (85.07%)	10 (14.92%)

NB: $\chi^2=9.71$, df=1, p=.002

Table 16: The Relationship Between Level of Strength of Feeling and Occurrence of Category 8-9 in Experiential Therapy.

		Occurrence of Category 8-9	
		No	Yes
Level of Feeling	Neutral	79 (100%)	0 (0%)
	Low	60 (89.50%)	7 (10.50%)
	High	45 (97.82%)	1 (2.17%)

NB: $X^2=10.51$, $df=2$, $p=.005$

Table 17: The Relationship Between Level of Strength of Feeling and Occurrence of Category 9 in Experiential Therapy.

		Occurrence of Category 9	
		No	Yes
Level of Feeling	Neutral	77 (97.46%)	2 (2.54%)
	Low	55 (82.08%)	12 (17.92%)
	High	44 (95.65%)	2 (4.34%)

NB: $X^2=12.48$, $df=2$, $p=.002$

In summary, these results indicate that there is an overall significant and positive relationship between the proportion of client change events and client strength of feeling; the higher the strength of feeling the higher the proportion of occurrence of client change events. This relationship stands true even when the effects of therapy type are statistically controlled for.

In addition, the results indicate that each particular category of client change events relates to a particular level of strength of feeling. As Table 18 indicates, Category 1 significantly relates to the neutral level as compared to the low level of strength of feeling. Categories 5 and 5-7 significantly relate to the high level of strength of feeling when compared to low and neutral levels. Categories 1-5 significantly relates to the low level of strength of feeling when compared to the neutral level. Similarly, categories 5-8 significantly relates to the high level of strength of feeling when compared to low and neutral levels, categories 8-9 and 9 significantly relate to the low level of strength of feeling when compared to the neutral and high levels of strength of feeling, and category 5-10 significantly relates to the low level when compared to neutral level of client strength of feeling. Finally, the results also indicate that categories 1-4, 4-5, 6, and 11 are not related to client strength of feeling.

It should be noted that the data of the present study are subject to a limitation because of multiple comparisons, i.e. multiple comparisons were made of the same data. This problem tends to weaken the statistical strength of the obtained relationships. However, given that the original overall analysis was highly significant, and that most of the consequent tests were significant at the $p > .001$ level, the possibility that the multiple comparisons performed may have significantly weakened the findings may be regarded as relatively low.

Table 18. Relationships Between Level of Client Strength Of Feeling (CSF) and Categories of Client Change Events (CCE).

Category of CCE	Relationship			Optimal Level of CSF (Proportion)
	None	Negative	Positive	
Overall			X	
1		X		Neutral > Low, High
1-4	X			Neutral = Low
4-5	X			Neutral = Low
1-5			X	Low > Neutral
5			X	High > Low > Neutral
6	X			Neutral = Low
5-7			X	High, Low > Neutral
5-8			X	High > Low > Neutral
8-9			X	Low > Neutral, High
9			X	Low > High, Neutral
5-10			X	Low > Neutral, High
11	X			Neutral = Low

Discussion and Conclusions

The purpose of this chapter is to discuss the findings in terms of their overall meaning and implications. In this context, suggestions for future research will be made, and the present chapter will close with a summary and a series of conclusions from the findings.

The Relationship Between Client Change Events and Strength of Feeling.

This research has sought to examine the relationship between client change events and client strength of feeling. Four hypotheses were formulated and two research questions were posed. The first hypothesis was that, when the possible effects of therapeutic approach were statistically controlled, there would be an overall positive and significant relationship between occurrences of client change events and strength of feeling. The second, third and fourth hypotheses involved positive relationships between client change events and strength of feeling within each of the three therapeutic approaches used in the study, namely, rational-emotive, client-centered and experiential therapy. Finally, the two research questions examined: a) whether particular categories of client change events were significantly related to levels of strength of feeling, and if so, b) which particular levels of strength of feeling were involved. What follows is a discussion of the results in terms of these four hypotheses and the two research questions.

**Overall Relationship Between Client Change
Events and Strength of Feeling.**

The results supported the first hypothesis. That is, with respect to the overall relationship between client change events and client strength of feeling, the results have shown that when the effects of type of therapy are statistically controlled, there is a significant positive relationship between client change events and client strength of feeling. More specifically, the proportion of occurrence of client change events significantly increases as the client moves from neutral to higher level of strength of feeling. Thus, on the basis of these findings, it appears that higher levels of strength of feeling correlates with a significantly higher occurrence of client change events, i.e., the higher the level of strength of feeling, the higher the rate of occurrence of client change events. This finding carries a number of implications for psychotherapeutic practice and theory.

Implications for Psychotherapy Practice

A prominent implication is that the probability of increasing the frequency of occurrence of client change events is higher when the client is at a higher level of strength of feeling. This implication may be especially relevant for those practitioners who generally operate at the lower end of the client strength of feeling. It appears helpful for those therapists to explore the usefulness of higher levels of strength of feeling with their clients.

Furthermore, the results suggest that strength of feeling is

a significant variable concomitant to the occurrence of client change events, and that the rate of occurrence of client change events may be related to increases in the client strength of feeling. This positive relationship between client change events and client strength of feeling provides clinicians with a further variable to use in attaining a higher rate of occurrence of client change events.

Implications for Theories of Psychotherapy

The significant positive relationship between client change events and client strength of feeling supports theorists who value higher levels of strength of feeling as an important element of therapeutic process (Freud, 1955a; Janov, 1972; Jung, 1960; Sullivan, 1953; Reich, 1949; Horney, 1950; Weiss, 1971; Dahl, 1980; Gendlin, 1961, Rogers, 1958, 1959, 1965). Although these theorists represent varying conceptualizations of psychotherapy, the common element is that a substantive level of emotional arousal or feeling expression is an important ingredient in the psychotherapeutic process.

In addition, the results not only indicate that higher levels of strength of feeling are related to a higher rate of occurrence of client change events, but also that the highest level of strength of feeling is associated with the highest rate of occurrence of client change events. This finding supports a number of theorists of psychotherapy who have proposed that a high level of strength of feeling carries special therapeutic value and importance (Back, 1973; Freud, 1955; Janov, 1970; Kutzin, 1970,

1980; Lowen, 1975; Mahrer, 1978; Olsen, 1976; Stampfl, 1967).

However, these findings go beyond the simple suggestion that higher levels of strength of feeling are therapeutic or carry some therapeutic value. They enable a closer look at the possible mechanisms operating in higher levels of strength of feeling, and they suggest that the therapeutic mechanism may reside in the greater rate of occurrence of client change events at the higher level of strength of feeling. That is, rather than merely highlighting the value of concepts such as stronger feeling expression, affective arousal, catharsis, discharge, emotional intensification, flooding, or experiencing (e.g. Cooper, 1975; Frank, 1973; Janov, 1970; Nichols & Zax, 1977; Stampfl & Levis, 1967; Reich, 1949), the findings raise a complementary alternative according to which the therapeutic value of higher levels of strength of feeling may reside in the greater rate of occurrence of client change events. In this sense, the higher levels of strength of feeling may serve as a crucible or facilitating context for client change events that might otherwise not be accessed (Gendlin, 1962, 1981; Greenberg & Safran, 1987; Mahrer, 1986, 1989a, 1989b, 1989c).

**The Relationship of Categories of Client Change Events
to Particular Levels of Strength of Feeling.**

The two research questions of this study focused on whether particular categories of client change events were significantly associated with level of strength of feeling and if so, which particular levels of strength of feeling were involved. The results

have indicated that eight of the twelve obtained categories and combinations of categories of client change events were significantly related to a given level of strength of feeling. This permits the drawing of more specific conclusions concerning individual categories of client change events, and goes beyond the general relationship found between client change events and client strength of feeling. As indicated in Table 18, it is possible to begin framing out provisional relationships between given categories of client change events and particular levels of strength of feeling. This possibility yields substantive implications for psychotherapeutic practice. Predominantly, such findings open the way toward the establishment of a practitioner matrix for modifying the level of feeling strength in obtaining selected categories of client change events, and for determining the categories of client change events likely to occur at each level of strength of feeling. For example, the rate of occurrence of category 5 will significantly change when the level of strength of feeling will change; a higher rate of occurrence will take place as the level of strength of feeling will increase from the neutral to the low level, and from the low to the high level of strength of feeling. Similarly, the level of strength of feeling that seems to be associated with a large number of occurrences of category 5 is the high level, while the level of strength of feeling that seems to be related to a large number of occurrences of category 5-10 is the low one.

In this connection, the findings indicate that each level of

strength of feeling has its advantages and disadvantages. While at a particular feeling level the rate of occurrence of some categories will increase, the rate of occurrence of other categories will decrease. For example, the rate of occurrence of categories 5, 5-7 and 5-8 will increase at the high level, while the rate of occurrence of category 1, 1-5 and 5-10 will decrease.

We will now examine the findings pertaining to the relationship of each category of client change events with client strength of feeling. This will be done by examining the occurrences of (a) the 'single' categories and (b) the combination of categories that occurred across and within the three therapeutic approaches.

Single Categories of Client Change Events

There were five single categories that occurred with sufficient frequency to allow for individual analyses. Of those, Category 1 (Provision of Significant Material About Self and/or Interpersonal Relationships), and category 5 (Expressive Communication) occurred across all three therapeutic approaches, category 9 (Manifestation of a Qualitatively Altered Personality State) was unique to experiential therapy and categories 6 (Expression of a Good Working Relationship with the Therapist) and 11 (Expression or Report of Changes in Target Behaviour) were unique to rational-emotive therapy.

Category 1

Category 1 (Provision of Significant Material About Self and/or Interpersonal Relationships) occurred across the three

therapies studied and across two levels of strength of feeling: neutral and low (see Table 3). The results indicate a significant positive relationship between the neutral level of strength of feeling and occurrence of category 1, when compared to the low level of strength of feeling. Therefore, clinicians who value the acquisition of significant information may consider keeping the client's level of strength of feeling at the neutral level, since that level is associated with a significantly higher rate of occurrence of provision of significant information, and clinicians who tend to operate at the neutral level may well expect a significantly higher rate of occurrence of category 1.

Category 5

Category 5 (Expressive Communication) like category 1, occurred across the three types of therapy, and was the only category with instances of occurrence in all three levels of strength of feeling (see Table 4). However, the results indicated that the rate of occurrence of category 5 was significantly related to the high level of strength of feeling when compared to low and neutral levels of strength of feeling. These results indicate that the rate of occurrence of expressive communication increases significantly as the strength of feeling rises from neutral to high. It is perhaps surprising that we find instances of occurrence of category 5 across all the different levels of strength of feeling including the neutral one. One would likely expect expressive communication to be associated with higher levels of strength of feeling. However, as the results indicate, while an

elevation of the client's strength of feeling is associated with a significantly higher rate of occurrence of category 5, expressive communication can occur at all levels of strength of feeling. The client can be in an 'expressive communicating' mode while being at a neutral, low, or high level of strength of feeling. It is plausible that while expressive communication occurs at all levels of strength of feeling, the 'type' and 'style' of expressive communication may vary. It may be that instances of expressive communication at a neutral, low and high level are qualitatively different in terms of content. If this is so, the possibility is raised of different "kinds" within the same category of client change event that are qualitatively different from one another at varying levels of feeling strength. While this remains an interesting possibility and will be discussed later, it was not examined in the present study.

Category 9

Category 9 (Manifest Presence of Substantively New Personality State) occurred uniquely in experiential therapy and at all three levels of strength of feeling (see Table 17). The results indicated a significantly higher rate of occurrence of category 9 at the low and high levels of strength of feeling as opposed to the neutral level of strength of feeling.

The implications are relevant to practitioners who value the occurrence of this client change event. These findings suggest that the probability of the client 'becoming a new personality, expressing new ways of being and behaving' in the session is

significantly associated with the low and high levels of strength of feeling; therapists who value this client change event will likely have a heightened rate of occurrence if the client is at a low or high level of strength of feeling.

Category 6 and Category 11

Occurrences of category 6 (Expression of a Good Working Relationship with the Therapist) and category 11 (Expression or Report of Changes in Target Behaviour) were unique to rational-emotive therapy, and all occurrences were at the neutral level of strength of feeling. The results indicate that there is no significant relationship between the occurrences of these categories at the low and neutral level of strength of feeling (see Table 9 and 10). Consequently, the attainment of these categories of client change events can be equally achieved at both the neutral and low levels of strength of feeling.

Practitioners who tend to operate at these levels of strength of feeling will have a higher probability of obtaining instances of these categories, and similarly, clinicians who value these categories should consider operating at these levels of strength of feeling.

Combinations of Categories of Client Change Events

Combinations of categories refer to client statements found to contain several categories of client change events. There were two major groups of combinations of categories: those combinations common to two therapeutic approaches and those unique to one therapeutic approach. In the first group, two combinations of

categories were common to two therapy types; categories 1-5 (Provision of Significant Material and Expressive Communication) and 1-4 (Provision of Significant Material and Expression of Insight/ Understanding) were common to client-centered and rational-emotive therapies. In the second group, category 4-5 (Expression of Insight/ Understanding, and Expressive Communication), was unique to rational-emotive therapy, and categories 5-7 (Expressive Communication and Expression of Strong Feelings Toward the Therapist), 5-8 (Expressive Communication and Expression of Strong Feelings in Personal Life Situations), 5-10 (Expressive Communication and Client Undertaking New Ways of Being and Behaving in the Imminent Extra-therapy Life Situation), and 8-9 (Expression of Strong Feelings in Personal Life Situations and Manifest Presence of Substantively New Personality State) were unique to experiential therapy. What follows is a presentation of the categories common to two therapeutic approaches, followed by a discussion of the categories unique to one therapeutic approach.

Combinations of Categories Common to Two Therapeutic Approaches

This group of combination of categories of client change events includes category 1-5 (Provision of Significant Material and Expressive Communication) and category 1-4 (Provision of Significant Material and Expression of Insight / Understanding). Both categories occurred across the client-centered and rational-emotive therapy. No common combination of categories occurred across experiential therapy and either rational-emotive or client-

centered therapy

Category 1-5. Category 1-5 (Provision of Significant Material and Expressive Communication) occurred in client-centered and rational-emotive therapies and at the low and neutral levels of strength of feeling (see Table 5). The findings indicate the highest occurrence of category 1-5 at the low level of strength of feeling. It is interesting to note that category 1-5 related to client strength of feeling in a different way than that of category 1 and category 5 alone. While the highest rate of occurrence of category 1 is at the neutral level of strength of feeling, and the highest rate of occurrence of category 5 is at the high level of strength of feeling, the highest rate of occurrence of category 1-5 is significantly related to the low level of strength of feeling. It is plausible that the combination of category 1-5 is qualitatively different from either category alone and also from the mere conjoint occurrence of the two categories. It may be that the co-occurrence of two or more categories of client change events in the same client statement represents a qualitatively new category of client change events. If this is so, then there may be different 'classes' or 'clusters' of significant information provided with and without expressive communication, and there may be different 'classes' or 'clusters' of expressive communication provided with and without significant information.

As indicated, for practitioners who value the combination category 1-5, the low level of strength of feeling is significantly associated with its highest occurrence, while for those

practitioners who value either category 1 or category 5, the neutral and high levels of strength of feeling are associated with its highest occurrence respectively.

Category 1-4. Instances of category 1-4 (Provision of Significant Material, and Insight / Understanding) occurred in the client-centered and rational-emotive therapy, at the neutral level. The results indicated that there is no significant relationship between client strength of feeling and the occurrence of this category (see Table 6). This finding suggests that instances of expression of insight/understanding with provision of significant information can be equally attained at both the neutral and low level of strength of feeling.

Practitioners who value the occurrence of category 1-4 may consider operating at the neutral and low levels of strength of feeling, while practitioners who tend to operate at these levels of strength of feeling may well expect a higher rate of occurrence of this category.

Here again, it is interesting to note that while the highest rate of occurrence for category 1 occurred at the neutral level, the combination of occurrences of 1-4 was found to occur without any significant difference at both the neutral and low levels of strength of feeling. It seems that significant information provided with insight / understanding is different from significant information provided without insight / understanding. It is plausible, as it has been mentioned earlier, that there are qualitative differences between the occurrences of provision of

significant information with and without insight / understanding, and between the occurrences of insight / understanding with and without the provision of significant information. It is a pity that we did not have any instances of category 4 alone to examine the possible qualitative differences of occurrences between this category in its 'pure' and combination forms. The possibility stands, however, that as we may have different 'classes' of category 1 with or without category 4 or category 5, we may have different 'classes' of insight / understanding comprising a different nature and quite plausibly of a different therapeutic value.

Combinations of Categories Unique to One Therapeutic Approach

This group of categories includes combinations of categories that occurred in only one therapeutic approach. This group includes category 4-5 (Expression of Insight / Understanding, and Expressive Communication), which was unique to rational-emotive therapy, and categories 5-7 (Expressive Communication, and Expression of Strong Feelings toward the Therapist), 5-8 (Expressive Communication, and Expression of Strong Feelings in Personal Life Situations), 5-10 (Expressive Communication, and Undertaking New Ways of Being and Behaving in Imminent Extratherapy Situation), and 8-9 (Expression of Strong Feelings in Personal Life Situations, and Manifest Presence of Substantively New Personality State), which were unique to experiential therapy. There were no categories unique to client-centered therapy.

Category 4-5. Instances of category 4-5 (Expression of Insight / Understanding and Expressive Communication), occurred in rational-emotive therapy at both the neutral and low levels of strength of feeling (see Table 8). The results indicated that there was no significant relationship between the occurrence of this category and the neutral or low level of strength of feeling. These findings indicate that insight / understanding with expressive communication can equally occur across the neutral and low levels of strength of feeling.

Therefore, practitioners who value this category may consider operating at the neutral and low level of strength of feeling; clinicians who operate at these levels of strength of feeling may expect a higher rate of occurrence of category 4-5.

Interestingly, the highest occurrence of category 5, one of the component parts of category 4-5 occurs at the high level of strength of feeling. Again, the same pattern appears, whereas the combination category relates to client strength of feeling in a different way than its component parts, suggesting that the combination category 4-5 may comprise a qualitatively different change event from either component alone.

Category 5-7. Category 5-7 (Expressive Communication, and Expression of Strong Feelings toward the Therapist) occurred in experiential therapy and at the low and high levels of strength of feeling (see Table 13). Contrary to the findings of category 5 (Expressive Communication) which occurs at a significantly elevated rate as the level of strength of feeling increases, the rate of

occurrence of category 5-7 was found to be significantly higher at the low and high than at the neutral level of strength of feeling.

Therapists who value this combination category may consider operating at the low or high levels of strength of feeling, for the findings indicate that an elevation in the client's strength of feeling, to these levels of strength of feeling, amplifies the rate of occurrence of this category.

These findings suggest likewise that combination category 5-7 has its own relationship to strength of feeling, different from either of its component parts. Consequently, it may well be that the nature of the client change event that is obtained in this category is qualitatively different from the nature of the change events obtained in either component alone.

Category 5-8. Category 5-8 (Expressive Communication, and Expression of Strong Feelings in Personal Life Situations) occurred in experiential therapy at the low and high levels of strength of feeling (see Table 14). The findings indicate that the rate of occurrence of category 5-8 is significantly related to the high level of strength of feeling, when compared to the low and to the neutral level of strength of feeling. In addition, a significant difference in the rate of occurrences of client change events between the low and high levels of strength of feeling was observed. In other words, the higher the level of strength of feeling the higher the rate of occurrence of this category.

The implication for practitioners is that the probability of a client expressing strong feeling in a personal life situational

context and in an expressive manner, increases as the level of strength of feeling increases.

Category 5-10. Category 5-10 (Expressive Communication, and Undertaking New Ways of Being and Behaving in Imminent Extratherapy Life Situations) occurred in experiential therapy at the neutral and low level of strength of feeling (see Table 15). Category 5-10 was significantly related to the low, when compared to the neutral and high levels of strength of feeling. These findings indicate that the co-occurrence of expressive communication with the undertaking, expressing, undergoing or manifesting new ways of being and behaving increases significantly at the low level of strength of feeling, and thus those therapists who value this category should consider elevating the client's strength of feeling from the neutral to the low level of strength of feeling. Similarly, these practitioners who tend to operate at the low level of strength of feeling may expect to attain a significantly higher rate of occurrence of category 5-10.

The same pattern that we noted earlier occurs again. While the highest occurrence of category 5-10 is significantly related to the low level of strength of feeling, the highest occurrence of category 5 alone is significantly related to the high level of strength of feeling. Furthermore, when we compare the occurrences of category 5-7, 5-8 and 5-10 we note that the level of strength of feeling associated with their highest rate of occurrence is different even though they all share the same component, expressive communication. For categories 5-7 and 5-10 the highest rate of

occurrence takes place at the low level of strength of feeling while the highest rate of occurrence for category 5-8 occurs at the high level of strength of feeling.

Each of these three combinations, regardless of their common element (category 5) have their own independent relationship with the various degrees of strength of feeling. These findings suggest that each combination category is a different category in and of itself, and may not be equated to the mere addition of the two categories that comprise it.

The implication of this finding for practitioners is that depending whether they value the occurrence of categories 7, 8, or 10, with or without expressive communication, they may consider attaining the appropriate level of strength of feeling. Practitioners who value category 5-7 or 5-10 may consider raising the client's level of strength of feeling to a low level, while practitioners who value the occurrence of category 5-10 may consider raising the client's level of strength of feeling to the high level.

Category 8-9. Category 8-9 (Expression of Strong Feeling in Personal Life Situations, and Manifest Presence of a New Personality State) occurred in experiential therapy at the low and high levels of strength of feeling (see Table 16). The findings indicate that a significantly higher rate of occurrence of category 8-9 takes place at the low and high levels of strength of feeling. Thus, practitioners who value the occurrence of this category should consider operating at a low or high level of strength of

feeling, and practitioners who operate at these levels should expect a significantly higher rate of occurrence of this category.

It is interesting to compare the occurrences of categories 8-9 with category 9. Both categories occurred exclusively in experiential therapy; category 9 occurred across the three levels of strength of feeling and category 8-9 occurred across the low and high level of strength of feeling. More importantly, the highest rate of occurrence for category 9 takes place at the low level, while the highest level of category 8-9 occurs without significant difference at both the low and high level of strength of feeling. Once more, we can observe that the pattern according to which the combination category relates to client strength of feeling in a different manner that the component part do, takes place.

The Relationship of Categories of Client Change Events to Particular Levels of Strength of Feeling: Conclusions.

Based on our discussion on the relationship between individual categories of client change events and strength of feeling we can draw a number of conclusions.

First, the relationship between individual categories of client change events and client strength of feeling tends to indicate that particular categories of client change events are significantly related to particular degrees of strength of feeling; seven out of twelve categories of client change events were positively related, one was negatively related and only four were found not to be related to a particular degree of strength of feeling. In addition, even these four categories tended to occur at

higher rates in the neutral and low levels of strength of feeling than at the high level.

It seems that particular categories of client change events tend to relate to given levels of strength of feeling, and that the particular levels of strength of feeling may be especially useful in achieving particular categories of client change events that may prove less attainable at other levels. For example, the neutral level of strength of feeling may be appropriate for enabling provision of significant information (category 1) and for the establishment of a good working relationship (category 6), whereas a high level of strength of feeling may facilitate expressive communication (category 5). Based on that, one would be tempted to envision a matrix of research-generated findings that would enable therapists to move flexibly within and across levels of strength of feeling in obtaining selected categories of client change events. To the extent that this could become possible, it would seem to have important implications for the practice of psychotherapy. Such a matrix could be useful to practitioners in attaining or inducing categories of client change events that therapists value for psychotherapeutic process and change. In this connection, the results of the present study may be seen as contributing to the understanding of the occurrence of client change events in the therapeutic session and as illuminating a useful variable related to their occurrence.

Second, regardless of the significant relationship between individual categories of client change events and strength of

feeling, instances of nearly every category may be observed across all the different levels of strength of feeling. The issue that this observation raises is whether there are meaningful clinical differences between instances of the same category of client change event at different levels of strength of feeling. For example, even though most instances of occurrence of category 1 were at the neutral level of strength of feeling, a number of occurrences of this category took place at the low level. Are there any differences in the nature of the client providing significant information (category 1) at the neutral feeling level as compared with the low level of strength of feeling? It may be that information of a different nature is provided when the client is at varying levels of strength of feeling. To the extent that this is plausible, it would indicate that there are qualitatively different 'kinds' of information within the same category of client change event that emerge as the strength of feeling varies. This possibility, in turn, raises a number of questions. What is the nature of the content of each 'kind' of information? Are these different 'kinds' of information inter-related with one another in a complementary, progressive or antagonistic manner? How can they be assessed? What is their therapeutic value? If such a number of qualitatively different kinds of information exist within a category of client change events, then by manipulating the level of strength of feeling qualitatively different instances of the same category of client change event may occur. This kind of analysis may constitute a 'generic engineering' process in psychotherapy

where by manipulating the level of strength of feeling, attainment of substantive variations of the same category of client change event may be achieved. Such a fine-grained analysis would seem useful for whatever categories of client change events are accepted by given therapeutic approaches.

Third, it is interesting to note differences in optimal levels of feeling strength when combinations of categories are compared with their constituent categories. For example, consider categories 1, 5, and 1-5. The highest occurrence of category 1-5 relates to the low level of strength of feeling. The highest occurrence of category 1 relates to the neutral level of strength of feeling and the highest occurrence of category 5 relates to the high level of strength of feeling. It becomes evident that category 1-5 relates to client strength of feeling in a way that is different from that of category 1 and category 5 alone. It may be speculated that (a) category 1-5 is qualitatively different from the mere addition of independent categories 1 and 5, (b) category 1-5 may vary in meaning depending on its accompanying level of feeling strength, and (c) varying levels of feeling strength may be instrumented in obtaining categories 1, 5, and 1-5.

We can draw similar conclusions from the findings regarding categories 1, 1-4, 4-5 and 5. The highest occurrence of category 1 relates to the neutral level of strength of feeling, the highest occurrence of category 5 relates to the high level of strength of feeling, while the occurrences of categories 1-4 and 4-5 take place equally at the neutral and low levels of strength of feeling.

Again, it seems that the combination categories relate to client strength of feeling differently than their component categories. Again, we can speculate that (a) categories 4-5 and 1-4 are qualitatively different from the mere addition of independent categories 4 and 5, or 1 and 4, (b) categories 4-5 and 1-4 may vary in meaning depending on its accompanying level of feeling strength, and (c) varying levels of feeling strength may be instrumented in obtaining categories 1, 5, 4-5 and 1-4.

Finally, it should be noted that a number of categories of client change events include a component of strong feeling, e.g., strong feelings expressed toward the therapist (category 7) or strong feeling expressed within the context of a personal life situation (category 8). While the definitions of these categories exclude them from being related to the neutral level of strength of feeling, it is interesting that these categories were found to occur at both the low and high levels of strength of feeling rather than occurring exclusively at the highest level of strength of feeling. It may be that these categories represent combination categories of client change events rather than 'pure' instances of categories defined by expression of strong feelings.

**Type of Therapy: Relationships Between Client Change Events
and Client Strength of Feeling Within Rational-Emotive,
Client-Centered and Experiential Therapies.**

The second, third and fourth hypotheses focused on the relationship between rate of occurrence of client change events and client strength of feeling in the three types of therapy. The

findings supported the three hypotheses, indicating that in all three therapies the occurrence of client change events was significantly higher as the level of strength of feeling was higher. It seems that regardless of therapeutic approach, the relationship between client change events and strength of feeling stands true.

The answer to the question of whether type of therapy makes a difference in regard to the relationship between level of strength of feeling and occurrence of categories of client change events, is in one respect yes, and in another respect no.

Type of therapy makes a difference in that the therapies operated at differing levels of strength of feeling. As the findings indicate, in both rational-emotive and client-centered therapies, approximately 95% of client statements were at the neutral level, 5% at the low level and no statements at the moderate or high levels of strength of feeling. On the other hand, in experiential therapy, only 41% of client statements were at the neutral level, while 35% were at the low level and 24% at the moderate and strong levels. It appears that both client-centered and rational-emotive therapies operated almost exclusively at the neutral level of strength of feeling, whereas experiential therapy operated at a significantly higher level; approximately 59% of client statements were at the higher levels of strength of feeling.

Similarly, across the three approaches there were quite different distributions of categories of client change events. While none of the categories of client change events were

distinctive to client-centered therapy, categories 4-5, 6, 11 were distinctive to rational-emotive therapy, and categories 5-7, 5-8, 5-10, 8-9, and 9 occurred exclusively in experiential therapy.

In these ways, therapeutic approach does make a difference in regard to predominant level of strength of feeling and categories of client change events.

On the other hand, across the three approaches there were consistent relationships between level of feeling strength and occurrence of the categories of client change events. Categories 1, 1-4, 1-5, and 5 occurred across two or all three types of therapy, and type of therapy exerted no difference on the relationships between level of strength of feeling and occurrence of these categories of client change events. In other words, these relationships held true when type of therapy was partialled out, and consequently these relationships appeared to reflect category of client change event rather than type of therapy.

Thus, the findings suggest that therapeutic approach is a variable that should be taken into consideration when the relationship between client change events and client strength of feeling is examined. The findings suggest that each level of strength of feeling has its own distribution of categories of client change events. Also the findings suggest that each therapeutic approach tends to operate at particular levels of strength of feeling. In that sense, there are indications that therapeutic approach, is related to the occurrence of particular categories of client change events.

Further Research

While the data on which this study was based have been adequate for the examining of its hypotheses, a larger data bank would have allowed for the exploitation of its full potential for a substantial contribution to psychotherapeutic theory and practice. Thus, acknowledging the relatively small data sample as a confining characteristic in this study, this section will offer suggestions for further research based upon the present study's limitations and possible extensions.

Representation of All Categories of Client Change Events

A large sample including a larger number of instances of all categories of client change events would have allowed a more vigorous examination of all categories of client change events and their relation to levels of strength of feeling. This becomes even more pertinent since the results of the study indicate that to a certain extent therapeutic approach is a factor affecting the relationship between client change events and client strength of feeling. In the present study categories 2, 3, and 12 were absent in all therapies and categories 4, 7, 8, and 10, appeared only in combinations of categories.

Therapies and Therapists

It would be desirable to include a broader array of therapies and therapists. It is suggested that the present hypotheses and research question be examined using a number of therapists representing a number of therapies. It may very well be that the present findings relate more to the three therapists than to the three types of therapy. In any case, the findings have little if any applicability for the numerous types of therapy not included in the present research.

Clients

A larger number of clients per type of therapy would improve

the generalizability of this study. While the four clients in the rational-emotive and client-centered therapies and the two clients in experiential therapy were sufficient for the examination of the hypotheses of the present study, a larger number of clients would reduce the 'client factor', i.e. the possibility that a substantial amount of variance observed was because of the particulars of the given clients and not because of the experimental treatment.

In future studies, an alternative way to deal with the potential problem of 'client factor' is to design an experimental treatment that will not require ratings of individual client statements but rather an overall rating or score per client.

Representation of All Levels of Strength of Feeling

While the range of strength of feeling acquired in this study was perhaps adequate for the testing of the hypotheses, it would have been helpful to examine sessions covering all ranges of strength of feeling. More specifically, it is recommended that further research include a more balanced distribution of categories of change events over the range of levels of strength of feeling, and sessions that represent varying levels of strength of feeling.

Category Systems Used

While the category systems used in the present study were adequate in identifying categories of client change events and levels of client strength of feeling, other instruments may be helpful in further studies. The Verbal Response Mode taxonomy developed by Stiles (1978a, 1979, 1981, 1986), the Client Verbal Response Category System developed by Hill and her colleagues (Hill et al., 1981; Hill et al., 1986; Hill, 1986) or the Therapeutic Impact Taxonomy (Elliott, 1985; Elliott et al., 1985) may be used in conjunction with the category system used in this study to

identify related important in-session variables.

Similarly, a number of different measures can be used to identify client strength of feeling. More specifically, bodily-physiological measures of strength of feeling can be used in actual in vivo therapeutic sessions, along with some other scales that measure some aspect related to strength of feeling such as the experiencing scale (Mathieu et. al, 1978). The simultaneous utilization of a number of different scales that measure aspects of strength of feeling would also permit the investigation of the validity of these scales.

The Examination of a Causal Relationship and Procedures That Bring About Client Change Events and Client Strength of Feeling.

The purpose of the present study was to investigate whether there is a relationship between client change events and client strength of feeling. Consequently, the results of this study are correlational in nature, and they do not indicate a causal relationship. It would be useful for further studies to examine causal relationships between client change events and client strength of feeling. As it has been implied throughout in the present study, it is plausible that such a causal relationship exists, so that the level of strength of feeling affects occurrence of client change events. However, this causal relationship was not examined. In other words, the results of the present study do not shed light on the role of level of strength of feeling in determining the occurrence of categories of client change events. The study was confined to conterminal events, i.e., instances of level of feeling strength and client change events occurring together in the same client statements, and therefore the design was unable to focus on how each variable might help bring the other about. It would be important to uncouple the two variables, and to

study how given levels of feeling strength contribute to the subsequent occurrence of selected categories of client change events. Such an analysis would allow for the active manipulation of strength of feeling for the attaining of selected categories of client change events.

Similarly, further study may well concentrate on the specific therapist procedures that are effective in bringing about given levels of strength of feeling cordial to the occurrence of selected categories of client change events. For each category of client change events, it would be profitable to identify procedures and methods that facilitate the appropriate level of strength of feeling for that category of client change event. For instance, when the client is at the neutral level of strength of feeling, what procedures and methods enable the attainment of a strong level of feeling? When the client is at a moderate level of strength of feeling, what procedures and methods bring the client to the neutral level of strength of feeling?

Finally, some categories of client change events occur at several levels of feeling strength, and most categories of client change events have at least some occurrence at most levels of feeling strength. Even when the definition consigns a given category of client change event to the higher ranges, the occurrence is distributed over several levels of feeling strength. It would seem clinically feasible to take a closer look at the differences between the nature and content of a given category of client change event as it occurs at a given level of strength of feeling

Summary and Conclusions

Judges assessed the occurrence of categories of client change events and the level of strength of feeling in each statement of clients in 10 sessions of client-centered, rational-emotive, and experiential psychotherapies, in order to examine the relationships between client strength of feeling and client change events. The findings and conclusions may be summarized as follows:

1. These therapies differed a great deal in the levels of strength of feeling at which they operated. Both client-centered therapy and rational-emotive therapy operated predominantly at the neutral level of feeling strength with no client statements at the high (moderate or strong) levels. In contrast, experiential therapy operated at all levels of strength of feeling. The relative distribution of levels of strength of feeling is an interesting and useful dimension for contrasting therapies and therapists.

2. For categories of client change events overall, there was a significant relationship between level of feeling strength and occurrence of client change events when type of therapy was partialled out; the proportion of client change events increased as the level of feeling strength increased. The overall findings are consistent with the practitioner's selective use of increased levels of feeling strength for the increased proportionate occurrence of selective client change events, especially for therapists and therapies that operate almost exclusively at the neutral level of strength of feeling. In general, a positive relationship between the occurrence of client change events and degrees of strength of feeling was established.

3. On closer examination, however, each level of feeling strength was associated with its own relatively distinctive array of categories of client change events. Symmetrically, given categories of client change events had greater proportion of

occurrence at selective levels of strength of feeling. In other words, each level of strength of feeling was found to be related to the occurrence of particular categories of client change events, and each category of client change events was found to be related to particular degrees of strength of feeling. For practitioners, these findings prescribe different levels of feeling strength for different categories of client change events, and go beyond general leanings toward or away from strong feeling.

4. Some categories of client change events were common across two or three of the types of therapy, and some categories were distinctive to a given type of therapy. Nevertheless, both within and across types of therapy there were uniform and consistent relationships between level of strength of feeling and occurrence of categories of client change events. These findings support level of strength of feeling as a significant variable both for the practitioner and as a focus of study for the researcher.

5. Overall, both type of therapy and level of strength of feeling had separate and differing effects on occurrence of categories of client change events. These findings warrant implications on how to conduct psychotherapy to generate client change events by taking into account both type of therapy and level of strength of feeling. This line of investigation is cordial to the development of a useful psychotherapeutic armamentarium based on category of client change events, level of strength of feeling, and type of therapy. Within a given type of therapy, the likelihood of obtaining a given category of client change events would seem to depend in part on the appropriate level of strength of feeling.

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APPENDIX A

Category System of Good Moments

Instructions for Identifying 'Good Moments' in Psychotherapy

Selection Of Categories

There are 12 categories of good moments. Read the definitions and examples of each of the 12, and select the 3 or 4 that make sense to you. Some of the categories will be friendly, fit in your own notions about psychotherapy. Some will be alien or even unfriendly. Be satisfied with the 3 or 4 categories you choose as your own.

First Sweep: Identification Of Patient Statements That Fit Your 3-4 Categories of Good Moments

You have this set of instructions including the definitions and examples of each of the 12 categories of good moments. You will be given a verbatim transcript of a whole psychotherapy session. You will also have access to a tape of that session.

In the transcript, each patient statement is numbered consecutively. A 'patient statement' includes all the words spoken by the patient, preceded and followed by words spoken by the therapist.

Listen to the recording, following along the verbatim transcript. For each patient statement, decide whether or not it meets the definition of one or two or more of your categories. Remember, a given patient statement may fit more than one category. It may be that a particular part of one patient statement would qualify as fitting two categories. It may also be that one part of the patient's statement fits one category and another part of the

statement fits a second category.

Be liberal. In this first sweep, err in the direction of including the patient statement as qualifying for a category. If you are unsure, then cite that statement as fitting some category or other.

In some sessions, you may identify only very few patient statements as good moments. In other sessions, you may identify a fair number. Just call them as you see them.

Second Sweep: Going Over the Patient Statements That You and The Other Judges Identified As Good Moments

Going through the session once tells which patient statements were identified as what category or categories of good moments by each of the judges. You will be told, for example, that patient statements 14 was identified as category 2, and that patient statement 17 was identified as a good moment of category 2 and also category 5.

Your job is to listen to and rate patient statement 14, and to decide whether or not you agree that this statement meets the definition of good moments for category 2. Category 2 may have been one of the 3-4 categories you selected in the beginning, or it may not be one of those 3-4 categories. Do the best you can in deciding whether or not it meets the definition of good moment for category 2. Then do the same for all the patient statements that were flagged in the first sweep through the session.

After you have gone through a number of sessions, we will have enough data to see whether you have a 'yes-saying' or 'no-saying'

tendency for some given category. That is, when most of the judges agree that category 2 is present, you tend to say no; or when most of the judges say that category 2 is not present, you tend to say yes. You may be given some special training. Or, your yes-saying or no-saying tendency on that category may be weighted accordingly.

What follows is the list the 12 good moments. For each category you will find a definition and some verbatim examples.

1. Provision of Significant Material about Self and/or interpersonal Relationships. The patient is providing (reporting, describing, expressing) material that is significant (important, revealing, special, meaningful) and that pertains to the patient's personal self and/or interpersonal relationships. The material may refer to immediate events, recent events, or remote events significant in the shaping of life patterning, behavior, and personality. Varying somewhat with the approach, the material consists of meaningfully significant data/information relevant: to personal problems and difficulties; to the nature, content, history or origin of these personal problems and difficulties; to the inner self, thoughts and ideas, wishes and fears, impulses, behavioral tendencies, fantasy life, imagery, daydreams; and to interpersonal relations, interactions, and involvements occurring in current and past life.

Some statements would qualify in almost every approach. But other statements are weighted a little more heavily or a little less heavily depending upon the approach. The provision of material about rules for living or general guidelines for the way one should

function may be weighted more heavily in one approach than another.

For example, the patient says:

Pt: I have to have people like me. If they don't, I feel like I'm just not worth anything at all.

This would qualify as significant material in general, even though it is acknowledged that such a statement would be especially significant in particular approaches.

Pt: There's this thing, voice, sometimes too much for me. A voice, mad and angry and it is inside my head, here, in here. A voice. Sounds mad all the time.

Pt: My sister, couple of years older than me. When we were kids she'd play with me. In bed. She'd, uh, well, she'd play with it. Touch my penis. Touched it. Put it against her, her... We never talked about it. I always felt, you know, real bad!

The statement must include material which is genuinely significant (important, revealing, special, meaningful). It is not enough merely to talk about oneself and one's interpersonal relationships. Here is an example of a statement which does not qualify:

Pt: (in a reciting tone of voice) I know it sounds different when someone else says it, but, you know, for me, when those moments... I felt so low when I just couldn't stop it.

2. Description-Exploration of the Personal Nature and meaning of Feelings. The patient is describing-exploring the personal nature and meaning of feelings that are immediate and ongoing. Rather than distant, intellectual, or removed, the description-exploration is meaningful and personal, affect-laden and emotional. It includes the nature and content of the feeling, a focused inner sensing of how the feeling is, what it is like to have the feeling,

a differentiating inner exploration of the meaning of the feeling, how the feeling changes with further description-exploration, the bodily-felt sensations accompanying the feeling.

Pt: It's like I get weak, suddenly, can't breathe. Just even in the street, there are some women. I can't stop. It's like my whole body gets weak. Like I feel like something too much for me, something scary is going to take me over. I feel like... passing out... that's the way.

Pt: All I have to do is look at her, a miracle, my own baby, and I start to cry. She's so wonderful. It feels warm and tender, and unbelievable. My very own. I feel soft and like everything is OK when I hold her and look at her. Tender and like a real nice melting, loving, just so being with her...

3. Emergence of previously Warded-off Material. The patient is expressing, manifesting, recollecting or exploring material that is meaningful and significant, but had been warded-off earlier in therapy. The material includes recent or remote incidents, memories, and traumatic events; it includes feelings and reactions, cognitions, thoughts and ideations, impulses, and behavioral tendencies. Whereas such material had previously been avoided, defended against, blocked, and unavailable, its emergence is now accompanied with heightened feelings of pain, hurt, discomfort and distress, or with feelings of relief, discovery, and reduced unpleasantness.

Pt: He was sick, my Dad, and he came back from the hospital. I was eight, I think. That was a bad time for me. But I remember I used to pray at night and, Jesus I can't believe this! I used to pray that he'd die! I remember praying and asking God to take him out of the house! I never thought of that, but I remember just as clear! Please, God, take him to heaven. I can't believe this!

Pt: Lately I been starting to remember stuff about my

aunt. I always thought she was peculiar. Went to the hospital. But I think I used to do things with her. She gave me a little bottle with something in it. I kept it, magic. Had it in my room. And she'd do it together. So many little birds! I don't know where these memories are coming from. They seem like dreams! I'm getting scared, feeling funny!

4. **Expression of Insight/Understanding.** The patient is expressing, demonstrating, or acquiring a significant degree of insight/understanding that is therapeutically meaningful in that: (a) its expression is accompanied with feelings of emotional arousal; (b) it indicates a substantial change in the way the patient sees (recognizes, construes, organizes, constructs, sustains and maintains) him/herself and his/her world; and (c) it has significant implications for the patient's determining role in effecting well-being, personal and interpersonal behaviour. The content may include current and past behavior, psychodynamics, intra-psychic processes, problems and problem situations, interpersonal relations, cognitions and ideations, feelings, and emotions, self-concept, and attitudes toward life and the world.

Pt: Sure! I'm smiling, and I know I come across as nice, but my stomach is churning and tight! It's like an act, you know? If I were honest, well, I don't know how I'd be, but I'm beginning to see that I'm not all that sweet and nice. No way! I've been a good actress, that's all!

Pt: I've always thought I was so different from my Dad. He's a wimp, and I always felt tough. But maybe I'm not so damned different, huh? I never realized how passive I am. Like him. Oh no! What a damned waste, all those years. We really are a lot alike. Shit!

Pt: My mother always sits that way, joyless, heavy, sombre. The least thing and she pulls in... (little chuckle.) Almost seems like the way I get. This is embarrassing!

One sub-category of insight-understanding fits for rational-emotive therapies. While it fits into the general definition of insight-understanding, it consists of three kinds of patient statements: (a) That the patient has irrational beliefs. The patient sees his irrational and unrealistic beliefs, perceptions and thoughts; how they arose, their antecedents; that they still exist, and that he perpetuates them. (b) That they cause trouble. The patient sees that these irrational beliefs are connected to his disturbance, cause his problems, and generally lead to trouble. (c) That he better dig them out and get rid of them. The patient sees that he has the ability to change them, that changing them will lead to enhanced well-being, that he must work at observing, challenging, questioning, changing, and counteracting them now and for the rest of his life.

It is not a good instant of insight -understanding when the patient gives the therapist the right answer. The therapist may ask the patient to explain why, and the patient gives the right answer. Alternatively, the therapist gives the evidence or argument, and the patient gets the right conclusion:

Th: Why was a silly thing to think at work?

Pt: Because it's a self-defeating idea that my attractiveness has anything to do with my competence.

Th: So if your mother forced you to compete with her, that's her problem. But if you comply and start competing, then you are doing something you really don't have to do.

Pt: That's right. I don't have to play into her problem. I can decline if I wish.

It is not a good instance of insight-understanding when the patient accepts what the therapist says, and shows that she accepts

it by adopting it. Often this occurs with rather low feeling level, and without implications for personal life changes. Instead, it is as if saying the words is easy, not something especially new, and is even rehearsed:

Th: But that is a thought you always carry with you, and you'd rather be doing something else, but you don't, and the unpleasantness escalates.

Pt: Yes, you know, I mean, I just somehow throughout my life things could be going well, everything feels like it's in control, and then I have to create it all over again. Like it's a self-fulfilling prophesy, something in my head say, 'it's going to happen again' and I just let it happen.

5. Expressive Communication. The patient is communicating (talking, verbally behaving) in a manner that is significantly expressive. There are two yoked defining characteristics of significantly expressive communication: (a) The voice quality is active, alive, energetic, fresh, spontaneous and vibrant, with energy either turned outward or inward. (b) The expression includes vividness and richness in the spoken words: figures of speech, colourful use of imagery and metaphor, a strong sensual quality that draws upon visual, auditory, and/or kinaesthetic modalities.

To qualify as a good moment, the communication must be genuinely and fully expressive, with a good measure of feeling in the voice quality and in the spoken words.

Pt: The last time I went to Calgary the plane slid on the runway and I got so thrown around I felt like I went one way, my body went another, and I suddenly became mixed up between peeing, shitting, and vomiting. I think my body forgot how to be terrified, and I wasn't around to remember what to do when I panic! I hope the pilot doesn't really mind if I sit on his lap, with a priest on one side and you on the other, while I fondle my parachute and wonder what you were trying to tell me

about masochism...

Pt: They'll be reading the list at graduation, everything deadly quiet, Davinson, closer, Derrick, then here it comes, Dobeiman, and my Dad will scream out, 'That's my boy' The chancellor's eyeballs will glare at me in the front row, I'll pull the hood down over my head, and my blood pressure will explode. Trying to put a lid on my Dad at graduation is like asking an elephant to do Swan Lake with Pavlova. You can dress him up, but you can't get him to behave!

6. Expression of a Good Working Relationship with the Therapist. This includes expression of a high level of trust in the therapist, reliance and confidence in the helping intent and motivation of the therapist, a valuing of the patient-therapist working bond and alliance, active cooperation in the search for meaningful material, and acceptance of a significant responsibility for effecting personal change. Expression of a good working relationship exceeds moderate warmth, friendliness, and acceptance toward the therapist; it exceeds a moderate level of agreement and acceptance of the therapist's statements and/or compliance and acquiescence in assuming the patient role.

Pt: So my wife invited her sister and she'll be here Thursday, staying till Sunday, sleeping in the bed in my den. (pause). I know, I'm being silent, and I should be saying that I'm thinking. Well I'm ashamed. I know, that avoids what I'm thinking. Ooooooh, all right, I picture that gorgeous body, those long lovely legs, sleeping in that bed. Oooooh! I got sexy thoughts. I got to tell the sexy thoughts. Maybe I should talk about the erection I'm getting?

Pt: I'm still thinking about that you said a minute ago, that I don't really show how deeply I feel to him. Your words are still ringing. I think that's true. You said that last time too, and I kept hearing your words even at work, and yeah! It's really up to me to show him, if I want to, it's my choice, I have to be the one to change, not him. Yeah. That really makes sense.

This goes beyond mere agreement, compliance, acceptance and acquiescence. Accordingly, the following is not to be regarded as a good instance of manifesting a good working relationship with the therapist:

Th: So even if you are not likely to get an A on the assignment, it would still make sense to do it and get it over with.

Pt: Yes it would. It would. I agree.

7. Expression of Strong Feelings Toward the Therapist. The patient is expressing feelings that are strong, may be positive or negative, and are expressed directly toward the therapist. Positive feelings include strong expressions of love, lust, sexual attraction, caring for and being cared for, closeness, intimacy, understanding, acceptance, prizing, helping, nurturing, security. Negative feelings include strong expressions of defiance, disagreement, disapproval, mistrust, hatred, rebellion, outrage, violence, assaultiveness. Well beyond the level of feelings of a good working relationship, there are intensively personal feelings, signifying a highly emotional bond, confrontation, encounter, clash; these may be regarded as "transferential" when they are understood as deriving from repressed fantasies originating in significant conflictual childhood relationships, and as revived in the current therapeutic relationship.

Additionally, the showing of strong feelings directly toward the therapist may be described as 'external encountering' or 'internal encountering' when the patient is engaging with, respectively, the highly personal processes of the external therapist, or therapist as the internal voice of the patient's

deeper processes

Pt: Well, you are quiet most of the time, and I sometimes think you're bored with me. Like now...

Pt: I couldn't wait of today's session cause I wanted to tell you, cause I knew you'd be so pleased! It's good to know you're there. Just knowing you're here and you really care, I count on that so much. You really understand. It's like a wonderful gift, just being able to be with you.

Pt: I don't think I want to do that, it sounds like another of your gimmicks. I don't know why you end each session by trying to rattle me like this. Maybe you have some personality quirk were if I leave here all shook up I'll come back for another six months. What's your reason for wanting me to do that? Do you have a reason? Do you have the brains to understand what I'm trying to tell you? Should I spell it out for you?

8. Expression of Strong Feelings in Personal Life Situations.

The patient is predominantly being (living, existing) in a personal life situation that is recent or remote, real or fantasied, but is meaningful and significant, encompassing and involving. The patient is predominantly in this personal life situation rather than predominantly being in the therapy situation talking to or with the therapist about the personal life situation. Secondly, the patient is expressing (having, undergoing) strong feelings within the live context of the personal life situation. The feelings may be positive or negative.

Pt: Ok, so here I am driving in a lot of traffic on the freeway, and it's ok with cars I can see. But the cars from the side, they're the buggers. I always think one'll mush me from the side, slam into me! Dammit, my hands are shaking already! I can't hack this! I don't have eyes all over! I know I'm gonna get hit and I hate this!

Pt: Mamma, Mamma! You have to let me go! I can't spend the rest of my life being your good little girl! I gotta get away! But you don't understand, and you are so

helpless all by yourself, and I sometimes feel so selfish when I get up like this. I don't know. Please help me Mamma! Help me. I don't know what to do, and I'm so mixed up (cries softly).

9. Manifest Presence of Substantively New Personality State.

The patient is manifesting the presence of a substantively new personality state. It is as if there were a qualitatively new and different person and/or personality state. This radical shift or transformation exceeds that of the essentially same person with altered behavior, attitudes, thoughts, outlook, or psychodynamics. The accompanying feeling may be pleasant or unpleasant, with the critical feature that of a substantively new personality state, qualitatively different from the ordinary, continuing person and/or personality state.

Pt: (the little wimp has spent his life being dominated and victimized by a series of powerful persons, and now slides into being the incredibly powerful state which had been latent and available.) It really feels strange, new. I feel like the whole world turns to me and waits for instructions. When people talk, they say what I want them to say. I determine their conversation, control their movements. Waitresses bring me the food I want and I just think it. I got power! I can determine fates and destinies! It's more than uh, mental telepathy. It's mental control! Over everything.

In order to qualify as a good moment in this category, the patient must genuinely be (show, express) the qualitatively different personality state rather than, for example, talking about it or referring to it while remaining essentially the same person. Consider the following:

Th60: But once in a while you realize, 'I'd like to care for myself first'

Pt60: Seems awful (light laugh)

Th61: (little laugh)...just to say that.

Pt61: (little laugh) I feel so naughty just thinking about it.

Th62: Just to say 'What a selfish person I am' Terrible. Awful.

Pt62: I fell wicked, but I enjoy it. (little laugh). I'm enjoying thinking about it.

In patient statements 61 and 62, she is not being a qualitatively different personality. She may be more accepting toward saying words such as 'What a selfish person I am' she may be inclined toward perhaps being wicked and naughty. But she is not being or expressing a qualitatively different personality state.

10. Undertaking New Ways of Being and Behaving in the Imminent Extra-therapy Life Situation. The patient is undertaking (expressing, manifesting, carrying out, undergoing) new ways of being and behaving in the imminent extra-therapy life situation. The extra-therapy life situation may be within the imminently recent or remote future, and may be real, imagined, or fantasied. It is as if the patient is existing and being in the imminently future extra-therapy life situation, and the new way of being and behaving is carried out with concrete specificity.

Pt: I don't think I ever just touched her face, uh, lovingly, just even, or looked at her and caressed her hand or anything. It's not so hard! I feel like I want to be with her and touch her. What's happening! I like this! I feel like I want to be with her and touch her,...and Mamma! Hold her hand! Holy shit, I'm becoming a damned touchy feely! And I like it!

Pt: I always seemed like nothing's going to change, but I think I'm going to lose about forty pounds. I can see what it would be like to be around 130, and I want to lose it and be healthy. I can feel little sexual perks in my body, and I want to help them. Losing weight, and getting back to good old fashioned sex. I used to love it. I miss it! I want to ride a bike again and take long baths and get outside and walk. Ha! I don't know what to

do first. It all seems so uh easy! Now!

Pt: (at first somewhat hesitantly, and then with some measure of excitement at having thought of the new possibility) I could tell the children to leave me alone. Or I could... leave the house. I could leave them alone. I could go somewhere by myself!

Pt: (referring to her older brother who has been living with her husband for about two months.) I could just take his little lectures and stuff'em down his throat. And he'll have to swallow it. And he can just go and live somewhere else. My meter has just run out. It ran out a long time ago. I can tell him to leave. Leave! It's time for him to go!

11. Expression or Report of Changes in Target Behaviour. The patient is expressing (showing, manifesting) or reporting the increased or decreased occurrence of behaviours (actions, symptoms, thoughts, feelings) that have been targeted as change markers. Targeted behaviors exclude those that are therapeutically incidental or irrelevant. One subclass includes positive target behaviors whose increased occurrence is taken as improvement, health, maturity, optimal functioning, adjustment, or welcomed and valued and desired functioning. The second subclass includes negative target behaviors that are to be reduced, extinguished, replaced, eliminated, or diminished in magnitude or frequency. This subclass includes behavioral problems, symptoms, intra-psychic conflicts, painful and unpleasant feelings and states, and distressing and self-defeating cognitions, ideas and attitudes.

To qualify as a good moment, the patient must report or express changes in the target behaviors rather than behaviors which are expressly incidental and/or therapeutically of little importance.

Pt: My skin feels fine. No prickly anywhere, not even on my arms, and I'm stroking the cat and even rubbing the back of my arm over her fur. This is something! First time ever! Yes, my shoulder's still relaxed, and there's only the slightest tension in my stomach, normal, that's normal for the past minutes. I think I'm doing it! This is great!

Pt: Yesterday I finally did it OK. I was in line again, at the market, and this old big guy got in line two people ahead. He just put his cart in front. No one said anything, but I said, 'This is a line, and we are in our place. Please go to the back of the line.' It worked! (laughs) I don't know what he said, but he got in the rear, and the lady in front of me said thank you, and I felt like the training worked. I didn't even feel mad, just like I was saying what's what.

Pt: It's been two weeks now, and I haven't stolen anything. Nothing. The best part is that I hardly get the urge any more. What a helluva difference that makes. Joe and I shopped yesterday in the market and we spent the whole afternoon, like a test. Nothing. Didn't rip off a thing. We even bought some stuff. I'm getting all better.

Pt: Just like now, I can say, 'That's enough' and it goes away. I can control the thought and I don't have the idea of going crazy. I can say, 'I'm normal' and the thought goes away. Even when I'm at work alone, you know, after hours. It comes and I can say 'Stop... I'm normal' and it just goes away. I think I'm on top of it, and it was easier than I thought.

12. Expression of a Welcomed General State of Well Being. The patient is expressing (indicating, manifesting, reporting) a general state of well-being (good feelings, soundness, pleasure, happiness). This may include security, confidence, competence, comfort, satisfaction, relaxation, health. The general state of well-being may be in relationship to oneself (e.g. self-satisfaction, self-esteem, self-acceptance, self-confidence, self-regard, self-respect), in relationship with others (e.g. family relationships, work relationships, peer relationships) or in

relationship to some problem (e.g. relief, resolution).

Pt: It's been a week now, and I feel as I have been born again. I feel confident, and I can smile and I can be in such a great mood. I enjoy the children and my husband seems to me as sweet as ever. I even pay attention to the birds singing in the porch. I feel just great!

Pt: I am really happy with the way I handled the situation. I just went in and I said 'Jerry I'm working more than we had agreed and I would appreciate if you could pay me more. The salary that you give me is not enough'. He listened to me and he agreed!. It felt so good. When I left the office, I was almost flying!!

Pt: I feel so relaxed. I can feel my whole body, from my toes to the top of my head. What a feeling! I could never believe that I would feel such serenity. I don't want to move, I just want to touch my face and feel it with my finger tips

Pt: ...and when I went home, he wasn't there, but I found a rose on the table with a card that said 'I love you' and it felt so good. When he came back, I kissed him and I lured him into the bedroom and we fucked our brains out!.. It was perfect! Laying there and caressing him, I could hear his heart ticking, I felt like when I was in love for the first time.

APPENDIX B

Client Strength of Feeling Scale

Instructions for Rating the Client Strength of Feeling

Experiential Listening

You are going to be judging whether or not there is any strength of feeling occurring in the patient's words.

For some of the indicators (signs, cues), you can stand off and listen or observe. You can be an outsider. It is not hard to tell when a patient is giving a little nervous laugh or an ear-piercing shriek. However, for most of the indicators, the best way to listen is to try and let the patient's words come through you, as if they are being said in the same way, and as if they were coming through you. It is as if you are doing it right along with the patient, saying and doing it in the very same way. Pretend that your body is somehow connected with the patient's so that what the patient is saying and doing, and the way she is saying and doing it, are as if it is all occurring in you. This is how you listen. It is called 'experiential listening'.

When you listen this way, pay attention to what is happening in your body as if the words are coming in and through you. Then your body will let you know whether the level of strength of feeling is neutral (dead, nothing, numb), low moderate or strong.

The data that you use are all in you as the words of the patient are as if they are coming in and through you in the very same way. If the patient says, "I am at the low level of strength of feeling", allow those words, spoken in the same way, to come through you. Then the data in you can indicate whether or not that

statement qualifies as being at the low level of strength of feeling. A patient may say "I am having powerful feeling" or "there is a lot of tension in me right now." Whether or not these two statements qualify as being at the low level of experiencing depends on what happens in you as these words, spoken in the same way, come through you.

I must warn you against listening (or observing) in the ordinary way. This is where you are separate and apart from the patient and you listen with your attention on the patient. When you are hearing the recording, (or watching the videotape), and paying attention to the patient, you will have trouble gauging the level of strength of feeling. You will be thinking, making inferences, judging, weighting this and that, and you will come up with all sorts of things that will lead you away from the data you need to gauge strength for feeling.

There is generally a big difference between the strength of feeling in you, when you allow the patient's words to be as if they are coming in and through you, and when you stand off and try to see the strength of feeling over there in the patient. One of the problems is that the level of strength of feeling may be neutral when you allow the patient's words to be as if they are coming in and through you, as if you are saying them right along with the patient and yet, the degree of strength of feeling seems to be low, moderate or even strong when you stand off and try to judge. Picture a male patient and a female therapist, and suppose that the strength of feeling is neutral as the patient says these words, all

of which are incorrectly judged as at least low from the perspective of the judge who stands off and receives these words:

Pt: I feel so low. What's the use anyhow, might as well cash it in.

Pt: That fellow in the next apartment is just gorgeous. I'd like to give him a night he'll never forget.

Pt: I had a wet dream this morning. You were in it.

When the judge says these words right along with the patient, allowing them to be as if they are coming in and through the judge, the level of strength for feeling is neutral. However, to the removed judge, the level may well be at least low.

To summarize, the task you will be carrying out may be framed as follows: When you allow the patient's words to be as if they are coming through you, as if you are the vehicle through which the words are coming: (a) are you aware of having pronounced and distinct bodily sensations? Is something conspicuous happening in your body? Do butterflies start up in your stomach? Are tears getting ready? Is your heart beating faster and harder? Is your face now warm? and (b) are you now feeling something? Do you have a feeling of falling apart, assaulting someone, being powerful, being passive and compliant, being wicked and nasty, being sensuous and sexual?

If the answer is yes, then there is a certain degree of strength of feeling in you. If the answer is no, then there is no strength of feeling.

The Unit of Judging

The unit of judging is a complete patient statement. This includes all the words spoken by the patient, preceded and followed

by words spoken by the therapist. If the patient says just a few words, judge that as falling in one of the level of strength of feeling. If the patient says a lot of words, you still only judge the statement as falling in one of the levels of strength of feeling.

If a patient statement is long, with a lot of words, there may be just one word that is, for example, in the low level of strength of feeling, and everything else is at the neutral level. Place that statement in the low level anyhow. If one part of the statement is at the low level, and one part is at the moderate level, place the statement in the moderate level. Always rate at the highest attained level.

Some Issues Of Special Importance

One of the dangers in rating the strength of feeling is to get swayed by a tiny bit of life after a whole series of statements rated as being at the neutral level. This is a terrible danger. The patient will be at the neutral level of strength of feeling for 5 or 20 statements, and then there is a slight bit of life in the next statement. There may be a little bit of energy, or there is a slight increase in the voice. Be careful. The danger is pouncing on this and judging it as at the low level because it is somewhat different than the preceding low level statements.

Remember that the baseline is the low level of strength of feeling. There may be a slight increase in something and yet it still does not qualify as being at the low level.

Let us assume that we have a string of patient statements at

the neutral level. Then the patient says something that has a tiny sliver of feeling in it. Loudness may be a little higher. There is a hint of life to this statement, especially compared with the previous neutral statements. The easy inclination is to judge this statement as at the low level. Be careful. Do not get swayed by the previous neutral level of the last five or ten statements. Make sure that the statement really qualifies as at the low level of strength of feeling.

A second problem is to become acclimated to a whole series of low, moderate, or strong statements.

A patient may start out at the low level of strength. Each of the next 10 -15 statements likewise could be at the low level. It is easy to become acclimated to the low level so that you are inclined to judge the next statements as being at the neutral level even though they deserve to be judged as being at the low level.

This is one reason for assigning transcripts by dividing them up to segments of 25 -30 consecutive patient statements instead of assigning the whole session.

Finally, a third problem involves the distinction between strength of feeling and 'speaking style'.

You probably know someone whose speaking style is rather loud, forceful, and generally obnoxious. It is quite different from your speaking style. If you were to talk that way, you would perhaps be at the low level of strength of feeling. But that is merely the way that patient talks, and the strength of feeling is neutral. Try and distinguish a speaking style and what genuinely qualifies as a low

or higher strength of feeling.

Neutral Level of Feeling Strength

At the neutral level there is essentially no strength of feeling. Feeling is lacking, absent, flat, turned off. There is essentially no charge, force, energy, loudness or volume; no spontaneity, freedom from control and restraint. There is essentially no fullness or saturation of feeling. Strength and breadth of bodily sensations are lacking. Client statements are typically coherent, connected and organized whether or not the patient is talking about or referring to feeling.

When a patient statement is not rated as possessing a low level of strength of feeling then it is automatically rated as being at the neutral level of feeling strength.

Low Level of Feeling Strength

Feeling is definitely present and discernible, but only to a minimal degree. There is some charge, force, energy, loudness and volume. There is discernible degree of spontaneity, freedom from control and restraint; a low degree of fullness and saturation of feeling. Bodily sensations are mildly present and generally localized.

At the low level, there may be a burst of nervous laughter or laughter that is light, giggling, chortling, chuckling. Tearfulness may be imminent, or crying may be light and gentle. Bodily sensations are definitely present, pronounced and conspicuous. There may be tension or "butterflies" in the stomach region, some facial warmth, mild perspiration, mild flushing, some significant

change in breathing or heart rate, mild trembling in arms or legs. Some examples of the kinds of bodily sensations that indicate a low level of strength of feeling include: some butterflies in the stomach, warm sensation in face or chest or back, warm ball in chest, slight ringing in ears, mild tingling in hands or legs or face, slight shiver in back, slight tension in chest or stomach, slight lightness and dizziness in head, stirring in genitals, slight heaviness in arms, trunk, legs, shoulders, hands, increase or decrease in heart beating, slight flushing in face, slight throbbing in genitals, slight tightening of skin, slight swirling in stomach or head, slight drawing up of muscles in shoulders, stomach, face, mild cold sensation in face or chest or back, slight quivering-trembling of muscles in hands, legs, face, stomach, mild bubbly-laughing sensations in face. Speech may be somewhat rapid, fragmented and disconnected.

As it has been aforementioned, if the patient statement fails to meet the criteria of a low level, it is regarded as falling in the flat, neutral, dead level. Not all patient statements reach even the low level of strength of feeling. Indeed, it may be that a fair proportion of patient statements in some sessions and in some therapies fall in the flat, neutral, dead level.

If you are not sure, if there is a good measure of doubt, if you think maybe the statement might perhaps be at the low level but you are not really sure, do not judge it as low.

This is the most important level of strength of feeling because it marks the difference between no strength of feeling

(neutral level) and some strength of feeling (low level). It may be hard for some judges to accept that in some sessions of, say 100 patient statements, only one or two, or perhaps none, are at the low level while all the rest are at the neutral level. Yet that is the way it is for some sessions.

What follows are examples of low level strength of feeling. They fall into several categories. If the patient statement is described by these categories, judge it as a low level of strength of feeling. If the statement does not fall under one of these categories, it probably is at the neutral level.

Laughter That Is Simple, Pleasant, Good-Feelinged, And Not Extended

If there is an actual laughter, with some energy to it, and accompanied with some palpable bodily sensations, it may be all qualify. The laughter need not be hard or forced or extended.

On the other hand, the mere sound of a little laughter is not automatically qualified here. The key thing is whether something goes along with the mere sound of laughter, even if it is easy and simple and pleasant. Does something a little more tangible happen in the body? That is the key.

Some simple little laughter seems to involve less than 25% of the whole person. In order to qualify, the laughter must come from at least 25% of the person, to take up at least that much of the person.

A Short Burst Of Nervous Laughter Accompanying A Risky Statement

A short, little nervous laughter. The feeling is a little tense. Volume is low: " I feel crazy. As close to crazy as I ever

felt (nervous laughter)."

The patient says something risky, something she should not say, something nasty, wicked, impulsive, and this is punctuated or followed by laughter that is also wicked, devilish, a nasty enjoyment of having said that:

Pt: (Talking to her husband.) I know you're not as smart as your brother (and then in a swift rush) I hope you're not going to take that personally! (laughter.)

The laughter conveys a sense of embarrassment, mischievousness, and guilty wickedness. It is not raucous or especially high-pitched or shrinkingly loud.

The little laugh may be laced with a measure of devilishness, riskiness, hidden enjoyment, mischievousness. But the laughter is not especially hard or loud or raucous. Accompanying the laughter are words such as:

Pt:...in bed with my aunt? I shouldn't even be having thoughts like that....

Tears Are Getting Ready

There is a tremble in the voice, a shakiness. Tears are getting ready, but there are no tears, yet. There is a constriction in the throat.

Pt: And then I feel...panic...

The word 'panic' is spoken with a rise in the pitch. The throat is a little pinched, and you can sense the tears getting ready. So the low level of strength of feeling can occur in a single word.

The eyes may have tears in them, but tears are not coming out of the eyes and down the face. There is no prominent or conspicuous

noise of crying. There may be a few sniffles.

Quiet Feelings

Some feelings are quiet. Here are feelings of awe and wonder, feelings of being engrossed and absorbed. You can be a baby, running your finger over the rug, and having a quiet feeling of sensuousness. You may be engrossed and absorbed in the beauty of the spider's web, shimmering in the sunshine.

Defending Oneself Against An Inner Accuser

The patient talks as if he is defending himself against someone who is accusing him, disagreeing with him, fighting with him, bawling him out. As if out of nowhere, the patient says:

Pt: Jack is a smart boy, he gets good grades, no-one can say he's a dummy!" "I'm going to make a go of this donut shop. This time everything is for me, in my favour...I know it'll work out. Sure it will!

It is as if the former patient is arguing with some agency that says, 'Jack is a dummy,' and the latter patient is defending himself against an agency that says, "It's not going to work".

The strength of feeling is low because bodily sensations and sheer noise level are low.

Pt: I know my father must have loved me. I think I love him... Every father has to hit his child every so often. He must have had a reason for hitting me so much...

It is as if she is arguing and defending herself against an inner voice that says something like, 'No! He had no reason for beating you! He was a mean bastard!'

Pt: My husband is so wrapped up in himself that he didn't see me, doesn't even care, he was too busy with himself, always....But I understand this. It doesn't bother me at

all!

In saying, "But I understand all this. It doesn't bother me at all," it is as if there is a slight rush or pressure to deny or answer back to some inner agency that says, "And that really bothers you!"

A Mild Confronting Of The Therapist

The patient is confronting the therapist, putting the therapist on the spot, being a little defiant and tough. The voice is a little hard, clipped, taut. Bodily sensations include tension that is present but mild. It is obvious that the therapist is to answer, say something, explain herself, defend herself.

Pt: I'm supposed to fight with you about whether my mother was a good mother?"

Pt: It's like, I don't really trust, that I can trust you to know that I can really tell you this and that you, you may feel a little something about it, but what then, you know, I mean, you know. It's a nice story, so... big deal.

In the following, the key words come in the second patient statement:

Pt1: So I think I'll write him a letter. Yes, I'll do that.

Th: A letter? Just call him!

Pt2: Just listen to me. I think I'll write him a letter.

In saying, "Just listen to me. I think I'll write him a letter," there is a sense of pleasant toughness with the therapist, a standing up to the therapist. There is a lacing of playful friendliness in being so tough and bold. She is talking very directly at and to the therapist.

It is very important that the therapist be aligned with the patient in determining the level of strength of feeling. When you

are with the patient, saying the words along with the patient, you will be at one level of strength of feeling. If, however, you are in the locus of the therapist whom the patient is addressing, you will almost certainly miss the nature and content of the feeling, and you will most likely miss the level of the strength of feeling.

Th: Go ahead, say it with feeling directly to her

Pt: Well what the hell was I just doing now?

In these words are some anger and toughness, and in the body is a low level of heat, some tension, and a little tingly excitement, as well as a few butterflies in the stomach.

Mere Loudness And Volume

The patient can say virtually any words with just enough loudness and volume to get some low bodily sensations going. These bodily sensations come from saying the words with adequate loudness and volume rather than from the inner experiencing. This is what is meant by 'mere' loudness and volume. It is at the low level when there is just enough loudness and volume to get some low bodily sensations going. The loudness and volume are not part of absolute yelling or screaming.

Pt: I guess I shouldn't even have walked near the embassy. That was dumb. But why not? I had the right to go there. I was just going to go eat at a damned restaurant. (Then with substantial loudness and volume:) Those God damned protesters! They tell you things! They act like they can do anything they want!

There is loudness and volume in the words, but the strength of feeling is low, and so are the bodily sensations.

Words That Are Really Meant, With Deliberate Emphasis, But Without

High Loudness.

The words are definitely not yelled or screamed. They are chosen carefully. But there is a charge of feeling in each word. There are bodily sensations as the patient says:

Pt: I want you to see that I'm ignoring you...and...you...can't ...see... it!

In saying the above words, the patient is talking to her mother, not directly to or at the therapist.

In the following, the words are spoken slowly, with deliberate emphasis. The feeling is in each word that is almost whispered, yet with a good measure of incredulity, almost awe, and helplessness:

Pt:... And she lays such a fucking guilt trip on me! God! I can't believe it! I can't believe it.

There is a slowly dawning realization. The patient is trying hard to remember, and then makes an effort and slowly it comes:

Pt: So here I am, 12 years old, and at this restaurant with my mother for the first time... and ... oh!... It was like... as... if... I remember. I just got my period!

She remembers. That is it. She remembers now. Inside the body is a soft glow of bodily sensations from remembering, and from what she managed to recollect.

The words come out slowly. Volume is low. The message is really meant, is serious, and the listener had better listen. The words are almost whispered, with plenty of air:

Pt: He was bugging me. Oh! I don't like that. I really don't like that. Just stay away from me, baby!

When she says. "Just stay away from me, baby," it is as if the teeth are clenched, and the words come out hissing. The other

person would know that she really means it; she is in dead earnest. There is an excitement, a quiet but firm strength in those words. Each of those words is said slowly with a charged warning in the message.

A Rapid Tumble Or Disconnected Words

There is a fair measure of tension as she sputters and goes in every direction. The words are rushed, frenetic, pressured. Loudness and amplitude are mild. Speech is rapid. The words tumble out fragmented, disconnected. In between the words are sputtering, "um's" and "er's" and noises.

"I just!...oh no!... God...I ...I don't know! ... it's funny..."

A Short Burst Of Words That Were Blurred Out

There is some loudness, but mainly the words are blurred out as if they just came out by themselves. It is restricted to a phrase or so, or a single statement. There is a charge of energy although volume is not high:

Pt: (conversationally): " I don't see myself as a good wife. (And there it comes) I hate that.

or

Pt: I got no sex cause I'm living with somebody I don't want to have sex with!

An Expressive Pouring Out

More than just a few words or a short burst, there is a whole statement or two or three of expressive pouring out. The voice is raised but sort of bellowing or yelling. It is an exclamation with a good measure of energy and charge. It is almost like a story with a punch line, compressed into a sentence or two:

Pt: I get a job where I'm shitty at, and they hate me, and they look at me like, 'What the hell is this guy doing here?'

Pt: So the doctor tells me 'Don't fight. Don't let anyone hit you on the jaw!' Fucking Ann gets drunk, and she slams right in the jaw!!

A few of the words may be emphasized. Bodily sensations are present but low. There is some low strength of feeling. Words come out, but not in a pressured rush. Noise level is not high:

Pt: I just can't stand it when I don't say anything. I don't know what the hell to say. I just sit there and I...aw..(sigh).

These words are laced out with a sense of anger, almost being mad, a kind of lashing out. Accompanying the words are bodily sensations of tightness in the chest, pressure in the head, a hot hollowness in the chest:

Pt: I would never get what I want! If I'm just plain, and had to accept it, I'd never get what I want, and I don't want to live the rest of my life without a man!

On the feeling surface, she is quite annoyed and tense. It is as if there is an inner feeling of what it really is like to be absolutely plain and to be absolutely without a man the rest of her life.

Moderate Level of Feeling Strength

Feeling is conspicuously present in substantial quantity, and the degree of strength is moderate. There is a moderate degree of change, force, and energy, generally with elevated loudness and volume. There is a moderate degree of spontaneity and freedom from control-restraint, with substantial fullness and saturation of feeling. Bodily sensations are of moderate strength, somewhat compelling and rather conspicuous, and either localized in one part

of the body or extended over a good measure of the whole body.

Laughter may occur as a substantial outburst of moderate intensity, somewhat unrestrained and generally of some duration. Crying may likewise be rather loud and full, rather unrestrained, generally of some duration, and often with sobbing. Speech is typically rapid, occurring in bursts and volleys, may be broken, fragmented, moderately disorganized, and occurring with some pressure or rush. Noise level is typically rather high. Words and phrases are frequently repeated.

Determining that the strength of feeling is in the moderate level does not depend so much on 'experiential listening', i.e., allowing the words of the patient to be as if they are coming in and through you. Determining the nature or content of the strength of feeling would require experiential listening, but you are only determining whether or not the level is moderate, and not the nature or content of the strength of feeling. Here are some examples of moderate level of feeling strength.

Moderate Crying

Soft, light, gentle, quiet crying. If the patient is saying words, the words are coherent and connected. But the crying is the most prominent feature of what the patient is doing.

There is crying that is more or less continuous, and the noise level is moderately strong, not terribly loud.

There is a rush, a force and pressure in the crying. There is moderately strong muscular constriction and tension in the chest, throat, face. If there are words, they may be disconnected and

jumbled. The patient says a phrase over and over,

Pt: I made a mistake.... I made a mistake.. I made a bad mistake...

Mixed in with the crying is a sense of helplessness, hopelessness, or frustration.

There is clear and conspicuous crying as most of the person is caught up in being angry, hurt, frustrated, complaining. The voice is loud, pitch is strong and high.

Pt: I didn't fucking see! Why didn't tell her six months ago?!

Sustained Rush And Pressure Of Expression

It is as if there is a rush or pressure to express. Speech is typically rapid and outpouring. The pressure is like a driving force so that the words pour out in a paragraph rather than just a few words. There can be all kind of feelings here.

Pt: Can you believe it! It's hard to believe. Jesus fucking Christ! The woman works! She's paid to do something! She's in sales, but she doesn't do any selling! It's hard to believe!

Some phrase or idea is repeated over and over. Noise level and volume are moderate and sustained, well beyond the baseline. There is a pressure to the speech, and the words may be somewhat fragmented and disconnected. Bodily sensations are moderate:

Pt: I don't want to do it. I never wanted to do it. Why do I do it? Why? What's wrong with me ? I never wanted to do that kind of thing. I never wanted to. I know it was awful. I shouldn't have done it. Why did I do it?

Pt: I have no idea what to do! Others do! Everyone else knows what to do ! They know! I have to ask people what to do! I never know what to do! They all seem to know. I never seem to know!

There is a conspicuous rush and pressure to talk as if the

feeling is taking over, pressuring the patient to talk quite rapidly. The patient says sentence after sentence as if this is not going to wind down right away.

Pt: " I don't know what I'm going to do at that office. Everyone acts like they're dead, and if I stay there I know I'll be the same way cause it's just so easy. But they're dead. They are like zombies and it's driving me crazy. I can't get away from it at all. As soon as I get there I want to get into a cocoon and be protected, but they all rush at me and ask me to do this and that and I feel like I'm pulled in every direction and I need to get away but I can't and it's getting worse. When I started they left me alone but now I am the one they all come to with everything and I say yes to everything. I have no will power any more. Like I'm being drained.

Bursts Of Increasing Intensity And Amplitude

There are several bursts or volleys or words, with an increasing crescendo of intensity or amplitude. In the following the volume is high close to yelling. There are tears in her voice, but she is not crying. Each burst of words is like a heave or a thrust. There is a lot of feeling in each burst:

Pt: When I was young and you smoked a pipe....I would smell the smoke!... Just to get close to you!

By the time she says, "just to get close to you" there is a shaking in the chest and throat and face, and the voice is right on the verge of shrieking.

Outpouring Of Loud Anger-Complaining-Accusation-Frustration

Volume is loud and high and full. It falls short of screaming or conspicuous yelling. Words are spoken in a rush, rapidly. There are no pauses. There is no careful choosing of what words to say next. Some of the key words are punctuated, emphasized, snapped out with high and hard energy.

Pt: Damn it! So he says I'm not fixed right! He's the one who's supposed to decide when I'm fixed. Shit!

Pt: So everything is a fight with her! And you can't win! It's like a God damned puzzle.

Pt: I can't believe that! I can't even talk to her! Jesus Christ! I feel like yelling! Shit! I should just move out and live by myself!

These outpourings are accompanied with bodily sensations such as moderate shakiness, light-headedness, tingling over the face and neck, rapid heart beating.

An Explosive, Concentrated Burst

This occurs in a single word or a short phrase. The strength of feeling is at least moderate, and may even dip into strong, but it is all concentrated into the single word or phrase. A short burst of angry words:

Pt: It is the right thing to do!

Especially when he says 'is' there is a sharp insistence and anger in the voice, and the voice rises in amplitude and tightness. The words are not screamed or yelled, but it is very evident that the patient is angry. All of the words express the moderate strength of feeling, with the word 'is' somewhat more punctuated.

Pt: The whole fucking week we've been at each other's throats!

When he says 'fucking', the word is loud, tense, snapped out, emphasized, punctuated. He is angry! When he says 'at each other's throats', there is a pressure, and the words come out in a rush. Voice volume and amplitude are moderate.

All of the strength of feeling is concentrated in a single word or two that is exploded out, blasted out. The force and energy are concentrated in this word or two that is snapped out in a

single hard burst .

Pt: All I know! Well, first of all! SHE'S STUPID!!!

The last two words are loud, hard, forced, blasted out. It is as if she is actually being with the other person as she says,

Pt: Darling, do you want a piece of toast? WHOOSH!!!

The last word is exploded out. It is very loud. It is as if her whole body were engaged in throwing the toast at the other person as forcibly as can be, or as if the patient were smashing a pie in the other's face!! Energy level is quite high.

There is a mixture of feelings as all the words explode in a rush. The patient seems on the verge of losing control and falling wholly into the pouring of feelings.

He is referring to a recent confrontation with his parents as he says:

Pt: I tried to fucking convince them, but no way! They are impossible! My whole damned life! I'll never reach them!

There were tears in his voice. His voice is loud, harsh, and every word is emphasized as he is angry, hurt, frustrated, complaining.

Strong Level of Feeling Strength

Feeling is quite powerful, intense, high, robust, all-pervasive. There is a strong degree of charge, force, and energy, and a high degree of loudness and volume. There is virtually open and unrestrained spontaneity and freedom from control. Feeling is full and saturating. Bodily sensations are quite strong, quite compelling and conspicuous, and generally extended over the entire

body.

Laughter may occur as sheer gales of hard and essentially unrestrained outbursts. Crying and sobbing may be hard and full, quite unrestrained, with wailing and moaning. There may be screaming, yelling, sharp and shrill outcrying, shrieking, piercing outbursts, or roarings. Speech may be very rapid, highly pressured and rushed, with little choice of words, repetition of words and phrases in a manner that is quite jumbled, fragmented, broken and disorganized. Loudness and volume may be booming, explosive and powerful. Bodily sensations may include almost uncontrolled shaking and trembling, faintness or weakness, hot or cold flashes, a sense of floating or elevation or falling or forward movement, muscular contraction or clenching, gasping for breath. Just about all of the patient is given over to the sheer outpouring of feelings. It fills the patient, or nearly fills the patient. And the feelinged state is just about all the way, intense, strong.

Although this is the top level of strength of feeling, some patients may go even further. Once a patient reaches the strong level of strength of feeling, it is possible to undergo even more powerful and intense feelings. Do not think of this level as the strongest level of feeling possible.

Here are a few categories of this level of strength of feeling:

Strong Crying

The crying is so strong that the patient is choking or almost choking, has to fight for breath, gasping. There is a loud wailing,

screaming, crying. Noise level is shrill, piercing, high-pitched.

The strong crying may be merely crying with no words. Or the patient may be saying words. Sometimes the words are hard to make out. They may be disconnected. Sometimes the patient repeats phrases over and over.

Pt: I want him back...I want him back I want him back...

The strong crying is uncontrolled, high-volumed. But it is more open. The chest and throat are more open, looser, freer. There is no tightness in the muscles, no harshness, no gasping for breath.

Strong Yelling/Screaming

There is screaming, but there are no tears, no trying. It is all screaming. It is a continuous shattering scream that is prolonged for perhaps 3 to 5 seconds or more. It is powerful. There are no words, just the noise of the scream.

If you were to do this, there would be strong tension and tightness in the chest, stomach, throat.

The words are screamed out. Volume is full. Loudness is powerful and intense. All of the patient is thrown into the feeling. The whole body is alive, feeling, involved. This client is riveted on his wife as he screams out:

Pt: I HATE YOUR GOD DAMNED CRITICIZING! SHIT! I DON'T NEED THAT!

Strong Hard Laughter

The laughter is very loud, very hard, quite uninhibited and uncontrolled. The whole body is taken up with the gales of

laughter. More than a little burst, the strong hard laughter goes on for a while.

Qualitative New Personality

At the strong level of strength of feeling, there may be a qualitative change so that what is present is a radical new personality. It is the appearance of a substantially different or altered personality. This is significantly beyond the person's merely shifting from one way of being to another, all part of the same overall personality. Not only is this qualitative new personality something that rarely is present, it is presumably 'deeper' and alien to the ways the person ordinarily is.