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**THE DIFFERENTIAL EFFECTS OF THE EMPTY CHAIR DIALOGUE  
AND COGNITIVE RESTRUCTURING ON THE RESOLUTION  
OF LINGERING ANGRY FEELINGS**

**Michelle Soulière**

**Dissertation presented to the School of Graduate Studies  
of the University of Ottawa  
in partial fulfilment of the requirements  
for the degree of Doctor of Philosophy  
(Clinical Psychology)**



**Michelle Souliere, Ottawa, Canada, 1994**



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## ABSTRACT

This study explored the differential effectiveness of the Gestalt empty chair dialogue and RET cognitive restructuring when applied to the resolution of unfinished business consisting of lingering angry feelings toward a significant other. It was hypothesized that the Gestalt empty chair would be more effective in resolving lingering feelings of anger than RET cognitive restructuring procedures.

Four therapists were trained in the application of both interventions and each therapist saw ten clients, five in each condition. The subjects consisted of 40 non-distressed women between the ages of 20 to 54 ( $M = 31.55$ ), who were experiencing unresolved feelings of anger toward a person who had been significant to them in their past, and who were willing to work on this issue during the sessions. Subjects were randomly assigned to the treatment conditions and received two counseling sessions aimed at resolving their angry feelings.

A verification of therapist interventions was conducted and each treatment was found to be faithfully implemented. An examination of sample characteristics yielded no significant differences between the subjects in each experimental condition. Post-session measures revealed no significant between-group differences in subjects' perceptions of the degrees of progress and resolution achieved during the sessions, the quality of the sessions, and the helpfulness of the therapist. With respect to post-session therapist measures, no significant between-group differences were found in therapists' perceptions of the degree of resolution achieved during the sessions and their perceptions of the degree to which they understood their clients.

Outcome measures were administered before and immediately after treatment, and again one week later. A statistically significant difference was found between the empty chair and cognitive restructuring conditions immediately after treatment on one of the outcome measures. Subjects in the cognitive restructuring group had a significantly less negative perception of their significant other immediately after treatment however, this between-group difference was not maintained at the one-week follow-up. Follow-up testing revealed no significant differences between the two experimental groups. Overall, the results of this study indicated that the empty chair dialogue and cognitive restructuring procedures led to similar results on subject measures of the degree of improvement and discomfort related to the unfinished business, on subject self-reports of the degree of unfinished business resolution achieved, on subjects' perceptions of the quality of the relationship with the significant other, and on subjects' tendency to control angry feelings.

These findings appear to suggest that the empty chair dialogue and cognitive restructuring procedures may produce similar results when used to deal with lingering angry feelings toward a significant other. However, other factors which may have influenced the outcome of this study as well as suggestions for further research are presented in the discussion section of this paper.

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## CHAPTER I

### INTRODUCTION

#### Background of the Study

Problems associated with the experience and/or expression of anger are frequently encountered in psychotherapy (Deffenbacher, Demm, & Brandon, 1986; Deffenbacher, Story, Brandon, Hogg, & Hazaleus, 1988; Deffenbacher, Story, Stark, Hogg, & Brandon, 1987). According to Hecker and Lunde (1985), there are three broad classes of anger problems; anger can lead to problems when it is translated into aggressive or violent behaviors, when internal injunctions prevent its expression, or when it is denied or suppressed. Anger problems can have far reaching effects on clients' social, psychological, and physical functioning (Hazaleus & Deffenbacher, 1986). Angry feelings may lead to verbal aggression, physical assaults, damaged interpersonal relationships and property damage (Hazaleus & Deffenbacher, 1986), social withdrawal and ineffective problem solving (Novaco, 1979), marital discord (Ellis, 1976a; Goldhor Lerner, 1985), child abuse (Reid & Kavanagh, 1985), physical problems such as headaches and vomiting (Hazaleus & Deffenbacher, 1986), and increased probability of diseases such as hypertension and coronary heart disease (Rosenman, 1985; Siegel, 1985).

The prevalence of anger problems among therapy clients, as well their potentially disruptive effects on clients' social, psychological and physical functioning, underscores the importance of attempting to identify which therapeutic interventions

may be most effective for resolving which type of anger problem. Individuals may exhibit more than one form of anger problem at different times and under specific life conditions. However, one type of anger problem that is frequently encountered in psychotherapy consists of lingering unresolved angry feelings toward a significant other (Greenberg & Safran, 1987; King, 1988). This class of anger problems, which is termed unfinished business in Gestalt therapy, is considered to be particularly problematic since the unexpressed angry feelings tend to linger as internal burdens that "affect present functioning and seem to nag at individuals and demand attention and influence their current behavior." (Greenberg & Safran, 1987, p. 223). That is, lingering unexpressed feelings of anger towards a significant other may interfere with, and even disrupt the client's daily functioning (Dalrup, Beutler, Engle, & Greenberg, 1988; Foerster, 1990).

The specific therapeutic interventions that are selected to deal with lingering unresolved angry feelings toward a significant other are dependent upon the model of therapeutic change that is adopted by the therapist. Theories pertaining to the processes of therapeutic change and improvement are numerous, and they sometimes propose contradictory mechanisms of clinical movement. Notable among these controversies is the continuing debate about the role assigned to affect in the psychotherapeutic process of change (Corsini, 1984). In some psychotherapy theories all emotions are conceptualized as biologically adaptive feedback systems that provide the organism with important information about its responses to environmental situations. In these approaches, "the process of fully experiencing emotions in

therapy is considered necessary for the purposes of guiding and motivating adaptive behavior in the world" (Greenberg & Safran, 1987, p. 70). This view of emotion is consistent with humanistic-experiential approaches to psychotherapy, such as Gestalt therapy.

Gestalt theory views all primary emotions as vital and adaptive regulators of action. By informing individuals about what is important to them, emotions allow individuals to make free and enlightened choices or decisions. Thus, Gestalt therapists consider that the arousal, intensification, and full expression of primary emotions is required for effecting change (Smith, 1976). The experience of lingering unresolved feelings which generally consist of anger and/or hurt (Dalrup et al., 1988; Greenberg, 1991) is perceived as an indication of unfinished business. According to Gestalt theory, these incomplete gestalten will continuously strive for completion. Release from, and resolution of unfinished business requires that the previously interrupted or constrained feelings of anger and/or hurt be fully experienced and expressed (Greenberg & Safran, 1987; Polster & Polster, 1973). These theoretical assumptions have led to the development of various techniques that are aimed at intensifying emotional experiences and facilitating their full expression. Among these, the Gestalt empty chair dialogue intervention appears to be an effective treatment for resolving issues of unfinished business (Foerster, 1990; King, 1988; Maslove, 1989).

In contrast, other psychotherapy theorists have argued that "emotions and behavior are primarily a function of how environmental events are construed" (Haaga

& Davison, 1986, p. 236), and that lasting therapeutic change can only be achieved by directly altering or modifying the personal private meanings or cognitions that are assumed to underlie and determine a person's emotional reactions (Beck, 1976; Ellis & Dryden, 1987). This view of emotion is generally espoused by cognitive-behavior theories such as Albert Ellis' Rational Emotive Therapy (RET).

The basic premise of RET is that emotions are post-cognitive events, and that emotional problems are the result of irrational belief systems (Ellis, 1979; 1984). According to RET, "activating events (A) do not directly cause emotional or behavioral consequences (C). Rather, our beliefs (B) about these activating events are the most direct, most important causes of how we feel and act" (Haaga & Davison, 1986, p. 238). Intense negative emotions such as anxiety, depression, guilt, shame, and anger are generally viewed as disruptive and inappropriate, and are therefore targeted for change (Ellis & Dryden, 1987; Ellis, 1977). Thus, RET therapists attempt to eradicate angry feelings and replace them with annoyance which is considered to be a more constructive alternative (Dryden, 1990). Since inappropriate negative emotions are deemed to be determined by irrational beliefs, effective change can only be achieved by modifying the client's belief system (Ellis & Dryden, 1987). The therapeutic interventions consist mostly of cognitive or rational restructuring procedures that are aimed at actively challenging the client's irrational beliefs, and progressively replacing them by more rational beliefs.

Some cognitive-behavior therapists are, however, beginning to question the assumption that cognition precedes and causes emotions (e.g., Beck, 1984; Mahoney,

1984). Evidence provided by cognitive theorists has shown "not only that cognition influences affect but also that cognition is influenced by various affective factors", and a number of cognitive and behavior therapists have "begun to discuss the role of affective factors in human dysfunction and in therapeutic change" (Greenberg & Safran, 1984, p. 560). In addition, many clinical researchers have demonstrated the importance of emotional experiences as a factor in the process of therapeutic change (Frank, 1973; Hill & O'Grady, 1985; Lieberman, Yalom, & Miles, 1973), and practicing clinicians have frequently acknowledged "that their clients' emotional experiences in therapy play a pivotal role in the process of psychotherapeutic change" (Greenberg & Safran, 1987, p. 3).

Treatment outcome studies have indicated that RET cognitive restructuring procedures have led to reductions in trait anger, but that rational restructuring was no more effective than Cognitive-Behavior therapy (Warren, McLellarn, & Ponzoha, 1988), and that some individuals actually got worse following cognitive restructuring (Woods, 1987). Outcome research dealing with interpersonal conflicts, or unfinished business, have indicated that compared to empathic reflection, the Gestalt empty chair dialogue led to significantly higher levels of client experiencing (Maslove, 1989) and to significantly greater changes in clients' feelings toward the significant other (King, 1988). In addition, Bohart (1977) reported that the Gestalt empty chair appeared to be consistently more effective than emotional discharge, intellectual analysis, or no-treatment in reducing interpersonal anger conflicts.

Despite the divergent conceptual premises of Gestalt theory and Rational-

Emotive theory, only one study has attempted to explore and compare the specific effects of the therapeutic interventions derived from these two approaches on the reduction of client anger, and no investigation has focused specifically on the resolution of lingering feelings of anger toward a significant other. In the single study comparing the effectiveness of rational restructuring (RET) and the Gestalt empty chair dialogue, the authors reported that both techniques were equally effective in reducing client anger (Conoley, Conoley, McConnell, & Kimzey, 1983). The failure of this investigation to detect significant differences between the two treatment conditions may be due, at least in part, to the following methodological limitations of the study: a) the anger-provoking issues presented by clients were not homogeneous, that is discrete anger-provoking events were mixed in with chronic anger-arousing situations; b) the therapeutic treatments may have been too short (i.e., 20 minutes) to allow distinctions between the two conditions to become apparent and; c) client anger was measured using a single instrument which was administered only after treatment was completed.

#### **Purpose of the Proposed Research**

The purpose of this study was to investigate the differential effectiveness of empty chair dialogue and cognitive restructuring on the resolution of lingering angry feelings toward a significant other. This investigation was not a test of the comparative effectiveness of Gestalt therapy versus Rational-Emotive therapy, but rather an examination of the therapeutic usefulness of specific interventions derived

from these approaches in dealing with a particular client issue.

In an attempt to overcome the methodological limitations of the Conoley et al. (1983) study described above, this investigation incorporated the following procedures:

1. The focus was on a very specific type of anger problem, i.e., lingering angry feelings toward a significant other.
2. The treatment programs offered were of sufficient length to allow treatment effects to become apparent. Previous research has revealed that a treatment program consisting of two 60-minute sessions was sufficient to resolve interpersonal conflicts among an analogue population (King, 1988; Maslove, 1989).
3. A battery of outcome measures was used to assess pre-post treatment changes in clients' angry feelings. In addition, the RET treatment procedures for dealing with anger problems and the Gestalt treatment procedures for resolving interpersonal conflicts have undergone further development and refinement since the Conoley et al. (1983) study. Treatment protocols for the application of each intervention are now available and were used in this study.

### Definition of Terms

#### Gestalt Empty-Chair Dialogue

The following description of the Gestalt empty chair dialogue technique is derived from Greenberg, Rice, and Elliott's (1993) discussion of the application of

empty chair work to resolve unfinished business. Gestalt empty-chair dialogue is an experiential technique in which the client is required to fully express previously interrupted feelings towards a significant other. The therapist asks the client to imagine and visualize the presence of the significant other in an empty chair, and to speak directly to the other as if this person were actually present in the empty chair. In the beginning most of the dialogue comes from the self chair, with the client expressing feelings of anger and/ or hurt towards the other. As the work progresses, the client may be asked to assume the position of the other in the empty chair and to respond as though he/she were that other person. Although the client may be asked to alternate between the self chair to the other chair, most of the work is done with the client in the self chair. According to Greenberg et al. (1993), the "task is to promote sufficient arousal to promote emotional relief and recovery and to bring about change in the view of self and other and the relationship so that the client is able to let go of the feelings and unmet needs and carry on with their lives in a less burdened fashion" (p. 23).

### Cognitive Restructuring

Lange and Jakubowski (1976) have defined cognitive restructuring as "the process by which individuals become aware of their own thinking patterns which lead to ineffectual behaviors and change these thought processes to more productive ones" (p. 119). Over the years Rational-emotive therapists have developed several methods to help clients identify and modify their irrational or counterproductive thinking processes, and some of these methods have been extended to deal specifically with

anger problems (Ellis, 1977; Dryden, 1990). Dryden's adaptation of Rational-Emotive techniques to deal with anger problems was selected as the cognitive restructuring intervention for this study. This treatment consists of a series of steps in which the therapist first asks clients to identify a specific example of their anger problems, and then guides and assists them through the therapeutic process of a) assessing the activating event (A) which preceded their anger, b) understanding that their anger is not caused by A but rather by their underlying irrational beliefs (iBs), c) defining and disputing their iBs, and d) replacing them with more rational beliefs. The therapeutic task is to help clients recognize and accept that it is their belief systems and not particular persons or situations that create their anger, and that to overcome their angry feelings they must actively and repeatedly dispute their irrational beliefs until they finally give way to more rational beliefs.

### Lingering Feelings of Anger

For the purposes of this study, the definition of lingering angry feelings was based on the following set of criteria, some of which were taken from Rational-Emotive theory (Dryden, 1990), while others were derived from Greenberg's (1991) elaboration of the components of unfinished business.

1. Anger was used to refer to feelings of rage, resentment, hate, hostility, etc.
2. The expression of angry feelings had been inhibited or constricted for a long time, resulting in an inability to let go of old resentments, frustrations.
3. These angry feelings were experienced in relation to a significant other from the individual's past. In the present study, significant others were limited to

persons who had been significant in clients' past, but with whom they had little or no contact in their current lives. Anger problems with significant persons from the past are particularly problematic since they tend to linger as internal burdens that "affect present functioning and seem to nag at individuals and demand attention and influence their current behavior" (Greenberg & Safran, 1987, p. 223). Furthermore, they must be worked through in the absence of real life encounters with the target other.

4. These interrupted angry feelings towards a significant other from their past were still problematic in the client's present. For example, the client may have experienced long standing resentment toward the significant person and may have complained bitterly about how he/she was treated by this significant person (e.g., "I have a lot of anger towards my mother. She always criticized me and kind of hovered over me. Sometimes I just wanted to yell at her but I never could. Even to this day, I can feel this urge to yell..." (Greenberg, Rice, & Elliott, 1993).

### Hypotheses

In general, it was hypothesized that the Gestalt empty chair dialogue would be more effective than RET cognitive restructuring procedures when dealing with unfinished business consisting of lingering angry feelings toward a significant other. This hypothesis was tested globally, and as a series of subhypotheses.

### Hypothesis 1

Compared to the cognitive restructuring technique, the Gestalt empty chair dialogue, when used to work with lingering angry feelings toward a significant other from the client's past would lead to significantly greater post-treatment improvement on measures of target complaints. More specifically, the Gestalt empty chair dialogue would:

- a) lead to significantly greater self-reported improvement in dealing with angry feelings towards the significant other (as measured by the Target Complaint Measure);
- b) result in significantly greater decreases in the levels of discomfort associated with the target problem (as measured by the Target Complaint Discomfort Box Scale).

### Hypothesis 2

Compared to the cognitive restructuring technique, the Gestalt empty chair dialogue, when used to work with lingering angry feelings toward a significant other from the client's past, would lead to significantly greater post-treatment resolution of unfinished business (as measured by the Unfinished Business Resolution Scale).

### Hypothesis 3

Compared to the cognitive restructuring technique, the Gestalt empty chair dialogue, when used to work with lingering angry feelings toward a significant other from the client's past, would lead to significantly greater post-treatment improvement in subjects' perceptions of the quality of their relationship with the significant other (as measured by the SASB Intrex Questionnaire). More specifically the Gestalt empty chair dialogue would:

- a) lead to significantly greater decreases in subjects' hostility toward the significant other;
- b) result in significantly greater decreases in subjects' negative perception of the significant other; and
- c) lead to significantly greater increases in subjects' independence or differentiation from the significant other.

#### Hypothesis 4

Compared to the cognitive restructuring technique, the Gestalt empty chair dialogue, when used to work with lingering angry feelings toward a significant other from the client's past, would result in significantly lower post-treatment tendency to control anger (as measured by the Expression of Anger Scale).

#### Hypothesis 5

Post-treatment outcome differences between the Gestalt empty chair dialogue and cognitive restructuring procedures would be maintained at the one-week follow-up.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Lingering Unresolved Anger Problems

According to Dalrup et al. (1988) "anger is a particularly problematic emotion in Western cultures, since many constraints are established against it" (p. 6). Cultural injunctions often discourage the expression of angry feelings towards others (Dalrup et al., 1988; Perls, Hefferline, & Goodman, 1965). Prohibitions against the expression of anger are perpetuated across generations through the teachings of significant others, and this early childhood training is carried over into adult life (Perls et al., 1965). Thus, people who have been taught that it is unacceptable or dangerous to express anger may be troubled with, and distressed by lingering feelings of unresolved anger that interfere with, and even disrupt their daily functioning (Dalrup et al., 1988; Foerster, 1990).

Clients who are burdened with lingering angry feelings are at least somewhat aware of, and acknowledge the internal experience of anger, but they block or interrupt the expression of their angry feelings (Dalrup et al., 1988; Gaylin, 1984). These clients are either afraid of being overwhelmed by their angry feelings and committing murderous acts, or they believe that it is too dangerous to express anger in the context of specific relationships (Greenberg & Safran, 1987). However, refraining from exposing or displaying angry feelings is a difficult task, and "most of us simply cannot go through life containing all our anger all the time" (Gaylin, 1984, p. 104).

Holding in or constraining angry feelings can have detrimental effects on all aspects of a person's life. Ellis (1977) has suggested that "squelching your anger doesn't get you much of anywhere and unexpressed rage will do far more harm than candidly and freely expressed feelings" (p. 2). Unresolved angry feelings can impair psychological adjustment, and disrupt social, psychological, and physical functioning. One of the potentially destructive consequences of holding in anger is that, by so doing, individuals are also avoiding making clear statements about what they need, what they want, what they feel, and what they think (Goldhor Lerner, 1985). Goldhor Lerner has written that "just as physical pain tells us to take our hand off the hot stove, the pain of our anger preserves the very integrity of our self" (p. 1). Thus, individuals who suppress their anger begin to lose touch with what is important to them, to feel alienated from their own needs and wants. They are relinquishing responsibility for their own growth and for ensuring the quality of their own lives (Goldhor Lerner, 1985).

Unexpressed anger can lead to secondary feelings of sadness or hopelessness that further decrease the ability of individuals to get what they want, to assume assertive positions on their own behalf, or to achieve important life goals (Greenberg & Safran, 1987). Over time these feelings of sadness and hopelessness may lead to psychological distress and even clinical depression. In addition, unexpressed anger has itself been linked to depression (Gaylin, 1984); there is evidence suggesting that, compared to normal controls, patients suffering from major depressions have a greater tendency to suppress rather than express their anger (Riley, Treiber, & Woods, 1989). Depression is sometimes viewed as unexpressed anger which is redirected and turned against the self. In such cases, sustained

depression and self-hatred may lead to suicide as the ultimate angry act committed against the self (Dalrup et al., 1988).

Unexpressed anger remains unresolved; it lingers on in the form of psychological and physiological discomfort, and it continues to press for expression. According to Dalrup et al. (1988) even when the overt expression of anger is interrupted or constrained, the potential for hostility is never lost. Thus, individuals who refrain from clearly expressing their anger in a direct manner and toward appropriate objects, may either resort to indirect ways of expressing their anger or select less threatening targets as outlets for their anger. Thus angry feelings may be expressed in disguised forms, such as sarcasm, passive-aggressive behaviors, prejudice, and bigotry (Gaylin, 1984). Although this process alleviates some of the internal tension associated with angry feelings, the initial relief that is experienced can only be transitory since the original situations that provoked anger have not been addressed and remain unchanged. In more extreme cases, suppressed anger may even play a role in the occurrence of unpredictable and dramatically violent acts such as the recent fatal shooting of several female engineering students at a university in Montreal.

Angry feelings that are held in, and remain unexpressed do not disappear, they stay inside and they can give rise to feelings of resentment (Ellis, 1977). Suppressed anger and its accompanying built-up resentments can have destructive effects on close interpersonal relationships, such as marital relationships (Goldhor Lerner, 1985). The suppression of anger or its ineffective expression are problems that are frequently encountered in couples who come for therapy (Greenberg & Johnson, 1988). Unexpressed anger leads to resentments, passive aggressive behavior, and defensive reactions, all of which are a

hindrance to intimacy and marital adjustment (Greenberg & Johnson, 1988). According to Wile (1988) the suppression of anger in marital relationships leads to boredom and loss of love. "Relationships get boring --and people fall out of love-- when they are unable to say what they need to say" (Wile, p. 155). By suppressing anger, marital partners are withdrawing from the relationship, that is, they are avoiding contact in order to prevent a fight. In time they begin to lose sight of their wishes and complaints, and they continue to withdraw as a means of preserving their integrity. Since the built-up anger and resentment does not go away it may break through at some point leading to worse fights than would have occurred if the anger had been expressed in the original situation (Wile, 1988).

The suppression or constriction of angry feelings has also been associated with a variety of physical health problems. Ellis (1977) wrote that suppressing angry feelings "can lead to real physical harm such as stomach ulcers, high blood pressure, or other more severe psychosomatic reactions" (p. 2). The relationship between suppressed anger and high blood pressure has received substantial empirical support in the research literature (Seigel, 1985; Spielberger, et al., 1985; Rosenman, 1985). Following a review of studies in this field Seigel (1985) concluded that "suppressed hostility appears to be a predictor of hypertension" (p. 63). These findings are all the more disturbing in light of the fact that hypertensive individuals are much more likely to develop coronary heart disease than normotensive individuals (Manuck, Morrison, Bellack, & Polefrone, 1985). In addition, there is a growing body of evidence suggesting a relationship between anger suppression and various forms of cancer. For example, anger suppression, along with avoidance of conflict and presenting the image of being a nice person successfully discriminated between patients with large bowel

cancer and control subjects (Kune, Kune, Watson, & Bahnson, 1991), and suppressing feelings of anger and presenting the image of a being a nice person were significantly more frequent among patients with breast cancer than controls (Bremond, Kune, & Bahnson, 1986). Other studies have suggested that the suppression of angry feelings may be a factor in disorders such as myasthenia gravis (Tennant, Wilby, & Nicholson, 1986) and migraine headaches (Packard, Russell, Andrasik, & Weaver, 1989). Clients who inhibit the expression of angry feelings may be experiencing some form of intrapsychic conflict which prevents the expression of anger or, if their unexpressed anger is directed toward a specific other, they may be burdened with an issue of unfinished business. Since prohibitions against the expression of anger are generally learned in early childhood, it is not surprising that such individuals would have unfinished business consisting of lingering angry feelings towards significant others from their past.

According to Greenberg et al. (1993), lingering feelings of unexpressed anger are particularly significant when they have been "built up over time in relationship to others who have been significant to us in the major developmental tasks of life; tasks such as developing trust, autonomy, competence, identity, intimacy and generativity" (p. 2). This group of anger problems generally develops in the context of relationships with parents, siblings, spouses, lovers, or close friends. Lingering angry feelings toward significant others from the past are often characterized by a hanging on reaction, that is, by problems in ending and letting go of terminated relations. Individuals may continually strive to resolve the problematic issues, including the unexpressed anger and related unmet need, stemming from the terminated relationship.

Clients who come for therapy with lingering angry feelings toward a significant other generally express anger, bitterness or resentment toward the other or complain about how badly they were treated by the other (Greenberg et al., 1993). Some clients however, appear to have given up trying to resolve their angry feelings and express mainly resignation and hopelessness. Both of these client behaviors are indicators that the clients are still distressed by their lingering unresolved angry feelings.

The conceptualization and treatment of anger problems in general, and more specifically of lingering unresolved angry feelings toward a significant other, are often very different across therapeutic approaches. The next section presents an outline of the Gestalt and RET views of anger and anger problems.

### The Conceptual Understanding and Therapeutic Treatment of Anger Problems in Rational-Emotive Therapy

Ellis (1977) and Dryden (1990) have elaborated on the RET approach as it pertains to the domain of anger. In RET, anger is perceived as an inappropriate negative emotion (Ellis & Dryden, 1987). Rational-emotive theory proposes that people are happiest when they pursue and strive to achieve important goals in their lives (Dryden, 1990). Appropriate feelings are defined as attitudes or approaches that are helpful in achieving one's desires and major life goals. In contrast, inappropriate feelings consist of attitudes and behaviors that tend to sabotage or inhibit the achievement of one's desires or goals.

According to Ellis (1977) there are two possible behavioral responses for dealing with angry feelings. Each is deemed inappropriate because it does not allow individuals "to get

what they want without damaging their own integrity or exciting anger and hostile feelings in others" (p. 5). The first alternative is to experience the anger but to refrain from expressing it. However, this response does not alleviate feelings of anger. The angry feelings remain pent up inside and give rise to persistent underlying resentments which may interfere with daily activities. Furthermore, this response may lead to self-criticisms for not asserting oneself in situations where one has been treated unjustly. The other behavioral response is to experience the anger, and express it freely. According to Ellis (1977), this behavior is generally perceived as a hostile or aggressive act since the focus is primarily on what the other has done wrong. As a result, the free expression of anger frequently prompts defensive and hostile reactions from others, thereby setting the stage for additional problems.

Ellis (1977) has argued that, although the behavioral responses to anger outlined above may work from time to time or in given situations, none of them can be effectively implemented in all situations, and most of them can have serious and destructive consequences. Thus, neither the suppression nor the full expression of anger are perceived as effective means for achieving one's goals. Ellis has attempted to develop a method for dealing with anger problems that can be applied to all situations without affecting a client's integrity or provoking hostile feelings in others.

According to Ellis' (1977) view, anger comes about when individuals hold irrational, absolutistic beliefs about particular events. Events are not seen as being inherently good or bad in and of themselves, rather it is the individual's underlying beliefs that determine how events are construed and experienced. Underlying beliefs systems consist of both rational or irrational beliefs. RET defines rational as "that which helps people to achieve their basic

goals and purposes, whereas irrational means that which prevents them from achieving these goals and purposes (Dryden, 1984, p. 238). Irrational beliefs are rigid and inflexible thinking patterns which generally take the form of musts and absolute shoulds; they ultimately lead to inappropriate feelings and responses. In contrast, rational beliefs are more flexible and are generally expressed in the form of wishes, desires, or preferences. Rational beliefs lead to appropriate feelings and responses. Because anger is considered to inhibit the achievement of one's desires or goals, it is viewed as an inappropriate negative emotion which stems from underlying irrational beliefs.

According to Ellis (1976b), there is a strong tendency among humans to think and act irrationally. However, humans also possess the ability to critically assess their thinking and behavior, and to modify or correct illogical thinking patterns. The process of therapy in RET consists of repeatedly challenging irrational or illogical thinking and of encouraging the progressive development of a more realistic and rational belief system. This process is assumed to lead the individual to respond more appropriately to events or situations since the quality of an individual's feelings and responses is believed to be determined by his/her underlying beliefs. When dealing with angry feelings, the goal of therapy is to replace anger with annoyance which is considered to be a more appropriate, more constructive alternative (Ellis & Dryden, 1987).

In his discussion of anger problems from an RET perspective, Dryden (1990) has suggested that a person's anger could be directed towards three distinct objects: the self, others, or impersonal objects and life conditions. In addition, Dryden has distinguished between two types of anger, anger resulting from low-frustration tolerance (LFT), and self-

worth anger. In LFT anger, individuals who believe that their lives should always run smoothly, that is, that other people should not a) frustrate them in the pursuit of their goals, b) attack or threaten them or what they value, or c) transgress any of their rules, and that impersonal objects should always work smoothly, make themselves angry at other people and impersonal objects that do not conform to these expectations. In self-worth anger, clients make themselves angry as a means of preserving their self-worth, and their anger may be directed towards the self, others, or impersonal objects depending on which of these three objects triggered their feelings or attitudes of self-rejection. In these cases the individuals have attached their self-worth to achieving specific goals or to manifesting certain desired behaviors.

The classifications according to the type and object of a person's anger are useful for identifying the specific content of a client's underlying irrational beliefs. However, in each case the intervention procedure remains the same. That is, once the irrational beliefs are clarified, they are repeatedly challenged with the purpose of replacing them with more rational beliefs.

### **The Conceptual Understanding and Therapeutic Treatment of Anger Problems in Gestalt Therapy**

Gestalt therapy considers that the experience and expression of emotions is of critical importance to therapeutic change. Although there is no systematic theory in which the role of affect in the process of change is clearly defined and elaborated, ideas on emotions are widely dispersed throughout the theoretical literature (Greenberg & Safran, 1987).

Perls et al. (1965) define emotions as "the organism's direct evaluative experience of the organism/environment field" (p. 95). In a similar vein, Latner (1974) writes that "emotions are the meanings of our experiences" (p. 173). Thus, from a Gestalt perspective, emotion is an immediate evaluative awareness that integrates a relationship between the organism and the environment. Since emotions represent the organism's immediate experience of the organism/environment field, they are not mediated by thoughts and verbal judgments (Perls et al., 1965). According to Gestalt theory, emotional experience is a continuous process, that is, every instant of life is characterized by a feeling tone that can vary in intensity and in degree of pleasantness. In addition to providing a basis for the organism's awareness of what is important, emotions also energize appropriate actions and as such they are crucial regulators of action (Perls et al., 1965). Perls et al. (1965) write that emotions are not "a threat to rational control of your life but a guide which furnishes the only basis on which human existence can be ordered rationally" (p. 100).

In Gestalt therapy it is assumed "that anger, like any other emotion, is an adaptive action tendency and as such pushes toward expression and conscious representation" (Dalrup et al., 1988, p. 6). No class or set of emotions is considered to be inherently good or bad; emotions just exist. This nonjudgmental approach toward emotions implies that value can only be placed on how the individual responds to emotions and not on which emotion is being experienced. Emotions can act as clear guides to action only when the organism's awareness and organization of the organism/environmental field is sufficiently accurate and refined. This level of awareness implies that individuals adequately identify and differentiate the emotions they are experiencing, and that they discriminate between what is them and

what is not them, what is past and what is present, and what is pertinent to their present needs and what is not (Kepner & Brien, 1970; Latner, 1974).

When it is in response to specific current events, the expression of authentic anger may assist people in avoiding manipulation, in becoming more assertive on their own behalf and more active in groups. However, the expression of anger becomes disruptive and counterproductive when it is contaminated by past unresolved experiences that are evoked by, and may intrude upon present events (Dalrup et al., 1988). These old unresolved experiences are referred to as unfinished business; they consist of reactions that have "not been allowed completion of response" (Dalrup et al., 1988, p. 6), and they "are understood to prevent people from approaching similar situations in an open manner and taking in new experiences" (Greenberg & Safran, 1987, p. 52).

According to Greenberg and Safran (1987), anger is frequently the most damaging incompletely resolved emotion. When people hold in or constrain their angry feelings, they are also blocking the needs from which the anger has emerged, and they are interrupting the related action tendency. The unexpressed anger and unmet needs do not disappear, but "remain as 'unfinished business' for the individual, often interfering with the person's ability to respond adaptively to current situations" (Greenberg et al., 1993, p. 1). They cannot let go of the old resentments, and the unresolved angry feelings and related unmet needs are apt to be reactivated by current events or situations that somehow resemble, are symbolic of, or remind individuals of the past unfinished event. When such unfinished business is evoked, the previously interrupted action tendency strives for completion and, as a consequence, it often intrudes upon a current event (Dalrup et al., 1988). That is, because the reevoked

anger is appropriate to a past event rather than to the current one, its expression in the immediate situation is likely to be indirect and unproductive. For example, a woman who is burdened with unresolved feelings of anger toward her overbearing and domineering father, may quickly become angry and uncooperative whenever people in authority, such as a boss, attempt to curtail or limit her activities.

Unresolved anger usually stems from past experiences with a significant other in which the expression of anger was deemed to be too dangerous (Greenberg & Safran, 1987). Because these angry feelings were originally blocked or inhibited, these feelings were prevented from undergoing the further differentiation and refinement that are required for directing effective action. According to Dalrup et al. (1988) "an important aspect of the human experience of anger is the awareness of 'emotional hurt'" (p. 7). In fact, several authors have noted that anger and hurt are frequent components of unfinished business (Dalrup et al., 1988; Greenberg, 1991; Greenberg & Safran, 1987). Other emotions which may either accompany or be concurrent with anger include resentment, fear, frustration, guilt, sadness, and even feelings of love and appreciation (Greenberg & Safran, 1987). The feelings associated with unfinished business are often carried around as bodily states of tension of which the person may not be aware (Greenberg & Safran, 1987).

According to Gestalt therapy, the resolution of unfinished business, including unresolved angry feelings, requires that the individual fully express the emotions that were previously denied or suppressed so that the natural process that was previously interrupted can be completed, and so that all of the feelings that were involved in the original situation can be further differentiated (Greenberg & Safran, 1987). That is, in order to become free

of their lingering unresolved angry feelings, and become truly open to new experiences without being hampered by built-up resentments, individuals are required to reenter and relive, in the present, the past situation in which the unresolved feelings were originally experienced. According to Greenberg and Safran (1987) "the important change mechanism involved in completing unfinished business is the expression of emotions to their natural completion and the reprocessing of the experience in order to bring about a cognitive reorganization or reevaluation of the experience" (p. 222).

Past events are brought into the present through enactment techniques such as the empty chair dialogue. During the empty chair dialogue the individuals are requested to describe the original situation as though they were experiencing it in the present. The arousal and expression, in the present, of the past unresolved anger usually leads to relief from the states of bodily tension that accompany unfinished business. Greenberg and Safran (1987) write that new meanings generally emerge once this tension has been relieved. That is, by expressing interrupted emotions to their natural completion, the individuals are not only freed from the discomfort that accompanies unexpressed feelings, but they "become aware of and responsive to the actions towards which feelings prompt us" (Greenberg & Safran, 1987, p. 53). Once relieved of the internal burden of interrupted anger, the individual is more able to respond to present situations with well-modulated affect, and thus to deal with anger outside of therapy in a more productive and effective manner.

As previously mentioned, unfinished business usually stems from past experiences with a significant other in which the expression of affect was deemed to be too dangerous. Thus, in the case of unresolved anger, the object of one's anger is a significant other. In

Gestalt therapy this would be defined as an interpersonal conflict. Anger toward the self, on the other hand, would be classified as an intrapersonal or intrapsychic conflict. In Gestalt therapy, different interventions are used to deal with these two forms of anger problems. The two chair dialogue is generally used to work with intrapersonal conflicts and consists of an active and alternating dialogue between two warring intrapsychic factions. The empty chair dialogue is primarily used to deal with interpersonal conflicts, defined as unfinished business with a significant other, and focuses mainly on expressive work from the self chair. Thus, the empty chair technique is qualitatively different from the two chair dialogue in terms of both the therapeutic processes and the client issues that are involved.

#### Common and Distinctive Elements of the Gestalt and Rational-Emotive Views of Anger

The discussion pertaining to the similarities and differences between the Gestalt and RET views of anger is divided in two parts. The first part consists of a comparative analysis of how each approach conceptualizes anger and anger problems. In the next part, the therapeutic interventions that are prescribed by Gestalt therapy and RET for dealing with anger problems are compared and contrasted.

#### Conceptualization of Anger and Anger Problems

A basic distinction between Gestalt therapy and RET resides in their understanding and conceptualization of anger. In RET, anger is considered to be an inappropriate feeling that stems from irrational beliefs and that tends to sabotage or inhibit the achievement of one's desires or goals. In contrast to RET, Gestalt therapy views anger as an organismic

expression that something has gone awry, and it is considered to provide invaluable information about one's needs or desires. Thus, RET perceives anger as a hinderance to effective functioning whereas Gestalt therapy views anger as an adaptive organismic response that contributes to healthy functioning.

Both Gestalt therapy and RET stress the importance of taking responsibility for the self, of accepting various aspects of the self and of one's reality or environment. However, the implications of this proposition are different in the two approaches. In Gestalt therapy, taking responsibility for the self implies the unconditional acceptance of all the primary feelings, including anger, that emerge within ourselves accompanied by the recognition that we are responsible for how we choose to react to, or deal with our feelings in a given situation (Van De Riet, Korb, & Gorrell, 1980). In RET however, taking responsibility means realising that we create our own angry feelings, that our angry feelings are inappropriate and stem from our underlying irrational beliefs systems, and that we can change our angry feelings into more constructive alternatives by developing a more rational belief system (Ellis, 1979). Although in both approaches people are expected to fully own their feelings, Gestalt therapy encourages individuals to be fully aware of, and assume responsibility for the action tendencies inherent in their emotions, whereas RET encourages individuals to take responsibility for determining which feelings they will be experiencing.

RET's classification of anger problems according to the provoking object bears some resemblance to the distinction made by Gestalt therapists between intrapersonal and interpersonal conflict. RET distinguishes between anger directed toward the self, others, or impersonal objects. In Gestalt therapy, intrapersonal conflict often includes anger directed

toward the self, and interpersonal conflict frequently consists of anger directed toward others. However, Gestalt therapists do not appear to address anger directed toward impersonal objects as a distinct category of anger problems.

Although clients who come for therapy often experience their anger problems as being associated with a particular problem situation, Gestalt therapists generally assume that the source of clients' difficulties with anger resides elsewhere. That is, Gestalt therapy considers that client distress, including problems with the experience and expression of anger, are the result of chronic patterns of interruptions in the natural process of awareness and experiencing (Van De Riet, Korb, & Gorrell, 1980). These habitual interruptions are considered to be indications of either intrapersonal conflict, or unfinished business with significant others in the client's past. Thus, anger directed toward impersonal objects, as well as some of the current manifestations of anger toward others, are often perceived by Gestalt therapists as discrete manifestations of a more chronic problem consisting of unfinished business with a significant other from the client's past. Such anger problems are therefore not addressed directly, but are used to clarify and work through the unfinished business which is assumed to be at the root of, and to maintain some of the client's present difficulties with the experience and expression of anger.

RET, on the other hand, tends to deal directly with the client's current manifestations of anger problems, and appears to demonstrate little interest in the role of past experiences on the client's immediate problems with anger. According to RET, what is important is not how clients disturbed themselves in the past, but rather that they make themselves angry in the present because they keep re-indoctrinating themselves with their irrational beliefs. Thus,

in contrast to Gestalt therapy, RET places more emphasis on identifying the current objects toward which the client's anger is directed. In addition, RET attempts to clarify the nature or quality of current anger problems by distinguishing between two major types of anger: anger resulting from low frustration tolerance, and anger aimed at preserving self-worth.

### Treatment of Anger Problems

The therapeutic interventions proposed by Gestalt therapy and RET are consistent with their differing views pertaining to the role of emotions (and more specifically of anger), and of cognitions in human functioning. In RET, the goal of therapy is to replace angry feelings with more constructive alternatives such as annoyance (Dryden, 1990). In order to achieve this goal, RET therapists focus on identifying and correcting the illogical thinking patterns that are assumed to underlie and give rise to angry feelings. In contrast, the goal of Gestalt therapy is to complete unfinished business, thereby liberating the individual from the burden of unresolved angry feelings which color their perceptions of present events, and influence their behavior. In order to achieve this goal, Gestalt therapists encourage clients to go further into the experience and expression of their anger, so that they can become more aware of, and responsive to the adaptive action tendencies that are an inherent part of their angry feelings. Thus, the therapeutic process in RET consists primarily of restructuring irrational thinking patterns, whereas the process in Gestalt therapy concentrates on restoring the natural process of emotional awareness and experiencing.

The process of client movement and change also appears to be substantially different in Gestalt therapy and RET. In Gestalt therapy, the full acceptance and expression of one's feelings, including anger, is assumed to result in a movement toward the integration of

polarities, and in a spontaneous shift toward a more realistic perception of one's immediate reality. Thus, although much preparatory work may be involved, healthy change is assumed to occur spontaneously within the client. In contrast, client change in RET is assumed to come from repeatedly challenging and disputing the irrational beliefs that are assumed to provoke one's angry feelings. Thus, the process of client change does not possess a spontaneous quality, but entails a continuous effort on the part of the client, an effort that is akin to a form of indoctrination based on continuous and repeated challenges to one's way of thinking.

In addition, the participation of the therapist in the process of change is quite distinctive in the two approaches. The role of the Gestalt therapist is to encourage greater awareness, and to facilitate expression of the emotions, including anger, that originate within ourselves. RET therapists, on the other hand, play a more confrontative role; in essence, the therapist attempts to identify and point out the illogical thinking patterns that are assumed to trigger the client's angry feelings, and then proceeds to actively challenge and dispute the client's irrational beliefs. The therapists in both approaches tend to be very active in the therapeutic process. However, Gestalt therapists believe that only the individual is able to know the meaning of his/her behavior and thus, they focus on helping the client uncover, explore, and express the self more fully. RET therapists, on the other hand have a predetermined view, or what Dolliver (1977) has termed a stereotypical view, about the meaning of the client's behavior, and they attempt to teach this view to the client as well as to convince the client to adopt it.

Finally, Dolliver (1977) has made an interesting comment concerning the overall effect of Gestalt therapy and RET on clients:

The net effect of Gestalt is additive: clients go away thinking that they are more complex and more interesting than they realized and probably desire to reflect on and learn more about their processes. Ellis' approach, in contrast, seems largely subtractive: clients get mainly the impression that some of their processes should be gotten rid of (p. 61).

In Gestalt therapy, clients learn to explore the complexity of their angry feelings, to identify and differentiate other feelings (such as pain or sadness) that are associated with their anger, to pursue the process of emotional expression to completion, and finally, to uncover the adaptive action tendencies that flow naturally from this process. In RET, clients learn that some of their feelings (including anger) are inappropriate and that some of their beliefs are irrational, and that they should strive toward changing these feelings and beliefs.

### **Research on the Use of Cognitive Restructuring**

#### **(RET) to Resolve Anger Problems**

Numerous studies have reported that cognitive interventions, by themselves (Hazaleus & Deffenbacher, 1986; Moon & Eisler, 1983) or in combination with other techniques such as relaxation coping skills (Deffenbacher, Story, Stark, Hogg, & Brandon, 1987; Novaco, 1975; Sarason, Johnson, Berberich, & Seigel, 1979; Schlichter & Horan, 1981), have been effective in reducing the general anger experienced by clients. However, up until 1985 there

was little research examining the effectiveness of the Rational-Emotive approach in the resolution of anger problems (Novaco, 1985). Since then, there has been a growing number of studies focusing on the theory and application of RET as it pertains to anger problems.

One group of correlational studies has attempted to examine the relationship between irrational beliefs and feelings of anger. Woods and Coggin (1985) investigated and compared the irrational beliefs profile of 446 undergraduate students who were differentiated along three levels (high, medium, and low) of trait anxiety, and three levels of trait anger. Although the order was different, the same four irrational belief areas produced the largest differences between high and low groups for both anxiety and anger. Compared to low anxiety and low anger groups, high anxiety and high anger groups scored significantly higher on the following irrational beliefs: high self-expectations, anxious overconcern, frustration reactive and demand for approval. The authors concluded that "these four irrational beliefs play a major role in both types of emotional arousal" (p. 128).

In a similar study, Zwerdling and Thorpe (1987) reported that compared to the low anger group, high anger subjects tended to be more irrational, hostile, suspicious, anxious, fearful of negative evaluation, and critical of themselves and others. In addition, using a sample of 110 prison inmates with a history of violence, Ford (1991) reported that the relationship between irrational beliefs and trait anger was still highly significant, even when scores on trait anxiety were partialled out.

Hart, Turner, Hittner, Cardozo, and Paras (1991) tested the hypothesis that high scores on irrationality would influence the relationship between life stress and emotional dysfunction. More specifically, they predicted that levels of anger and anxiety would be

highest among irrational individuals facing high levels of life stress. A battery of tests measuring irrational beliefs consistent with Type A personalities, recent life stresses, trait anger, and trait anxiety was administered to a group of 138 college students. Compared to the low stress/low irrational beliefs group, the high stress/high irrational beliefs group scored significantly higher on the measure of trait anger. However, trait anxiety scores were similar in both groups. The authors suggested that their findings "appear to provide preliminary evidence to support a more refined version of the 'ABC' model. In this refined model, specific types of beliefs interact with build ups of life stress to produce specific types of dysfunctional emotional reactions" (p. 559).

The correlational studies described above consistently demonstrate that angry feelings tend to be associated with irrational thinking. However, these findings provide only indirect support for the RET position that irrational beliefs actually serve to generate and maintain angry feelings, and that anger problems can be resolved by decreasing irrational beliefs. A more powerful, though still correlational, test of the RET position can be obtained by conducting treatment outcome studies in which post-therapy decreases in irrational beliefs are related to post-therapy reductions in angry feelings.

Hamberger and Lohr (1980) were the first to publish a report exploring the efficacy of rational restructuring or RET in reducing anger problems. They conducted a case study of a 27-year-old student with a history of verbal and physical aggression. The subject was administered a measure of irrational beliefs before, and six weeks after, the 13 weekly treatment sessions. The rational restructuring interventions were implemented in sessions four through 13. The results indicated significant changes in eight of Ellis' 10 irrational

belief areas. The authors concluded that "the rational restructuring procedures used were effective in modification of irrational beliefs and intense levels of emotional distress" (p. 101).

In another case study (Ruth & DiGiuseppe, 1989) rational restructuring was used with a 30-year-old male who complained of being angry, depressed and anxious. Disputation of irrational beliefs directly associated with the client's anger and depression led to increases in self-esteem, satisfaction with life, general health, and rational living at the end of the 10-week treatment. Except for general health, these gains were maintained at the 10-week follow-up. Furthermore, the client reported decreased levels of anger, depression and anxiety.

In both of the case studies outlined above, the authors concluded that rational restructuring appeared to be effective in reducing irrational beliefs and emotional distress. However, the failure to obtain systematic measures of emotional distress, and specifically of anger (levels of emotional distress were based solely on records kept by the client), and the lack of empirical evidence supporting the relationship between reduced irrational thinking and decreased angry feelings render this conclusion somewhat premature.

Woods (1987) explored the effectiveness of the RET approach in reducing emotional stress reactions, including anger and anxiety, and investigated the relationship between reductions in irrational beliefs and decreases in emotional distress. This study was conducted in an applied setting with the participants being all 49 employees for an entire department. A battery of tests which included measures of Type A behavior, trait anxiety, trait anger, irrational beliefs, and stress-related symptoms of physical illness was administered prior to, and three to four months after treatment. The treatment program, four weekly 90-minute

group sessions, focused on the application of RET concepts to the reduction of emotional stress reactions. Woods reported that there were major changes on all measures, and that changes in irrational beliefs were strongly related to changes in other variables, including trait anger. Pretest/follow-up reductions in trait anger were significant despite low pretest levels on this measure. In addition, anger changes were significantly correlated with changes in two irrational beliefs areas, anxious overconcern and frustration reactivity. The author cautions however, that these findings are a reflection of group averages, and that some individuals actually got worse. It may be that rational restructuring is primarily effective with certain types of clients and/or in specific therapeutic contexts.

Warren, McLellarn and Ponzoha (1988) compared the relative effectiveness of cognitive-behavior therapy (CBT) and RET in the treatment of clients with low self-esteem and related emotional disturbances such as anger, anxiety and depression. Pre, post and 6-months follow-up scores were obtained for all these measures. The results indicated that, overall, the CBT and RET treatments were equally effective in improving self-esteem and in reducing levels of anger, anxiety and depression, and that these treatment groups changed significantly more than the control group. Furthermore, these treatment gains persisted at the 6-month follow-up. The authors concluded that Ellis's claim that RET is superior to CBT was not supported by their findings. They proposed however, that careful attempts to match clients with treatments may uncover differential treatment effects between RET and CBT. That is, they suggested that "RET might be more suitable for certain types of clients (e.g., brighter or more philosophically oriented) while CBT might be more appropriate for others" (p. 35).

In the last two treatment-outcome studies described above, Woods (1987) reported that some subjects did not get better but actually got worse, and Warren et al. (1988) suggested that RET may be more appropriate for certain types of clients. However, it could also be suggested that RET may be more suitable for certain types of anger problems. That is, by clearly specifying the therapeutic context it may become possible to begin to determine which types of interventions are more effective with which types of anger problems.

### Research on the Use of Gestalt Techniques to Resolve Anger Problems

The research in Gestalt therapy has not focused directly on the resolution of anger problems however, a number of studies have investigated intrapsychic and interpersonal conflicts. Intrapsychic conflicts are defined as conflicts between two parts of an individual's personality, with the dominant aspect of the personality, the internal critic, being hostile toward the other part. Thus, in intrapsychic conflicts, the individual is generally experiencing hostile or angry feelings and these feelings are directed toward the self. Interpersonal conflicts, on the other hand, are characterized by unfinished business, and lingering angry feelings toward a significant other are a frequent component of unfinished business. Although intrapersonal and interpersonal conflicts do not deal exclusively with anger problems, angry feelings are frequently encountered in these two types of conflicts. Thus, research investigations dealing with intrapsychic and interpersonal conflicts appear relevant to the present study and are therefore reviewed here. However, since the focus of the present study was on lingering angry feelings directed toward a significant other, studies

dealing with anger directed toward the self (i.e., intrapsychic conflicts) are only briefly summarized.

Greenberg (1984) and Greenberg and Safran (1987) have proposed specific Gestalt interventions for dealing with each type of conflict, and most of the research has either investigated the processes of conflict resolution using the proposed interventions, or compared the proposed interventions with alternate techniques. The two chair dialogue, which consists of an alternating dialogue between two opposing intrapsychic factions, has generally been used to work with intrapersonal conflicts. The empty chair dialogue, which focuses mainly on expressive work from the self chair, has primarily been used to deal with interpersonal conflicts or unfinished business with a significant other.

#### Research on Intrapersonal Conflicts

Greenberg and his colleagues (Clarke & Greenberg, 1986; Greenberg, 1979, 1980, 1983; Greenberg & Clarke, 1979; Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980; Greenberg & Rice, 1981; Greenberg & Webster, 1982) have conducted a number of investigations pertaining to the resolution of intrapsychic conflicts. Greenberg (1979) provided a detailed elaboration of the Gestalt principles underlying the resolution of splits or polarities in human functioning. The intensive study of client performances during two chair exercises revealed that the resolution of intrapsychic splits was achieved through the integration of polarities, and that softening of the internal critic was a key factor in this process (Greenberg, 1980). This softening in the critic's attitude was found to discriminate between successful and unsuccessful instances of intrapersonal conflict resolution (Greenberg, 1983). These studies have resulted in the development of a model of successful intrapersonal

conflict resolution performance (Greenberg, 1984; Greenberg & Safran, 1987), and in the explication of some of the primary and essential ingredients of these performances (Greenberg, 1983, 1984). In addition, Greenberg and Webster (1982) compared the therapy outcome effects of in-session decisional conflict resolvers and nonresolvers. They reported that resolvers were significantly less anxious and undecided after therapy, and showed greater behavior change and greater improvement on target complaints.

In a series of studies comparing the effects of the Gestalt two chair operations with other techniques for working on intrapsychic conflicts, Greenberg and his colleagues reported the following findings: a) the two chair dialogue was more effective in deepening client experiencing than were empathic reflections (Greenberg & Clarke, 1979), or a combination of focusing and empathic reflection (Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980; Greenberg & Rice, 1981); b) the two chair operation was more effective than empathic reflection, and equally as effective as focusing plus empathic reflection in producing changes or shifts in client awareness (Greenberg & Clarke, 1979; Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980); and c) compared to empathic reflections, the Gestalt two chair treatment resulted in greater reported conflict resolution immediately after the session, progress over the following week, and behavior change after a week (Greenberg & Dompierre, 1981).

In the studies just described the Gestalt two chair dialogue was found to be the most effective technique for resolving intrapsychic conflicts, however, the alternative interventions that were selected for comparative purposes were all drawn from the humanistic-experiential approach to psychotherapy. Only one study examined the relative effectiveness of

interventions taken from two very distinct psychotherapeutic approaches. Clarke and Greenberg (1986) compared the effectiveness of the Gestalt two chair dialogue (a humanistic-affective technique) with problem-solving (a cognitive-behavioral technique) in the resolution of intrapersonal conflicts related to a decision. The results indicated that, although both interventions were significantly more effective than no treatment, the Gestalt two chair was significantly more effective than problem solving in reducing indecision. Post-therapy comments made by the problem-solving counselors and their clients indicated "that it was often difficult to keep focused on the problem when strong feeling was involved in the decision" (p. 14). This study suggests the possibility that, in some cases, client issues carrying a very strong or acutely intense emotional component may be more responsive to affective rather than cognitive interventions.

#### Research on Interpersonal Conflicts

The research dealing with interpersonal conflict or unfinished business is sparse. Of the seven studies reviewed here, four were conducted by students of Greenberg (Foerster, 1990; King, 1988; Maslove, 1989; Paivio & Greenberg, 1992). The three remaining studies were conducted by independent researchers, that is, researchers not associated with Greenberg's research group. Among the latter, two investigations dealt directly with the resolution of angry feelings.

Based on an intensive analysis of six resolved and unresolved events of unfinished business using an empty chair dialogue, Foerster (1990) identified the therapeutic components involved in the resolution of intrapersonal conflict and refined the preliminary model of successful resolution originally developed by Greenberg and Safran (1987). The revised

model states that:

the resolution process involves the client expressing blame, complaint, or hurt to a negative other in the empty chair. The client then differentiates these feelings, often recalling and reliving a related episodic memory. Resolution involves the intense expression of a specific emotion (generally anger or sadness), and the mobilization and expression of an associated previously unmet need. In the enactment, in the empty chair, of the significant other, resolution performances move through the expression of specific negative aspects by the other to a shift to the expression of more positive to personal aspects by the other. Finally, resolution occurs in the self chair either by the expression of self-affirmation and self-assertion in which the other is held accountable for his or her damaging actions, or by the development by the client of a new view of the other, in which the client understands and/or forgives the other (Greenberg, 1991, p. 12).

In addition, Foerster (1990) compared 11 resolved and 11 unresolved events of unfinished business, and her results provided support for the refined model described above. That is, compared to unresolved events, resolved events were significantly more likely to include the following components: a) intense expression of a specific emotion, b) expression of needs associated with the expressed emotion, c) evocation of a more positive other, and d) self-affirmation or understanding of other. As predicted, expression of blame, complaint or

hurt, as well as evocation of the negative other were equally frequent in resolved and unresolved events.

Maslove (1989) compared the levels of in-session experiencing among two groups of clients who had unfinished business issues, but were exposed to different counseling interventions. Twenty-eight students were asked to identify a personally meaningful issue of unfinished business, and they were randomly assigned to one of two treatment conditions, empathic reflection or Gestalt empty chair dialogue. Each treatment condition consisted of two sessions. The results indicated that, compared to empathic reflection, the Gestalt empty chair dialogue led to significantly higher levels of client experiencing.

King (1988) explored the differential effectiveness of empathic reflection versus empathic reflection plus the Gestalt empty chair technique in the resolution of unfinished business. The subjects consisted of 28 students randomly assigned to one of the two treatment conditions. Each subject was required to work on an issue of unfinished business during the two sessions of treatment. Post-treatment changes in the severity of the target complaint (i.e., unfinished business), and in clients' feelings toward the significant other were used as outcome measures. The results indicated that, although both groups perceived their therapists to be equally empathic, the clients in the empathy plus Gestalt empty chair condition showed significantly greater changes in their feelings toward the significant other. More specifically, the empathy plus Gestalt group felt significantly more tolerant of the significant other than the empathic reflection group. However, post-treatment changes in severity of target complaints did not differ between the two groups.

Paivio and Greenberg (1992) recently presented preliminary results of an ongoing research project investigating the comparative effectiveness of the empty chair dialogue and a psychoeducational group treatment in the resolution of unfinished business with a significant other. Thirty-four clients who were experiencing unresolved feelings toward a significant other were randomly assigned to one of the two treatment conditions. In the psychoeducational condition, two groups of 8 to 12 members received three two-hour lecture/discussion sessions concerning unfinished business and its resolution. In the empty chair condition, clients received 6 to 15 individual therapy sessions. Preliminary results indicated that, compared to clients in the psychoeducational group, clients in the empty chair condition reported significantly greater post-treatment changes in the following areas:

- a) improvement on target complaints and in the resolution of unfinished business;
- b) reductions in interpersonal distress, in clinical distress, and in perceptions of the other's hostility; and c) increases in self-affiliation and affiliation toward the significant other.

Serok (1985) described two clinical cases involving post traumatic patients. According to the author, in Gestalt terminology, a trauma can be understood as "an unfinished event which strives towards completion, but which a person finds impossible to complete" (p. 78). In both cases, the clients exhibited symptoms of depression and withdrawal, and were somewhat dysfunctional in many areas of life. These symptoms were largely alleviated following a course of therapy in which the Gestalt empty chair was extensively used to resolve past traumatic experiences. However, the descriptive and anecdotal nature of these case studies seriously limits the conclusions that can be drawn from them.

Bohart (1977) examined and compared the resolution of interpersonal anger conflicts in three distinct counseling-analogue conditions. Eighty undergraduate females were randomly assigned to one of four procedures: role-play (i.e., Gestalt empty chair dialogue), intellectual insight, emotional discharge, or control. The subjects were asked to visualize a recent, unresolved, anger-arousing incident. The treatment conditions were administered without the participation of a counselor that is, audiotaped instructions were presented to the subjects for each condition. The author reported that the Gestalt empty chair appeared to be consistently more effective than emotional discharge, intellectual analysis or no-treatment, in reducing anger, hostile attitudes and behavioral aggression. However, in some cases the differences were not statistically significant. It was suggested that the Gestalt empty chair dialogue was more effective because it provides the opportunity for both emotional experiencing and intellectual insight, whereas intellectual analysis de-emphasizes emotional experience and emotional discharge de-emphasizes insight.

Overall the studies described above provide support for the effectiveness of the Gestalt empty chair technique when used to deal with issues of interpersonal conflict. The Gestalt empty chair dialogue was more effective in reducing interpersonal conflict than interventions such as empathic reflection and a psychoeducational group treatment. In addition, the Gestalt empty chair technique maintained its superior efficacy when it was applied specifically to anger conflicts, and compared to intellectual insight and emotional discharge interventions administered in the context of counseling analogue conditions (i.e., procedural instructions were presented via audiotapes and without the participation of a counselor).

Conoley, Conoley, McConnell, and Kimzey (1983) conducted the only study which compared the effectiveness of RET's rational restructuring and of Gestalt therapy's empty chair technique in the reduction of anger. Because of its particular relevance to the present investigation this study was reviewed in greater detail. Conoley et al. attempted to match client characteristics with treatment efficacy. They hypothesized that repressors, who tend to avoid stress and deny anxiety, would respond better to RET's use of cognitive control, whereas sensitizers, who tend to approach stress and be in touch with their feelings, would find the emotional expression involved in the Gestalt empty chair better suited to their style. Sixty-one female undergraduate students were randomly assigned to one of three treatment conditions: empty chair dialogue, rational restructuring, or a reflective listening control condition. The subjects were asked to list five recent anger-provoking events. For each subject the event in which they experienced the most anger was selected for discussion. The selected events "represented both discrete incidents and chronic situations that always aroused anger" (p. 114). The treatment conditions consisted of a single 20 minute session. All measures were administered after the intervention; these included subjects' blood pressure, a self report measure of the intensity of clients' angry feelings, and a questionnaire which distinguishes between sensitizers and repressors. The results indicated that the empty chair and the cognitive restructuring techniques were equally effective (and both were significantly more effective than the control group) in reducing self-report of anger and systolic blood pressure. However, there was no significant interaction between the repressor-sensitizer variable and the type of treatment.

Various explanations could account for the failure to detect significant differences in effectiveness between the Gestalt empty chair and rational restructuring (RET) interventions in the above study. The fact that the selected anger-provoking events "represented both discrete incidents and chronic situations that always aroused anger" (Conoley et al., 1983, p. 114), may have confounded the results. That is, discrete anger problems may be more easy to resolve than pervasive recurring anger problems. Also, the treatment conditions may have interacted with the types of anger problems thereby further distorting the findings. The length of the treatment session may have been too brief to allow each treatment condition to fully demonstrate its potential therapeutic effects. Even though this was an analogue study, a twenty-minute session may be too short to allow therapists to first develop a good working relationship with the client, and then apply specific intervention techniques to resolve their clients' anger problems. In addition, the self-report measure of anger was administered only after the treatment, and it is thus impossible to determine whether or not clients in each treatment condition differed on this measure prior to treatment. The only instrument used to rate clients' anger reduction, the Feeling Questionnaire, consisted of 17 adjectives that were selected from the Adjective Checklist (Gough & Heilbrum, 1965). This instrument may not have been sufficiently sensitive to pick-up subtle, but important differences between the clients in each treatment group.

#### Summary, Rationale, and Hypotheses

As previously noted, the primary goal of this investigation was not to test the comparative effectiveness of Gestalt therapy versus Rational-Emotive therapy, but rather to

explore the therapeutic usefulness of specific interventions derived from these approaches in dealing with a particular client issue. By clearly specifying both the therapeutic context and the proposed therapist interventions it may become possible to begin to determine which types of interventions are more effective with which types of anger problems. The purpose of this study was to investigate the differential effectiveness of empty chair dialogue and cognitive restructuring in the resolution of lingering angry feelings toward a significant other from the past.

Although Ellis (1977) and Dryden (1990) have elaborated on the RET approach as it pertains to the domain of anger, and Dryden has classified anger problems according to type and object of a person's anger, in all cases the intervention procedure remains the same. That is, once the irrational beliefs are clarified, they are repeatedly challenged with the purpose of replacing them with more rational beliefs. Thus, RET does not appear to subscribe to the proposition that different types of anger problems may be more responsive to different types of interventions.

Gestalt therapy, on the other hand, distinguishes between interpersonal and intrapersonal conflict and proposes different interventions to deal with these two forms of anger problems. The two chair dialogue is generally used to work with intrapersonal conflicts whereas the empty chair dialogue is primarily used to deal with interpersonal conflicts. The two chair dialogue and the empty chair technique are qualitatively different in terms of both the therapeutic processes and the client issues that are involved.

Previous research has explored the process of interpersonal conflict resolution using the empty chair technique, and has identified therapeutic components that can effectively

distinguish between resolved and unresolved events of unfinished business. In addition, several treatment outcome studies have provided support for the effectiveness of the Gestalt empty chair technique when used to deal with issues of interpersonal conflict (frequently consisting of lingering angry feelings toward a significant other). The Gestalt empty chair dialogue was found to be more effective than empathic reflection, emotional discharge, intellectual analysis and a psychoeducational group treatment in reducing interpersonal conflicts. Furthermore, the Gestalt empty chair dialogue maintained its superior efficacy when applied specifically to interpersonal anger conflicts treated in the context of counseling-analogue conditions (i.e., procedural instructions were presented via audiotapes and without the participation of a counselor).

With respect to RET, two treatment outcome studies have indicated that cognitive restructuring procedures have led to reductions in the levels of client anger. However, in one of these investigations (Woods, 1987) it was reported that some individuals actually got worse following cognitive restructuring, and in the other study (Warren et al., 1988) rational restructuring was found to be no more effective than Cognitive-Behavior (CBT) therapy. Warren et al., (1988) have suggested that "RET might be more suitable for certain types of clients (e.g., brighter or more philosophically oriented) while CBT might be more appropriate for others" (p. 35). However, Stiles, Shapiro, and Elliott (1986) have pointed out that outcome studies investigating interactions between client characteristics and treatment modalities have failed to yield consistent findings. Furthermore, attempts to match client characteristics with specific experiential and cognitive interventions have failed to produce differential effects in at least two outcome studies (Conoley et al., 1983; Weld, 1992).

An alternative explanation may be that rational restructuring is primarily effective in specific therapeutic contexts that is, with certain types of anger problems, whereas other forms of interventions may be more appropriate for other types of anger problems. According to Stiles et al. (1986), "differential effectiveness of specific techniques may be found for specific contexts within therapy sessions", and therapeutic contexts are "defined by the client presenting the therapist with a particular therapeutic task (e.g., to resolve a decisional conflict)" (p. 174).

There is some evidence suggesting that specific therapeutic interventions may be more effective in certain therapeutic contexts. For instance, it has long been recognized that simple phobias are very responsive to behavioral interventions such as systematic desensitization or implosion therapy (Turner & Hersen, 1984). In addition, some researchers have begun to investigate the comparative effectiveness of specific affective and cognitive interventions in marital therapy. For example, recent studies have reported that an emotionally-focused marital intervention was a) more effective in resolving marital conflict than a problem-solving intervention (Johnson & Greenberg, 1985), and b) more efficient at increasing intimacy than interventions taken from cognitive marital therapy (Dandeneau, 1990). In terms of individual therapy, in the study by Clarke and Greenberg (1986) which is summarized in this paper, the authors concluded that the Gestalt two chair intervention (an affective technique) was more effective than a problem-solving intervention (a cognitive-behavioral technique) in the resolution of intrapersonal conflicts related to a decision. Furthermore, the authors of that investigation noted that when strong feelings were involved in the decision it was often difficult for therapists and clients in the problem-solving

condition to keep focused on the problem. The above studies suggest the possibility that, at least in some therapeutic contexts, client issues involving a very strong or an acutely intense emotional component may be more responsive to specific affective rather than cognitive interventions.

Only one of the investigations reviewed in this paper compared the differential effectiveness of rational restructuring (RET) and the Gestalt empty chair dialogue and, in that study, both treatments were found to be equally effective in reducing client anger (Conoley et al., 1983). As previously discussed, methodological limitations of the study may have precluded treatment differences from becoming apparent. Notable among these is the fact that the therapeutic context was not clearly delineated and thus appeared to include a wide variety of different types of anger problems. The authors acknowledged that the anger-provoking events selected for treatment represented a mixture of discrete incidents and chronic situations that consistently aroused anger. Furthermore, the subjects in this study were instructed to list five "recent" anger provoking events. Such instructions are consistent with the RET perspective in which the current manifestations of anger problems are generally the focus for intervention.

In the earlier discussion pertaining to the potential negative effects of suppressing angry feelings, it was argued that suppressed anger may manifest itself in indirect ways, or that it may be directed toward objects that are less threatening than the original anger-provoking object (Gaylin, 1984). Furthermore, it has also been argued that lingering angry feelings can be reevoked by present situations that somehow resemble the initial contexts under which they arose, and that, in such instances, the current expression of anger is disruptive and counterproductive because it is contaminated by past unresolved experiences

(Dalrup et al., 1988). In this view, although interventions dealing solely with current manifestations of anger may reduce anger in the specific situations that are being addressed, they may also, in some cases, totally miss or overlook the more pervasive and deep-rooted origins of the client's anger. That is, interventions (such as RET cognitive restructuring) aimed at reducing current manifestations of anger may work, in part, because they are confronting the client with the inappropriateness (usually expressed in terms of overreactions) of their angry reactions in the "present context". Thus, the current manifestations of anger may be reduced, and this goal may in itself represent substantial progress for the client. Reducing the influence of past anger-provoking situations such that some similar but present events are not contaminated by these unresolved experiences is not trivial achievement, but one which may bring much relief to the client. In fact, this may represent one type of client anger problem that can be dealt with most effectively using RET cognitive restructuring procedures, especially in cases where clients come for therapy with the sole purpose of seeking solutions to immediate but disturbing anger problems. However, whenever lingering angry feelings are also involved, the lingering anger remains unresolved, still pushes for expression and completion, and may continue to influence and intrude upon present behavior. For instance, some clients may seek different, though still indirect, outlets for the expression of their unresolved angry feelings.

The above discussion suggests that RET cognitive restructuring procedures may not be the most effective intervention to deal with client issues consisting of lingering angry feelings toward a significant other. This may be especially true in the context of ongoing therapy when the client's presenting problem is the focus for intervention; the second step in

the RET treatment sequence involves asking clients for a very specific and current example of their anger problem, and this specific incident is then assessed in terms of RET's ABC framework (Dryden, 1990). In such cases, RET may be addressing secondary issues rather than more pervasive problems involving lingering angry feelings toward a significant person from the past. Depending on the client's interest in, and goals for therapy, such a procedure may or may not provide the client with the form of assistance he/she is seeking. However, even when the client's presenting complaint is clearly defined as an issue of unfinished business consisting of unresolved angry feelings toward a significant other (such as in the present investigation) RET cognitive restructuring procedures are not likely to be the most effective interventions.

Other elements, apart from the focus on current manifestations of anger that characterizes RET cognitive restructuring, also suggest that cognitive restructuring may not be as effective as a more affective intervention in the resolution of lingering angry feelings toward a significant other from the past. Two of the key features that seem to characterize lingering unresolved angry feelings pertain to the chronicity and the intensity of the emotional experience. Unresolved angry feelings from the past persist over long periods of time, they are easily reevoked by present situations that somehow resemble the original events that provoked them, and when they are reevoked they tend to be as acutely intense as in the initial situations. According to Frijda (1988), clinical evidence suggests that the intensity of emotional reactions does not diminish over time. He defines this phenomenon as the law of conservation of emotional momentum which states that "emotional experiences tend to be fresh, as poignant and as articulable as they were at the original occasion, or

perhaps even more so. Certain old pains just do not grow old; they only refer to old events" (p. 354). This view is consistent with the notion that unresolved feelings of anger do not disappear with time but that they persist and maintain their vitality or their poignancy over prolonged periods of time. A further implication is that the reactivation of past unresolved anger experiences by present contexts will be accompanied by the same level of emotional intensity that was experienced in the initial situation.

Greenberg et al. (1993) have argued that unresolved anger is particularly significant when it has been "built up over time in relationship to others who have been significant to us in major developmental tasks of life" (p. 2), that is, when it has evolved in the context of relationships with parents, siblings, spouses, lovers, or close friends. This implies that unresolved angry feelings toward a significant person from the past can have tremendous importance for the individual and that lingering angry feelings may be related to crucial developmental tasks that have not been successfully completed. As a result, the salience of the unresolved angry feelings may be so compelling that the therapist may have trouble bypassing the client's feelings, and the client himself/herself may find it extremely difficult to put these feelings aside, to somehow refrain from experiencing and/or expressing them, in order to participate in the rationally-oriented interventions proposed by the RET therapist. The overriding influence of strong emotions has been reported in a previous study investigating the resolution of a decisional conflict; both the therapists and the clients reported that it was often difficult to stay focused on a problem solving intervention when strong feelings were involved in the decision (Clarke & Greenberg, 1986). The presence of powerful emotions may even have been a contributing factor in those cases, such as the study

conducted by Woods (1987), where cognitive restructuring procedures have not led to predicted results; some subjects in the Woods investigation actually got worse following cognitive restructuring.

One aspect that many authors seem to agree upon is that emotions are accompanied by action tendencies, and that the suppression of emotion also interrupts the action disposition that is associated with the experience of that emotion (Bohart, 1980; Dalrup et al., 1988; Greenberg & Safran, 1987; Izard, 1991; Pierce, Nichols, & DuBrin, 1983; Safran & Greenberg, 1991). These emotionally-related action dispositions are generally considered to be activity regulators whose function it is to safeguard and satisfy the individual's major goals and concerns (Frijda, 1988; Izard, 1991; Safran & Greenberg, 1991). According to Bohart (1980) the blocked up sensation that accompanies the suppression of emotions is primarily the result of interference with the associated action sequence. Frijda (1988) has argued that the action readiness of emotion has a strongly compelling quality and that it tends to override all other considerations, or concerns. He refers to this as the law of closure or the 'control precedence' of action readiness, and suggests that this notion captures "the involuntary nature of emotional impulse or apathy, its characteristic of being an 'urge', both in experience and behavior" (p. 355). In addition, Dalrup et al. (1988) and Izard (1991) have argued that action tendencies that have been interrupted in the past will continue to push for completion when they are reactivated in similar, but current, situations. The notion that emotionally-induced action tendencies exert a powerful control over the action system, and that they continue to exert this influence even when the action tendency has been interrupted, suggests that issues consisting of lingering angry feelings toward a significant person from

the past are characterized not only by very intense and lasting emotions, but also by a compelling push toward expression. This latter aspect of unresolved angry feelings toward a significant person from the past can only serve to intensify therapy clients' reluctance to focus on the more rational aspects of their anger problem, such as is required by rational restructuring.

The arguments outlined above suggest that RET cognitive restructuring interventions do not represent, at least from a conceptual point of view, the most desirable therapeutic treatment for dealing with client issues involving chronic lingering angry feelings toward a significant other from the past. It has previously been suggested in this paper that, at least in some therapeutic contexts, client issues involving a very strong or an acutely intense emotional component may be more responsive to specific affective rather than cognitive interventions. In the present study, it is argued that lingering angry feelings toward a significant other from the past represent one type of client problem that can be dealt with more effectively with an affective technique, in this case the empty chair dialogue, than with a more cognitive technique such as RET rational restructuring. The intensity and the persistence of the unresolved angry feelings that are involved in this type of unfinished business, along with the overriding influence exerted by the action tendencies associated with the angry feelings, imply that an affective intervention which encourages the client to fully express and deal with their feelings directly should be more effective than one in which emotional experience and expression are eschewed in favor of a cognitive or rational analysis of the problem. When one is experiencing very strong feelings, rational arguments aimed at reducing their intensity are generally unsuccessful. In fact rational discussions in such cases

may negatively affect the therapeutic process in that clients may feel that they are misunderstood or that their feelings are being invalidated.

In the case of unresolved angry feelings toward a significant other from the past, a therapeutic technique that begins by exploring and expanding upon the client's immediate experiential state, that focuses on the full expression of the lingering suppressed anger and that encourages completion of the action tendency should prove to be therapeutically effective because it helps the client finish or complete very important and personally-meaningful situations that have previously been interrupted. Through this process, the action disposition is allowed to proceed to completion and the client is relieved of the constant press for expression that characterizes unresolved angry feelings toward a significant person from the past. The Gestalt empty chair dialogue appears to offer a therapeutic environment that is conducive to the resolution of this type of lingering anger. The Gestalt empty chair technique attempts to recreate, in the present, the original situation in which the angry feelings were blocked or suppressed. This is achieved by asking the client to reenact, to relive in the session, the initial situation or unfinished business in which the action disposition was interrupted, and the client is encouraged to allow the interrupted action tendency to proceed to completion. Thus, it can be argued that the empty chair technique, by encouraging the experiential reemergence of the original conditions that gave rise to the unresolved anger, is setting the stage for the client to resolve the initially disturbing event in a different and more satisfying manner.

Greenberg's model of resolution of unfinished business implies that therapeutic change occurs at two levels, the emotive and the cognitive levels (Greenberg & Safran, 1987).

According to Greenberg the process of resolution is brought to completion spontaneously, that is, by allowing the action tendency to be completed underlying primary feelings and needs are accessed and owned, and as a result, new meanings and affective-cognitive reorganizations occur or are achieved. In RET cognitive restructuring, the situation is not recreated and relived in the session, and feeling expression is not encouraged, thus the process of change is not seen as involving completion of the action tendency. This step is skipped in favor of focusing directly on a cognitive restructuring of the situation, of its meaning to the client, by challenging and changing underlying beliefs. However, without emotional expression and the resultant completion of the action tendency, recovery may be incomplete (Safran & Greenberg, 1991).

Based on the above discussion the present study predicted that, compared to RET cognitive restructuring procedures, the Gestalt empty chair dialogue would lead to significantly greater improvement in dealing with lingering angry feelings toward a significant other from the past (as measured by the Target Complaint Measure), and would result in significantly greater post-treatment decreases in the levels of discomfort associated with this issue (as measured by the Target Complaint Discomfort Box Scale).

Foerster (1990) and Greenberg (1991) have presented a refined model of the process of resolution of unfinished business using the empty chair dialogue (see section titled *Research on Interpersonal Conflicts* for a full description of the model). In addition, Foerster (1990) has attempted to delineate or identify the process components of the model that appear necessary for the resolution of interpersonal conflicts. She reported that compared to unresolved events, resolved events were significantly more likely to include the

following components: a) intense expression of a specific emotion (usually anger or sadness), b) expression of needs associated with the expressed emotion, c) evocation of a more positive other, and d) self-affirmation or understanding of other.

The first two process components that have been associated with interpersonal conflict resolution (Foerster, 1990) occur in the self chair. They include the intense expression of a specific emotion (usually anger or sadness) and the expression of needs associated with the expressed emotion. These components may represent crucial aspects of resolution since they involve the full expression of the primary emotions and needs that underlie initial expressions of blame, complaint, or hurt. Through the process of accessing and owning primary authentic feelings and expressing them directly to the significant other, the client begins to recognize and acknowledge related unmet needs. According to Foerster (1990) and Greenberg (1991; Greenberg & Safran, 1987) unresolved anger usually involves underlying needs that have not been satisfied by the significant other, and this leads to an inability to let go of or terminate the relationship with the other.

The process of owning primary authentic feelings and contacting related unmet needs then gives rise to the last two components of resolution identified by Foerster (1990), the evocation of a more positive other, and self-affirmation or understanding of other. That is, the client begins to see the significant other, not simply as a need-depriving object, but as a separate individual with his/her own fallibilities and needs, and this process gives rise to more positive evocations of the significant other (other chair).

The essential components of interpersonal conflict resolution that are described above were derived from, and form an integral part of the therapeutic processes involved in

resolving interpersonal conflicts using the empty chair technique. That is, the four elements of conflict resolution described by Foerster (1990) are included among the procedural steps involved in the use of the empty chair technique to resolve interpersonal conflicts. In contrast, RET cognitive restructuring procedures do not directly address the process components which, according to Foerster (1990), are characteristic of interpersonal conflict resolution. Thus, RET cognitive restructuring may not be as effective as the Gestalt empty chair technique for resolving lingering angry feelings toward a significant other because the cognitive restructuring procedure does not attempt to effect changes in the elements that appear to be essential to the resolution of interpersonal conflict resolution.

The Unfinished Business Resolution Scale (UBRS) was specifically designed to assess changes in the essential components of interpersonal conflict resolution that were described by Foerster (1990). The UBRS full-scale score provides a summary measure of the degree of change in the four components of unfinished business resolution. In the present study it was hypothesized that compared to the cognitive restructuring technique, the Gestalt empty chair dialogue would lead to significantly greater post-treatment resolution of lingering angry feelings toward a significant other from the past (as measured by the Unfinished Business Resolution Scale).

In addition, the last two components of resolution identified by Foerster (1990) point to changes in clients' perceptions of the quality of their relationship with the significant other. These changes which include a more positive view of the other, greater affiliation with the other, and greater differentiation from other can be assessed through the Structural Analysis of Social Behavior (SASB) questionnaires which provide measures along two

dimensions of interpersonal relations, affiliation and interdependence. In the present study it was predicted that, compared to the cognitive restructuring technique, the Gestalt empty chair dialogue, when used to work with lingering angry feelings toward a significant other from the client's past, would a) lead to significantly greater decreases in subjects' hostility toward the significant other, b) result in significantly greater decreases in subjects' negative perception of the significant other, and c) lead to significantly greater increases in subjects' independence or differentiation from the significant other (as measured by the SASB Intrex questionnaires).

Finally, cognitive restructuring procedures rely on change mechanisms that are very different from those involved in the empty chair dialogue. In RET cognitive restructuring the therapeutic goal is to reduce, rather than resolve, angry feelings and the therapeutic process involves working directly on, and only with, beliefs or cognitions as a means of changing clients' feelings and perceptions of situations, events, or others. Throughout the cognitive restructuring process clients are presented with rational arguments for controlling and changing their anger on the grounds that it is an inappropriate emotion, that it is caused by underlying irrational beliefs, and that it tends to inhibit the achievement of their desires and goals. That is, the RET therapist attempts to convince clients that the experience of anger stems from irrational beliefs, and that the expression of anger generally has adverse and undesirable consequences.

According to Frijda (1988) "Every emotional impulse elicits a secondary impulse that tends to modify it in view of its possible consequences" (p. 355). He refers to this as the 'law of care for consequences', and adds that its major mechanism is response inhibition.

This type of emotional control based on the potential consequences of emotional expression bears some similarity to the therapeutic change process that appears to be at work in cognitive restructuring procedures. That is, by imposing a negative value on the emotion of anger and associating this emotion with underlying "irrational" beliefs, RET cognitive restructuring may reinforce the law of cause and effect thereby increasing clients' tendency to modify or inhibit the expression of their angry feelings. Clients may be getting the message that angry feelings can have negative consequences on two different levels; a) if the experience of anger is considered to stem from irrational beliefs then, if they feel angry they will be perceived by others as being irrational, and b) if they express their angry feelings then they will not achieve their desired goals. Thus, the RET cognitive restructuring process may involve creating and reinforcing rational reasons for constraining or suppressing angry feelings. Changes in perceptions of the other, and of the relationship with the other are likely to be more congruent and internally powerful when they occur spontaneously within the individual as a result of letting go of unmet needs and creating new meaning.

In the present study, it was predicted that, compared to the Gestalt empty chair dialogue, the cognitive restructuring technique, when used to work with lingering angry feelings toward a significant other from the past, would result in a significantly higher post-treatment tendency to control angry feelings (as measured by the Expression of Anger Scale).

In summary, the present study hypothesized that the Gestalt empty chair dialogue would be more effective than RET cognitive restructuring procedures for dealing with and resolving unfinished business consisting of lingering angry feelings toward a significant other from the past. This hypothesis was tested globally, and as a series of subhypotheses. The

subhypotheses which were included in the above discussion are also presented below.

### Hypothesis 1

Compared to the cognitive restructuring technique, the Gestalt empty chair dialogue, when used to work with lingering angry feelings toward a significant other from the client's past would lead to significantly greater post-treatment improvement on measures of target complaints. More specifically, the Gestalt empty chair dialogue would:

- a) lead to significantly greater self-reported improvement in dealing with angry feelings towards the significant other (as measured by the Target Complaint Measure);
- b) result in significantly greater decreases in the levels of discomfort associated with the target problem (as measured by the Target Complaint Discomfort Box Scale).

### Hypothesis 2

Compared to the cognitive restructuring technique, the Gestalt empty chair dialogue, when used to work with lingering angry feelings toward a significant other from the client's past, would lead to significantly greater post-treatment resolution of unfinished business (as measured by the Unfinished Business Resolution Scale).

### Hypothesis 3

Compared to the cognitive restructuring technique, the Gestalt empty chair dialogue, when used to work with lingering angry feelings toward a significant other from the client's past, would lead to significantly greater post-treatment improvement in subjects' perceptions of the quality of their relationship with the significant other (as measured by the SASB Intrex

Questionnaire). More specifically the Gestalt empty chair dialogue would:

- a) lead to significantly greater decreases in subjects' hostility toward the significant other;
- b) result in significantly greater decreases in subjects' negative perception of the significant other; and
- c) lead to significantly greater increases in subjects' independence or differentiation from the significant other.

#### Hypothesis 4

Compared to the cognitive restructuring technique, the Gestalt empty chair dialogue, when used to work with lingering angry feelings toward a significant other from the client's past, would result in significantly lower post-treatment tendency to control anger (as measured by the Expression of Anger Scale).

#### Hypothesis 5

Post-treatment outcome differences between the Gestalt empty chair dialogue and cognitive restructuring procedures would be maintained at the one-week follow-up.

## CHAPTER III

### METHOD

This was a group analogue differential effects study. The two treatment interventions, empty chair dialogue and cognitive restructuring, were the independent variables. Pre-post treatment change measures in target complaints, in clients' perception of the significant other and of the self in relation to the other, in the quality of clients' relationship with the significant other, and in their current anger responses toward the other were included in the battery of outcome measures.

This chapter presents a description of the subjects, therapists, and monitors who participated in the study. A brief outline of the measuring instruments, data collection and analysis procedures is included. The two treatment conditions are also described.

#### Participants

##### Subjects

The sample consisted of 40 females, 20 for each treatment condition. Previous studies had shown that sample sizes varying from 11 to 20 subjects per treatment group had been sufficient to detect treatment effects resulting from the application of either RET techniques or the Gestalt empty chair dialogue (Bohart, 1977; Conoley et al., 1983; King, 1988; Maslove, 1989; Warren et al., 1988). In the present study, a sample size of 40 subjects was chosen to accommodate the requirements of the

research design in which four therapists were required to conduct two sessions with 10 different clients, five clients in the empty chair condition and five in the cognitive restructuring condition.

The sample was restricted to female subjects in order to control for the potentially confounding effect of gender differences on the effectiveness of each treatment condition. Potential subjects who were currently enrolled in, or had already completed, a graduate program in psychology were excluded from the study. In addition, only subjects who spoke English fluently were selected since most of the therapists who were eligible to participate in this study were unilingual Anglophones.

The sample consisted of 40 women between the ages of 20 and 54 ( $M = 31.55$ ,  $SD = 9.02$ ); 20 were single, nine were married or living with a common-law spouse, and 11 were separated or divorced. With respect to occupation, 19 were students, 20 were gainfully employed, and one was unemployed. Their educational level varied from community college to post-graduate studies: six had either taken some college level courses or obtained a college degree, 13 had completed some university courses, 18 had completed undergraduate degrees, and three had a graduate degree. Fifteen of the women had never taken university level psychology courses, 17 had completed at least one, but no more than five, university level psychology courses, five had completed between six and ten psychology courses, and three had more than 11 psychology courses.

Further inclusion criteria were included in this study in order to exclude individuals who were either experiencing major psychological distress, or exhibiting

psychological problems requiring long term intervention. Thus, based on self-reports none of the subjects a) had drug/alcohol problems, b) had a history of sexual abuse or rape in relation to their significant other, c) was currently undergoing psychiatric or psychological treatment, d) had received any psychiatric or psychological treatment for at least one month, or e) was planning to participate in any psychiatric or psychological treatment for the duration of the study.

In addition, subjects were asked to complete the Symptom Checklist-90-R (SCL-90-R; Derogatis, 1983), an instrument that has frequently been used to screen for psychopathology in clinical studies (see Derogatis, 1983, for a review). According to Derogatis, the Global Severity Index (GSI) of the SCL-90-R "provides the most sensitive single numeric indicator of the respondent's psychological distress." (p. 27). In the present study, a maximum T-score of 75 on the GSI (99th centile of normative sample, i.e., nonpatient females) was selected as the cutoff point for inclusion in the study. The average T-score on the GSI for the total sample was 55.85 (SD = 8.33); the T-scores ranged from 36 to 68 suggesting that none of the subjects were experiencing very high levels of psychological distress.

The final inclusion criteria pertained to the particular type of anger problem being addressed in the present study. According to Greenberg (1991) "a marker of unfinished business is constituted by the presence of four measurable features: (1) a lingering unresolved feeling (2) toward a significant other, (3) in which the emotion is experienced in the present, (4) but the emotional expression is interrupted or constricted" (p. 10). In order to meet the requirements of the present study, the

features described by Greenberg were slightly modified and other conditions were added. Thus, subjects were screened according to the following criteria concerning to the type of anger problem targeted in this study:

- a) the presence of lingering unresolved angry feelings;
- b) the lingering feelings of anger were directed toward a significant other from the past;
- c) the angry feelings were still experienced in the present;
- d) the angry feelings had been experienced for at least one year;
- e) the expression of these angry feelings had been, and still was, interrupted or constricted; and
- f) interactions with the significant other had been infrequent over the last year (i.e., max. of 12 times).

Among the 40 subjects, the issues of unfinished business consisted of unresolved anger toward ex-boyfriends or ex-husbands ( $N = 13$ ), toward their fathers ( $N = 13$ ), toward their mothers ( $N = 5$ ), or toward others such as close friends or ex-employers ( $N = 9$ ). The duration of their unresolved angry feelings ranged from one to 35 years ( $M = 11.93$ ,  $SD = 10.28$  years). Nine had had no contact at all with their significant other over the last year, 20 had seen or talked to the other at least once but less than six times, four had between six and 12 meetings or telephone conversations, and seven had seen or talked to the other about 12 times over the last year.

In addition, subjects were required to indicate that they were at least "Somewhat" (5-point scale ranging from 1 = "Very much" to 5 = "Not at all")

disturbed or bothered by their angry feelings in the present, and that they were at least "Somewhat" (5-point scale ranging from 1 = "Definitely yes" to 5 = "Definitely not") willing to work on their lingering feelings of anger toward the significant other in order to be included in the study. Twenty four subjects indicated that their unfinished business bothered them very much, 14 said that it bothered or disturbed them quite a bit, and three said that they were somewhat disturbed by their lingering feelings of anger. In terms of their willingness to work, all of the subjects were more than somewhat willing to work on their unfinished business during the sessions (37 said Definitely yes, and 3 said Yes).

The screening of potential participants was conducted through individual semi-structured assessment interviews. A detailed elaboration of the screening process is presented in the procedure section of this document.

### Therapists

The four therapists consisted of senior female graduate students in clinical psychology. They were selected on the basis of their therapeutic orientations or preferences, that is, two experientially-oriented and two cognitively-oriented therapists were asked to participate in the study. Potential therapists were asked to indicate on three 5-point scales (1 = Not at all, 3 = Somewhat, 5 = Very much) how much they believed in or preferred each of three therapeutic orientations (Humanistic/Experiential, Cognitive and/or Cognitive/Behavioral, and Psychoanalytic). In order to be selected as representatives of either the experientially-oriented or the cognitively-oriented approaches scores of 4 or more were required for that particular orientation,

along with scores of three or less for the other two approaches. A copy of this questionnaire is presented in Appendix A. The two experientially-oriented therapists who participated in this study indicated that they preferred the Humanistic/Experiential approach (scores of 4 and 5) to the Cognitive or Cognitive/Behavioral and the Psychoanalytic approaches (scores of 2 and 3). The two cognitively-oriented therapists indicated that they preferred the Cognitive or Cognitive/Behavioral approach (scores of 4) to the Humanistic/Experiential and Psychoanalytic approaches (scores of 1, 2, and 3).

All therapists received 10 hours of intensive training in the application of the empty chair technique and 10 hours of training in the use of cognitive restructuring procedures to resolve lingering angry feelings toward a significant other. Each therapist saw 10 clients, five in the empty chair condition and five in the cognitive restructuring condition. Two therapists, one cognitively-oriented therapist and one experientially-oriented therapist administered the empty chair intervention to their first five clients, and then the cognitive restructuring intervention to the next five subjects. The order of treatment administration was reversed for the other two therapists. Group supervision was conducted once a week for each group of therapists, and each supervision group was led by a registered psychologist who was familiar with that specific approach.

### Supervisors

The supervisor for the RET cognitive restructuring condition was a registered psychologist whose experience with RET spanned 28 years. He held two Masters

degrees, one in social work and one in psychology, both from the university of Manitoba, and he completed a doctoral program in clinical psychology at the university of Salzburg in 1980. In addition, he attended several workshops conducted by Albert Ellis, and he was a fellow of the Institute for Rational-Emotive Therapy in New York.

The supervisor for the empty chair condition was a registered psychologist who had 23 years of experience in psychotherapy. He completed a doctoral degree in clinical psychology at the university of Ottawa, and he had been a member of the teaching and supervisory staff at that university for many years. In addition, he received one year of training in Gestalt therapy at the Centre de croissance et d'humanisme applique (C.C.H.A. in Montreal) and attended several Gestalt training workshops.

### Monitors

Two graduate students who were unaware of the objectives of this study served as monitors. The monitors received three hours of training using an implementation checklist developed specifically for this study. After the treatments were completed they conducted implementation checks to ensure that each intervention had been faithfully applied. Twenty-four sessions were selected at random, six from each therapist (three from the empty chair condition and three from the cognitive restructuring), and the monitors coded ten-minute segments of the chosen sessions. The session segments that were coded consisted of the 10-minute segments that followed the first 10 minutes of the session.

## Instruments

### Overview

The instruments, questionnaires, and forms used in this investigation served a variety of purposes. Information and consent forms as well questionnaires were used to recruit and screen potential subjects. Outcome measures were used to assess dependent variables consisting of pre-post treatment changes in the severity of, and degree of discomfort with their target complaint, in the degree of progress in the resolution of unfinished business, in subjects' hostility toward the significant other, in subjects' negative perceptions of the significant other, in subjects' independence or differentiation from the other, and in how they would express their angry feelings toward the significant other. Post-session measures were used to assess client participation in the counseling process, to determine the client and therapist's subjective perceptions of each session, and to assess differences in the quality of the working alliance between the two treatment conditions. A brief between-session questionnaire was used to identify between-session events that may have contributed to improvements in clients' targeted problem. Finally, a checklist of therapist interventions was used to ascertain whether the specific interventions prescribed by each manual had been differentially implemented.

### Information and Screening Forms

Oral Presentation of Research Project. The content of this form was presented orally by the primary researcher during the recruitment of students in university classrooms. Potential participants were given information concerning the research

project, the inclusion criteria, and the participation requirements. A copy of the Oral Presentation of Research Project is presented in Appendix B.

Research Project Information Form. This information form provided potential subjects with a brief description of the research project. The inclusion criteria, the type of unfinished business issue that was targeted in this study, and the participation requirements of subjects were outlined. Following the oral presentation of the research project, a copy of this form was distributed to each female student. A copy of the Research Project Information Form is presented in Appendix C.

Counselling Research Project (Notice). This notice consisted of a shorter version of the Research Project Information Form. It was posted on various bulletin boards throughout the university campus. Subjects who were interested in the research project were asked to communicate with the primary researcher. A copy of the Counselling Research Project notice is presented in Appendix D.

Consent Form. The purpose of the Consent Form was to provide potential subjects with information concerning the main procedures of the study, including the participation requirements, and to inform them about the measures that would be used to ensure confidentiality throughout the project. Subjects were asked to read and sign the Consent Form at the beginning of the screening interview, that is, before being asked to complete screening and personal information questionnaires. At the end of the screening interview, subjects who were eligible to participate were informed that they were accepted in the study and were asked to sign a confirmation of consent (last page of Consent Form). A copy of the Consent Form is presented in Appendix E.

Standardized Subject Screening Questionnaire. This questionnaire was devised especially for this study to recruit and screen potential participants. It included general information concerning the research project including what would be required of selected participants, and questions pertaining to inclusion criteria. A copy of the Standardized Subject Screening Questionnaire is presented in Appendix F.

Client Information Form. This is a brief form which asked participants to provide personal information (i.e., name, address, phone number, etc.) and to indicate when they were available to come in for screening and/or counseling sessions. A copy of this form is presented in Appendix G.

Semi-Structured Assessment Interview. This semi-structured interview was developed especially for this study. Its purpose was to ascertain whether or not potential participants were experiencing the particular type of anger problem that was being addressed in this study. First, general information concerning the study, including participation requirements, was reiterated, and then a brief explanation of what was meant by "lingering unresolved angry feelings toward a significant other from the past" was presented. This was followed by an informal discussion during which the client could ask for further clarifications. The next step involved a series of questions aimed at ensuring that the inclusion criteria pertaining to the type of anger problem targeted in this study were met. A copy of the Semi-Structured Assessment Interview is presented in Appendix H.

Symptom Checklist-90-Revised. The SCL-90-R is a self-report inventory of current psychological symptom status. It yields scores along nine symptom

dimensions and provides three global indices of distress. Internal consistency (coefficient alpha) for the nine symptom dimensions ranges from .77 to .90, and test-retest reliability coefficients range from .78 to .90 for all dimensions. Numerous studies contributing to the SCL-90-R's validity have been reviewed by Derogatis (1983) and are included in the manual. For example, Derogatis described a study of concurrent validity in which correlations between similar symptoms dimensions on the SCL-90-R and the Middlesex Hospital Questionnaire ranged from .36 to .92. According to Derogatis, the Global Severity Index (GSI) "provides the most sensitive single numeric indicator of the respondent's psychological distress." (p. 27). In the present study the GSI of the SCL-90-R was used to screen for severe psychological distress. Subjects who obtained T-scores of 75 (99th centile of normative sample, i.e., nonpatient females) or higher on the GSI were excluded from the study.

### Outcome Measures

Target Complaints Measure. The Target Complaints Measure (TC; Battle et al., 1966; Appendix K) is an instrument that requires clients to list their three most distressing problems before beginning treatment. After treatment, clients are requested to rate changes on each of their targeted complaints on a 5-point scale ranging from "Worse" to "A lot better". Battle et al. (1966) reported a correlation of .68 between the severity rankings of target complaints enumerated by clients before and after a psychiatric evaluation interview. Evidence for the validity of the TC was also provided by Battle et al. who reported that mean target complaint improvement scores were significantly correlated with four other outcome measures.

In the present study, clients were asked to identify one particular issue of unfinished business (i.e. lingering angry feelings towards a significant other from their past) that they wished to work on in the sessions, and to rate changes in this complaint immediately after, and one week following treatment.

Target Complaint Discomfort Box Scale. The Target Complaint Discomfort Box Scale (TCDBS; Battle et al., 1966; Appendix L) was used to assess subjects' degree of discomfort with their targeted complaint (previously identified on the TC measure) before and after treatment. The TCDBS consists of a column of thirteen boxes: the bottom box is labelled "Not at all", the fourth box from the bottom is labelled "A little", the seventh box "Pretty much", the tenth box "Very much", and the top box "Couldn't be worse". Battle et al. (1966) reported that there was no significant change in discomfort ratings of target complaints before and after a psychiatric evaluation interview; the authors concluded that the TCDBS provided reliable results.

In this study, subjects were asked to indicate the degree of discomfort associated with their targeted issue before, immediately after, and one week following treatment.

Unfinished Business Resolution Scale. The Unfinished Business Resolution Scale (UBRS; Appendix M) was recently developed by Singh and Greenberg (1991) for an ongoing outcome study. This scale evolved from Greenberg's (Greenberg, 1991; Greenberg & Safran, 1987) model of unfinished business resolution in which resolution is defined as consisting of four essential components; 1) a reduction in lingering, troublesome feelings, 2) the ability to let go of unmet needs, 3) an increase in acceptance of self and feelings of worth in relation to other, and 4) a greater

acceptance or understanding of the other. The scale contains 12 items that are rated along a 5-point scale ranging from "Not at all" to "Very much". Lower full scale scores are indicative of higher degrees of unfinished business resolution.

Singh and Greenberg (1992) recently presented preliminary data on the psychometric properties of the UBRS. A coefficient of internal consistency (Cronbach's alpha) of .74 was reported for a sample of 58 therapy clients. Correlations between the UBRS full-scale score and three session evaluation items taken from the Therapy Session Report (Orlinsky & Howard, 1986) indicated that the UBRS was correlated .44 with a similar item, and uncorrelated with two other dissimilar items. Post-session measures taken after the sixth session and at termination of therapy indicated that the UBRS full-scale score was correlated with the Target Complaint Discomfort Box Scale (.56 and .89, respectively). In addition, correlations between the UBRS and a session outcome factor consisting of changes on the Symptom Checklist-90, the Inventory of Interpersonal Problems and the Target Complaints Discomfort Box Scale (principal components analysis indicated that these measures had high loadings on the same factor) ranged from .65 after the 6th session, to .60 after the 9th session, and .83 at termination of therapy.

In the present study the UBRS full-scale score was used to assess the degree of unfinished business resolution achieved by the subjects. Subjects were instructed to complete the UBRS scale in terms of how they felt in the present (i.e., at the time they were completing the form) about the unfinished business with the significant other that they had identified at the beginning of treatment. This measure was

administered to subjects before, immediately after, and one week following treatment.

Structural Analysis of Social Behavior: Intrex Short Form. The Structural Analysis of Social Behavior (SASB; Benjamin, 1974, 1984) is a formal model that is designed to measure interpersonal behaviors and intrapsychic attitudes. It consists of three two-dimensional grids, and each grid describes interpersonal events according to one of three major types of focus. The first two grids are interpersonal with the first representing focus on another person, and the second focus on the self. The third grid which is intrapsychic describes introjection. Each of the SASB grids provides measures along two interpersonal dimensions, affiliation on the horizontal axis and interdependence on the vertical axis. Behaviors are classified according to their ratings along each of the two axes. In addition eight clusters of similar items (or behaviors) have been identified for each of the three grids (Benjamin, 1981; Benjamin, Foster, Giat-Roberto, & Estroff, 1986).

Measurements for the SASB can be obtained through formal coding procedures or through a series of SASB questionnaires, the Intrex Questionnaires (Benjamin 1984; 1988), which are administered to the subjects. There are long and short versions of the questionnaires as well as different forms in which the perspective (eg., he, she, I, mother, father) and verb tense (present or past) are varied to conform with the purposes of the investigators. In addition, Intrex questionnaires can be adapted to fit particular contexts such as best and worst states, sober or drunk, before and after a heart attack. In the present study the Intrex Short Form, which is based on clusters of similar SASB items, was used to assess subjects' perceptions of changes in the

nature or quality of interactions between themselves and the significant other.

Benjamin (1988) reported coefficients of internal consistency in the range of .90 for the Intrex Long Forms. Coefficients of internal consistency cannot be computed for the Short Form (i.e., there are only 8 points). In terms of within subject test-retest reliability, correlations averaging .90 for ratings of significant other and the self at best and .67 for ratings of significant other and the self at worst were reported for the Intrex Short Form. According to Benjamin, the greater stability of at best states (compared to at worst) is consistent with data obtained with the Intrex Long Form which "have established that an important attribute of relationships at worst is that they are not as well integrated according to circumplex theory as are relationships at best" (p. 54).

Between subjects measures of test-retest stability which were based on correlations between subject pattern coefficients (i.e., measures of the degree to which ratings are consistently organized around one of the axes of the SASB model), yielded averages of .32 (Attack pattern coefficient; ATK) and .40 (Control pattern coefficient; CON) for the relationship with the significant other at best, and averages of .76 (ATK) and .74 (CON) for the relationship with the significant other at worst. The greater test-retest stability in the ATK parameter for relationship at worst was accounted for by the larger spread of values in ATK scores in the at worst condition.

Factor analyses of Intrex Short Form responses yielded two factors; these factors "enabled the constructions of reasonable facsimiles of the cluster version of the SASB model" (p. 62), and accounted for 69% of the variance for the significant other and

57 to 61% of the variance for the self. Reasonable facsimiles of the SASB model were also generated on the basis of item ratings obtained from raters not familiar with the SASB model.

The Intrex Short Form consists of 24 questionnaire items, 16 that assess interpersonal transactions, and 8 that assess introjections, and each item is rated on a scale ranging from 0 (never, not at all) to 100 (always, perfectly). The 8 items that focus on introjected other were not used in this study because the primary focus of therapeutic work in unfinished business is interpersonal rather than intrapsychic. Versions 2 of the Short Forms B and C (perspective: he/I and she/I respectively; tense: present) (Benjamin, 1988; Appendix M) were used. For the self and the significant other separately, scores along the two interpersonal dimensions of affiliation and interdependence were used to assess changes in subjects' hostility toward the significant other (perspective: I; dimension: affiliation), in subjects' negative perceptions of the significant other (perspective: significant other; dimension: affiliation), and in subjects' independence or differentiation from the other (perspective: I; dimension: interdependence).

In order to measure subjects' *current* perceptions of the significant other and of themselves in relation to the significant other, subjects were asked to remember and visualize a troublesome incident involving the significant other immediately before completing the scale. A previous study has shown that this procedure is effective in arousing anger (Bohart, 1977). This questionnaire was administered before, immediately after, and one week following treatment.

Expression of Anger Scale. The Expression of Anger scale (EA; Appendix O) was adapted from the Anger Expression (AX) scale of the STAXI (Spielberger, 1988). This adaptation was necessary to conform with the requirements of the present study. Spielberger's AX scale was designed to assess how often people generally react or behave in certain manners under various anger-provoking situations. However, the focus of this study differed both in terms of the *immediacy* of the reaction being measured and the *specificity* of the object toward which the subject was reacting. That is, the focus was on subjects' current and immediate reaction in relation to a specific object, the significant other. Thus, instructions, individual items, and response categories were modified to reflect these objectives.

The 24 items of Spielberger's Anger Expression scale are divided into three subscales. These subscales, each consisting of 8 items, measure subjects' self-reported general anger expression styles, that is, the self-reported tendency to suppress their anger (anger is experienced but not expressed), to express it outwardly (often in the form of aggressive behavior), or to control it. The anger control subscale appears to be related to the defensive use of rationality, repression, and denial for controlling emotions (Spielberger, Krasner, & Solomon, 1988). In the present study, only the eight-item anger control subscale was used. Subjects were asked to indicate, along a 4-point Likert scale (1 = not at all, 4 = very much so), how they think they would respond to the other (i.e., to what extent they would control their anger) if the significant other were in front of them right now.

Subjects were asked to visualize a troublesome incident involving the significant other for about two minutes, and then complete the anger control subscale. This scale was administered before, immediately after, and one-week following treatment.

### Post-Session Measures

Post-Session Therapist Report. The Post-Session Therapist Report (Appendix O) was administered after each session as a check a) to ensure that clients actually worked on lingering angry feelings towards a significant other in their past and that they participated in the prescribed treatment, and b) to obtain the therapist's subjective perceptions of the session. The therapists were asked to indicate whether or not they and their clients worked on the client's targeted problem during the session, to specify who the significant other was, and to indicate their perception of the degree to which clients had resolved lingering angry feelings during the session, along a 7-point scale ranging from "Fully resolved" to "Not at all resolved". Therapists were also required to indicate whether or not they were able to administer the prescribed intervention on a 5-point scale ranging from "Definitely yes" to "Definitely no", and to indicate the extent to which they understood their client on a 5-point scale ranging from "I understood exactly how my client thought and felt" to "I misunderstood how my client thought and felt". In addition, therapists were required to indicate whether or not clients participated or engaged in the prescribed treatment, and to specify the degree of client opposition, or discomfort in complying with the required tasks, along a 7-point scale ranging from "Extremely" to "Not at all".

Post-Session Client Report. The Post-Session Client Report (Appendix P) was administered after each session. The first three questions of this report were identical to the first three on the Therapist Report (i.e. presence of in-session work on client's targeted problem, identification of significant other, and degree of resolution of lingering angry feelings), and were used to confirm therapist reports. In addition, clients were asked to rate, along a 7-point scale, the quality of the session (from "Perfect" to "Very poor"), the degree of therapist helpfulness (from "Completely helpful" to "Less than helpful") and the level of progress achieved in dealing with their unfinished business (from "A great deal of progress" to "In some ways my problem seems to have gotten worse this session"). The purpose of these questions was to obtain information about each client's subjective perceptions of the session.

Working Alliance Inventory. Clients completed the revised version of the Working Alliance Inventory (WAI; Horvath, 1982; Horvath & Greenberg, 1986; Appendix Q). This instrument evolved from Bordin's (1980) definition of the three components (Goal, Task, and Bond) that comprise a strong working alliance. The subjects were asked to rate 36 items, 12 for each of the three content scales, along a 7-point Likert scale ("Never", "Rarely", "Occasionally", "Sometimes", "Often", "Very often", and "Always").

Research with this instrument yielded satisfactory reliability coefficients for each dimension: Bond (.92), Task (.92), and Goal (.89). In addition, reliable correlations were found between the composite score of the WAI (combination of the three scales), and especially the task scale, and therapy outcome measures (Moseley, 1983).

In the present study, the WAI composite score was used to ensure that there were no significant differences in the quality of the working alliance between the two treatment conditions. The WAI was administered after the second session, i.e., after completion of treatment.

#### Between-Session Measure

Between-Session Client Report. The Between-Session Client Report (Appendix R) was administered between sessions, that is, after the first session and immediately prior to the second session. Clients were required to complete a brief questionnaire, in which they were asked to identify any external factors or between session events which might have contributed to progress on their target problem. The purpose of this questionnaire was to screen for extraneous factors which might have influenced the outcome of the prescribed treatments.

#### Implementation Checklist

Adherence to prescribed treatment conditions is an important consideration in comparative treatment outcome studies. In order to determine whether each treatment condition was faithfully and differentially applied, this study followed a treatment verification procedure developed by previous studies (Dandeneau, 1990; Johnson & Greenberg, 1985). A checklist of 32 therapist interventions selected from both treatment manuals (16 from each of the Gestalt empty chair and the RET manuals) were used to ascertain that the specific interventions prescribed by each manual had been differentially applied. An additional category, "other", was used to code interventions that were not exclusive to either treatment condition. The

Implementation Checklist along with examples for each intervention category can be found in Appendix S.

In order to ensure that the treatment process could be easily coded into the specified categories, a pilot-test was conducted using the role plays taken from the training workshops offered to the therapists participating in the study. Two monitors coded four-minute segments taken from audiorecordings of ten different role plays, five from each treatment condition. In total 112 therapist interventions were rated by monitors who were blind to the treatment condition they were monitoring. A therapist intervention was defined as a therapist talking turn, that is, every word said by the therapist before the client responded.

Of the total 112 therapist interventions that were coded, 109 (97.3%) were rated by both monitors as belonging to the treatment condition being monitored, and one intervention (0.9%) in the empty chair treatment was rated by both monitors as belonging to the alternate treatment condition. These results suggested that the treatments could be easily classified into the specified categories, and that the two treatments could be distinguished.

Inter-rater reliability was calculated on rater agreements/disagreements pertaining to the classification of individual therapist interventions into either the empty chair condition, the cognitive restructuring condition, or the "other" category. This computation yielded a kappa coefficient of .97. The monitors disagreed on 2 therapist interventions both of which were disagreements between one treatment condition and the "other" category.

## Treatments

### Gestalt Empty-Chair Dialogue

The Gestalt empty chair technique is an active intervention that involves accessing unexpressed unresolved feelings towards a significant other, encouraging the full expression of these previously restricted emotions, acknowledging underlying unmet needs, and challenging dysfunctional beliefs related to satisfaction of these needs. This process is assumed to lead to a resolution or reframing of the relationship with the significant other, in which a new view of the other and of the self in relation to the other emerges. The therapeutic work can be divided into five stages: 1) pre-dialogue phase, 2) arousal phase, 3) expression phase, 4) completion phase, and 5) post- dialogue phase (Greenberg, Rice, & Elliott, 1993).

In the pre-dialogue phase, the therapist identifies a client marker suggestive of unfinished business, gets client agreement to work with it, and structures the experiment by inviting the client to talk to the significant other involved in the unfinished business.

In the arousal stage, the therapist attempts to increase the client's level of emotional arousal by intensifying the client's sense of the significant other's presence, instructing the client to respond directly to the presence of the other in the empty chair, encouraging the client to own his/her experience by using "I" statements, helping the client access initial emotional responses to the significant other, asking the client to enact the significant other, and encouraging recall of a specific event that is relevant to the unfinished business.

In the expression stage, the therapist helps the client to fully differentiate and express primary authentic emotions towards the significant other, and encourages the client to express unfulfilled needs to the significant other. During this phase there is a continuous movement between overtly expressing feelings and attending to internal experience. In some cases, powerful blocks to the expression of feelings may require some working through before full expression of emotions can be achieved.

In the completion stage, the therapist encourages the client to let go of unfulfilled expectations associated with the significant other, and supports the emergence of a more positive view and a new understanding of the other. If the client has successfully let go of unfulfilled expectations, then he/she is asked to say a final goodbye to the significant other. When more empty chair work is required before the letting go of unfulfilled expectations can be achieved, the client is instructed to say goodbye, temporarily, to the significant other.

In the post-dialogue stage, the therapist assists the client in the task of processing and integrating the new experience of the other, and of self in relation to the other. This facilitates the process of obtaining closure, or completing the unfinished business.

### Cognitive Restructuring

The cognitive restructuring procedures used in this study are derived from Rational-Emotive therapy (RET). Dryden (1990) has described specific RET interventions for dealing with anger problems once the client and therapist have identified anger as the target problem. This is a problem-solving approach in which

the goal is to change feelings of anger into feelings of annoyance. Dryden considers that a person's anger can be directed towards three different types of objects: a) others, b) impersonal objects and life conditions, and c) the self. In the present study the focus is on interpersonal anger (i.e. lingering angry feelings towards a significant other). The treatment consists of the following 12 sequential steps:

1. In the first step, the therapist engages the client in a discussion on the benefits of changing angry feelings to feelings of annoyance.
2. The therapist asks the client to provide a specific example of his/her anger problem in order to gather reliable information about the activating event (A) and the related irrational beliefs (iB) that precede the experience of anger (C: consequence). According to the RET ABC framework, the A triggers the client's beliefs (B) which in turn lead to the emotional or behavioral C.
3. The therapist helps the client identify the aspect of A that is most relevant or influential in activating the iB.
4. The therapist attempts to identify the presence of secondary emotional problems that may interfere significantly with work on the primary problem of anger (e.g. the client gets very angry with self for experiencing anger toward others) and that may need to be attended to before proceeding with the primary problem.
5. The therapist teaches the client that anger problems are prompted by Bs rather than by the A.

6. The therapist assesses the iBs that underlie the client's anger response. Dryden has defined four types of interpersonal anger (frustration, direct attack, perceived threat, and transgression against a rule) and he has described the iBs that underlie each type.
7. The therapist helps the client understand the relationship between his/her iBs and his/her anger response.
8. The therapist begins to dispute the client's iBs by highlighting the illogical quality and the empirical inconsistencies of the iBs.
9. The therapist helps to strengthen the client's conviction in rational, rather than irrational, beliefs.
10. The therapist and client collaborate in determining appropriate homework assignments to put new learning into practice between sessions.
11. At the beginning of the next session, the therapist checks on what was learned in doing the homework assignment.
12. The therapist helps the client integrate rational beliefs into his/her behavioral and emotional repertoire.

### Procedure

Subjects were recruited in classrooms and through a notice posted on bulletin boards across the university campus. During classroom recruitment, the principal investigator presented a brief description of the research project (Oral Presentation of Research Project), fielded any questions the potential participants may have had

concerning the study, and distributed the Research Project Information Form to each female student. The Research Project Information Form provided a brief summary of the study and invited students to call the principal investigator if they were interested in participating. On the notices which were posted on bulletin boards (Counselling Research Project) potential participants were provided with a brief description of the study and invited to communicate with the primary researcher if they were interested in the project.

Women who responded to the classroom recruitment or to the posters were asked to come to the Centre for Psychological Services to complete screening questionnaires and attend a screening interview; they were also informed that if they met all of the inclusion criteria and were still interested in participating they would be asked to complete a battery of pre-treatment questionnaires immediately after the assessment interview.

At the beginning of the screening interview potential participants were asked to read and sign two copies of the Consent Form; one copy was given to the participant and the other was kept by the researcher. Then, they were asked to complete a brief questionnaire (Standardized Subject Screening Questionnaire) aimed at conducting a preliminary screening of participants (i.e. gender, age, english language fluency, education level, degree being pursued, number of psychology courses previously taken, current or projected psychological or psychiatric treatments), and the Client Information Form on which they were asked to provide personal information (i.e., name, address, phone number, etc) and indicate when they could be reached by

phone, as well as when they could come in for counseling sessions.

Immediately after this initial screening procedure, assessment interviews (Semi-Structured Assessment Interview) were conducted. The primary purpose of this interview was to ensure that potential participants were experiencing the type of anger problem that was targeted by this project, and that all of the inclusion criteria pertaining to the targeted anger problem were met. A brief definition of what was meant by "lingering unresolved angry feelings toward a significant other" was presented, followed by an informal discussion to ensure that clients had an accurate understanding of the particular characteristics of that type of anger problem. Then, subjects were asked a series of questions to ensure that the inclusion criteria related to the targeted problem were satisfied.

Finally, subjects were asked to complete the Target Complaint Measure and the SCL-90-R. They were informed that filling in these questionnaires was the last step in determining whether or not they could participate in this study.

The SCL-90-R was scored immediately; subjects were asked if they could wait a few minutes while the test was scored. Subjects whose T-score on the Global Severity Index (GSI) of the SCL-90-R were higher than 75 were advised that they did not meet the requirements of the research project, that their test results suggested they may be experiencing moderate levels of distress, and that if they wished they could be referred to Student Counseling Services or to the Centre for Psychological Services for assistance. Subjects who met the GSI criterion, i.e. T-score of 75 or less, were informed that they were eligible to participate, given further information concerning

the procedures and participation requirements of the research project, reminded that they could withdraw from the study at any time, and asked to read and sign the Confirmation of Consent (last page of the Consent Form) which stated that they were eligible to participate and were still interested in the study.

Immediately after the assessment interview, eligible subjects were asked to complete a battery of pre-treatment measures. Upon completion of pre-treatment measures (TCDBS; UBRs; Intrex questionnaires; EAS), subjects were randomly assigned to one of the two treatment conditions (i.e., empty chair or cognitive restructuring), and to therapists. The therapists then called the subjects to schedule the sessions.

Subjects in each treatment condition were seen for two 60- to 75-minute; all sessions were audiotaped. Due to subjects' time constraints, sessions could not always be scheduled on consecutive weeks. Most of the subjects agreed to attend sessions scheduled from one to two weeks apart, however, four subjects in the empty chair condition had from 18 to 22 days between their two sessions. Nine subjects dropped out of the study, five in the empty chair condition and four in the cognitive restructuring condition. In the empty chair condition, three subjects dropped out before the first session (one decided to withdraw after the intake, one repeatedly failed to show up for the first session, and one started therapy and was no longer eligible to participate), one subject dropped out a few minutes into the first session, and one repeatedly failed to come for the second session. In the cognitive restructuring condition, two subjects dropped out before the first session (one moved

to another city and the other was ambivalent about participating), and two dropped out after the first session (one started therapy and was no longer eligible to participate, and one expressed discomfort with the RET approach). Nine new subjects were recruited in order to attain the goal of 20 subjects per treatment condition.

At the beginning of the first session, the therapists presented subjects with a brief, standardized rationale for the treatment they were about to receive (Appendix I). The therapists received weekly supervision from registered psychologists familiar with each approach. Although the two treatment manuals presented a sequential description of the steps involved in each intervention, both manuals also pointed out that some steps may need to be repeated, that in some instances the therapist may need to backtrack to earlier procedures, that some steps may take longer to complete with certain clients than with others, and that the order of presentation was meant to be a heuristic guide rather than a procedure that should be rigidly adhered to by the therapists. Thus, therapists were asked to keep in mind the various therapeutic steps involved in each treatment condition, including their proposed order of presentation, but to maintain sufficient flexibility to meet the particular requirements of each client. During supervision, therapists were sometimes instructed to reapply, during the second session, the same first-session therapeutic interventions that were deemed necessary before proceeding further (based on the supervisor's recommendations). In other instances they were instructed to implement other interventions included in the treatment manual, or, if treatment had successfully progressed through all the proposed steps during the first session, they were

instructed, during the second session, to work at processing the work that had already been accomplished.

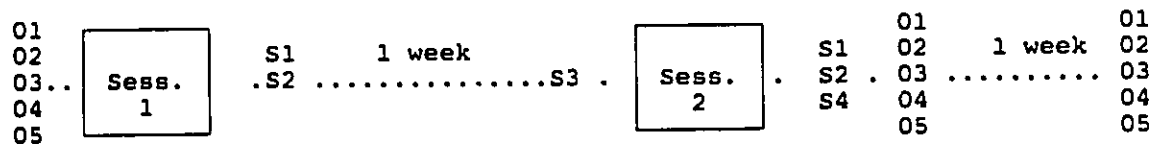
After each session subjects completed the Post-Session Client Report, and therapists completed the Post-Session Therapist Report. These questionnaires provided descriptive data pertaining to subjects' and therapists' perceptions of the treatment process. Immediately prior to the second session the Between-Session Measure was administered to subjects in order to screen for significant between-session events that could have influenced the outcome of the treatments (eg., the significant other, a parent, had become seriously ill). Five empty chair subjects reported between-session helpful events (eg., greater ability to express anger, readings on anger, telephone conversation with significant other). However, feedback from therapists suggested that none of these events seemed to have interfered with the therapeutic process. In fact, the events may have occurred as a consequence of the first empty chair session, that is, they may have been instigated by the work accomplished during the first session. If potentially disruptive events had been reported between the two sessions, the second session would have focused on the client's immediate concerns and, if needed, appropriate referrals would have been offered. These subjects would have subsequently been dropped from the study and new subjects would have been recruited.

After completion of treatment, i.e., after the second session, each subject completed the WAI, and the post-treatment measures (TC; TCDBS; UBRS; Intrex questionnaires; EAS). In addition, subjects were given an envelope containing the

same battery of post-treatment measures (TC; TCDBS; UBRs; Intrex questionnaires; EAS). They were asked to complete these measures one week later and return them in the addressed and stamped envelope that was included with the tests. If subject responses had not been received within two weeks after the second session, the principal investigator called the subjects to remind them of the questionnaires, and invite them to return the tests as soon as possible. In most cases, subjects who were called said they had completed the questionnaires on the required day but had not mailed them. Thirty subjects, fifteen in each experimental group, completed the post-testing on the recommended date. The other ten subjects answered the questionnaires 12 to 22 days after the second session.

A summary of the outcome and session measuring instruments that were used and their order of administration is presented in Figure 1.

A preliminary check on therapist adherence to assigned interventions was conducted through informal screenings during ongoing treatment. During the course of the study, the primary researcher audited randomly selected tapes and psychologists experienced in the application of each intervention listened to segments of audiotaped sessions during weekly supervision. This procedure permitted early detection and immediate correction of any deviations in the application of prescribed treatments. Had any gross non-adherence to treatment conditions become evident, the therapist involved would have been replaced. Upon completion of treatment, independent monitors conducted implementation checks to further ensure that the two treatment conditions had been implemented faithfully and differentially. A checklist of therapist



**Outcome Measures**

- 01. Target Complaints Measure
- 02. Target Complaint Discomfort Box Scale
- 03. Unfinished Business Resolution Scale
- 04. Intrex Questionnaire (SASB)
- 05. Expression of Anger Scale

**Session Measures**

- S1. Post-Session Therapist Report
- S2. Post-Session Client Report
- S3. Between-Session Client Report
- S4. Working Alliance Inventory

*Figure 1: Outcome and sessions measures and order of administration*

interventions was especially developed for the purposes of this study and was used by trained monitors to rate excerpts from randomly-picked sessions. Six sessions were selected at random for each therapist, three from the empty chair condition and three from the cognitive restructuring condition. The ten-minute segment following the first ten minutes of the selected sessions were arranged in random order and presented to monitors.

#### Method of Analysis

Prior to data analysis, various procedures were used to screen the data. The data was scanned to ensure accuracy of data entry and to identify missing values. The SPSS Frequencies program was used to check for univariate outliers, skewness, and kurtosis. The SPSS Regression program was used to ensure that the distribution of outcomes measures did not differ significantly from normality and linearity, and to identify possible multivariate outliers.

A factor analysis had originally been planned for the eight items of the EA anger control subscale. The purpose of this analysis was to determine whether or not modifications brought to the items of Spielberger's (1988) anger control subscale would affect the factor structure of this scale. However, for reasons that are discussed in detail in the results section, this analysis was omitted.

In the first stage of data analysis, the SPSS t-test and Crosstabs (statistics: Chi-square) programs were used to compare sample characteristics that is, subject characteristics and characteristics of unfinished business, across the two experimental

groups. Subject characteristics included the following: age, education, occupation, marital status, number of university level psychology courses taken, and scores on the GSI measure of the SCL-90-R. The characteristics of unfinished business included the following: subject self-reports of the types of significant others involved in their unfinished business, of how distressed or bothered they were by their unfinished business, of how long they had been experiencing difficulties with this issue, and of how willing they were to work on their angry feelings during the sessions. This analysis was conducted to ascertain whether or not sample characteristics were comparable across both treatment conditions. In order to facilitate detection of any between-group differences in the composition of the subsamples an alpha level of .05 was selected for these analyses.

The SPSS t-test program was also used to compare session measures and scores on the Working Alliance Inventory across the two treatment conditions. The purpose of this analysis was to ensure that the strength of the therapist-client relationship was comparable across the two treatment conditions and that the two groups did not differ significantly on post-session measures pertaining to therapists' perceptions of the degree of problem resolution, conformity to prescribed treatment, and understanding of clients' issue, and client's perceptions of the degree of progress and problem resolution, quality of the session, and helpfulness of the therapist. Finally, the SPSS Manova program (with repeated measures) was used to compare client and therapist responses on the session measures. The alpha level was set at .05 for these analyses.

In order to assess possible therapist X treatment effects, the SPSS Manova program, with therapists nested within groups, was used. Separate analysis were run for post-treatment and follow-up data, and the alpha level was .05 for this analysis. Had any therapist X treatment interactions been detected, then therapists would have been entered as a covariate in the main between-group outcome analysis.

The global hypothesis stated that the overall comparative effects of the two treatment conditions would first be tested. This implied conducting one analysis using all of the dependent variables that could be included in this analysis. In the present study, it was decided to use pre-treatment measures on dependent variables as covariates, since subjects may differ on these measures, and since it was expected that pre-treatment scores on the dependent variables would be correlated with post-treatment scores. Thus, analysis of between-group treatment effects consisted of a multivariate analysis of covariance (SPSS Manova program) in which pretreatment scores were entered as covariates. Huitema (1980) has suggested that

It is possible to use up to  $N - (J + 1)$  covariates, where  $N$  is the total number of subjects and  $J$  is the number of groups. But it is good practice to limit the number of covariates to the extent that the ratio

$$\frac{C + (J - 1)}{N}$$

$N$

(where  $C$  is the number of covariates) does not exceed 0.10. If this ratio is greater than .10, the Ancova F test is valid but the estimates of the adjusted means are likely

to be unstable. That is, if a study with a high  $C + (J - 1)/N$  ratio is cross-validated, it can be expected that the equation that is used to estimate the adjusted means in the original study will yield very different estimates for another sample from the same population. (p. 297).

In the present study, there were 6 dependent variables that could be entered into the global analysis of overall differential treatments effects. Based on Huitema's equation the number of covariates that yielded a ratio of .10, was 3. Thus, it seemed preferable to reduce the number of covariates while trying to test the global hypothesis of differential effects. One way of achieving this was to attempt to combine some of the dependent variables. It did not appear appropriate to combine the TCDBS (a self-report measure of global improvement), the UBRS (a relatively new measure of unfinished business resolution), or the Expression of Anger Scale (a measure of subjects' tendency to control their angry feelings) with any of the other dependent measures. That left the Intrex questionnaires, which taken together provide information pertaining to the quality of interpersonal relationships.

The rationale for combining the three Intrex dimensions was that previous research (Foerster, 1990) had suggested that improvement (from less negative to more positive scores) along each orthogonal dimension was related to resolution. Thus, it was decided to combine the three Intrex dimensions into a single index of improvement for the initial analysis. That is, scores obtained on three of the interpersonal dimensions of the SASB were combined to provide a single measure of improvement in subjects' perception of the quality of their

relationship with the significant other. For each subject, the combined measure was the sum of their scores on the three dimensions; greater scores on each of these dimensions indicated greater improvement in subjects' perception of the quality of their relationship.

Separate analyses were run for post-treatment and follow-up data and, in each case the printouts were inspected to ensure that the assumptions of multivariate analysis of covariance were met. A significance level of .05 was selected for the main analysis; this alpha level was adjusted for post-hoc testing in order to reflect the number of outcome variables ( $.05/4 = .0125$ ). The dependent variables consisted of all outcome measures (TCDBS, UBRS, Intrex index of improvement, EA) except for the Target Complaint (TC) measure.

Irregardless of the results of the above analysis, a separate Mancova (SPSS Manova program), in which pretreatment scores were used as covariates, was run using all three of the scores obtained on the individual Intrex dimensions. Separate analyses were run for post-treatment and follow-up data. This analysis was conducted in order to test for between-treatment differences on each of the three SASB dimensions separately.

The TC measure provided an estimate of improvement in target complaints immediately after and one week following treatment, and thus, yielded only outcome scores. The SPSS t-test program was used to assess between group differences on the TC measure at two points in time, that is, immediately after treatment, and one week later.

## CHAPTER IV

### RESULTS

#### Data Screening

All of the variables including subject demographic and pre-treatment variables, post and between session measures, and outcome measures were entered into a computerized data file. In the first step of data screening, a visual check was conducted to ensure that the data had been accurately transferred to the computerized data file. All of the questionnaire responses were verified against the values entered in the data file; three errors were found and corrected.

#### Missing Values

The data were also scanned for missing values. Two missing values were detected on the Expression of Anger scale, one at time 1 (pre-treatment) and the other at time 2 (immediately after treatment). In one case, a subject in the empty chair condition refused to complete the anger control scale at the end of treatment (time 2). Statistical analyses with and without this case were run to determine whether or not deletion of this case would affect the overall results. In the analyses where the case was included, the empty chair group mean was inserted for the missing value on the Expression of Anger Scale. Since these computations yielded similar results whether the missing case was included or not, this case was dropped from all analyses in which time 2 data were employed.

In the second case with a missing value on the Expression of Anger scale, a subject in the cognitive restructuring group failed to complete two of the eight items on the scale during the pretreatment testing (time 1). These missing values were replaced by the cognitive restructuring group means for those particular items.

One more case with missing values was detected during the data screening process. It consisted of a subject in the cognitive restructuring group who failed to return any of the follow-up questionnaires (time 3); this case was dropped from all analyses of the follow-up data.

#### Skewness, Kurtosis, and Univariate Outliers

All of the variables were examined through the SPSS Frequencies program to check for univariate outliers, skewness, and kurtosis. All of the variables were examined separately for the group of subjects in the empty chair condition and for the group of subjects in the cognitive restructuring condition. For each of the variables, the means, standard deviations, and minimum and maximum values were inspected for plausibility. That is, a visual inspection of these values was conducted to ensure that the minimum and maximum values fell within the expected range for each variable, and to assess whether or not the means and standard deviations appeared consistent with the data for each variable.

Skewness and kurtosis. Skewness and kurtosis were evaluated by dividing the values for skewness and kurtosis by their respective standard errors, thereby obtaining standardized scores. Values greater than 3.29 or smaller than -3.29 ( $\alpha = .001$ ) were considered to represent significant departures from normality.

The cognitive restructuring group demonstrated a slight kurtosis on one of the interpersonal dimensions of the Intrex Questionnaire, the Intrex Affiliation-Other dimension (i.e. subjects' perceptions of the significant other) at time 1. However, no data transformation was conducted for several reasons. The Intrex Affiliation-Other dimension was the only variable that demonstrated a kurtosis, the kurtosis was slight ( $Z = 3.6$ ), and transformation of the data would have limited interpretability.

Scores on the Affiliation-Other dimension range from -400 to 400, and absolute values along this scale provide meaningful information concerning subjects' perceptions of their significant others' attitude toward them. Hostility is represented by negative scores and positive regard is represented by positive scores. A transformation of the data at time 1 would have made comparisons between time 1 and post-treatment or follow-up scores difficult to interpret. That is, the degree of movement along the dimension at post-treatment or at follow-up would not have been easily apparent since transformation of the pre-treatment data would have prevented direct comparisons of changes between pre-treatment and post-treatment or follow-up scores.

In addition, the Intrex Affiliation-Other dimension was not used as a separate outcome measure in the main analyses of treatment effects, but was instead combined with two other scores to calculate an index of improvement, thus, it was considered that a slight kurtosis on one of the three scores used for the index of improvement was not likely to have a meaningful influence on the overall results.

Univariate outliers. Univariate outliers were identified as cases with scores having values more than 3.00 standard deviations from the mean. Two cases, one in each experimental condition, had high scores on one of the interpersonal dimensions of the Intrex Questionnaire, the Intrex Affiliation-Other dimension (i.e., subjects' perceptions of the significant other) at time 1.

Scores on the Intrex Affiliation-Other dimension have a potential range of -800 to +800 with each incremental unit having a value of 10; the score for the outlier in the empty chair condition was 500, just above the value representing three standard deviations above the mean (498.27), and the score for the outlier in the cognitive restructuring condition was 760 just above the value representing three standard deviations above the mean (758.16). These two outlying cases were minimally changed to reflect a value corresponding to the original score minus one incremental unit. One score was changed from 500 to 490 and the other from 760 to 750. This alternative was considered preferable to deletion given the limited total sample size ( $N = 40$ ), and the fact that there was only one outlying case in each of the two experimental conditions.

### Factor Analysis

As previously outlined in the method section of this document, the eight items of Spielberger's anger control subscale (items 21, 24, 28, 31, 35, 38, 40, and 44 of the STAXI) were slightly modified to reflect the objectives of the present study. A factor analysis had originally been planned in order to ascertain whether or not the same anger control subscale also applied to the modified items. However, this

analysis was excluded from the data analysis because of the small sample size in the present study. Comrey (1973) has proposed guidelines for determining sample sizes for factor analytic studies; he considers sample sizes of 50 as very poor, 100 as poor, 300 as good, and 500 as very good. The total sample of 40 subjects in the present investigation was much smaller than that recommended by Comrey. Since correlation coefficients tend to be less reliable when estimated from small samples, it was considered that using a sample size of 40 to conduct a factor analysis may provide unstable results.

Faced with the alternatives of either conducting a factor analysis which would most likely yield unstable results, or assuming that the modifications brought to Spielberger's original items were minimal (e.g., "I control my temper" was changed to "I would control my temper") and were not likely to affect the original factor structure, the latter alternative appeared to represent the more acceptable option. Thus, it was decided that Spielberger's original 8-item scale would be used to analyze the data. Although this option seemed to be an acceptable alternative, it should be noted that this solution was less than ideal and, as a consequence, outcome results using this measure were interpreted with caution.

The resulting time 1, time 2, and time 3 values for the Expression of Anger scale were then examined using the SPSS Frequencies program to check on accuracy of data entry, univariate outliers, skewness, and kurtosis. The same procedure as that outlined in the earlier data screening analysis was applied to these variables. There was no indication of skewness or kurtosis, and no univariate outliers were found.

### Multivariate Outliers, Normality, Linearity, and Homoscedasticity

In the last step of data screening, the SPSS Regression program, including bivariate scatterplots, was used to examine the outcome measures in order to assess the fit between their distributions and the assumptions of multivariate analysis. The variables were examined separately for the group of subjects in each experimental condition. In addition, separate analyses were conducted for time 1, time 2, and time 3 data. The outcome measures were entered as independent variables and a dummy dependent variable was created using the subject numbers. Any case with a Mahalanobis distance greater than  $X^2(4) = 18.467$  ( $p = .001$ ) was considered to be a multivariate outlier. A check of scatterplots was conducted to assess the assumptions of normality, linearity, and homoscedasticity. All of the variables appeared not to differ from normality or linearity, and no multivariate outliers were found.

### Sample Characteristics

The SPSS t-test and Crosstabs (statistics: Chi-square) programs were used to compare subject characteristics across the two experimental groups. The t-test program was used to analyze continuous data and data distributed along Likert scales, and the Crosstabs program was used to calculate chi-squares for the categorical data. An alpha level of .05 was selected for these analyses in order to facilitate detection of any between-group differences in the composition of the subsamples for each experimental condition.

The SPSS t-test program provides two sets of t values, one set is based on pooled variance estimates for the two groups and the other set is based on separate variance estimates for each experimental group. Unless comparisons of the variance across the two experimental groups yielded significant differences, t values derived from pooled variance estimates were used; otherwise t values based on separate variance estimates were utilized.

The variables included in the t-test analysis consisted of subjects' age, subjects' scores on the GSI measure of the SCL-90-R, and subjects' self-reports of how distressed or bothered they were by their unfinished business, of how long they had been experiencing difficulties with this issue, and of how willing they were to work on their angry feelings during the session. As indicated in Table 1, no significant differences were found between the two groups on any of these variables. All of the t values reported in Table 1 were based on pooled variance estimates.

The variables included in the Chi-square analysis consisted of demographic data (education, occupation, marital status), and categorical data pertaining to a) the number of university level psychology taken by the subjects and b) classes of significant others involved in their unfinished business.

One of the criteria for the Chi-square test is that the expected frequency in each cell of the contingency table be at least equal to five. When this criteria is not met, categories can be combined, provided that it makes sense to do so from a theoretical perspective. However, when the number of cells is relatively large and only one or two cells have expected frequencies less than five, it is generally

recommended to proceed with the with Chi-square tests without worrying about making corrections (Blalock, 1972). These principles were applied to the data in the present study. As a result, categories were combined when more than two cells had expected frequencies lower than five (i.e., education, number of psychology courses taken, and classes of significant others). This procedure was followed for all but one of the variables, subjects' occupation. Only one of the 40 subjects was listed as unemployed and, since it seemed inappropriate to combine this category with any of

Table 1

Comparison of Sample Characteristics Across Empty Chair and Cognitive Restructuring Groups

Characteristics	<u>Empty Chair</u>		<u>Cog. Restruct.</u>		t	<u>Signif.*</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
Age	31.65	8.75	31.45	9.51	0.07	NS
Duration of anger (years)	12.00	10.84	11.85	9.97	0.05	NS
Bothered by anger <sup>a</sup>	1.45	0.61	1.45	0.61	0.00	NS
Willing to work <sup>b</sup>	1.10	0.31	1.05	0.22	0.59	NS
GSI T-score <sup>c</sup>	56.30	6.61	55.40	9.92	0.34	NS

<sup>a</sup> 1 = Very much; 2 = Quite a bit; 3 = Somewhat; 4 = A little; 5 = Not at all.

<sup>b</sup> 1 = Definitely yes; 2 = Yes; 3 = Somewhat; 4 = Don't think so; 5 = Definitely not.

<sup>c</sup> Global Severity Index of the Symptom Checklist-90-R.

\* p < .05

the others, this case was dropped from the between-group comparison of subjects' occupations. As indicated in Table 2, no significant differences were found between the two groups on any of these variables.

### Subject Characteristics

The findings revealed no significant differences between the subjects in both groups (see Tables 1 and 2) in terms of age ( $M = 31.65$  and  $31.45$  for the empty chair and cognitive restructuring groups respectively), marital status (eight single, six married/common-law, and six separated/divorced in the empty chair group; 12 single, three married/common-law, and five separated/divorced in the cognitive restructuring group), or occupation (nine students and 11 employed in the empty chair group; 10 students and nine employed in the cognitive restructuring group).

In addition, subjects in both groups did not differ significantly in terms of level of education (in the empty chair condition, nine had taken some college or university courses and 11 had completed a university degree, and in the cognitive restructuring condition, 10 had some college or university training and 10 had a university degree), and number of university level psychology courses taken (in the empty chair condition, eight had not taken psychology courses and 12 had from 1 to 11+ psychology courses, and in the cognitive restructuring condition, 7 had not taken psychology courses and 13 had from 1 to 11+ courses). Finally, T-scores on the GSI of the SCL-90-R were similar for both groups ( $M = 56.30$  and  $55.40$ ) suggesting that subjects in the two experimental conditions were similarly, but not highly distressed.

Table 2

Comparison of Sample Characteristics Across Empty Chair and Cognitive Restructuring Groups (Categorical Data)

Characteristics	<u>Empty Chair</u> <u>Observed Freq.</u>	<u>Cog. Restruct.</u> <u>Observed Freq.</u>	$\chi^2$	<u>Signif. *</u>
Education:				
Some college/university	9	10	0.10	NS
University degree	11	10		
No. Psychology Courses:				
None	8	7	0.11	NS
1 to 11+	12	13		
Occupation:				
Student	9	10	0.23	NS
Employed	11	9		
Marital Status:				
Single	8	12		
Married/Common law	6	3	1.89	NS
Separated/Divorced	6	5		
Significant Other:				
Ex-boyfriend/Husband	9	4		
Mother/Father	7	11	2.92	NS
Other	4	5		

\*  $p < .05$

In summary, the findings indicated that subjects in the two groups did not differ significantly. Given the lack of statistical significance and the small differences between the means, the author concluded that the subjects in the two groups may be considered as belonging to the same general population. The general characteristics of this population were described in detail in the method section (subjects) of this document.

#### Characteristics of Unfinished Business

The results indicated that subjects in both groups did not differ significantly (see Tables 1 and 2) in terms of the of the types of persons they identified as significant others (nine ex-boyfriends/ex-husbands, seven fathers/mothers, and four others for the empty chair group; four ex-boyfriends/ex-husbands, 11 fathers/mothers, and five others for the cognitive restructuring group), or in terms of the duration of their lingering feelings of anger ( $M = 12.00$  and  $11.85$  years).

Subjects in both groups were also not significantly different with respect to how disturbed they felt about their lingering feelings of anger, and how willing they were to work on those feelings during the session. They indicated along 5-point scales (1 = "Definitely yes", 3 = "Somewhat", 5 = "Definitely not") that they were more than somewhat bothered by their unfinished business ( $M = 1.45$  and  $1.45$ ) and that they were more than somewhat willing to work on their unfinished business during the sessions ( $M = 1.10$  and  $1.05$ ).

In summary, the findings suggested that subjects' issues of unfinished business were similar across both experimental groups. The characteristics of unfinished

business issues for the total sample of 40 subjects (i.e., both groups combined) were described in detail in the method section of this document.

### Implementation Checklist

A number of verifications were conducted to ensure that the treatments had been faithfully implemented, and to confirm that the interventions had been executed in accordance with the treatment manuals. During the course of the study, the primary researcher audited randomly selected session tapes and judged implementation to be more than adequate. During weekly supervision, sections of audiotaped sessions were presented by the therapists, and none of the supervisors reported improper implementation.

In addition, two trained monitors conducted an implementation check on 24 randomly selected audiotapes; twelve tapes were chosen from each treatment condition and an equal number were selected from each therapist. For each tape, the monitors rated the ten-minute segment that followed the first ten minutes of the session using an implementation checklist that was designed for this study. The checklist consisted of 33 therapist intervention categories; 16 were taken from each of the Gestalt empty chair and the RET manuals, and one "other" category was added to code interventions that were not exclusive to either treatment condition. The therapist interventions, which were defined as therapist talking turns (i.e., every word said by the therapist before the client began talking or responding), were coded by monitors who were unaware of the treatment condition they were rating.

Of the total 427 therapist interventions that were coded, 383 (89.7%) were rated by both monitors as belonging to the treatment condition being monitored and seven (1.6%) were rated by both monitors as belonging to the alternate treatment condition. In all, 22 (5.2%) therapist interventions were rated by one or both of the monitors as being inappropriate to the treatment condition being monitored; six inappropriate interventions were identified in the empty chair condition, and 16 were found in the cognitive restructuring condition. Based on these results it appears that the treatment conditions were distinguishable and that they were implemented in accordance with the treatment manuals.

Inter-rater reliability was calculated on rater agreements/disagreements pertaining to the classification of individual therapist interventions into either the empty chair condition, the cognitive restructuring condition, or the "other" category. This computation yielded a kappa coefficient of .83. The monitors disagreed on 37 therapist interventions 15 of which were disagreements across treatments, and 22 of which were disagreements between one treatment condition and the "other" category.

### Session Measures

Session measures across the two experimental groups were compared using the SPSS t-test program. The variables entered in this analysis included subjects' and therapists' perceptions of the quality and helpfulness of each session, subjects' perceptions of the degree of progress achieved between sessions 1 and 2, and subjects' scores on the Working Alliance Inventory. The results of the subject and

therapist post-session measures are presented in Tables 3 and 4. The *t* values reported in these tables are based on pooled variance estimates for all but two variables, subjects' perceptions of the helpfulness of the session (session 2), and subjects' perceptions of the quality of the working alliance (see Table 3). No significant differences were found between the two groups on any of the session measures.

#### Post-Session Client Measures

As is shown in Table 3, post-session 1 average scores indicated that subjects in both groups considered their unfinished business to be moderately resolved ( $M = 4.15$  and  $4.30$  for the empty chair and cognitive restructuring groups respectively), rated the quality of the session as being very good ( $M = 2.85$  and  $2.65$ ), considered that they had achieved moderate to considerable progress during the session ( $M = 2.50$  and  $2.40$ ), and judged their therapist to have been very helpful ( $M = 2.00$  and  $1.95$ ).

Post-session 2 average scores indicated that subjects in both groups considered their unfinished business to be more than moderately resolved ( $M = 5.40$  and  $5.90$  for the empty chair and cognitive restructuring groups respectively), rated the quality of the session as being very good to excellent ( $M = 2.55$  and  $2.10$ ), considered that they had achieved considerable, to a great deal, of progress ( $M = 2.00$  and  $1.65$ ), and judged their therapist to have been very helpful ( $M = 1.80$  and  $1.45$ ).

Post-session 2 scores on the Working Alliance Inventory yielded fairly high scores suggesting that all subjects perceived the quality of their relationship with their

Table 3

Comparison of Post-Session Subject Measures Across Empty Chair and Cognitive Restructuring Groups

Measures	<u>Empty Chair</u>		<u>Cog. Restruct.</u>		t	<u>Signif.*</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
POST-SESSION 1						
Resolution of anger <sup>a</sup>	4.15	1.60	4.30	1.38	-0.32	NS
Quality of session <sup>b</sup>	2.85	0.93	2.65	0.67	0.78	NS
Progress during session <sup>c</sup>	2.50	1.28	2.40	0.89	0.29	NS
Helpfulness of therapist <sup>d</sup>	2.00	0.56	1.95	0.61	0.27	NS
POST-SESSION 2						
Resolution of anger <sup>a</sup>	5.40	1.23	5.90	0.97	-1.43	NS
Quality of session <sup>b</sup>	2.55	1.00	2.10	0.64	1.70	NS
Progress during session <sup>c</sup>	2.00	1.03	1.65	0.75	1.23	NS
Helpfulness of therapist <sup>d</sup>	1.80	0.83	1.45	0.51	1.60 <sup>e</sup>	NS
WAI full-scale <sup>f</sup>	110.55	21.15	121.10	12.40	-1.92 <sup>e</sup>	NS

<sup>a</sup> 1 = Not at all resolved; 2 = A little bit; 3 = A bit; 4 = Moderately; 5 = Quite a bit; 6 = Considerably; 7 = Fully resolved.

<sup>b</sup> 1 = Perfect; 2 = Excellent; 3 = Very good; 4 = Pretty good; 5 = Fair; 6 = Pretty poor; 7 = Poor.

<sup>c</sup> 1 = A great deal; 2 = Considerable progress; 3 = Moderate; 4 = Some progress; 5 = Little progress; 6 = Didn't get anywhere; 7 = Problem got worse.

<sup>d</sup> 1 = Completely helpful; 2 = Very helpful; 3 = Pretty helpful; 4 = Somewhat helpful; 5 = Slightly helpful; 6 = Not at all helpful; 7 = Less than helpful.

<sup>e</sup> t score based on separate variance estimate.

<sup>f</sup> Working Alliance Inventory.

\* p < .05

Table 4

Comparison of Post-Session Therapist Measures Across Empty Chair and Cognitive Restructuring Groups

Measures	<u>Empty Chair</u>		<u>Cog. Restruct.</u>		t	Signif.*
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
POST-SESSION 1						
Resolution of subject's anger <sup>a</sup>	4.25	1.07	4.20	1.20	0.14	NS
Implementation of intervention <sup>b</sup>	1.95	0.69	2.10	0.55	-0.76	NS
Therapist understanding of subject <sup>c</sup>	1.95	0.40	1.85	0.49	0.71	NS
POST-SESSION 2						
Resolution of subject's anger <sup>a</sup>	5.85	1.09	5.20	1.20	1.80	NS
Implementation of intervention <sup>b</sup>	2.00	0.56	2.10	0.45	-0.62	NS
Therapist understanding of subject <sup>c</sup>	1.80	0.62	1.90	0.55	-0.54	NS

<sup>a</sup> 1 = Not at all resolved; 2 = A little bit; 3 = A bit; 4 = Moderately; 5 = Quite a bit; 6 = Considerably; 7 = Fully resolved.

<sup>b</sup> 1 = Definitely yes; 2 = Yes; 3 = Somewhat; 4 = Don't think so; 5 = Definitely no.

<sup>c</sup> 1 = Understand exactly; 2 = Understand very well; 3 = Understand pretty well; 4 = Not understand too well; 5 = Misunderstand.

\* p < .05

therapist to be very good ( $M = 110.50$  and  $121.10$  for the empty chair and cognitive restructuring groups respectively).

#### Between-Session Subject Measures

Average scores on the between-session measure revealed that, on average, subjects in both groups perceived that they had made moderate to considerable progress in dealing with their unfinished business between the two sessions ( $M = 2.40$  and  $2.45$ ). Five subjects, all from the empty chair group, provided comments regarding the events that may have contributed to their between-session improvement. The reasons they provided were the following: increased ability to express rather than hold in anger in daily life, readings on anger, telephone conversation with significant other, reunion with estranged daughter who lived with ex-husband (significant other who attempted to discourage daughter from seeing her mother). One subject attributed between-session progress solely to the work accomplished during the first therapy session.

#### Post-Session Therapist Measures

With respect to therapist measures (see Table 4), following session 1, therapists in both groups considered that their subjects' unfinished business was moderately resolved ( $M = 4.25$  and  $4.20$  for the empty chair and cognitive restructuring groups respectively), indicated that they had been able to implement the prescribed treatment ( $M = 1.95$  and  $2.10$ ), and that they had a very good understanding of their clients ( $M = 1.95$  and  $1.85$ ). Following session 2, therapists in both groups considered that their clients' unfinished business was more than

moderately resolved ( $M = 5.85$  and  $5.20$  for the empty chair and cognitive restructuring groups respectively), indicated that they had been able to implement the prescribed treatment ( $M = 2.00$  and  $2.10$ ), and that they had a very good understanding of their clients ( $M = 1.80$  and  $1.90$ ).

Therapists were also asked to indicate, along 7-point Likert scales (1 = Not at all, 4 = Moderately, 7 = Extremely) whether or not their clients appeared to demonstrate rejection or opposition when asked to engage in the required interventions, or whether their clients seemed to demonstrate any overt or expressed discomfort while engaging in the prescribed tasks. The results suggested that, compared to the cognitive restructuring group, subjects in the empty chair condition were more reluctant to engage in the intervention, and when they did, they were more likely to feel uncomfortable with the therapeutic tasks.

Therapist reports indicated that, during the first session, eight clients appeared to show some opposition when asked to participate in the empty chair intervention and seemed to demonstrate some discomfort with this task; three seemed to be moderately oppositional and uncomfortable (scores of 4 and 5) and five seemed to demonstrate some opposition and discomfort (scores of 2 and 3). In addition, two other empty chair subjects seemed to show a little discomfort (scores of 2) with the prescribed intervention. In contrast, only one subject in the cognitive restructuring group appeared to be a little uncomfortable (score of 2) with the therapeutic task during session 1.

During the second session, five empty chair clients seemed to demonstrate opposition and discomfort: three seemed moderately oppositional (scores of 4) and, of these, two appeared moderately uncomfortable (scores of 4) and one seemed to exhibit some discomfort (score of 3); two appeared to demonstrate some opposition and some discomfort (scores of 2 and 3). In addition, two other empty chair subjects seemed to show a little discomfort (scores of 2) and a third subject appeared fairly uncomfortable (score of 5) with the prescribed intervention. In the cognitive restructuring group, one subject seemed to show at least moderate opposition and discomfort (scores of 4 and 5), one seemed a bit oppositional (score of 2), and one seemed moderately uncomfortable (score of 4).

#### Comparison of Subject and Therapist Post-Session Measures

One of the questions on the post-session questionnaires was identical for both clients and therapists. The therapists and the clients were asked to indicate on a 7-point scale (1 = Fully resolved, 4 = Moderately resolved, 7 = Not at all resolved) their perceptions of the degree to which clients' unfinished business had been resolved during the session. The SPSS Manova program (with repeated measures) was used to compare client and therapist responses on this item following each session, and to compare responses across time (i.e., across the two sessions). There was no statistically significant main effect for group (i.e., therapists vs subjects),  $F(1,78) = .07$ ,  $p = .80$ , but there was a statistically significant main effect for time,  $F(1,78) = 107.09$ ,  $p = .00$ . The group by time interaction was not significant,  $F(1,78) = .23$ ,  $p = .64$ .

Thus, no significant differences were found between therapists' and clients' perceptions of the degree of resolution after each session. Client and therapist responses were almost identical after session 1 ( $M = 4.23$  and  $4.23$ ,  $SD = 1.48$  and  $1.12$  for clients and therapists respectively) and remained similar after session 2 ( $M = 5.65$  and  $5.53$ ,  $SD = 1.12$  and  $1.18$  for clients and therapists respectively). The average scores indicated that both clients and therapists agreed that the unfinished business was moderately resolved after the first session (a score of 4), and more than moderately resolved after the second session (scores between 5 and 6).

However, there was a significant difference between the responses obtained after sessions 1 and 2. The fact that there was no group by time interaction indicated that these differences over time applied to both groups. The average scores suggested that both subjects and therapists perceived the degree of resolution to be higher after session 2 than after session 1.

### Treatment Outcome Analysis

#### Therapist X Treatment Interaction

In the research design adopted for this study, four therapists were required to see 10 subjects, five in each experimental condition. By following this procedure, potential therapist by treatment interactions could be detected. That is, it was possible to assess whether or not any of the therapists were consistently obtaining better results in one, compared to the other, experimental condition. The SPSS Manova program was used to test for such therapist effects. A nested design, in which therapist were

nested within groups, was utilized. The results indicated that there were no significant therapist X group interactions (Wilk's Lambda) at time 2,  $F(24, 124) = 1.12, p = .336$  or at time 3,  $F(24, 124) = 1.16, p = .298$ .

#### Between-Group Comparison of Outcome Measures

The analysis of treatment outcome data was conducted using the SPSS Manova program. Pre-treatment (time 1) measures were used as covariates, and separate analyses were performed for post-treatment (time 2) and follow-up (time 3) data. Inspection of the printout from these analyses indicated the assumptions of multivariate analysis of covariance were met. That is, the relationship between the dependent variables and the covariates was significant,  $F(16, 132) = 2.64, p = .002$  at time 2, and  $F(16, 132) = 3.00, p = .000$  at time 3, and there was no covariate by treatment interaction,  $F(16, 116) = 1.73, p = .057$  at time 2, and  $F(16, 116) = .95, p = .515$  at time 3.

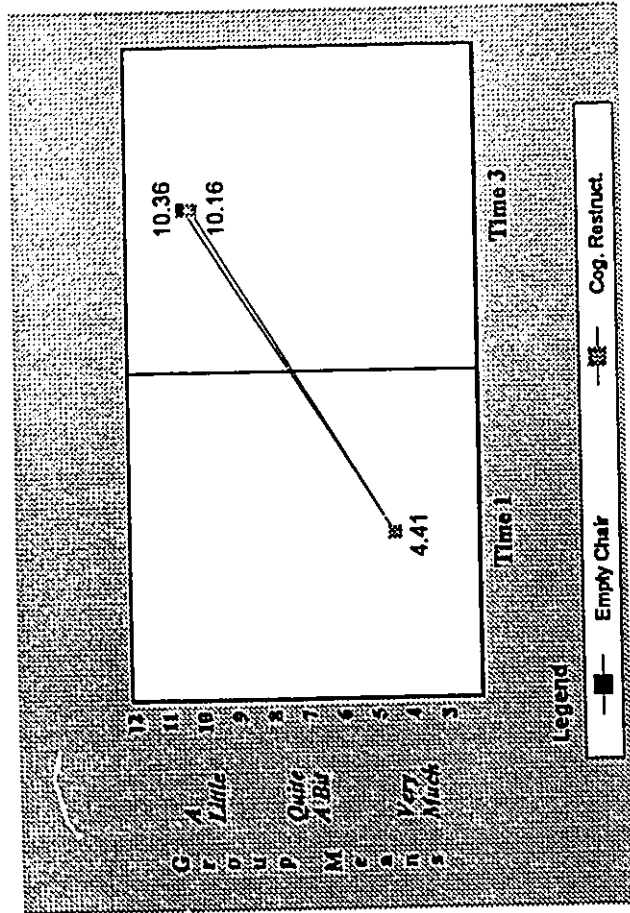
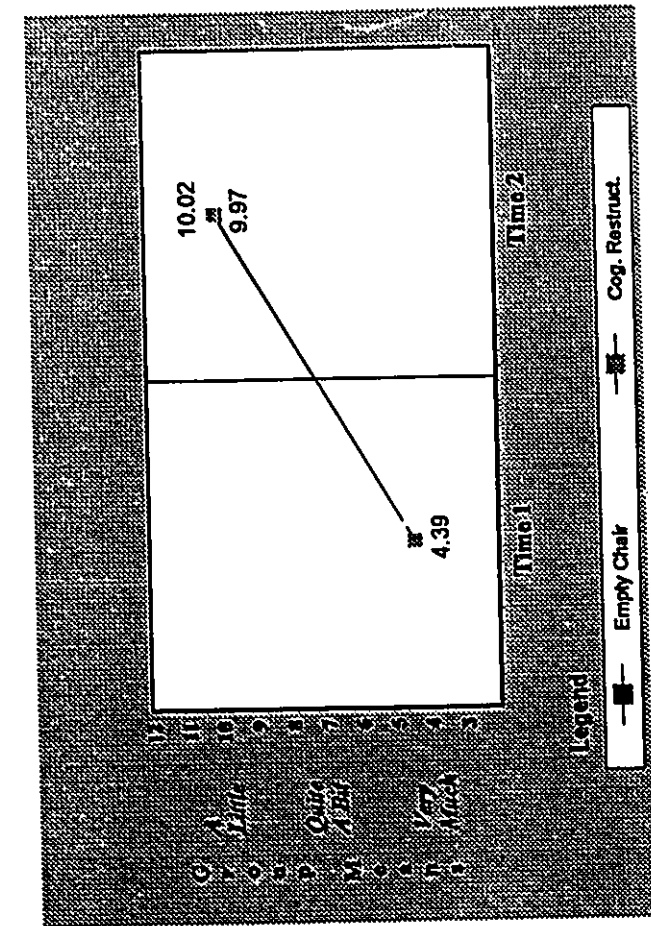
The treatment outcome analysis included four measures: the TCDBS, the UBRS, the Intrex index of improvement, and the EA anger control scale. A significance level of .05 was chosen for the overall group effect; this alpha level was selected in order to facilitate detection of any between-group differences along individual measures. However, the alpha level for post-hoc testing was adjusted (Bonferroni correction) to reflect the number of outcome variables ( $.05/4 = .0125$ ). The observed group means and standard deviations for the time 1, time 2, and time 3 data are presented in Table 5. In addition, the group means are depicted in Figures 2, 3, 4, and 5; scores for the TCDBS and UBRS were inverted so that higher scores would consistently represent change in a positive or

Table 5

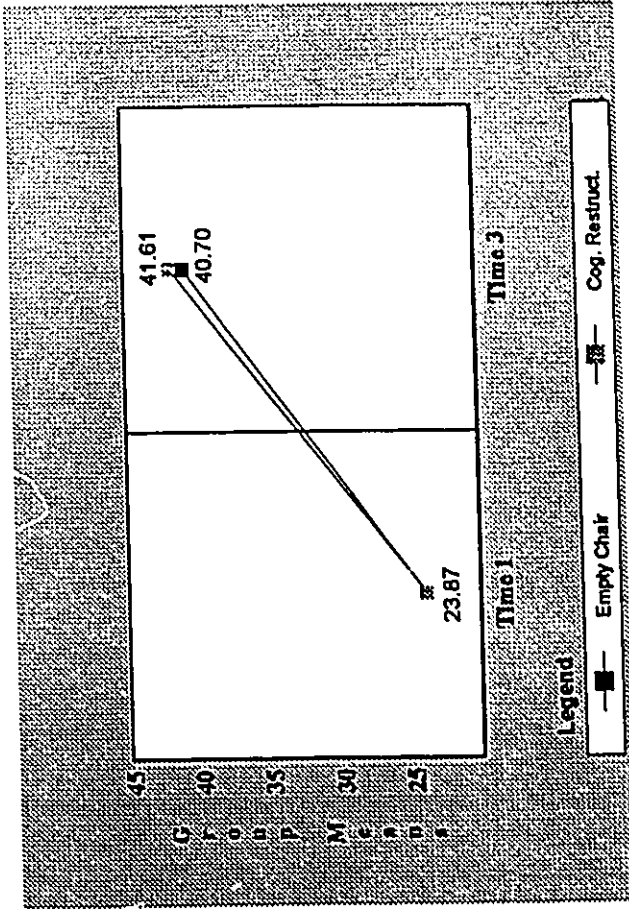
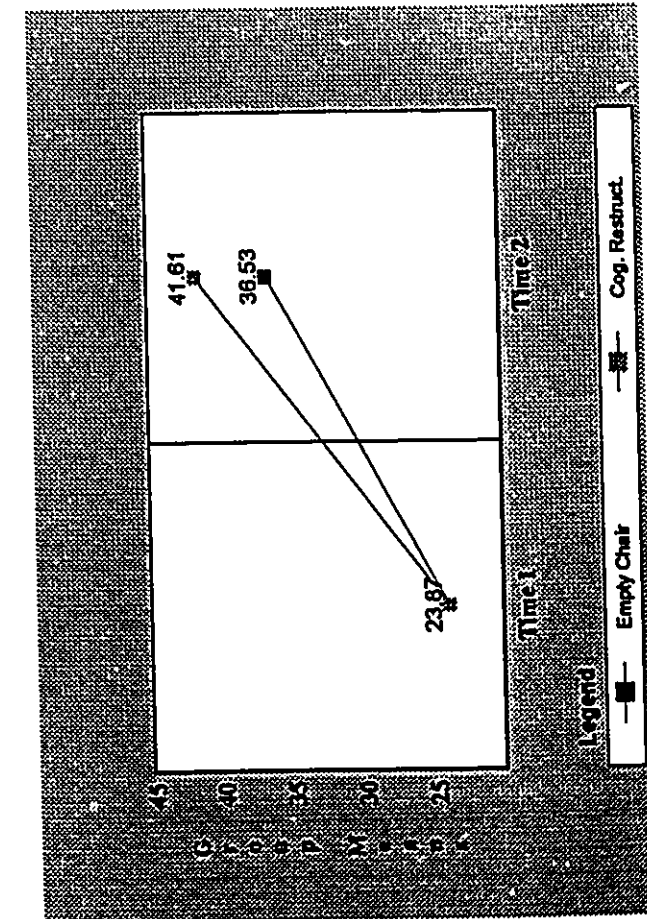
Observed Means and Standard Deviations of Pre-Treatment (T1), Post-Treatment (T2), and Follow-Up (T3) Measures

Measures	T1		T2		T3	
	M	SD	M	SD	M	SD
Empty chair						
TC	--	--	4.4	0.7	4.5	0.7
TCDBS	9.6	1.2	4.1	2.0	3.8	1.5
UBRS	42.8	5.0	29.5	8.0	25.9	7.7
Aff-Other	-375.0	289.4	-392.0	272.5	-273.0	306.3
Aff-Self	-150.5	337.0	-137.5	242.8	-65.0	278.2
Inter-Self	110.5	188.9	255.5	175.9	305.0	219.7
Intrex-Sum	-400.5	471.6	-259.7	435.7	-36.5	498.3
Anger Cont.	18.2	5.0	20.0	5.7	20.3	3.6
Cognitive restructuring						
TC	--	--	4.5	0.8	4.2	0.8
TCDBS	9.6	1.7	3.8	2.1	3.7	2.1
UBRS	41.4	6.2	23.7	6.6	23.8	8.1
Aff-Other	-219.5	324.1	20.5	309.7	53.7	384.9
Aff-Self	-83.0	348.1	100.5	298.7	55.6	359.0
Inter-Self	273.5	139.8	297.0	146.5	259.5	172.4
Intrex-Sum	-28.5	661.5	361.0	609.0	368.4	757.9
Anger Cont.	20.2	5.8	22.7	6.6	24.5	5.8

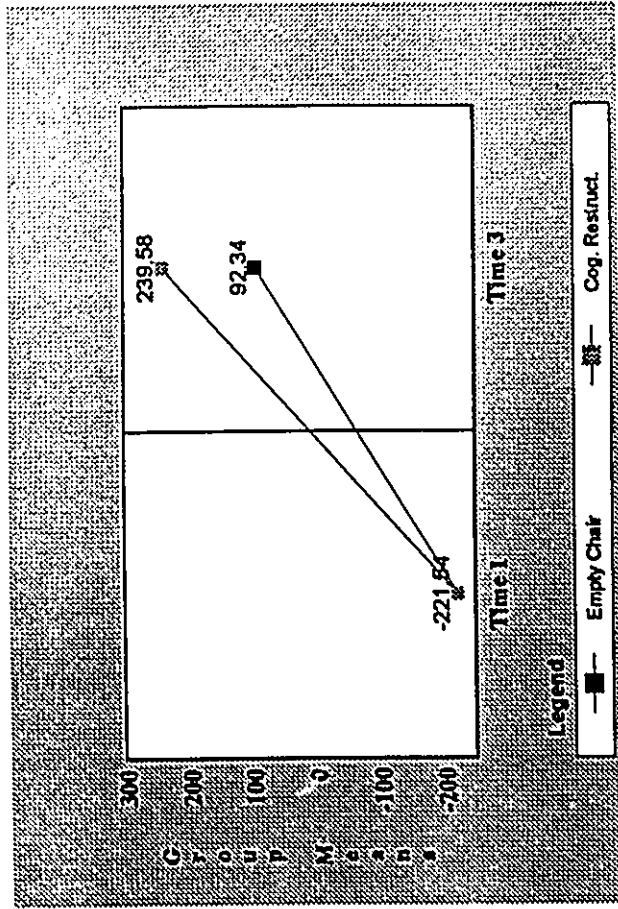
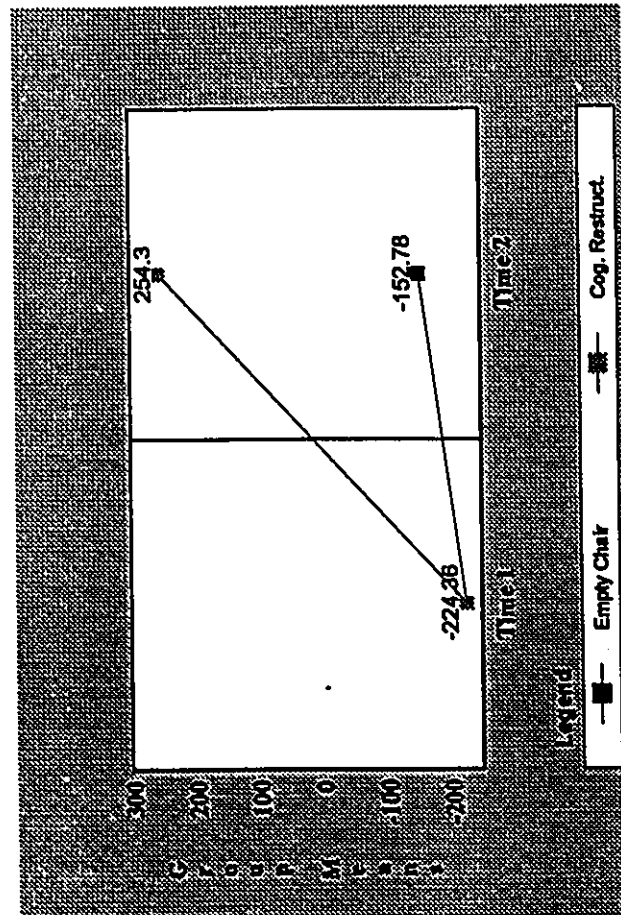
**Note.** TC = Target Complaint; TCDBS = Target Complaint Discomfort Box Scale; UBRS = Unfinished Business Resolution Scale; Aff-Other = Affiliation-Other dimension of the Intrex; Aff-self = Affiliation-Self dimension; Inter-Self = Interdependence-Self dimension; Intrex-Sum = Intrex Index of Improvement; Anger Cont. = Anger Control Scale.



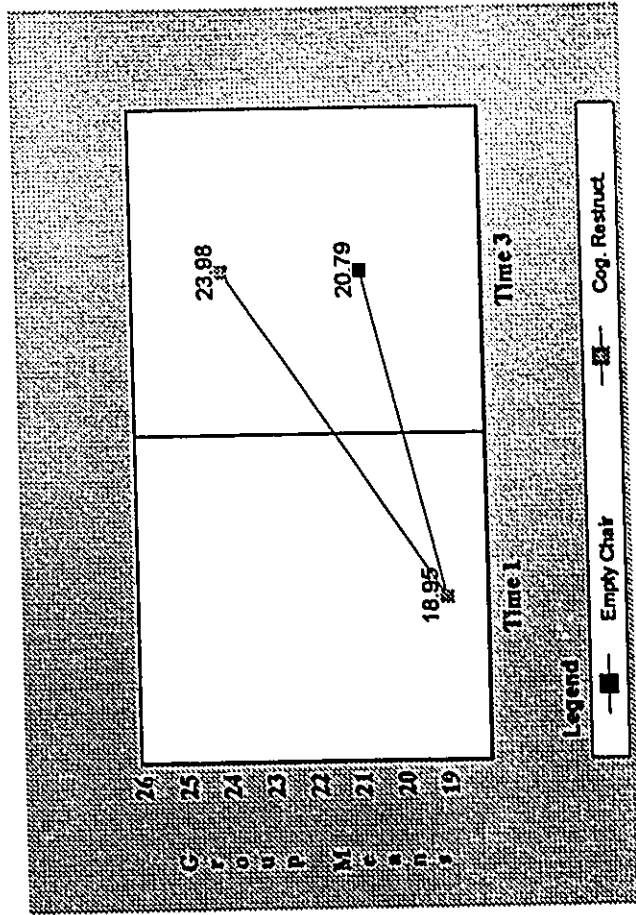
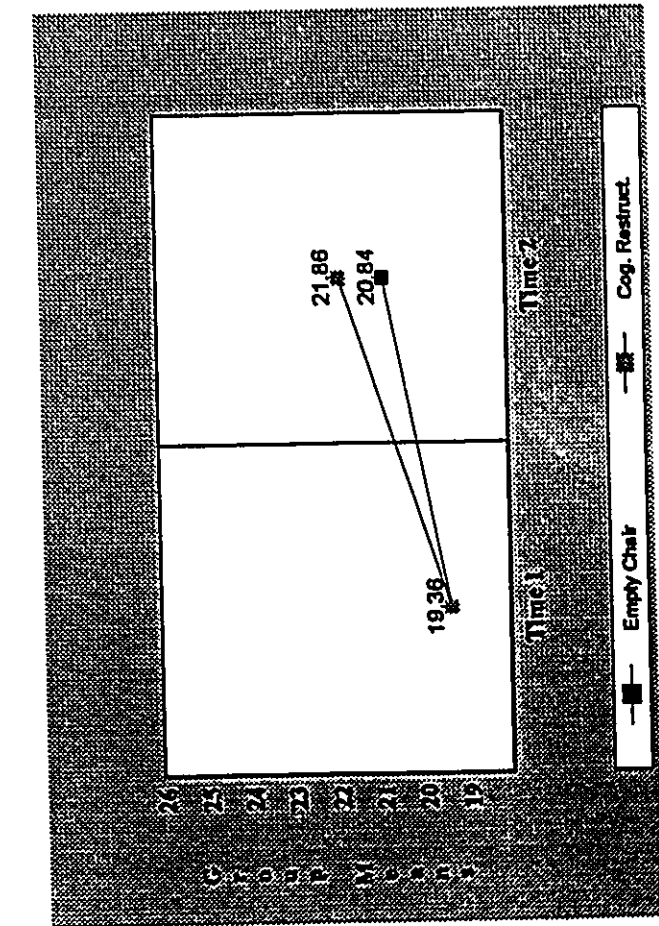
**Figure 2 :** Adjusted group means on the Target Complaint Discomfort Box Scale at pre-treatment (*Time 1*) and post-treatment (*Time 2*), and at *Time 1* and follow-up (*Time 3*).



**Figure 3 :** Adjusted group means on the Unfinished Business Resolution Scale at pre-treatment (*Time 1*) and post-treatment (*Time 2*), and at *Time 1* and follow-up (*Time 3*).



**Figure 4 :** Adjusted group means for the Intrex Index at pre-treatment (*Time 1*) and post-treatment (*Time 2*), and at *Time 1* and follow-up (*Time 3*).



**Figure 5 :** Adjusted group means on the Expression of Anger-anger Control Scale at pre-treatment (*Time 1*) and post-treatment (*Time 2*), and at *Time 1* and follow-up (*Time 3*).

desired direction. Each figure depicts the results obtained on one of the outcome variables, and includes the pre-treatment, post-treatment, and follow-up means for the two experimental conditions. The time 2 and time 3 values consist of the adjusted means (adjusted for pre-treatment scores) computed in the multivariate analysis of covariance.

Pre-treatment means for the four figures consist of weighted averages for each of the four measures. These weighted averages were calculated by adding the observed pre-treatment scores for the subjects in both groups and dividing this sum by the number of subjects. The rationale for this procedure was that the resulting weighted averages would probably be equivalent to the hypothesized pre-treatment mean for both groups (i.e., both groups would start at the same point). This seemed to be an appropriate procedure since, "analysis of covariance adjusts posttest means to what they would be if all groups started out equally on the covariate; at the grand mean" (Stevens, 1992, p. 328).

This computation yielded one pre-treatment mean (per outcome measure) for all subjects thus, the same weighted pre-treatment mean was used for subjects in the empty chair and cognitive restructuring conditions. The weighted means and averages for the pre-treatment data, and the adjusted means for the post-treatment and follow-up data are presented in Table 6. Adjusted standard deviations for the post-treatment and follow-up data were not provided by the SPSS Mancova program. Since separate mancovas were run on time 2 and time 3 data, and since there was one missing case in the empty chair condition for time 2 and one missing case in the cognitive restructuring condition for time 3, different weighted values for the time 1 means were obtained when time 2 and time 3 data were examined. Thus, in the figures, two line graphs with identical axes were used to depict the results for each outcome measures; one presents the time 1 weighted mean and the time 2

Table 6

Adjusted Means and Standard Deviations for Pre-Treatment (T1),  
Measures and Adjusted Means for Post-Treatment (T2), and Follow-  
Up (T3) Measures

Measures	Both groups		Empty chair		Cog. restr.	
	T1		T2		T2	
	M	SD	M	SD	M	SD
TCDBS	9.6	1.4	4.0	--	4.0	--
UBRS	42.1	5.6	29.5	--	24.4	--
Aff-Other	-297.3	313.3	-351.1	--	-20.4	--
Aff-Self	-116.8	339.9	-102.9	--	65.9	--
Inter-Self	192.0	183.6	269.3	--	283.2	--
Intrex-Sum	-224.4	602.0	-152.8	--	254.3	--
Anger Cont.	19.4	5.3	20.8	--	21.9	--

Measures	Both groups		Empty chair		Cog. restr.	
	T1		T3		T3	
	M	SD	M	SD	M	SD
TCDBS	9.6	1.4	3.6	--	3.8	--
UBRS	42.1	5.6	25.3	--	24.4	--
Aff-Other	-297.0	317.4	-200.4	--	-18.9	--
Aff-Self	-118.7	344.1	-20.7	--	10.9	--
Inter-Self	186.2	182.2	318.0	--	246.5	--
Intrex-Sum	-221.5	602.0	92.3	--	239.6	--
Anger Cont.	19.0	5.3	20.8	--	24.0	--

**Note.** TCDBS = Target Complaint Discomfort Box Scale; UBRS = Unfinished Business Resolution Scale; Aff-Other = Affiliation-Other dimension; Aff-self = Affiliation-Self dimension; Inter-Self = Interdependence-Self dimension; Intrex-Sum = Intrex Index of Improvement; Anger Cont. = Anger Control Scale. The SPSS Mancova program does not provide adjusted standard deviations for the post-treatment and follow-up measures on the printout.

2 adjusted group means, and the other presents the time 1 weighted mean and the time 3 adjusted group means.

It was found that some of the outcome measures were significantly correlated with each other (the Intrex index of improvement was correlated with the UBRS,  $r = .33$ , and with the EA anger control scale,  $r = .39$ ; the UBRS was correlated with the EA anger control scale,  $r = .43$ , and with the TCDBS,  $r = .62$ ). Tabachnick and Fidell (1989) have noted that correlations between dependent variables are not unusual, and suggest that a stepdown analysis, such as the Roy-Bargman procedure, be performed whenever correlations are in excess of .30 in order to control for inflated TYPE I error on univariate F tests. In stepdown analysis, the dependent variables are prioritized according to their theoretical or practical significance, then successive dependent variables are examined, with greater priority dependent variables serving as covariates in order to determine what each dependent variable contributes to the dependent variables already tested (Tabachnick & Fidel, 1989). By correcting for the potential confound of correlated dependent variables, the stepdown analysis provides a more conservative test of significance than univariate F tests. Thus, in the present study, both univariate F tests and the Roy-Bargman stepdown procedure were performed whenever main effects were identified in the mancovas. However, as suggested by Tabachnick and Fidell, greater interpretive weight was given to the stepdown F tests. The ordering of the dependent variables for the analysis of the global hypothesis was:

Intrex index of improvement, UBRS, EA anger control scale, TCDBS.

The results of the multivariate analysis of covariance indicated that there was a significant difference between the two experimental conditions at time 2,  $F(4, 30) = 3.31$ ,  $p = .023$ , but not at time 3,  $F(4, 30) = 1.19$ ,  $p = .335$  (see Footnote 1). Post-hoc testing at time 2 revealed that the two groups did not differ on the TCDBS measure: univariate  $F(1, 33) = 0.01$ ,  $p = .941$ , stepdown  $F(1, 30) = 1.16$ ,  $p = .291$ . Figure 2 presents the group means for the TCDBS. For the time 2 analysis, the time 1 weighted mean was 4.39, and the time 2 adjusted means were 9.97 and 10.02, for the empty chair and the cognitive restructuring groups respectively. For the time 3 analysis, the time 1 weighted mean was 4.41, and the time 3 adjusted means were 10.36 and 10.16. These findings suggested that both groups did not differ in terms of the levels of discomfort they were

**Footnote 1.** A separate mancova was run using 5 covariates in which the Intrex questionnaires were combined into two separate scores, one for the affiliation dimensions and one for the interdependence dimension. Although this increase in the number of covariates also increased the instability of the equation used to determine the adjusted means, this was done in an attempt to determine whether or not the inclusion of these two dimensions would provide additional information. The same order was used for the dependent variables, but the first two variables were the Intrex Affiliation dimensions and the Intrex Interdependence dimension. The results of this computation were similar to that obtained when 4 covariates were used, i.e. a statistically significant difference was found between the two groups at time 2,  $F(5, 28) = 3.58$ ,  $p = .012$ , but not at time 3,  $F(5, 28) = 0.74$ ,  $p = .602$ . Post-hoc univariate F tests and stepdown F-tests at time 2 yielded similar results and revealed a statistically significant between-group difference on one measure, the Affiliation dimensions,  $F(1, 32) = 10.59$ ,  $p = .003$ .

experiencing in relation to their unfinished business at times 2 or 3. At time 1, both groups were experiencing very much discomfort, at time 2 the two groups were exhibiting a little discomfort, and at time 3 they were showing somewhat less than a little discomfort.

Post-hoc testing at time 2 revealed no statistically significant differences between the two groups on the UBRS measure: univariate  $F(1, 33) = 6.10, p = .019$ , stepdown  $F(1, 32) = 1.93, p = .174$ . Figure 3 presents the group means for the UBRS. For the time 2 analysis, the weighted mean was 23.87 at time 1, and the adjusted means were 36.53 and 41.61 at time 2, for the empty chair and the cognitive restructuring groups respectively. For the time 3 analysis, the weighted mean was 23.87 at time 1, and the adjusted means were 40.70 and 41.61 at time 3. These findings suggest that the two groups did not differ in terms of the degree to which their unfinished business was resolved at times 2 or 3.

The only measure on which the two groups demonstrated a significant difference at time 2 was the Intrex index of improvement: univariate  $F(1, 33) = 8.54, p = .006$ , stepdown  $F(1, 33) = 8.54, p = .006$ . Figure 4 presents the group means for the Intrex index of improvement. For the time 2 analysis, the time 1 weighted mean was -224.36, and the time 2 adjusted means were -152.78 and 254.30, for the empty chair and the cognitive restructuring groups respectively. For the time 3 analysis, the time 1 weighted mean was -221.54, and the time 3 adjusted means were 92.34 and 239.58. These findings indicated

that, at time 2, the cognitive restructuring group obtained significantly higher scores on the Intrex index of improvement (subjects' perceptions of the quality of their relationship with the significant other) than the empty chair group, but that the two groups did not differ on this measure at time 3.

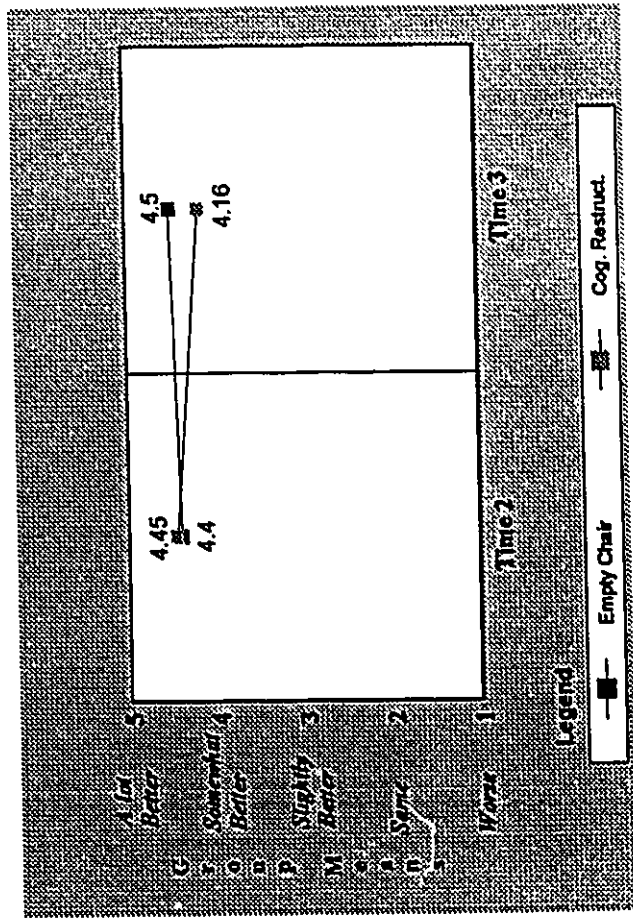
Post-hoc testing at time 2 revealed that the two groups did not differ on the EA anger control scale: univariate  $F(1, 33) = .28, p = .604$ , stepdown  $F(1, 31) = 1.24, p = .274$ . Figure 5 depicts the adjusted group means for the EA anger control scale. In the time 2 analysis, the weighted mean was 19.36 at time 1, and the adjusted means were 20.84 and 21.86 at time 2, for the empty chair and the cognitive restructuring groups respectively. In the time 3 analysis, the weighted mean was 18.95 at time 1, and the adjusted means were 20.79 and 23.98 at time 3. These findings indicated that both groups obtained similar scores on the EA anger control scale (the degree to which they would control their anger toward the significant other) at times 2 and 3.

### Target Complaint Measure

The TC measure provides estimates of improvement following treatment, thus no pre-treatment scores were available for this measure. The SPSS t-test program was used to compare between group scores obtained on the TC measure at times 2 and 3. No significant differences were found between the two experimental groups at time 2 or time 3,  $t(38) = -.21, p = .836$  and  $t(37) = 1.4, p = .17$  respectively. These results are presented in Figure 6. For time 2, the means and standard deviations were 4.4 and .68 for the empty chair group and 4.45 and .83 for the cognitive restructuring group. For time 3, the means and standard deviations were 4.5 and .69 for the empty chair group and 4.16 and .83 for the cognitive restructuring group. These findings suggested that, on average, subjects in both groups considered that they felt between somewhat better, to a lot better, about their unresolved anger immediately after the two sessions and at the one-week follow-up.

### Between-Group Comparison on Intrex Dimensions

The main treatment outcome analysis included four outcome measures, one of which was an index of improvement consisting of the sum of scores obtained on three of the Intrex dimensions. However, each of the Intrex dimensions that was included in the index of improvement measures a distinct aspect of interpersonal behavior. The affiliation-other dimension assesses subjects' perceptions of the significant other, the affiliation-self dimension evaluates subjects' hostility toward the significant other, and the interdependence-self dimension measures subjects' independence or differentiation from the other. Because of the relevance of these dimensions to the



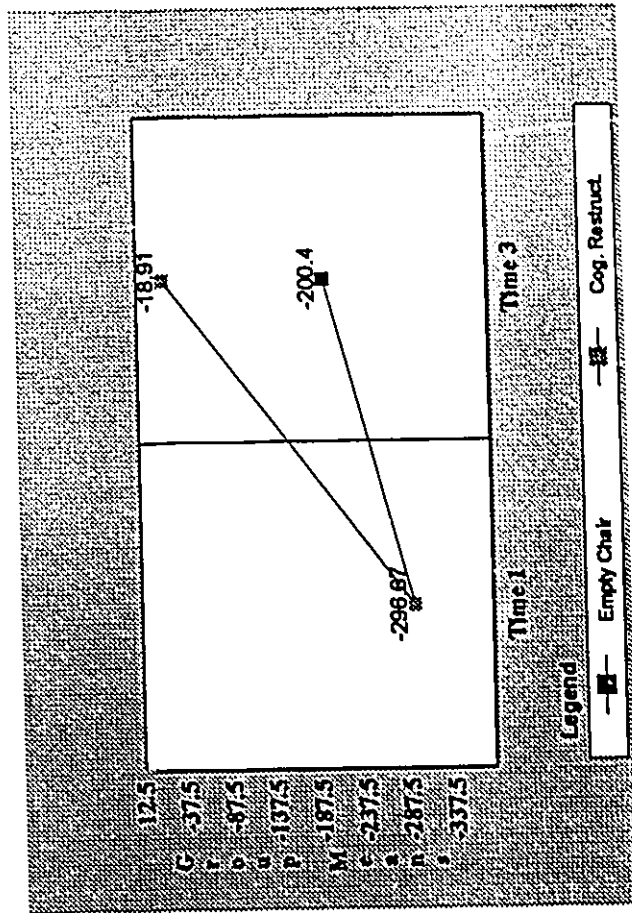
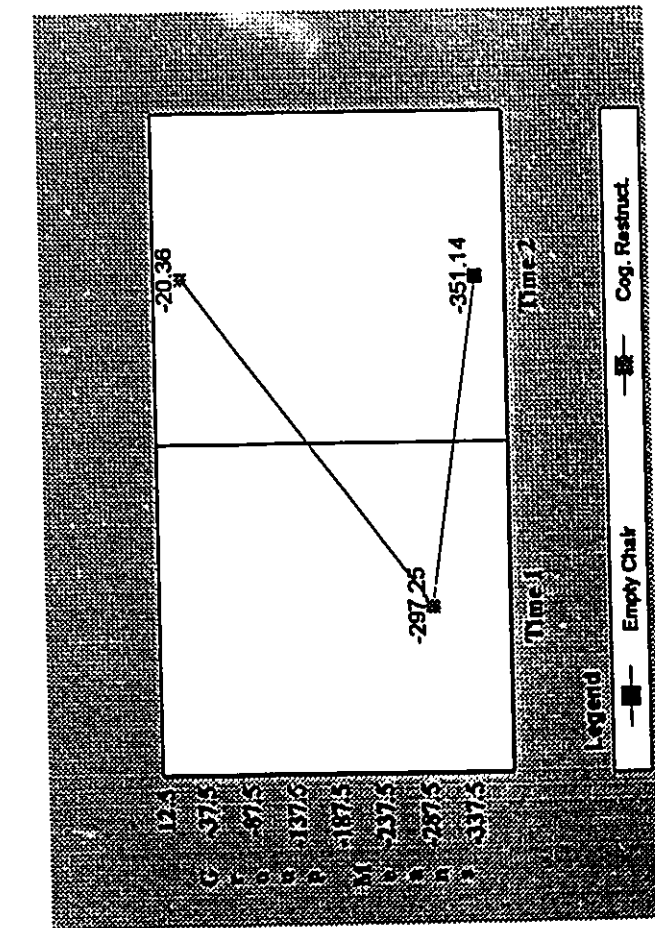
**Figure 6 :** Group means on the Target Complaint Measure at post-treatment (Time 2), and follow-up (Time 3).

resolution of unfinished business, further analyses were conducted to test for between-group differences along each dimension separately. Since the Intrex index of improvement was the only measure on which the two groups demonstrated a significant difference in the main treatment outcome analysis, a breakdown of the index of improvement into its constituents dimensions also permitted exploration of which specific dimensions were involved.

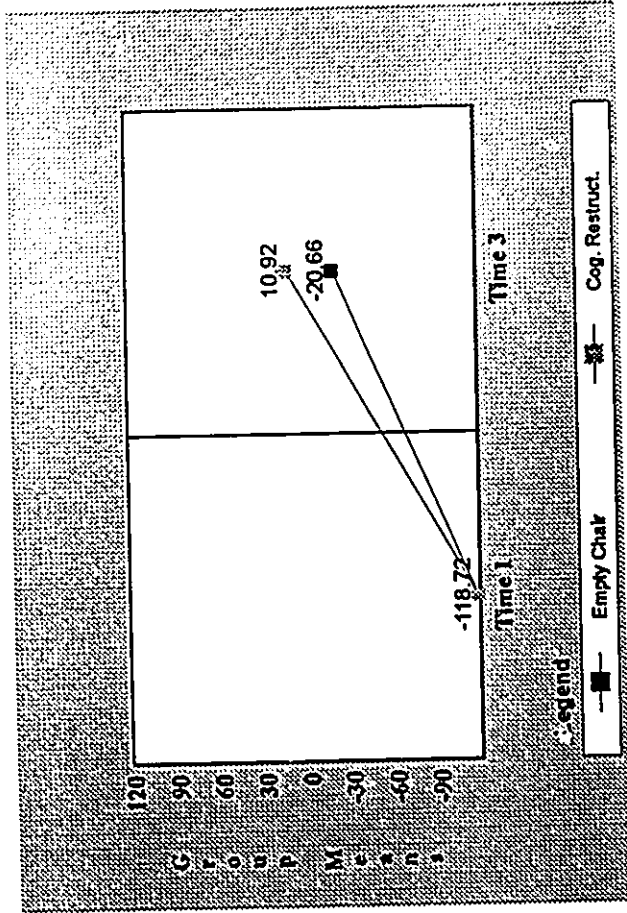
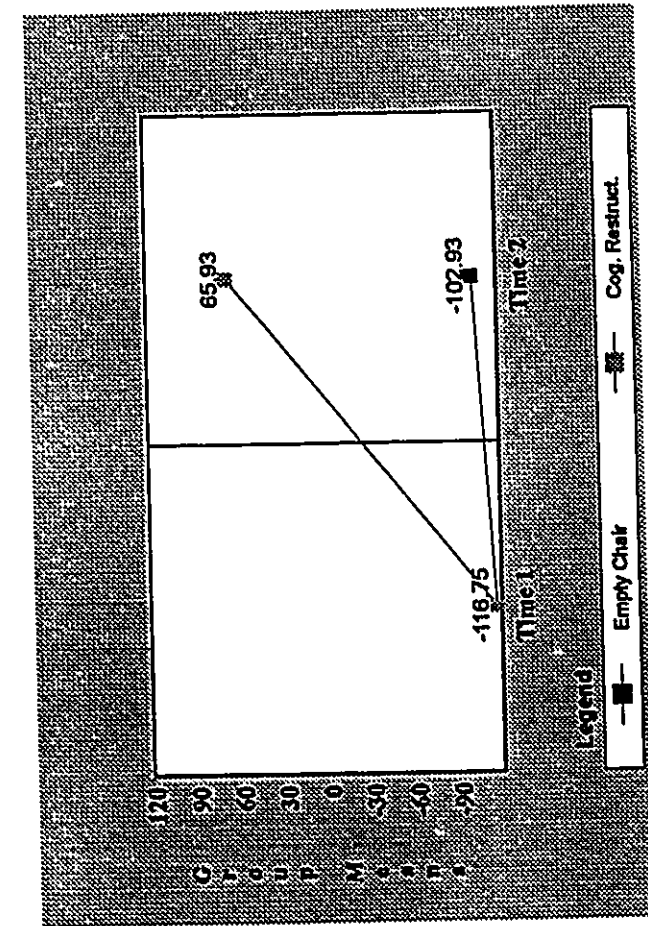
A separate manova was conducted in which scores on each of the three dimensions were entered as dependent variables. The SPSS Manova program was used, and pre-treatment scores were covaried against post-treatment scores at time 2 and time 3. A significance level of .05 was chosen for the overall group effect; this alpha level was adjusted for post-hoc testing (Bonferroni correction) to reflect the number of dependent variables ( $.05/3 = .0167$ ).

Examination of the printouts indicated that the assumptions of multivariate analysis of covariance analysis were met. That is, the relationship between the dependent variables and the covariates was significant,  $F(9, 105) = 4.56, p = .000$  at time 2, and  $F(9, 102) = 5.24, p = .000$  at time 3, and there was no covariate by treatment interaction,  $F(9, 96) = 1.32, p = .24$  at time 2, and  $F(9, 93) = .84, p = .59$  at time 3.

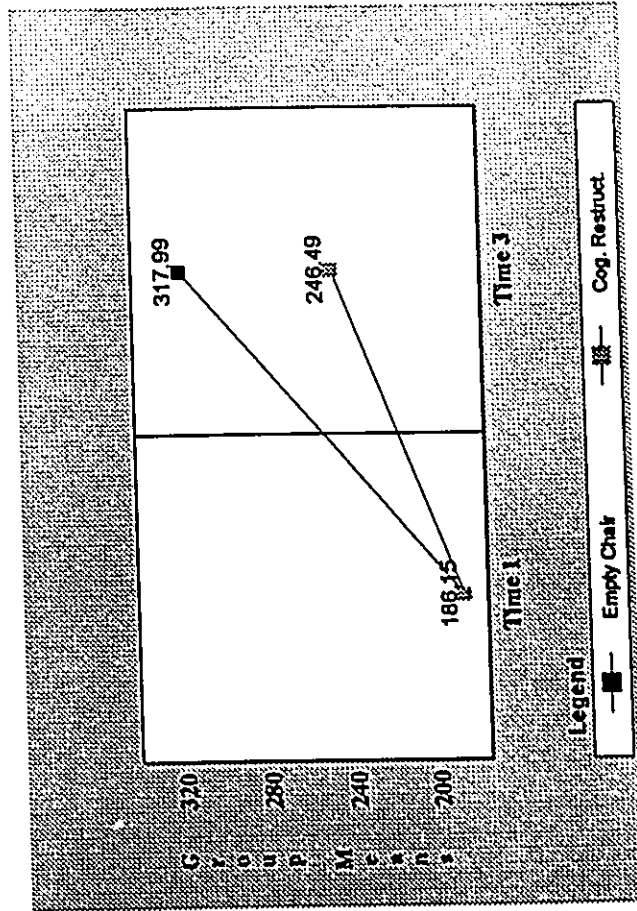
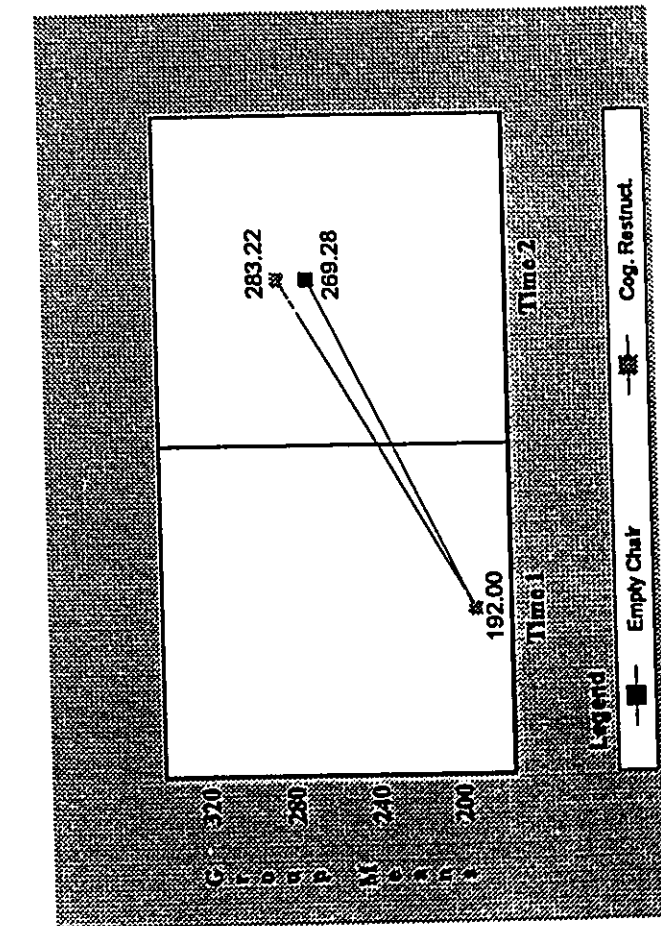
The group means for time 1, time 2, and time 3 data are presented in Figures 7, 8, and 9. Each figure depicts the results obtained on one of the outcome variables, and includes the pre-treatment, post-treatment, and follow-up means for the two experimental conditions. The same procedure as that previously outlined for the main



**Figure 7:** Adjusted group means on the Intrex Affiliation-Other Dimension Scale at pre-treatment (*Time 1*) and post-treatment (*Time 2*), and at *Time 1* and follow-up (*Time 3*).



**Figure 8 :** Adjusted group means on the Intrex Affiliation-Self Dimension Scale at pre-treatment (*Time 1*) and post-treatment (*Time 2*), and at *Time 1* and follow-up (*Time 3*).



**Figure 9 :** Adjusted group means on the Intra-Interdependence-Self Dimension Scale at pre-treatment (*Time 1*) and post-treatment (*Time 2*), and at *Time 1* and follow-up (*Time 3*).

outcome data was used to prepare these figures. Thus, two line graphs with identical axes were used to depict the results for each Intrex dimension; one presents the time 1 weighted mean and the time 2 adjusted group means, and the other presents the time 1 weighted mean and the time 3 adjusted group means.

The results of the multivariate analysis of covariance indicated that there was a significant difference between the two experimental conditions at time 2,  $F(3, 33) = 3.84$ ,  $p = .018$ , but not at time 3,  $F(3, 32) = 2.10$ ,  $p = .119$ . Post-hoc testing at time 2 revealed that the two groups were significantly different on the affiliation-other dimension  $F(1, 35) = 11.73$ ,  $p = .002$ . Figure 7 presents the group means for the Intrex affiliation-other dimension. For the time 2 analysis, the time 1 weighted mean was -297.25, and the time 2 adjusted means were -351.14 and -20.36, for the empty chair and cognitive restructuring groups respectively. For the time 3 analysis, the time 1 weighted mean was -296.67, and the time 3 adjusted means were -200.40 and -18.91. These findings suggested that, at time 2, the cognitive restructuring group obtained significantly higher scores on the Intrex affiliation-other dimension (subjects' perceptions of the significant other) than the empty chair group, but that the two groups did not differ on this measure at time 3.

Follow-up testing revealed no significant differences between the two groups on the affiliation-self dimension at time 2,  $F(1, 35) = 5.25$ ,  $p = .028$ . Figure 8 presents the group means for the Intrex affiliation-self dimension. For the time 2 analysis, the time 1 weighted mean was -116.75, and the time 2 adjusted means were -102.93 and 65.93, for the empty chair and cognitive restructuring groups

respectively. For the time 3 analysis, the time 1 weighted mean was -118.72, and the time 3 adjusted means were -20.66 and 10.92. These findings suggested that the two groups did not differ on the affiliation-self dimension (subjects' hostility toward the significant other) at times 2 and 3.

There were also no significant differences between the two groups on the interdependence-self dimensions  $F(1, 35) = 0.06, p = .809$  at time 2. Figure 9 presents the group means for the Intrex interdependence-self. For the time 2 analysis, the time 1 weighted mean was 192.00, and the time 2 adjusted means were 269.28 and 283.22, for the empty chair and cognitive restructuring groups respectively. For the time 3 analysis, the time 1 weighted mean was 186.15, and the time 3 adjusted means were 317.99 and 246.49. These findings suggested that both groups obtained similar scores on the interdependence-self dimension (subjects' independence or differentiation from the other) at times 2 and 3.

## Conclusion

### Session Measures

Post-session client measures revealed no statistically significant differences between the empty chair and the cognitive restructuring groups after sessions 1 or 2. Post-session 1 scores indicated that subjects in both groups considered that they had achieved moderate to considerable progress during the session, that their unfinished business had been moderately resolved, that the quality of the session had been very good, and that their therapist had been very helpful. Post-session 2 scores indicated

that subjects in both groups considered that they had achieved considerable to a great deal of progress, that their unfinished business had been more than moderately resolved, that the quality of the session had been very good to excellent, and that their therapist had been very helpful. In addition, post-treatment measures on the Working Alliance Inventory suggested that subjects in both groups perceived the quality of the relationship with their therapist to have been very good.

Post-session therapist measures revealed no statistically significant differences between the empty chair and the cognitive restructuring groups after sessions 1 or 2. Post-session 1 scores indicated that therapists in both groups considered that they had been able to implement the prescribed treatment, that they had a good understanding of their clients, and that their clients' unfinished business had been moderately resolved. Post-session 2 scores indicated that therapists in both groups considered that they had been able to implement the prescribed treatment, that they had a very good understanding of their clients, and that their clients' unfinished business had been more than moderately resolved. There were, however, indications that, compared to the cognitive restructuring group, subjects in the empty chair condition may have been more reluctant to engage in the prescribed intervention, and that when they did, they were more likely to feel uncomfortable with the therapeutic tasks.

No statistically significant differences were revealed between subjects' and therapists' perceptions of the degree of resolution achieved following each session. However, there was a statistically significant time effect indicating that participants' perceptions of the degree of resolution differed across the two sessions. The findings

indicated that clients and therapists generally agreed that the unfinished business was moderately resolved after the first session, but that it was more than moderately resolved after the second session.

#### Between-Group Comparison of Outcome Measures

The results of the main treatment outcome analysis revealed a statistically significant difference between the two experimental groups at post-treatment. Follow-up testing on the post-treatment measures revealed a statistically significant between-group difference on one of the four outcome measures. That is, the findings indicated that, compared to the empty chair group, the cognitive restructuring group obtained significantly higher post-treatment scores on the Intrex index of improvement. This suggested that, compared to subjects in the empty chair condition, subjects in the cognitive restructuring group appeared to have a more positive perception of the quality of their relationship with the significant other. Follow-up testing of post-treatment measures also revealed that the empty chair and cognitive restructuring groups did not differ significantly on measures of the degree of discomfort related to the unfinished business (TCDBS), the degree of resolution of lingering angry feelings (UBRS), or in the tendency to control angry feelings (EA anger control scale).

Between-group differences observed at post-treatment were, however, not maintained at the one-week follow-up. That is, comparisons of the empty chair and cognitive restructuring groups on the four outcome measures revealed no statistically significant differences between the two groups at the one-week follow-up.

### Between-Group Comparison on the Target Complaint Measure

The Target Complaint provided post-treatment and follow-up measures of subjects' perception of the degree of improvement in their target complaint (i.e., unresolved angry feelings) following treatment. Comparisons on this measure revealed no statistically significant differences between the empty chair and cognitive restructuring groups at post-treatment or at follow-up. The findings indicated that subjects in both groups considered that they felt between somewhat better, to a lot better, about their unresolved anger immediately after the two session, and at the one-week follow-up.

### Between-Group Comparison on the Intrex Dimensions

The Intrex index of improvement used in the main treatment outcome analysis was computed by adding scores obtained on three of the Intrex dimensions. However, all of the Intrex dimensions measure distinct aspects of interpersonal behavior, aspects that are relevant to the resolution of unfinished business. In order to assess between-group differences on each of the three Intrex dimensions, the index of improvement was broken down into its constituents dimensions, and a separate analysis of between-group differences was conducted in which each of the three Intrex dimensions was entered as a separate dependent variable.

The results of this analysis revealed a statistically significant difference between the two experimental conditions at post-treatment. Follow-up testing indicated that the two groups were significantly different on the affiliation-other dimension. These findings suggested that, at post-treatment, subjects in the cognitive

restructuring group seemed to have a less negative view of their significant other than subjects in the empty chair condition. Follow-up testing also revealed that the empty chair and cognitive restructuring groups did not differ significantly on the other two Intrex dimensions. That is, no between-group differences were detected in terms of subjects' hostility/affiliation toward the significant other or in terms subjects' interdependence/differentiation from the significant other.

Between-group differences observed at post-treatment were not maintained at the one-week follow-up. That is, comparisons of the empty chair and cognitive restructuring groups on the three Intrex dimensions revealed no statistically significant differences between the two groups at the one-week follow-up.

## CHAPTER V

## DISCUSSION

The purpose of this study was to investigate the differential effectiveness of empty chair dialogue and cognitive restructuring on the resolution of lingering angry feelings toward a significant other. This analogue study was not a test of the comparative effectiveness of Gestalt therapy versus Rational-Emotive therapy, but rather an examination of the therapeutic usefulness of specific interventions derived from these approaches in dealing with a particular client issue. It was hypothesized that the Gestalt empty chair would be more effective than RET cognitive restructuring procedures when dealing with unfinished business consisting of lingering angry feelings toward a significant other. This hypothesis was tested globally, and as a series of subhypotheses.

The test of the global hypothesis consisted of a multivariate analysis of variance in which pre-treatment scores were used as covariates and the outcome variables consisted of the Target Complaint Discomfort Box Scale (TCDBS), the Unfinished Business Resolution Scale (UBRS), the Intrex Questionnaire index of improvement, and the anger control subscale of Expression of Anger Scale (EA anger control scale). Comparisons across experimental conditions were conducted immediately after treatment and at follow-up one week later.

Five subhypotheses were also tested. In the first four subhypotheses, differential treatment effects across specific treatment measures were assessed. In

each case it was predicted that, compared to the cognitive restructuring condition, the empty chair dialogue would lead to greater improvement in the resolution of unfinished business immediately after treatment. The measures used in this analysis included the Target Complaint measure (TC), the TCDBS, the UBRS, the EA anger control scale, and scores on the affiliation-other, affiliation-self, and the interdependence-self dimensions of the Intrex questionnaires. Between-group comparisons on these measures consisted of the following procedures. For variables already included in the multivariate analysis of covariance described above, follow-up tests were conducted to assess between-group differences on individual measures however, follow-up tests were only performed when group main effects had already been detected during the analysis of the global hypothesis. The TC measure which yielded only outcome scores was analyzed using t-tests. Finally, a separate analysis of covariance in which pre-treatment scores were covaried against scores at post-treatment was conducted for the three Intrex dimensions.

In the fifth subhypothesis that was investigated in this study, it was predicted that post-treatment outcome differences would be maintained at the one-week follow-up. Testing of this subhypothesis was performed according to the same procedure as that described above for the assessment of post-treatment differences between experimental groups. In the following discussion, results of this subhypothesis are not treated separately but are instead discussed concurrently with the post-treatment findings for each subhypothesis in order to facilitate interpretation of the findings.

In addition, various sessions measure were used to compare subjects' and therapists' perceptions of the quality and helpfulness of the sessions across the two experimental conditions, and the Working Alliance Inventory was utilized to ensure that there were no significant differences in the quality of the working alliance between the two treatment conditions.

### Summary and Interpretation of Findings

#### Global Hypothesis

The results of the multivariate analysis of covariance revealed a significant difference between the two groups at post-treatment, but not at follow-up. Post-hoc testing on the post-treatment measures indicated that the two groups were significantly different on one of the four outcome measures, the Intrex index of improvement. However, post-treatment differences between the two groups on the Intrex index of improvement were not in the predicted direction.

The findings of post-hoc testing indicated that, at post-treatment, subjects in the cognitive restructuring group had a more positive view of the quality of their relationship with the significant other than subjects in the empty chair group. Although subjects in the cognitive restructuring group demonstrated greater changes in their attitudes toward the significant other, the specific Intrex dimension(s) that may have contributed to this effect could not be identified from this analysis. The Intrex index of improvement was calculated by adding subjects' scores on three of the Intrex dimensions, the affiliation-other dimension, the affiliation-self dimension, and the

interdependence-self dimension. Thus, whether greater improvement on the index of improvement for the cognitive restructuring group represented decreases in subjects' hostility toward the significant other, changes in subjects' perceptions of the other's hostility toward them, or increases in subjects' ability to differentiate or separate themselves from the other could not be determined at this stage of the analysis. However, the effect of each dimension was tested in the analysis of subhypotheses and is discussed in a later section of this document.

Overall the global hypothesis that the Gestalt empty chair dialogue would be more effective than cognitive restructuring procedures in resolving lingering feelings of anger toward a significant other was not supported by the findings of this study. In fact, the only statistically significant finding indicated that, at post-treatment, cognitive restructuring was more effective than empty chair dialogue in improving clients' positive views of their relationship with the significant other. This finding which was opposite to that predicted was however, not maintained at the one-week follow-up, and follow-up measures revealed no significant differences between the two treatment conditions. Thus, the results of this study suggest that the Gestalt empty chair dialogue and cognitive restructuring procedures had similar effects when applied to issues of unfinished business consisting of lingering angry feelings toward a significant other.

Previous studies have demonstrated that the Gestalt empty chair technique was more effective in producing improvements in clients' perceptions of the quality of their relationship with the significant other than empathic reflection (King, 1988) or

psychoeducational group treatment (Paivio & Greenberg, 1992). However, in these investigations the comparisons that were conducted were not between affective and cognitive techniques, but between one humanistic-experiential technique (empty chair) and either an educational group intervention or another humanistic-experiential intervention. Only one previous study has investigated the relative effectiveness of affective and cognitive techniques on the reduction of client anger. In that study, Conoley et al. (1983) compared the effectiveness of rational restructuring (RET) and the Gestalt empty chair dialogue and reported that both techniques were equally effective in reducing client anger, and that both interventions were significantly more effective than a reflective listening control condition. In the present study, the process of challenging irrational beliefs and the process of encouraging the expression of suppressed feelings led to similar results when applied to the resolution of unfinished business consisting of unresolved feelings of anger. These results are consistent with the findings reported by Conoley and his colleagues, and suggest that affective and cognitive techniques may be equally effective in dealing with client anger problems.

At first glance it seems surprising that an affective technique and a cognitive technique would lead to similar results when used to work on resolving long standing and highly charged emotional issues such as lingering anger toward a significant other. It may be that the nature of the interrelationship or connection between thoughts and emotions is such that changes in one realm inevitably produce changes in the other. Greenberg and Ellis both acknowledge the interdependence of thought and

emotion however, they differ on the importance attached to each of these functions in the process of therapeutic change.

Greenberg has argued that interpersonal conflict resolution occurs at two levels, the cognitive and the emotive levels, and that the process of accessing and owning primary feelings and needs leads to the development of new meanings and affective-cognitive reorganizations (Greenberg & Safran, 1987). Thus for Greenberg, changes at the cognitive level which involve the reprocessing of one's experiences, flow naturally from the process of contacting and expressing primary emotions.

Ellis (1977), on the other hand, considers that emotions are preceded and determined by underlying thought processes, and that irrational beliefs lead to inappropriate emotions such as anger. Thus, for Ellis, emotional change is achieved by altering one's underlying belief system, that is, by challenging one's irrational beliefs.

It may be that the question of the primacy of affect or cognition is not crucial for therapeutic change, and that therapeutic interventions aimed at one or the other of these functions are equally capable of producing client improvements in both. Therapist and client post-session measures generally appear to support this view in that clients and therapist in both experimental conditions reported similar degrees of progress during the session, clients in both groups had similar views concerning the quality of the sessions and the helpfulness of their therapists, and therapists in groups indicated that they had a good or very good understanding of their clients.

However, it is also possible that, given the distinctive features of the change process involved in cognitive restructuring and the empty chair dialogue, the long term therapeutic effects of each technique may be different. It was previously argued that, in Gestalt empty chair dialogue, healthy change is assumed to occur spontaneously within the client. That is, the full acceptance and expression of one's angry feelings, is assumed to result in a spontaneous internal shift toward a more realistic perception of one's immediate reality and toward a more accepting and positive view of the quality of one's relationship with the significant other.

In RET cognitive restructuring on the other hand, change is assumed to come from repeatedly challenging and disputing irrational beliefs that are assumed to provoke one's angry feelings. Thus, in RET, the process of client change does not possess a spontaneous quality, but entails a continuous effort in that clients are expected to repeatedly and continuously challenge their ways of thinking in their daily lives. Continued client changes in RET may be more apt to occur when prompting from an external source, such as the therapist, is readily available, than when therapy is terminated and clients are left on their own to pursue the efforts that were begun in therapy. That is, further therapeutic improvement in RET may depend to a large extent on clients' willingness and determination to continue the process of identifying, questioning, and challenging their beliefs even after therapy has ceased.

Client changes in the Gestalt empty chair, on the other hand, may set into motion an internal therapeutic process, a process that may be more likely to continue even after therapy has been terminated. That is, the process of therapeutic change in

the Gestalt empty chair may possess an unforced and natural quality, and internal shifts prompted by the therapeutic intervention may continue to effect change even after therapy has ended. Thus, therapeutic movement resulting from the application of the Gestalt empty chair intervention may set the stage for continued and progressive client improvement. This process of improvement may persist even when therapy has ceased and clients are no longer actively working at resolving the problematic situation. Future investigations in which long-term follow-up assessments are conducted would be required to verify this hypothesis.

Previous studies have demonstrated that, at least in some therapeutic contexts, client issues involving a very strong or an acutely intense emotional component may be more responsive to a specific affective rather than a cognitive intervention (Clarke and Greenberg, 1986; Johnson & Greenberg, 1985). The results of the present investigation suggest that unfinished business consisting of unresolved anger toward a significant other may not belong to a class of client issues that is more responsive to affective rather than cognitive interventions.

Angry feelings may possess a particular quality that distinguishes them from other types of emotions. Anger has previously been described as a particularly problematic emotion (Dalrup et al., 1988). In Western societies the expression of anger is often considered to be unacceptable or even dangerous, and cultural injunctions often discourage the expression of angry feelings. This seems to be particularly true for women in our society. Women are frequently perceived in a negative fashion and considered to be overly and inappropriately aggressive if and

when they express their anger. Although society's perception of women's social roles has undergone some modifications over the last couple of decades, and there has been some acceptance of women engaging in nontraditional behaviors, activities or occupations, these improvements in women's status have generally been initiated by political and/or organizational policies and these policies do not appear to have affected profound changes in people's attitudes toward, and perceptions of women in our society. That is, there is still a strong tendency to view women primarily as caretakers and nurturers, and aggressive behaviors are still considered to be more of a male than a female characteristic.

Thus, societal inhibitions against the expression of anger may be particularly powerful for women, especially when these inhibitions have been internalized through the process of socialization. As a result, the women in this study may have been particularly reluctant to engage in a process in which they were required to express their feelings of anger. They may have come to believe that the expression of angry feelings is not only "unacceptable" but also that it does not conform with the prescribed norms for female behavior. The fact that their angry feelings were directed toward someone who had been, and may still be significant to them, such as parents, siblings and ex-partners, may have compounded the problem. Not only were the women required to overcome their initial reluctance to express a largely prohibited emotion, but they were also asked to assume an assertive rather than a nurturing position toward someone who still was, or had been very meaningful to them in their lives.

Some support for this argument is provided by therapists' post-session reports. Therapists reported that about half of the women in the empty chair condition (10 in the first session and eight in the second session) tended to demonstrate some opposition and/or some discomfort when asked to engage in the empty chair technique. In contrast, women in the cognitive restructuring condition seemed less oppositional and uncomfortable about participating in the cognitive restructuring process. Therapists reported that only one woman in the cognitive restructuring group demonstrated some discomfort during the first session, and three demonstrated some opposition and/or discomfort during the second session. Greater opposition to and/or discomfort with empty chair technique may have interfered or interacted with the therapeutic process, that is, the push for expression or completion of unfinished business may have been counterbalanced by the equally powerful social constraints against the expression of anger. It is, therefore, possible that internalized injunctions against the expression of anger may have mediated the potential impact of the empty chair technique. If this is the case, subjects in the empty chair could have benefited from additional sessions during which their reluctance and/or opposition to the expression of anger would have been addressed directly and during which they would have been assisted in attempting to overcome this difficulty.

Despite their greater resistance to engage in the prescribed intervention, women in the Gestalt empty chair condition appeared to do as well as subjects in the other condition. It is possible however, that, had their initial reluctance and/or discomfort with the expression of anger been dealt with and worked through, they

would have shown greater progress than the cognitive restructuring group in the resolution of their unfinished business toward a significant other. That is, subjects in the empty chair condition may have been confronted with more than one issue during this study, one intrapsychic in nature (strong reluctance to express anger) and one interpersonal in nature (their unfinished business with a significant other). Future research could consider assessing subjects', and especially women subjects', views about the expression of angry feelings in order to investigate the possible mediating effects of strong inhibitions against the expression of anger on the potential therapeutic effectiveness of experiential techniques such as the empty chair dialogue.

Finally, it is also possible that, despite their initial reluctance to participate in the empty chair dialogue, the women in this study may reap unexpected benefits from having engaged in this intervention. All of the women who participated in this study had a history of holding in their angry feelings. During the recruitment process all of the subjects were screened in order to ensure that the criteria for lingering angry feelings were met. One of these criteria stated that the expression of angry feelings had been inhibited or constricted for a long time, resulting in an inability to let go of old resentments or frustrations. In addition, the potentially detrimental effects of suppressing angry feelings have been described in detail in an earlier section of this document. It was previously argued that holding in or constraining angry feelings could impair psychological adjustment, and disrupt social, psychological, and physical functioning.

By encouraging women to express their constricted feelings of anger toward a significant other, the empty chair technique may have had secondary effects on women's ability and willingness to express anger in a variety of situations in their daily lives. That is, the women in this study may have begun to recognize anger as an acceptable and adaptive emotion, and by so doing may be more likely to begin to break their habitual patterns of constraining their angry feelings. Although it may be unrealistic to expect that after only two sessions internalized inhibitions against the expression of anger would be totally eradicated, any movement in that direction could prove beneficial either by initiating a potentially therapeutic process or, at the very least, by encouraging women to question their long-held attitudes toward anger and its expression. If this is the case, then participation in the empty chair dialogue may have long-term benefits that could go beyond the resolution of a particular issue of unfinished business, long-term benefits that could potentially have an impact on their health, their psychological well-being, and their social functioning.

In a recent personal communication (February, 1994) Dr. L. Greenberg argued that anger toward ex-partners was usually different from anger toward other significant persons. He added that subjects angry toward ex-partners may not become less angry if they felt they had been wronged, or treated unjustly by their partner. In order to explore this hypothesis, a descriptive analysis of the data was conducted. In the first analysis, subjects in both experimental groups were combined. The results suggested that, compared to subjects who were angry with other significant persons, those who were angry with ex-partners

tended to demonstrate greater hostility and greater autonomy toward their significant other. It seems possible that subjects angry with ex-partners may achieve resolution primarily through greater separation from the other, and that changes in affiliation may be dependent on the extent to which they felt wronged or treated unjustly by the other.

A comparison of these subgroups within each experimental condition yielded differing patterns of responses. In the empty chair condition, there was a tendency for subjects angry with other significant persons to become more affiliative than subjects angry with ex-partners, however both subgroups seemed equally likely to become more autonomous at follow-up. Thus, in the empty chair condition changes in affiliation may differentiate between subjects angry with ex-partners and subjects angry with other significant persons, whereas increased autonomy may be an equally important component of resolution for both subgroups. This would not be surprising since increased autonomy implies greater separation and differentiation from the other, and through this process clients may be more able to finally put closure on their unfinished business with the other.

In the cognitive restructuring group, there appeared to be a tendency for subjects angry with other significant persons to become more affiliative and more autonomous than subjects angry with ex-partners. It may be that anger toward ex-partners takes longer to resolve and that additional cognitive restructuring sessions were required before changes on the dimensions of affiliation and interdependence could become apparent. However, the

above differences between subjects angry with ex-partners and subjects angry with other significant persons may not be very stable due to the small sample size in the cognitive restructuring ex-partner subgroup.

If, however, the differential between-group patterns of responses described above are stable, then they may have obscured potential between-group differences in the present study. Future research in which more homogeneous groups of subjects are used could explore this issue in greater depth.

**Summary.** In conclusion, the global hypothesis that the empty chair dialogue would be more effective than cognitive restructuring in resolving lingering angry feelings toward a significant other was not supported by the findings of this study. In fact the two interventions led to similar results immediately after treatment and again at the one-week follow-up. At first glance these results suggest that affective and cognitive techniques may be equally effective in dealing with issues of unresolved anger toward a significant other, and that the affective and cognitive domains may be interrelated in such a way that changes in one of these domains inevitably produce changes in the other. However, the failure of this study to detect significant differential effects between the two treatment conditions may also depend on other factors.

For example, it is argued that the expression of anger may be particularly problematic for women in our society, and that women in the empty chair condition might have had to face the additional task of having to overcome their initial inhibitions against the

expression of anger before they could begin to work on the resolution of their unfinished business. Tentative support for this argument was provided by therapists post-session reports which indicated that, compared to subjects in the cognitive restructuring group, subjects in the empty chair condition seemed more reluctant to engage in the prescribed intervention and, when they did, they were more likely to feel uncomfortable with the therapeutic tasks. Future research in which women subjects' reluctance to express feelings of anger is systematically assessed and correlated with treatment outcome would be required to determine the possible effects that such inhibitions may have on the therapeutic effectiveness of the empty chair dialogue.

An alternative explanation for the lack of significant findings in this study is that, given the distinctive therapeutic change processes associated with each intervention, long-term follow-up studies may be required to detect differences in the effectiveness of the empty chair dialogue and cognitive restructuring. It is suggested that, because therapeutic movement in the Gestalt empty chair is characterized by a spontaneous internal shift, therapeutic improvement may be likely to persist and continue affecting the client for prolonged periods of time even after therapy has been terminated. That is, the Gestalt empty chair intervention may initiate an internal therapeutic process that may persist even when therapy has ceased and clients are no longer actively working at resolving the problematic situation. In RET cognitive restructuring, on the other hand, therapeutic movement depends to a large extent on clients' determination to continuously pursue efforts at challenging irrational beliefs in

their daily lives, and continued change may be less apt to occur when clients are left on their own to pursue the efforts that were begun in therapy, that is, when therapy has ceased and prompting or encouragement from an external source, such as the therapist, is no longer available. Data from long-term follow-up studies would be required to verify this assumption.

Finally, it is suggested that participation in the empty chair dialogue may lead to secondary beneficial effects for the women in this study. Despite their initial resistance to engage in the empty chair dialogue, most of the women managed to express, at least to some extent, their constricted feelings of anger toward a significant other. Through this process they may have discovered that the expression of anger does not necessarily provoke negative consequences but may instead pave the road for the resolution of interpersonal conflicts. As a result, the women who participated in the empty chair dialogue may begin to reevaluate their inhibitions concerning both the experience and the expression of anger. Given the potentially destructive consequences frequently associated with the suppression of angry feelings, any movement toward increased acceptance of the experience and/or expression of angry feelings could prove beneficial to their physical, psychological and social well-being.

### Subhypotheses

The above arguments, which present various explanations that could account for the failure of this study to detect significant differences between the empty chair and the cognitive restructuring conditions when used to resolve lingering feelings of anger toward a significant other, also apply to similar non-significant findings for the subhypotheses. These arguments are, however, not reiterated in the following discussion pertaining to the subhypotheses.

Subhypothesis 1. In subhypothesis 1, it was predicted that improvements on measures of target complaints would be significantly greater for the empty chair group than the cognitive restructuring group. This hypothesis was not supported by the data. That is, no significant between-group differences were detected on the TC and TCDBS either at post-treatment or at follow-up (Figures 2 and 6).

The findings indicated that subject self-reports of improvement in dealing with angry feelings toward the significant other, and of decreases in the levels of discomfort associated with their unfinished business did not differ across the two groups at post-treatment or at follow-up. Subjects in both groups considered that they felt "somewhat" to "a lot better" about their unresolved anger at post-treatment and at follow-up. In addition, subjects reported that their levels of discomfort in relation to their angry feelings had changed from "very much discomfort" at pre-treatment to "a little discomfort" at post-treatment and follow-up.

Thus, subject self-reports of global improvement in the resolution of their unfinished business suggest that clients may have felt somewhat relieved, or less distressed about their lingering angry feelings immediately after the treatment and at the one-week follow-up. The results of this present study further suggest that empty chair dialogue and cognitive restructuring may have similar effects on subjects' global perceptions of the degree of improvement achieved in the resolution of their lingering feelings of anger immediately after treatment and at the one-week follow-up.

Subhypothesis 2. In subhypothesis 2, it was predicted that resolution of unfinished business would be significantly greater for the empty chair group than the cognitive restructuring group. This hypothesis was not supported by the data. That is, no significant between-group differences were detected on the UBRS at post-treatment or at follow-up (Figure 3).

Thus, client self-reports of the degree of unfinished business resolution yielded comparable results across both groups. This suggests that subjects in both experimental conditions reported similar decreases in their lingering feelings of anger toward the significant other, similar increases in their ability to let go of unmet needs, and similar shifts in their perceptions of themselves (greater acceptance of self and increased feelings of worth in relation to the other) and in their perceptions of the significant other (greater acceptance or understanding of the other).

The usefulness of this recently developed scale for the assessment of unfinished business resolution has been demonstrated in previous studies.

Investigations in which the Gestalt empty chair technique was used to work with

issues of unfinished business have shown that changes on the UBRS are correlated with changes on other outcome measures (Singh & Greenberg, 1992), and that levels of improvement on the UBRS can be affected by the types of interventions that are used (Paivio & Greenberg, 1992).

The results of this investigation suggest that the empty chair and cognitive restructuring techniques may produce similar effects on subjects' perceptions of changes in their lingering feelings of anger and in their ability to let go of unmet needs, and similar shifts in their perceptions of themselves and of the significant other immediately after treatment and at the one-week follow-up.

Subhypothesis 3. In subhypothesis 3, it was predicted that improvements in clients' perceptions of the quality of their relationship with the significant other would be significantly greater for the empty chair group than the cognitive restructuring group. More specifically, it was hypothesized that, compared to subjects in the cognitive restructuring group, subjects in the empty chair condition would demonstrate significantly greater decreases in their hostility toward the significant other (affiliation-self dimension) and in their negative perception of the other (affiliation-other dimension), and that they would demonstrate significantly greater independence or differentiation from the significant other (interdependence-self dimension). This hypothesis was not supported by the data. Although a significant between-group difference was detected at post-treatment for one of the three dimensions, the affiliation-other dimension, it was not in the expected direction, and no significant between-group differences were revealed at follow-up (Figures 7, 8,

and 9).

These findings indicate that subjects in both experimental conditions reported similar decreases in their hostility toward the significant other and similar increases in their independence or differentiation from the significant other at post-treatment and at follow-up. However, compared to subjects in the empty chair group, subjects in the cognitive restructuring group had a more positive view of their significant other, that is, they perceived their significant other to be less hostile toward them, immediately after treatment. The superior effectiveness of RET cognitive restructuring on the post-treatment affiliation-other dimension was, however, not maintained at follow-up.

A close examination of the data for the affiliation-other dimension seems to suggest that the progress achieved by subjects in the cognitive restructuring group at post-treatment was maintained at follow-up, whereas subjects in the empty chair condition showed little change at post-treatment but appeared to have caught up with the cognitive restructuring group at follow-up (see Figure 7). Thus, it is possible that both interventions may have had a similar impact on subjects' perceptions of their significant other, and that the differential treatment effects noted at post-treatment may simply reflect differences in the underlying change processes associated with each technique. As previously suggested, the empty chair dialogue may initiate a therapeutic process that continues to progress even after therapy has ceased, whereas continued improvement in RET cognitive restructuring may be less forthcoming without persistent interventions on the part of an external source such as the therapist.

Since post-treatment between-group differences on the affiliation-other dimension were not maintained at follow-up, and since no between-group differences were found on the other two Intrex dimensions either at post-treatment or at follow-up, the findings of this study seem to suggest that the empty chair and cognitive restructuring techniques may lead to similar changes in subjects' perceptions of the quality of their relationship with the significant other.

Subhypothesis 4. In subhypothesis 4, it was predicted that, compared to subjects in the cognitive restructuring group, subjects in the empty chair condition would demonstrate a lower tendency to control their anger. This hypothesis was not supported by the data. That is, no significant between-group differences were detected on the EA anger control scale at post-treatment or at follow-up (Figure 5).

This finding indicates that subjects in both experimental conditions reported similar increases in their tendency to control their anger at post-treatment and at follow-up. Previous findings revealed that the anger control scale may be related to the defensive use of rationality, repression, and denial for controlling emotions (Spielberger, Krasner, & Solomon, 1988). If the RET cognitive restructuring process encourages or reinforces the use of rationality to constrain angry feelings, as was suggested in an earlier discussion, then subjects in the cognitive restructuring condition would be expected to obtain higher scores on the anger control scale than subjects in the empty chair group. This assumption was not supported by the results of this investigation.

However, the findings obtained on the EA anger control scale may be somewhat unstable and, as such, should be interpreted with caution. As previously mentioned in the results section, Spielberger's (1988) original anger control scale was slightly modified in this study. Although it was assumed that, because the changes were minimal, they were not likely to affect Spielberger's original factor structure, it was not possible to verify or confirm this assumption. Further studies, in which the factor structure of the modified items would be tested with a large population, would be required to ascertain whether or not the results obtained on this measure are reliable.

Summary. In conclusion, findings for the subhypotheses are generally consistent with those obtained for the global hypothesis, and indicate that empty chair dialogue and cognitive restructuring techniques produced similar results on global measures of improvement in target complaints, on a measure of unfinished business resolution, on measures of subjects' perception of the quality of their relationship with the significant other, and on a measure of subjects' tendency to control their angry feelings.

As previously mentioned, these results may indicate that affective and cognitive techniques are equally effective in dealing with issues of unresolved anger toward a significant other. However, the absence of significant between-group differences in this study may also be attributable to other factors. The nature and potential influence of these factors, along with suggestions for future research were outlined in detail in the discussion pertaining to the global hypothesis.

### Limitations of this Study

One limitation of this study pertains to the composition of the sample. Since the subject sample was limited to well-educated women, the results of this study may not apply to other groups such as less-educated individuals or male subjects. Future studies would be required to verify whether or not the present findings can be generalized to other populations. In addition, this research project was conducted with an analogue population and the results may not extend to more distressed populations. That is, highly distressed individuals may respond differently to the interventions used in this study. Investigations in which real clients are used as subjects would be required to determine whether or not the findings of this study also apply to distressed populations.

Another area of limitation pertains to the specific context in which this study was conducted and to the small number of sessions that were offered to the subjects. The subjects who participated in this study were required to work only on a pre-selected problem, and they were given only two sessions with a counsellor. This may have created an artificial context which may not be representative of long-term counseling services offered in a clinical setting. Thus, the results of this study may be more applicable to individuals who come for short-term psychotherapy in order to deal with a specific issue, than to individuals who are involved in a longer course of therapy. Future studies would be required to determine whether or not the findings of this study can be generalized to individuals who come for brief or extended counseling in a clinical setting.

A final limitation of this study pertains to the brief interval between post-treatment and follow-up evaluations. Although follow-up testing one week after termination of therapy can provide useful indications concerning the short-term robustness of the treatments, assessment of the long-term effects of the interventions would require additional testing conducted a few months to a year after the end of treatment. Further studies are needed to ascertain whether or not the beneficial effects of the interventions used in this study are maintained over prolonged periods of time.

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## APPENDIX A

THERAPIST SELF-REPORT OF THERAPEUTIC ORIENTATION

FORM NO: 01

Therapist \_\_\_\_\_

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1. Please indicate how much you believe in or prefer each of the following orientations:

## a) Humanistic/Experiential

1	2	3	4	5
Not at all		Somewhat		Very Much

## b) Cognitive and/or Cognitive-Behavioral

1	2	3	4	5
Not at all		Somewhat		Very Much

## c) Psychoanalytic

1	2	3	4	5
Not at all		Somewhat		Very Much

## APPENDIX B

ORAL PRESENTATION OF RESEARCH PROJECT

FORM N0: 02

My name is Michelle Souliere, and I am a doctoral student in clinical psychology at the University of Ottawa. I am presently working on my doctoral dissertation, and I am looking for English-speaking female students between the ages of 18 and 55 to participate in a study of different therapeutic techniques to resolve anger problems. This study has been approved by the Research Ethics Committee of the Departments of Psychology and of Education. In addition, this project will be supervised by registered psychologists in the province of Ontario.

I am looking for female students who are experiencing a particular type of anger problem. That is, I am looking for persons who have unresolved angry feelings toward someone who has been significant to them in their past (e.g., mother, father, sibling, ex-spouse, partner, close friend, etc.). This type of anger problem is very common and tends to linger over prolonged periods of time. The angry feelings tend to persist even when there is little contact with the person concerned or when the relationship with the significant other has been terminated. This study focuses on angry feelings that are directed specifically toward a person who was significant in your past. By this I mean that, although the person toward whom you are experiencing anger or resentment may have been very important to you in the past, you have not talked to or seen this person more often than 12 times over the last 12 months. That is, it is not someone you are currently living with, or that you see on a very frequent and regular basis.

Selected participants will be asked to complete screening and research questionnaires, and attend two 60 to 75-minute counselling sessions aimed at resolving their lingering angry feelings. In total, participation in this study should involve a maximum of 8 to 10 hours spread over approximately three to four weeks. All participants will be free to discontinue participation in this study at any time.

I will give you a copy of the Research Project Information Form before I leave today. This form briefly summarizes the goal of the research project and provides a detailed outline of the steps involved in this project. It also provides information concerning how you can contact me if you have any questions about the research project or if you are interested in participating.

Please feel free to ask any questions you may have concerning this study.

## APPENDIX C

RESEARCH PROJECT INFORMATION FORM

FORM NO: 03

Researchers at the University of Ottawa are looking for English-speaking women between the ages of 18 and 55 to participate in a study of different therapeutic techniques to resolve lingering feelings of resentment or anger.

We are looking for women who have unresolved feelings of resentment or anger toward someone who has been significant to them in their past (e.g., mother, father, sibling, ex-spouse, partner, close friend, etc.). This type of issue, which is often called unfinished business, is very common, and it tends to linger over prolonged periods of time even when there is little or no contact with the person concerned. This study focuses on feelings of resentment or anger that are directed toward someone whom you do not see very frequently, someone whom you have not talked to more often than 12 times over the last 12 months.

Selected participants will be asked to complete screening and research questionnaires, and attend two 60 to 75-minute counselling sessions aimed at resolving their feelings of resentment and/or anger.

Participation in this project involves:

1. Coming in for an initial interview during which the type of issue selected for this study will be discussed.
2. Coming in for a pre-treatment testing session. The battery of research measures consists of tests that assess your perceptions of, and feelings about the significant person toward whom you have feelings of resentment or anger. (app. 30 min.)
3. Participating in two individual counselling sessions held on two consecutive weeks. (60 to 75 min. per session)
4. Completing the battery of research measures immediately after the second session, and again one week later. (app. 40 min.)

In total, your involvement in this study will take at most 8 to 10 hours spread over approximately three to four weeks. If you wish, a summary of the results of this investigation will be mailed to you once the study is completed. If you are interested in participating in this study please call: Michelle Souliere: 564-6875 or 233-9305

Thank you for your collaboration

## APPENDIX D

COUNSELLING RESEARCH PROJECT (NOTICE)

FORM NO: 04

Researchers at the University of Ottawa are looking for English-speaking women between the ages of 18 and 55 to participate in a study of different therapeutic techniques to resolve lingering feelings of anger or resentment.

We are looking for women who have unresolved feelings of resentment or anger toward someone who has been significant to them in their past (e.g., mother, father, sibling, ex-partner, close friend, etc.). This type of anger issue is very common and tends to linger over prolonged periods of time, even when there is little or no contact with the person concerned. This study focuses on angry or resentful feelings that are directed specifically toward a significant person in your past whom you have not talked to more often than 12 times over the last 12 months.

Selected participants will be asked to complete screening and research questionnaires, and attend two 60 to 75-minute counselling sessions aimed at resolving their lingering angry or resentful feelings. In total, participation in this study should involve a maximum of 8 to 10 hours spread over approximately three to four weeks. All participants will be free to discontinue participation in this study at any time.

If you are interested in participating in this study please call:

Michelle Souliere: 564-6875 or 233-9305

Thank you for your cooperation.

## APPENDIX E

CONSENT FORM

FORM NO: 05

The purpose of this research project is to examine methods of helping individuals complete unfinished business consisting of lingering unresolved angry feelings toward a significant other from their past. The methods used in this study have been especially designed to deal with angry feelings and have been found to be effective. In this study they are specifically used to resolve lingering feelings of anger toward a person who has been (and may still be) important in one's life. This research project is supervised by Dr. Henry Edwards, Dean of Social Sciences, Tabaret Hall (564-2250), and carried out by Michelle Souliere, B.A., Doctoral Candidate.

If you agree to participate in this project you will be required to complete a questionnaire (approximately 20 minutes) to determine whether or not you meet the requirements of this research project. If you do not meet the inclusion criteria, you will be given feedback on your initial testing. If you wish, referrals for counseling will be offered.

If you satisfy the requirements for participation, and you are still interested in becoming a participant, you will be asked to attend a testing session which involves completing a series of pencil and paper measures (approximately 60 minutes). You will then be assigned a counselor who will call within a week to ten days. You will receive two 60 to 75-minute sessions held on two consecutive weeks. Both sessions will focus on the issue of unfinished business that you presented in the beginning of counseling. The sessions will be conducted by senior doctoral level interns at the Centre for Psychological Services at the University of Ottawa, under the supervision of a psychologist registered in the province of Ontario. All of the sessions will be audiotaped for supervision and to ensure that the interventions are faithfully implemented. The counseling sessions are free of charge and will take place at the Centre.

You will be required to complete brief questionnaires after each session, and immediately before the second session (5 to 10 minutes). After the last session you will be asked to complete a series of research questionnaires (approximately 40 minutes), and you will be given an envelope containing additional tests to be completed one week later (approximately 30 minutes) and returned by mail (addressed and stamped envelope will be included in the package). All tests are pencil and paper measures.

Confidentiality of all audiorecordings and written responses will be respected according to the ethical guidelines of the Ontario Board of Examiners in Psychology. Only the people who are directly involved in the research will know your names. These include the principal

investigators, the clinical supervisors, the counselors, and the research assistant. Published results will be presented in group format and no individual will be identified thus ensuring anonymity.

If researchers wish to keep certain recordings for training purposes, you will be asked to sign a consent form to this effect. Otherwise, all recordings, written responses to questionnaires as well as progress notes written by the counselors will be kept in a confidential file at the Centre for Psychological Services.

Your participation in this study is voluntary. You may withdraw from the project at any time and/or request that your tapes be erased without penalty and without jeopardizing access to further counseling.

You can contact Michelle Souliere at the Centre for Psychological Services of the University of Ottawa (564-6875) if you have questions or concerns about this research project.

I have received a copy of this consent form and I have read and understood it. I hereby agree to participate in the testing and in this research project if I am selected.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of researcher \_\_\_\_\_

Signature of witness \_\_\_\_\_

#### CONFIRMATION OF CONSENT

I have been accepted into this study. I hereby confirm my consent to participate in this study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of researcher \_\_\_\_\_

Signature of witness \_\_\_\_\_

## APPENDIX F

STANDARDIZED SUBJECT SCREENING QUESTIONNAIRE

FORM NO: 06

If you are interested in participating in this study please answer the following questions. These questions will assist in determining whether you meet some of the criteria for inclusion in the study. Each question is followed by instructions to continue or stop answering questions based on the response you gave to that particular question.

1. Age \_\_\_\_\_ (If you are not between the ages of 18 and 55, stop here.)
2. Do you speak English fluently? \_\_\_\_\_ (If not, stop here.)
3. Which university degrees have you completed?  
 Bachelor's \_\_\_\_\_ Field of concentration/specialization \_\_\_\_\_  
 Master's \_\_\_\_\_ Field of concentration/specialization \_\_\_\_\_  
 Other \_\_\_\_\_  
 (If you have a graduate degree in psychology, stop here.)
4. Which university program are you presently enrolled in? \_\_\_\_\_  
 (If you are enrolled in a graduate program in psychology, stop here.)
5. How many psychology courses have you taken, including those you are presently attending? \_\_\_\_\_
6. Are you presently receiving any psychiatric or psychological treatment? \_\_\_\_\_ (If yes, stop here.)
7. Have you received any psychiatric or psychological treatment during the past month? \_\_\_\_\_ (If yes, stop here.)
8. As far as you know, will you be participating in any form of psychological, or psychiatric treatment in the next three months? \_\_\_\_\_ (If yes, stop here.)
9. Do you experience any problems related to alcohol/drugs? \_\_\_\_\_ (If yes, stop here.)

If you have answered all of the above and you are still interested in becoming a participant, please provide the personal information outlined on the next sheet.

APPENDIX G

CLIENT INFORMATION FORM

FORM NO: 07

Name \_\_\_\_\_ (Please print)

Address \_\_\_\_\_

Would you like to receive a summary of the results? \_\_\_\_\_ If yes, please ensure that the address you indicated above is your complete mailing address.

Marital Status \_\_\_\_\_

Are you a full-time or part-time student? \_\_\_\_\_

If you are working please indicate type and status (i.e., full-time or part-time) of occupation

\_\_\_\_\_

Phone: Home \_\_\_\_\_ Other \_\_\_\_\_

Please indicate which days of the week and which hours during the day you can be reached by phone:

Monday:	Morning _____	Afternoon _____	Evening _____
Tuesday:	Morning _____	Afternoon _____	Evening _____
Wednesday:	Morning _____	Afternoon _____	Evening _____
Thursday:	Morning _____	Afternoon _____	Evening _____
Friday:	Morning _____	Afternoon _____	Evening _____

Please indicate which days of the week and which hours during the day or evening you can come in for testing, assessment, or counseling sessions:

Monday:	Morning _____	Afternoon _____	Evening _____
Tuesday:	Morning _____	Afternoon _____	Evening _____
Wednesday:	Morning _____	Afternoon _____	Evening _____
Thursday:	Morning _____	Afternoon _____	Evening _____
Friday:	Morning _____	Afternoon _____	Evening _____

Assigned to \_\_\_\_\_

## APPENDIX H

SEMI-STRUCTURED ASSESSMENT INTERVIEW

FORM NO: 08

Date: \_\_\_\_\_ Client No: \_\_\_\_\_

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As you already know we are conducting a study of different therapeutic techniques to resolve anger problems.

We are looking for people with a particular type of anger problem for our study. That is, we are seeking persons who are experiencing lingering unresolved angry feelings toward someone who has been significant in their past. Selected participants will receive 2 therapy sessions of approximately 1 hour duration, and will be asked to complete various pencil and paper tests. Also, participants will be free to discontinue participation in this study at any time.

The purpose of this interview is to ascertain whether or not you meet additional inclusion criteria not included on the subject screening form and to ensure that you are actually experiencing the type of anger problem targeted in this study. (Clients who fail to meet criteria will be thanked for their interest, and appropriate referrals will be offered if required.)

First I would like to give you a brief explanation of what we mean by "lingering unresolved angry feelings toward a significant other from your past". This refers to feelings such as anger, rage, or resentment that you experience when you think about, remember, or come into contact with someone who has been important to you in the past. It may feel as though these feelings are always there somewhere; that is, even when you have not been aware of them for a while, they may easily come to the surface when you remember or are reminded of particular events or incidents involving this person. These feelings of anger never seem to change and, although you may sometimes have the impression that they have been resolved, they may reappear when you least expect them. Whenever they appear, you feel tense or uncomfortable, and you don't know what to do. You either keep these feelings to yourself, or you make a few blaming or accusing remarks or comments, but neither of these alternatives seems to change anything. This type of lingering anger or resentment is generally called unfinished business and it is usually involves someone who has been, and may still be, important to you such as a parent, a sibling, a friend, a spouse or partner. For example, you may harbor lingering angry feelings toward your brother because ever since you were children he has been belittling and criticising you.

1. Does this give you a good idea of the kind of angry feelings we are looking for in this study?

(Informal discussion during which the client may ask questions or request clarifications)

2. Are you experiencing the kind of lingering unresolved angry feelings or unfinished business we have been just talking about?

Yes\_\_\_\_ No\_\_\_\_  
(Answer must be yes)

3. Are these feelings directed toward a person who was important to you in your past?

Yes\_\_\_\_ No\_\_\_\_  
(Answer must be yes)

Could you tell me, in general terms (i.e., mother, father, sister, brother, close friend, spouse, intimate partner, etc.), who this person is?

Significant person: \_\_\_\_\_

4. Could you give me a brief description of the unfinished business (in terms of lingering angry feelings) you have with this person?

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5. Where you sexually abused or raped by this person?

Yes\_\_\_\_ No\_\_\_\_  
(Answer must be no)

6. Do you still experience these angry feelings in the present?

Yes\_\_\_\_ No\_\_\_\_  
(Answer must be yes)

7. How long have you been experiencing these angry feelings? \_\_\_\_\_  
(Must be at least one year)

8. Did you generally hold in, or interrupt the expression of these angry feelings in the past?

Yes\_\_\_\_ No\_\_\_\_  
(Answer must be yes)

9. Do you hold in and/or interrupt the expression of these angry feelings in the present?

Yes\_\_\_\_ No\_\_\_\_  
(Answer must be yes)

10. Have you interacted with the significant other during the last year?

Yes\_\_\_\_ No\_\_\_\_

If yes, could you tell me how often (i.e., number of times over the last year), the approximate length of each contact, and the modality (i.e., face to face, by telephone).  
(Maximum of 12 times over the last year)

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11. How much does this unfinished business still bother you today?

1	2	3	4	5
Not at all		Somewhat		Very Much

(Must be at least somewhat)

12. How willing are you to work on your lingering angry feelings toward your significant other during the sessions?

1	2	3	4	5
Definitely yes	Yes	Somewhat	Don't think so	Definitely not

(Must be at least somewhat)

Thank you. These are all of the questions I wanted to ask you. There is just one more step before I can tell you if you can be a participant in this study. But before we get to that I would like to ask you if you are still interested in becoming a participant?

If you become a participant you will be coming in for a pre-treatment testing session which should take about 75 minutes. All tests are pencil and paper measure. Approximately one week later you will attend the first counseling session; allow 75 to 90 minutes since there will be a brief questionnaire to complete after the session. After another week you will come for the second counseling session; allow for 2 to 2 and 1/2 hours since you will be asked to complete a brief questionnaire before the session and a series of tests after the session. At that time you will also be given an envelope containing questionnaires which we would like you to complete one week later and return by mail (a stamped return envelope will be included).

All of the sessions will be conducted by senior doctoral level interns under the supervision of psychologists registered in the province of Ontario. Both sessions will focus on the issue of lingering unresolved angry feelings that you were asked to briefly describe a few minutes ago. The sessions will be taped for supervision and to ensure proper implementation of the interventions. All session recordings and written responses will be kept confidential; only members of the research team will have access to these research materials. You may withdraw from this project at any time and ask that your audiotapes be erased.

Do you have any questions?

Now I would like you to complete a brief questionnaire (SCL-90-R) which is the last step in determining whether or not you will be a participant. But first I would like you to write down a brief summary of the unfinished business (in terms of lingering angry feelings toward a significant other from your past) that we talked about during this interview and that you wish to work on in the counselling sessions?

(If subject meets SCL-90-R criterion, she will be asked to sign the confirmation of consent on the last page of the Consent Form)

## APPENDIX I

TREATMENT RATIONALEFORM NO: 9A PRE/THERAPY

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## EMPTY CHAIR DIALOGUE

As you already know, in our next two sessions together we will be working on one specific issue, an issue of unfinished business which you have previously discussed with other members of the research team. That is, we will be focusing on lingering unresolved angry feelings that you experience toward someone who was significant in your life in the past.

Before we start I'd like to give you a description of what we will be doing, and a brief explanation of the rationale behind the approach we will be using. The basic idea underlying this approach is that all emotions, including anger, provide us with useful information about what is important to us in our daily lives. In order to fully benefit from the information that our emotions are conveying it is important not only to be aware of them, but also to feel them or experience them fully. This process allows us to develop a thorough and accurate understanding of events and situations, and then to decide among a variety of possible responses how we would like to react. However, we sometimes hold in, or constrain our feelings, especially feelings such as anger that are often perceived negatively in our society. This becomes problematic; it often leaves us feeling stuck and nothing seems to get resolved.

The approach we will be using focuses on fully arousing these constrained feelings of anger, and on directing their expression toward their appropriate object (i.e. your significant other) during the therapy session. The purpose of arousing and expressing your angry feelings is not to blame, manipulate, or change the other person, but simply to help you attend to your underlying needs, desires, or wants. By experiencing and expressing your angry feelings you will be doing something to take care of yourself; you can't change someone else but you can take care of yourself. This means that you can resolve unfinished business even without the cooperation of your significant other. This is especially important since your significant other may be either unwilling to listen or unavailable. Even if your significant other is available, once you have resolved your lingering angry feelings you may decide that it is not useful or even necessary to confront this person in real life.

TREATMENT RATIONALEFORM NO: 9A PRE/THERAPY

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## COGNITIVE RESTRUCTURING

As you already know, in our next two sessions together we will be working on one specific issue, an issue of unfinished business which you have previously discussed with other members of the research team. That is, we will be focusing on lingering unresolved angry feelings that you experience toward someone who was significant in your life in the past.

Before we start I'd like to give you a description of what we will be doing, and a brief explanation of the rationale behind the approach we will be using. The basic idea underlying this approach is that our emotions, including our angry feelings, are not directly determined by the persons or events that seem to provoke them, but rather by the underlying beliefs or thoughts we hold about these events or persons. That is, situations or events activate underlying beliefs pertaining to that class of events, and then these beliefs determine what emotion we will experience. In this approach, some emotions are considered to be negative and detrimental in that they tend to prevent us from attaining the goals we strive to achieve. These negative or detrimental emotions, which include anger and depression, are believed to stem from underlying beliefs systems that are considered to be too rigid and therefore, not realistic.

Since emotions are perceived as stemming from our beliefs, this approach focuses mainly on identifying the beliefs that underlie and trigger your feelings of anger. Once these beliefs have been clearly uncovered, we will examine how these beliefs contribute to, and even "cause" your feelings of anger, and whether or not these beliefs are consistent with reality and self-enhancing. The primary goal will be to change your feelings of anger, which are considered to be detrimental, to feelings of annoyance, which are considered to be more constructive. That is, annoyance is considered to be more constructive than anger because it is assumed that annoyance is more likely to lead to effective action and less likely to have a harmful or negative effect on your interpersonal relationships. This means that you can resolve your angry feelings even without the cooperation of your significant other. This is especially important since your significant other may be either unwilling to listen or unavailable.

APPENDIX J

TARGET COMPLAINTS MEASURE

FORM NO: 10A PRE/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

\_\_\_\_\_

PLEASE NAME, AND BRIEFLY DESCRIBE THE UNFINISHED BUSINESS (IN TERMS OF LINGERING ANGRY FEELINGS TOWARD A SIGNIFICANT OTHER FROM YOUR PAST) THAT YOU WISH TO WORK ON DURING THE COUNSELLING SESSIONS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



APPENDIX K

TARGET COMPLAINT DISCOMFORT BOX SCALE

FORM NO: 11A PRE/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

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KEEPING IN MIND THE UNFINISHED BUSINESS (I.E. LINGERING ANGRY FEELINGS TOWARDS A SIGNIFICANT OTHER FROM YOUR PAST) THAT YOU SELECTED FOR THE FOCUS OF COUNSELLING, IN GENERAL HOW MUCH DOES THIS ISSUE BOTHER YOU NOW?

PLEASE ANSWER THE QUESTION BY PLACING AN 'X' IN THE BOX THAT BEST DESCRIBES THE AMOUNT OF DISTURBANCE YOU FEEL NOW BECAUSE OF THE PROBLEM.

<input type="checkbox"/>	COULDN'T BE WORSE
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	VERY MUCH
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	QUITE A BIT
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	A LITTLE
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	NOT AT ALL

**TARGET COMPLAINT DISCOMFORT BOX SCALE**

FORM NO: 11B POST/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

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KEEPING IN MIND THE UNFINISHED BUSINESS (I.E. LINGERING ANGRY FEELINGS TOWARDS A SIGNIFICANT OTHER FROM YOUR PAST) THAT YOU SELECTED FOR THE FOCUS OF COUNSELLING, IN GENERAL HOW MUCH DOES THIS ISSUE BOTHER YOU NOW?

PLEASE ANSWER THE QUESTION BY PLACING AN 'X' IN THE BOX THAT BEST DESCRIBES THE AMOUNT OF DISTURBANCE YOU FEEL NOW BECAUSE OF THE PROBLEM.

<input type="checkbox"/>	COULDN'T BE WORSE
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	VERY MUCH
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	QUITE A BIT
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	A LITTLE
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	NOT AT ALL

## APPENDIX L

UNFINISHED BUSINESS SCALE

FORM NO: 12A PRE/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

INSTRUCTIONS

HERE IS A LIST OF QUESTIONS THAT ASK HOW YOU FEEL NOW IN TERMS OF YOUR UNFINISHED BUSINESS (I.E. LINGERING ANGRY FEELINGS) WITH THE SIGNIFICANT PERSON FROM YOUR PAST THAT YOU IDENTIFIED AT THE BEGINNING OF TREATMENT.

1. I feel troubled by my persisting unresolved feelings (anger and/or resentment) in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

2. I feel frustrated about not having my needs met by this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

3. I feel worthwhile in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

4. I see this person negatively.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

5. I feel comfortable about my feelings in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

6. This person's negative view or treatment of me has made me feel badly about myself.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Very much

7. I feel okay about not having received what I wanted from this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Very much

8. I feel unable to let go of my unresolved feelings in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Very much

9. I have a real appreciation of this person's own personal difficulties.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Very much

10. I have come to terms with not getting what I want or need from this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Very much

11. I view myself as being unable to stand up for myself in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Very much

12. I feel accepting towards this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Not at all Very much

UNFINISHED BUSINESS SCALE

FORM NO: 12B POST/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

INSTRUCTIONS

IN RELATION TO YOUR WORK IN THE TWO SESSIONS YOU HAVE COMPLETED, PLEASE INDICATE, ON THE ITEMS BELOW, HOW YOU FEEL NOW IN TERMS OF YOUR UNFINISHED BUSINESS (I.E. LINGERING ANGRY FEELINGS) WITH THE SIGNIFICANT PERSON FROM YOUR PAST THAT YOU IDENTIFIED AT THE BEGINNING OF TREATMENT.

1. I feel troubled by my persisting unresolved feelings (anger and/or resentment) in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

2. I feel frustrated about not having my needs met by this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

3. I feel worthwhile in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

4. I see this person negatively.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

FORM NO: 12B POST/T

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

5. I feel comfortable about my feelings in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

6. This person's negative view or treatment of me has made me feel badly about myself.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

7. I feel okay about not having received what I wanted from this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

8. I feel unable to let go of my unresolved feelings in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

9. I have a real appreciation of this person's own personal difficulties.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

10. I have come to terms with not getting what I want or need from this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

11. I view myself as being unable to stand up for myself in relation to this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

12. I feel accepting towards this person.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

## APPENDIX M

INTREX SHORT FORM B/HE-SHE/PRESENT/VERSION 2

FORM NO: 13A PRE/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

In the following questionnaire you will be asked to indicate how you perceive the interactions between yourself and the significant other whom you identified at the beginning of treatment (i.e. the person toward whom you experience lingering angry feelings). Answering the questions may involve remembering unpleasant situations. It may also be difficult to say negative things about a person who is, or was, close to you.

However, we are interested in how you see things. You are asked to rate the form according to your present view and not to worry about whether your ratings reflect how things really are or were. If you have any questions please ask about them.

Please use the attached answer sheet and indicate how well each question describes your current perception of the relationship between the person with whom you have unfinished business and yourself.

First, remember a troublesome episode related to your unfinished business with this person and, while thinking about that incident, rate this person and yourself.

HE/PRESENT

FORM NO: 13A PRE/T

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

Please use an answer sheet marked "interpersonal" and indicate how well each question describes:

**YOUR SIGNIFICANT OTHER PERSON FROM YOUR PAST**

Use the scale that appears at the top of the answer sheet.

---

1. He likes me and tries to see my point of view even if we disagree.
  2. He is closed off from me and mostly stays alone in his own world.
  3. He tells me my ways are wrong and I deserve to be punished.
  4. Without giving it a thought, he carelessly forgets me, leaves me out of important things.
- 

5. He trustingly depends on me, willingly takes in what I offer.
  6. With much love and caring, he tenderly approaches if I seem to want it.
  7. He bitterly, resentfully gives in, and hurries to do what I want.
  8. He peacefully and plainly states his own thoughts and feelings to me.
- 

9. To make sure things turn out right, he tells me exactly what to do and how to do it.
  10. He defers to me and conforms to my wishes.
  11. He has a clear sense of what he thinks, and chooses his own ways separately from me.
  12. Without caring what happens to me, he murderously attacks in the worst way possible.
- 

13. In a very loving way, he helps, guides, shows me how to do things.
  14. Without much concern, he gives me the freedom to do things on my own.
  15. He is joyful and comfortable, altogether delighted to be with me.
  16. Filled with disgust and fear, he tries to disappear, to break loose from me.
-

HE/PRESENT

FORM NO: 13A PRE/T

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

For questions #17 through #32, change from rating him to rating:

**YOURSELF IN THIS RELATIONSHIP**

---

- 17. I like him and try to see his point of view even if we disagree.
  - 18. I am closed off from him and mostly stay alone in my own world.
  - 19. I tell him his ways are wrong and he deserves to be punished.
  - 20. Without giving it a thought, I carelessly forget him, leave him out of important things.
- 

- 21. I trustingly depend on him, willingly take in what he offers.
  - 22. With much love and caring, I tenderly approach if he seems to want it.
  - 23. I bitterly, resentfully give in, and hurry to do what he wants.
  - 24. I peacefully and plainly state my own thoughts and feelings to him.
- 

- 25. To make sure things turn out right, I tell him exactly what to do and how to do it.
  - 26. I defer to him and conform to his wishes.
  - 27. I have a clear sense of what I think, and choose my own separate ways.
  - 28. Without caring what happens to him, I murderously attack him in the worst way possible.
- 

- 29. In a very loving way, I help, guide, show him how to do things.
  - 30. Without much concern, I give him the freedom to do things on his own.
  - 31. I am joyful and comfortable, altogether delighted with him.
  - 32. Filled with disgust and fear, I try to disappear, to break loose from him.
-

SHE/PRESENT

FORM NO: 13A PRE/T

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

Please use an answer sheet marked "interpersonal" and indicate how well each question describes:

**YOUR SIGNIFICANT OTHER PERSON FROM YOUR PAST**

Use the scale that appears at the top of the answer sheet.

---

1. She likes me and tries to see my point of view even if we disagree.
  2. She is closed off from me and mostly stays alone in her own world.
  3. She tells me my ways are wrong and I deserve to be punished.
  4. Without giving it a thought, she carelessly forgets me, leaves me out of important things.
- 

5. She trustingly depends on me, willingly takes in what I offer.
  6. With much love and caring, she tenderly approaches if I seem to want it.
  7. She bitterly, resentfully gives in, and hurries to do what I want.
  8. She peacefully and plainly states her own thoughts and feelings to me.
- 

9. To make sure things turn out right, she tells me exactly what to do and how to do it.
  10. She defers to me and conforms to my wishes.
  11. She has a clear sense of what she thinks, and chooses her own ways separately from me.
  12. Without caring what happens to me, she murderously attacks in the worst way possible.
- 

13. In a very loving way, she helps, guides, shows me how to do things.
  14. Without much concern, she gives me the freedom to do things on my own.
  15. She is joyful and comfortable, altogether delighted to be with me.
  16. Filled with disgust and fear, she tries to disappear, to break loose from me.
-

SHE/PRESENT

FORM NO: 13A PRE/T

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

For questions #17 through #32, change from rating him to rating:

**YOURSELF IN THIS RELATIONSHIP**

---

17. I like her and try to see her point of view even if we disagree.
  18. I am closed off from her and mostly stay alone in my own world.
  19. I tell her her ways are wrong and she deserves to be punished.
  20. Without giving it a thought, I carelessly forget her, leave her out of important things.
- 
21. I trustingly depend on her, willingly take in what she offers.
  22. With much love and caring, I tenderly approach if she seems to want it.
  23. I bitterly, resentfully give in, and hurry to do what she wants.
  24. I peacefully and plainly state my own thoughts and feelings to her.
- 
25. To make sure things turn out right, I tell her exactly what to do and how to do it.
  26. I defer to her and conform to her wishes.
  27. I have a clear sense of what I think, and choose my own separate ways.
  28. Without caring what happens to her, I murderously attack her in the worst way possible.
- 
29. In a very loving way, I help, guide, show her how to do things.
  30. Without much concern, I give her the freedom to do things on her own.
  31. I am joyful and comfortable, altogether delighted with her.
  32. Filled with disgust and fear, I try to disappear, to break loose from her.
-

**INTREX SHORT FORM B/HE-SHE/PRESENT/VERSION 2****FORM NO: 13B POST/THERAPY**

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

In the following questionnaire you will be asked to indicate how you perceive the interactions between yourself and the significant other whom you identified at the beginning of treatment (i.e. the person toward whom you have been experiencing lingering angry feelings).

We are interested in how you see things now. You are asked to rate the form according to your present view and not to worry about whether your ratings reflect how things really are or were. If you have any questions please ask about them.

Please use the attached answer sheet and indicate how well each question describes your current perception of the relationship between the person with whom you have had unfinished business and yourself.

First, remember a troublesome episode related to your unfinished business with this person and, while thinking about that incident, indicate your current perception of this person and yourself.

HE/PRESENT

FORM NO: 13B POST/T

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

Please use an answer sheet marked "interpersonal" and indicate how well each question describes:

**YOUR SIGNIFICANT OTHER PERSON FROM YOUR PAST**

Use the scale that appears at the top of the answer sheet.

---

1. He likes me and tries to see my point of view even if we disagree.
  2. He is closed off from me and mostly stays alone in his own world.
  3. He tells me my ways are wrong and I deserve to be punished.
  4. Without giving it a thought, he carelessly forgets me, leaves me out of important things.
- 

5. He trustingly depends on me, willingly takes in what I offer.
  6. With much love and caring, he tenderly approaches if I seem to want it.
  7. He bitterly, resentfully gives in, and hurries to do what I want.
  8. He peacefully and plainly states his own thoughts and feelings to me.
- 

9. To make sure things turn out right, he tells me exactly what to do and how to do it.
  10. He defers to me and conforms to my wishes.
  11. He has a clear sense of what he thinks, and chooses his own ways separately from me.
  12. Without caring what happens to me, he murderously attacks in the worst way possible.
- 

13. In a very loving way, he helps, guides, shows me how to do things.
  14. Without much concern, he gives me the freedom to do things on my own.
  15. He is joyful and comfortable, altogether delighted to be with me.
  16. Filled with disgust and fear, he tries to disappear, to break loose from me.
-

HE/PRESENT

FORM NO: 13B POST/T

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

For questions #17 through #32, change from rating him to rating:

**YOURSELF IN THIS RELATIONSHIP**

---

17. I like him and try to see his point of view even if we disagree.
  18. I am closed off from him and mostly stay alone in my own world.
  19. I tell him his ways are wrong and he deserves to be punished.
  20. Without giving it a thought, I carelessly forget him, leave him out of important things.
- 

21. I trustingly depend on him, willingly take in what he offers.
  22. With much love and caring, I tenderly approach if he seems to want it.
  23. I bitterly, resentfully give in, and hurry to do what he wants.
  24. I peacefully and plainly state my own thoughts and feelings to him.
- 

25. To make sure things turn out right, I tell him exactly what to do and how to do it.
  26. I defer to him and conform to his wishes.
  27. I have a clear sense of what I think, and choose my own separate ways.
  28. Without caring what happens to him, I murderously attack him in the worst way possible.
- 

29. In a very loving way, I help, guide, show him how to do things.
  30. Without much concern, I give him the freedom to do things on his own.
  31. I am joyful and comfortable, altogether delighted with him.
  32. Filled with disgust and fear, I try to disappear, to break loose from him.
-

SHE/PRESENT

FORM NO: 13B POST/T

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

Please use an answer sheet marked "interpersonal" and indicate how well each question describes:

**YOUR SIGNIFICANT OTHER PERSON FROM YOUR PAST**

Use the scale that appears at the top of the answer sheet.

---

1. She likes me and tries to see my point of view even if we disagree.
  2. She is closed off from me and mostly stays alone in her own world.
  3. She tells me my ways are wrong and I deserve to be punished.
  4. Without giving it a thought, she carelessly forgets me, leaves me out of important things.
- 

5. She trustingly depends on me, willingly takes in what I offer.
  6. With much love and caring, she tenderly approaches if I seem to want it.
  7. She bitterly, resentfully gives in, and hurries to do what I want.
  8. She peacefully and plainly states her own thoughts and feelings to me.
- 

9. To make sure things turn out right, she tells me exactly what to do and how to do it.
  10. She defers to me and conforms to my wishes.
  11. She has a clear sense of what she thinks, and chooses her own ways separately from me.
  12. Without caring what happens to me, she murderously attacks in the worst way possible.
- 

13. In a very loving way, she helps, guides, shows me how to do things.
  14. Without much concern, she gives me the freedom to do things on my own.
  15. She is joyful and comfortable, altogether delighted to be with me.
  16. Filled with disgust and fear, she tries to disappear, to break loose from me.
-

SHE/PRESENT

FORM NO: 13B POST/T

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

For questions #17 through #32, change from rating him to rating:

**YOURSELF IN THIS RELATIONSHIP**

---

17. I like her and try to see her point of view even if we disagree.
  18. I am closed off from her and mostly stay alone in my own world.
  19. I tell her her ways are wrong and she deserves to be punished.
  20. Without giving it a thought, I carelessly forget her, leave her out of important things.
- 

21. I trustingly depend on her, willingly take in what she offers.
  22. With much love and caring, I tenderly approach if she seems to want it.
  23. I bitterly, resentfully give in, and hurry to do what she wants.
  24. I peacefully and plainly state my own thoughts and feelings to her.
- 

25. To make sure things turn out right, I tell her exactly what to do and how to do it.
  26. I defer to her and conform to her wishes.
  27. I have a clear sense of what I think, and choose my own separate ways.
  28. Without caring what happens to her, I murderously attack her in the worst way possible.
- 

29. In a very loving way, I help, guide, show her how to do things.
  30. Without much concern, I give her the freedom to do things on her own.
  31. I am joyful and comfortable, altogether delighted with her.
  32. Filled with disgust and fear, I try to disappear, to break loose from her.
-

## APPENDIX N

EXPRESSION OF ANGER SCALE

FORM NO: 14A PRE/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

In this questionnaire, we would like you to indicate how you would express angry feelings toward your significant other (i.e. the person toward whom you are experiencing lingering angry feelings) if the significant other were in front of you *right now*.

A number of statements are listed below which people use to describe their reactions when they feel *angry* or *furious*. Read each statement and then the circle the number which indicates how you would respond (i.e., express your anger) to the significant other if he/she were in front of you right now.

Circle 1 for *Not at all*Circle 3 for *Moderately so*Circle 2 for *Somewhat*Circle 4 for *Very much so*

There are no right or wrong answers. In responding to each statement, give the answer that describes you best. Do not spend too much time on any one statement.

First, remember a troublesome episode during which you felt angry toward your significant other. Visualize that incident for about 2 minutes. Then complete the questionnaire. Please circle the number that corresponds most closely to what you would do.

FORM NO: 14A PRE/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

**How I Would Express Angry Feelings  
to the Significant Other Right Now**

21. I'd control my temper.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

22. I'd express my anger.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

23. I'd keep things in.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

24. I'd be patient with the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

25. I'd pout or sulk.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

26. I'd withdraw from the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

27. I'd make sarcastic remarks to the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

28. I'd keep my cool.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

29. I'd do things like slam doors.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

30. I'd boil inside, but I wouldn't show it.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

31. I'd control my behavior.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

32. I'd argue with the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

33. I'd tend to harbor grudges that I wouldn't tell the significant other about.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

34. I'd strike out at the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

35. I would stop myself from losing my temper.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

## FORM NO: 14A PRE/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

36. I'd secretly be quite critical of the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

37. I'd be angrier than I would be willing to admit.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

38. I'd calm down faster than most people.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

39. I'd say nasty things.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

40. I'd try to be tolerant and understanding.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

41. I'd be irritated a great deal more than the significant other would be aware of.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

42. I'd loose my temper.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

43. If the significant other annoyed me, I'd be apt to tell him or her how I feel.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
 Not at all Very much

FORM NO: 14A PRE/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

44. I'd control my angry feelings.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

EXPRESSION OF ANGER SCALEFORM NO: 14B POST/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

In this questionnaire, we would like you to indicate how you would express angry feelings toward your significant other (i.e. the person toward whom you have been experiencing lingering angry feelings) if the significant other were in front of you *right now*.

A number of statements are listed below which people use to describe their reactions when they feel *angry* or *furious*. Read each statement and then circle the number which indicates how you would respond (i.e., express your anger) to the significant other if he/she were in front of you right now.

Circle 1 for *Not at all*Circle 3 for *Moderately so*Circle 2 for *Somewhat*Circle 4 for *Very much so*

There are no right or wrong answers. In responding to each statement, give the answer that describes you best. Do not spend too much time on any one statement.

First, remember a troublesome episode during which you felt angry toward your significant other. Visualize that incident for about 2 minutes. Then complete the questionnaire. Please circle the number that corresponds most closely to what you would do.

Date:

Client No: \_\_\_\_\_

**How I Would Express Angry Feelings  
to the Significant Other Right Now**

21. I'd control my temper.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

22. I'd express my anger.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

23. I'd keep things in.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

24. I'd be patient with the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

25. I'd pout or sulk.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

26. I'd withdraw from the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

27. I'd make sarcastic remarks to the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

## FORM NO: 14B POST/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

28. I'd keep my cool.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

29. I'd do things like slam doors.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

30. I'd boil inside, but I wouldn't show it.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

31. I'd control my behavior.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

32. I'd argue with the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

33. I'd tend to harbor grudges that I wouldn't tell the significant other about.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

34. I'd strike out at the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

35. I would stop myself from losing my temper.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

36. I'd secretly be quite critical of the significant other.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

37. I'd be angrier than I would be willing to admit.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

38. I'd calm down faster than most people.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

39. I'd say nasty things.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

40. I'd try to be tolerant and understanding.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

41. I'd be irritated a great deal more than the significant other would be aware of.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

42. I'd loose my temper.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

43. If the significant other annoyed me, I'd be apt to tell him or her how I feel.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

---

44. I'd control my angry feelings.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Not at all Very much

## APPENDIX O

POST-SESSION THERAPIST REPORT

FORM NO: 15 POST/SESSION

Therapist Name: \_\_\_\_\_

Session No.: \_\_\_\_\_

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IN TERMS OF THE SESSION YOU HAVE JUST COMPLETED:

1. Did you and your client work on the client's lingering angry feelings towards a significant person from the client's past in this session ? (regardless of intervention used)

1. Yes

2. No

2. If your answer to question (1) is "Yes", please specify the client's significant person.

Significant person \_\_\_\_\_

3. In terms of the work in this session, please enter an "X" on one of the lines below to indicate your perception of the degree to which your client resolved his/her lingering angry feelings towards this person.

7. Fully resolved \_\_\_\_\_

6. Considerably \_\_\_\_\_

5. Quite a bit \_\_\_\_\_

4. Moderately resolved \_\_\_\_\_

3. A bit \_\_\_\_\_

2. A little bit \_\_\_\_\_

1. Not at all resolved \_\_\_\_\_

4. What experimental intervention were you expected to use?

1. Empty Chair

2. Cognitive Restructuring



## APPENDIX P

POST-SESSION CLIENT REPORT

FORM NO: 16 POST/SESSION

Session No.: \_\_\_\_\_

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

PLEASE RESPOND TO THE FOLLOWING ITEMS IN TERMS OF THE SESSION YOU HAVE JUST COMPLETED:

1. Did you and your therapist work on your lingering angry feelings towards a significant person from your past in this session?

1. Yes

2. No

2. If your answer to question (1) is "Yes", please identify your significant person.

Significant person \_\_\_\_\_

3. In terms of the work in this session, please enter an "X" on one of the lines below to indicate the degree to which you feel you have resolved your lingering angry feelings towards this person.

- |                        |       |
|------------------------|-------|
| 7. Fully resolved      | _____ |
| 6. Considerably        | _____ |
| 5. Quite a bit         | _____ |
| 4. Moderately resolved | _____ |
| 3. A bit               | _____ |
| 2. A little bit        | _____ |
| 1. Not at all resolved | _____ |

Session No.: \_\_\_\_\_

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

## 4. How do you feel about the session which you have just completed?

This session was:

1	2	3	4	5	6	7
Perfect	Excellent	Very good	Pretty good	Fair	Pretty poor	Poor

## 5. How much progress do you feel you made in dealing with your lingering angry feelings towards the significant person identified in question (2).

1. A great deal \_\_\_\_\_
2. Considerable progress \_\_\_\_\_
3. Moderate progress \_\_\_\_\_
4. Some progress \_\_\_\_\_
5. Little progress \_\_\_\_\_
6. Didn't get anywhere this session \_\_\_\_\_
7. In some ways my problem seems to have gotten worse this session \_\_\_\_\_

## 6. How helpful do you feel your therapist was to you this session?

1. Completely helpful \_\_\_\_\_
2. Very helpful \_\_\_\_\_
3. Pretty helpful \_\_\_\_\_
4. Somewhat helpful \_\_\_\_\_
5. Slightly helpful \_\_\_\_\_
6. Not at all helpful \_\_\_\_\_
7. Less than helpful \_\_\_\_\_

## APPENDIX Q

WORKING ALLIANCE INVENTORY: POST/THERAPY

FORM NO: 17 POST/THERAPY

Date: \_\_\_\_\_

Client No: \_\_\_\_\_

On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her therapist (counsellor). As you read the sentences, mentally insert the name of your therapist (counsellor) in place of \_\_\_\_\_ in the text.

Below each statement inside, there is a seven-point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

If the statement describes the way you always feel (or think), circle the number '7'; if it never applies to you, circle the number '1'. Use the numbers in between to describe the variations between these extremes.

**This questionnaire is CONFIDENTIAL :**

**neither your therapist nor the agency will see your answers.**

Work fast; your first impressions are the ones we would like to see. (PLEASE DON'T FORGET TO RESPOND TO EVERY ITEM).

Thank you for your cooperation.

Copyright A. O. Horvath, 1981, 1982.

Client No: \_\_\_\_\_

FORM NO: 17 POST/T

1. I feel uncomfortable with \_\_\_\_\_

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

2. \_\_\_\_\_ and I agree about the things I will need to do in therapy to help improve my situation.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

3. I am worried about the outcome of these sessions.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

4. What I am doing in therapy gives me new ways of looking at my problem.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

5. \_\_\_\_\_ and I understand each other.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

6. \_\_\_\_\_ perceives accurately what my goals are.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

Client No: \_\_\_\_\_

FORM NO: 17 POST/T

7. I find what I am doing in therapy confusing.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

8. I believe \_\_\_\_ likes me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

9. I wish \_\_\_\_ and I could clarify the purpose of our sessions.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

10. I disagree with \_\_\_\_ about what I ought to get out of therapy.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

11. I believe the time \_\_\_\_ and I are spending together is not spent efficiently.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

12. \_\_\_\_ does not understand what I am trying to accomplish in therapy.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

Client No: \_\_\_\_\_

FORM NO: 17 POST/T

---

13. I am clear on what my responsibilities are in therapy.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

14. The goals of the sessions are important to me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

15. I find what \_\_\_\_\_ are doing in therapy is unrelated to my concerns.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

16. I feel that the things I do in therapy will help me to accomplish the changes that I want.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

17. I believe \_\_\_\_\_ is genuinely concerned for my welfare.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

18. I am clear as to what \_\_\_\_\_ wants me to do in these sessions.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

Client No: \_\_\_\_\_

FORM NO: 17 POST/T

19. \_\_\_\_\_ and I respect each other.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

20. I feel that \_\_\_\_\_ is not totally honest about his/her feelings toward me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

21. I am confident in \_\_\_\_\_'s ability to help me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

22. \_\_\_\_\_ and I are working towards mutually agreed upon goals.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

23. I feel that \_\_\_\_\_ appreciates me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

24. We agree on what is important for me to work on.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

Client No: \_\_\_\_\_

FORM NO: 17 POST/T

---

25. As a result of these sessions, I am clearer as to how I might be able to change.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

26. \_\_\_\_\_ and I trust one another.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

27. \_\_\_\_\_ and I have different ideas on what my problems are.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

28. My relationship with \_\_\_\_\_ is very important to me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

29. I have the feeling that if I say or do the wrong things, \_\_\_\_\_ will stop working with me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

30. \_\_\_\_\_ and I collaborate on setting goals for my therapy.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

Client No: \_\_\_\_\_

FORM NO: 17 POST/T

---

31. I am frustrated by the things I am doing in therapy.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

32. We have established a good understanding of the kind of changes that would be good for me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

33. The things that \_\_\_\_\_ is asking me to do don't make sense.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

34. I don't know what to expect as the result of my therapy.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

35. I believe the way we are working with my problem is correct.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

36. I feel \_\_\_\_\_ cares about me even when I do things that he/she does not approve of.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

---

APPENDIX R  
BETWEEN-SESSION CLIENT REPORT

FORM NO: 18 BETWEEN/SESSION

Date: \_\_\_\_\_ Client No: \_\_\_\_\_

---

1. Did you and your therapist work on your lingering angry feelings towards a significant person in your past during the last session?

1. Yes                      2. No

IF YOUR ANSWER TO QUESTION (1) IS "YES", PLEASE ANSWER THE FOLLOWING QUESTIONS, IF YOUR ANSWER IS "NO", DO NOT ANSWER THE NEXT QUESTIONS.

2. Specify your significant person.

Significant person \_\_\_\_\_

3. How much progress do you feel you made in dealing with your lingering angry feelings towards this significant other since the last session?

1. A great deal of progress.    \_\_\_  
 2. Considerable progress.      \_\_\_  
 3. Moderate progress.          \_\_\_  
 4. Some progress.                \_\_\_  
 5. Didn't get anywhere.        \_\_\_

4. Has anything unusual happened during the week, other than the session, to which you attribute this change or progress? If so, what?

## APPENDIX S

IMPLEMENTATION CHECKLIST

FORM NO: 19

Client No. \_\_\_\_\_ Session No. \_\_\_\_\_ Monitor \_\_\_\_\_

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Instructions to monitors: Place one check mark on the rating form beside an intervention each time that intervention is noted. An intervention is defined as a therapist statement.

---

1. \_\_\_\_\_ The therapist explores the client's view of his/her angry feelings and looks for ambivalent feelings about changing feelings of anger toward a significant other (i.e. parent, sibling, spouse, friend, or other).
2. \_\_\_\_\_ The therapist suggests a dialogue between the client and a significant other. The therapist may also provide a rationale for this type of dialogue.
3. \_\_\_\_\_ The therapist discusses goals for change, i.e., changing angry feelings, and seeks to obtain consent of client to consider more constructive alternatives to anger.
4. \_\_\_\_\_ The therapist helps the client understand the advantages and disadvantages of changing feelings of anger to those of annoyance.

Process Focus

5. \_\_\_\_\_ The therapist attempts to increase the client's level of emotional arousal by intensifying the client's sense of the significant other's presence in the session.
6. \_\_\_\_\_ The therapist invites the client to begin a dialogue in whatever way seems appropriate, instructs the client to talk directly to the other in the empty chair, and to express whatever he/she is experiencing at the moment.
7. \_\_\_\_\_ The therapist asks for a specific example of the client's anger problem with a significant other.
8. \_\_\_\_\_ The therapist attends to how the client expresses himself/herself to the significant other in the empty chair ( or how the client enacts the other in the empty chair), noting whether it is spontaneous or deliberate, and exploring client's reluctance or resistance to engage in a vivid and spontaneous interaction with the other.

Client No. \_\_\_\_\_ Session No. \_\_\_\_\_ Monitor \_\_\_\_\_

---

9. \_\_\_\_\_ The therapist helps the client identify the most relevant part of the significant other's behavior that triggered his/her irrational beliefs that underpin his/her anger.
10. \_\_\_\_\_ The therapist attends to, and/or attempts to intensify the client's immediate here and now emotional experiencing by focusing on verbal and nonverbal cues. The therapist may slow the client down so that the affect can be fully experienced or ask the client to attend to, repeat or intensify some of his/her verbal or nonverbal expressions.
11. \_\_\_\_\_ The therapist attempts to identify threats to self worth. This is achieved through questions "about" client's feelings, and no references are made to the client's here and now experiencing.
12. \_\_\_\_\_ The therapist encourages the client to own his/her experience, directs the client to speak from his/her own experiencing and express feelings in terms of "I" statements.
13. \_\_\_\_\_ The therapist verifies the relationship between client's anger toward the significant other and threats to his/her self-worth by deliberately changing the circumstances of the client's encounter with the significant other.
14. \_\_\_\_\_ The therapist helps the client to clearly differentiate his/her emotional experience, to separate and identify the various emotions he/she is experiencing. The therapist may reflect incongruencies between the client's verbal and nonverbal communication or may make personal observations or guesses about the client's internal experience.
15. \_\_\_\_\_ The therapist teaches the client that his/her feelings are determined by his/her beliefs rather than by the activating events or the behavior of others. This is achieved through questions and short didactic explanations.
16. \_\_\_\_\_ The therapist encourages the client to fully express his/her feelings to the significant other. Both verbal and nonverbal expressions of emotions may be suggested.
17. \_\_\_\_\_ The therapist checks that the client has understood and accepts the relationship between his/her angry feelings and his/her underlying beliefs or attitudes.

Client No. \_\_\_\_\_ Session No. \_\_\_\_\_ Monitor \_\_\_\_\_

---

18. \_\_\_\_\_ The therapist asks and helps the client to enact the significant other in the empty chair. The therapist may instruct and assists the client to focus on, and represent, in both verbal and nonverbal expression, the key negative aspects of the significant other.
19. \_\_\_\_\_ The therapist assesses the irrational beliefs that underpin the client's anger (including threats to self-worth when related to client's anger) by asking questions and giving the client feedback, or didactic explanations with respect to his/her answers.
20. \_\_\_\_\_ The therapist attempts to access the client's initial feelings in response to what the significant other has said in the empty chair.
21. \_\_\_\_\_ The therapist helps the client understand or elicits his/her understanding concerning the connection between his/her irrational beliefs and his/her anger (or other disturbed emotion).
22. \_\_\_\_\_ The therapist directs the client to shift from portraying the other in the empty chair to responding as himself/herself, or vice versa.
23. \_\_\_\_\_ The therapist encourages the client to identify and express unfulfilled needs and expectations to the significant other.

### Resolution of Angry Feelings

24. \_\_\_\_\_ The therapist disputes the irrational beliefs that underlie the client's anger (including those that underlie threats to self-worth when they are related to the client's anger), helps the client achieve an intellectual understanding of the point that his/her rational beliefs are more viable and more productive than his irrational beliefs. This is achieved through the use of open-ended, Socratic-type questions and short didactic explanations to clarify various points.
25. \_\_\_\_\_ Using Socratic questioning and brief didactic explanations, the therapist helps the client understand that a weak conviction in his/her rational beliefs is insufficient to promote change and that he/she can strengthen his/her conviction in rational beliefs by disputing his/her irrational beliefs and replacing them with their rational alternatives within and between therapy sessions.

Client No. \_\_\_\_\_ Session No. \_\_\_\_\_ Monitor \_\_\_\_\_

---

26. \_\_\_\_\_ The therapist supports the emergence of a different, more positive or less dominant representation of the other.
27. \_\_\_\_\_ The therapist collaborates with the client in developing homework assignments that are aimed at changing the irrational beliefs that have been targeted.
28. \_\_\_\_\_ The therapist supports the letting go of unfulfilled expectations in relation to the significant other and the emerging of a new understanding of the other and of the relationship with the other.
29. \_\_\_\_\_ The therapist checks on what the client has learned from doing the homework assignments. If the client has failed to execute the homework the therapist helps him/her identify the reasons why he/she did not carry out the assignment.
30. \_\_\_\_\_ The therapist suggests that the client say goodbye to the significant other in a manner that fits the client's experience and need.
31. \_\_\_\_\_ The therapist helps the client strengthen his/her conviction in his/her rational beliefs in order to achieve enduring therapeutic change.
32. \_\_\_\_\_ The therapist discusses the client's dialogue experience or suggests the client sit with the experience for reflexive meaning to emerge.

Additional Category

33. \_\_\_\_\_ Other.

### EXPLICATION OF IMPLEMENTATION CHECKLIST CATEGORIES

1. What's your view of why your anger towards this person is a problem for you?...So is it the case that you think that you either get mad and tell this person off and that gets you into trouble, or you bottle up your feelings but have the idea that its harmful to hold things in.
2. I think it might be helpful to bring him/her (significant other) in and kind of have a dialogue with her...Are you willing to do try that? It can often be quite helpful there's a lot there and it might be helpful to express some of that to him/her.
3. Well there is another alternative to holding in or expressing your anger, one which acknowledges that you have negative feelings when your significant other acts in a way that you don't like, but one which gives you greater freedom about whether or not to express your feelings. Would you be interested in this third alternative?
4. This category is marked when the therapist points out the constructive aspects of annoyance (i.e., it aids effective action and tends to lead to improved interpersonal relationships through a nonblaming discussion of what is going on in those relationships) and the destructive aspects of anger (i.e., it inhibits effective action and tends to lead to deteriorating interpersonal relationships).
5. Can you imagine him/her here...Can you describe him/her to me...Can you imagine the sound of his/her voice...Can you see him/her.
6. What do you want to say to him/her?...So tell him/her... Tell him/her about how you feel.
7. Let's look at a specific example of your anger toward this person (significant other), one that would give me a clear idea of what type of situation you make yourself angry about.
8. Can you see him/her? I'm not sure if you're in contact with her. (Client: Yeah. I don't know. It's partly that I can't stand to see him/her the way he/she was before he/she died.) So what is it that's too difficult to see, that you can't stand?
9. Let's assume for the moment that you were right about this person (significant other), that he/she was trying to provoke you. Provoke you in what way?
10. What's the feeling? What's happening inside?...Just feel how much hurt is in there right now...Uh, huh, so do this some more make the sound....Say that to him/her again. Try it a little louder, just to see how that goes...Breathe, breathe.

11. And how do you feel about not doing too well at work? (Client: Not too good.) How bad do you feel? (Client: Pretty shitty.) I don't quite get the quality of the feeling. (Client: I feel depressed about it.)
12. Now I'm just going to ask you to change your sentence just a little bit. Instead of "You don't listen to me," try "I resent you not listening to me" or "I'm angry at you for not listening to me" or anything like that. Just start with "I am".
13. Would you have felt angry about his/her provocation if you didn't feel shitty about not doing well at work?...So there seems to be a relationship between you feeling depressed about your performance at work, and your angry feelings toward this person. What do you think?
14. What's your frustration? Your face is very...It's like there is an appeal to her. You should have been more. (Client: Yeah. Why couldn't you live. Why did you have to give up?) She left you without what?...Sounds like your kind of mad at yourself for wanting acceptance...I have a hunch that you constrict your anger because you are afraid of it. Is that true?...Are you feeling more hurt or more mad?
15. Do you think that everyone who is not doing well at work feels depressed about it?...Psychologists today have done a lot of research that supports the view that people make themselves psychologically disturbed, including depressed and angry, not by the events themselves but by the attitudes they hold about events like not doing well at work. Does this make sense?
16. Tell him how mad you are at him...OK, now I want you just to stay in that place, keep your voice up, and just tell him about everything that he makes you furious with...Hit with the bat while you say things like, "Jerry, I'm angry at you for not listening to me."
17. Let me see then if I've made myself clear. What's my point?...That's right. What do you think of that point?
18. Sit in the other chair for a moment and be your significant other...Just sit there for a moment and allow yourself to create what you believe he might say or do...Say and do what you imagine he/she would say and do...Yeah, do that again cause there's the disgust. Express some of this. Put a sound to it.
19. It seems important for you to do well at work. Right?...Well that's what we call a rational belief, and if you stick to this belief you'd feel disappointed about not doing well at work, but you wouldn't feel depressed. If you escalate your rational belief to an irrational one, namely, I absolutely have to do well at work, you'll be depressed when you don't and you'll tend to conclude "I'm inadequate when I don't do as well as I must."

Given that you were vulnerable to being reminded of your own feelings of inadequacy, what must did you have about this person's behavior to make yourself feel angry with him/her? (Client: He must not remind me of my inadequacy?)

20. What's it like to receive that message?... What happens for you when he/she says...? What was it like for you?
21. Can you understand that as long as you demand that you must achieve good results at work and that you are an inadequate person if you don't then you are bound to make yourself depressed when you achieve poor results as you are currently doing?...In order to change your feeling of depression to one of disappointment, what do you need to change first? (Client: The belief that I must achieve good results.) If you believe that others must not remind you of your own inadequacies, can you see that this belief will lead to your angry feelings? (Client: Yes, and I need to change that belief as well.)
22. Change chairs. What does he/she say?
23. So what did you want from him/her?...Tell him/her what you needed...Say this, "I wanted you to understand".
24. We know that achieving good results at work is important to you, but where is the evidence that you must achieve what you want to achieve?...Is it good logic to say "Because I want to do well therefore I must?"...There are three reasons to give up that must: a) It doesn't reflect reality; b) it's illogical; and c) it will give you poor results, in this case depression.  
  
Is it consistent with reality to say that he/she is a rotten person because he/she reminds you of your inadequacy?...Now is it logical to say that he is rotten for doing a rotten thing?...Where is believing that he/she is rotten going to get you?
25. Do you think that the knowledge that rational beliefs are more viable and will get you better results is all you'll need to overcome your anger and depression?...Why not?...You've been practising wrong thinking patterns for years and in order to change them, you'll have to catch yourself thinking irrationally and correct yourself.
26. (This usually occurs while client is enacting significant other). Tell her, "I'm sorry I couldn't give you what you needed."... Tell her again, "I let you closer than I ever let anybody".
27. How do you think you could practice replacing your irrational beliefs by their rational alternatives outside of therapy?
28. (In the self chair) Can you say, at some level "I can accept that that's how it was."...Tell him/her what you liked.

29. What did you learn from doing the homework assignment?...Why do you think you didn't carry out the homework assignment?

30. Can you say goodbye to her now...Are you ready to say goodbye?

We're approaching the end of time today. Would you be willing to tell him/her that you are still holding on to some anger?...Say goodbye to him/her for now and tell him/her whether or not you would like to talk with him/her again.

31. Different homework assignments are suggested to change the same belief, the nonlinear model of change is discussed (i.e., the client will probably experience some difficulties in sustaining his/her success at disputing his/her irrational beliefs), and the client is encouraged to become his/her own therapist (i.e., develop his/her own homework assignments).

32. What did you do for yourself today...Just allow yourself to stay with those feelings as long as you need to.