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VALUED MOMENTS OF THERAPEUTIC MOVEMENT AND CHANGE:
DISTRIBUTION, RATE OF OCCURRENCE, SEQUENCES, AND COVARIATION

WAYNE PETER NADLER

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

Ottawa, Canada

1988



Wayne Peter Nadler, Ottawa, Canada, 1988.

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EXECUTIVE SUMMARY

Introduction

The following material represents an attempt to provide a concise summary of information pertaining to the conceptual context, instrumentation, procedure, research questions and findings of the present investigation. This was deemed advisable given the unusual nature and breadth of the study, and the length of the actual dissertation manuscript.

Conceptual Context

This first section of the executive summary outlines the nature and type of research that was conducted, and how it fits into the framework of contemporary psychotherapy research.

The intent of the present investigation was twofold: 1. to develop a research instrument that would allow judges to identify client statements that represented one or more of 12 different, but not mutually exclusive, types of valued client processes, where "valued" was defined as some client behavior demonstrating therapeutic change, improvement, progress, or movement; and 2. to apply this instrument to 8 exemplary sessions of actual psychotherapy, 4 each from Carl Rogers and Albert Ellis, in order to describe the distribution, rate of occurrence, sequencing, and covariation of these valued client processes.

This study, therefore, examines client process and also acknowledges that there are certain moments in psychotherapy sessions that deserve special attention, as it seems likely that change is

occurring in the client during such moments. Many of the recent studies in this area (cf. Elliott, 1983a, 1983b, 1984; Greenberg, 1984; Rice & Saperia, 1984) perform an intensive empirical and clinical analysis of a single change event. According to these researchers it is different moments of client behavior can have very different meanings and significances depending upon the context and client's subjective experience of each moment. While supporting the idea that context and subjective experience are important, and that no two instances of the same client process are necessarily the same in value, the present investigation did not include an examination of context or experience, as these areas of study were perceived as logically flowing from and following a description of the sheer occurrence of the phenomena, something that has been lacking until now.

Given that there had been no previous studies examining the occurrence and patterning of many different types of valued moments the present investigation was exploratory or discovery-oriented (Mahrer, in press). It was not a traditional theory-based, hypothesis testing study. However, the areas to be explored were framed in hypothesis form in order to facilitate the organization of the manuscript, and to take into consideration whatever prior research findings seemed potentially related.

Instrumentation

A comprehensive review of the psychotherapy process and process-outcome literature was performed with a view to constructing a research instrument which would encompass the many types of client

in-therapy behaviors or actions that researchers specified as important for, or essential to, the process of client change (Mahrer, 1985; Mahrer & Nadler, 1986). A pan-theoretical category system of valued moments was formulated, including valued client processes from humanistic, psychodynamic, and behaviorial approaches to psychotherapy as they are embodied in published research. A brief version of the category system is provided below:

THE CATEGORY SYSTEM OF VALUED MOMENTS

1. Providing meaningful material about personal self and/or interpersonal relations. The client is providing (reporting, describing, expressing) material which is meaningful (useful, important, revealing, significant), and which pertains to the personal self and/or interpersonal relations.
2. Describing-exploring the personal nature and meaning fo feelings. The client is engaging in bodily-felt, inner-focused description and exploration of the personal nature and meaning of immediate and ongoing feelings.
3. Emerging of previously warded-off material. The client is expressing significant material which had been previously warded-off (defended against), and is now accompanied with strong positive or negative feelings.
4. Expressing insight-understanding. The client is expressing insight-understanding, indicative of a substantial change in the mode of seeing-construing oneself and the world, and bearing significant implications for the client's well-being, personal, and interpersonal behavior.
5. Communicating expressively. The client is communicating in a manner characterized by a) a voice quality that is active, alive, energetic, fresh, spontaneous and vibrant, and/or b) vividness and richness of speech, colorful use of imagery and metaphor, strong sensual quality.
6. Manifesting a good working relationship with therapist. The client's relationship with the therapist is characterized by high trust level, confidence in the helping intent of the therapist, valuing of the working alliance, active cooperation in the search for meaningful material, acceptance for the substantive responsibility for effecting personal change.
7. Expressing strong feelings towards therapist. The client is expressing strong positive or negative feelings toward the therapist in an intensely personal relationship indicative of emotional bonding, confrontation, encounter, clash, or

transference.

8. Expressing strong feelings in extra-therapy contexts. The client is expressing strong feelings within the context of extra-therapy scenes and situations which may be recent or remote, real or fantasied, personal or impersonal, internal or external.
9. Manifesting a qualitatively altered personality state. The client is manifesting (being, expressing) a qualitatively new and different personality state indicative of a radical shift or transformation in substantive personality.
10. Undergoing new behaviors in imminent extra-therapy world. The client is undergoing (expressing, trying out) new ways of being and behaving within the imagined or fantasized imminent extra-therapy world.
11. Manifesting or reporting changes in target behaviors. The client is manifesting or reporting the increased or decreased occurrence of behaviors (symptoms, thoughts, feelings) which have been targeted as change-markers.
12. Expressing a general state of well-being. The client is expressing a general state of well-being characterized by relief, resolution of problems, self-satisfaction, happiness, and good feelings.

The development of this category system constituted the first phase of the present study. In a second phase it was employed in the study of psychotherapy process as described below.

Procedure

The category system of valued moments was employed by a diverse group of from 10 to 12 judges in the analysis of 8 sessions of psychotherapy, 4 each by Carl Rogers and Albert Ellis. The judges went through each of these 8 sessions on a client statement by client statement basis, listening to audio recordings and following with verbatim transcripts. There were two stages to the analysis of each session. In the first stage, the 12 different categories of valued moments were allocated to the judges so that each judge was responsible for just 4 categories, and each category was represented

by at least 3 judges. The judges then decided whether each client statement represented any one or more of the 4 categories they were responsible for. In the second stage, all those client statements identified as representing at least one type of valued moment by at least one judge, were re-evaluated by all the judges. If at least 75% of the entire group of judges agreed that a client statement was indeed an instance of the particular valued moment in question, then this rating was entered as part of the final data pool (eg. Rogers session #1: client statement #56 - valued moment category #1, client statement #61 - valued moments #1 and #2). It is important to note that any one client statement could end up as representing more than one, and in theory up to 12, different types of valued moments following the second stage ratings.

Research Questions and Findings

There were four main areas of concern in the present investigation: the distribution, rate of occurrence, sequencing, and covariation of valued moments. The findings for each area will be integrated into the sections describing the specific research questions.

Distribution

Questions. This first area dealt with the question of what actually happens in psychotherapy sessions. Would all 12 of these different types of valued moments occur in the sessions of Rogers and Ellis, or only some subset, and would the two different therapeutic approaches be typified by their own distinct subset of valued moments?

Findings. Figure 1 displays the composition of the pools of

valued moments for the Rogers and Ellis sessions. As can be seen, very few of the 12 types of valued moments were found to occur in the sessions of either Rogers or Ellis, and the same two categories, #1, providing meaningful material about personal self or interpersonal relations, and #5, communicating expressively, were found to dominate the subsets in both the Rogers and Ellis sessions, comprising 60 - 70% and 16 - 18% of all valued moments respectively.

Other categories did occur at much lower levels, but several of these were found with sufficient frequency to allow for statistical evaluation of whether they were shared by both Rogers and Ellis, or unique to one of these exemplars. One of these types of valued moments, category #4, insight-understanding (4 - 6%), was shared by both the Rogers and Ellis sessions. Category #2, describing-exploring the personal nature and meaning of feelings and experiencings (4%), was unique to Rogers, while categories #6, manifesting a good working relationship (8%), and #11, manifesting or reporting changes in target behaviors (7%), were unique to the Ellis sessions.

Implications were drawn with reference to the potential of the category system for testing the degree to which the types of change processes discussed in theoretical works on approaches to psychotherapy actually translate into practice. Special note was taken of several types of moments that occurred when this might not be expected according to theory and past research, such as, the occurrence of a significant number of instances where the client was manifesting a good working relationship with the therapist (#6) in the Ellis sessions, and several instances of strong feelings for the therapist (#7) in the Rogers sessions.

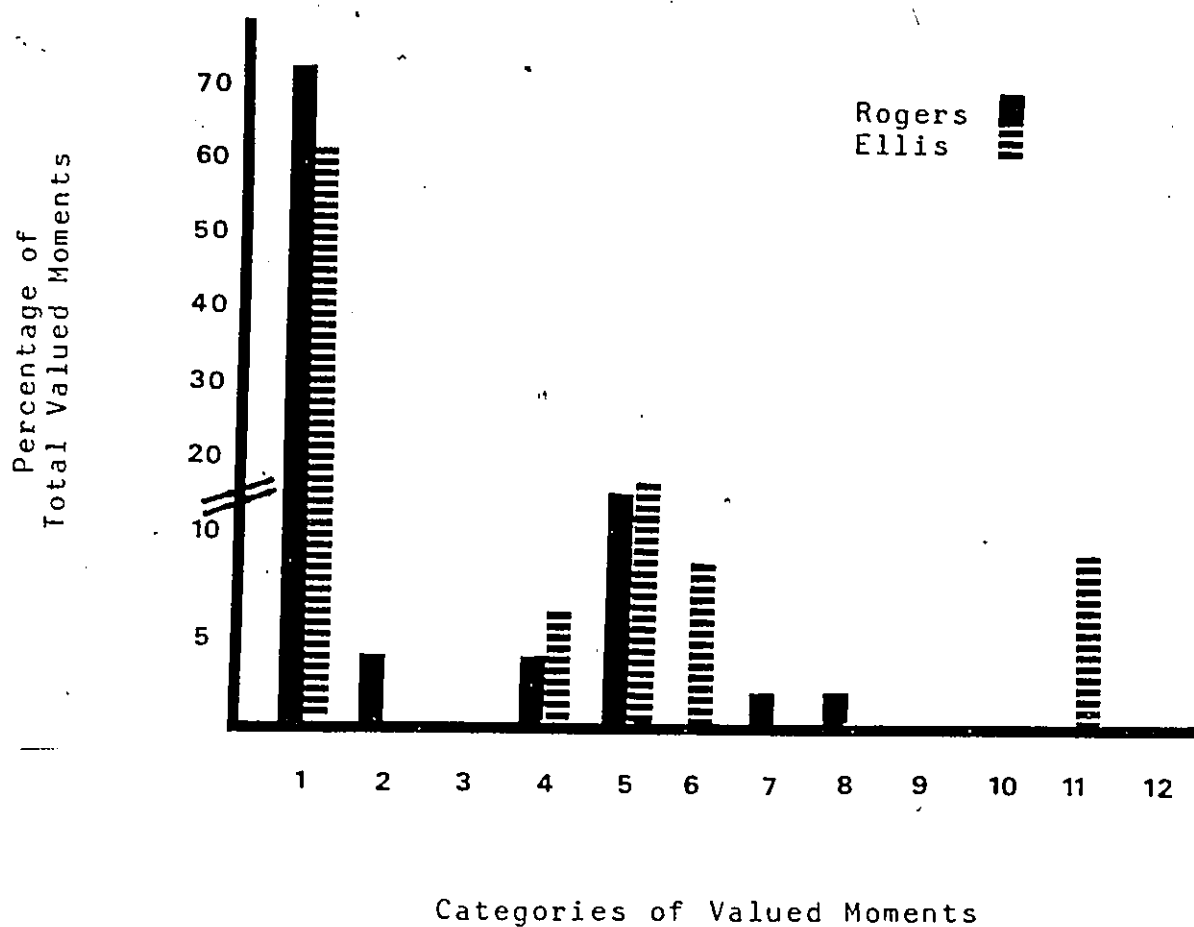


Figure 1. Percentage with which each category of valued moments occurred out of the total number of valued moments: Rogers versus Ellis.

Rate of Occurrence

Questions. The questions studied in this area play into the myth of uniform client process by summing and averaging across all the individual valued moments and types of valued moments as though they were the same or equal in importance or therapeutic effect. It is acknowledged that much valuable information is lost concerning which particular moments of client process are especially important from the client's or therapist's point of view, and as to whether there might not be certain important types of change events occurring (cf. Rice & Greenberg, 1984), the existence of which are obscured by a focus on the smaller unit of analysis of valued moments. Aggregate measurement was deemed acceptable in the present investigation insofar as the findings were interpreted solely in terms of the simple therapeutic activity level of sessions, and this type of information had never been gathered before within the context of a search for multiple and pantheoretical forms of valued client process.

There were three questions in this area. How many valued moments, irrespective of type, would occur on average in the 8 sessions studied? Would there be very much variability in the rate of occurrence across individual sessions? Would there be a difference in rate of occurrence between the Rogers and Ellis sessions?

Findings. On average, valued moments occurred in about 30% of client statements in the 8 exemplar sessions. The four Ellis sessions were surprisingly uniform with 20, 29, 27, and 29% of client statements being identified as at least one type of valued moment. The four Rogers sessions were much less uniform, with 65, 19, 31, and 31% of client statements being identified as at least one type of valued

moment. The Rogers sessions were statistically higher in the occurrence of valued moments than the Ellis. This was purely a function of the greater production of category #1 in the highest Rogers session (ie. the session with a 65% rate of occurrence).

Implications were developed, combining these findings with those of the distinct subsets of valued moments, with regard to the possibility of using the category system to establish professional standards for different approaches to therapy; standards which would guide trainees and practitioners in terms of the type of valued moments which should occur, and the general levels of productivity which might be considered good or acceptable (cf. Stiles, 1979). The Rogers session with the 65% rate of occurrence was also examined in detail to see in what ways it differed from all 7 of the other sessions.

Sequences

Question. This third area dealt with whether there might be repetitive sequences of different types of valued moments such that it could be concluded that the occurrence of one type of valued moment was dependent upon the occurrence of some second type. As an example, whether instances of category #2, describing-exploring feelings, might be followed, more often than by chance, by instances of category #4, insight-understanding.

Findings. This analysis was complicated by the many client statements that were identified as representing more than one type of valued moment and so unique combinations of several types of valued moments were considered to be new categories (eg. if categories #1, #4, and #6 all occurred on a single client statement, this was

considered to be a new type of valued moment, #1-4-6).

The results of the analysis revealed a significant reciprocal relationship between category #1 and new category #1-5. This was a rather intriguing finding, indicating that the client, while talking about meaningful material, would at times increase his or her expressiveness, evocativeness, and one assumes involvement with the material, but then quickly, in the next statement, lose this expressiveness, evocativeness, and involvement. Further investigation may reveal whether this pattern is mainly due to something internal to the client, such as momentary fluctuations between deeper involvement with personal material and a fear of becoming too involved with the material, or whether it is due to therapist interventions, or whether it is some combination of the client and therapist and their agendas and/or feelings about expressive communication.

Further analysis indicated that there was a tendency for valued moments to cluster together, so that over the course of a session, one frequently finds that valued moments occur in certain pockets, with gaps in between the pockets wherein very few valued moments occur. Future research may clarify whether these clusters represent some form of ebb and flow of client process (eg. internal versus external processing; cf. Rennie 1984, 1985, 1988), or represent change events along the lines discussed by Rice and Greenberg (1984). Also, it appears that the vast majority of types of valued moments other than #1, providing meaningful material, occur embedded in a matrix of instances of category #1. This suggests that, in sessions of the type conducted by Rogers and Ellis, if one wishes other types of valued moments to occur, insure that the client that the client at least talks about personal and meaningful sorts of issues, feelings,

conflicts, or problems.

Covariation

Question. The final area of research dealt with the patterns of covariation among the 12 types of valued moments, that is, which types tend to occur together on the same client statements? The intent here was to discover what kinds of phenomena actually occur in sessions, and see how different categories are interrelated with a view towards developing a true taxonomy of valued moments.

Findings. A number of significant patterns emerged from the data. Category #1, providing meaningful material, occurred with many other types of valued moments, reinforcing the notion that this moment designates the content of the client's speech, and that this content can take a number of different forms (eg. as insight, as describing-exploring feelings, as manifesting a good working relationship).

Category #5, communicating expressively, also occurred with many other types of moments, reinforcing its role as designating the manner in which the client speaks, which can be coupled with a number of different forms of content (eg. insight-understanding).

Categories #2, describing-exploring feelings, and #4, insight-understanding, appear to be specialized subcategories of #1. The client cannot describe-explore feelings or manifest insight-understanding without it also being personally meaningful. Both #2 and #4 can also occur in two qualitatively different forms; with or without #5, communicating expressively. When the client describes-explores feelings or manifests insight-understanding at the same time as #5, then the client performs these behaviors with a lot of expressiveness, evocativeness, and involvement, but these behaviors

can also occur without this additional and very likely important dimension.

There may also be two distinct ways that client's manifest a good working relationship (category #6). When #6 occurs on its own, it usually involves some form of valuing of the therapist or of what he is saying. When #6 occurs with category #1, the client is sharing something special with the therapist or trying to take responsibility for therapy by actively coming up with relevant and hence meaningful material.

Concluding Comment

This summary of the dissertation manuscript has outlined the highlights of the present investigation. Many other points of discussion are presented within the main manuscript.

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INTRODUCTION

The central purpose of the present research is to examine the distribution, rate of occurrence, and covariation of what may be termed "valued moments of therapeutic movement and change". Valued moments of therapeutic movement and change refer to those epochs of several seconds or more during psychotherapy sessions where the client is being or behaving in some therapeutically desirable manner. These are moments which stand out as being special, as indicating that the patient is improving, progressing, or changing, or that some prized form of process is occurring.

Such moments may be considered valuable according to theories of therapeutic practice or change, as expressions of the optimally functioning person (the result of "successful" therapy), as significant events identified through post-session evaluation by therapists or clients, or because of some expected relationship with a variety of extra-therapy outcome measures (Mahrer & Nadler, 1986). The commonality is that the occurrence of any of these moments, regardless of current validation according to extra-therapy outcomes, is considered therapeutically desirable, a good "in-therapy outcome" (Kiesler, 1971; Mahrer, 1985).

It is this form of in-therapy change which has received increasing attention among therapy process researchers in recent years as it has become evident that very little of the therapy outcome or process-outcome research has, or has had, a significant impact on therapeutic practice, and it would seem that one of the best ways to provide meaningful research is to actually study important in-therapy events, how they are structured, what they are comprised of, and the

therapeutic interventions that seem to facilitate them (Elliott, 1983a, 1983b, 1984, 1985; Greenberg, 1980, 1983; Kiesler, 1966, 1971; Mahrer, 1985; Mahrer & Nadler, 1986; Orlinsky & Howard, 1978; Rice & Greenberg, 1984). Indeed, valued moments of in-therapy change, or "in-therapy outcome", are viewed by some to be as legitimate a form of client change as extra-therapy outcome, and it seems very likely that it is here, inside such moments, that change is actually occurring in the psychotherapy client (Elliott, 1983b; Mahrer, 1985; Rice & Greenberg, 1984).

Several recent publications have established a provisional categorization of valued moments (Mahrer, 1985; Mahrer & Nadler, 1986), something hitherto lacking in the psychotherapy process literature. It is the intention of the present investigation to utilize this provisional list in the analysis of actual recorded therapy sessions taken from the exemplary therapists Carl Rogers and Albert Ellis.

While there are several possible research avenues that could be examined with such a research instrument, the main focus will be on areas which are held to be important and primary to the development of the research field of valued moments of therapeutic movement.

These research areas include an examination of the distribution and rate of occurrence of valued moments, of the sequencing of moments within sessions, and the covariation of different types of moments. Implications stemming from the investigation of these areas are of both conceptual and clinical significance as they are concerned with the description and organization of the therapeutic process.

CHAPTER ONE

REVIEW OF THE LITERATURE

This first chapter will examine the acknowledged meaning of valued moments, their place within the context of psychotherapy research, and some of the potential research applications of a category system designed to help identify different types of valued moments. The category system that will be used in the present study will then be introduced along with a discussion of how it was derived and a review of the research literature that forms its basis. Finally, the specific research areas to be explored will be elaborated upon and the hypotheses formulated in a general manner.

The Acknowledged Meaning Of Valued Moments

Clinicians and researchers often speak of there being certain moments in therapy sessions where something very good, something special, desirable, or exciting is happening with the client (Auerbach & Luborsky, 1968; Elliott, 1983a, 1983b; Hoyt, 1980; Orlinsky & Howard, 1967). The patient may have behaved in a new way, assumed a new way of being, had a moment of real insight or faced things about himself that he would never face before.

Kelman (1966) writes of the "auspicious moment", a particular circumstance wherein the client is especially ripe for change and a well-timed therapist intervention may result in a significant restructuring of personality. The client-centered approach considers it a significant and highly valued moment when the client engages in a particular kind of inner exploration of his on-going process or experiencing (Gendlin, Beebe, Cassens & Oberlander, 1965; Klein, Mathieu, Gendlin & Kiesler, 1970; Rogers, 1958; Walker, Rablen & Rogers, 1960). Various experiential and abreactive therapies emphasize the importance of strong experiencing within the context of some personally meaningful extra-therapy scene (Liftshitz & Blair, 1960; Mahrer, 1985; Nichols, 1974).

The manifestation of strong transference in the therapeutic situation is an example of an event from the psychodynamic approach which is considered a valued moment (Lower, Escoll, Little & Ottenberg, 1973; Luborsky, Graff, Pulver & Curtis, 1973). Insight and understanding is a further example of an in-therapy behavior that is highly valued in many psychodynamic approaches (Strupp, 1980).

Practitioners and theorists from most schools of psychotherapeu-

tic thought designate, implicitly or explicitly, certain moments as being truly important therapeutic events. While conceptualizations may differ widely, there is an underlying commonality; they are all pointing to some specific client behavior right here in the actual therapy session. Attention is focused clearly on the client, on the ways he or she is being or behaving that are considered therapeutically desirable. They are all indicating the existence of valued moments in psychotherapy sessions.

Within the context of the present research therefore, "valued moments" are conceived as encompassing a relatively specific band of in-therapy events or epochs. These events indicate that there is improvement, progress or change taking place in the therapy session.

Valued moments may indicate that the process of therapy is going well. The client is being or behaving in ways associated with conceptions of successful therapeutic movement. This way of being or behaving is not necessarily new or different, but is a sign that something good is happening in the session. The process of therapy is moving ahead and substantive change is much more likely to occur. An example of this type of movement is found in Rice and Wagstaff's (1967) suggestion that it is highly desirable and an indication of movement when a client speaks with a "focused" voice and is highly expressive.

Valued moments may deal with changes in some condition-symptom which is considered pathological or problematic as in the Luborsky and associates "symptom-context" studies where the appearance and disappearance of symptoms was studied intensively (e.g. 1969, 1975, 1984). It can be considered a valuable moment when a client's feelings

of depression lift suddenly during a therapy session (Luborsky, Singer, & Hartke, 1984).

Valued moments of therapeutic movement may also indicate the occurrence of ideal in-therapy outcomes which usually flow from theories of personality or therapeutic change. Horowitz, Sampson, Siegleman, Wolfson and Weiss (1975) provide an example from psychoanalytic therapy in their examination of the major premise that mental contents, once warded-off, will be recovered and experienced during the course of successful therapy. It is therefore a significant moment of movement when there is evidence in therapy indicating the return of previously warded-off material.

In summary then, for an in-therapy event to be considered a valued moment of therapeutic movement, it must indicate that some form of improvement, progress, change, movement or desired process is occurring in the client. This definition or meaning of valued moments was the main guide in the formulation of a provisional categorization of valued moments by Mahrer (1985) and Mahrer and Nadler (1986). As mentioned in the overview, this provisional list incorporating the above meaning of valued moments, will be utilized by the present investigation in the analysis of the recorded therapy sessions of Carl Rogers and Albert Ellis.

Valued Moments And The In-Therapy Change Paradigm

In-Therapy Versus Extra-Therapy Change

The study of valued moments of therapeutic movement and change involves the employment of an in-therapy change research methodology which differs from both outcome and process-outcome design. An in-

therapy change paradigm values moments of change or movement that occur during the actual therapy session and does not restrict itself to events where some form of external, outcome validity has been established (Greenberg, 1986; Mahrer, 1985; Rice & Greenberg, 1984). The central intent is to study the conditions of occurrence, structure, composition, and meaning of significant or valued moments that occur within the therapy session itself. A number of psychotherapy researchers have in fact argued that the examination of in-therapy events is of major significance in producing clinically relevant research:

Research on significant change events promises to provide greater understanding of psychological change processes, indicating to therapists how to foster, recognize and make therapeutic use of moments in which clients are most open to beneficial change. (Elliott, 1983a, P.114).

We need to identify moments of change and study them systematically and in detail. It is the identification of recurrent observable change phenomena and the discerning of patterns among variables that describe these phenomena that could lead to the establishment of a research-based science of psychotherapy. (Rice & Greenberg, 1984, P.1).

(c.f. Elliott, 1983b, 1984, 1985; Greenberg, 1980, 1984; Horowitz, 1979; Luborsky, 1967; Luborsky & Auerbach, 1969; Luborsky, Singer, et. al., 1984; Mahrer, 1985; Mahrer & Nadler, 1986; Mahrer, Dessaulles, Nadler, & Gervaise, 1987; Rice & Saperia, 1984)

The in-therapy change paradigm maintains that real change occurs in the therapy session itself whereas outcome and process-outcome paradigms frame change in terms of occurrences outside of therapy (Mahrer, 1985). Kiesler (1971) addresses the validity of in-therapy outcomes directly:

It seems clear... that improvement in the patient manifested in his interview behavior, is just as legitimately outcome as any extra-therapy change... to the extent that one is investigating in-therapy patient changes, he is directly concerned with outcome; and to the

extent that one is interested in outcome, he needs to be cognizant of in-therapy changes. (P.46).

Gelso (1979, P.12) voices support for this position, "Also, in process research (which presumably deals with the client-counselor interaction within the interview) we have not appreciated that change within the interview may be a legitimate outcome, often as legitimate as extra-therapy change".

Likewise, Greenberg (1986) validates the concern with in-therapy changes which he refers to as "immediate outcomes", "An immediate outcome or impact is that change that is evident in the session. It is important to be able to specify and measure important in-session changes that result from specific interventions or from overall interaction" (P.4).

This is not to imply that in-therapy change events have no connection with extra-therapy changes, but as yet connections between in-therapy and extra-therapy events have been extremely difficult to describe, to the point where process-outcome research has been quite ineffective in revealing anything but the broad parameters of successful therapy, such as, it is important for successful outcome that the client discuss personal issues and problems with a sense of emotional involvement and immediacy (Mahrer, 1985; Orlinsky & Howard, 1978, 1986). The old form of process-outcome paradigm cannot reveal how a therapist should intervene in order for a client to engage in this valued process, nor can the paradigm describe or explain how the form of client behavior results in later success in extra-therapy outcome measures.

One relatively straightforward conclusion can be drawn from the

difficulties with outcome and process-outcome research, and this is that, if therapeutic change really occurs within therapy sessions then these events should be studied. Clinicians identify such moments readily as moments of change that they believe in.

Researchers are now beginning to systematically study change events in therapy and initial findings seem both heuristically and practically rewarding. As the study of in-therapy events expands it may be possible to provide more detailed knowledge about linkages to extra-therapy behavior but this seems for the moment to be a secondary and/or adjunctive phase (eg. Greenberg & Webster, 1982).

The present investigation is designed to fit within the in-therapy change paradigm and hence will not concern itself directly with extra-therapy outcomes. It should be noted however that most of the valued moments to be described and studied here have been previously studied in relation to extra-therapy outcomes and found to be significantly related to success in a majority of cases (Orlinsky & Howard, 1986).

Therapeutic Process: Succession of Events or Homogeneity

If, to date, researchers have focused extensively on process-outcome and straight outcome designs it is largely due to what has been described as the "myth of the homogeneity of psychotherapeutic process" and the accompanying use of aggregate research designs (Elliott, 1983a, 1983b; Greenberg, 1983; Kiesler, 1966). It has been mistakenly assumed that the process of therapy is a uniform or homogeneous phenomena, with specific interventions leading in a relatively unvarying manner to specific consequences regardless of the context

and with there being in general a continuous process of therapeutic movement. This encouraged the use of aggregate measures of process variables whereby there is a random sampling of process segments within or across sessions. Ratings are then averaged and these scores used to characterize what has occurred in therapy (Greenberg, 1983).

This belief in homogeneity of process, the use of averaging, random sampling, and attention to large units of analysis such as entire sessions has masked and obscured the existence of different phases, events and significant moments within the actual therapy session and has encouraged faith in the value of process-outcome and outcome designs. The information lost through the use of these aggregate research designs is certainly considered important and significant by those who endorse the use of in-therapy change designs and the information can yield powerful and practical findings. The next section will summarize some of the studies that have been breaking new ground in the use of the in-therapy change paradigm.

Current Status of Research

A number of recent studies have convincingly demonstrated the practical importance and heuristic value of the intensive examination of valued moments of therapeutic movement. Greenberg (1980, 1984) and Greenberg and Rice (1981) identified the resolution of a "psychic split" as an important recurring event in the practice of Gestalt therapy. Utilizing a rational-empirical approach whereby the ideal client performance was compared against a large number of actual performances, Greenberg constructed a nine stage model detailing the process the client passes through on the way to successful integration

of the two opposing parts of his personality. The occurrence of this significant moment of integration was accompanied by a high level of experiencing and a focused voice quality while the process itself involved the recovery and experiencing of previously disavowed feelings and a shifting in attitude from self-criticism to self-acceptance. Greenberg (1979,1984) discusses the therapeutic interventions that may facilitate the client's full experiencing of both sides of the psychic split and assist in the clear differentiating of the opposing feelings, desires, and needs; a necessary foundation for the initiation of the integration process.

Using the same research paradigm, Rice and Saperia (1984) studied the resolution of "problematic reactions", an event of therapeutic significance in the practice of client-centered therapy. The moment of successful resolution involved a vivid re-experiencing by the client of the scene in which the disintegrative feelings were manifest such that the client became aware of what he was reacting to and how he establishes his own idiosyncratic meaning. As in the Greenberg studies, a model was constructed outlining the stages that the client passes through on the way to resolution. The detailed description of these stages provides the therapist with a theoretical foundation and guide with which to formulate therapeutic interventions.

This same sort of intensive analysis of significant moments has been carried out by Elliott (1983a,1984) in an examination of insight events. Utilizing an interpersonal process recall method, Elliott found that it was an insight event that stood out as being the most significant in a sample of several hundred therapist-client interactions. The comprehensive process analysis carried out on this selected moment revealed that high levels of experiencing and a focused voice

quality were important concomitants, and that following the cognitive connection, which is the core of a moment of insight, there is an increase in self-exploration and a strengthening of the therapeutic alliance.

These studies, along with others by Luborsky and associates (1969,1975,1984) in their examination of the appearance and disappearance of symptoms using the symptom-context method, and by Horowitz (1979) and Marmar, Wilner and Horowitz (1984) in a series of analyses of the transition of ego states, represent one main new avenue opened up through the study of valued moments of therapeutic movement within an in-therapy change design. Researchers can identify the structure of certain kinds of changes in the client and examine the therapist interventions that precede the change events. These change events can also be characterized in terms of other types of significant moments, as Greenberg (1984) found the resolution of psychic splits to be accompanied by high levels of experiencing and focused voice quality.

A Category System of Valued Moments: The Need

Given the importance of concentrating on actual in-therapy events which stand out as being therapeutically desirable or potent, it then becomes necessary to gain some holistic sense of the field. This can be accomplished through the compilation and classification of valued moments of therapeutic movement, change, improvement, progress and good process. A category system of such moments could transcend the boundaries between various therapeutic approaches and present in one research instrument a comprehensive collection of all or most of

the varied conceptions of what are considered to be valued moments of in-therapy change or movement.

To date there have been few comprehensive attempts to identify and classify valued moments of in-therapy movement and change as they have been defined in the present study. Raskin (1949), in a study of ten cases of therapy using five different types of valued moments, comes close to providing a rudimentary category system. He described these five categories of valued moments, positive attitudes towards self, acceptance and respect for self, insight and understanding, maturity of behavior, and lessening of defensiveness, in sufficient detail that other researchers could apply them. The intent however, was not to create a categorization or typology and hence Raskin was not comprehensive even for that time period.

While reviews of the psychotherapy process literature (e.g. Greenberg, 1983; Luborsky, Chandler, Auerbach & Cohen, 1971; Orlinsky & Howard, 1978) do often name or discuss process variables that can be considered as valued moments, there is no intention of establishing a category system of moments which could be used for research purposes and no conception of valued moments as they are understood here. As an example, Orlinsky and Howard (1978) examined only those studies where process is related to outcome, and the number of studies covered in their client-variable section is far from exhaustive, listing only some of the major process scales such as client-centered "experiencing", and in many cases the review concerns itself with actuarial-type variables and not valued moments of movement.

Footnotes

1

The category system of valued moments was formulated prior to the publication of Orlinsky and Howard's 1986 review of the process-outcome literature which is very comprehensive and would have formed a good basis upon which to have developed a category system of valued moments. As it turns out, the present category system includes much of what Orlinsky and Howard discuss as client variables and it makes finer discriminations in a number of areas, and of course, their task was to review studies and not create a research instrument. The areas of correspondence between their review and the present category system were also all found to be positively related to extra-therapy outcomes in a majority of studies reviewed. These areas and the corresponding or related valued moment are: client talking about central, problematic issues corresponds to valued moment #1, providing meaningful material; immediacy of affective expression corresponds to valued moment #2, describing experiencing; cathartic discharge relates to valued moment #8, strong feelings in extra-therapy contexts; client vocal quality and expressiveness relates to valued moment #5, communicating expressively; client's valuing of the therapist, working in a good alliance, and being open in dealing with difficult materials is encompassed in valued moment #6, good working relationship; attainment of insight and conflict resolution relates to valued moments #4, insight, and #9, manifesting a qualitatively different personality.

2

Also subsequent to the formulation of the present category system is the publication by Greenberg and Safran (1987) of their book Emotion in Psychotherapy which contains a chapter describing a list of change processes including: acknowledging and accepting, creation of meaning, arousing affect, taking responsibility, modifying maladaptive affective responses, and emotional expression in the therapeutic relationship. These are not meant to refer just to individual moments in psychotherapy sessions, but to processes which could extend over long stretches of a session or even across many sessions, although it appears that these change processes could be broken down into process and in-therapy outcome components which could be identified as specific valued moments. The category system of valued moments used in the present study may well pick up many of the components that would be valued by Greenberg and Safran, but at this stage nothing empirically based can be stated. If this list change processes had been available earlier it would have been included as source material from which categories would have been derived.

The Greenberg (1983) review covers, in a variety of contexts, many of the studies relevant to a categorization of valued moments but again, the material is not covered in sufficient depth, is spread throughout the review and lacks the organizing principle of valued moments of movement.

In an examination of therapeutic impacts Elliott, James, Reim-schuessel, et al.(1985) and Elliott (1985) propose an empirical taxonomy of helpful and hindering events. This taxonomy, derived from a cluster analysis of the reports of clients using the interpersonal process recall method, presents 15 nonmutually exclusive events that were considered by a sample of students in an analogue study to be especially helpful or hindering impacts that therapists engendered. This appears to be an excellent instrument for identifying and assessing valued moments as they are conceived of by clients. Its deficiencies for the present investigation lie in its omission (understandably) of many events that researchers and clinicians consider valuable, although there are several impacts listed that are valued by researchers and clinicians (personal insight, awareness, unwanted thoughts, involvement, and personal contact).

The category system of valued moments formulated by Mahrer (1985) and Mahrer and Nadler (1986) is the most comprehensive (from the perspective of researchers) available currently. In keeping with a research methodology devoted to the identification of individual moments within therapy sessions, this categorization of valued moments has been formulated in a relatively straightforward manner and in such a way to avoid aggregate measurement, that is, the definitions derived point specifically at in-therapy moments. Briefly, these valued moments include:

1. Providing meaningful material about the personal self or interpersonal relationships.
2. Describing-Exploring the personal nature and meaning of feelings and experiencings.
3. Emerging of previously warded-off material.
4. Demonstrating insight and understanding.
5. Communicating in a heightened and expressive manner.
6. Displaying a good working relationship with the therapist.
7. Expressing strong feelings towards the therapist.
8. Expressing strong feelings in extra-therapy contexts.
9. Expression of a qualitatively different personality state.
10. Risking new ways of being and behaving within the real world of the imminent future.
11. Evidencing desired change in targeted behaviors.
12. Expressing a general state of well-being.

This category system could be used to address a number of important research questions, several of which will become the main focus of the present investigation.

A Category System of Valued Moments: Potential Research Applications

Currently, very little is known about valued moments of therapeutic movement, especially at the global level. There is, for example, no empirical data concerning the frequency of occurrence of valued moments in therapy sessions. Little is known about the empirical relationship between valued moments, although the studies by Greenberg (1980,1984), Elliott (1983a,1984) and Rice and Saperia (1984), which were previously discussed, do suggest that high levels of experiencing

and focused voice quality are concomitants of other valued moments such as the resolution of psychic splits and problematic reactions, and the development of insight and understanding. The relationship between these and other types of valued moments is unknown. Valued moments may occur in sequences or stages, a proposition yet to be examined. There are in fact a number of research avenues for which a category system of valued moments would be a necessary research instrument. A number of these avenues (not exhaustive) may be summarized:

1. Distribution and Rates - One main question concerns the extent to which different types of moments occur within sessions, within approaches, and across approaches. Is there one common type of valued moment that is the therapeutic core to all or most therapies, or is there some combination of types that are common? To what degree are different approaches typified by their own unique set of types of valued moments?

Within this avenue, a second focus of research would be to examine the sheer frequency of occurrence of valued moments of therapeutic movement or change. If a variety of therapy sessions were analysed, would valued moments tend to occur frequently or only rarely? How much variability would there be across sessions? In what way would the frequency of valued moments vary with the degree of therapist experience or type of therapeutic approach?

2. Sequences within sessions - Once valued moments have been identified in a number of actual therapy sessions, then research may focus on the degree to which there are sequential patterns evidenced across the individual client statements. The central concern is with the extent to which different kinds of valued moments follow each other and form reliable sequences across consecutive client statements. Would one type of valued moment frequently occur right after a first type so that some form of empirical and theoretical link may be discerned between the two moments? Are there sequences like this for three or even four types of valued moments?

3. Stages and phases within sessions - Is it possible to describe the process of psychotherapy within actual therapy sessions in terms of stages or phases of various types of valued moments? Could different forms of therapy be described as being typified by their own set of valued moments which occur in distinguishable stages within any individual therapy session?

4. Stages and phases across sessions - Patterns of valued moments may be found across series of therapy sessions or across entire therapy cases. Do valued moments increase in frequency over the course

of therapy? Do some valued moments occur mostly in the early stages of therapy while others occur in the latter stages? Are there specific sessions or series of sessions which are extremely productive of valued moments?

5. Covariation of valued moments - It is conceivable that some special client statements will be indicated by more than one indice, that is, there will be covariation of valued moments. The pattern of covariation may have important implications concerning the degree to which different theoretical schools tend to describe essentially the same change event in different vocabularies or whether the covariation of different types of valued moments on one change event indicates that the event is actually composed of a number of different change elements.

6. Therapist operations preceding valued moments - A category system of valued moments would further and expand the type of research being conducted by Greenberg, Elliott, Rice and Saperia and others by providing for the identification of a variety of different valued moments which could then be used as the starting point for an examination of preceding therapist operations. Presumably the linkage between the therapist operations and the occurrence of the valued moment could be elucidated and some propositions formulated to guide therapeutic practice.

These then are a number of research avenues which could be explored if a category system valued moments were available to be used as a research instrument. The list of valued moments proposed by Mahrer (1985) and Mahrer and Nadler (1986) can serve as the core of such an instrument. It is therefore a preliminary purpose of the present investigation to review the work of Mahrer (1985) and Mahrer and Nadler (1986), explain how the list of valued moments was derived, and to review the pertinent research literature that served as a foundation for the formulation of the various categories.

The Category System Of Valued Moments: Sources And The Research From Which It Was Derived

Sources of The Category System of Valued Moments

Given that there existed no previous lists or taxonomies upon which to simply build a comprehensive category system of valued mo-

ments, it was necessary for Mahrer (1985) and Mahrer and Nadler (1986) to delineate the best method of formulating such a system. At first, the rich clinical and theoretical literatures were considered as sources for the derivation of a category system. This was rejected as being too complex, convoluted, at times contradictory, and in general too loose (Mahrer & Nadler, 1986). It was then decided that the relevant research and research-related literatures would be reviewed. Relevant studies included all those that clearly identified and operationalized a valued moment of therapeutic movement or in-therapy change.

In keeping with an in-therapy change design, research studies needed not to have successfully validated or confirmed the specific moment indicated by demonstrating a relationship with extra-therapy outcome criteria, although there were numerous instances where validation according to extra-therapy outcome was attempted with varying degrees of success (see Footnote 1). It was sufficient for Mahrer (1985) and Mahrer and Nadler (1986), and is sufficient for the present investigation, that the valued moment in question simply be one that was considered significant enough that researchers have either studied its occurrence, explored methods of measuring it, examined correlates, or related it to various outcome measures.

A variety of strategies were used by the different researchers in determining or discovering the valued moments that were the subject of investigation. These strategies may be taken as containing the criteria by which the validity of the valued moments is established for present purposes. These may be summarized: valued moments as bearing an expected relationship with extra-therapy outcome; valued

moments as in-therapy expressions of optimal functioning; valued moments as given by theories of therapeutic practice; valued moments as the reduction in target problems; and valued moments as identified by post-session evaluation.

A brief outline of the category system of valued moments derived from the psychotherapy process research literature by Mahrer (1985) and Mahrer and Nadler (1986) has been given earlier. The following material represents a review of those studies which were utilized in the formulation of this system. Additional studies are included in an effort to make the review as comprehensive as possible. While there are a number of ways to organize the material (such as by specific strategy used by the researcher to identify the significant moment) the central focus of the present investigation is on the refinement and application of valued moments, and therefore the organizing principle of the review is the specific type of valued moment that is put forth as therapeutically significant.

Review of the Research Literature

Providing Meaningful Material About the Personal Self or About Interpersonal Relationships

Isaacs and Haggard (1966), in a psychoanalytically oriented study, determined that good therapist interventions resulted in the client producing meaningful, therapeutically significant material. Meaningful material included: the factors which were important in the formation of the personality; personal and interpersonal problems; indications of impulse; discussion of the conflict and symptoms, and observations of the patient's own intrapsychic process.

Questionnaire evaluations by both clients and therapists were used by Orlinsky and Howard (1967) to identify good therapy hours. They found that sessions selected as good ones were those in which the client discussed childhood experiences, sexual feelings and experiences, feelings and attitudes towards self, and feelings about being close to and needing someone. In a similar type of study, Hoyt (1980) used experienced clinicians to make judgements concerning good therapy sessions. Good sessions were found to be those in which the client explored connections between his past and the present, freely expressed thoughts and feelings, and related material to the self-concept.

In his evolving conceptualization of the process of change Rogers, (1958, 1961; Walker, Rablen, and Rogers, 1960) clearly delineated a strand of process called "communication of self" which involved the client increasingly telling about the personal self and interpersonal relationships. Simply talking about and describing the self and feelings, even as an object within the context of the not now present (i.e. past) was held to be something good, a definite improvement over purely talking about external events. Eventually, (cf. Rogers, Gendlin, Kiesler, & Truax, 1967) this strand became incorporated within the Experiencing Scale which describes even more valued ways of communicating the self and exploring the self as the client increasingly becomes aware of and communicates her ongoing internal experiencing. This will be discussed further in the next category of valued moments.

In summary thus far, it would seem that this relatively diverse group of studies are bound by an underlying commonality in that they all point towards the type of material that the client should produce

to insure that therapeutic work may progress.

Describing the Personal Nature and Meaning of Feelings or Experiencings:

Numerous studies have developed and refined the Client-Centered conception of self-exploration and experiencing. In an early article outlining a set of measures developed to objectively assess Roger's formulation of the seven strands of psychotherapeutic process and movement, Walker, Rablen, and Rogers (1960) suggest that it is highly desirable for the client to live in the process of experiencing the ongoing self, the continual flow of feelings, and explore their personal and implicit meanings. The more a client manifested this type of significant behavior, the more likely it was that therapy would be judged as successful according to clinical ratings.

In a study of movement from non-self to self statements, Braaten (1961) interpreted Rogers' conception of self-exploration to imply that the client is engaging in a dialogue with himself. He is exploring his private, inner self and having an awareness of being and functioning. Using a Q-Sort, TAT, and therapist ratings, Braaten found that success in therapy was significantly associated with higher degrees of exploration of private self and interpersonal self, as well as the immediate emotional expression of self.

A major formulation of experiencing took place during the years that Rogers, Gendlin, Kiesler and Truax (1967) applied client-centered therapy to a large schizophrenic population. A seven point scale for the rating of experiencing was constructed. The upper stages of this scale, where good moments of therapeutic process take place, are defined in terms of the client engaging in an intense inner explora-

tion of self, of feelings and ongoing experiencing, of the personal significance of the feelings and of the relationships between them.

Kiesler (1971), in a comparative study of neurotic and schizophrenic populations, discovered that high levels of experiencing were significantly related to independent measures of successful therapy outcome for both groups. In a succinct definition of the experiencing construct, Kiesler (P.370) states that the client should, "focus on and express freely, the feeling, attitudinal, and meaning correlates of his behaviors and experiences; compare, contrast and integrate the affective and rational components of this complex; and use this differentiated but integrated composite as an immediate referent for present and subsequent behavior".

The elaboration of the experiencing concept through Gendlin's (1973, 1981) concentration on "focusing" has resulted in some modifications to the experiencing scale. According to Mathieu-Coughlan and Klein (1984), the key events in experiential therapy, as captured in the scale, are: 1. the emergence of the client's ability to refer experientially; 2. the ability to hold onto a felt referent in order to focus on problems and areas of vagueness, struggle and uncertainty; 3. the experience of the felt shift or "carrying forward" which follows from the ability to refer inward steadily, and 4. the experience of new, autonomous and more powerful feelings that follow the resolution made possible by the felt shift (P.222).

Studies describing and validating the Client Self-Exploration Scale (Truax & Carkhuff, 1967; Carkhuff & Berenson, 1967; Carkhuff, 1969) seem to fit into this category of significant moments as well. Related to successful therapy outcome, the higher levels of this five

point scale indicate that it is a good moment when the client actively and spontaneously engages in an inward probing to discover new feelings and experiences about himself and his world. Schauble and Pierce (1974) confirmed the relation between this form of self-exploration and successful therapy as measured by positive changes in MMPI profiles.

Hill, Carter, and O'Farrell (1983) incorporated their own version of a measure of experiencing in their Client Verbal Response category system. Higher levels of experiencing were a priori determined to be significant moments, and the use of post-sessions questionnaires confirmed that high levels of experiencing were indeed associated with the best therapy sessions. In addition, experiencing was most likely to occur in an atmosphere where the therapist allowed for necessary or therapeutically effective silences.

Lastly, high levels of experiencing were considered to be important facilitating conditions both in the resolution of psychic splits in Gestalt Therapy (Greenberg, 1980, 1984) and in the successful working through of a problematic reaction in Client-Centered Therapy (Rice & Saperia, 1984).

Emerging of Previously Warded-Off Material

A basic tenet of psychoanalysis and psychoanalytic psychotherapy is that mental contents, once warded-off or defended against due to the arousal of anxiety, will come to gain entrance into consciousness during the course of successful treatment.

This valued moment has been studied in a number of ways. Sampson, Weiss, Mlodnosky, and Hause (1972) examined the relationship between the analysis of defensive manoeuvres and the emergence of previously

warded-off material. Horowitz (1974) carried this further in a detailed examination of the emergence of an entirely warded-off cluster of ideas. The warded-off material emerged gradually with the therapist encouraging the patient to reexperience the important scene. The therapist then interpreted the defenses being used and aided the patient to slowly integrate both defense and threatening contents.

A method for systematically identifying warded-off contents was described by Horowitz, Sampson, Siegleman, Wolfson and Weiss (1975) who used experienced clinicians to study analyst process notes, comparing the first 10 hours of treatment with hours 41 to 100. Judges, relying on such criteria as the content of statements, past experience, dynamic formulation of the case, and clinical intuition, were able to agree at a high level on whether material emerging during hours 41 to 100 was previously warded-off. A strong therapeutic alliance was indicated as a main factor in facilitating the emergence of material.

Demonstrating Insight and Understanding

Despite the emphasis on this type of valued moment in psychodynamic therapies, there has been relatively little recent or thorough research (Elliott, 1983a, 1984, being the exception). There was however a flurry of activity in the 1940's and 1950's, primarily undertaken by researchers studying nondirective therapy.

Snyder (1945), Seeman (1949) and Raskin (1949) defined insight in terms of the number of statements made by patients indicating an understanding of relationships and patterns in the material presented in therapy sessions. Insight was found to increase as self-exploration

increased, and insight also increased in frequency over the course of therapy.

Certain aspects of the process of change as developed in the Experiencing Scale involve the critical examination and exploration of previously rigid ways of seeing self and the world. As the client explores his experiencing there are often moments when there is an illumination of one's own way of being-in-the-world, the meaning of one's feelings and behavior become known for perhaps the first time, and in a vivid, lived way (Rogers, 1961). The client may come to see how she has created her own meanings, and in so doing, also see new possibilities.

Insight, defined as, "the understanding of the self-other patterns or roles which the individual has incorporated and which form the basis of his expectations of others, his structuring of his life situation and the place he feels he occupies in them" (Dymond, 1948, P.229) was found to be related to successful therapy outcome. Feldman and Bullock (1955) defined insight as the congruence between a patient's self ratings and the ratings given to the patient by others. This form of insight was found to be related to a high degree of insight into one's social stimulus value.

The use of deep interpretations was found to yield greater degrees of insight than Rogerian-based reflections, where insight was measured by the Guilford-Zimmerman Temperament Survey and the TAT (Grossman, 1952). Vargas (1954) equated insight with the patient producing original self-descriptions. These were found to be positively correlated with clinician-judged success in therapy. Orlinsky and Howard (1967) used post-session evaluations by therapists and patients

to determine good sessions. Part of the criteria for a session being judged as good was the patient wanting to and then actually gaining insight and better self-understanding. In a case study of time-limited psychotherapy, Hill, Carter, and O'Farrell (1983) found that insight increased both within and across therapy sessions. In addition, those sessions which were considered to be best by both therapist and patient were distinguished by greater amounts of insight. An examination of therapist behaviors revealed that insight most often followed one of three interventions: silence, open questions, or confrontation.

A specific form of insight and understanding related to the conceptions developed about insight within Client-Centered Therapy was investigated by Rice and Saperia (1984) in their examination of the resolution of problematic reactions. Successful resolution involves the patient reprocessing the original problem situation and understanding how the troubling reaction arose due to the patient's own construal of the situation. The patient feels a sense of relief in understanding the previously incomprehensible reaction. Ideally however, resolution should go beyond insight and understanding to an examination of possible new options for construing and relating to the world. Rice and Saperia's model of how to guide the patient towards resolution is an excellent example of how research into the nature of valued moments can have very practical consequences for actual therapeutic practice.

Elliott (1984) adopting a rational-empirical model building strategy similar to that employed by Rice and Saperia, created a detailed description of the process of an insight event. Attainment of insight was formulated in terms of the patient turning his energy inwards, speaking with a focused voice quality and then having the

"ahaa!" experience where an important cognitive connection is made. Insight, as it unfolds, increases self-exploration and self-help, and results in a strengthening of the therapeutic alliance.

A valued moment wherein a patient consolidated an earlier insight is also reported by Elliott (1983a). This change event was selected by the patient and therapist, through the Interpersonal Process Recall method, as being crucial in the success of a term of therapy. It was described as a concrete realization of the progress the patient had made in therapy, "as if she had paused part way up a mountain, to look back down" (P.125). This significant moment was comprised of both cognitive and affective components and was accompanied by a high level of experiencing and a focused-voice quality.

Communicating in a Heightened, Expressive Manner

Certain qualities of patient communications have been theoretically and empirically implicated as being important concomitants of productive therapeutic process. (Specifically, the vividness and richness of patients' words in describing their experiencing along with high levels of vocal activity and energy, represent significant indices of the immediacy of the patient's involvement in the exploration of self (Butler & Rice, 1963; Wexler, 1975).

Studies by Butler, Rice, and Wagstaff (1962), Rice and Wagstaff (1967), and Rice (1973) have demonstrated that "focused voice quality (high energy with marked irregularity of tempo and a turning inward upon the self) and an expressive stance characterized by the use of highly sensory and expressive language in the exploration of subjective responses, are significantly related to successful therapy out-

comes.

Wexler (1975) developed a comprehensive scale for the measurement of patient expressiveness. The highest level of this scale, the level most clearly related to productive therapy, again emphasized the desirability and significance of the patient communicating with an internally focused voice quality and utilizing language which is vivid and fresh, and rich in colorful metaphor and sensory texture.

Focused voice quality was found by Elliott (1983a, 1984) to be a precursor of highly valued insight events, as well, Greenberg (1983b, 1984) recognized focused voice quality as a key signal of change, a move towards softening of conflict and integration of psychic splits.

In the intensive analysis of the resolution of problematic reactions, Rice and Saperia (1984) used focused voice quality as a key indicator of the patient's participation in therapeutically productive inner exploration. Focused voice quality was held to reflect a turning inward of attentional energy,, a tracking of inner experience and an attempt to symbolize it in words. This inner tracking was believed to be crucial in bringing about the awareness necessary for the resolution of a problematic reaction.

Another group of studies indicating that the patient's manner of communication is an important aspect of the therapeutic process are those examining the use of novel figurative language. Pollio and Barlow (1975) had raters assess the rate of production of figurative and metaphorical terms in a single successful hour of gestalt therapy and found that increased metaphoric activity was associated with the temporary resolution of the presenting problems. In a follow up study, Barlow, Pollio, and Fine (1977) found that epochs of increased production of metaphoric language overlapped to a large extent with ratings

of insight. They concluded that apt novel metaphors concretize troublesome experiences and function heuristically to make experiencing explicit. McMullen (1985) agrees that figurative language is a vehicle through which patients are able to express what has previously been unexpressable, and in a comparison of one successful case of therapy with an unsuccessful one, she found that the successful patient used significantly more novel figures to describe her inner experience than did the unsuccessful patient.

Displaying a Good Working Relationship With the Therapist

This valued moment may be considered as relating to the formation and demonstration of a strong therapeutic alliance. Both therapists and patients considered it a good session when the patient was interacting well with the therapist, in a friendly, animated, and emotionally involved manner (Orlinsky & Howard, 1967). Gomes-Schwartz (1978) examined a number of therapist and patient variables in a design linking therapeutic approach with success of outcome as measured by therapist ratings and MMPI maladjustment scores. Therapy outcome was most consistently predicted by the patient's willingness to communicate to and trust in the therapist and ally himself with the therapist. This willingness to form a therapeutic alliance was not influenced by the theoretical orientation of the therapist (Rogerian versus Psychodynamic) or the professional status of the therapist (Experienced Clinician versus Inherently Helpful Person).

In a series of studies Strupp (1980a, 1980b, 1980c) compared the therapeutic process of two matched patients cases where one was considered very successful and the other unsuccessful. He concluded

that the key ingredient of success was the ability to establish and take advantage of the therapeutic alliance. Behaviorally this entails taking responsibility for therapy, displaying motivation to face unpleasant aspects of self, and valuing the therapist as an ally. This is essentially the same conclusion that Hartley and Strupp (1983) reached in an examination of the relationship between strength of therapeutic alliance and outcome in brief psychodynamic therapy.

Using data from the huge Penn Psychotherapy Project, Luborsky (1976), Morgan, Luborsky, Crits-Christoph, et al. (1982), and Luborsky, Crits-Christoph, Alexander, et al. (1983) found regression analysis to consistently reveal the strength of the therapeutic alliance to be the best in-therapy predictor of eventual outcome. The alliance scales developed by Luborsky (1976) and Luborsky et al. (1983) allow the rating of individual epochs of alliance and define two categories of alliance behavior; one emphasizes that the patient experiences that therapist as an ally, while the second focuses on the patient working closely with the therapist in a collaborative effort towards the goals of treatment.

Marziali (1984) used alliance questionnaires with patients, therapists, and clinical judges and found agreement between all three on ratings of dynamic therapy. The alliance was found to be a powerful predictor of outcome.

Expression of Strong Feelings Towards the Therapist

One form of this behavior is conceived of in psychodynamic terms as "transference". Lower, Escoll, Little and Ottenberg (1973) defined transference as the revival of attitudes and feelings originally belonging to relationships with figures in the patient's early life.

Utilizing trained analysts to evaluate taped therapy sessions they found that segments rated high on transference were those in which the patient displayed an intense emotional reaction toward the therapist which was usually negative or ambivalent in tone. Links between these emotional reactions and early relationships with significant figures were difficult to establish and did not enter into the judges' evaluations to any great degree.

A study focusing only on achieving consensus between judges defined transference as, "the revival in current object relationship, especially to the analyst, of thought, feeling and behavior derived from repressed fantasies originating in significant conflicted childhood relationships", and found only low to moderate agreement on ratings (Luborsky, Graff, Pulver, & Curtis, 1973, P.70). Using a similar definition of transference, Graff and Luborsky (1977) examined long-term trends in transference across the complete course of analyses. In two "successful" cases of psychoanalytic treatment, transference increased across the complete course of analysis while resistance decreased, a finding going against certain theoretical assumptions to the effect that it is the resolution of transference that is associated with therapeutic change.

A number of rating systems have been developed in recent years to enable judges to rate individual patient statements on the presence and focus of transference. Gill and Hoffman (1982a, 1982b) describe the PERT (Patient's Experience of the Relationship with the Therapist) system while Luborsky (1984) and Luborsky, Crits-Christophe, and Mellon (1986) use the CCRT (Core Conflictual Relationship) method. Both of these systems are intended to allow for the formulation of the

specific transference patterns manifest in any session or series of sessions. Unfortunately neither system includes a method of rating the intensity of the moment where transference is evidenced.

A different form or meaning of this behavior is conceived by certain experiential therapies where the therapist is seen as "encountering" the patient. The therapist may portray or become some part of the patient's own personality or the therapist may encounter the patient as one existence to another (Mahrer, 1985). Encounters are frequently characterized by very high levels of feeling, ranging from exuberant laughter to overt anger. The higher the level of feeling, whether negative or positive, the more valued will be the moment of encounter.

Expression of Strong Feelings in Extra-Therapy Contexts

It can be considered a valued therapeutic moment when, in the course of a therapy session, the patient reexperiences an important or traumatic event and has a marked emotional reaction to it. One form of this moment is called "abreaction", and has been defined by Shorvan and Sargant (1947) as a process of reviving the memory of repressed, unpleasant events and expressing in speech and action the emotions related to it. They describe numerous cases of war trauma where ether was used successfully to produce a high level of arousal and bring about abreaction in response to therapist suggestion. Similar studies were conducted by a number of clinicians reporting the use of hypnosis (Rosen & Meyes, 1947; Liftshitz & Blair, 1960), sodium amytal, pentothal, chloroform and ether (Hordern, 1952; Rosen & Meyes, 1947), in bringing about a strong emotional reexperiencing of previously traumatic events. In all these studies, abreaction was positively

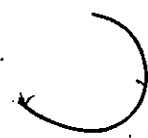
related to a reduction of symptomatology.

Hoehn-Saric and associates (1968,1972,1974), in a series of studies based upon Schacter's views of arousal and change, used ether or adrenalin to create high levels of arousal in order to have the patient re-enact, in a vivid manner, the emotions of past significant experiences. While patients were experiencing strong emotional arousal in a personally meaningful context, the therapists were able to make suggestions that successfully triggered a change in previously targeted neurotic attitudes.

Some behavioral researchers have utilized modified abreactive techniques and described the effectiveness in treating symptoms in terms of counterconditioning whereby traumatic responses are reactivated and then extinguished in the abreactive process (Stampfl & Levis, 1967; Shoben, 1960; Hogan & Kirchner, 1967). These studies have yielded some implicit support for the value of "implosion" as a significant moment in therapy.

In a comparative study of psychotherapeutic style, Nichols (1974) found that the use of emotive techniques induced significantly more catharsis in patients than did analytic, insight oriented techniques, and that high levels of catharsis were significantly related to change in behaviorally defined goals and personal satisfaction.

Lastly, in an elaborate task analysis of the resolution of problematic reactions, Rice & Saperia (1984) clearly emphasized the importance of the patient's vividly reexperiencing the original "stimulus situation". In order to "unfold" the problematic reaction, the patient must reenter the disturbing scene and gain a fairly high level of arousal, then, by adopting an exploratory attitude, the



patient begins to differentiate subtle meaning aspects of the situation and of his own evoked reaction. If successful, the patient will discover and reexamine his idiosyncratic construal of reality and personal meaning system.

Expression of a Qualitatively Different Personality State

It is considered a valued moment of therapeutic movement when, within experiential therapy, the patient undergoes a wholesale change in personality, giving up the current state and becoming a deeper personality potential (Mahrer, 1985). This is a radical change into being a fundamentally different person or personality state, especially one that is deeper, available, or latent. The patient feels, experiences, behaves and functions as the radically new and different personality.

Greenberg (1980, 1983b, 1984) implicates this type of change as being crucial to the resolution of Gestalt "psychic splits". The patient must fully become these two opposing psychic forces and resolution will only take place if each personality state is experienced to a high degree. The patient must change between two qualitatively different personality states.

Horowitz (1979) and Marmar, Wilner and Horowitz (1984) have examined transitions between ego states in a number of intensive case studies. They conceive of an ego state as a recurrent pattern of experience and behavior which is manifest at both the verbal and nonverbal levels. When a patient is seen in therapy a number of dominant ego states emerge and the patient may move between these, or become some "ideal" ego state, or even sink into a previously warded-off ego state. When there is a transition, the patient displays a

whole change in personality, including change in facial expression, intonation, focus and content of verbal reports, degree of self-reflection, general arousal, and shifts in degree and nature of empathy. It is considered a valued moment of therapeutic movement when the patient manifests an ideal ego state or allows the emergence of a previously warded-off ego state.

Experiencing New Ways of Being and Behaving in Extra-Therapy Contexts

Mahrer (1985), working from within an experiential framework, considers it a valued moment when the patient vividly imagines himself in some extra-therapy context and thoroughly experiences what it would be like to behave in some (radically) new way. The patient samples or tries out the new way of being and behaving as if the patient is actually existing in his own future, extra-therapy world.

Working from within a different theoretical framework, the Hoehn-Saric studies mentioned previously (1968,1972,1974), attempted to bring about therapeutic change through altering the patient's experience of some previously lived extra-therapy scene. Maladaptive, neurotic attitudes were identified for each patient and more adaptive attitudes were then formulated and targeted as therapeutic goals. It was a significant moment, a sign of success, when the abreactive working through of the old attitude resulted in the patient accepting the new attitude offered by the therapist.

Evidencing Change in Targeted Behaviors

A variety of therapeutic goals can be established for each unique patient as is done in certain studies utilizing a form of

content analysis. Murray (1954) found that the desired outcome for a patient, expressing hostility in a freer manner without defensiveness, was accomplished through the therapist's interpretation of the patient's defensive manoeuvres. Murray, Auld and White (1954) targeted the expression of sexual conflict and hostility with regard to the patient's husband, as therapeutically desirable for one specific patient. Therapy was deemed successful when the expression of this group of themes increased significantly while other statements indicating a displacement of conflict and hostility decreased.

A variation of the Scoring Human Motives Index was used by White, Fichtenbaum and Dollard (1966) to identify therapist goals and to trace the degree to which the patient achieved them during therapy. Using this index it was judged that the main goals of decreasing the patient's sexual anxiety and increasing heterosexual feelings was accomplished. Strupp (1980) targeted specific problematic areas for two matched patients and then followed the patterns of change to determine the important factors influencing success or failure in attaining problem resolution. The key ingredient determining therapy outcome was the ability of the patient to take advantage of the therapeutic relationship.

A series of studies have examined the emergence and disappearance of symptoms within psychoanalytic therapy (Luborsky, 1967; Luborsky & Auerbach, 1969; Luborsky, Singer, et.al., 1984; Peterson, Luborsky & Seligman, 1983). Through examining the context prior to, during, and after a symptom appears or disappears, Luborsky and associates have analyzed pertinent factors associated with momentary forgetting, stomach pains, migraine headaches, and most recently, depression. The "symptom-context" method as applied to the lifting of depressive

symptoms revealed that decreases in hopelessness, helplessness, guilt and hostility towards self, all came about when the therapist made an interpretation about the therapist-patient relationship with which the patient agreed, or when the therapist made a fairly direct statement that the patient could or should put his depression aside.

Expressing A General State of Well-Being

A further aspect of the process of change developed in the Experiencing Scale is that, at the higher levels, the client demonstrates an increasing openness to and acceptance of his own experiencing. He comes to accept that these are his feelings, and he learns to value his self the way it really is rather than the way he had previously conceived it (Rogers, 1961).

In a study of Client-Centered Therapy, Synder (1945), found that there was an increase in the expression of positive attitudes towards self and others over the course of successful therapy. In a follow-up study, Seeman (1949) also found an increase in positive attitudes and a decrease in negative attitudes over sessions.

The emotional expression of positive feelings towards self and others, and a high degree of self-acceptance and self-respect, were all correlated with good outcome as measured by pre and post-therapy Rorschachs (Raskin, 1949). as well as being related to degrees of acceptance and respect for others (Sheenan, 1949; Stock, 1949).

Working from a Self-Concept theory of personality, Raimy (1948) maintained that an individual's perception of self is of ultimate psychological significance in the organization of behavior. When successful personality reorganization takes place in the maladjusted

individual we may also expect a shift from self-disapproval to positive self-evaluations. In an analysis of 11 cases, Raimy found that success, judged by clinicians, was significantly related to increases in self-approval, while unsuccessful cases showed a predominance of self-disapproval and ambivalence.

In a stronger statement, Kauffman and Raimy (1949) maintained that changes in personality are brought on by changes in the individual's perception of himself. They developed a method of deriving a positive self-reference quotient. Lastly, Rosenman (1955) compared successful and unsuccessful cases of nondirective therapy and found that positive self evaluations increased in successful but not in unsuccessful cases.

Definitions Of The Valued Moments Of Therapeutic Movement And Change

The following definitions of the valued moments of therapeutic movement and change are taken from Mahrer (1985) and Mahrer and Nadler (1986). These moments have been framed in such a way that they can be used to identify events within therapy sessions. The language used is relatively jargon free and transcends differences between the various therapeutic schools that the moments are drawn from. In addition an attempt has been made to define each individual moment so as to maximize its uniqueness and prevent a priori conceptual overlap.

It is recognized that this category system of valued moments is provisional and that definitions differ with regard to abstraction. There is also the question of the relative value of the different moments. Each moment is important in its own way, but evolution of the

category system could lead to the establishment of a hierarchy of valued moments where some are considered more therapeutically potent than others on the basis of theoretical biases, or on the basis of a variety of extra-therapy outcomes. The various moments also lend themselves to scaling along a strength dimension. At one end there seems to be some mild or moderate movement, change, progress, improvement, or process. The moment is a fairly good one, but not as good or valued as the kind of outstanding or key moments that represent the other end of the scale as exemplified by Kelman's (1966) conception of kairos, a moment wherein there is a complete transformation of personality.

The current category system of valued moments does not come with a criterion with which to decide upon the strength of the particular moment in question and hence a measure of clinical judgement is necessary. The researcher is asked to judge whether any particular moment is present to a genuinely significant degree, whether it is a meaningful instance of this kind of moment, whether something of at least moderate therapeutic value has occurred (Mahrer, 1986). Instructions for the use of each type of moment and extensive examples of their appropriate use have been formulated and compiled (and are included in a separate Appendix A) but a measure of clinical judgement will still be necessary to apply the category system to actual therapy sessions.

A further problem arises in that several of the valued moments require the assessment of the contrast between the way the patient is now compared with the way the patient was earlier in this or maybe even previous sessions (Mahrer, 1986). As an example, moment 3 (emerging of previously warded-off material) requires that the

researcher know whether material being presented was previously blocked in some way. This may be shown by contrast with what occurred earlier in the session, by what is contained in the nearby statements of the therapist, or in the actual patient statements in which the material emerges. This will require some judgement and the procedure can also be criticized on the basis that the early sessions must be compared to later ones in order to truly see how new the material is and whether it was previously defended against.

The material to be presented below consists of the essential definition of each of the valued moments that will be used in the present study along with examples of each category taken from actual therapy sessions and previously published in Mahrer (1985).

1. Providing Meaningful Material About the Personal Self or Interpersonal Relationships.

The patient is providing (reporting, describing, expressing) material which is significant (important, revealing, special, meaningful), and which pertains to the patient's personal self and /or interpersonal relationships. Meaningful material may: refer to the immediate, recent, or remote events significant in the shaping of life patternings and personality; reveal significant information concerning the patient's personal problems and difficulties, the nature, content, history, or origin of these problems and difficulties. This material may also deal with the inner self, thoughts and ideas, wishes and fears, impulses, behavioral tendencies, fantasy life, imagery, daydreams, or provide information that is essential to an understanding of the patient's important interpersonal relationships both those occurring currently and those that occurred in childhood.

In order to qualify as a valued moment, the material must be genuinely important and meaningful for an in-depth understanding of the patient. This is beyond merely providing interesting information, stories, incidents, or descriptions.

Example:

PT: My sister, she's a couple of years older than me. When we were kids she'd play with me. In bed. She'd uh, well, she'd play with it. Touch my penis. Put it against her, her... We

never talked about it. I always felt, you know, real bad.

2. Describing-Exploring the Personal Nature and Meaning of Feelings and Experiencings.

In this valued moment the patient engages in an inner exploration of feelings in a highly involved, subjective manner, as opposed to providing an intellectual, more casual or objective set of observations.

The description-exploration is meaningful and personal, affect-laden and emotional. It includes the nature and content of the feeling, a focused inner sense of how the feeling is, what it is like to have the feeling, a differentiating inner exploration of the meaning of the feeling, how the feeling changes with further description and exploration, the bodily-felt sensations accompanying the feeling.

Example:

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

3. Emerging of Previously Warded-off Material.

The patient is recollecting, exploring, or expressing material which had been warded-off, avoided, defended against, blocked, or was unavailable either earlier in the session or earlier in therapy presumably due to the anxiety provoking nature of the material.

The material may include cognitions, ideas, impulses, feelings, memories and earlier events; whatever the nature of the material, it now emerges in the therapy session accompanied by pain, hurt, discomfort and distress or, in contrast with the way it was previously, it is now relatively free of negative feelings and is experienced with a sense of relief.

Example:

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

4. Demonstrating Insight and Understanding

The patient is expressing, demonstrating or acquiring a significant degree of insight-understanding which is therapeutically meaningful in that: (a) it indicates a substantial change in the way the patient sees, recognizes or construes himself and his world, and (b) it has significant implications for the patient's well-being, personal, and interpersonal behavior.

The content may refer to current and past behavior, psychodynamics, intrapsychic processes, idiosyncratic construal and meaning, special problem situations, interpersonal relations, cognitions and ideations, feelings and emotions, and impulses.

Example:

Pt: It's like I've been trying to protect him from having to face that pain, but I suddenly see it's me... me who doesn't want to look at it. Oh God! I'm really afraid that Mom's going to die of this. I'm not sure I can handle it.

5. Communicating in a Heightened, Expressive Manner.

This moment refers to the patient's manner and mode of communication. It is a valued moment when the language used by the patient has a sharp, fresh, stimulating quality with unique phrasings, including imagery which has a strong sensory appeal; the language is rich, capturing the subtle edges and textures of subjective experience and giving the impression of total involvement in what is said.

The voice quality is active, alive, energetic, spontaneous and vibrant with energy concentrated and turned inwards in a focused exploring manner or turned outward in an expressive manner.

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

Example:

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

6. Displaying a Good Working Relationship with the Therapist

Evidence of the patient's willingness to form a therapeutic alliance is the core of this index. This exceeds moderate warmth, friendliness, and acceptance toward the therapist, and it exceeds moderate cooperation in carrying out the patient role, (e.g. answering the therapist's questions or carrying out the therapist's invitations).

In a good working relationship the patient will demonstrate a good measure of trust in the therapist, will actively cooperate and ally himself with the therapist, and will display a desire to communicate to the therapist even though the material may be threatening or difficult.

A good working relationship may also be revealed in the patient's acceptance of genuine responsibility for effecting personal change.

Example:

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

7. Expressing Strong Feelings Towards the Therapist

The main characteristic of this valued moment is that the patient makes the therapist the immediate, direct target of strong feelings which may be positive or negative. Positive feelings include strong expressions of love, caring for and being cared for, sexual attraction, being understood, protected, nurtured or prized; negative feelings include defiance, mistrust, hatred, rebellion or outrage.

The feelings expressed by the patient go well beyond feelings of a working relationship, these are deeply personal feelings signifying a highly emotional bonding, confrontation, encounter or clash; these feelings may stem from earlier significant relationships or may seem appropriate in the therapy context.

Example:

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

I'm trying to tell you? Should I spell it out for you?

8. Expressing Strong Feelings in Extra-Therapy Contexts.

This valued moment occurs with a minimal measure of interaction with or talking to the therapist, instead, the patient's attention is predominantly absorbed in some personally meaningful extra-therapy scene, and within this scene the patient experiences strong feelings which may be positive or negative.

The extra-therapy situation that the patient is engaged in may be the reexperiencing of some past traumatic scene, the recollection of a recent, remote, or even childhood memory, the living out of a dream or dream-like context, the creation of a real or imagined or fantasied world. In this other time and place, the situational context is nevertheless meaningful and significant, encompassing and involving.

Example:

Pt: Momma, momma! You have to let me go! I can't spend the rest of my life being your good little girl! I gotta get away! But you don't understand, and you are so helpless all by yourself, and I sometimes feel so selfish when I get like this. I don't know. Please help me momma! Help me. I don't know what to do, and I'm so mixed up (cries softly).

9. Expression of a Qualitatively Different Personality State.

During the actual therapy session, a significant moment of therapeutic movement may occur wherein the patient's personality state undergoes a transformation to a (radically) different state.

Compared with the ordinary, continuing, substantive person or personality, there is a radical transformation into a qualitatively different personality state; the whole personality may seem to change, with new facial expressions, intonation, focus and content of verbal reports, degree of self-reflection, and degree and nature of empathy. The shift in personality state may be accompanied by positive or negative feelings, may be ominous or exhilarating.

Example:

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

than uh, mental telepathy. It's mental control! Control!

10. Risking New Ways of Being and Behaving Within the Real World of the Imminent Future

This form of valued moment can be said to occur when, during a therapy session, the patient vividly imagines and lives in, or describes with a concrete specificity and reality, some extra-therapy context that represents his immediately available future world and which incorporates some new way of being or behaving. The risk that the patient takes may be to state in a highly receptive and welcoming manner the intention to carry out some new behavior in the imminent future, or the patient may actually carry out in reality or imagination some new way of being or behaving. These new ways of behaving may be slight changes or profound transformations.

Example:

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

11. Expression or Report of Changes in Targeted Behaviors

In this valued moment the patient manifests or reports an appropriate increase or decrease in the occurrence of behaviors which have been targeted for change. One subclass includes positive target behaviors which are to increase. Positive target behaviors include clear signs of improvement in skills, desirable and valued social behavior, optimal functioning, intrapsychic soundness, healthy relationships, or mature functioning. A second subclass includes negative target behaviors which are to decrease during therapy. These may include behavioral problems, symptoms, intrapsychic conflicts, interpersonal difficulties, painful and distressing feelings, psychopathological states, distressing and self-defeating cognitions and ideas.

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

Example:

Pt: Yesterday I finally did it OK. I was in line again, at the market, and this big, old guy got in line two people ahead. He just put his cart in front. No-one said anything, but I said, "This is a line, and we are in our place. Please go to the back of the line". It worked! (laughs) I don't know what

he said, but he got in the rear, and the lady in front of me said thank you, and I felt like the training worked. I didn't even feel mad, just like I was saying what's what.

12. Expressing a General State of Well-Being.

According to this moment, something valuable occurs whenever the patient indicates a state of well-being, a general state of good feelings and positive attitudes which may include happiness, relaxation, security, confidence, competence, comfort, pleasure, or health. These positive attitudes may be expressed by the patient in relation to himself (e.g. self-acceptance, self-regard), or in relation to some problem (e.g. relief, resolution), or in relation to important others (e.g. family, work, intimate, or peer relationships).

Example:

Pt: I just feel so good! I never felt so at peace, and just good! Every day seems, well, I feel happy. I just feel good all over!

The Research Examination Of Valued Moments

Focus of Present Investigation

The category system of valued moments as formulated in the previous section can be utilized, along with a prepared training manual (see Appendix A), in the analysis of recorded psychotherapy sessions. A set of judges could use the category system to identify moments of client progress, improvement, in-therapy change, and good process in the sessions of two exemplary therapists such as Carl Rogers representing his own therapeutic approach of Client-Centered Therapy (CCT) and Albert Ellis representing his approach of Rational-Emotive Therapy (RET). It is the intent of the present study to examine 4 sessions from each of these exemplars using the category system of valued moments in order to evaluate a number of research avenues which have been previously referred to as dealing with

distribution, rate of occurrence, sequences within sessions, and covariance between different types of valued moments.

These research avenues focus exclusively on the client's performance and do not take into consideration the therapist's actions and interventions, the moment by moment therapist-client interaction, or the broader therapeutic or clinical context in which the valued moments of client progress or change occur (eg. Rice & Greenberg, 1984). It is recognized that all of these interrelated dimensions are important for a more comprehensive understanding of the meaning of whatever valued moments occur, but it is maintained here that the examination of the context of the valued moments and the complex interactions between therapist and client is a logically secondary stage of research, one that could follow an investigation such as the present one, much as linkage with extra-therapy outcome may be seen as logically subsequent to an analysis of in-therapy outcomes (Greenberg & Webster, 1982), an issue which was discussed earlier. This follows from the fact that very little is known about even the simple rates and distribution of different kinds of valued moments. The application of a twelve-fold category system of valued moments to therapy sessions is in itself a new manner of approaching process research. Prior research into the occurrence or structure of important in-therapy events or moments has almost exclusively dealt with one or a small number of specific types such as insight (Elliott, 1983a, 1984), the resolution of Gestalt splits (Greenberg, 1984), target symptoms (Luborsky, 1967; Luborsky & Auerbach, 1969; Luborsky et al., 1984), or shifts in experienced meaning (Rice & Saperia, 1984).

The approach to process research that is endorsed in the present

investigation can therefore be seen to be discovery oriented (Mahrer, in press) in that it seeks to reveal some of the basic parameters of an area in which very little is known. It is in many ways representative of "descriptive" research, a necessary preliminary to more advanced forms of inquiry, "The basic step in any comprehensive science is the description of the phenomena, and this empirical component must precede the other steps if the science is to be well grounded... it is clear that the first endeavor of any infant science (process research, mine) is an attempt to describe and classify that portion of nature with which it is concerned" (Greenberg, 1983, p. 170).

This is the central intent of the present investigation, to describe the distribution, rate of occurrence, sequences, and covariation of "valued moments", a limited but important domain.

General Hypotheses, Related Research,
Possible Theoretical and Clinical Implications

In this section an attempt will be made to summarize the research literature that is relevant for an examination of each of the research questions and the formulation of hypotheses. It is important to note that the hypotheses are not testable propositions derived from a body of theory. There is no intent to confirm or disconfirm an operationalized formulation of theoretical belief, rather, the hypotheses are simply a way of giving recognition to whatever prior research is in any way relevant to the questions of concern, and a way of organizing the material of the dissertation.

The hypotheses will only be stated in a general form at this stage, to be followed by an empirically testable formulation in the

methodology chapter. The potential theoretical and clinical implications associated with each hypothesis will also be examined so as to place the present research concerns within the broader context of theories of therapeutic change and practice.

Distribution of Valued Moments

Hypothesis 1: Distinct Subsets of Valued Moments

Questions. Within this research avenue there are two closely related questions which will be discussed together. Only the first of these questions will be the subject of a formal hypothesis, and depending upon the findings for this first question, an additional analysis may be warranted which will allow an assessment of the second question.

The first question is, if the group of Rogers sessions and the group of Ellis sessions were examined separately, would the valued moments that occur tend to be predominantly confined to some distinct subset of the 12 categories of valued moments or would all the various types of valued moments occur to about the same degree? This question will be framed as an hypothesis in a general fashion in this section and then in a testable manner in the Methodology chapter.

The second question can only be asked if the answer to the first question is that the valued moments occurring in the Rogers sessions and/or the Ellis sessions do distribute themselves such that only some subset of all 12 categories occur with significant frequency. This second question asks whether there are significant differences between the Rogers and Ellis sessions in the types of valued moments that are

found to comprise the subsets of dominant categories that do occur.

Literature relating to the formulation of the hypothesis for the first question on whether there will be distinct subsets of valued moments in the group of Rogers sessions and the group of Ellis sessions. As of the time of the writing of the present work, there were two known studies that bear a clear and direct relevance to the question of whether only some distinct subset of types of valued moments will occur in the Rogers and Ellis sessions. The first of these studies, which served as a pilot for the present investigation, by Mahrer, Nadler, Gervaise, and Markow (1986), utilized the same category system of 12 types of valued moments in an examination of a single session of Emotional-Expressive Therapy conducted by Robert Pierce, a co-developer of this approach (Pierce, Nichols, & Dubrin, 1983). The second study by Mahrer, Dessaulles, Nadler, Gervaise, and Sterner (1987), also utilized the category system of valued moments in an examination of two sessions of Experiential Therapy (Mahrer, 1983, 1986) with a single client. In these three sessions it was found that only a small subset of the 12 categories of valued moments occurred with much frequency. In the Emotional-Expressive session, 83% of the valued moments that occurred were distributed across only 3 of the 12 categories of valued moments, #5, communicating expressively (41%), #8, expressing strong feelings in extra-therapy contexts (23%), and #1, providing meaningful material about personal self and/or interpersonal relations (19%). When the two Experiential sessions with the same client are combined, again only three categories occurred with significant frequency, and these were the same three that occurred the most in the Emotional-Expressive session, categories #5, #8, and #1.

These two studies indicate that only a distinct subset of valued moments tend to occur in therapy sessions when there is the freedom given for any of 12 different types of moments to occur.

In a matching pair of studies by Hackstian, Zimmer, and Newby (1971), and Zimmer and Pepyne (1971), the therapeutic work of Rogers, Ellis, and Perls, all with the same client (Gloria), was examined with a view to establishing whether each of these therapists really used interventions that were distinctly different from one another, and whether in turn Gloria responded differentially to each of these therapists. It was found that each therapist did use a distinctly different subset out of a pool of possible interventions, and Gloria also responded with a different subset of responses depending on who she was working with. Thus, the implication for the present investigation is that the clients in the Rogers and Ellis sessions to be studied here may also respond in a limited manner such that only some subset of all 12 categories of valued moments will occur, and further, relating to the second question of interest, the subsets of types of valued moments that do occur may be different for the Rogers and Ellis sessions.

General hypothesis for distinct subsets of valued moments. When the group of sessions for Rogers and the group of sessions for Ellis are examined separately, the valued moments that do occur will predominantly be distributed over some distinct subset of categories.

Literature concerning the types of valued moments that might occur in the subsets of categories. Although not a part of the official hypothesis, there is some relevant information and some literature that provides tentative indications of the types of valued

moments that may appear in the subsets of categories that emerge as dominant.

In the case of the Rogers sessions, many elements from the highest and most therapeutically valued stages of the Experiencing Scale (eg. Klein, Mathieu, Gendlin, & Kiesler, 1969a, 1969b) were integrated into the formulation of four of the categories in the present system. The increasingly personal and meaningful nature of the client's communications has been incorporated into category #1, providing meaningful material about personal self and/or interpersonal relations, while movement into the immediacy and awareness of ongoing experiencing has been made the crux of category #2, describing-exploring the personal nature and meaning of feelings and experiencings. The development of new meanings, and the increasing acceptance of self were incorporated into categories #4, expressing insight-understanding, and #12, expression of well-being, respectively.

Work by Butler and Rice (1963), Butler, Rice and Wagstaff, (1962), Rice and Wagstaff (1967), Rice (1973), and Wexler (1975) in the development of scales to measure client voice quality and expressiveness also falls within the domain of Client-Centered Therapy. Focused and expressive voice quality, and the use of rich, evocative language were thought to occur whenever clients were involved with their ongoing experiencing in an immediate and present manner which would correspond to the higher stages of the Experiencing Scale and hence were considered to be valued moments. The most therapeutically desirable forms of voice quality, focused and emotional, from the Client Vocal Quality Classification System (Rice,

Koke, Greenberg, & Wagstaff, 1979), as well as the upper stages of the Client Expressiveness Scale (Wexler, 1975), were integrated into category #5, communicating expressively, of the category system of valued moments used in the present investigation.

The inclusion of several of the main Client-Centered process scales in the formulation of the five categories mentioned above, #1, #2, #4, #5, and #12, suggests that these may be among the most likely to occur in the sessions of Carl Rogers when they are examined with the category system of valued moments.

It must be made clear that there is no necessity that these categories occur, as there is no strong evidence to suggest that what different therapies say they want to have happen with the client in terms of therapeutic processes actually does happen more than other known and studied processes or changes. The Mahrer et al. (1987) study provides some data concerning the degree to which theoretical statements of what is valued in therapy translates into actual findings when a category system with a large variety of types of valued moments is used to evaluate therapy sessions. The moments that Mahrer considered to be special therapeutic processes and changes within Experiential Therapy correspond to categories #7, expressing strong feelings towards the therapist, #8, expressing strong feelings in extra-therapy contexts, #9, manifesting a qualitatively altered personality state, and #10, undergoing new behaviors in the imminent extra-therapy world, in the current category system (Mahrer, 1985). When two sessions of Experiential Therapy with the same client were examined, it was found that all of the specific experiential categories did occur but that only one of them, #8, could be

considered part of the distinct subset of dominant categories. Two categories other than those that were specifically valued occurred with higher frequency and were included in the dominant set.

In the case of the Ellis sessions, there were no process or process-outcome studies of RET published as of the time of the creation of the category system of valued moments, and hence those elements of therapy that are valued in this approach have not been included directly in the formulation of any of the categories. An examination of the theoretical writings of RET, reported in Mahrer, Nadler, Gervaise, Sterner, and Talitman (in press) suggests that insight by the client into the existence and nature of his or her personally held irrational beliefs, is a greatly valued therapeutic process. This type of insight may be captured in category #4, insight-understanding, of the present system. Also valued within RET theory are moments when the client manifests a new, more rational manner of being, and when the client actually changes some form of behavior or ideation, either decreasing those which have been designated as negative or increasing those considered to be positive and therapeutic. These two types of valued processes seem to correspond to categories #9, manifesting a qualitatively altered personality state, #11, manifesting or reporting changes in target behaviors, in the current system. A survey of the theoretical writings of RET therefore suggests that categories #4, #9, and #11 may be among those that occur with the most relative frequency in the Ellis sessions, and again this is with the caveat that there is no necessity that they occur.

There is also some literature to suggest that certain categories of valued moments may stand out as dominating members of the distinct subsets of categories of valued moments that may occur in the Rogers

and Ellis sessions. Orlinsky and Howard (1978) concluded their review of the process-outcome research literature by suggesting that the main core of psychotherapy involved the client taking the risk to talk to the therapist about very deeply personal and possible painful feelings and issues. Stiles and Sultan (1979) suggest that a more general version of this, wherein the client communicates with the intent to disclose subjective information concerning thoughts, feelings, perceptions, and intentions, may be the core of therapeutic process in all or most psychotherapies, and they found that a majority of client utterances in sessions conducted by beginning and experienced therapists were of this type of valued process. A conclusion that might be drawn from these two publications is that, whatever else happens within psychotherapy sessions, clients will most certainly talk about their most personal problems and feelings, and this is presumed to be covered by category #1, providing meaningful material about the personal self and/or interpersonal relations, in the category system. Category #1 was found in both an Emotional-Expressive session and in two Experiential Therapy sessions to occur to a significantly high degree (Mahrer et al., 1986, 1987). This category may well prove to be a dominant category in both the Rogers and the Ellis sessions.

In conclusion, the categories of valued moments that may occur most often in the Rogers sessions are #1, #2, #4, #5, and #12, while in the Ellis sessions categories #1, #4, #9, and #11 may occur most often. This implies that there may be some categories that are unique to each approach, and these appear to be in line with their respective theories. The Rogers sessions may be unique in the production of #2,

describing-exploring the personal nature and meanings of feelings and experiencings, #5, communicating expressively, and #12, expressing a general state of well-being, while the Ellis sessions may be unique in the production of #9, manifesting a qualitatively altered personality state, and #11, manifesting or reporting changes in target behaviors. This would also imply that categories #1, providing meaningful material about the personal self and/or interpersonal relations, and #4, expressing insight-understanding, may be shared by both therapies as a significantly occurring valued moment.

Implications associated with distinct subsets of valued moments.

If it were found that only some small subset of the 12 categories of valued moments occurred in the Rogers and Ellis sessions, this would provide some support for the existence of the basic phenomena described by Haskstian, Zimmer, and Newby (1971) wherein the client's response pattern was found to be limited to only a few of the 7 possible response classes incorporated in their category system regardless of whether the therapist was Rogers, Ellis, or Perls. In and of itself this sort of finding has few implications, but the implications become amplified when the actual categories that do occur are examined along with their relative frequencies, and the degree of uniqueness and similarity between the dominant subsets of the Rogers and Ellis sessions is considered.

It may be possible to formulate an initial description of the core, central, or main therapeutic processes that occur within Client-Centered and Rational-Emotive sessions. At the level of therapeutic practice, such a description could be used as a framework within which practitioners of CCT and RET could be monitored concerning the degree

to which they are, or are not, facilitating in clients the forms of core therapeutic process appropriate to the particular therapy. The category system of valued moments and the knowledge of what core therapeutic processes should be found may prove particularly useful in the evaluation and monitoring of student-therapists in training programs. The current state of empirical evaluation in training programs seems largely limited to the assessment of therapist behaviors, with very little assessment of the types of processes engaged in by the client (Matarazzo, 1971; Matarazzo & Patterson, 1986). The use of the category system of valued moments in examining sessions conducted by student-therapists will be discussed further in the next hypothesis which deals with rates of production of valued moments and the formulation of standards of practice.

Knowledge of what core therapeutic processes occur in a specific therapy, in this case CCT and RET, could also serve as a basis for research into how to facilitate the occurrence and increased occurrence of particular categories of valued moments. The category system of valued moments could be used to identify instances of specific categories which could then be studied intensively to see what therapist intervention or therapist-client interaction seemed to help create the desired process. Such an analysis of the techniques and interactions that seem particularly effective within the context of actual psychotherapy sessions may also provide a basis for the evaluation and possible modification of theoretical conceptualizations of therapeutic practice.

At a higher level, analysis of the types of valued moments found in therapy sessions may also allow an assessment of how well the theory of therapeutic change possessed by a therapy translates into

actual types of predicted client change processes. There are some suggestions, mentioned above, of what types of valued moments may occur in Rogers sessions, and these moments can be seen to be associated with, and to some extent derived from, Client-Centered theories of therapy and change. The same is true for the Ellis sessions, except that the suggestions as to the kind of moments RET values did not come from process measures and studies but from a review of the RET literature. These lists of the types of client processes which may occur in the Rogers and Ellis sessions can be compared to the actual findings in the present study with the aim of performing a tentative assessment of the degree of fit between therapeutic theory and practice in Client-Centered and Rational-Emotive therapies.

The results of this form of comparison might reveal the occurrence, in the Rogers or Ellis sessions, of new, unexpected categories of valued moments, and there may be implications for theoretical conceptualizations of the process of change and the method of practice. As an example, if quite a number of instances of category #7, expressing strong feelings towards the therapist, were to be found in the Rogers sessions, this might be considered in direct contradiction to established CCT theory which maintains that transference should not occur to a strong degree in Client-Centered sessions due to the emphasis on exploring the client's own phenomenological world and due to the role of the therapist as a follower, not interpreter of the client's process (Rogers, 1948). Client-Centered therapists should also not instigate emotionally powerful encounters between the client and therapist as they should

mostly be providing the facilitative conditions of warmth, genuineness, and accurate empathy (Rogers, 1948, 1961), and hence, there should be very few instances of category #7, whether they are called transference or encounter. The finding of this form of process would certainly stimulate research which might, as an example, challenge ideas concerning how some types of clients receive the facilitative conditions.

If the subsets of categories of valued moments in the Rogers sessions were very different from those of the Ellis sessions then, this could be supporting evidence for the association of different therapist interventions with matching client in-therapy behavior, which was the conclusion of the paired studies of Haskstian, Zimmer, and Newby (1971) and Zimmer and Pepyne (1971). As mentioned above, they found that Rogers, Ellis, and Perls all used their own unique subset of therapist interventions, and in turn, the single client they all worked with, Gloria, manifested a different subset of client behaviors with each of these three therapists. In the present investigation an assessment of therapist interventions has not been planned, but there is evidence from Hill, Thames, and Rardin (1979), in addition to Zimmer and Pepyne (1971), that Rogers and Ellis do use different types of interventions, and the general suggestion that therapist approach is associated with differential subsets of interventions is also supported by Brunink and Schroeder (1979), Mahrer, Nifakis, Abhukara, and Sterner (1984), and Stiles (1979). If it can be assumed that Rogers and Ellis are using different sets of interventions, then the finding of consistent subsets of categories of valued moments over sessions with 4 different clients each could constitute evidence of an association between therapist intervention

and client in-therapy behavior, and could point towards a more careful examination of the exact nature of the possible influence.

The possibility of a causal link between the particular style and intent of a therapist's interventions and a client's in-therapy behavior leads directly into the literature on communication and influence (cf. Claiborn, 1982; Labov & Fanshel, 1977; Laing & Esterson, 1970; Lennard & Bernstein, 1960; Mahrer, Clark, Comeau, & Brunette, 1986; Watzlawick, 1978). This would set the stage for a careful analysis of the moment by moment interaction between Rogers and his 4 clients, and Ellis and his 4 clients. A number of possible research directions could be taken, such as examining therapist statements as prescriptions for change (Mahrer, 1985; Mahrer, Clark, Comeau, & Brunette, 1986), or examining the extent to which therapist statements determine the actual content of what the client says (Lennard & Bernstein, 1960). If it can be shown that there is a strong association or even causal influence between therapist acts and client in-therapy behavior, and it is clear that therapists within different approaches do use different interventions and intentions, then therapists from every school must take responsibility for allowing and encouraging only some subset of all the possible therapeutic experiences that are available to the client, while systematically limiting the possibility of other experiences to occur.

A second area that would be implicated, if the subsets of categories of valued moments in the Rogers and Ellis sessions proved to be very different, is that of "core therapeutic factors". Stiles and Sultan (1979) suggest that the common core of different therapies lies in the client disclosing information about feelings, thoughts,

perceptions, and intentions. Orlinsky and Howard (1978) suggest something along this line as well, while others such as Frank (1961, 1976), Bandura (1976), Ellis (1976), and Wolpe (1976) offer their own preferred therapeutic processes as candidates for "common core", including the instillment of hope, social learning, giving up irrational thoughts, or counterconditioning. If Rogers and Ellis produced distinctly different subsets of valued moments, then a nonempirical faith in a common core of therapeutic process will be at least challenged. It would be incumbent upon those who maintain that a common core exists to study these sessions and show how the clients' behaviors can be interpreted differently so as to support their position.

On the other hand, if the Rogers sessions did not differ from the Ellis sessions in the dominant subset of valued moments, but instead shared a number of dominantly occurring valued moments, then this would be an empirical basis from which to theorize on what the core of these therapies might be, and through further research, it could be empirically assessed whether the core in OCT and RET was in fact also shared by many other diverse therapy approaches. This finding could also be used as a basis from which to challenge those theorists who maintain that therapist interventions and intentions strongly influence client in-therapy behavior. If the interventions of Rogers and Ellis can be assumed to truly differ in form and intention, or can be shown to differ through further study, and the 8 different clients that they worked with all manifest approximately the same types of valued behaviors then those who argue for a strong influence of therapist action on client behavior would have to explain how the data obtained is wrongly interpreted.

Rate of Occurrence of Valued Client Statements

Hypothesis 2: Overall Rate of Occurrence of Valued Client Statements

Question. This research question deals with whether client statements that have been identified as representing at least one type of valued moment would, on average, tend to occur quite frequently or only very rarely in sessions conducted by therapists such as Carl Rogers and Albert Ellis.

Literature concerning the overall rate of occurrence of valued client statements. The studies by Mahrer, Nadler, Gervaise and Markow (1986) and Mahrer, Dessaulles, Nadler, Gervaise, and Sterner (1987) wherein the twelve-fold category system of valued moments was applied to three therapy sessions from two different approaches, also provide relevant information concerning the possible overall rate of occurrence of valued moments.

In the first of these studies, the session of Emotional-Expressive Therapy was found to have some 50 (34%) client statements that were identified as representing at least one category of valued moments out of a total of 146 client statements. Somewhat higher proportions were obtained in the second study of two Experiential sessions. Of the 86 client statements in session one, 46 (53%) were judged as representing at least one category of valued moments, and of 106 statements in session two, 59 (56%) were thought to represent at least one type of valued client process.

While not as directly relevant as the research above, there are

quite a number of studies that have identified the proportion that some form of valued in-therapy event makes up out of the total number of client statements. These studies are at least tangentially related due to the fact that the valued moment they examine is, in each case, one that served as a contributor to the formulation of the categories that comprise the present category system of valued moments.

In an early study of the patterns of change that various client in-therapy events exhibit over the course of therapy, Snyder (1945) found that insight and understanding ranged from 12% to 28% of the total number of client responses in any one decile of therapy. In a similar study, Seeman (1949) found a range of occurrence from 4% to 19% for insight and understanding. Seeman also examined the occurrence of the expression of positive attitudes and found this form of valued moment occurring in a range from 32% to 46%. Also examining positive attitudes was Raimy (1948), who found that up to 100% of client statements were of this valued type in particularly good sessions. Rosenman (1955) examined a more specific form of positive self-references which involved the client exhibiting self-assertion and/or the integration of aspects of self, and found a range of 27% to 65% of total client statements when averages were calculated across successful and unsuccessful sessions.

In a more recent study of the patterns of change over the course of short-term therapy Hill, Carter, and O'Farrell (1983) found a low of 0% of instances of insight in a single therapy session and a high of only 4%. They also found their own version of good experiencing to occur with a low of 0% and a high of 22% in different single sessions.

With regard to insight and understanding Barlow, Pollio, and Fine (1977) report that an astounding 51% of client statements were

identified as this form of valued moment in a "very good" session of Gestalt Therapy.

Stiles and Sultan (1979) examined client verbal response mode frequencies and found, across 5 sessions taken from exemplars and 5 taken from student therapists, that an average of 66.5% of the clients' utterances could be classified as manifesting a "self-disclosing intent", that is, an intent to reveal subjective information concerning thoughts, feelings, perceptions, and intentions, an event they considered indicative of good therapeutic process and eventual successful outcome. The range of client self-disclosures was from a low of 46.5% in an Albert Ellis session, to a high of 80.1% in a Carl Rogers session. Within the framework of Stiles and Sultan then, valued moments are quite common events in the sessions of highly experienced and well known therapists, and in the sessions of student therapists.

Several other studies are also tangentially related in that they indicate that certain valued moments tend to occur over quite a number of consecutive patient statements, and hence "good" sessions would be expected to have quite a few instances of valued moments. In the application of a refined experiencing scale, Mathieu-Coughlan and Klein (1984) found that the top levels of this scale occurred in long bursts of patient statements. In one instance, 17 of 23 consecutive patient statements were rated at either the highest or second highest levels of this scale. Greenberg (1980) also reports that high levels of experiencing and focused voice quality, once attained within the context of a significant change event, seem to be maintained for a period of time. In several of the cases he presents, high levels of

experiencing go on for at least 4 minutes which represents dozens of client statements.

General hypothesis for overall rate of occurrence of valued moments. There appears to be a thread running throughout the literature that has been reviewed for this hypothesis to the effect that, in good sessions, valued moments will occur as a fairly high proportion of the total number of client statements. If an average were calculated across good sessions of Carl Rogers and across good sessions of Albert Ellis the proportion of client statements that are identified as representing some category of valued moments will probably not differ significantly from 50%. Approximately one half of all client statements should be identified as some category of valued moments.

Implications associated with the overall rate of occurrence of valued moments. If it were found that the Ellis and/or the Rogers sessions, which will be chosen because they represent good examples of the work of these therapists, produced only a few client statements valued as representing at least one of the 12 categories, despite the bias built into the category system of valued moments towards identifying good but not necessarily great (eg. Elliott, 1983a) or auspicious moments (Kelman, 1965), then this may be taken as a challenge to the notion that valued moments, as they are conceived of in this study, are an appropriate way of studying Client-Centered and/or Rational-Emotive therapeutic process. It may be possible to conclude that the category system simply misses what is important in these sessions due to limitations in the breadth of coverage of the possible types of valued moments, or due to the virtual

unmeasurability of the processes, implying that change really occurs outside of therapy or is carried in covert or nonspecific processes (eg. Frank, 1961; Rennie, 1984, 1985; Butler & Strupp, 1986; Kazdin, 1979).

If application of the category system of valued moments reveals that 10, 20, 30 percent, or higher numbers of total client statements are identified as at least one type of valued moment, this could be taken as support for the premise that these therapies can be studied in terms of their elemental or nuts and bolts therapeutic processes. This would not imply that other types of processes, measurable, unmeasurable, or covert, are not taking place, but at least the category system of valued moments represents one legitimate way to study and describe the processes occurring in these sessions.

The meaning of an overall average rate of occurrence of valued moments will in large part be dependent upon the degree to which individual sessions are homogenous in their production levels. If the individual sessions varied in the extreme, an average would tend to recede as a valid measure from which to draw implications.

Assuming that there is a reasonable level of homogeneity across individual sessions then there is the possibility, within the confines of acceptable limits of generalizability for the nature of the sample, to begin formulating standards of practice against which Client-Centered and Rational-Emotive therapists can compare their own performances. As an example, if it were found that the Ellis sessions had a uniform rate of production wherein approximately 75% of client statements are valued, then a therapist practicing RET who attains an average of only 25% could clearly strive to improve further, and could

measure his or her progress against the Ellis standard. Of course, the formulation of a possible standard of practice will also have to take into consideration the specific kinds of valued moments that occur in the Ellis sessions and their relative proportions, which was the subject of the first hypothesis in the present investigation.

The development of standards of performance, that specify at least a range of "good" performance, measured in terms of the production of certain proportions of valued client statements of various types, may prove especially useful for the evaluation of the progress of student-therapists in training programs. It appears as though the assessment of student-therapist skills was conducted, until the past decade, through the case conference method which relied heavily on the student's report of what took place in sessions, and it has been shown that these reports, especially in the early stages of training, are not very reliable (Muslin, Burstein, Gedo, & Sadow, 1967). Didactic-experiential training programs such as those developed by Truax and Carkhuff (1967), and by Ivey (1983; Ivey, Normington, Miller, Morrill, & Haase, 1968) use an array of empirical measures to assess skill development in the student, but with the seeming exception of client self-disclosure levels, there has been little attention paid to the empirical evaluation of the undeniably important dimension of actual client change or process (Matarazzo, 1971; Matarazzo & Patterson, 1986). The category system of valued moments could be used along with a standard of performance that specifies the desirable core therapeutic processes to empirically assess client in-therapy performances, and thereby provide a supplementary form of assessment for the monitoring of student-therapist performance and growth.

If the standards for performance were quite low overall, but not so low as to immediately question the usefulness of examining these therapies in terms of valued moments, then therapists within these therapeutic approaches may be moved to evaluate the efficiency or potency of their therapeutic practices and perhaps work at methods of increasing productivity. The exact implications of the standard for performance will of course also be dependent upon the types and proportions of the individual categories that occur, and the relative importance of these versus the categories that are valued by theory. As an example, if the Rogers sessions had an average production rate where 40% of the client statements were valued, but of these, only about 25% were valued by theory, Client-Centered Therapy may wish to consider means of helping to facilitate more of what they specifically value.

A finding of low production rates of valued moments in the Rogers or Ellis sessions would also tend to suggest that other researchers who report very high production rates of some form of valued moment are either using lower standards of "goodness" or there exist therapy sessions that are simply far superior in terms of the production of valued moments than are the sessions studied in the present investigation. As an example of what might be a superior session Barlow, Pollio, and Fine (1970) reported that 51% of a client's statements in a session of Gestalt Therapy were identified as instances of insight. Sessions such as this could be studied with the category system of valued moments and if they manifested markedly greater production of valued moments than the Rogers or Ellis sessions; then practitioners of Client-Centered or Rational-Emotive

Therapy may judge whether they value the types of moments that occur in these sessions, and perhaps study them in depth in an attempt to discover what techniques are effective in helping to generate high levels of desirable client process. With regard to the Stiles and Sultan (1979) study which reported that an overall average of 66.5% of client utterances in both exemplar and student sessions were instances of the therapeutically valued process of client self-disclosure, it will be possible to perform a direct comparison. They found in the Rogers session Mr. Lin, that 74.4% of the total client statements were self-disclosures, and this same session will be examined with the category system of valued moments. A comparison of findings should give an indication of the relative differences in the level of criteria used to judge the occurrence of some form of therapeutic process.

Hypothesis 3: Intersession Variability

Question. If 4 sessions conducted by Carl Rogers and 4 sessions conducted by Albert Ellis were examined with the category system of valued moments would there be a tendency for the sessions within each approach to be homogenous with respect to the overall rate of production of client statements identified as at least one type of valued moments or would there be a considerable amount of variability?

Literature. The research literature concerned with the intersession variability of valued moments is quite limited. The study by Mahrer et al. (1987) which employed the twelve-fold category system of valued moments used in the present study found that the proportion

of valued moments in two experiential therapy sessions with the same client displayed little variability (.53 & .56)

In studies that are only tangentially related, Auerbach and Luborsky (1968), Hoyt (1980), and Orlinsky and Howard (1967) all studied the occurrence of valued moments using post-session evaluation, and, while no empirical parameters were offered, concluded that good and poor sessions could clearly be distinguished on the basis of the relative production of valued moments. In their process analysis of a single case of time-limited counseling Hill, Carter, and O'Farrell (1983) also found that good and poor sessions could be distinguished on the basis of the relative frequency of occurrence of various categories of valued moments. Good sessions clearly had higher proportions of both insight and high experiencing.

General hypothesis for intersession variability. If a wide variety of sessions were to be examined from the work of both exemplar and inexperienced therapists, or if both good and poor sessions according to post-session evaluation were examined, it may be quite likely that there would be a wide range of production rates of valued moments, but it's assumed that if exemplar sessions that have been offered to the public are examined there should be far less variability due to overall high and consistent quality. It is the intention of the present investigation to examine sessions of Carl Rogers and Albert Ellis that have been offered as good examples of their work or as teaching models, therefore, the general hypothesis is that there will not be any significant differences in the overall rate of production of valued moments among sessions when the group of Rogers sessions are examined or when the group of Ellis sessions are

examined.

Implications associated with intersession variability. If the degree of intersession variability was quite low over the 4 sessions for each therapist then this would increase the credibility of establishing a standard of performance against which therapists working within OCT and/or RET could compare themselves. The degree of confidence in such a standard should rise as the variability among the sessions decreases, as the sample of sessions to be studied will certainly allow variability to occur as each will be with a different client and will be taken from a different time period in the life of the therapist.

If there was a great deal of variability across the 4 sessions for one or both therapists then the use of these variable sessions in the calculation of an average rate of production of valued moments would greatly decrease the validity of a single figure as some form of standard. Further research examining more sessions of the exemplars would be required in order to reveal the range of production rates that occur in good sessions from the two approaches. A standard might then be formed using a range of rates. As mentioned earlier though, the interpretation of the average rate of production as it relates to a standard will also be dependent upon the composition of each individual session in terms of the proportion with which any one of the 12 different types of valued moments occurs.

The occurrence of a significant degree of variability may also provide a basis to conclude that there are "poor", "good" or perhaps "great" exemplar sessions, where it is understood that these terms refer strictly to the sheer occurrence of client statements that have

been identified as at least 1 of the 12 types of valued moments.

Sessions that have significantly higher production rates can be compared to the lower ones in terms of how the increase in numbers of valued moments comes about, that is, does a "great" session generate more valued client statements by having more types of moments occur, and/or do specific types of valued moments in the high sessions tend to occur more in long runs across many client statements? The relative merits of the "poor", "good", or "great" sessions can also be compared by examining the actual types of valued moments that do occur. As an example, would a session that had an 80% production rate where all the moments were category #1, providing meaningful material, really be better than a session with a 40% production rate where most of the moments were categories #3, the emergence of previously warded-off material, and #4, expressing insight-understanding? Would the judgment of whether a session was really good depend on the context of this specific client at this particular stage of therapy?

Hypothesis 4: Difference in Overall Rate of Occurrence of Valued Client Statements Between Approaches

Question. If valued moments were identified in a group of sessions conducted by Carl Rogers and a group of sessions conducted by Albert Ellis, and the average overall rate of production of valued moments for these two therapists were compared, would there be a significant difference?

Literature. Stiles and Sultan (1979) examined single sessions of Carl Rogers and Albert Ellis and found that Rogers' client produced far more self-disclosures than did Ellis', 74.4% versus 42.8%. No

other studies were found that compared the production rates of valued moments across two such different therapies as CCT and RET. (cf. Hill, Thames, & Rardin, 1979; Stiles & Sultan, 1979; and Zimmer & Pepyne, 1971, for evidence that the interventions and styles of Rogers and Ellis are different)

General hypothesis for the difference in overall rate of occurrence of valued client statements between approaches. In arriving at a general formulation of this hypothesis there is an important consideration that mitigates against simply adopting the findings of the Stiles and Sultan study. It seems quite conceivable that a specific form of therapy could possess a considerable advantage in facilitating the production of one or a set of particular types of valued moments over some other therapy, perhaps due to the relationship between certain unique therapist techniques and the matching client response (Hackstian, Zimmer, & Newby, 1971). However, in the present investigation, the category system that will be used to identify valued moments possesses a wide variety of valued client responses and has drawn in a nonpartisan way from the research of many different therapeutic approaches, therefore, if an examination of overall production rates is made, combining all 12 categories of valued moments, the potential advantage that one therapy has over another in the production of any one specific type of valued moment will be balanced by advantages possessed by the other therapy.

The general hypothesis here will be that there will be no difference found in the average overall production rate of valued client statements between the Rogers and the Ellis sessions.

Implications associated with the difference in the overall occurrence of valued client statements between approaches. If the Rogers and Ellis sessions were shown to be equal in the production of valued moments then this could be interpreted as a bit of evidence that suggests it may be important in the search for therapeutic processes to use a research instrument that can capture instances of many different kinds of processes rather than just one kind. Stiles and Sultan (1979) used a category system which could identify only one type of valued moment, self-disclosure (and many others that were not valued) and on the basis of their findings it could be concluded that the Rogers session produced 100% more therapeutic instances than did the Ellis session.

If a significant difference in the overall production of valued moments was found when the Rogers and Ellis sessions are compared, the interpretation and implications would depend on the nature of the difference, that is, whether the group of higher sessions was uniformly higher than the lower group across categories that are shared by both exemplars (this could be across some subset of categories or across all 12), or whether the higher group's advantage in production involves categories that are not shared with the other group. If the higher group has a significant advantage in the production of categories that are shared by both groups then practitioners of the therapy conducted in the lower group may well want to carefully examine the therapeutic procedures used by the therapy conducted in the higher group and consider whether to incorporate them into their own framework in order to improve the level of in-therapy improvements, changes, and good process. In this case, the application of the category system of valued moments could

lead to the formation of a basis for the integration of therapies. One approach might adopt procedures or patterns of interaction that characterize some other approach on the basis that this second approach was capable of producing more mutually valued client processes. It also may be added that the application of the category system of valued moments to different therapies might open the way to the creation of a form of "Grand Prix" type research (eg. Shapiro, Stiles, & Elliott, 1986), where various therapies can be compared in their production of specific categories of valued moments.

If one group of sessions was found to be significantly higher than the other through the elevated production of one or a group of categories of valued moments that were not shared with the other group, then the implications may be quite limited, unless it could be shown that the categories obtained in the high group were somehow "better" than the categories occurring in the lower sessions. The ability to demonstrate that some one category of valued moments is better than some other (better by virtue of linkages with extra-therapy outcomes, or as being a more powerful in-therapy change) might even be used to claim that the lower group of sessions is in fact better than the higher group, where the higher group has a lot of something that is not as "good" as the little bit of something obtained in the lower group.

Sequences Within Sessions

Hypothesis 5: Behavioral Dependence of Valued Moments

Question. The question to be asked here is whether there are any

consistent pairings of different categories of valued moments such that one type follows another type more often than by chance, thereby indicating that there exists some form of dependency between the two categories of valued moments. To further clarify this narrow meaning of "sequences within sessions" it is important to note that the central concern of this hypothesis is not with overall structure as found in a markovian model of sequential analysis (Hertel, 1972; Lichtenberg & Heck, 1986). The concern is not with first or second order patterns across sessions but only with the relationship between pairs of valued moments which can be selected post-hoc for analysis on the basis of there being sufficient frequency to make some form of test of behavioral independence meaningful.

As an example, this question might deal with whether there is a relationship between category #8, expressing strong feelings in extra-therapy contexts, and #4, expressing insight-understanding, such that, far more often than by chance, it seems that moments of insight follow right after moments where the client is living and expressing feelings in some extra-therapy world (like some past scene). This form of question has been used in individual counseling where there are a large number of possible categories and the possibility of low frequencies for many categories (Hill, Carter, & O'Farrell, 1983), and has been suggested as a good alternative to markov analysis in actual counseling sessions where events of interest may occur sporadically and not in stable, repeating patterns across an entire session (Wampold, 1986).

Literature. The research literature suggests that certain types of valued moments may be followed by other types, forming consistent

and repetitive patterns but the types of valued moments studied have been quite limited. Greenberg (1980,1984) has found that the attainment of high levels of experiencing by both chairs in a two-chair dialogue within Gestalt therapy is a precursor of the desired moment of conflict resolution. In the same way, high levels of patient experiencing seems to precede and possibly facilitate the occurrence of insight and understanding (Elliott, 1983a, 1984).

General hypothesis for behavioral dependence of valued moments. Although the specific categories cannot be specified in advance, certain pairings of different categories of valued moments will occur such that one type of valued moment will follow another type more often than would be expected by chance.

Implications associated with the behavioral dependence of valued moments. If repetitive sequences of valued moments were found then this could form the basis for further research to determine if the first moment facilitates the occurrence of the second. If it does then there are clear consequences for clinical practice. Taking the example given above, if "expressing strong feelings in extra-therapy contexts" was found to frequently precede instances of "insight and understanding" then all those therapist methods of bringing about the former can be used to develop the latter. There is also the possibility to take a closer look at the transitions from one type of valued moment to the other type along the same lines of the efforts of Greenberg (1984), and Rice and Saperia (1984) who attempted to describe in detail the internal cognitive operations involved in key process transitions.

It might also be found that the Rogers and Ellis sessions are

characterized by their own unique sequences of valued moments. This could be used as one important way to describe the process of specific therapies, or if it were found that the same sequences occur across both therapies, this could be taken as a preliminary indication that there is one common process underlying all therapy regardless of differences in theory and technique.

Covariation of Valued Moments

Hypothesis 6: Covariation of Valued Moments

Question. In an examination of the Rogers and Ellis sessions would there be some proportion of client statements that are judged to represent two or more types of valued moments? Would there be a repetitiveness to the combinations so that the same dyad or triad occurs together to a significant degree?

Literature related to the covariation of valued moments. In the pair of studies conducted by Mahrer et al. (1986, 1987), which employed the twelve-fold category system used in the present investigation, a great deal of covariation of categories of valued moments was found. In the examination of the single session of Emotional-Expressive Therapy, categories #5, communicating expressively, and #8, expressing strong feelings in extra-therapy contexts, were found to occur during the same client statement on 13 occasions. It is not known if this is a significant finding as #8 did occur twice without #5, and #5 occurred 18 times without #8, and these "misses" would have to be taken into consideration in the test of significance, but this is an indication that the use of the category system may result in the covariation of valued moments. A similar

result was found in the examination of the two Experiential sessions. Again, categories #5 and #8 occurred together frequently, but in these sessions they were almost always accompanied by a category #1, providing meaningful information about the personal self and/or interpersonal relationships, thus forming a common triad.

Barlow, Pollio, and Fine (1977) found, in a single case of Gestalt Therapy, that the four main regions of insight coincided with the only sustained high periods of increased use of novel and figurative language.

In the work of Elliott (1984), Greenberg (1984), and Rice and Saperia (1984) higher levels of the Experiencing Scale were found to be paired consistently with a client voice quality characterized by high energy with marked irregularity of tempo and a sense of turning inward upon the self.

General hypothesis for the covariation of valued moments. No attempt will be made to predict the specific dyads or triads of valued moments that might occur within the Rogers and Ellis sessions, but it is hypothesized that there will be found some consistent patterns such that two or more categories of valued moments occur together in the same client statements more often than would be expected by chance alone.

Suggestions concerning several types of valued moments that may covary with others. Several of the categories of valued moments may particularly lend themselves to covarying with other moments due to their being related to specific types of contents of client responses, which may then be incorporated into different contexts, or in their

being related to a particular style or manner of communicating which may also then be incorporated into various contents and contexts.

More specifically, valued moment #1, providing meaningful material about the personal self and/or interpersonal relations, may occur with other valued moments as it refers to the content of the patient's speech and does not specify the context within which the meaningful material is offered. The context could be during #2, describing-exploring the personal nature and meaning of feelings and experiencings, or #3, emerging of previously warded-off material, or during category #4, insight and understanding, or while expressing strong feelings in extra-therapy contexts, category #8.

Also it can be noted that moment #5, communicating in a heightened and expressive manner, describes the style or manner of communicating, not the content or context and so it is possible that this moment may covary with other moments which are defined by content or context. As an example, category #4, insight and understanding, may be expressed by the client with very evocative language, or it may be found that category #2, describing-exploring the personal nature and meanings of feelings and experiencings, is often accompanied by a turning inward of energy and use of evocative language which is the implication of the Elliott (1984), Greenberg (1984), and Rice and Saperia (1984) studies.

While moments #1 and #5 refer to content and style or manner of patient speech, the other valued moments included in the category system refer to context and it is difficult to predict the ways in which these may combine and covary.

Implications associated with the covariation of valued moments.

The results of an examination of the patterns of different types of covarying valued moments may prove difficult to interpret depending upon the nature and complexity of the combinations obtained. It is hoped the data will show relatively clear and strong patterns which will facilitate interpretation.

Perhaps the most simple case is where dyads are found with category #1, providing meaningful material about personal self and/or interpersonal relations, or #5, communicating expressively, as one of the members of the pair of moments in the dyad. This follows from the discussion above which argued that #1 could be seen in terms of specifying a range of content (ie. self or important relationships) that could be expressed by the client in many ways, through insights, the emerging of previously warded-off material, in expressing strong feelings in extra-therapy contexts, and so on, while #5 could be seen as specifying the manner in which the client expresses himself regardless of the content or context, that is, through insights about personal self, or in the emerging of previously warded-off material.

As an example, if it were found that dyads 1-4 and 4-5 occurred with significant frequency, the simple implication is that insight can occur with a content concerning the personal self and/or interpersonal relations, or insight can occur with a lot of expressiveness, energy, and evocative language but with some content that does not come under the areas of personal self or interpersonal relations. It might then be of interest to see what kind of content the second brand of insight deals with, and this could then be added to our understanding of the types of therapeutic phenomena that can occur. Further research could also be conducted to see if one of these insight was more important in terms of immediate and eventual therapeutic outcomes (Greenberg,

1986).

At a next level of complexity, suppose the dyad 1-4 was found again, and the triad 1-4-5 was also found, and that #4 occurred with no other type of moments, and that #1 did occur with other types of moments. Here, the interpretation that there are two kinds of insight can again be made, but there is more. It might be concluded that #4, insight-understanding,[§] was a subcategory of #1, providing meaningful material about the personal self and/or interpersonal relations, because #4 always occurs with #1, and #1 occurs many times without #4. Insight is like a specialized category within the broader, more general category of simply providing meaningful material. This finding precludes the notion of insight outside of the area of personal self or interpersonal relations. If further research supported this finding then it may be desirable to very explicitly build this content into the definition (which is mostly the case with the present definition). It would also be of interest here to study whether one form of insight, with or without expressiveness, is more important in terms of the immediate and eventual therapeutic outcomes, as above.

Perhaps the most difficult situation would be one where the specific combinations of valued moments would logically suggest that there was the possibility that the different categories were occurring sequentially within the client statement or speaking turn. As an example this might arise if the dyad of 3-4 were to occur to a significant degree. This would be the covariation of category #3, the emergence of previously warded-off material, and category #4, insight-understanding. The valued moment where there is an emergence of previously warded-off material into awareness as conceived of by

Horowitz (1974) and Horowitz et al. (1975) seems to largely involve the recovery of forgotten wishes, desires, urges, impulses of a threatening nature. It is the recalling by the client, the awareness that this is or was his own wish or desire that marks the occurrence of this type of moment. It is conceivable that an insight-understanding might quickly follow the recovery of previously warded-off material in the same client statement or speaking turn, but it is less clear how emerging material would simply take the form of an insight. Situations like this where sequentiality is a possibility, as opposed to simultaneity, will be examined as they arise, and will most certainly be broached again in the discussion chapter.

CHAPTER TWO

METHODOLOGY

The purpose of this chapter is to describe the methodology that will be used in the application of the category system of valued moments to the recorded psychotherapy sessions of the Carl Rogers and Albert Ellis. The general hypotheses formulated in the first chapter will here be framed in a more specific, concrete, and testable form, and the appropriate data analysis for each hypothesis will be discussed.

Data Base

This initial section will describe the decisions made with regard to the selection of the therapists and psychotherapy sessions to be studied.

Therapists

The present investigation will examine psychotherapy sessions drawn from two exemplary (established authorities or innovators of a specific therapy) therapists as opposed to utilizing the work of local therapists or that of psychology interns. The use of exemplary therapists has the advantage of allowing generalizations to be made on the basis of type of therapeutic approach, as presumably an exemplar practices the purest form of the therapy he/she is a major representative of or has created. This also eliminates the need to examine therapist interventions and validate that the therapist is indeed performing the kind of therapy he/she claims to be doing. Research has shown that there are differences between exemplary therapists and that

these differences are in accordance with the clinical theories of the therapeutic approaches (cf. Brunink & Schroeder, 1979; Hill, Thames, & Rardin, 1979; Mahrer, Nifakis, Abhukara, and Sterner, 1984; Stiles, 1979; Zimmer & Pepyne, 1971).

The use of exemplary therapists also assures a relatively uniform level of quality across individual sessions and across therapeutic approaches, something very difficult to establish with local or student therapists. This is not to say that exemplary therapists do not have sessions that are better or worse than others but it is presumed that the overall performance level of the therapist is fairly constant and of a high quality. Also, it is assumed that the psychotherapy sessions made available by exemplars for educational and research purposes are considered to be good sessions, and there are a variety of researchers who feel that it is very important to study good psychotherapy sessions (Gendlin, 1986; Hoyt, 1980; Orlinsky & Howard, 1967).

Number and Type of Sessions

The sessions to be studied will be selected from three available resource bases: the American Academy of Psychotherapy Tape Library, the series of demonstration sessions produced by E. Shostrom, Three Approaches to Psychotherapy I and II, and the research tape library of the School of Psychology, University of Ottawa. As already mentioned, it is assumed that psychotherapy sessions drawn from these sources are relatively good sessions, ones that the contributing therapist felt to be a good example of the type of therapy to be demonstrated. These sessions cannot therefore be considered as

randomly selected.

Four Rogers and four Ellis sessions will be examined. The number of four is based primarily on the limited number of recorded psychotherapy sessions with individual clients available through the major sources accessible to the present investigator. The sessions that will be used are:

- Rogers #1 - Miss Mun, American Academy of Psychotherapists
Tape Library, Volume #5. Miss Mun is a middle-aged woman and this is her 19th psychotherapy session.
- Rogers #2 - Mr. Lin, American Academy of Psychotherapists
Tape Library, Volume #6. Mr. Lin is of college age and this is his first interview with Rogers.
- Rogers #3 - Cathy, Psychological Films: Three Approaches to Psychotherapy II. Cathy is in her thirties and this is her first interview.
- Rogers #4 - P.S., American Academy of Psychotherapists
Tape Library, Volume #8. P.S. is a female estimated to be in her late 20's. This is her first session.
- Ellis #1 - Elkli, Psychotherapy Tape Library of the School of Psychology, University of Ottawa. Elkli's age is estimated to be in the thirties. This is the fourth session.
- Ellis #2 - Oonjo, Psychotherapy Tape Library of the School of Psychology, University of Ottawa. Oonjo's age is estimated to be in his thirties. This is his third session.
- Ellis #3 - John Jones, American Academy of Psychotherapists
Tape Library, Volume #9. John Jones is in his thirties and this is the 15th psychotherapy session.
- Ellis #4 - Gloria, Psychological Films: Three Approaches to Psychotherapy I. Gloria is in her thirties. This is her first session.

Limitations

The data base suggested above excludes the systematic exploration of such potentially important variables as type of patient, and stage

of therapy (ie. beginning, middle, or end of the course of therapy). Various options were considered which might have allowed the generalizability of results along some of these lines but ultimately these alternate plans were deemed unfeasible due to the limited availability of a suitable pool of recorded therapy sessions.

Data Form

Investigations into the process of psychotherapy have increasingly made use of audiotape recordings of sessions to supplement verbatim transcripts or the reliance on therapist notes, as audiotapes allow judges access to important extralinguistic variables such as the pitch, tempo, volume, and energy quality of client communications, which can be essential in discerning factors such as depth of emotional involvement or internal versus external focus (cf. Kiesler, 1973; Klein, Mathieu, Gendlin, & Kiesler, 1969a, 1969b; Rice & Greenberg, 1984). It is felt that the use of audiotape recordings is required in the present study in order for judges to accurately rate the occurrence of several of the categories of valued moments which are defined in terms of the client expressing a fair degree of strong feeling, as in categories #7, expressing strong feeling toward the therapist, and #8, expressing strong feelings in extra-therapy contexts. A good deal of emotional involvement and sense of their being strong feelings is also involved in the rating of category #3, emerging of previously warded-off material, and to a lesser extent in categories #4, insight-understanding, and #2, describing-exploring the personal nature and meaning of feelings.

It is possible that ratings of these categories could be accom-

plished through reference alone to verbatim transcripts with extensive "stage directions" (eg. whether the client is crying, saying something with a cracking voice), however, this form of material may yield data which is more a function of the transcriber's writing ability and possible biases, and it would seem a more reasonable course to simply let judges interpret the client's behaviors for themselves. Audiotapes are available for each of the Rogers and Ellis sessions previously described and will therefore be used by the judges to assist their ratings.

Verbatim transcripts will also be used in conjunction with the audiotape recordings as it is believed that this will facilitate the judgment of all categories in instances where the client's voice is difficult to understand, or the content of what the client is saying is to be rated. The availability of the verbatim transcript also allows judges to peruse the material preceding any particular client behavior in order to make judgments concerning several categories which involve some form of client transition from one state to another. This is true for ratings of category #9, manifesting a qualitatively altered personality state, where a judgment must be made with regard to a change in the client's ongoing personality from one moment to the next. It may also prove to be important in the assessment of category #3, emerging of previously warded-off material, as there must be a sense that what the client is now experiencing with strong feeling was previously defended against or blocked from awareness.

With regard to the issue of whether judges should have access to therapist statements in addition to the client statements which are the focus of ratings, Schoeninger, Klein, and Mathieu (1967) and

Bordin, Cutler, Dittman, Harway, Raush, and Rigler (1954) have demonstrated that ratings of either therapist or client statements remain stable whether or not the statements of the non-rated participant are present. Therapist statements will therefore be present on both the audiotapes and verbatim transcripts.

The four sessions taken from the American Academy of Psychotherapist's tape library come complete with a typed verbatim transcription. Transcription of the other four sessions to be studied will be carried out by the present investigator.

Unit of Study

It is recognized that the division of sessions into thought units, sentences, or clauses may be appropriate or desirable for process instruments such as the Experiencing Scale (Klein, Mathieu, Gendlin, & Kiesler, 1969a, 1969b) or the Client Vocal Quality Classification System (Rice, Koke, Greenberg, & Wagstaff, 1979) which require continuous ratings over larger segments of client-therapist interaction, and then the calculation of an average rating for the segment, but it isn't certain that they would be appropriate for the category system of valued moments.

The selection of the correct unit for the category system of valued moments does not appear to be clear cut. How long does a "moment" last? Could it be accurately judged whether a certain sentence or clause is a moment of, or part of a moment of the emerging of previously warded-off material, and would it be of any importance for the present investigation to know whether two clauses in a sentence could be considered part of the emerging of previously

warded-off material while the third clause was not? Could a valued moment be considered as co-extensive with an idea unit?

The decision for the present investigation is that the type of data generated by an examination of clauses, sentences, or ideas, will not be appropriate for the rating of valued moments and that a larger window of process would provide the necessary flexibility to allow for very brief moments or more prolonged moments.

An appropriately flexible window of process for the present investigation is considered to be the "client statement" or "speaking turn" which refers to all that is said by the client that is uninterrupted by therapist responses. Thus, the client may say one word, a phrase, or a group of sentences, and this will constitute a "statement" or "speaking turn" if it is not interrupted by, that is, brought to an end by, a therapist response. This is based on Kiesler's (1973) definition of a "statement" as, "...an uninterrupted sequence of sentences uttered by either the patient or therapist; everything said between two therapist responses..." (p.42).

Judges

Ratings of valued moments will be conducted by a team of from 10 to 12 judges most of whom are either practicing clinical psychologists or graduate students in clinical psychology. Several of the team members may be undergraduates. The training and professed therapeutic preference of the team members represents a wide variety of approaches including Experiential Therapy, Gestalt Therapy, Rational-Emotive Therapy, Brief Psychodynamic Therapy, and Behavior Modification. All judges will have had, or already have, prior experience in performing

psychotherapy process ratings using audiotapes and verbatim transcripts.

Procedure For Categorizing Client Statements

Overview

The team of judges, after having obtained some experience in using the category system of valued moments, will proceed through the eight sessions to be studied one at a time. There will be two stages to the evaluation of each of the eight sessions, and each stage of the evaluation will be completed for any one session before proceeding to the next session. The sessions will be studied in a random order.

In the first stage of the evaluation each judge will be responsible for the identification of four or five different categories of valued moments. All client statements that are identified by at least one judge as representing at least one kind of moment will form the pool of data for the second stage. In the second stage all of the judges will be required to decide whether the previously identified client statements are indeed examples of the category or categories of valued moments that the first stage suggested they were. The results of this second stage of ratings will determine the final pool of valued client statements which will be used in the evaluation of the hypotheses.

Training of the Judges

Definitions and examples of the different categories of valued moments have been compiled in a training manual to be studied by the 10 to 12 judges on the research team. Instructions and examples are

intended to aid judges in identifying a fairly robust, saturated, and therapeutically desirable form of each type of valued moment. Judges will have had, prior to the commencement of the collection of data from the Rogers and Ellis sessions, the experience of performing ratings and identifying a pool of valued moments in a session of Emotional-Expressive Therapy conducted by Robert Pierce.

Assignment of the Categories of Valued Moments to the Judges

In the first stage of the evaluation of each session, judges will each be responsible for the identification of four or five of the categories of valued moments, thus insuring that there will be at least four judges using each of the 12 categories of valued moments. Insofar as it is possible judges will be allowed to choose the four or five categories that they will be responsible for in this first stage, and the judges will then be responsible for these same categories in the first stage of the evaluation for each of the eight sessions. Where it is necessary, categories of valued moments will be assigned to judges so that approximately equal coverage can be maintained, with at least four judges performing ratings for each of the 12 categories.

Judges will be responsible for only a limited set of categories of valued moments in the first stage of the evaluation of each session in order to reduce the vast number of discriminations necessary for one individual to decide whether each client statement in a session represents one, some, all, or none of the 12 categories of valued moments.

Allowing judges, as much as possible, to select the set of categories of valued moments they will use in the first stage may result

in higher motivation, as it is presumed that the categories chosen have some form of positive valence for the judge.

In the second stage of the evaluation of each session, judges will make ratings on what should be a much smaller number of client statements, but will be responsible for making discriminations concerning any and perhaps all 12 categories of valued moments, depending upon what categories, if any, were identified for each client statement in stage one.

Working Schedule for Judges

In order to safeguard against fatigue, boredom, or the influence of set, the judges comprising the research team will be given only a portion of a session to rate independently during the course of a week. In the first stage of the evaluation, judges might be asked to examine 20 to 30 client statements each week to see whether the specific categories they are responsible for occurred in any of the statements. Meetings will be held once weekly in order to hand in ratings, receive the next week's assignment, and discuss any problems concerning access to or quality of audiotapes or transcripts. In the second stage of the evaluation, the amount of work to do would again be divided up into manageable weekly assignments.

It is anticipated, as a result of this format for working through the sessions, that collection of the data may be carried out over a considerable period of time. Due to this extended time period it is possible that there may be some turnover of judges due to the vicissitudes of student and professional life. If this occurs, then new judges will be recruited as necessary, trained, and then

monitored. New judges will be given ratings to do from whatever session is being evaluated but their ratings would not be used in the identification of data until as such time that as they display a suitable level of congruence with the ratings of the remaining, experienced judges. Also, ratings of new judges will not be used if they have missed the beginning of a session. Their ratings would come into use only in the next session.

Stage One Ratings

As mentioned, the evaluation of the 8 sessions will proceed session by session in a random order, and both stages of the evaluation will be completed for any one session before proceeding to the next.

In stage one, each judge will be responsible only for his/her own 4 or 5 categories of valued moments. Judges will independently go through a session on a client statement by client statement basis, referring to the their own copy of the verbatim transcript, and an audiotaped recording of the session which will be made available for use at their convenience. The judges will decide whether each client statement represents none, one, or possibly more of the categories they are using. At this stage judges are encouraged to be somewhat lenient in their ratings, so that a relatively wide net is cast and there is less likelihood of possible instances of valued moments escaping attention.

When the entire session has been rated in this fashion, a table will be made listing all the client statements identified as representing one or more categories of valued moments by at least one

judge. This data will then be used as the basis for the second stage. The criterion is hence quite low for this first stage of the evaluation. In order for a client statement to qualify for a second stage rating, all that need happen is that one judge out of the 10 or 12 judges identify that client statement as possibly representing one category of valued moments.

Stage Two Ratings

In this second stage each judge will be presented with the table listing the client statements identified as representing one or more valued moments as determined by the initial stage (e.g. patient statement #31 - valued moments 2, 4, and 6). Each judge, regardless of his/her experience with particular valued moments in the first stage, is to once again independently go through the audiotape and transcript for the session and decide whether he/she agrees or disagrees with these first stage ratings, whether a specific valued moment has indeed occurred in a sufficiently saturated form. This means then, that for the second sweep, each judge will be called upon to evaluate the occurrence of any or all 12 categories of valued moments instead of being responsible for only the 4 he/she used in the first sweep. A consensus of at least 75% across all judges is necessary before any particular client statement will be considered as representing one or more valued moments. This level of 75% agreement will be maintained even in the event that there is a fluctuation in the number of judges.

Again, each week judges will be assigned only 20 to 30 client statements that have been identified as representing valued moments,

and, after their independent evaluation, results will be reported in the weekly research team meeting.

Reliability of Data

The use of a relatively large number of judges (frequently only 2 or 3 judges are used for most process ratings; cf. Klein, Mathieu, Gendlin, & Kiesler, 1969a) allows a direct and clear control over the reliability of each unit of data allowed into the final analysis. Each and every unit of data (ie. a specific client statement identified as an instance of a valued moment; eg. Rogers session #1, client statement #56, valued moment #1) will have been agreed upon as acceptable by at least 75% of the total pool of 10 to 12 judges in the second sweep through the data. In other words, only those valued moments which were first identified in a lenient manner by at least one judge in stage one of the evaluation, and then verified and accepted as legitimate by at least 8 of 10, 9 of 11, or 9 of 12 judges in the second stage of the evaluation, will be accepted for the final pool of data which will be used to examine the hypotheses.

Hypotheses and Analysis of Data

The hypotheses may now be stated in a more testable form and the analysis of data outlined. Given the categorical nature of the data all of the analyses proposed for the evaluation of the hypotheses are non-parametric in nature, primarily drawn from the Chi-square family (Ferguson, 1976, Hays, 1980; Langley, 1968; Leabo, 1976), but also with tests of significance derived from binomial theory (Langely, 1968) and tests of the independence of behavioral states derived from the

quadratic assignment paradigm and the hypergeometric distribution (Wampold, 1984, 1986; Wampold & Margolin, 1982).

Distribution of Valued Moments Across Categories

Hypothesis 1: Distinct Subsets of Valued Moments

When data are combined across the 4 sessions for each therapist, and the frequency distribution of client statements over the 12 categories of valued moments is formed separately for each therapist, both of these distributions should differ significantly from rectangular distributions.

A Chi-square test will be performed for the Rogers and Ellis sessions separately. These tests will compare the observed frequencies with which each of the 12 categories of valued moments occur with the expected frequencies calculated on the basis of a rectangular distribution which assumes that all of the categories occur to the same degree. If a significant difference is found for the Rogers and/or the Ellis sessions, this would indicate that the various categories of valued moments do not all occur to the same degree for the exemplar in question, and that there is some distinct subset of the 12 categories that occur with greater relative frequency than the others.

A finding of this sort for the Rogers and/or the Ellis sessions could then be followed up by a simple examination of the individual categories of valued moments to see in which ones the observed frequency exceeded the expected frequency. These are the categories that could be considered to be the members of the dominating subset. If one or several categories were found to occur to a degree far

greater than expected, Chi-square calculation could reveal whether the category or categories are truly dominant in the sense that it or they occur significantly more often than the other categories combined.

Further analyses were discussed as a possibility in chapter one if it were found that distinct subsets of categories of valued moments did in fact occur. These analyses was designed to ascertain whether, on a statistical basis, the Rogers sessions and the Ellis sessions were defined by their own unique categories of valued moments.

The first step towards ascertaining whether OCT and RET are defined by their own unique categories of valued moments and/or whether they share some categories in common is to compare the Rogers sessions with the Ellis sessions in a single Chi-square test of the difference of proportions on the whole set of 12 categories of valued moments. This will establish whether the Rogers and Ellis distributions are significantly different from one another. If they are different, then a limited number of binomial tests will be carried out on those categories that contribute most to the difference, thus allowing a determination of whether some category occurs with significantly more frequency in the sessions of one exemplar compared to the other.

In order for categories to be considered as shared they must occur with at least minimal frequency in both exemplar distributions and comprise very nearly the same proportion of the total number of valued moments in the respective distributions. If there is any doubt as to whether the proportions are really similar then a binomial test will be calculated.

If the initial Chi-square test comparing the complete

distributions of valued moments is not significant then no further statistical testing will be performed and only a purely descriptive analysis will be offered.

Rate of Occurrence of Valued Client Statements

It was decided to formulate the three hypotheses that deal with different dimensions of the rate of occurrence of valued moments in terms of client statements rather than at the level of valued moments due to the possibility of statements being identified as more than one valued moment. In the absence of a safe system for weighting a client statement identified as multiple categories of valued moments, it seems safer to simply look at whether something good is or is not going on in the client statement according to the category system, rather than assuming that a statement with 2 types of valued moments should receive a weighting that is twice that of a statement with only 1 type of valued moments.

Hypothesis 2: Overall Rate of Occurrence of Valued Client Statements

When data are combined across the Rogers sessions and across the Ellis sessions, and then these two groups are examined separately, the frequency of client statements identified as at least one type of valued moment will not differ significantly from 50% of the total number of client statements.

An appropriate data analysis can be conceived in terms of a Chi-square test where the observed variables are "valued client statements" (client statements that has been identified as representing at least one type of valued moment) and "non-valued client statements" (client statements not identified as representing even one type of valued moment), and the expected frequencies are calculated

using 50% / 50% as the theoretical distribution .

Hypothesis 3: Intersession Variability in Rates of Valued Client Statements

If the 4 Rogers sessions are examined separately from the 4 Ellis sessions, and the proportion of valued client statements to total client statements is calculated for each individual session, then there should be no significant difference between the session with the highest proportion and the session with the lowest proportion in either the Rogers or Ellis groups.

Chi-square tests of the difference of proportions can be calculated for the Rogers group and for the Ellis group of sessions. They will indicate whether there is a significant difference between the highest session and the lowest session in their respective rates of production of valued client statements. If these calculations indicate significant differences then additional analyses may be carried out to determine how many groupings of sessions at significantly different levels of production occur.

Hypothesis 4: Overall Difference in Rates Between Approaches.

When data are combined across all 4 sessions within each therapeutic approach, there should be no significant difference in the proportion of valued client statements to total client statements between the approaches.

A Chi-square test comparing the relative proportions of valued and non-valued client statements across the two different exemplar approaches appears to be an appropriate method of analysis.

If there is a significant difference in production rates between therapists then an additional analysis may be carried out in order to

see if there are significant differences in the production of specific categories of valued moments, or if the difference is a result of an elevation of all categories across the board. This analysis would involve an initial Chi-square comparison of the two exemplars on the complete set of 12 categories of valued moments in order to ascertain which categories are likely candidates for further Binomial testing due to the magnitude of their contribution to the overall difference.

Sequences Within Sessions

Hypothesis 5: Behavioral Dependence of Valued Moments

When data are combined across all 8 sessions, there will appear certain significantly repetitive sequences of categories of valued moments such that one specific type is followed by another specific type over consecutive client statements.

In order to evaluate this hypothesis the data will be arranged in a first order transition matrix where each instance of the occurrence of a valued moment will be taken as an antecedent, and whatever follows that specific moment, whether it be a non-valued statement or any one of the 12 categories, will be considered the consequent. Thus, the frequency with which all the different categories of valued moments either are followed by nothing, themselves, or another type of valued moment can easily be seen.

One appropriate method of analysis for this form of data is a nonparametric test of the independence of behavioral states as developed by Wampold and Margolin (1982). This method is one that had been derived from the hypergeometric distribution and the quadratic assignment paradigm, and can be used for unidirectional tests of independence, which is the determination of whether one category of

valued moment follows another category more or less often than would be expected by chance, or bidirectional tests, which is the simultaneous determination of whether one category follows a second category more or less often than by chance and whether this second category is also followed by the first category more or less often than by chance. The unidirectional and bidirectional tests can be calculated with equations supplied by Wampold and Margolin and can be evaluated as approximates to the normal distribution.

The decision to use unidirectional or bidirectional tests depends on the configuration of the transition matrix; on whether specific moments seem to follow others but not the other way around, or whether there seems to be a reciprocal relationship.

This form of data analysis cannot easily be adapted to the case where more than one category of valued moment can occur on the same client statement due to the difficulty in sorting out the possible patterns of influence and the appropriate N for the expected values and the denominator of the equation. One begins to appreciate the potential problem of sorting out influence when one statement is a #1, the next is a combination of #1, #2, and #9, and the statement after that is a #1, #7, and #9.

One appropriate way of dealing with the data if the covariation of valued moments is quite high is mentioned in Gottman (1979). If there occurs a large number of client statements identified as more than one category of valued moments this can be dealt with by considering each unique combination of categories to be a new category of valued moments, treating it as though it were a single unit. As an example, the occurrence in a single statement of #1, #6, and #9 would

be considered as a new category of valued moment called "1-6-9". If the combination #1, #4, and #5 occurred, this would be a "1-4-5". The data with these new categories could then be analyzed using unidirectional or bidirectional tests of independence.

Covariation of Valued Moments

Hypothesis 6: Covariation of Valued Moments

When data are combined across all 8 sessions, and the frequencies with which different categories of valued moments occur together in the same client statement are examined, there will be found certain repetitive combinations such that two or more categories are found to combine together to a significant degree.

Chi-square tests of association may be used to ascertain the significance of the covariation of specific categories of valued moments when they occur as dyads. If any triads occur, the degree to which they represent a nonrandom finding may be evaluated with a comparison of homogeneity of Chi-squares.

CHAPTER THREE

RESULTS

Collection and Quality of Data

Utilizing the procedure described above, wherein a group of trained judges performed a two-stage, statement-by-statement analysis of each of the 8 sessions, a pool of data representing valued moments of therapeutic movement, progress, change, or good process was obtained with an insured 75% or higher degree of interjudge agreement.

As anticipated, not all of the original judges who began performing ratings for the present investigation were able to continue through to the finish. A core of the original judges were able to provide ratings for the entire project, but new judges were recruited as necessary, trained, and then monitored, so as to maintain a group of between 10 and 12 judges. Only the ratings from the core of original judges were used while new judges were being trained. The ratings of new judges were used in determining the final data pool only after such time as they displayed a suitable level of congruence with the ratings of the core judges, and the rating of the new judges were never mixed with those of the core judges part of the way through a session. The same criterion of 75% or better agreement on final ratings of valued moments was maintained at all times.

General Description of the Data

In total there were 809 client statements across the 8 sessions examined with the category system of valued moments. Of these 809 client statements, 157 were identified as representing one category of valued moments, and 77 were identified as representing two or more

categories, for a total number of valued client statements of 234, and a total number of valued moments of 317. The following table displays the results of stage one and stage two of the evaluation for each of the 4 Rogers and 4 Ellis sessions. As mentioned, stage one evaluations involved each judge using only a limited number of categories of valued moments, and the criterion for data to pass along to stage two was that a client statement had to be identified as at least one type of valued moment by at least one judge. In stage two, this pool of data from stage one was then evaluated by all of the judges and the 75% criterion of interjudge agreement was used for identifying the final pool of data.

Table 1
Results of Stage One and Stage Two Evaluations

Sessions	Stage One			Stage Two	
	TCS	VCS	VM	VCS	VM
Rogers #1	40	39	46	26	34
Rogers #2	63	20	22	12	12
Rogers #3	121	63	83	37	50
Rogers #4	105	47	64	33	45
Totals	329	169	215	108	141
Ellis #1	80	46	90	16	23
Ellis #2	97	59	79	28	39
Ellis #3	262	108	137	70	95
Ellis #4	41	21	32	12	19
Totals	480	234	338	126	176
Grand Totals	809	403	553	234	317

TCS = Total Client Statements
VCS = Valued Client Statements
VM = Valued Moments

In terms of the individual categories of valued moments that occurred in the 8 sessions, it can be said generally that the pool of valued moments was strongly dominated by the occurrence of category #1, providing meaningful material about the personal self and/or interpersonal relations. This was true for each of the individual sessions, which displayed overall quite a large degree of homogeneity. Other categories did occur, but in much smaller relative frequencies. Table 2.1 and 2.2 display the frequency distributions of the various categories of valued moments for each of the 8 sessions. These tables clearly indicate the dominance of category #1 in the data, and the small proportions with which other categories occur. Readers may refer to Appendix B for a series of graphs depicting the distribution of valued moments across the individual client statements in the 8 sessions studied.

Insert Tables 2.1 and 2.2 here

Table 2.1

Distribution of Client Statements Across the 12 Categories:
Frequency and Percentage of Total Client Statements for Each Session,
And Across All 4 Sessions

Rogers Sessions
(n = 329 client statements)

Valued Moment	1		2		3		4		Percentage Of Total
	f	%	f	%	f	%	f	%	
1	26	65.0	12	19	31	25.6	31	29.5	30.4
2	4	10.0	0	0	2	1.6	0	0.0	1.8
3	0	0.0	0	0	0	0.0	0	0.0	0.0
4	3	7.5	0	0	1	0.8	2	1.9	1.8
5	1	2.5	0	0	13	10.7	9	8.6	7.0
6	0	0.0	0	0	1	0.8	0	0.0	0.3
7	0	0.0	0	0	2	1.6	0	0.0	0.6
8	0	0.0	0	0	0	0.0	2	1.9	0.6
9	0	0.0	0	0	0	0.0	1	1.0	0.3
10	0	0.0	0	0	0	0.0	0	0.0	0.0
11	0	0.0	0	0	0	0.0	0	0.0	0.0
12	0	0.0	0	0	0	0.0	0	0.0	0.0
Moments	34		12		50		45		
Total Statements	40		63		121		105		

Table 2.2

Distribution of Client Statements Across the 12 Categories:
Frequency and Percentage of Total Client Statements for Each Session,
And Across All 4 Sessions

Ellis Sessions
 (n = 480 client statements)

Valued Moment	1		2		3		4		Percentage Of Total	
	f	%	f	%	f	%	f	%		
1	14	17.5	24	24.7	57	21.8	12	29.3	21.7	
2	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
3	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
4	1	1.2	4	4.1	5	1.9	1	2.4	2.3	
5	0	0.0	5	5.2	20	7.6	8	19.5	6.9	
6	5	6.3	3	3.1	5	1.9	1	2.4	2.9	
7	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
8	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
9	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
10	1	1.2	0	0.0	0	0.0	0	0.0	0.0	
11	2	2.5	3	3.1	8	3.1	0	0.0	2.7	
12	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
Moments	23		39		95		19			
Total Statements	80		97		262		41			

Evaluation of the Hypotheses

Distribution of Valued Moments Across CategoriesHypothesis 1: Distinct Subsets of Valued Moments

When data are combined across the 4 sessions for each therapist, and the frequency distribution of client statements over the 12 categories of valued moments is formed separately for each therapist, both of these distributions should differ significantly from rectangular distributions.

Even a visual examination of the frequencies with which each category of valued moments occurred in the combined sessions of each therapist suggests that some categories of valued moments are much more common than others (see Table 3).

Table 3

Frequency of Individual Categories of Valued Moments
And Percentage of Total Valued Moments

Valued Moments Category	Frequency		Percentage Total Valued Moments	
	Rogers	Ellis	Rogers (141)	Ellis (176)
1	100	104	70.92	59.90
2	6	0	4.26	0.00
3	0	0	0.00	0.00
4	6	11	4.26	6.25
5	23	33	16.31	18.75
6	1	14	0.71	8.00
7	2	0	1.42	0.00
8	2	0	1.42	0.00
9	1	0	0.71	0.00
10	0	1	0.00	0.01
11	0	13	0.00	7.43
12	0	0	0.00	0.00
Valued Moments	141	176		

Chi-square testing of the observed distribution of valued moments compared to the theoretical distribution (rectangular), wherein each category is expected to occur with the same frequency, confirmed that there is a highly significant degree of variability across categories. The Chi-square for the combined sessions of Rogers was 762.06 ($df = 11$; $p < .001$) and that for the combined sessions of Ellis was 668.91 ($df = 11$; $p < .001$). Valued moments are distributed across the 12 categories in distinct subsets, thus supporting the hypothesis.

Additional analyses for hypothesis 1. Given that there were significant divergences from a rectangular distribution in the allocation of the valued moments over the 12 categories, the individual categories of valued moments were examined to see which ones stood out as occurring the most, as exceeding the expected values which were generated on the basis of all categories occurring to the same degree.

The original suggestion made in chapter one, that categories #1, #2, #4, #5, and #12 might stand out as a dominant set of categories in the Rogers sessions is partially supported. Category #1, providing meaningful material about the personal and/or interpersonal relations, strongly dominated the pool of valued moments that were identified, while the second strongest category was #5, communicating expressively. Both of these categories exceeded expected frequencies and so can be considered to form a dominant subset of the 12 categories of valued moments. Of these two categories, it is category #1 that accounts for a significant amount of the total variability displayed. It comprises 71% of all the valued moments occurring in the Rogers sessions, which is significantly greater than the relative

frequency of all other categories combined (Chi-square = 24.69, $df = 1$, $p < .001$).

Categories #2, describing-exploring the personal nature and meaning of feelings and experiencings, and #4, expressing insight-understanding, did occur in the Rogers sessions more often than many other categories (they share third place in a ranking according to frequency), but did not occur more often than expected by chance, as category #1 was so prevalent that it effectively drowned out the importance of other categories of valued moments. Category #12, expressing a general state of well-being, did not occur at all.

Originally it was suggested that categories #1, #4, #9, and #11 might be among those that formed a distinct subset of categories of valued moments in the Ellis sessions. Of these four categories, only category #1 stood out as occurring with high frequency. As in the Rogers sessions category #5 was the second highest in frequency, and was the only other category to exceed the expected frequency and thus form part of the distinct subset that was dominant in the Ellis sessions. Category #1 again was almost as overwhelmingly dominant as in the Rogers sessions, accounting for 61% of all the valued moments which was significantly higher than all other categories combined (Chi-square = 5.82, $df = 1$, $p < .05$).

An unexpected category, #6, good working relationship, was the third most frequent valued moment to occur. The expected categories #4, and #11, change in target behaviors did occur with some frequency but could not be considered on the same level with either #5 or #1. The expected category #9, altered personality state, did not occur at all.

In terms of whether the Rogers and Ellis sessions can be defined by their own unique subsets of categories of valued moments, the above analysis indicates that the dominant subsets of categories are actually the same for both exemplars, being comprised of categories #1, 'providing meaningful material about personal self and/or interpersonal relations, and #5, communicating expressively. In spite of the sharing of these two main categories a comparison of the Rogers distribution of valued moments over all 12 categories with the Ellis distribution did reveal that they are significantly different (Chi-square = 31.79, df = 6, $p < .001$), the significance being based on the differential occurrence of auxiliary categories #2, #6, #11, and "other", this latter being a category made up of all those moments which occurred only once or twice (#7, expressing strong feelings toward the therapist; #8, expressing strong feelings in extra-therapy contexts; #9, manifesting a qualitatively altered personality state; and #10, undergoing new behaviors in the imminent extra-therapy world).

Binomial tests revealed that categories #2, describing-exploring the personal nature and meaning of feelings and experiencings, and "other" did occur as a significantly greater proportion in the Rogers sessions than in the Ellis sessions, and that categories #6, manifesting a good working relationship with the therapist, and #11, manifesting or reporting changes in target behaviors, occurred as a significantly greater proportion in the Ellis sessions. Category #4, expressing insight-understanding, occurred to an equal degree in both the Rogers and Ellis sessions. Categories #3, the emerging of previously ward-off material, and #12, expressing a general state of well-being, did not occur in the sessions of either therapist.

While it can be said that the Rogers sessions are uniquely defined by the occurrence of categories #2 and "other", and the Ellis sessions uniquely defined by categories #6 and #11, the data indicate that the shared categories #1, #5, and #4 are by far the most frequent, together accounting for 87% of the valued moments that occur in the combined sessions of Rogers and Ellis.

Rate of Occurrence of Valued Client Statements

Hypothesis 2: Overall Rate of Occurrence of Valued Client Statements

When data are combined across the Rogers sessions and across the Ellis sessions, and then these two groups are examined separately, the frequency of client statements identified as at least one type of valued moment will not differ significantly from 50% of the total number of client statements.

In the Rogers sessions there were 108 (33%) client statements identified as representing at least one type of valued moment out of a total of 329 client statements, which differs significantly from the hypothesized 50% rate of occurrence ($\text{Chi-square} = 38.81$, $df = 1$, $p < .001$). In the Ellis sessions 126 (26%) of the client statements were valued out of a total number of 480 client statements ($\text{Chi-square} = 108.30$, $df = 1$, $p < .001$).

The hypothesis in this case was not supported as both the Rogers and the Ellis sessions had average production rates of valued client statements that were significantly less than 50%.

Hypothesis 3: Intersession Variability in Rates of Valued Client Statements

If the 4 Rogers sessions are examined separately from the 4 Ellis sessions, and the proportion of valued client statements to total client statements is calculated for each individual session, then there should be no significant difference between the session with the highest proportion and the session with the lowest proportion in either the Rogers or Ellis groups.

The frequency and proportions of valued client statements to total client statements for each of the 8 sessions studied are presented in Table 4 below.

Table 4

Frequency and Proportion of Valued To Total
Client Statements: Individual Sessions

	Rogers Sessions				Ellis Sessions			
	1	2	3	4	1	2	3	4
V/T	26/40	12/63	37/121	33/105	16/80	28/97	70/262	12/41
P	.65	.19	.31	.31	.20	.29	.27	.29

(V/T = valued statements to total statements; P = proportion)

Calculations designed to confirm or disconfirm the hypothesis proceeded in the following manner. First, the 4 Rogers sessions and the 4 Ellis sessions were placed in descending order according to their proportion of valued to total client statements (See Table 5).

Table 5

Proportions For Individual Sessions:
In Descending Order

Rogers Sessions		Ellis Sessions	
1.	.65 Rogers #1	1.	.29 Ellis #4
2.	.31 Rogers #4	2.	.29 Ellis #2
3.	.31 Rogers #3	3.	.28 Ellis #3
4.	.19 Rogers #2	4.	.20 Ellis #1

The second step involved the calculation of Chi-square analyses of independent proportions between sessions 1 (highest) and 4 (lowest) within the Rogers and Ellis groups separately in order to determine whether the groups could be considered homogenous on statistical grounds, that is, all drawn from the same population distribution of proportions of valued moments.

The Rogers group of sessions were not found to be homogeneous (22.19, $df = 1$, $p < .001$). The 4 sessions cannot be considered as members of one distribution. There are at least two groups, a higher group represented by the Rogers #1 session which achieved a 65% production rate, and a lower group represented by Rogers #2 which achieved a 19% production rate of valued moments.

In order to investigate further to see how many groups could be formed on a statistical basis, a third step was taken to determine whether the difference between the second highest session and the lowest was also significant. This was not significant (3.08, $df = 1$), indicating that Rogers #4, #3, and #2 could be considered one group. The final step involved a comparison between Rogers #1 and Rogers #4 in order to determine whether the highest session was apart from, and formed a separate group from the group that the other three sessions belong to. A Chi-square of 13.53 was obtained, significant beyond the .001 level ($df = 1$).

It appears therefore that the 4 Rogers sessions are distributed into two separate groups when the proportion of valued to total client statements is examined. There was a single session with a much higher production rate of valued client statements than the other three.

In the Ellis group of sessions the difference between the highest

and the lowest session was not significant (1.31, $df = 1$), indicating that these 4 sessions could be considered homogeneous with regard to their production of valued client statements.

The hypothesis that there would be no significant differences between sessions in the production rates of valued client statements was supported in the Ellis group of sessions but not supported in the Rogers group of sessions.

Additional analysis for hypothesis 3. The rates of production of valued moments in the Ellis sessions are very similar to those of the Rogers sessions when the highest Rogers session is excluded. The Ellis sessions would in fact fit within the group of three lower Rogers sessions, so that it is not necessary to calculate a statistic to claim that there are no significant differences; that the Ellis sessions and the three lower Rogers sessions can be considered homogeneous in production rates, all part of the same distribution. This also means that Rogers #1 would prove to be significantly higher in production rate than the highest Ellis session.

Overall then, 7 of the 8 exemplar sessions did not vary from each other to any great extent, ranging from about 20% valued client statements to about 30%. Only one session stands out as being significantly different from the others, by virtue of a much higher rate of production of valued client statements.

Hypothesis 4: Overall Difference in Rates Between Approaches

When data are combined across all 4 sessions within each therapeutic approach, there should be no significant difference in the proportion of valued to total client statements between the approaches.

Table 6 shows the frequency of valued client statements in the combined sessions for each exemplar and the proportion these make up of the total number of client statements. A Chi-square calculation using the ratio of valued client statements to total client statements yields a significant value of 4.11 ($df = 1$; $p < .05$), indicating that the sessions of Carl Rogers were relatively more productive of valued client statements than those of Albert Ellis, which goes against the initial hypothesis that the two exemplars would produce approximately the same proportion of valued client statements. A Chi-square was calculated comparing Rogers and Ellis on the complete distribution of valued moments over the individual categories and this revealed that the distributions were significantly different (35.50, $df = 6$, $p < .001$), and that the higher overall production rate of valued client statements in the Rogers sessions is due to a greater production of category #1, providing meaningful material about personal self and/or interpersonal relations (8.41, $df = 1$, $p < .01$). In the Rogers sessions, category #1 occurred in 30% of all client statements, versus 22% in the Ellis sessions.

Table 6

Frequency and Proportion of Valued
Client Statements For Each Exemplar

	Rogers	Ellis
Valued Statements	108	126
Total Statements	329	480
Proportion	.33	.26

Additional analysis for hypothesis 4. The finding that a Rogers session had a significantly higher production rate of valued client statements than any of the other sessions suggested that it may be this session, Rogers #1, which accounted for most of the overall difference in production rates between the exemplars. This is the Rogers session where 65% of the total client statements are at least one type of valued moment, and, category #1 occurs in every valued client statement.

A Chi-square test of independent proportions was conducted comparing the 4 Ellis sessions with the 3 remaining Rogers sessions once the data from Rogers #1 was removed. The result was very far from being significant at .41 (df. = 1; $p > .50$), compared to the 4.11 obtained when the Rogers #1 session was included. If it were not for this one particularly high session there would not have been any significant difference in the production of valued client statements between the exemplars. This Rogers session contributed a disproportionately high number of instances of category #1 (65% of the total client statements include category #1), and therefore this session accounts for the higher rate of category #1 in the Rogers sessions and the higher overall rate.

Sequences Within Sessions

Hypothesis 5: Behavioral Dependence of Valued Moments

When data are combined across all 8 sessions, there will appear certain significantly repetitive sequences of valued moments such that one specific type is followed by another specific type over consecutive client statements.

When this hypothesis was initially formulated it was hoped that the nonmutually exclusive nature of the categories of valued moments would not pose a problem in delineating specific patterns of connection between different categories. However, an examination of the distribution of the valued moments over the client statements in the individual sessions indicated that there were many (77) instances wherein a single client statement was identified as representing more than one type of valued moment, thus a straightforward application of statistical tests, in this case, nonparametric tests of behavioral independence developed by Wampold and Margolin (1982), was contraindicated. This was mentioned as a possibility in Chapter two involving possible confusions in tracing associative links where situations could arise such that #1 could be followed by a statement with #1, #2, and #9, only to then be followed in turn by a statement with #1, #7, and #9. If one wishes to examine the link between the occurrence of #1 and #9, it becomes necessary to eliminate the possible link between #2 and #9, and #7 and #9, or the influence of #1 and #2 occurring together and so on.

The solution to this problem (also discussed in Chapter two) is to consider each unique combination of categories to be a new category of valued moments, treating it as though it were a single unit. As an example, if categories #1, #2, and #5 all were identified for a single client statement, this was designated as new category #1-2-5. When approached in this manner the new data base may be described as follows:

Table 7

Reformed Data Base: Treating Overlapping
Or Coinciding Moments as New Categories

Valued Moments Category*	Frequency	Old Frequency
1	137	204
2	0	6
4	0	17
5	21	56
6	4	15
11	2	13
1-2	4	
1-4	12	
1-5	22	
1-6	5	
1-11	6	
1-2-5	2	
1-4-5	5	
Total	220*	311*

* All categories that occurred only once are not included.

The first order transition matrix formed using this data revealed very few repetitive patterns. The only transitions occurring with frequencies sufficiently large to test statistically were those from 1 to 1-5, 1-5 to 1, 1 to 1-4, and 1-4 to 1. Due to the reciprocal nature of the patterns, bidirectional tests of the independence of behavioral states were conducted. The relationship between 1 and 1-5 was found to be significant with a Z score of 2.25 ($p < .01$), while that between 1 and 1-4 failed to reach significance. This means that there is a dependency between 1 (providing meaningful material, and 1-5 (providing meaningful material while communicating expressively) such that 1-5 will occur following 1 more often than by chance and 1 will in turn follow 1-5 more often than by chance; in some as yet unexplained way, the occurrence of 1 or 1-5 influences, or is associated with that which influences, the occurrence of the other in

the immediately consequential statement.

Additional analysis for hypothesis 5. If those statements that were identified as representing more than one valued moment were not to be considered as new categories, and a first order transition matrix was calculated that allowed for multiple antecedents and consequents, then no conclusion concerning independence or dependence between behavioral states could be drawn but tests could be used in a purely descriptive manner, determining the degree to which different categories simply occur in adjacent client statements.

A transition matrix of this kind was prepared and bidirectional tests calculated on the transition patterns for valued moments #2, #4, #5, #6, #11 (all those with larger frequencies), all of which displayed a reciprocal relationship with category #1. The results are recorded in Table 8.

In each case the Z value was significant, indicating simply that each of categories #2, describing experiencing, #4, insight, #5, communicating expressively, #6, good relationship, and #11, change in target behaviors, are embedded in or encompassed by the occurrence of category #1 (providing meaningful material) to a statistically significant degree.

Table 8

Bidirectional Tests of Behavioral Independence

Dyad	Z (QA) Value
1 - 2	4.78 **
1 - 4	4.52 **
1 - 5	2.28 *
1 - 6	2.33 *
1 - 11	2.20 *

* $p < .05$, ** $p < .01$

Covariation of Valued MomentsHypothesis 6: Covariation of Valued Moments

When data are combined across all 8 sessions, and the frequencies with which different categories of valued moments occur together in the same client statement are examined, there will be found certain repetitive combinations such that two or more categories are found to combine together to a significant degree.

Quite a large degree of covariation was found in the 8 sessions as can be seen in Table 9, which displays the frequency with which the various categories of valued moments either occurred with some other moment or occurred on their own.

A Chi-square test of differences was calculated examining the general trend toward covariation when all categories of valued moments are combined. It proved to be nonsignificant indicating that valued moments do not tend to covary or coincide with others significantly more than they tend to occur in a solitary fashion. Out of the total pool of valued moments approximately 50% occurred with some other valued moment.

Table 9

Covariation of Categories of Valued Moments

Category	With Other Valued Moment	Solitary
1	75	129
2	6	0
4	17	0
5	36	20
6	9	6
7	2	0
8	2	0
9	1	0
10	1	0
11	11	2
Total	160	157

The specific patterns of covariance between the individual categories of valued moments are displayed in Table 10.

Table 10

Patterns of Covariation of Specific Valued Moments

Category of Valued Moment	Total Frequency	Dyads	Frequency of Dyad
2	6	2-1 2-5	6 2
4	17	4-1 4-5	17 5
5	56	5-1 5-4 5-2 5-11	35 5 2 3
6	15	6-1	8
11	13	11-1 11-5	9 3
		Triad 1-4-5	5

Given that category 1 is omnipresent and occurs frequently on its own, its covariation with other categories has been presented within the context of these other categories. Only one triad of valued moments occurred with mentionable frequency.

The statistical analysis of the dyads involved the formulation of 2 by 2 Chi-square tables where the covariation of the two categories was contextualized by the inclusion of data concerning the absence of both categories. As an example, for the dyad 2-1, the Chi-square table was set up in the following manner:

Table 11

Sample of Chi-Square Formulation

	Present 1	Absent 1	
Present 2	. 6	0	. 6
Absent 2	. 198	605	. 803
	204	605	809

It should also be noted that, in the great majority of cases, a statistical analysis is not essential due to the extreme nature of the patterns. As an example, a statistic need not be calculated to confirm that it far exceeds simple chance to find that each and every instance of category #4 (17) happens to covary or coincide on the same client statement with category #1. There are 809 spots (client statements) that the 17 #4's could fill and there are also 809 spots that the 204 #1's might fill, and yet all #4's ended up linked with a #1.

Calculations made using this Chi-square method yielded the following results:

Table 12

Chi-Square Tests of Covariation

Dyads	² X	
2-1	14.15 ***	+
4-1	47.53 ***	+
5-1	40.20 ***	
6-1	4.98 *	+
11-1	7.39 **	+
2-5	3.07	+
4-5	10.29 **	+
11-5	3.11	+

* $p < .05$, ** $p < .01$, *** $p < .001$
 + Yates correction used

These data indicate that category #1, providing meaningful material, is significantly connected with or is an aspect of client statements which are considered to be categories: #2, describing experiencing, #4, insight, #5, communicating expressively, #6, good working relationship, and #11, changes in target behavior. When the client is engaged in these latter four types of valued moments, the client is also providing meaningful material on a significant number of occasions.

As a measure of the comprehensiveness of the relationships, in the cases of insight and describing experiencing the connection with providing meaningful material is an exclusive one; there are no instances of #4 or #2 without there also being a #1. While weaker, the connections between communicating expressively, good working relationship, change in target behaviors, and providing meaningful material is still very strong with #5 occurring with #1, 62.5% of the time, #6 occurring with #1, 53.3% of the time, and #11 occurring with #1, 69.2% of the time.

Additionally, one other dyad appears to be significantly connected within individual client statements. Category #5, communicating expressively, occurs with category #4, insight, significantly more often than by chance alone. When the client, within a single statement, expresses insight, the client is also communicating expressively a significant amount of the time, that is, 29.4 percent of the time. Given that category #4 always occurs with #1, the dyad #4 and #5 can actually be considered as part of a triad. There are also positive but nonsignificant trends towards association between #5 and #2, and #5 and #11.

CHAPTER FOUR

DISCUSSION AND CONCLUSIONS

In this chapter the results of the evaluation of the six hypotheses will be discussed in light of their implications for the practice and theory of Client-Centered Therapy and Rational-Emotive Therapy, and for broader issues within the psychotherapy research literature, especially as they relate to the occurrence, patterning, and meaning of valued moments of in-therapy progress, change, or good process. Possible directions for future research will also be indicated as they flow from the questions that are raised and partially answered by the results of the present investigation. Methodological concerns such as the generalizability of the findings, the importance of context and of the assessment of more dimensions of the therapist-client interaction, the effect of transcription style, and the selection of the unit of study will be addressed within the sections of the discussion where they seem most relevant.

The discussion will be organized around the individual hypotheses for the most part, but given the interrelatedness of many of the concerns of the specific hypotheses there will also be some degree of integration across them which will allow for a more comprehensive discussion of issues. This approach will involve occasional cross-referencing between different sections and possibly different hypotheses, and it is hoped that it will not prove to be cumbersome.

Distribution of Valued Moments

Hypothesis 1: Distinct Subsets of Valued Moments

In an examination of the pools of valued moments that did occur within the Rogers sessions and the Ellis sessions, it was found that there was a highly significant tendency for only a few distinct categories of valued moments to occur with more than minimal frequency. The specific categories of valued moments that were found to occur in the Rogers sessions were, in descending order of frequency of occurrence, categories #1, providing meaningful material, #5, communicating expressively, #2, describing-exploring the personal nature and meaning of feelings and experiencings, and #4, insight-understanding. In the Ellis sessions, the distinct subset of categories was comprised of, again in descending order of frequency, categories #1, providing meaningful material, #5, communicating expressively, #6, manifesting a good working relationship with the therapist, #11, manifesting or reporting changes in target behaviors, and #4, insight-understanding.

Comparisons between Rogers and Ellis on the proportionate occurrence of these subsets of categories revealed that a large majority of valued moments that occurred for Rogers and Ellis were of the same kind, and that in only a few of the lesser occurring categories were there differences between the exemplars.

The next several sections will provide further details concerning these subsets of categories of valued moments and their relative degree of dominance within the pools of valued moments found in the Rogers and Ellis sessions.

Description of the Distinct Subsets of Valued Moments

The dominance of category #1. Of the 141 valued moments that were identified in the Rogers sessions, 100 or 71% of these were instances of category #1, while of the 176 valued moments identified in the Ellis sessions, 104 or 61% were instances of category #1. The incidence of category #1 was thus greater in both the Rogers and Ellis sessions than all other categories of valued moments combined. Category #1 is clearly the dominant category, and it is shared to a similar extent by Rogers and Ellis.

Given that the preponderance of the data gathered in the present investigation concerns itself with category #1, it is desirable at this point to give a fuller description of what this category entails and some examples of the ways it was manifest in the Rogers and Ellis sessions.

Description of category #1. The statements in the Rogers and Ellis sessions which were identified as category #1 were all agreed upon, by 75% or better of a large research team, to be sound examples wherein the client reports, describes, or expresses material which is significant, important, revealing, special, or meaningful about the personal self and/or interpersonal relations. The exact content of the meaningful material, the themes, may vary a great deal, but included in the definition are suggestions that the content may deal with the private inner self, special thoughts or ideas, wishes or fears, impulses that may be unacceptable, fantasy life or dreams. The material must somehow seem important to the judge, and this is where having a larger group of judges may be valuable, as three quarters of the judges must believe that the material is important, is not just

about anything, is the kind of material that says something genuinely significant about the person or self of the client. Obviously there is a large subjective element in these judgments, but, it is hoped that a larger research team would prevent any one judge's clinical preference for certain kinds of material or subjective impression of how important this material "really" is for this client, from narrowing or limiting the data.

Here then are some examples from the Rogers and Ellis sessions:

Excerpt from Rogers #1.

The client has just been talking about her father, how he would threaten the family with leaving, and how she would go out of her way to try to please him in order to be loved.

P-17: And yet in a certain way, I realize that he does, I mean he would say it, but it didn't seem to get to me as real caring, a lip-service sort of thing, or a caring that wants too much to hang on, and sort of control completely. A frightening thing for me.

Excerpt from Ellis #2.

P-10: I guess because...(long pause). One, I'm very frustrated I can't get a job. Two, I'm frustrated I can't get a job I'm very well qualified for what they need, and I'm not even being considered. And I guess I'm getting worked up because I can't force this thing. (with emphasis) I should be able to force this thing somehow.

The other shared and unique categories. Category #5, communicating expressively, was the second highest occurring category of valued moments for both Rogers and Ellis, accounting for approximately 16% of the pools of valued moments in each exemplar. Communicating expressively involves the client's manner and mode of communication,

and consists of a voice quality which is active, alive, energetic, vibrant, spontaneous, with energy turned outwards in an expressive manner or with energy turned inward in an exploring manner. The language that the client uses must be evocative, possessed by a strong sensual quality. As an example from Rogers #4:

P-42: (as though amazed at herself) I mean I can't even hurt a, if I were to get in a argument with a girl or something like that, she could be ready to (with real emphasis, can see the blood gushing) cut my throat and I couldn't lay a finger on her.

A third category which could be considered as shared by both Rogers and Ellis is #4, insight-understanding. This occurred a total of 6 times in the Rogers sessions (4%), and 11 times in the Ellis sessions (6%). In order for this category to be identified the client must be at least fairly involved at an emotional level, and the insight must indicate a substantial change in the way the client sees or construes his or her world. The insight must also have significant implications for the client's well-being, personal, or interpersonal behavior. As an example from Ellis #3:

P-21: And, uh, you know. I have the feeling that maybe I'm sort of hiding behind sleeping, you know. I know..I know I'm not getting the sex I would like, so I go to sleep and sleep it off, you know (laughs while saying this).

The single category occurring uniquely in the Rogers sessions was #2, describing-exploring the nature and meaning of feelings and experiencings. This occurred 6 times in the Rogers sessions or as 4% of the total number of valued moments. In this category the client must be describing or exploring something meaningful and personal, affect-laden and emotional. The client can describe the nature and the content of the feeling, a focused inner sense of what it is like, a

differentiating inner exploration of the meaning of the feeling. As an example from Rogers #1:

P-33: (slowly, with pauses, can hear the fright creeping into her voice as she attends inwardly to her sense of it) And it's really a frightening kind of loneliness because, I don't know...who could be with you through something like that.

There were two categories occurring uniquely in the Ellis sessions. One was category #6, manifesting a good working relationship with the therapist. This occurred 14 times or as 8% of the total number of valued moments. The occurrence of this category exceeds moderate warmth, friendliness, and acceptance towards the therapist, and it exceeds moderate cooperation in carrying out the client's role. A good working relationship includes expressions of a high level of trust in the therapist, a valuing of the client-therapist working bond, the active cooperation in the search for meaningful material, and acceptance of significant responsibility for personal change. As an example from Ellis #1 where the client has been to some degree fighting Ellis's encouragement for her to risk asking a particular man out:

P-69: That's true. You know, he's not the most important thing to me at now, but yet, you know, he just happens to be someone I met and liked and, you know, you know, it might be worth it just to see ah, what would happen. That's just the way I see it right now you know.

The second category obtained uniquely by Ellis was #11, manifesting or reporting changes in target behaviors, and it occurred 13 times or as 7% of the total number of valued moments. A fuller description involves that the client report or manifest the increased or decreased occurrence of behaviors, symptoms, thoughts, feelings, which have been targeted as change-markers. One subclass involves the

increase of positive target behaviors including indices of improvement, adjustive behavior, desirable and valued social behavior, optimal functioning, healthy relationships. The other subclass includes negative target behaviors which therapy is to reduce, such as behavioral problems, intrapsychic conflicts, painful feelings, self-defeating cognitions and ideas. As an example from Ellis #2:

P-19: I went in there, and I think I would have been very upset..the papers had in fact been taken out of the new associates office and they'd been filed somewhere. I tried to coax the secretary into, getting me something from them, so I could see where they were but she actually couldn't find them. And then I, ... at first I was very uptight with, "You should have gone earlier. You should have done better". Then I realized, "Hey, this was the first time you were comfortable in pulling this thing off 'cause it's been a very", ...it's very uncomfortable going and stealing my own papers.

The degree of dominance with which these various categories occurred and whether they are considered to be shared by Rogers and Ellis or are unique to Rogers or Ellis can be summarized in the following table.

Table 13

Shared and Unique Categories of Valued Moments

Categories Shared by Rogers and Ellis

Most Dominant (60 - 70%)	#1 Providing Meaningful Material
Less Dominant (15 - 16%)	#5 Communicating Expressively
Minor Category (4 - 6%)	#4 Insight-Understanding

Category Unique to Rogers

Minor Category (4%)	#2 Describing-Exploring Feelings
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Categories Unique to Ellis

Minor Category (8%)	#6 Good Working Relationship
Minor Category (7%)	#11 Change in Target Behaviors

Having described the distinct subsets of categories in some detail, it can now be considered whether these subsets represent some form of core therapeutic processes for Client-Centered Therapy and Rational-Emotive Therapy.

Possible Core Processes

The term "core processes" is being used here to refer to one or a group of therapeutic change processes which are the main ones used within a therapeutic approach, or perhaps, more correctly, are found to occur in an approach. These would be processes that occur in virtually every session within an approach, and with a fairly high degree of frequency. These are like the main "working units" or main "nuts and bolts" of the process. This section will discuss core processes primarily from the point of view of their actual frequency of occurrence, with only a few comments concerning whether the processes are valued by Client-Centered and/or Rational-Emotive therapies. A discussion of the degree to which the various categories of valued moments may be valued by the approaches will be the main focus of a later section.

The consideration of whether categories #1, #2, #4, and #5 are part of some form of core of processes in Client-Centered Therapy, or whether #1, #4, #5, #6, and #11 are core processes in Rational-Emotive Therapy, cannot be answered with certainty within the context of the present study due to the limited sample obtained. The degree of confidence that might be placed in whether any individual category is to be considered a core process will depend upon whether the category occurs in each of the 4 diversely staged therapy sessions for an exemplar, and whether it occurs with very much frequency.

It is felt that the most confidence can be placed in considering the occurrence of category #1 to represent a core process in both Client-Centered and Rational-Emotive therapies. The client providing meaningful material is an event which happens numerous times and without exception in each of the 8 sessions studied. On the basis of the data in the present study it would be predicted that the majority of valued moments in any future Rogers or Ellis, or good form of CCT or RET, would be category #1.

In the case of category #5, it occurs in only 2 of the 4 Rogers sessions, and in these it occurs with quite a high frequency. It is suggested that communicating expressively is an event which will occur quite often overall in Client-Centered Therapy, but may not occur at all in some sessions. On an empirical basis, the present investigation would not conclude that #5 was also a core process. It would be desirable to examine its occurrence across many sessions, and then, if it were found to occur in the great majority at least to a degree it could be considered part of the core. Given the current data it is a "contender" for a core process. In the Ellis sessions, #5 occurs with quite high frequency in 3 of the 4 sessions, and so following the reasoning given for Rogers, it is suggested that communicating expressively is a strong contender as a core process that would occur in the great majority of sessions.

Category #2 did not occur very frequently in the Rogers sessions, and then only in 2 of the 4. Given, as will be discussed later, that this category should correspond at least in part to the upper levels of the Experiencing Scale, it can perhaps be considered as a special kind of moment, a particularly good bit of process, that would be

desirable as a core process but which is perhaps difficult to produce. This type of moment would not be expected to occur in virtually all Rogers or CCT sessions and so cannot be considered a core process as "core" is defined here, that is, as a process that occurs often and in virtually every session. Perhaps this moment, when the client describes-explores the personal nature and meaning of feelings and experiencings, could be simply called a "special" or "adjunct" process that occurs on occasion as a (possibly) particularly valued addition to the core processes.

In the Rogers sessions #4, insight-understanding, occurs in 3 of the 4 sessions and in very small frequencies. As with category #2, this was in part derived from the upper levels of the Experiencing Scale, and can also perhaps be considered as a special or adjunct kind of moment or good bit of process, but not one that can be counted upon to occur with regularity. In the Ellis sessions, category #4 occurs in each of the 4 sessions with varying frequency, from a low of 1 to a high of 5 in different sessions. This moment may have the same status as #4 does in CCT. As will be discussed, insight appears to be a desired process in RET, but on the basis of frequency it would perhaps be considered as a special or adjunct one, not a main core process occurring with a lot of frequency in virtually every session.

One of the categories that is unique to Ellis, category #6, good working relationship, occurs in each of the 4 sessions. In three of the sessions it occurs with a fair bit of frequency, 3 to 5 instances, and then only once in the fourth session. It is uncertain whether this moment is valued within RET, but based on its frequency of occurrence it may, for the moment, be considered a special or adjunct process and not a core process, not one that would occur as often as either

categories #1 or #5.

The other category unique to Ellis, #11, change in target behaviors, occurs in 3 of 4 sessions, with about the same frequencies as category #6. This does appear to be a valued category, and would probably prove to be a special or adjunct process, not one that would occur in virtually every session with a fair amount of frequency, but one that occurs only in some sessions with a small frequency.

As a summary of this discussion of core processes, a high level of confidence could be placed in category #1, providing meaningful material, as a core process that occurs in virtually all Rogers and Ellis sessions, as well as good CCT and RET sessions, and comprises a majority of the types of valued moments that occur. Certainty of the other categories of valued moments being core processes, in the sense given here, is somewhat less, and for several of them they appear to be desired as core processes but not easily generated, and so may be considered special or adjunct processes.

The following are offered as tentative thumbnail sketches of the core and special or adjunct psychotherapeutic processes occurring in Client-Centered and Rational-Emotive therapies.

Client-Centered Therapy: The central core of the CCT processes is clearly dominated by the client's discussing meaningful aspects of self and interpersonal relationships. A second, though not as dominant aspect of the core involves the client communicating in an expressive, evocative manner. Adjunct or special processes include, the client describing and exploring experiencings in a full, present manner, and the client attaining some form of significant insight indicative of a

substantial change in the mode of seeing-construing oneself and the world.

As category codes the psychotherapeutic process would look like this: Core #1, Possibly Core #5, Adjunct or Special Processes #2, #4.

Rational-Emotive Therapy: The central core is the same as that for OCT. In RET the core is dominated by the client's discussing personal and meaningful aspects of self and interpersonal relations. A secondary aspect of the core involves the client communicating in an expressive, evocative manner. Special or adjunct processes include, in order of frequency of occurrence, the client displaying a sense of responsibility for bringing about change and valuing the therapist, describing or manifesting changes in target behaviors, and the attainment of some form of significant insight.

As category codes the psychotherapeutic process would look like this: Core #1, Possibly Core #5, Special or Adjunct Process #6, #11, #4.

Implications of Core Processes, Research Avenues, and Criticisms

Knowing, monitoring, and improving. The first implication of examining the distribution of valued moments is that this is one way of revealing what is actually occurring inside of therapy sessions that can be considered therapeutic. There are of course many other ways (e.g. Experiencing Scale), but the category system of valued moments can be counted among them, as a way of knowing the frequency distribution and location of up to 12 different types of valued moments. Using the category system, it can now be said with at least some confidence, that in the sessions of Carl Rogers and probably in

the sessions of those who practice OCT like Rogers, that the clients will mostly provide meaningful material, and only occasionally will this deepen to an exploring of the material in an innerly felt way, or somehow change configurations so that an insight is experienced.

If practitioners of a particular therapy approach used the category system to evaluate their sessions then a picture of the types of valued moments and their relative dominance in the process would emerge as it has begun to for OCT and RET. The category system could then be used for monitoring in a number of ways. One use would be in the training of student-therapists, to monitor improvement over time, which will be discussed within the next hypothesis. A second way would be to use the system in the evaluation of in-therapy experiments, where the therapist deliberately uses a different intervention with a client in order to bring about some already valued moment in a different way, or uses a different intervention simply to see what effect the intervention has. The effect of interventions can be monitored with the category system.

If practitioners of a therapy approach could identify what types of valued moments they believe are desirable within their own therapy, they could then study their own sessions in a search for instances of those moments they value, and once found, there could be an intensive examination of how the moments were brought about to see if anything new could be learned about the use of techniques or client states of readiness (eg. Elliott, 1984). In this way, practitioners of a therapeutic approach may actually discover something new about how they bring about valued moments; discover techniques that they were not aware they were using, that were not necessarily discussed in

theoretical writings.

The category system could also be applied to therapy sessions within other approaches, and once the nature of the processes occurring have been identified in terms of the 12 possible valued moments in the category system, then there is the possibility of the first therapy studying the occurrence of those types of moments that they already value; of seeing how these other therapies help to bring them about and then incorporating these new techniques into the first therapy. As an example, if CCT were to study another therapy such as Haikomi (Kurtz, 1982), and a moment that was particularly valued by CCT such as category #2, describing-exploring the personal nature and meaning of feelings and experiencings, were to be found in large numbers in Haikomi, the CCT practitioners may want to study the ways in which the Hakomi therapist's facilitated the occurrence of this desirable event, and incorporate these methods into CCT practice and theory.

The relation of theory to practice, and the possibility of new findings. If a particular approach to therapy rests on a fairly well articulated theoretical basis which defines the essential elements involved in the process of change, which are the goals of the therapy's interventions and procedures, then it might be possible to operationalize these elements of the change process insofar as they pertain to actual in-therapy events. This appears to have been done to a fair extent within CCT in their development of the Experiencing Scale (Klein, Mathieu, Gendlin, & Kiesler, 1969a, 1969b) and the Client Vocal Quality Classification System (Rice, Koke, Greenberg & Wagstaff, 1979). If the valued client processes can be translated into categories of valued moments, such as those in the category system

used in the present investigation, then there is the possibility of actually testing the degree to which the theory of change and the theoretically important change process actually corresponds to or, is isomorphic with what occurs within therapy sessions.

The category system of valued moments was not derived specifically to test the theoretical assumptions of CCT or RET concerning what change processes should occur in their therapy sessions, and there were no formal hypotheses concerning this, however it is still possible to make some tentative suggestions.

Elements of the Experiencing Scale were included in the formulation of categories #1, providing meaningful material about the personal self and/or interpersonal relations, #2, describing-exploring the personal nature and meaning of feelings and experiencings, #4, expressing insight-understanding, and #12, expressing a general state of well-being, of the category system of valued moments. The more valued categories of the Client Vocal Quality Classification System were incorporated at least to some degree in category #5, communicating expressively. In chapter one it was suggested that these categories might be among those that occur the most in the Rogers sessions. It was in fact found that 4 of 5 of these categories did occur as the most frequent ones (#1, #5, #2, #4) and there were no other, unexpected categories that occurred within the frequency range represented by these categories. The suggestion then, is that there was a fairly good fit between what CCT says that it values and what was found in the Rogers sessions. The category system of valued moments may be used as a relatively credible way to check the fit between theories of change processes and the actual processes that occur in sessions. This is especially true if there is a direct

relation between what is theoretically valued and the operationalized definitions of one or more categories in the category system. Of course, each therapy is free to, and would be advised to create their own particular categories that will specifically meet their needs and capture the nuances of their meanings.

What may be particularly interesting about the findings for the Rogers sessions is that there were a number of instances, though not enough to be significant, of categories which are perhaps not easily fit into CCT theory. There were two instances of category #7, expressing strong feelings towards the therapist, and two instances of category #8, expressing strong feelings in extra-therapy contexts. These moments are valued by other approaches. Category #7, can be thought of in terms of transference within a psychodynamic context (eg. Lower, Escoll, Little, & Ottenberg, 1973), or as part of an encounter in experiential/existential therapies (Mahrer, 1985), while category #8 is explicitly valued by experiential therapies (eg. Nichols, 1974).

On the basis of the frequency of occurrence of these categories, and given that both #7's occur in the same session, and both #8's occur in a single different session, these processes are not considered to be likely components of the core processes of CCT, or as special or adjunct processes. So, something different, perhaps unexpected by theory occurred in these sessions. The implications for CCT are that they may want to evaluate whether the occurrence of these processes should be fostered as potentially beneficial processes that can be incorporated into the CCT theories of change and technique, or should be carefully monitored and/or inhibited as non-desirable

processes. The use of the category system allows practitioners of a therapeutic approach to see if anything unexpected occurs in their sessions. They then have a choice of using and studying these processes and their influence on sessions and outcomes, or blocking or inhibiting their occurrence; there is thus, greater knowledge and greater freedom.

In the case of the RET sessions, there were some tentative suggestions concerning valued client processes from a literature review performed on the major theoretical writings within RET, and reported in Mahrer, Nadler, Gervaise, Sterner, and Talitman (in press). This review indicated that categories #4, insight-understanding, #9, manifesting a qualitatively altered personality state, and #11, change in target behaviors, might be among those found with the most frequency in the Ellis sessions. Greater confidence would have been placed in these suggestions had they been drawn from process instruments formulated and used within RET, or had RET exemplars formulated a list of categories. Be that as it may, and with the necessary caution concerning the validity of the results, it appears as though what might be expected on theoretical grounds was only partially found in the actual sessions and there are perhaps two surprises. Instead of #4, #9, and #11, it was found that #1, #5, #6, #11, and #4 were those categories occurring more frequently.

Category #1, providing meaningful material, may be a common core category in many therapies, although not in all as Mahrer et al. (1986, 1987) have shown. It is not known whether RET would consider this form of process valuable in and of itself, but given its preponderant position as the largest occurring valued moment in the

Ellis sessions, RET practitioners may want to formulate a position. As an example, they may say that category #1 merely signifies that the client is providing information concerning his or her irrational thoughts and feelings, which then becomes the fodder for the real processes of change which involve insight and changes in thinking (Grieger & Boyd, 1980), and hence they want it to occur but it is not a valued moment.

Category #5, communicating expressively occurred frequently enough to be considered a likely component of the core processes in RET. Again, it is unknown whether RET values this occurring in the client, but it is certainly valued in the therapist (Ellis, 1980; Grieger & Boyd, 1980). The RET therapist makes deliberate use of humour, mockery, and dramatics. On the basis of its frequency of occurrence RET practitioners may want to evaluate whether this is an event that they wish to systematically encourage, and if so, they could then study sessions to see what forms of therapist interventions of therapist-client interactions might have facilitated it. As an example, Ellis is well known for his loud, blunt, irascible style, perhaps this is evocative in the same sense that Rice (1973, 1974) means when she suggests that the evocative use of language by the therapist tends to influence the same in the client.

A final "unexpected" category is #6, manifesting a good working relationship towards the therapist, which, by definition is suppose to exceed moderate warmth, friendliness, and acceptance towards the therapist, and includes demonstrating a high level of trust of the therapist, confidence in him or her, a valuing of the bond between client and therapist, active cooperation in the search for meaningful material, and acceptance of significant responsibility for change. It

is not known which of the elements included in the definition for this category were the main ones that emerged in the 14 instances found in the 4 Ellis sessions, but RET practitioners might have cause for concern in this regard, as they do tend to write about the therapeutic relationship in a disparaging way, referring to the "myth of the relationship" and to therapists who spend time developing the relationship in a likewise way, "In RET, we think such a relationship is often sustained by the therapist in order to meet their nurturance needs, and by succorant clients" (Greiger & Boyd, 1980, p. 77). It would be of interest to examine each of the 14 instances carefully to see what is occurring in them, how they fit into the context of the session, and how they relate to RET theory. It is possible that category #6 represents a truly unexpected finding that might challenge RET theory, and this would provide a further demonstration of the value of applying the category system of valued moments to sessions and comparing the results with those expected by theory.

Criticism with regard to the application of the category system of valued moments to identify core processes. One main criticism that could be made concerning the use of the category system of valued moments in studying different therapy approaches is that the category system may not include some of the specific processes valued within a particular approach. There may be missing elements, and hence the category system will not reveal what is important to that specific therapy. The category system may also not capture the specific meanings that different therapies attach to certain processes. As an example, the present definition of insight in the category system may not capture what is valued by RET or by a brief psychodynamic therapy.

It is encouraged therefore that each therapy wishing to study their own processes develop their own categories to add to the system and/or modify existing categories to suit their special meanings. In this way, the integrity of a therapeutic approach is insured, and there also remains the possibility of discovering something new about the processes that occur in sessions as they are revealed through the occurrence of the other diverse categories in the category system of valued moments.

Distinct subsets of categories and the issue of specific effects or common processes. The finding that both the Rogers and Ellis sessions were dominated by the occurrence of the same two categories, #1 and #5, might be taken as some support for those who argue that underlying the differences between therapist techniques is some form of common process occurring in the client; this client process is common to all clients regardless of techniques and approach of the therapist (Stiles & Sultan, 1979; Stiles, Shapiro, & Elliott, 1986). This is what Stiles and Sultan (1979) suggest in their study on client self-disclosure, that this is the one thing that all clients, regardless of therapeutic approach, do a lot of, and hence it is a good candidate for the common underlying therapeutic process which could explain how all therapies seem to produce change.

This argument is opposed, at least apparently, to the countering proposition that therapeutic techniques actually play a large role in influencing the client to behave only in certain ways and not others, that the types of techniques a therapist uses results in a set of responses by the client which in a sense mirror the therapist (Hasktian, Zimmer, & Newby, 1971; Zimmer & Pepyne, 1971). The finding

that there occurred categories that clearly differentiated the Rogers and Ellis sessions might be taken as a bit of support for the specific effects of different interventions.

Without reflection, the findings in the present investigation may then be taken to support both of these positions, specific effects versus common processes, that is, if it can be assumed that Rogers and Ellis were using different techniques in these sessions. Hill, Thames, and Rardin (1979) and Zimmer and Pepyne (1971) suggest that Rogers and Ellis do use very different types of interventions.

There is a problem however, even if it is conceded without actual testing that Rogers and Ellis are using different techniques, there may be ways of looking at the instances of category #1 that would reveal those instances in the Rogers sessions to be different from those in the Ellis sessions. As an example, it may be shown or argued that in the Rogers sessions, the clients provide information that is more from the inner personal, phenomenological frame of reference, whereas the clients in the Ellis sessions provide meaningful information that is more external, more about the external situations in which they experience difficulties. In any case, it would take a careful analysis to show whether the instances of category #1 are the same, and so the findings can not cleanly or fairly be interpreted to support either side of the specific effects versus common elements debate.

Acknowledging the problems in interpreting the data from the present investigation in terms of its relevance for this debate, the following is presented with due caution as a way of approaching the question of specific effects versus common processes.

It is suggested that if the process of therapy is examined at the most general level, then the results will support the presence of core processes. As an example, if the measure of process is like the one used by Stiles and Sultan (1979) where they examined the occurrence of client disclosure where there is an intent to reveal subjective information about thoughts, feelings, perceptions, and intentions, (eg. "I was angry with him", or "He made me angry"; the information conveyed is about the self, but need not be judged as therapeutically important or meaningful), then lots of client statements in most therapies will be considered disclosure, and hence there is evidence of common processes. Another example is the use of simple references to the self of the client and/or to others known by the client (Truax & Wittmer, 1971), surely this too, if no consideration is given somehow to the therapeutic importance of the references, will be found to happen to in virtually all therapies to a fairly high extent, and hence could again be taken as evidence for a common process.

These sorts of general measures tell very little about the importance of any one instance of their occurrence and tend to wash over a myriad of distinctions that might be made concerning possible subclasses of processes. If the measure of process is moved to a more specific level, which may be represented by the category system of valued moments with its discrimination of 12 different types of therapeutic processes, then it may be possible to speak of common and shared processes, just as it was found that Rogers and Ellis shared the occurrence of categories #1, providing meaningful information, #5, communicating expressively, and #4, insight-understanding, and were uniquely defined by the occurrence of category #2, describing-exploring the personal nature and meaning of feelings and

experiencings, in the Rogers sessions and the occurrence of categories #6, good working relationship, and #11, change in target behaviors, in the Ellis sessions. At this less general level of the meaning and measuring of process there is some evidence of common and specific effects.

A movement to a more specific level of measurement of process will probably yield yet a different picture of how much is common across therapies and how much client process is specific. If the process in sessions were to be measured in terms of the specific content of the client's verbalizations, then as Lennard and Bernstein (1960) found, therapist interventions might have a very strong effect in differentially influencing client verbal behavior. The implication is that therapists from different approaches, where different types of contents are theoretically valued, will influence the contents and themes discussed by clients in accordance with these theoretical views, and therefore, there should be evidence of specific effects across therapies, and also possibly across different therapists within therapies. From this viewpoint, client process will be common or shared only to the extent that theoretically important themes or contents are shared by different therapies.

The implication of this for the present investigation is that, the level of measurement used in the category system of valued moments will limit and influence whatever conclusions are drawn with regard to core therapeutic processes, or the productivity of the Rogers and Ellis sessions. As indicated above in the criticism section, there may be finer grained ways of assessing the process in the Rogers and Ellis sessions which would perhaps yield different results.

Criticism of the Treatment of Clients as Homogeneous. In looking at the 4 Rogers and 4 Ellis sessions in terms of core processes, all manner of individual differences among the clients were deliberately left unexplored in order that generalizations might be formulated across the individual clients. It is the position of the present investigator that a comprehensive examination of the individual clients and the therapist-client interaction would be a highly desirable second step following the more basic descriptive work of simply seeing what types of valued moments tend to occur the most in sessions drawn from different therapeutic approaches. It is acceptable to generalize across clients within an approach (cf. Greenberg, 1984; Rice & Greenberg, 1984; Rice & Saperia, 1984; Stiles, 1979; Stiles & Sultan, 1979) in order to examine the structure of the therapeutic process, as long one does not lose sight of the importance of individual differences.

The discussion of core processes in this section has attempted to take into consideration possible differences among individual clients to some degree, primarily in suggesting that category #5 would probably occur in most, not all, CCT and RET sessions, and that the lesser occurring categories such as #2, describing-exploring feelings, would probably also vary in frequency quite a bit with different individuals. Future research could explore the differences between clients who manifest a high level of certain desirable types of client processes, such as #2, and those who manifest very little, or research could examine how levels of processes fluctuate over a series of sessions, or a course of therapy, for different individuals. If this latter form of research were pursued it might be found that there

really aren't any core processes that occur in virtually every session, rather, the types of processes that dominate therapy, change with different stages of therapy, or it may even be found that different clients go through very different stages and types of processes. The category system of valued moments could be used to investigate a variety of potentially rich areas of research focusing on individual clients.

Rate of Occurrence of Valued Moments

Hypothesis 2: Overall Rate of Occurrence of Valued Client Statements

When the overall rates of occurrence of valued client statements for the Rogers group of sessions and for the Ellis group of sessions were examined, it was found that in both cases the production rate was significantly lower than the hypothesized level of 50% of total client statements. The Rogers sessions produced an overall average of 33% valued client statements, while the Ellis sessions produced 26%.

Leaving aside the implications of the specific levels of production of valued statements for a moment, the first point of discussion concerns whether the category system of valued moments is adequate or appropriate for the study of CCT and RET. If there had been exceedingly few instances of valued moments identified then this might have been called into question, as the Rogers and Ellis sessions were initially chosen because they should have been at least reasonably "good" sessions, given that they serve as training and model sessions in tape libraries. The present findings indicate that the category system was able to identify the presence of moments of valued process and change. This does not mean that other types of

processes, such as the effect of therapeutic nonspecifics (cf. Butler & Strupp, 1986; Kazdin, 1979) or covert client processes (Rennie, 1984, 1985), or simply processes not encompassed by the category system were not taking place, but, with the assistance of the category system, it was possible to point to many instances and patterns of what can be considered the overt, observable, elemental change processes (or nuts and bolts) that occur in therapy sessions.

The rest of the discussion for this hypothesis will be conducted around the following main points, Standards of Performance, Evaluation of Performance, and Standards of Other Researchers.

Standards of Performance

It was initially thought that if there was very little variability across the sessions for Rogers and for Ellis, then there was the possibility of utilizing the average rates of production of valued moments as tentative standards of performance against which other Client-Centered and Rational-Emotive practitioners could compare themselves. It was argued that the confidence in such a tentative standard would certainly be higher in the case where it was derived from a sample of sessions with different clients, from different stages of therapy, and across many years.

Integrating the findings from the intersession variability hypothesis, it was found that the Ellis sessions were remarkably similar in their rate of production of valued client statements. In 4 sessions with 4 different clients, under varying circumstances and varying stages of therapy, and across many years, the Ellis sessions revealed very little difference in the proportion with which valued client statements occurred (.20, .29, .27, .29). This consistency

would seem to provide a reasonable basis for suggesting that the average production rate of 26% is an acceptable tentative standard against which other practitioners of RET may compare their own performances. Further, information from the examination of the distinct subsets of categories of valued moments indicated that the preponderance of the types of valued moments that an RET therapist should have in his/her sessions, according to the standard, are to be category #1, providing meaningful material about the personal self and/or interpersonal relations, and category #5, communicating expressively, and that there should be at least a few instances of category #4, expressing insight-understanding, category #6, manifesting a good working relationship with the therapist, and category #11, manifesting or reporting change in target behaviors.

The production rates in the Rogers sessions were much more variable than in the Ellis sessions (.65, .19, .31, .31) and therefore less confidence could be placed in even a tentative suggestion of a standard of performance. More must be known about the fluctuations in rates across the Rogers sessions. It is however more clear that whatever standard or range of performance that is established will probably include a specification concerning the individual categories of valued moments which is quite similar to that of the Ellis standard, that is, most of the valued moments that do occur should be category #1, and to a lesser extent category #5, and then there should be occasional instances of other categories including #2, describing-exploring the personal nature and meaning of feelings and experiencings, and #4, expressing insight-understanding.

The development of a standard of performance within RET and CCT could prove useful in the training of therapists, supplementing the

more subjective evaluations of both the trainee therapist and the supervisor with an empirical source of information concerning the actual processes. Muslin, Burstein, Gedo, and Sadow (1967) have found that student-therapists in the early stages of supervision are not reliable reporters of the process of therapy sessions, while Matarazzo (1971) strongly suggests that it is not enough to examine whether a student-therapist's behaviors resemble those of the supervisor, but that the proof of the pudding is whether the client evidences change. The change that counts as proof is typically conceived in terms of extra-therapy change, but in keeping with the in-therapy change paradigm (Elliott, 1983b; Mahrer, 1985; Rice & Greenberg, 1984), the possibility that there are very real and important changes going on inside the therapy session should not be overlooked as a crucial dimension to evaluate for training purposes, not just in terms of whether a student-therapist responded well in a certain segment of a session but whether there is empirical evidence of valued moments of progress, change, or good process manifest by the client.

The extent to which client in-therapy processes have been empirically evaluated within training programs appears to be limited to an examination of self-disclosure (Matarazzo, 1971, Matarazzo & Patterson, 1986), therefore it is suggested that the category system of valued moments could be a good supplementary tool in monitoring the effectiveness of student-therapists, one which is capable of identifying a wide variety of valued in-therapy moments.

Evaluation of Performance

If psychotherapeutic change can be considered to be carried along within valued moments, if it is accepted that the occurrence of valued

moments is one acceptable way to measure what is therapeutically active in psychotherapy sessions, then the 33% and 26% average production rates in the Rogers and Ellis sessions need to be evaluated in terms of whether they are satisfactory, or whether there needs to be improvement.

The issue of improvement seems especially important given that the overwhelming majority of valued moments that did occur in either the Rogers or Ellis sessions involved category #1, the client providing meaningful material about the personal self and/or interpersonal relations, and there were very few moments dealing with the more specific types of therapeutic processes that may be given a higher value within OCT or RET.

As an example, it does appear that Client-Centered Therapy values moments when the client discusses aspects of the personal self or of interpersonal relationships (as long as the discussion of relationships is from the point of view of their impact on or meaning to the client), but that it is more valued if the client goes further with this. The client is to begin really living in his or her ongoing experiencing of some aspect of self or interpersonal relations, differentiating it, symbolizing it, exploring it (Rogers, 1961). This type of process is one of the main strands of client behavior discussed in the upper levels of the Experiencing Scale (Klein, Mathieu, Gendlin, & Kiesler, 1969a, 1969b; Rogers, 1961), and, at least to a fair extent it has been incorporated into category #2, describing-exploring the personal nature and meaning of feelings and experiencings, of the category system of valued moments, where the definition of this form of process has been formulated to include

aspects such as, that the description-exploration must be affect-laden, emotional, involving a focused inner sensing of how the feeling is, a differentiating inner exploration of the meaning of the feeling.

Category #2, may then represent a more valued type of process than category #1 within OCT, but while category #1 occurred in 30% of the total number of client statements, category #2, accounted for only 1.8%.

A similar form of circumstances appears to hold true for the Ellis sessions, where 22% of all client statements were category #1, and only 2% were insight (category #4) and 2% change in target behaviors (category #11), both believed to be among the more valued moments in RET (Ellis, 1973; Grieger & Boyd, 1980; Mahrer, Nadler, Gervaise, Sterner, & Talitman, in press).

If processes other than category #1 are valued in OCT and RET, and many practitioners of these approaches obtain approximately the same production rates and distribution of valued moments as the founders of these approaches, Carl Rogers and Albert Ellis, then it may be desirable for research to be initiated into discovering or creating ways to increase the occurrence of the more particularly valued types of moments.

Research could examine the therapist actions or the particular type of therapist-client interactions that were associated with the occurrence of the desired valued moments, and perhaps derive a greater understanding of how these valued moments arose. This could lead to advances in clinical practice which would enable the production of a much higher proportion of these valued moments. If further research were to indicate that the occurrence of category #1 was in itself as valuable or even more valuable than the other categories, then the

same principle would apply, that is, research should be performed to find out how to increase the occurrence of this moment. Even category #1, the highest frequency type of valued moment, only occurred in one fifth to one third of all client statements in individual sessions. There are many, many client statements, the majority of statements in fact, where there does not appear to be any form of desirable therapeutic process occurring, that is, process that can be identified with the present investigation's broad, twelve-fold category system of valued moments, and in light of contemporary pressures to move towards brief forms of treatment (eg. Koss & Butcher, 1986; Strupp & Binder, 1984), there should be a concerted effort made to maximize the occurrence of valued in-therapy processes.

An example of how sessions in CCT and RET might change is demonstrated in the three therapy sessions discussed in Mahrer et al. (1986, 1987). In the single Emotional-Expressive Therapy session they examined with the same twelve-fold category system of valued moments as used in the present investigation, they found that category #1 occurred much less often than the other forms of valued moments which are more highly prized within this therapy, such as communicating expressively, and expressing strong feelings in extra-therapy contexts.

This same form of result was found to occur in the two Experiential Therapy sessions examined, wherein the specifically valued experiential processes, expressing strong feelings in extra-therapy contexts, manifesting a qualitatively altered personality state, and undergoing new behaviors in the extra-therapy world, achieved a combined production rate nearly double that of category #1.

7 It was Mahrer's conclusion that the client manifested these behaviors as a result of explicit instructions from the therapist, agreement from the client that she would engage in these forms of behavior, and continuous therapist interventions specifically designed to promote what is most valued. It therefore seems that it may be both a desirable aim for CCT and RET to increase their production of those categories they most value, and perhaps a possible one if research is conducted to reveal how to facilitate those most valued moments. The Emotional-Expressive and Experiential sessions demonstrate that different types of therapeutic processes can be emphasized within sessions.

This form of change is manifest to a degree in the Rogers #1 session which had the highest overall production rate of valued moments out of the 8 individual sessions studied. In this session 65% of the client statements were identified as at least one type of valued moment, and the production of category #2 rose from approximately 2% of total client statements to 10%, while category #4, rose from 2% to 8%.

2 This Rogers #1 session, which will be discussed further in the next hypothesis, also provides suggestions for other ways that CCT and RET sessions might change. Unlike any of the other 7 sessions, the client in Rogers #1 started manifesting a number of different types of valued behaviors very quickly (see graph 1.1), and continued to manifest them across the session in relatively unbroken runs of valued moments. As a comparison, Rogers #2 (also graph 1.1) displayed a slow start, little continuity, and wide gaps without any of the 12 categories of valued moments occurring. This pattern of activity that distinguishes Rogers #1, also characterizes the two Experiential

sessions (Mahrer et al. 1987) that were discussed earlier. In these sessions, the client begins very quickly to manifest valued behaviors and then continues across the whole session with few significant breaks.

One way to improve the therapeutic productivity of therapy sessions would then be to discover or create ways to have clients engage in more of the types of processes which are particularly valued within a specific approach. Other methods of improving sessions would involve developing ways to facilitate the client in beginning each therapy session by manifesting therapeutically valued behaviors, and to encourage the client to continue with valued behaviors once the client has begun to engage in them. Mahrer et al. (1986, 1987) suggest that therapists may be able to facilitate the continuance of therapeutically valued behaviors through the use of very explicit instructions. There may be other ways, and these could be explored through the intensive study of sessions like Rogers #1.

Standards of Other Researchers

In a study of a particularly good session of Gestalt Therapy Barlow, Pollio, and Fine (1970) report that 51% of the client's statements were identified as representing a moment of insight. Either the standards utilized in the categorization of this session were less rigorous than those used in the present investigation, where insight was identified as about 2% of the total number of client statements which is very similar to that recorded by Hill, Carter and O'Farrell (1983), or there exist sessions of psychotherapy which are vastly superior, in terms of the production of valued moments, to the Rogers

and Ellis sessions examined here. Further research in this regard is certainly warranted as the examination of the very best that psychotherapy has to offer (in terms of the production of valued moments) may reveal the specific kinds of therapist behaviors and therapist-client interactions that are associated with these great surges of therapeutic progress, change, and good process (Gendlin, 1986). It does however seem unlikely that this extremely high rate could be achieved with the category system of valued moments, as the "good" Emotional-Expressive session, which is similar to Gestalt Therapy, produced only 34% valued client statements out of the total number of client statements (Mahrer et al., 1986), and this with a category system that will allow 12 different kinds of moments which can then be added together (provided that they don't occur on the same statements) as opposed to being limited to one category. It is assumed therefore that the categorizations performed in the Barlow, Pollio, and Fine study were made with a different standard or definition of a valued moment than that incorporated in the category system of valued moments.

The findings in this area also have implications for the work of Stiles and Sultan (1979) who have, as previously mentioned, conducted a study examining the incidence of client self-disclosure in the sessions of exemplar and student therapists. They suggest that self-disclosures (statements that in some way tell about the client's own internal experience, such as "I'm angry with him", or "He made me angry") by the client may be the common therapeutically active ingredient across different psychotherapies and that the effectiveness of therapy might be monitored by noting the frequency of such events. In sessions taken from exemplars such as Rogers and Ellis, and from

student therapists, Stiles and Sultan found that client self-disclosure occurred in an average of 66.5% of client utterances.

From the point of view of the current research, this self-disclosure category of Stiles is perhaps too broad and indiscriminant to reveal as much as might be revealed about what is potentially therapeutically active inside therapy sessions. The category system of valued moments discriminates among 12 different types of in-therapy events, and does so in such a way so as to provide what seems to be a more rigorous standard of "goodness". Compared to Stiles and Sultan's finding of over 65%, the list of valued moments yielded an average of less than 30% of client statements being considered as good or valuable therapeutically and these good client statements were of seven different types.

As a concrete example, Stiles and Sultan (1979a) found that in the Rogers Mr. Lin session 74.4% of the total client statements were of the therapeutically important self-disclosure variety. Using the list of 12 valued moments in an examination of the same Mr. Lin session, the current research identified only 19.0% of the client statements as valued moments. Thus, the session in the present research with the lowest production of valued moments and the most limited range of types of moments (only category #1) was the highest session for self-disclosure in the Stiles and Sultan (1979a) research.

A possible conclusion of the comparison of the present findings with the Barlow, Pollio, and Fine (1970) study and the work of Stiles and Sultan (1979) is that the category system of valued moments used in the present investigation utilizes standards of therapeutic value that are probably more rigorous, and hence the category system may

be more capable of discriminating what is therapeutically important from what is unimportant or therapeutically inert in therapy sessions. The category system's inclusion of 12 different types of valued moments also offers the possibility of uncovering a fairly broad range of therapeutic activities and processes which has the advantage over the category system formulated by Stiles and Sultan (1979) which tends to give the impression that there is only one type of therapeutic process occurring in therapy sessions.

Hypothesis 3: Intersession Variability in Rates of Valued Client Statements

The 4 Rogers sessions displayed much greater variability in the proportion of client statements identified as at least one type of valued moment out of the total number of client statements than did the 4 Ellis sessions (Rogers = .65, .19, .31, .31; Ellis = .20, .29, .28, .29). The implications of this difference in variability for a possible standard of performance were dealt with in a prior section of the discussion, and some description was provided of the highest Rogers session. This was Rogers #1, the 19th session with a middle-aged woman called "Miss Mun", from the American Academy of Psychotherapists' tape library. This session deserves closer examination, and so a more detailed description will be given of its structure after an initial discussion of the possible effect of transcription decisions on variability. The question of whether this highest session can also be considered the "best" will then be discussed.

Possible Influence of Transcription on Variability

It is possible that differences in production rates of valued moments may in part be attributable to variations in the way sessions were broken into client and therapist statements during transcription. The decision of when a speaking turn has ended for one participant, and the words spoken by the other participant warrant a new statement, is at times quite subjective. This was perhaps more of a concern with the Rogers sessions, as Rogers frequently responds with a simple "Mm-huh". At times this response seems to come at the natural end of a client communication and so was considered a therapist statement, whereas at other times this response seems to clearly come while the client is speaking and does not appear to have any effect on the continuity of the client's communication, in which case no new therapist statement is formed. The way this might effect variability is that, a client statement that does not represent any one of the 12 categories of valued moments may be cut into two by an "Mm-huh", if this is scored as a new therapist statement then the client statement will be transcribed as two separate client statements, so instead of having one client statement where nothing valued occurs there are now two, and thus the proportion of valued client statements in the session will be reduced. If a statement with something valued in it were to be divided into two, and both halves were still labeled as valued, then this would tend to inflate the production rate. However, no overall change in the production rate of a session would take place if both valued and non-valued client statements are divided into two as their effects will cancel out.

Given that the problem in dividing transcripts was not overall a pervasive one and there are not thought to be systematic biases

favoring the division of valued or non-valued statements, it is suggested that transcription is not a major problem in interpreting the findings.

How is Rogers #1 Different?

The Rogers #1 session differentiates itself from the other 7 sessions by the continual occurrence of valued moments across many consecutive client statements with few breaks in between these runs. In all of the other sessions studied, runs of valued moments across consecutive statements were also found, but there also occurred large and/or frequent gaps wherein very few or no valued moments would occur. As an example, in Rogers #1, the largest gap of consecutive client statements where no valued moment is identified is only 3 statements in length, whereas in Rogers #2 the longest gap is 8 statements in length, and there is a gap of 16 statements in Ellis #2, and several of 10 or more in Ellis #3. Most of the other sessions also manifest gaps more frequently than Rogers #1 which had 10 gaps in total, compared to 21 gaps in Rogers #3 and 43 in Ellis #3. Perhaps a simple way of describing these differences is to say that Rogers #1 is much more densely packed with valued moments than the other sessions.

The Rogers #1 session did not achieve its higher level of production through an across the board increase in all types of valued moments but through the increased production of just a few categories, #1, providing meaningful information, #2, describing-exploring the personal nature and meaning of feelings and experiencings, and #4, expressing insight-understanding. The incidence of providing meaningful material (65% of total client statements) was over twice that of any other session, while the occurrence of describing-

exploring the personal nature and meaning of feelings and experiencings (10% of total client statements) was five times that of the next closest sessions, and insight-understanding (8% of total client statements) was at least four times greater than any other session.

On a practical level, this finding in the Rogers #1 session, has the implication that it is possible within CCT to have sessions occur which are much more productive than even the average sessions of Carl Rogers, and a description of this higher standard is that the session should begin quickly with the client providing meaningful material, and this should continue almost unbroken for the entire session with occasional clusters of insight-understanding and the occasional movement by the client into an internally tracked description and exploration of the personal nature and meaning of his/her feelings and experiencings.

Integrating material from the findings related to the Distinct Subsets of Valued Moments, where it was found that that categories #1, #2, and #4 are three of the four core and special or adjunct types of processes found in the Rogers sessions, the suggestion can be made here that, as a session becomes increasingly productive, it does so primarily by generating more of the kinds of valued moments that it tends to produce generally, even in less productive sessions. A particularly good or productive session within a certain kind of therapy approach may become good or productive in predictable ways; by simply producing more of the same, not just anything occurs.

Is Rogers #1 the "Best" Session?

Rogers #1 is the best session in terms of the level of production

of valued moments, but would it still be considered the best session if it were compared to sessions with the same overall production rate, but with different proportions of individual categories. As an example, the Rogers #1 session has category #4, insight-understanding, occurring in 8% of the client statements, would a session with the same overall production rate of valued moments of 65%, but with category #4 occurring in 25% of client statements be as good as, worse than, or better than the Rogers #1 session?

A judgement of which session is "better" depends on what types of valued moments are most valued within the theoretical writings of some therapeutic approach or within the individual therapist's developed preference. There does not yet exist any empirical foundation upon which to claim that the occurrence of one type of valued moment is somehow better than some other in even a limited way, such as by producing higher ratings on the same extra-therapy outcome measure.

In terms of the sessions in the present investigation, it is suggested that individuals working within OCT would argue that Rogers #1 was the best of the 8 sessions studied overall, because the category system of valued moments has attempted to incorporate dimensions of what is explicitly valued in OCT research and writings, and by "best" they would mean providing the most "truly" therapeutic types of change processes in the least time. The Rogers #1 session produces the most of categories #1, #2, and #4, all of which seem to be valued by OCT. RET therapists would likely disagree with the selection of Rogers #1 as the best session, simply because they may not value the first two of these categories.

In terms of the use of the category system of valued moments, the biases and preferences of different researchers will determine the

meaning attached to different overall rates of occurrence of valued moments and different rates of the various categories. Future development of the category system towards establishing linkages with specific intermediate and eventual extra-therapy outcome would strengthen the credibility of the category system as a research instrument, but will probably not stimulate a less partisan interpretation of results (Mahrer, 1985). The implication for the use of the category system of valued moments is that different approaches to therapy can use it to study their own sessions, improving on the production of those categories they value, or use it in the training of student-therapists, making sure there is the generation of those categories which, again, they value, and lastly, there is the implication that the predominant use of the category system by one therapeutic approach in studying another approach would be in terms of searching for instances of specific types of moments that are already valued, and then trying to discover how the other approach brought them about so the first approach can expand its technical repertoire.

The Importance of Context in the Determination of "Best" Session

Thus far, considerations for determining whether one session is better than another have focused on the production rate of all twelve categories of valued moments and on the differential production rate of individual categories. This method may be criticized as incorporating a form of the myth of homogeneity of process, because it assumes that each instance of any one type of valued moment is essentially as good as or has the same meaning and significance as any other instance (Greenberg, 1983).

While the category system of valued moments has not been applied

to random samples of therapy sessions which assumes a uniformity of process over time, there has been no attempt to evaluate the degree to which one instance of a specific category differs from, is better than, more important than, some other instance of the same category, and hence there is a danger of equating units that may have different values and averaging across what might be the most important therapeutic moments. Rice and Greenberg (1984) note that:

A client disagreement with a therapist's statement may be seen as resistance at one point and a prelude to creative exploration at another. Depending on the context, a client's expression of vulnerability may be a sign of greater self-acceptance and increased awareness or could be the sign of feelings of increased dependency and an inability to mobilize resources (p. 10).

Elliott (1983a, 1984) found that clients and therapists were definitely able to identify certain moments in sessions which were much better than others, that stood out and should not be equated with other moments that share the same general classification (eg. insight).

It is accepted in the present investigation that potentially important information concerning the meaning and significance of the various instances of valued moments is being overlooked. It is felt that the approach adopted here, which seeks to identify the ordinary working units or nuts and bolts processes of therapeutic process, is one legitimate method of addressing the complex questions concerning what happens in therapy sessions that may be valuable and in some way therapeutic. The frequencies and proportions of categories of valued moments is but one way of ascertaining the overall value or "goodness" of a session.

The identification of client statements judged to represent at least one category of valued moments may also form the basis for

further research into the meaning and significance of any one valued moment, or cluster of moments, or pattern of moments. Rather than approaching sessions looking for client markers which signify the client's readiness to engage in specific tasks (Rice & Greenberg, 1984), or asking clients and therapists to listen to tapes of sessions and pick out the best moments (Elliott, 1983a, 1984), the present investigation casts a net with the category system of valued moments to see what kinds and in what numbers the various nuts and bolts processes occur. This data can then be used in a number of different ways: to identify the therapist interventions antecedent to the occurrence of any one instance of a valued moment or antecedent to all the members of a class of valued moments; to examine particular clusters of valued moments which might represent change events in Rice and Greenberg's (1984) terms (discussed in hypothesis 5); or to select one of a number of sessions to study further as a good session based on the higher proportions obtained in it of valued moments.

Hypothesis 4: Overall Difference in Rates Between Approaches

The primary implications that may have come to light in this comparison flowed from the possibility that one of the exemplars might be better than the other across the board in producing all or most of the categories of valued moments, or that one of the exemplars was much better at producing those categories of valued moments that are also or uniquely valued by the other. If either of these scenarios had occurred there would have been a strong impetus for practitioners of the therapy with lower production to examine their practices critically and perhaps study the techniques used by the more

productive approach.

The actual results of this comparison indicate that there was a slight overall difference in the production of valued client statements in favor of the Rogers sessions, and this was due in large part to an increase in the proportionate production of a single category, category #1, providing meaningful material, in a single particularly high producing session. Neither Rogers nor Ellis demonstrated a clear superiority in producing categories uniquely valued by the other, and the statistical edge in production of category #1 for Rogers translates into only a 6% difference in actual production, hence the clinical importance of this is questionable.

Within the context of this hypothesis the findings do not indicate any clear implications for theory or practice.

Sequences of Valued Moments Within Sessions

Hypothesis 5: Behavioral Dependence of Valued Moments

Initially it was anticipated that certain types of valued moments might systematically be followed by other types on a consistent basis, and then following further research it might be shown that one type of moment brings about some second type. There was very little of this form of patterning found when a sequential analysis was performed treating client statements identified as more than one valued moment as a unique and new category of valued moments. There was only one significant pattern, a reciprocal relationship between category #1, providing meaningful material, and combination category 1-5, providing meaningful material while also communicating expressively.

In terms of the clinical process of the 8 sessions, this signifi-

cant, dependent relationship means that if the client focuses on and talks about really meaningful events then this moment will tend to be followed by a continuation of talking about meaningful events but with the added feature of an expressive, evocative manner of speaking and involvement more often than by chance. This second moment where the client discusses personal material with expressive communication will be followed more often than by chance by more discussing personal material but this time without expressive communication.

The most simple interpretation of this finding is, that the act of discussing something really personal and meaningful will tend to either create more or deeper involvement in the client leading to an increase in energy and evocative language, or the client's discussing the personal material moves the therapist to intervene in some way that stimulates increased client involvement and expressiveness. And, if the client does discuss meaningful material with energy and evocativeness this either carries the client along to discussing further but with less energy and evocativeness or stimulates the therapist to intervene in such a way that the client continues to discuss the material but without the involvement. A possible conclusion that can be drawn from this pattern is, if either scenario is accurate, that when the client becomes more involved, more expressive, more evocative, then the client either backs away from it himself or is assisted to do so by the therapist.

Dealing first with the meaning and implications of this pattern for the Rogers sessions, it can perhaps be assumed that the type of process involved in category #5, which involves a voice quality that is active, alive, energetic, fresh, spontaneous, and vibrant, with

energy turned outward in an expressive manner or with energy turned inward in an exploring manner, along with rich and vivid imagery, is similar enough to Client-Centered conceptions of Focused and Emotional voice quality (Rice, Koke, Greenberg, & Wagstaff, 1979) and Expressive voice (Wexler, 1975), to be considered as a valuable process within Client-Centered Therapy. The occurrence of a client statement which combined categories #1, providing meaningful material, and #5, communicating expressively, would probably therefore be valued to a greater extent than the occurrence of category #1 on its own.

It would be of interest then to OCT practitioners to examine the Rogers sessions to see what, if anything, Rogers did preceding the valued moments of category #5 to assist in bringing them about. Is Rogers himself more evocative prior to the client being more evocative, which might be hypothesized on the basis of earlier research showing that there was a tendency for clients to be more evocative if their therapists were (Rice, 1973). This would be one way to test this hypothesis and also perhaps discover some new ways to bring about this moment; ways that Rogers uses but that have not been observed or written about. It would also be important to look at Rogers' interventions preceding the client statements in which the instances of category 5 end. Does Rogers become much less evocative? Is there some other way that Rogers stifles the process or does it appear to be more the result of something with the client? The implications of research along the lines briefly discussed here would be very applicable to therapeutic practice in learning how to facilitate and not block valued client processes.

It is not really known whether Ellis or other RET theoreticians and practitioners value communicating expressively, but it does

certainly occur in the Ellis sessions. RET practitioners and researchers may want to consider whether they do value these moments, because, if they did, they could institute research similar to that suggested for CCT above. They could examine the client-therapist interaction prior to the onset of the valued moment and prior to the ending of the moment in an attempt to identify possible therapist interventions that might facilitate the occurrence of these moments.

Client-Centered practitioners may also want to study the Ellis sessions to see what can be learned about how to stimulate expressive communication in clients. The dramatic, blunt style that Ellis is known for may prove to be important in facilitating the same in clients, and hence CCT practitioners might want to experiment with a louder, more jocular, dramatic style, which, (without research evidence) seems markedly different from the quiet, serene style of Rogers.

Discussion of Additional Analysis of the Behaviorial Dependence of Valued Moments

When the second sequential analysis was performed, ignoring the overlapping nature of the data, it revealed that all of the more frequently occurring categories of valued moments are embedded in a matrix of instances of category #1. That is, most of the instances of categories #5, communicating expressively, #4, insight-understanding, #2, describing-exploring the personal nature and meaning of feelings and experiencings, #6, good working relationship, and #11, change in target behaviors, occurred with instances of category #1, providing meaningful material, both preceding and following their occurrence.

This is purely an empirical description and not a statement which implies mutual influence due to the inability to separate out the

correct conditional probabilities where consecutive client statements often have multiple categories of valued moments which change statement to statement.

At the descriptive level it appears as though there is a tendency for different categories of valued moments to "cluster" together, meaning that when the valued moments are plotted out over the consecutive client statements in a session, they appear to occur in groups or clusters, so that there will be quite a number of valued moments quite close to each other, often across consecutive statements, and then there will be a gap of client statements across which very few valued moments occur. These clusters are very distinct in some sessions and less distinct in others. Graphs 3.1 and 3.2 display the data for two sessions in which clusters appear quite distinctly and have been outlined with solid lines, while graph 3.3 displays a session where clusters are much less distinct.

These clusters are largely comprised of instances of category #1, providing meaningful material. There is usually at least several instances of these #1's running along consecutive client statements or separated by only a few client statements. These runs of category #1 can be thought of as being the backbone of the clusters. Other types of valued moments either occur along with an instance of category #1 in a few of the client statements or in between separated instances of category #1, and thus, there was a significant behavioral dependence found between all of the more frequent categories of valued moments and category #1. There does not appear to be any consistent patterning within the clusters or from cluster to cluster across individual sessions. Some clusters have almost all category #1, while others have

two or three types of valued moments in addition to the predominating category #1.

Insert Graphs About Here

It is very difficult to say at this point just what these clusters and the intervening gaps represent, but quite a bit of whatever happens during these 8 exemplar sessions, in terms of good client process that can be picked up by the list of valued moments, tends to happen to a large extent in these clusters. It may be that there is a kind of rhythm, or ebb and flow, or periods of overt therapeutic work interspersed with periods of covert processing. These clusters may be evidence of the way client process unfolds paralleling the results of Kiesler, Klein, and Mathieu (1965) who found that Client-Centered Experiencing Scale ratings varied quite a bit over the course of individual sessions, or it may be evidence of variations in therapist effectiveness within the same session as found by Beutler, Johnson, Neville, and Workman (1973) and Gurman (1972).

It is also possible that these epochs might reveal themselves to be working units of various kinds where therapeutic process occurs similar to the change events that have been discussed by many process reasearchers in recent years (cf. Elliott, 1983a, 1983b, 1984; Greenberg, 1980, 1984, 1986) as being perhaps the most profitable level of therapeutic interaction to study. These change events are hypothesized to form the invariant structure (Rice & Greenberg, 1984) of therapeutic process; relatively self-contained moments when the client goes through a series of steps towards completing some therapeutic task.

Working Units

ROGERS

Session 4

(Total Client Statements = 105)

CATEGORY OF VALUED MOMENT

[illegible]

1 2 3 4 5 6 7 8 9 10 11 12

2	1	
3	1	
4		
5		
6	1	
7		
8	1	
9		
10		
11		
12		
13		
14		
15		
16	1	
17		
18		
19		
20		
21	1	
22		
23	1	5
24		
25		
26	1	
27		
28		
29		
30		
31		
32	1	
33		
34		
35		
36	1	
37		
38		
39		
40	1	
41	1	
42	1	5
43	1	
44	1	5
45		
46		
47	1	
48	1	5
49		
50		
51	1	4
52		
53		
54		
55		
56		
57	1	
58		
59		
60		
61		
62	1	
63		
64		
65		
66		
67		
68		
69	1	
70	1	

71				
72				
73				
74	1			
75				
76				
77				
78				
79				
80				
81	1	5	8	9
82	1			
83	1	5		
84		5	8	
85	1			
86				
87	1			
88				
89	1			
90				
91	1	4	5	
92				
93	1			
94				
95				
96				
97				
98				
99				
100		5		
101				
102				
103				
104				
105				

GRAPH 3.2
Working Units

DOZENS

Session 3 (Total Client Statements in Session = 121)

CATEGORY OF VALUED MOMENT

STATEMENT	1	2	3	4	5	6	7	8	9	10	11	12
-----------	---	---	---	---	---	---	---	---	---	----	----	----

1			
2	1		
3	1		
4			
5			
6			
7	1		
8			
9	1		
10			
11			
12			
13	1		
14	1		
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35	1		
36			
37			
38	1	5	
39			
40	-1		
41	1		
42			
43			
44			
45		5	
46			
47	1	2	5
48			
49			
50			
51			
52			
53			
54			
55			
56	1	2	
57	1		6 7
58			
59			
60	1	4	
61	1		7
62			
63			
64			
65			
66	1		
67	1		
68	1		
69	1	5	
70	1		

1 2 3 4 5 6 7 8 9 10 11 12

71		
72	1	
73		
74		
75		5
76	1	5
77	1	
78		
79	1	5
80		
81		
82		
83		
84	1	
85		
86		
87		
88		
89		
90		
91		
92		
93	1	
94		
95		
96		
97		
98		5
99	1	5
100		
101	1	5
102		
103		5
104		
105		
106		
107		
108		
109		
110	1	
111		
112		
113		5
114		5
115		
116		
117		
118		
119	1	
120		
121		

GRAPH 3.3
Working Units

THESE DATA: ACROSS THE SESSION

ROGERS

Session 1 (Total Client Statements in Session = 40)

CATEGORY OF VALUED MOMENT

[illegible]

ROGERS

Session 2 (Total Client Statements in Session = 63)

CATEGORY OF VALUED MOMENT

[illegible]

Some form of intensive clinical description of what is occurring in each one of the epochs is needed before any more definite statement can be made concerning the meaning of this pattern of clustering and gaps. This would seem to be a potentially profitable direction for future research.

Covariation of Valued Moments

Hypothesis 6: Covariation of Valued Moments

The Possibility of Sequential as Opposed to Covarying Categories

The combinations of categories that were found to covary to a significant degree were not those that might have strongly suggested the possibility that the categories were occurring sequentially within a single client statement. The covarying categories predominantly involved category #1, providing meaningful material, and category #5, communicating expressively, both of which were, as mentioned earlier, felt to be categories that might be easily conceived as occurring as dimensions of other categories. There is still the possibility though that even these combinations with #1 and #5 may represent different parts of longer client statements, and so are sequentially related rather than occurring simultaneously. This is a possible weakness of the present analysis, and a possible negative consequence of selecting the client statement as the unit of study as opposed to the sentence or clause or thought unit. However, it is believed that the problem is not a serious one in the data found. The following sections present an interpretation of the combinations of categories of valued moments

which were found to covary to a significant degree along with some examples of the various combinations, which will hopefully demonstrate the strong likelihood of the covarying categories occurring simultaneously or at least overlapping to a large degree.

Description and Interpretation of the Covarying Categories

It was found that the core category of providing meaningful material was significantly connected with, that is occurred in the same client statement with, all other categories of valued moments that occurred with sufficient frequency to be tested. That is, categories #2, describing-exploring the personal nature and meaning of feelings and experiencings, #4, insight-understanding, #5, communicating expressively, #6, manifesting a good working relationship, and #11, change in target behaviors, were all associated in a majority of their occurrences with providing meaningful material. In the case of categories #2 and #4, there were no instances which were not connected with category #1.

In addition, communicating expressively was found to be a significant aspect of the occurrence of describing-exploring the personal nature and meaning of feelings and experiencings, insight-understanding, and change in target behaviors.

There is then a good deal of covariation and interweaving among many of the categories of valued moments, and these findings reveal something about the structure of the valued moments.

Concerning the structure of specific categories of valued moments, it appears that #2, describing-exploring the personal nature and meaning of feelings and experiencings, and #4, insight-understanding, are wholly specialized subcategories of providing

meaningful material. They are extensions of the client talking about himself, about what is most personal and meaningful to him, about his problems and concerns. If the client begins to extend his talking about himself into what is felt now, what is immediate and strong within him, and struggle to differentiate it, then this becomes a category #2, describing-exploring the personal nature and meaning of feelings and experiencings. If in his talking about personal issues the client comes to a new realization concerning them, this is insight-understanding. Insight-understanding is a new kind of personal and meaningful bit of material the client talks about.

There are also other ways of discussing meaningful material and other important contents relating to the nature of the material. One way for the client to talk about meaningful material is with a good deal of energy, expressiveness, and evocative language (1-5). The client may talk in this way when describing-exploring the personal nature and meaning of feelings and experiencings (1-2-5), or when expressing insight-understanding (1-4-5). One important content which is considered a valued moment in the present category system is when the client talks about or expresses trust in the therapist, values the client-therapist working bond, accepts responsibility for effecting change, or actively produces material that is obviously meaningful for therapy (1-6). Another content that is valued in the present system is where the client talks about meaningful material that relates to changes in behaviors, feelings, and attitudes, whether the changes occur right in the session or are being reported as having occurred outside of therapy (1-11).

Summary of the Relations Between Categories and Some Examples

Category #1, providing meaningful material about the personal self or interpersonal relationships, may therefore be considered as the most general category of valued moments in the list. It can occur on its own but it also occurs frequently within the context of other more differentiated and specialized forms.

Examples of Category #1 On Its Own

(1) Excerpt from Rogers #1:

The client has just been talking about her father and mother, and how her mother rarely stood up to her father.

P-22: (quite quietly) Because he respected her when she did set a limit, and there would be an occasional time when she would, and that was it. But she didn't do it very often. And of course, I've always felt I'm sort of like her, in being rather submissive, and not setting limits.

When category #1 occurs by itself it signifies simply that the client is providing or expressing meaningful material, in this case, that she's always known that she's like her mother, submissive.

(2) Excerpt from Ellis #1

The client has been talking about not wanting to go to class when she feels ugly and Ellis has just confronted her with why she feels looking attractive is so sacred.

P-15: (clipped, rather shallow voice) They'll think I'm a shitty, lousy person then maybe. Worthless, they won't want to get to know me.

Category #2, describing-exploring the personal nature and meaning of feelings and experiencings, is a specialized subcategory of #1, and a good form of it can occur without the client communicating it in

an especially rich, evocative, and energized manner, but another form of it occurs in this rich, alive, evocative manner, and it is assumed that this latter variety is the better form.

Example of Category #2 With Category #1

Excerpt from Rogers #1

The client is talking about how she and her doctor are not quietly fighting anymore and how she has more confidence in him. She then turns to her illness.

P-32: ...(quietly with hesitations, attention turned inward, and fear beginning to creep into her voice) They're giving me x-rays, and I'm frightened because they're having to be sure it isn't cancer, and that really frightens me terribly. And I think, when I let that thought come to me... that's when I feel so dreadfully alone.

The client provides meaningful material about her personal self and it is alive now, she struggles to differentiate it. When she says "dreadfully" it is with such emphasis that it nearly also becomes a category #5. This communicating expressively comes to the forefront in one of her following statements which is an example of 1-2-5.

P-34: ...(with emphasis on each word, permeated with the intensity of the aloneness) Would it help to have somebody else around or is it just something you just have to really be intensely alone in. Well, I just felt that way this week, so dreadfully, dreadfully all by myself sort of thing.

Category #4, insight, is also a specialized subcategory of #1. It occurs in two forms, with a sense of emotional involvement, energy, and evocative language, and without this sort of overt energy and expressiveness.

Example of Category #4 With Category #1

Excerpt Ellis #1

The client has been talking about the many times and situations in which things have not worked out for her. She now realizes that she somehow can't deal with things being good so she makes them worse.

P-39: Yeah, you know, I mean, I just somehow, throughout my life, I seem to, you know.. things could be going well. Everything will feel like it's in control, I'm doing what I have to be doing and then all of a sudden... It's so hard for me somehow to deal with, with that feeling of nothing being wrong, and I have to create it all over again somehow. I just, you know, looks like I'm out of that trap now, you know. There have been times before where I thought that was never going to happen again, you know, and I'm al... Like it's a self-fulfilling kind of prophecy, something in my head says, uhh, "It's going to happen again sometime you know".

Example of Category #4 With #1 and Also With #5

Excerpt Rogers #4

The client has been talking about how different people in her life make her decisions for her and Rogers suggests that she just doesn't have a chance to be a person.

P-91: Yes. It's like one's got one leg and one's got an arm and, just like they all got part of me and I got none myself.

The client realizes how it is not just that these other people try to do things for her or make her decisions, she had the insight that they really have her self, and she expresses this with an evocative image of having her body possessed by all these others.

Category #5, communicating expressively, seems to function as a modifier variable. It can occur with any of the other valued moments that occurred with much frequency in the exemplar sessions, and it indicates the degree of energy, vibrancy, and evocativeness with which

the client speaks while engaging in some other type of valued moment such as insight-understanding.

Category #6, manifesting a good working relationship with the therapist occurs about one half of the time on its own and the other half with category #1. When it occurs on its own it usually involves some form of valuing of the therapist or of what he has been saying. When it occurs with category #1 the client is usually sharing something special with the therapist or trying to take responsibility for therapy by actively coming up with particularly relevant material.

Example of Category #6 On Its Own

Excerpt Ellis #1

Ellis has been working for a while disputing all of the reasons the client has for not risking phoning a man she met recently. In the moment that was identified as a #6 the client seems to give up her reasons not to in favor of Ellis' suggestion that she can do it.

P-69: That's true. You know, he's not the most important thing to me at all now but yet, you know, he just happens to be someone I met and liked and, you know, you know, it might be worth it just to see ah, what would happen. That's just the way I see it now you know.

Example of Category #6 With Category #1

Excerpt Ellis #3

Ellis has just been confronting the client about his avoidance of working on himself. The client takes up this theme and expands upon it, admitting this is true and providing the evidence against himself.

P-71: Is, I mean... The, the goal is, I'm substituting the goal as the thing rather than working on me as the thing (sort of laughing with some energy).

Category #11, manifesting or reporting changes in target behaviors occur most of the time with category #1 and occasionally with category #5. When it occurs with category #1, and the client is describing some form of attempted or accomplished behavior change, it involves something important in the client's life. It involves some meaningful aspects of personal self or interpersonal relationships. If the client is manifesting the behavior change right there in the session, and it is accompanied by category #1, then the client is usually admitting something that is somewhat difficult for him to do, and which is also something that the therapist obviously wants the client to admit or acknowledge.

When category #11 is accompanied by category #5 the description of the behavior change accomplished or attempted by the client is communicated with energy and evocative language.

Example Category #11 With Category #1

Excerpt Ellis #3

Ellis has been confronting this client for not working on his goals of becoming heterosexual. The client then reports a number of recent instances where he has tried to implement change.

P-92: Um hmm. And I've even, I've even been active enough that I have made a couple of passes at people and, you know, been refused. But at least I'm, I'm sort of trying even there.

Example Categories #11 With #1 and #5

Excerpt Ellis #3

This is from the same section of the session as P-92. The client is still talking about changes he has tried to make. This time his

voice is much more alive and expressive.

P-98: And we had dinner the other night and she invited me up for a drink after dinner. And I went, and, uh, I made a pass and she said "No" and that was that. But at least I tried (laughs). Although granted I was, it was in pretty safe territory, 'cause I must, I, you know, it was, I, I guess in a way, I felt I probably would be refused anyway. It was like practice time. (laughs)

Development of the Category System of Valued Moments Based on Patterns of Covariation

Continued use of the category system should reveal more about the relationships between different types of valued moments, especially those that did not appear at all or with very little frequency in the 8 exemplar sessions studied. The direction of development for the category system is towards a taxonomy where the various types of valued moments can be arranged in a hierarchy based on empirical findings of patterns of covariation. The present research examining 4 sessions each from Carl Rogers and Albert Ellis initiated this process.

Conclusions

1. In an examination of the proportions with which the various categories of valued moments occurred it was found that only a few categories out of the 12 possible occurred with more than minimal frequency in the sessions of either Rogers or Ellis. Of the few categories that did occur, several were found to occur in both the Rogers and Ellis sessions while several were found to be unique to one of the exemplars. Category #1, providing meaningful material about the personal self and/or interpersonal relations, was shared

by Rogers and Ellis, and accounted for between 60 and 70% of all the valued moments that occurred.

Category #5, communicating expressively, was also shared, and accounted for the second highest proportion of valued moments, between 15 and 16% in the Rogers and Ellis sessions.

Unique to the Rogers sessions was category #2, describing-exploring the personal nature and meaning of feelings and experiencings, which accounted for only a small proportion of valued moments, 4%. In the Ellis sessions, categories #6, manifesting a good working relationship, and #11, reporting or manifesting changes in target behaviors, were unique categories accounting for 8% and 7% respectively.

At the level of analysis represented by the category system of valued moments there appears to be a large core of client process shared by the Rogers and Ellis sessions.

2. Valued moments occurred as less than 50% of the total number of client statements, 33% in the Rogers sessions and 26% in the Ellis sessions. The establishment of possible standards of practice was discussed in the light of the findings concerning the individual categories and several ways that therapeutic practice may be improved were suggested.

3. Very little variability was found among the 4 individual Ellis sessions when the proportions of valued client statements to total client statements were compared (.20, .29, .27, .29). The Rogers sessions were more variable with proportions of .65, .19, .31, and .31. The Rogers session that produced a significantly higher

proportion of valued client statements was examined in some detail and implications for how other sessions might improve were outlined.

4. In terms of the average proportion of valued client statements to total client statements, the Rogers sessions were significantly higher than the Ellis sessions. The statistical difference was not considered to represent a clinically significant difference.
5. In an examination of the dependence between various categories of valued moments only one sequence was found to occur with significant frequency. This was a reciprocal relationship between category #1, providing meaningful information about the personal self and/or interpersonal relations, and a dyadic combination of categories #1 and #5, communicating expressively. This suggested that once clients begin to provide meaningful material, they then tend to become more expressive, energized, and use more evocative language, which in turn tends to lead to a loss of the expressiveness, energy, and evocative language. An interpretation of this finding in terms of client or therapist praxis is offered, and some research directions are discussed.
6. In an examination of the degree to which various types of valued moments are identified as occurring in the same client statements, it was found that categories #1, providing meaningful material, and #5, communicating expressively, combined with many other categories such as #2, describing-exploring the personal nature and meaning of feelings and experiencings, #4, expressing insight-understanding, #6, manifesting a good working relationship, and #11, reporting or manifesting a change in a target behavior. These combinations were

discussed in terms of the different types of processes that were thereby formed, and the logical relationship implied between different categories based on the patterns of covariation.

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Appendix A.

MANUAL FOR THE IDENTIFICATION OF VALUED MOMENTS

Overview of the Evaluation Procedure

There will be two stages to the evaluation of every psychotherapy session to be studied, and both stages will be completed for each session before a new session is examined. In Stage One, each judge will be responsible for only 3 or 4 of the 12 categories of valued moments. The entire session will be evaluated on a client statement by client statement basis. All client statements which are identified as representing at least one category of valued moment by at least one judge will then go on to the second stage of the evaluation process. In the second stage, each judge will be required to make decisions on the validity of the ratings from the first stage. Each judge will have to agree or disagree with the original ratings and therefore will be required to be familiar with and be able to recognize instances of all 12 of the categories of valued moments. Those client statements that are agreed to represent one or more valued moments by at least 75% of the judges will be considered as the final data.

Instructions for Judges in Stage One of the Evaluation of Therapy Sessions

Selecting Categories

In the initial stage of the evaluation of an individual therapy session, judges will each be responsible for using only 3 or 4 of the 12 different categories of valued moments. Read each of the definitions and examples provided in this manual for all of the

categories, and then select the 3 or 4 that make the most sense to you. Some of the categories will fit in with your notions about psychotherapy, while others may seem alien. Choose those categories that you will be most comfortable with. You will be responsible for these categories in stage one of the evaluation of each different session.

Identifying Valued Moments

You will be given a verbatim transcript of an entire psychotherapy session and will have access to an accompanying audio recording of that session. You should refer to both the written and audio record of the session in determining your ratings.

In the transcript, each client statement is numbered consecutively, and can be defined as all the words spoken by the client, preceded and followed by words spoken by the therapist.

In order to identify the occurrence of your categories of valued moments, listen to the recording of the session and follow along with the verbatim transcript. For each client statement, decide whether or not it meets the definition of one or more of your 3 or 4 categories of valued moments. Each client statement could potentially be rated as no valued moment, or as one or more valued moments given that the categories are not intended to be mutually exclusive. At this stage the criteria are relatively lenient concerning exactly how good or significant the moments are. Indicate that a specific client statement is representative of a category of valued moments if it seems to you to be a fairly good moment, not necessarily great or significant or really saturated.

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

The client statements identified as representing at least one category of valued moment by at least one judge will then form the basis for Stage Two of the evaluation of that session.

Instructions for Judges in Stage Two of the Evaluation of Therapy Sessions

Selecting Categories

In the second stage of the evaluation a session, judges may be required to be familiar with all 12 categories of valued moments, and hence there is no selection of categories.

Identifying Valued Moments

Going through the session once tells us which client statements were identified as what category or categories of valued moments by at least one judge. You will be given a list of all these client statements and the categories of valued moments which they are thought to represent. As an example, you may be told that client statement 14 was identified as category #2, describing-exploring the personal nature and meaning of feelings and experiencings, and that client statement 17 was identified as category #2 and also category #5, communicating expressively.

In this second stage you are to go back to the transcript and audio recording of the session and locate statement 14. Listen and read this statement and decide whether or not you agree that statement 14 meets the definition of valued moment category #2. Category #2 may

be one of the 3 or 4 that you were responsible for in the first stage, or it may not be one of those you used. Do the best you can in deciding whether client statement 14 is a good representative of category #2, an example that is easily seen, that seems to genuinely be a good but not necessarily a great moment. Then do the same for all the client statements that were flagged in the first sweep through the session.

DEFINITIONS AND EXAMPLES OF VALUED MOMENTS

1. Providing Meaningful Material About the Personal Self or Interpersonal Relationships.

The patient is providing (reporting, describing, expressing) material which is significant (important, revealing, special, meaningful), and which pertains to the patient's personal self and /or interpersonal relationships. Meaningful material may: refer to the immediate, recent, or remote events significant in the shaping of life patternings and personality; reveal significant information concerning the patient's personal problems and difficulties, the nature, content, history, or origin of these problems and difficulties. This material may also deal with the inner self, thoughts and ideas, wishes and fears, impulses, behaviorial tendencies, fantasy life, imagery, daydreams, or provide information that is essential to an understanding of the patient's important interpersonal relationships both those occurring currently and those that occurred in childhood.

In order to qualify as a valued moment, the material must be genuinely important and meaningful for an in-depth understanding of the patient. This is beyond merely providing interesting information, stories, incidents, or descriptions.

Examples:

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

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

2. Describing-Exploring the Personal Nature and Meaning of Feelings and Experiencings.

In this valued moment the patient engages in an inner exploration of feelings in a highly involved, subjective manner, as opposed to providing an intellectual, more casual or objective set of observations.

The description-exploration is meaningful and personal, affect-laden and emotional. It includes the nature and content of the feeling, a focused inner sense of how the feeling is, what it is like to have the feeling, a differentiating inner exploration of the meaning of the feeling, how the feeling changes with further description and exploration, the bodily-felt sensations accompanying the feeling.

Examples:

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

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

3. Emerging of Previously Warded-off Material

The patient is recollecting, exploring, or expressing material which had been warded-off, avoided, defended against, blocked, or was unavailable either earlier in the session or earlier in therapy presumably due to the anxiety provoking nature of the material.

The material may include cognitions, ideas, impulses, feelings, memories and earlier events; whatever the nature of the material, it now emerges in the therapy session accompanied by pain, hurt, discomfort and distress or, in contrast with the way it was previously, it is now relatively free of negative feelings and is experienced with a sense of relief.

Examples:

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

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

4. Demonstrating Insight and Understanding

The patient is expressing, demonstrating or acquiring a significant degree of insight-understanding which is therapeutically meaningful in that: (a) it indicates a substantial change in the way the patient sees, recognizes or construes himself and his world, and (b) it has significant implications for the patient's well-being, personal, and interpersonal behavior.

The content may refer to current and past behavior, psychodynamics, intrapsychic processes, idiosyncratic construal and meaning, special problem situations, interpersonal relations, cognitions and ideations, feelings and emotions, and impulses.

Examples:

CL: It's like I've been trying to protect him from having to face that pain, but I suddenly see it's me... me who doesn't want to look at it. Oh God! I'm really afraid that Mom's going to die of this. I'm not sure I can handle it.

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

5. Communicating in a Heightened, Expressive Manner.

This moment refers to the patient's manner and mode of communication. It is a valued moment when the language used by the patient has a sharp, fresh, stimulating quality with unique phrasings, including imagery which has a strong sensory appeal; the language is rich, capturing the subtle edges and textures of subjective experience and giving the impression of total involvement in what is said.

The voice quality is active, alive, energetic, spontaneous and vibrant with energy concentrated and turned inwards in a focused exploring manner or turned outward in an expressive manner.

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

Examples:

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

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

6. Displaying a Good Working Relationship with the Therapist

Evidence of the patient's willingness to form a therapeutic alliance is the core of this index. This exceeds moderate warmth, friendliness, and acceptance toward the therapist, and it exceeds moderate cooperation in carrying out the patient role, (e.g. answering the therapist's questions or carrying out the therapist's invitations).

In a good working relationship the patient will demonstrate a good measure of trust in the therapist, will actively cooperate and ally himself with the therapist, and will display a desire to communicate to the therapist even though the material may be threatening or difficult.

A good working relationship may also be revealed in the patient's acceptance of genuine responsibility for effecting personal change.

Examples:

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

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

7. Expressing Strong Feelings Towards the Therapist

The main characteristic of this valued moment is that the patient makes the therapist the immediate, direct target of strong feelings which may be positive or negative. Positive feelings include strong expressions of love, caring for and being cared for, sexual attraction, being understood, protected, nurtured or prized; negative feelings include defiance, mistrust, hatred, rebellion or outrage.

The feelings expressed by the patient go well beyond feelings of a working relationship, these are deeply personal feelings signifying a highly emotional bonding, confrontation, encounter or clash; these feelings may stem from earlier significant relationships or may seem appropriate in the therapy context.

Examples:

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

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

8. Expressing Strong Feelings in Extra-Therapy Contexts.

This valued moment occurs with a minimal measure of interaction with or talking to the therapist, instead, the patient's attention is predominantly absorbed in some personally meaningful extra-therapy scene, and within this scene the patient experiences strong feelings which may be positive or negative.

The extra-therapy situation that the patient is engaged in may be the reexperiencing of some past traumatic scene, the recollection of a recent, remote, or even childhood memory, the living out of a dream or dream-like context, the creation of a real or imagined or fantasied world. In this other time and place, the situational context is nevertheless meaningful and significant, encompassing and involving.

Examples:

CL: Momma, momma! You have to let me go! I can't spend the rest of my life being your good little girl! I gotta get away! But you don't understand, and you are so helpless all by yourself, and I sometimes feel so selfish when I get like this. I don't know. Please help me momma! Help me. I don't know what to do, and I'm so mixed up (cries softly).

CL: (she is in a scene with her family, and she is fully existing in this recent scene. Her voice is high-pitched and full of feeling) Don't make me be PERFECT. It's just that I don't want you to make me be perfect. (crying hard) I just can't do it. (more hard crying)

CL: (He is in a childhood scene with his father who is drunk. His voice is full of feeling. He is fully in the scene. he is filled with hard racking crying.) DO something about her! DO something! I HATE you 'cause you won't protect me from her! You're so WEAK. You hate her. You say you hate her! GET RID OF HER!

9. Expression of a Qualitatively Different Personality State.

During the actual therapy session, a significant moment of therapeutic movement may occur wherein the patient's personality state undergoes a transformation to a (radically) different state.

Compared with the ordinary, continuing, substantive person or personality, there is a radical transformation into a qualitatively different personality state; the whole personality may seem to change, with new facial expressions, intonation, focus and content of verbal reports, degree of self-reflection, and degree and nature of empathy. The shift in personality state may be accompanied by positive or negative feelings, may be ominous or exhilarating.

Examples:

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

CL: (In the voice of a very little girl. A little dreamy and sing-songy) In my bed, and it is nice and cool. I don't have any toys. Sun on my bed. White. White sheets. On my back. I'm sleepy. Very sleepy. Putting my finger in my mouth, in my mouth. (sucking noises)

10. Risking New Ways of Being and Behaving Within the Real World of the Imminent Future

This form of valued moment can be said to occur when, during a therapy session, the patient vividly imagines and lives in, or describes with a concrete specificity and reality, some extra-therapy context that represents his immediately available future world and which incorporates some new way of being or behaving. The risk that the patient takes may be to state in a highly receptive and welcoming manner the intention to carry out some new behavior in the imminent future, or the patient may actually carry out in reality or imagination some new way of being or behaving. These new ways of behaving may be slight changes or profound transformations.

Examples:

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

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

CL: It always seemed like nothing's going to change, but I think I'm going to lose about 40 pounds. I can see what it would be like to be around 130, and I want to lose it and be healthy. I can feel little sexual perks in my body, and I want to help them. Losing weight, and getting back to good old fashioned sex. I used to love it. I miss it! I want to ride a bike again and take long baths and get outside and walk. Ha! I don't know what to do first. It all seems so uh easy! Now!

11. Expression or Report of Changes in Targeted Behaviors

In this valued moment the patient manifests or reports an appropriate increase or decrease in the occurrence of behaviors which have been targeted for change. One subclass includes positive target behaviors which are to increase. Positive target behaviors include clear signs of improvement in skills, desirable and valued social behavior, optimal functioning, intrapsychic soundness, healthy relationships, or mature functioning. A second subclass includes negative target behaviors which are to decrease during therapy. These may include behavioral problems, symptoms, intrapsychic conflicts, interpersonal difficulties, painful and distressing feelings, psychopathological states, distressing and self-defeating cognitions and ideas.

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

Examples:

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

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

Appendix B

GRAPHS DEPICTING THE DISTRIBUTION OF VALUED MOMENTS
ACROSS EACH OF THE 8 SESSIONS STUDIED

Valued Moments: Carl Rogers

THESIS DATA: ACROSS THE SESSION

ROGERS

Session 1 (Total Client Statements in Session = 40)

CATEGORY OF VALUED MOMENT

STATEMENT	1	2	3	4	5	6	7	8	9	10	11	12
1	1											
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29	1											
30	1											
31	1											
32	1	2										
33	1	2										
34	1	2			5							
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37	1											
38	1											
39												
40	1											

ROGERS

Session 2 (Total Client Statements in Session = 63)

CATEGORY OF VALUED MOMENT

STATEMENT	1	2	3	4	5	6	7	8	9	10	11	12
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ROGERS

Valued Moments: Carl Rogers

Session 3 (Total Client Statements in Session = 121)

CATEGORY OF VALUED MOMENT

STATEMENT	1	2	3	4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8	9	10	11	12
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2		1											72	1											
3		1											73												
4													74												
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7		1											77	1											
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9		1											79	1				5							
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14		1											84	1											
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69		1			5																				
70		1																							

ROGERS

Session 4

(Total Client Statements = 105)

CATEGORY OF VALUED MOMENT

STATEMENT	1	2	3	4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8	9	10	11	12
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GRAPH 2.1

ELLIS

Valued Moments

225

Session 1 (Total Client Statements in Session = 79)

Valued Moments:
Albert Ellis

CATEGORY OF VALUED MOMENTS

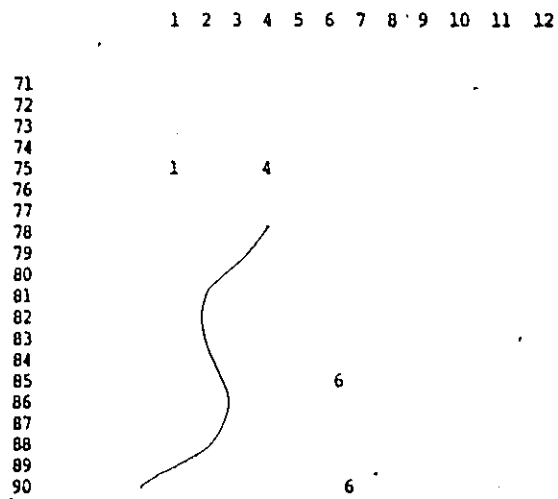
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ELLIS

Session 2 (Total Client Statements in Session = 90) 97

CATEGORY OF VALUED MOMENT

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229.

1 2 3 4 5 6 7 8 9 10 11 12

228

GRAPH 2.4
Valued Moments: Albert Ellis

ELLIS

Session 4 (Total Client Statements in Session = 41)

CATEGORY OF VALUED MOMENT

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Abstract

The present study examined the distribution, rate of occurrence, sequencing, and covariation of valued moments of therapeutic movement and change as they occurred in 8 exemplar sessions, 4 each from Carl Rogers and Albert Ellis. Valued moments are specific in-therapy events that relate to the client's being and behavior, and they are thought to be instances of an actual in-therapy outcome and change or instances of good therapeutic process. A category system of 12 different types of valued moments, which was derived from the process and process-outcome research literature, was used by a large group of judges in a client statement by client statement analysis of each of the 8 sessions. It was found that there was a surprisingly large core of therapeutic processes shared by the two exemplars and very few instances of valued moments of change or process that distinguished the Rogers and Ellis sessions even though this might be predicted from theory. On average, valued moments were not found to occur that frequently although there was one Rogers session that stood out with a much higher rate of production than the other 7 sessions. Valued moments do not tend overall to link together in short repetitive sequences, but they do cluster together so that sessions seem composed of a number of relatively discrete groups of different types of valued moments. Various categories of valued moments were found to covary with one another to a significant degree, and it was possible to examine the logical relationship between categories. Implications are developed concerning the existence of possible core and/or common therapeutic processes, creating standards of performance for practitioners, and using the category system for evaluating the

progress of student-therapists. Possible research directions are also outlined for improving sessions and exploring the facilitation of the occurrence of valued moments.