



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file Votre référence

Our file Notre référence

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

Therapist Operations that Facilitate Very Good Moments
in Gestalt Therapy Sessions

Michael V. White

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



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file Votre référence

Our file Notre référence

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-82513-8

Canada



UNIVERSITÉ D'OTTAWA
UNIVERSITY OF OTTAWA

ACKNOWLEDGEMENTS

I would like to thank first and foremost Dr. Al Mahrer whose guidance, help, knowledge, and patience made this dissertation possible. I would like to thank my committee members Dr. J. Ledingham, Dr. B. Mook, and Dr. J. deKoninck for their constructive criticism, advise, and cooperation. I would also like to thank my research team for their contribution in the data collection and rating. I would like to extend a special thanks to David Fairweather and Don Kastuk for their editorial help. In particular I want to thank Erma Howe who has accompanied me in my trials and tribulations throughout this entire process.

CURRICULUM STUDIORUM

Michael V. White was born in Montréal, Québec, June 5, 1957. He received his Bachelor of Arts degree in theology in 1982 and his Bachelor of Arts in psychology in 1986 from Concordia University, Montréal, Québec.

Abstract

Using a procedure that borrowed from both a quantitative and a qualitative research approach to psychotherapy, this study investigated audiotaped recordings of six sessions of Gestalt therapy conducted by five distinguished therapists. This in-depth, discovery-oriented research explored the interrelations between in-session client conditions, therapist operations and very good moments. In the first phase of the study, composite descriptions of six categories of very good moments were generated, based on the identification and the subsequent descriptions of 17 instances of very good moments made by a team of twelve judges. The six categories of very good moments were: From Neutral to Strong Feeling; Strong Expression Directly Toward Therapist; Extratherapy Behavior Change Intention; Acceptance of Problem-Self; State of General Well-Being; and New, Deeply Felt Personality Process-State.

In the second phase of the investigation, judges identified explicit therapist operations and methods which, when carried out under identified client conditions or states, were judged as being instrumental in the subsequent occurrence of the given category of very good moments. The main finding was as follows: (a) The skilled and competent use of specific therapist operations, (b) with a client who is ready and willing to use the operations, and to move toward that very good moment, (c) appeared to result in the occurrence of that very good moment.

For practitioners who value these categories of very good moments, the findings may be used as provisional suggestions for ways of facilitating the occurrence of these very good moments. For researchers, the findings are illustrative of continuing explorations into how psychotherapy works, into the relations between in-session client

conditions or states, therapist operations, and consequent in-session very good moments.

By means of careful, in-depth examination, researchers can learn what practitioners do to help bring about important and useful in-session client events.

TABLE OF CONTENTS

CHAPTER 1

Studying the Interrelations Between In-Session Client Conditions, Therapist Operations, and Very Good Moments in Psychotherapy

I.	The Recent History of Psychotherapy Research	1
	Research in the 1950s	2
	Research in the 1960s	5
	Research in the 1970s	7
II.	Strategies and Methods of Current Research.	9
	Quantitative research strategies.	9
	Quantitative approaches in psychotherapy process research.	10
	Experimental designs and hypothesis testing	11
	Statistical analysis.	13
	Qualitative approach to research in the human sciences.	13
	Phenomenological approach	16
	Hermeneutic approach.	17
	Dialectical psychology.	19
	Grounded theory approach.	21
	Psychology as a human science	22
	Qualitative research in psychotherapy	23
	Qualitative-quantitative strategies used in psychotherapy process research	24
	Mahrer's discovery oriented research.	27
III.	The Importance of Studying In-session Client Change Events and Therapist Operations	30
IV.	Clarification of Terms: The Concepts of Very Good Moments, Therapist Operations, and Client Conditions as Used in the Clinical and Research Literature.	32
	Very Good Moments: The Concept as Seen in the Clinical and Research Literature	32
	Therapist Operations: The Term as Used in the Clinical and Research Literature.	33

Client Conditions: The Term as Used in the Clinical and Research Literature	34
V. Psychotherapy Research Studies That Have Investigated the Relation Between In-Session Client Conditions, Very Good Moments, and Therapist Operations	36
Studies Investigating the Relation Between In-Session Client Conditions and Therapist Operations	37
Studies Investigating the Relation Between Therapist Operations and Very Good Moments	38
Studies Investigating the Relation Between In-Session Client Conditions, Therapist Operations, and Consequent Very Good Moments	40
VI. Research Strategy for Investigating the Relations Between Very Good Moments, Therapist Operations, and Client Conditions	44
VII. Gestalt Sessions as the Focus of Study	48
A Pilot Study to Determine the Most Research-Usable Therapeutic Approach	50
VIII. Very Good Moments, Therapist Operations, and Client Conditions in the Gestalt Therapy Literature	53
Very Good Moments in Gestalt Therapy	54
Gestalt Therapist Operations	58
Client Conditions in Gestalt Therapy	59
IX. Conclusion, Purpose, and Research Question	59

CHAPTER 2

Methodology	61
Nature of Data: Audiotaped Recordings of Six Complete Sessions Conducted by Distinguished Gestalt Therapists	61
The Use of Sessions Conducted by Distinguished Therapists as Opposed to Non-exemplars	62
The Use of Complete Sessions Versus the Use of Excerpts	63
Audiotaped Recordings Accompanied by Verbatim Transcripts	64
The use of audiotapes and transcripts in psychotherapy process research	64

Limitations inherent in using audiotaped recordings	65
Availability: Resources for audiotapes	66
The Six Gestalt Sessions	66
Summary descriptions of the six Gestalt sessions	67
Limitations/Problems of using only six sessions	68
Identifying and obtaining consensually valid descriptions of very good moments, therapist operations, and client conditions	69
Judges	70
Unit of Analysis	73
Flagging the Occurrence of Very Good Moments	74
An alternative approach: Using a target definition of very good moments	75
Identifying Antecedent Therapist Operations and Client Conditions	75
Composite Descriptions: The Proposed Strategy for Obtaining Consensually Valid Descriptions of Very Good Moments, Therapist Operations, and Client Conditions	76
The use of composite descriptions in psychotherapy research	77
The use of composite descriptions in the proposed study	78
Procedure	78
Phase I: Identification and Description of Very Good Moments	79
Step 1: Provisionally flagging the presence of very good moments	79
Step 2: Collation of judgements and identification of very good moments	80
Step 3: Obtaining composite descriptions of very good moments	81
Judges' individual written descriptions	81
Single composite descriptions	81
Phase II: Identification and Description of Antecedent Therapist Operations and Client Conditions	84
Judges' individual written descriptions	84
Single composite descriptions	85

CHAPTER 3

Results	86
Client Statements Identified as Containing Very Good Moments	86
Composite Descriptions of the Very Good Moments	87
Identification of Facilitating Therapist Operations Carried out Under Identified Client Conditions	90
The Main Findings	92
From Neutral to Strong Feeling	93
Strong Expression Directly Toward Therapist	94
Extratherapy Behavior Change Intention	96
Acceptance of Problem-Self	97
State of General Well-Being	98
New, Deeply Felt Personality Process-State	100

CHAPTER 4

Discussion	104
Some Qualitative Impressions, by Researchers and Judges, About the Expertise of the Therapists	104
Superior level of competence of the five therapists	105
The therapists' high level of sensitivity to client conditions	105
Very good moments as in-session therapeutic goals	105
Common client characteristics	106
Quantity and Proportion of Very Good Moments	107
Frequency Distribution of the Categories of Very Good Moments	108
The Feeling Component in the Very Good Moments	109
Cultural appropriateness of the identified very good moments	110
Frequency Distribution of Therapist Operations	111
Sequential Ordering of Very Good Moments Across a Session	113
Instrumental In-Session Events Other than Very Good Moments	115
Useful Features of the Discovery-Oriented Design	115
The careful examination of concrete psychotherapy process events	115
Building theoretical models of processes of change	117
Common Elements in the Identified In-Session Events and Those Reported in the Gestalt Literature	117
Weaknesses in the Present Research Design	119
Developing a rigorous procedure for obtaining composite descriptions	120
Implications for Future Research	120
Investigation of individual client characteristics	120
Testing the present findings	122
Amount of data necessary to carry out a statistically supported study	122
The ongoing development of category systems of very good moments, therapist operations, and client conditions	125
Using very good moments once they have occurred	128
Sustaining very good moments once achieved	128
Heightening, intensifying, carrying forward the very good moment once achieved	128
Very good moments used as client conditions in a string of very good moments	129
Summary and Conclusions	129
REFERENCES	134

APPENDICES

Appendix A:	Instructions to Judges for the Identification of Very Good Moments	154
Appendix B:	Instructions to Judges for the Written Descriptions of Very Good Moments	156
Appendix C:	Instructions to Judges for the Identification and Description of Antecedent Therapist Operations and Client Conditions . . .	157
Appendix D:	Very Good Moments Verbatim	160
Appendix E:	Therapist Operations Reported in the Gestalt Clinical Literature	167
Appendix F:	Composite Descriptions of the 17 Very Good Moments	173-174

LIST OF TABLES

Table		Page
1	Number and Size of Very Good Moments in Six Sessions of Gestalt Therapy	88
2	The Sequence of Very Good Moments in Six Sessions of Gestalt Therapy	91

INTRODUCTION

Studying the Interrelations Between In-Session Client Conditions, Therapist Operations, and Very Good Moments in Psychotherapy

This dissertation studied six sessions of psychotherapy conducted by distinguished Gestalt therapists. By closely examining these sessions, our purpose was to learn and report what these therapists did to bring about some very special client events in their sessions. This study follows and stems from a series of challenging, pioneering investigations that seek to contribute to psychotherapy by following a relatively new approach emphasizing careful, intense exploratory examination of special events occurring in sessions. Although the events are typically unusual, the basis of this qualitative research approach is that careful study of these rare events can contribute to psychotherapy, by yielding hypotheses that may be examined by more traditional quantitative research methods.

CHAPTER 1

I. The Recent History of Psychotherapy Research

This first section is an introduction to the major issues of the past 40 years of psychotherapy research. It will situate the research project within the historical context of research and show how the study is answering the call for research that is relevant to practising psychotherapists. This section will focus on suggested research strategies and the subject material related to the study of psychotherapy.

Over the years researchers have persisted in calling for a systematic, empirical study of therapy and its effects (e.g., Ellis, 1949, 1952; Gendlin, 1986; Greenberg, 1980; Hill, 1990; Kiesler, 1966; Mahrer, 1988b, 1992; Watson, 1952). However, it would seem that there are almost as many ideas on how research should be undertaken as there have been researchers involved in this task. Studies have examined everything from the general effectiveness of therapy (i.e. therapy versus no therapy), to the effects of specific therapist behaviors (Eysenck, 1966; Greenberg & Rice, 1981). Some researchers (e.g., Kazdin, 1986; Marmar, 1990; Orlinsky, 1989) have indicated that perhaps the main problem is that psychology has yet to define what therapy is, and so no definitive paradigm for research exists. Others (e.g., Gendlin, 1986; Greenberg, 1983; Hill, 1990; Luborsky, Barber, & Crits-Christoph, 1990; Mahrer, 1988b; Martin, Martin, & Slemon, 1987) have bracketed these theoretical issues for future study, and have sought to scientifically ground psychotherapeutic practice through an intense empirical investigation of variables that interact during therapy sessions.

It is generally acknowledged that a large gap exists between theories of psychotherapy and its practice. One of the main complaints from practitioners is the lack of relevant practical clinical findings. Often researchers have focused their investigations on therapeutic phenomena suitable to their research strategies, rather than devise strategies that would enable them to generate results that would be relevant to the practitioner (Kazdin, 1986). A large portion of outcome studies fall into this category, as they have not produced findings that are specific enough to be implementable by practitioners (Beutler & Clarkin, 1990). Therefore, practising clinicians have continued to provide therapy with less than clear scientific knowledge of what occurs between them and their clients. Confusion among concepts, variables, methods of defining variables, and language have abounded, impeding progress in bridging the gaps between theory and practice (Kazdin, 1986).

A retrospective look at advances in psychotherapy research reveals that pleas for scientific investigation into the actual phenomena of psychotherapy gained popularity at least four decades ago.

Research in the 1950s

It is possible that the nineteen-fifties contained both the initial motivation for and the true beginning of the scientific research of psychotherapy. Prior to that time the literature on therapy process and outcome consisted mainly of observations based on extrapolations from theoretical constructs supported by sketchy anecdotal evidence (Cronbach, 1949). True empirical observations were rare. During the late forties and early fifties, a pseudo-scientific literature began to take shape. It was during this period

that scientists began to look seriously at the supposedly empirically-based claims being made by psychologists (Ellis, 1947, 1949).

The split between practitioners and researchers became prominent in the literature. Many practising therapists saw scientific research studies as predominant efforts to validate theoretical systems. To most practitioners, these results were disappointing. The main criticism directed at this brand of research was that more often than not these studies were set up to investigate some trivial aspect of therapy and rarely, if ever, tackled problems that were of real concern to the practising therapists (Gendlin, 1986; Mahrer, 1986; Shoham-Salomon, 1990).

Researchers did not hide their dismay at the state of contemporary psychotherapy: How could supposedly enlightened persons continue to practise interventions for which no verifiable evidence of effectiveness exists? In the eyes of many researchers psychotherapy was nothing short of quackery (e.g., Eysenck, 1952). As psychotherapy was now considered to be out of its infancy, serious investigation into how and why therapeutic changes occur was being called for by the profession. Watson (1952) advocated the use of factorial analysis to investigate all the possible elements of the therapeutic interaction, be they patient characteristics, therapist characteristics, the length to therapy, therapist interventions, the socio-economic state of the patient, etc. In doing so, Watson hoped to shed light on all the effective aspects, and mitigating circumstances of the process of therapy.

At this period in the history of psychotherapy research, not only were the factors involved in therapy still to be scientifically investigated, they had yet to be clearly

conceptualized (Edwards & Cronbach, 1952). Concepts such as process and outcome, therapist characteristics and in-session operations, patient variables and patient behaviors, had yet to be distinguished. In a watershed 1952 review article on the status of psychotherapy research, Edwards and Cronbach (1952) reasoned that the issue of statistical significance, insisted upon by researchers, could only be entertained once the questions researchers were asking had been defined sufficiently. They concluded that hypothetico-deductive reasoning and the ensuing experimental designs, along with statistical testing for significance and generalizability were necessary but not sufficient for good scientific exploration of the field of psychotherapy. While acknowledging the importance of experimental and statistical analysis of therapy-related assumptions, principles, and theories, the authors warned that exclusive reliance upon a tough-minded statistical evaluation of factors thought to be involved in therapy, and the dismissal of factors that did not achieve significance, would prematurely close off many promising avenues of investigation. What was needed was better hypotheses to test rather than better tests of hypotheses (Edwards & Cronbach, 1952).

In summary, the nineteen-fifties saw the first significant foray into the area of psychotherapy research. The main thrust was a call for sound theoretical formulation of the process of therapy, along with a clear acknowledgement of the multiplicity of the factors involved. Authors repeatedly demanded a scientific analysis of all the variables thought to be important in the therapeutic equation. During the next decade, reviews (e.g., Colby, 1964; Kiesler, 1966) of previous research would again point to the need for a continued effort in elaborating a theoretical paradigm that would permit research to go

even further, towards a clearer formulation of the factors involved in psychotherapy.

Research in the 1960s

In the nineteen-sixties, psychotherapy research exploded out of the embryonic state in which it existed throughout the previous decade. However, along with this rapid proliferation of research came an unprecedented confusion of research questions, strategies, and findings, some of which are still very much in evidence today. Kiesler (1966) and others were calling for precise definitions of the interrelated elements of psychotherapy:

Hence, if psychotherapy research is to progress, it seems essential that theoreticians and/or investigators first define therapist behavior in very precise terms: by specifying the dimensions along which they vary, by specifying the exact interrelationships among these dimensions at separate time-points in the therapy interaction, and by specifying their differentiations for various kinds of levels of patient disorder. (Kiesler, 1966, p.129)

Kiesler (1966) lamented over the lack of any unifying methodological paradigm to satisfactorily guide investigative endeavours, and to subsequently provide research designs in order to do so.

The same global questions regarding the nature and effectiveness of therapy evident in the fifties were implicit in Eysenck's (1966) assertion that research results did not support the claim of therapeutic effectiveness. Eysenck's comprehensive critique of psychotherapy and psychotherapy research called for the delineation of factors involved in the therapy process. He demanded a definition of the nature of psychotherapy;

relatedly, he questioned the criterion of cure as applied to past outcome studies. The author felt that before these studies could have any scientific meaning, a definitive scientifically-based definition of cure must first be established. Furthermore, given that his general critique of psychotherapy was in fact directed primarily toward psychoanalytic therapies or psychoanalytically oriented therapies and the extended duration of treatment which these approaches entailed, Eysenck questioned whether the purported cures attributed to the treatment could not as equally be attributed simply to the passage of time.

Conversely, practitioners were certain that therapy worked. How was it then that scientific analysis could not back their claim? Clearly research and practice were still far apart on some very central issues of theory, effectiveness of treatment variables, and measurement of those variables.

Contemporary research studies, many of which involved between-group designs, were also being scrutinized. Barrett-Lennard (1962) questioned the worth of any differential effects studies that attempted to find between group differences on the basis that non-significant results between groups were quite possibly artifacts. He asserted that the lack of significant between group results did not translate logically into non-significant differences between individuals. Therefore, differential treatment effects may have existed but they would have only been detectable in a research design that was structured to measure differences between individual clients. Measuring group differences would impose an artificial homogeneity on the research subjects and nullify any genuine differences.

In summary, as in the previous decade, what seemed to be lacking during the sixties were clear definitions of the variables, factors, and elements that were thought to influence the process of therapy. Accompanying appropriate research designs were also absent.

Research in the 1970s

During the nineteen-seventies, there were still more appeals for researchers to present a united front in amalgamating a body of knowledge through empirical, scientific means. The success of the resulting response was mixed. Researchers still remained divided on a large number of theoretical and methodological issues. Studies did not use the same ideological framework, terminology, concepts, and the research methodologies stemming from different perspectives could not have been more dissimilar. The continued piece-meal effort into the investigation of psychotherapy seemed to confuse the issues rather than illuminate them. The single unifying factor that could be observed throughout the psychotherapeutic research community was a call for better research. However, the literature revealed that each researcher had his or her own idea of how to go about this search (Shoham-Salomon, 1990).

As in the nineteen-sixties, a key issue of this decade was that of differential treatment effects. At the end of the decade there was essentially no evidence to support the use of one treatment over another.

In his review of a decade of research, Frank (1979) stated that the results of this decade of outcome studies investigating differential treatment effects were spurious. The author attributed the problem to the level of analysis used in evaluating therapeutic

approaches, arguing in favour of a micro-analysis of therapy sessions rather than seeing a session as a single monolithic entity.

Similarly, Greenberg (1981) questioned whether this was due to therapeutic factors unaccounted for, or a lack of precision in the research methods and the instruments used in evaluating outcome, or a lack of precision in the implementation of the active components of therapeutic techniques.

Other researchers (e.g., Truax & Carkhuff, 1967) argued that if differences between treatments could not be found then positive therapeutic outcomes must be due mostly to therapist variables (e.g., interpersonal warmth, empathy, etc.) that were not explicit elements of the treatment. The difficulty with this hypothesis was that these therapist variables did not appear to be measurable, and therefore could not be used in any empirical study (Shoham-Salomon, 1990).

Most studies of this decade did not present data that showed what therapy actually is. Frank (1979) asked studies to specify precisely what was being done in therapy sessions. At this point in the chronology of psychotherapy research, the goal of authors such as Frank was not to minimize the importance of theoretical problems, but rather to focus on the practical aspects of gathering practitioner relevant data.

In response to this call for precision and relevance in psychotherapy research, studies examining actual therapy sessions emerged. An example was Greenberg and Clarke's (1979) analysis of in-session therapist techniques and client responses. This extensive line of research differed from most other investigations in that it looked directly at the events that took place during therapy sessions rather than viewing sessions as

unvarying units of intervention. The strength of carefully studying what actually happens in the session, is that findings are expected to be more relevant and useful to psychotherapeutic practitioners than findings generated from traditional, research designs that operate as though the therapy session was a homogeneous unit of treatment.

In summary, research during this decade had begun to produce data that could be used to give credibility to the effectiveness of psychotherapy by empirically examining what was actually transpiring during therapy sessions. However, this line of research was still but a small part of the research undertaken throughout the seventies. Most had very little to do with describing the specific elements of what effective psychotherapy actually was (Greenberg & Pinsoff, 1986).

II. Strategies and Methods of Current Research

Researchers in the nineteen-eighties did not produce a common strategy for the scientific study of psychotherapy. Instead, a familiar disarray of ideas and methods is seen in the literature (Cronbach, 1975). This section will outline some of the popular strategies researchers are currently using to investigate psychotherapy. The section will begin by outlining some standard quantitative research designs. It will contrast these with research strategies used in qualitative approaches to the human sciences, and will conclude with a relatively new line of psychotherapy investigation that uses qualitative research principles.

Quantitative research strategies. There are a number of approaches to investigations in the human sciences. Each uses its own set of methods and is based on

its own assumptions. As a result, each develops its own particular type of knowledge about human beings. Historically, the scientific community has been concerned with the derivation and formulation of final truths. From this comes the concern for the verification and reliability of results as achieved through statistical analysis. A review of the psychotherapeutic research literature suggests that many researchers assume good scientific investigation is based on an empirical analytical approach. This usually involves deductive reasoning and the use of hypothesis-testing designs. The knowledge is theoretically-based and is derived from observing behavior in a way that presumes to minimize biases and personal perspectives (Polkinghorne, 1983).

Quantitative approaches in psychotherapy process research. Almost without exception, all of the studies that appear in the psychological journals are of this type. In order to achieve the requirements for scientific research, a disproportionate amount of attention is paid to hypothesis formulation, variable measurement and statistical analysis, with little attention being given to observation and theoretical formulation (Giorgi, 1985).

Since hypothesis testing, measurement of variables, and statistical testing are considered a necessity for quantitative researchers, the major difficulty identified has been that of measuring the effective elements of therapy and their relation to measurable outcome variables. Rather than focusing on the identification and description of in-session client and therapist behavior, one branch of psychotherapeutic quantitative research attempts to investigate acknowledged diffuse factors such as the therapeutic bond, or personal self-relatedness (see Marmar, 1990). Results continue to be of little practical value for the psychotherapist.

Currently, another branch of quantitatively based investigations is focusing on differential effects of psychotherapy within the framework of outcome research, process research, and process-outcome research (e.g., Brunink & Schroeder, 1979; Greenberg & Dompierre, 1981; Hill, Carter, & O'Farrell, 1983; Hill, Thames, & Rardin, 1979; Martin, Martin, & Slemon, 1987). Common to these current approaches is their in-depth investigation of in-session events. The research designs used are borne out of a quantitative paradigm and make use of hypothesis testing and statistical analysis. The following elaborates further on this branch of research.

Experimental designs and hypothesis testing. One approach investigates the interactions between therapist and client in a laboratory setting. The issue of the external validity of the results obtained from such an experimental design immediately arise since this experimental approach puts in place factors which can be intrusive and are non-existent in in vivo therapeutic situations. The issue of the external validity of the results obtained from such an experimental design immediately arise, not to mention the appropriateness of such designs for psychological research (see Giorgi, 1985).

The testing of hypothesized connections between given therapist methods and given consequent client behaviors and outcomes is another prominent approach used in the study of effective therapeutic intervention (e.g., Cohen, 1960; Luborsky, 1984, 1990; Luborsky, McLellan, Woody, O'Brien, & Auberback, 1985). Typically, a desirable therapeutic outcome is first defined. Subsequently, sessions are identified as to their use of a particular therapeutic approach. Differential outcomes are then seen as attributable to the therapeutic method used in the session (e.g., Greenberg, 1983; Greenberg &

Dompierre, 1981; Wiseman & Rice, 1989).

Studies such as these, employing sequential analysis, use previously established categories of therapist or client behavior to study a small sampling of brief therapist-client interactions taken from recorded therapy sessions (e.g., Friedlander & Phillips, 1984; Mercier & Johnson, 1984; Tracey, 1985; Wampold & Kim, 1989). In some of the studies, these brief episodes are categorized and combined with post-session therapist and client observations made of the extracted sequences. Judges and therapist and/or client must fit the sampled statements into one of the pre-established statement categories. Results attempt to shed light on the patterns of interaction between therapist intentions and client reactions. To accommodate for these forms of process analyses, certain restrictions are placed on the raters' ability to approach the statements without relying on predetermined category descriptions. The difficulty with this approach is that predetermined categories, by nature of their having been derived from the observations of a necessarily limited number of therapy sessions, may exclude any previously unobserved therapist or client behaviors. Furthermore, as this methodology forces all client and therapist statements of the subject sessions into predetermined categories, a relatively small number of categories are used in these analyses, typically two to five categories, thus decreasing the descriptive specificity of each category (Friedlander & Phillips, 1984; Tracey, 1985, 1987; Tracey & Ray, 1984). In general, there seems to be an inverse relation between the number of categories used and the significance of the correlations found within the pattern. Therefore, researchers are motivated to use less categories should they hope to achieve post hoc statistical significance.

Statistical analysis. Some common statistically-based methods included in this strategy are Markov Chain analyses, and other forms of sequential analyses (e.g., Friedlander & Phillips, 1984; Martin, Martin, Meyer, & Slemon, 1986; Wampold & Kim, 1989), along with a large number of bivariate, multivariate, and regression analyses (e.g., Luborsky & Spence, 1978; Orlinsky, 1989). All of these capitalize on statistical analysis in order to highlight the generalizability, robustness, and overall significance of the findings.

Qualitative approaches to research in the human sciences. Qualitative approaches used in the scientific pursuit of knowledge usually begin with an in-depth understanding of the paradigms that underlie the proposed methods of inquiry. Qualitative researchers are mindful of presenting their rationale from which their research approaches (strategies, methods, procedures, etc.) are designed. This includes ascertaining and then explicating the suitability of the approach vis-a-vis the phenomena under investigation.

In broad terms, qualitative research focuses on describing the basic structures of lived experience (Polkinghorne, 1983). It attempts to explore the nature of phenomena, taking into account all of the qualities (i.e., attributes, characteristics, properties, etc.) of the phenomenon under observation. To achieve this, it uses description and reflective analyses of phenomena as its key tools. It is reasoned that in order to develop a faithful idea of the phenomena as experienced by the subject, a careful analysis and subsequent synthesis of all its components is necessary. Rather than focus on certain characteristics suggested by a related theory, a qualitative approach to research permits phenomena to uncover themselves to the researcher / observer (von Eckartsberg, 1971). There are

many qualitative approaches to research in the human sciences. Some examples of the qualitative approaches are the experiential approach (Barrell), the dialectical approach (Riegel), and the critical approach (deBoer). The major foundational approaches are the phenomenological and hermeneutical approaches and to a lesser extent the dialectical approach. Grounded theory, which will be presented later and which is used in the key analysis of this study's data, is an approach that falls in between these qualitative approaches and traditional quantitative approaches.

This section will first look at the major principles of qualitative research and then present some important movements within it. Following this, we will specifically outline the impact of qualitative research on psychology.

Some basic principles are common to all these approaches. One fundamental tenet is that all knowledge is inextricably part of human experience and, in that sense, subjective. Therefore, there is no "objective" knowledge separate from the experiencing subject. Knowledge can only exist in the context of the human experience of that knowledge. The apprehension (i.e., perception, reception, etc.) of knowledge is always accomplished through human intervention and is therefore part of the researcher / observer's experience of the knowledge. This accounts for the necessary subjectivity of the knowledge (Giorgi, 1970).

In the qualitative approaches, there is a shift away from traditional conceptual dualisms such as subject and object, internal and external, individual and social, mind and body, and quantity and quality. Rather, each component is seen as having reciprocal effects on the other and therefore forming a whole. This principle is central to both

phenomenology and hermeneutics.

In terms of theory construction, there is a conscious and deliberate avoidance of any dogmatic stance. Furthermore, because all knowledge is regarded as subjective, any a priori assumptions of the researcher and the theoretical inclinations of the researchers are made explicit in order to add to a more faithful description and understanding of the phenomenon under investigation.

Due to its understanding of knowledge as subjective and therefore susceptible to all the influences of culture, tradition, and social values, the approach to theoretical constructs is characterized by a greater fluidity of theories and concepts than that which is generally seen in quantitative research approaches. All the presuppositions upon which theories rest are open to constant review and rethinking. In fact the ideal stance that a qualitative researcher takes is to bracket any previous experience and knowledge of the phenomenon (i.e., to suspend relating to the phenomenon through his previous knowledge and frames of reference) and to approach it as though for the first time. In this way the researcher has the best chance of observing all that may potentially emerge. However, this does not imply that a qualitative approach to research is a-theoretical, simply that the research focus is shifted toward faithful and accurate observation, description, and analysis. Consequently, qualitative approaches preclude prematurely drawing conclusions from a limited set of observations and subsequent analyses of those observations.

Qualitative research does not focus on the support of theories. Instead, there is an openness to a continuous process of re-evaluation and reassessment of concepts based

upon newly revealed descriptive structures of phenomena as experienced.

There are many different streams of qualitative research just as there are many ways of doing quantitative research. Approaches vary according to the type of data they collect, how the data are described and/or interpreted, and the nature of the findings (Aanstoos, 1987). Qualitative data consist of detailed in-depth descriptions of phenomena as lived. These descriptions may be based upon situations, events, people, interactions, direct quotations from subjects taking part in a study, passages taken from written documents, or a combination of such sources (Patton, 1980).

Here are some of the major approaches currently in use. The major foundational approaches are the phenomenological and hermeneutical approaches and to a lesser extent the dialectical approach. These approaches incorporate the above principles. We will present these and show how they relate according to the data collected, its interpretation, and the nature of the findings.

Phenomenological approach. A major stream of qualitative research comes from the phenomenologically-based grouping of methods of enquiry which explore the nature of the phenomena of lived experience. Although it does not reject previously formulated theories, hypotheses, and even less formal notions of what constitutes reality, a phenomenologically-based inquiry leaves these ideas to one side and comes at the subject matter as if it were for the first time (Husserl, 1977).

Like most qualitative research, it rejects the notion of a purely objective reality. The data is actual occurrences of phenomena in the everyday world (Aanstoos, 1987). The focus is on the phenomenon as it appears to the one who experiences it. Therefore,

there is no objective knowledge. All knowledge is by definition subjective in the sense that it cannot be separated from the experience of the knower. Naturally, the researcher comes at the subject matter with his or her own values, biases, and previous experience. However, the researcher takes this into account and is attentive to the imposition of any a priori concepts that do not come directly from the investigator's experience of the subject matter under investigation. The aim of the investigation is to describe the essential psychological meaning-structure of the phenomenon including everything implicated in the original everyday descriptions while leaving aside previous theoretical understandings of the phenomenon (Aanstoos, 1987).

Hermeneutic approach. The hermeneutic approach to investigation was originally used in the interpretation of ancient texts, biblical and otherwise. Later, Gadamer (1975) and Ricoeur (1965) expanded the notion of text to also include the spoken text. This permitted the approach to be used in a wide number of areas including the evaluation of theories, the exploration of dream content, psychotherapy client behavior, and other areas of the social sciences. Today's hermeneutics involves the understanding and interpretation of meanings of a written or spoken text. There are a number of sub-forms of the approach (e.g., philosophical hermeneutic, linguistic hermeneutics, etc.). The following will attempt to give an overview of the major principles of the field of hermeneutics.

In each case, the goal of the hermeneutic approach is to understand the meaning given to expressions by its author taking into account how culture, tradition, personal history, and other factors present to the author are embedded in this expression.

Hermeneutics "grasps the individual life experience in its entire breadth and adapts a set of intentions centred around an individual..." (Habermas, 1972, p. 162). The meaning of the individual's expressions can only be portrayed faithfully in light of his historical and socio-cultural circumstances. Hermeneutics is also interested how these expressions (i.e., ideas, etc.) modify the surrounding culture (Ricoeur, 1965).

As is the case in other categories of qualitative research, hermeneutics does not accept the possibility of true objectivity in science. As with other forms of knowledge, scientific knowledge is colored by the context in which the text appears (e.g., traditions, culture, etc.) and can only be judged in relation to them. Scientific findings have to be seen in relation to the laws that govern the methodology that brought about the findings. Therefore, scientific knowledge can never be regarded, or acted upon as objective truths (Gadamer, 1981).

The field of hermeneutics has more recently been expanded to include any structure that contains a network of interrelated meanings, and consequently, it has been used in psychological investigations (Aanstoos, 1987). As such the author of the text could be a researcher, scientist, experimenter, clinical practitioner, therapist, or psychotherapy client. The method is an interpretive approach that has as starting point the meaning that the author is expressing through his choice of expressions. In order to arrive at a skilled interpretation, the interpreter must gain insight into the text. This is done by a reflexive interpretation of the text where the both the influence of the text on the interpreter and the interpreter's imparting of meaning to the text are subsequently and repeatedly appraised until a definitive understanding of the text is achieved. This

method is known as the hermeneutic circle.

In terms of psychotherapeutic practice, this means that the therapist must know the client's background (i.e. traditions, cultural, socio-economic, and environmental factors), and also know the client's personal history in order to competently interpret the meanings contained within the client's words. The therapist must also be aware of the influence of his own training (background, etc.) that inevitably colors his interpretation.

Hermeneutic data is any meaningful human behavior. In other words, the data is what behaviors (e.g. linguistic expression, bodily movements, etc.) mean in terms of human experience (Polkinghorne, 1983). Hermeneutics sees this data as clues to the larger social context of meaning within which the observed action is embedded (Aanstoos, 1987). In the process of interpretation, the method of the hermeneutic circle is applied, i.e., both the expressions (text) and the whole (the context of the particular human expressions) are explained through their inter-relationship (Polkinghorne, 1983). These findings are guesses at the nature of the phenomenon under investigation. "Through repeated back and forth guess and validate procedures, one is able to extend and revise one's previously presumed understanding of the part-whole relationship; and hence of the now enlarging contextual meaning of the phenomenon." (Aanstoos, 1987, p.11). The goal of this process is to produce findings that reveal the meaning of human expression within a contextual awareness and perspective.

Dialectical psychology. Just as is the case with dialectical philosophy, dialectical psychology shares the premise that individual phenomena come out of a specific context and in turn modify that context. From the perspective of dialectical philosophy, the

evolution of history forms a pattern of occurrences, where change occurs as the product of each individual event. Each event is a product of past events (influences, states, etc.) and in turn influences the present states that will subsequently influence future events. Consequently, theory cannot be abstracted away from historical, cultural, and sociological contexts. Rather than put forward theories that are not related to their socio-cultural and historical contexts, as is the case with traditional empirical scientific investigation, a dialectic approach accounts for these contextual variables necessarily reflected in any theoretical postulate. Furthermore, the approach turns away from classical logic that forbids the existence of contradictory theories and allows for the co-existence of alternate theories.

In terms of scientific investigation, a dialectic approach emphasizes the influence of both the subject and researcher as unique individuals in a research study, i.e., from the perspective of dialectics, researcher and subject share in each other's role during a study.

The concepts of development and change are central to the dialectic approach. Riegel (1979) uses the study of dialogues as the archetype of the study of dialectical development and change:

"In a dialogue both speakers are subjects and objects at the same time, and the relations established between them with each utterance are always reflective.

These relations are not exclusively directed forward in time in a linear or causal flow but always relate backwards to their producers being forced in this direction by the presumptions, intentions, and expectations which these relations imply."

(p.89)

Dialectic psychology sees the role of the individual's experiences of imbalance, his psychological and biological developmental changes, and his life-long challenges, resulting from the interaction between the individual and the environment, as key to the psychological make-up of the individual. From this perspective, psychological change is a result of the resolution of the crises that occur between these different aspects of the individual's experiences.

In terms of therapeutic practice, this integrative stance is reflected in the rejection of diagnostic categorizations made before therapy begins. In fact, the dialectic approach does not see any concrete delineation between diagnosis and treatment (Riegel, 1979). Psychotherapy is investigated by studying the relations expressed by the dialogue that takes place between therapist and client during the session, within the larger framework of the historical, cultural, and sociological contexts of the participants.

Grounded theory approach. As previously stated, this approach does not share all the basic characteristics and principles of the major examples of qualitative approaches just presented. Therefore, it should not be considered a pure qualitative approach. Although based on the need for discovery and exploratory research, it differs mainly because of its concern for theory formulation. By improving methods for testing theory, grounded theory emerged as an answer to the imbalance of theory over observation and verification in the social sciences. Theory verification has often been emphasized because the common practice of basing theory on logico-deductive reasoning has tended to distance theories from the actual data upon which they are originally based (Glaser & Strauss, 1967). The method of grounded theory is a response to this

phenomenon, closing the gap between theory and research data. While acknowledging the need for developing theory, it does so, not by referral back to a previous body of knowledge, but rather through a continuous development of ideas and concepts that is achieved through a systematic analysis of data. The objective is to produce theory that is intimately linked to, and readily understandable and verifiable in light of the data.

The method used consists of a continuous comparative analysis between a broad base of new data and the ideas, concepts, and elements that are being suggested by the previously gathered data. This generates hypotheses in the form of generalized relations between conceptual categories and their conceptual properties (Glaser & Strauss, 1967).

Grounded theory uses both quantitative and qualitative data as each supplement the other in the process of verification and generation of theory. "In discovering theory, one generates conceptual categories or their properties from evidence; then the evidence from which the category emerged is used to illustrate the concept" (Glaser & Strauss, 1967, p.23). In this way, new data either verify or correct a continuously growing and evolving theory. This continues until no further insights are discovered. Next, the ideas are defined and formed into a consistent structure that makes evident the relations between them.

Psychology as a human science. Although to date, North-American mainstream psychology has not adhered to the principles of qualitative research as have other fields of research in the human sciences (e.g., education, sociology, social work, etc.), it has nonetheless been influenced by some of the principles of the predominantly European-based qualitative research and has incorporated them in certain areas of research. For

example, psychotherapy process research is one area where qualitative principles have begun to take hold.

Qualitative research in psychology acknowledges basic differences between the human sciences and the natural sciences. The common practice of transposing the methods from the natural sciences to the human sciences is seen as problematic (Giorgi, 1985). Ideas and methodologies used in the natural sciences are not necessarily appropriate for use in the human sciences. The main reason qualitative researchers oppose this transposition of the quantitative methods is that the subject matter under investigation in the natural and the human sciences are very different from one another. In the natural sciences, both the elements under investigation and their interrelations are relatively simple. Quantitative research and its methods are formulated to work with entities that present little if any variation from one unit to another. Such is rarely the case in the human sciences, where the overall complexity of individuals make it necessary for their distinct qualities and attributes to be taken into account. Therefore, methods of investigation that are appropriate to this specific subject matter must be used.

Qualitative research in psychology attempts to understand the complexity of human behavior, not through reduction, quantification, and subsequent statistical analyses, but through in-depth investigative processes that are designed to retain the specificity of the subject material and the complexity of the interrelations present (Giorgi, 1985).

Qualitative research in psychotherapy. A qualitative approach to psychotherapy research based on the above principles would treat the subject matter very differently from how the material is handled in mainstream psychotherapy research. As mentioned,

the experience of the individual is the key to understanding any phenomenon under investigation. It follows then that the most important data to be studied would be the descriptions of the therapy session(s) as made by the client and the therapist, along with the actual therapist and client statements made during the actual session(s). Post-session descriptions made by the therapist and client add to the actual transcribed content of the session because they contain the thoughts and emotions that are experienced but not overtly expressed during the session. Subsequently the description can be divided into units based on the meanings and themes that emerge to the researcher (Kruger, 1983).

Qualitative-quantitative strategies used in psychotherapy process research. There has been a growing contribution to psychotherapy research using strategies heavily influenced by both the principles of qualitative research for the human sciences and the principles of quantitative research in the natural sciences. A number of psychotherapy researchers have acknowledged the need for qualitative descriptions in process research, but have not abandoned the principles of quantitative research. Gendlin (1986), Kiesler (1966), and Watson (1952), among others, had accepted the need for an emphasis on description, along side of quantitative research, as therapeutic factors have yet to be fully identified or described.

It is this type of investigation that the earlier investigators had supported in view of gaining a fuller understanding of the variables involved in psychotherapy. Recognizing the need for a competent scientific investigation of psychotherapy, aimed at clarifying the relations between the multitude of variables presumed to interact in the therapy process, Edwards and Cronbach (1952) argued that this could only be successfully accomplished

once some agreement on the nature of these variables had first been achieved.

Similarly Ellis (1949), asserting the need for scientific, hypothetico-deductive reasoning to replace an accumulation of unproven, un-scientific premises that had passed for unquestioned facts about psychotherapy process, acknowledged the need for preliminary work in defining the variables to be researched.

This form of hypothesis-generating study is seen by many investigators as a necessary first step in an investigative process that subsequently makes use of hypothesis-testing and arrives ultimately at verified, research-supported notions of what effective therapy is.

The general premise is that the application of qualitative and quantitative research strategies can yield insights that are of equal value to those that are furnished solely by quantitative analyses. This mixture of qualitative and quantitative analytical strategies to investigating in-session therapy process has begun to take on substantial momentum during the last half of the nineteen-eighties. This type of investigation takes a careful, precise in-depth look at a relatively small number of events in therapy sessions, and in this sense it borrows from the qualitative research's emphasis on precise description of phenomena.

Subsequently, this line of research makes ongoing efforts to arrive at a sufficiently large data base of information in order to permit the statistical verification of hypothesized process phenomena. This later statistical analysis constitutes part of the quantitative nature of the line of research. Exemplary of this trend is the work of Greenberg and his associates, (Greenberg, 1980, 1983, 1986; Greenberg & Clarke, 1979;

Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980; Greenberg & Kahn, 1979; Greenberg & Pinsoff, 1986; Greenberg & Rice, 1981; Greenberg & Safran 1987; Greenberg & Webster, 1983), and Mahrer and his associates (Mahrer, 1985, 1986, 1988a, 1988b, 1990, 1991; Mahrer, Dessaulles, Nadler, Gervaise, & Sterner, 1987; Mahrer, Gagnon, Fairweather, & Côté, 1992; Mahrer & Nadler, 1986; Mahrer, Nadler, Gervaise, Sterner, & Talitman, 1988; Mahrer, Nadler, Sterner, & White, 1989; Mahrer, Sterner, Lawson, & Dessaulles, 1986; Mahrer, White, Howard, & Lee, 1991). This new direction of research has continued to make significant inroads in recent years. The following will provide the reader with some basic principles that underlie this relatively new and successful trend in psychotherapy research.

As is the case with much of the current process research in psychotherapy, the focus has been on actual events that take place in the therapy session. Greenberg's studies (1979, 1980, 1981, 1983, 1987, etc.) have examined how therapists can bring about a number of specific valued in-session client events. Elliott (1983, 1984, 1985, etc.) has also conducted in-depth investigation of therapy sessions in order to shed light on the effective elements of therapy. Mahrer (1985, 1986, 1988, etc.) has created a list of specific valued moments in therapy, and has investigated how therapists have sought to facilitate these good moments and very good moments.

As opposed to studies that attempt to gauge the effectiveness of sessions, each conceived of as seamless units--such as is the case with many outcome studies--the studies undertaken by Greenberg, Elliott, Mahrer, and others focus on the intense analysis of small but important elements found within the session through the application of

research designs similar to those found in qualitative research.

Mahrer's discovery-oriented research. A derivation of the mixture of qualitative and quantitative research principles used to gain more insight into the mechanisms of the therapy session is a fast-growing alternative to the more popular hypothesis-testing quantitative research (see Mahrer, 1988b). Discovery-oriented research seeks to provide an alternate research paradigm to that of quantitative, hypothesis-testing research. Researchers familiar with the major precepts of qualitative research designs will recognize the ideological underpinnings common to both qualitative research and discovery-oriented research.

Discovery-oriented research is a fluid approach to research more concerned with the pragmatic significance of its findings than with strict adherence to theory. For example, in the area of psychotherapy research, although interested in the heuristic qualities of the findings and their contributions to theory, its main concern is with developing an objective body of information that is relevant, and if possible immediately applicable by therapists.

It combines characteristics of both qualitative and quantitative research. For example, it is borne out of the same belief that grounded theory approach is, namely that there exists a need to broaden the scope of the present body of knowledge in psychotherapy and to critically question the elements of the present theories. Like qualitative research, discovery-oriented research's purpose is that of original discovery. Like critical psychology, it is dialectical: The systems it develops are not static and, similar to grounded theory, are continually open to change and revision based on new

data. Discovery-oriented research is especially suited to be used in the initial phase of the scientific investigation of psychotherapy.

Discovery-oriented research also shares some of the characteristics of quantitative research such as its use of statistical analysis. Furthermore, its development and use of category systems testifies to a non-subjective approach to its subject material, a position common to quantitative research.

Discovery-oriented research offers a number of advantages for researchers interested in new insights into the process of therapy. Ideally the researcher is unfettered by theoretical inclinations, biases, and prejudices, and is open to achieving potentially new sensitivity to and understandings of phenomena. The goal of a discovery-oriented research design is to allow for answers to research questions that might not have been expected, predicted or hypothesized (Mahrer, 1988b). In discovery-oriented research the researcher temporarily suspends theoretical considerations and focuses on the subject to be observed. He or she then attempts to faithfully describe what has been observed with precision, without bringing in to play any interpretations that rely on a previously accepted theory or body of knowledge.

In a typical implementation of discovery-oriented research, actual therapy sessions, involving real clients and therapists, are recorded. Subsequently, a descriptive content analysis is conducted (see Greenberg, 1986; Hill, Carter, & O'Farrell, 1983; Mahrer, 1985; Martin, Martin, & Slemon, 1987; Stiles, 1986; Mahrer, 1988a, 1988b). Given the view that the subject of research is an interaction phenomenon, at the level of strategy, discovery-oriented research models have made use of statement by statement micro-

analyses, where client and therapist behaviors in therapy sessions are carefully examined as to their content and interrelations.

In summary, psychotherapy research has used many different approaches throughout the last decade. Issues regarding the principles, strategies, and methods of research, have increasingly been complemented by discussions on what precisely within the therapy session should be examined (Beutler, 1990; Garfield, 1990). One noteworthy observation that can be drawn from these discussions is that psychotherapy research is going from how to look at therapy toward what to look for in therapy sessions (Goldfried, Greenberg, & Marmar, 1990; Hill, 1990; Marmar, 1990). This shift has produced some promising results (Mahrer, 1988a). If the prevailing concern is to provide the practitioner with specific, relevant, implementable information, then the results obtained must be precise enough to indicate what actual specific operations are likely to facilitate subsequent client behaviors. Therefore, what is required is an investigative process that is powerful enough to analyze individual in-session events. This would increase the likelihood of achieving detailed, implementable findings.

One promising approach makes use of a discovery-oriented research strategy based on some of the major principles of qualitative research. It also shares principles with quantitative research. This approach has recently produced a number of findings that are of particular interest to the practitioner. This strategy was chosen for its appropriateness in the present study. A discovery-oriented approach to psychotherapy research gives the researchers the freedom to look for any previously unobserved therapist or client behaviors that may be of particular interest.

III. The Importance of Studying In-session Client

Change Events and Therapist Operations

Many psychotherapy researchers have asserted that intensive in-depth examination of what happens in actual therapy sessions is crucial if we are to increase our understanding of how therapeutic change occurs (e.g., Hill, 1990; Hill & Gormally, 1978; Luborsky, Barber, & Crits-Christoph, 1990; Martin, Martin, & Slemon, 1987, 1989). Indeed, prominent therapists and researchers (e.g., Elliott, Gendlin, Greenberg, Pinsoff, etc.) have often underlined the importance of conducting careful in-depth investigations into what the client does in the session, what the therapist does in the session, or to focus attention on both. For example, Gendlin (1986) advocates the use of discovery-oriented process research designs that focus on the study and measurement of valued in-session client events and therapist techniques. Similarly, Hill, Carter, & O'Farrell (1983) emphasize the importance of studying all objectively observable ingredients of the therapy session. As previously noted, the strength of carefully studying what actually happens in the session, according to proponents such as those named above, is that findings are more relevant and useful to psychotherapeutic practitioners than findings generated from traditional, pre-post, outcome research designs. It is this kind of in-depth examination of what actually goes on in sessions that is most likely to "significantly enhance the potential for positively influencing the practice of psychotherapy" (Elliott, 1983, p. 47).

Even more specifically, many therapists (see Kazdin, 1986) have called for researchers to focus more energy on investigating valued, important, in-session client

events (i.e. very good moments) in psychotherapy. Because these relatively rare client events are considered to be central to the process of therapeutic change, investigating these exceptional client events may yield valuable information about how the process of therapeutic change occurs, and consequently how therapists can more effectively facilitate change (Elliott, 1983; Greenberg, 1986; Hill, 1990; Hill & Gormally, 1978; Hill & O'Grady, 1985; Luborsky, 1990; Marmar, 1990; Martin, Martin, & Slemon, 1987, 1989).

For example, in his call for researchers to focus on important client change points in psychotherapy sessions, Marmar (1990) suggests that "a potentially fruitful direction for the field would be the development of a multi-user archive of reliably identified critical change events from different treatments" (p. 267). According to Marmar, once this archive of client change events is established, the systematic study of therapist techniques that lead to these occurrences can then be undertaken.

In summary, researchers are calling for investigations focusing on what happens in actual therapy sessions. More specifically, they are calling for investigations that focus on the in-session occurrence of very good moments (exceptional client events), and on how various therapist operations can better facilitate their occurrence.

For these reasons the present study uses the discovery-oriented research approach as outlined by Mahrer to examine the interrelations between three in-session variables: very good moments, therapist operations, and client conditions. By first identifying the presence of valued, very good moments, and working backwards to identify the antecedent therapist operations used when the client was in a given condition or state, we had hoped to discover what these therapists did to facilitate the occurrence of these

outstanding client events in their sessions. Indeed, this study has yielded valuable, specific hypotheses about how the process of therapeutic change occurs--information that practitioners may eventually use to improve their therapeutic skills.

IV. Clarification of Terms: The Concepts of Very Good Moments, Therapist Operations, and Client Conditions as Used in the Clinical and Research Literature

Researchers (e.g., Elliott, 1983; Greenberg & Pinsoff, 1986) have organized the important elements of the session into three major in-session components: (1) very good moments, (2) therapist operations, and (3) client conditions. Here is an overview of what is meant by each of these three terms.

Very Good Moments: The Concept as Seen in the Clinical and Research Literature

Very good moments refer to client events in the session that researchers have variously referred to as critical, peak, or auspicious moments, kairos, turning points in therapy, helpful therapeutic impacts, valued in-session outcomes, or special moments of client change, progress, process, movement, or improvement (e.g., Elliott, 1983, 1985; Greenberg, 1986; Greenberg & Pinsoff, 1986; Kelman, 1969; Mahrer, 1990; Mahrer, Gagnon, Fairweather, & Côté, 1992; Mahrer & Nadler, 1986). These are occasions when the client behaves in a manner that is not only therapeutically valuable, but also uncommon, remarkable, superior, outstanding, or extraordinary. These very good moments may be of relatively long duration--perhaps spanning an extended string of

client statements--or they may comprise only a word or two. The key point, however, is that these client events are regarded as indicators of valuable process, change, and movement, or as important desired changes in and of themselves (e.g., Elliott, 1983; Gendlin, 1986; Hill, Carter, & O'Farrell, 1983; Kelman, 1969; Marmar, 1990; Orlinsky & Howard, 1978).

A review of the clinical psychotherapy literature reveals numerous instances of what therapists consider as very good moments. For example, Clarke (1989) refers to the client's deepened, inward exploration of feelings that are being immediately felt as an important, valuable client event. A somewhat different example comes from Elliott (1983b, 1985), who values the client's deepening of awareness and insight (i.e. feeling-laden intuition), accompanied by moderate or high levels of feeling. Greenberg & Safran (1987) point to the importance of in-session events in which the client expresses that he or she is assuming personal responsibility for his or her feelings etc. Gendlin (1961) asserts that moments of experiencing--moments in the session when the client is engaged in an inwardly-focused, deep exploration of what is immediately-felt in his/her body--represent the most important ingredients in therapeutic change. These are a few clinical examples of very good moments.

In summary, very good moments refer to valued, important in-session client events. They may represent crucial changes in and of themselves, or they may represent notable markers of process, change, movement, or improvement in the client's ways of being or behaving. However, it must be underscored that, almost by definition, these events are relatively uncommon.

Therapist Operations: The Term as Used in the Clinical and Research Literature

In the clinical and research literature, the phrases therapist operations, therapist techniques, and therapist procedures have been used to refer to a wide range of therapist behaviors and activities. According to many researchers, therapist operations are specific, identifiable actions performed by the therapist during a session (e.g., Mahrer, 1991). Adopting this delineation of therapist operations would exclude such vague notions as the use of the therapeutic alliance, the use of transference, or other very global therapeutic goals, strategies, or tactics. However, some authors are not as behavior-specific concerning what they refer to as being a therapist operation. A complex procedure known as the empty-chair technique is an example of what Gestalt therapists call an operation (e.g., Fagan, 1976). Yontef and others (see Yontef, 1979) will go so far as to call the therapeutic relationship a therapist operation. This is a very broad use of the term in contrast to Mahrer's more specific application. One can see, then, that the term therapist operations can be used to refer to either relatively specific things that therapists do in the session, or very broad things.

For the purposes of this study, we have adopted a notion of therapist operation similar to that of Mahrer as it falls close in line with the stated need for in-depth, statement by statement, in-session research. Therefore, the phrase therapist operation, is used here to refer to specific, identifiable operations performed by the therapist during the therapy session.

Client Conditions: The Term as Used in the Clinical and Research Literature

In the research and clinical literature, the term client condition has been used to

designate a wide variety of client states, attributes, and other properties or aspects ascribable to the client. Different researchers have used the term client condition in many different ways. For example, Mahrer (1988a) uses the term to refer to what the client is doing, and how the client is being in the psychotherapy session. Similarly, Wampold & Kim (1989) use the term to refer to the client's disposition during various points in the session, such as moments when the client seems uninvolved in the session or is talking in a rather feeling-neutral manner. In a similar fashion, Grater & Claxton (1976) use client condition to refer to the object upon which the client's attention is centered at a given moment in the session.

These above usages of the term client condition contrast quite sharply with another common meaning of the term--namely, that of the client's diagnosis at the time he or she enters the therapeutic process. In an altogether different meaning again, Horowitz, Sampson, Siegelman, Wolfson, and Weiss (1975) use client condition to refer to where in the session the client is located temporally. Rather than pointing toward the client's behavior or state, Horowitz and his associates use the term to describe different time-points during the session--the outset, the middle, and the end of the session.

In most psychotherapy process studies, however, the client condition is tied to the in-session behavior and state of the client, referring to how the client is being-behaving at various moments in the session. When the term is used in this way, the importance of talking about the client condition is tied to the idea that effective therapist operations may be different depending upon how the client is being-behaving at a given moment in the session. In other words, practitioners not only want to know what to do to get very

good moments to occur, but also when to do it. Stated a third way, given that (a) the client is being a certain way at this moment in the session (client condition), and (b) given that I, the therapist, have a specific consequence (very good moment) in mind that I want the client to achieve, (c) what therapist operations will be effective in bringing about this very good moment? So, the hub of client condition is its relationship to the desired, subsequent client behavior (very good moment) and the therapist operations that will be effective in bringing about that goal given this specific antecedent client condition. In this study, this is the way we use the term.

V. Psychotherapy Research Studies That Have Investigated the Relation Between In-Session Client Conditions, Very Good Moments, and Therapist Operations

Three productive approaches have been used to investigate the relations between in-session very good moments, therapist operations and client conditions: (a) Studies that have dealt with the relation between client conditions and ensuing therapist operations, (b) studies that have considered the relation between therapist operations and consequent very good moments, and (c) studies that have examined the relation between all three of these elements.

This section will summarize the existing psychotherapy research literature that has focused on the relation between in-session client conditions, very good moments, and therapist operations.

Studies Investigating the Relation Between In-Session Client Conditions and Therapist Operations

A number of studies focusing on the relation between in-session client conditions and therapist operations have examined the kinds of operations that therapists use when the client is doing undesirable things in the session, things therapists would like to avoid. For example, Lichtenberg and Barké (1981) studied the operations that therapists use when the client is being dominant and controlling in the session. In their investigation of six psychotherapy sessions conducted by three eminent therapists representing distinct theoretical approaches, they found that therapists, regardless of their theoretical approach, tended to use empathic reflection and other empathic phrasing techniques when clients were being dominant, and were directing the content of the session.

In another recent study, Wampold and Kim (1989) reported operations that therapists tended to use when clients were overly engaging in description during the session. Using sequential analysis, it was found that therapists did not openly discourage extended narrative-style descriptions by clients. However, it was found that, when clients were engaged in this descriptive storytelling, therapists did tend to use minimal encouragers. In other words, therapists did not strongly encourage extended storytelling by the client, but they did not openly discourage it either.

Taking a quite different approach to the concept of client condition, Windholtz, Weiss, and Horowitz (1985) found that therapist operations tended to be different at different times of the therapy session. In this study, client conditions, then, referred to the temporal location of the client in the session. The investigators examined 360

sessions of brief psychotherapy with 30 clients. They reported that therapists showed a pattern of operations (techniques, interventions, operations, behaviors) that shifted from less directive operations at the outset of the session, to more directive operations nearing the end.

In short, this line of investigation has reflected the practitioner's concern for an understanding of the relation between specific in-session client conditions and the operations therapists use: What do therapists do given this or that client condition? What these studies have not been concerned with, however, is the third variable--the desired consequence, the desired very good moment. This next group of studies are concerned with this area.

Studies Investigating the Relation Between Therapist Operations and Very Good Moments

A second line of investigation has focused on understanding the relations between specific therapeutic operations and specific very good moments. Research in this specific area has been surprisingly scarce. Indeed, rather than focusing on how therapists facilitate the occurrence of highly desired, exceptional client behaviors or very good moments, most studies to date have focused instead on therapist operations that tend to precede relatively common, frequently observed types of client behaviors such as topic shifts (Friedlander & Phillips, 1984), increases and decreases in descriptive storytelling (Wampold & Kim, 1989), and request making (Hill & O'Grady, 1985). In short, most studies have not focused on client behaviors that could be said to qualify as very good moments.

However, there are a few exceptions. Researchers have studied very good moments that follow such therapist operations as interpretation and confrontation. In a study of twelve psychotherapy sessions, Hill, Carter, and O'Farrell (1983) found that interpretation and confrontation by the therapist tended to be followed by the client displaying higher levels of insight, and this insight was generally accompanied by a greater degree of experiencing. These twelve sessions involved a female client suffering from migraine headaches. The Counselor Verbal Response Category System (Hill, 1978), consisting of 14 mutually exclusive categories of responses, and the Client Verbal Response Category System (Hill, 1986), consisting of 9 mutually exclusive categories of responses, along with post-session client and therapist measures, were used to evaluate the sessions. Results, again, showed that in response to therapist operations that were judged as confrontational or as containing interpretation, the client's level of insight tended to increase, and the client tended to shift from storytelling in a feeling-neutral manner to a heightened degree of experiencing.

Furthermore, a subsequent study by Martin, Martin, and Slemon (1989) seems to confirm these findings. Their study focused on the very good moments that tend to follow therapist operations such as the use of paraphrasing, and the introduction of therapeutic goals. Excerpts from videotapes of twenty therapy sessions were studied in detail. As in Hill's (1981) study, post-session client and therapist measures were used to obtain the thoughts of the therapists and clients during the session. Clients and counsellors were asked to indicate the most important event of the session. These responses were then coded using The List of Good Moments in Psychotherapy (Mahrer

& Nadler, 1986). In addition, each session was judged using the Client Verbal Response Category System. As in the previous study by Hill, Carter, & O'Farrell (1983), the results here showed that when therapists use confrontation, clients tend to respond with more description, experiencing, exploration, and insight.

In a somewhat different vein, Elliott, James, Reimschuessel, Cislo, and Sack (1985) studied the impact of therapists offering interpretations and asking open questions. Results suggested that these therapist operations tended to be followed by the client's undergoing and expressing a deepening of awareness and insight.

Gervaise, Mahrer, and Markow (1985) focused on the relation between therapist operations and a specific client very good moment--strong laughter. In their examination of a certain number of audiotaped sessions representing a broad array of therapeutic approaches, they identified 60 instances of strong client laughter. Their conclusions highlighted the therapist having antecedently used welcoming and accepting behavior toward the client.

These studies and others (cf. Elliott, 1983) have looked at the relation between what the therapist does in the session and the response of the client, thus contributing to an understanding of in-session therapist operations and consequent very good moments.

Studies Investigating the Relation Between In-Session Client Conditions, Therapist Operations, and Consequent Very Good Moments

A challenging and contemporary third line of study has investigated relations between all three in-session components: in-session client conditions or states, therapist operations (i.e. methods, techniques, interventions), and consequent in-session very good

moments. This line of research gets high marks for practitioner relevance by seeking to identify therapist operations that are effective under specific in-session client conditions in helping to bring about specific kinds of consequent very good moments of in-session client change, improvement, or progress.

For example, Clarke (1989) studied 32 sessions of therapy using the Experiencing Scale and the Client Vocal Quality Scale to measure in-session client process. Results showed that when clients are already expressing emotion, in the context of the description of a fairly recent event in which they had experienced strong negative feelings, therapists who wish to facilitate the occurrence of higher levels of experiencing may give the client a synthesized cognitive summary of the client's experience of the recent event.

Elliott (1983) studied therapist operations that could be used when the client is describing her newly acquired insight into meaningful recent life incidents (client condition) in order to help bring about a consequent event (very good moment) in which the client further consolidates this earlier insight. Elliott found that, under this antecedent client condition, one therapist operation that shows a high probability of fostering feelings of self-understanding and accomplishment is the presentation of what he terms a borderline empathic reflection--that is, a statement that contains paraphrasing and a slight amount of interpretation.

A later study by Elliott (1985) reported that when the client is describing his feelings, if the therapist wants to achieve insight, she can facilitate this through the use of a demand for clarification of the client's specific behaviors during the incident being

described. Furthermore, given these same client conditions, if the therapist values a deepening awareness of the feelings being described, she can facilitate this by asking for self-evaluation from the client (Elliott, 1985).

In another group of studies, Greenberg and his associates (Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980; Greenberg & Rice, 1981) looked at what therapists can do to help the client to achieve a felt sense of conflict resolution (very good moment) from a prior in-session condition in which the client is experiencing an inwardly-felt conflict between two opposing positions. Findings suggested that when the client is at odds with herself, or is experiencing a split on a specific issue, or is not able to decide and act upon a specific option, if the therapist encourages the client to fully experience both sides of the opposition, then the client may be facilitated in experiencing a deepening of the experience of internal conflict and achieve a felt sense of conflict resolution.

In addition, these researchers found that, given this same in-session client condition, if the therapist's goal is to facilitate a shift in awareness, she can either heighten the experience of both sides of the conflict or have the client attend to a bodily felt sense of it. It was found that clients may also experience an increase in feeling level under these same conditions subsequent to these therapist operations (Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980; Greenberg & Rice, 1981).

Moreover, Wiseman and Rice (1989) found that, if the therapist's goal is to facilitate higher levels of client experiencing, and the client condition is one in which the client is talking about problematic, emotionally arousing situations in her life, and

recognizing that her way of reacting to these situations is problematic, then an effective therapist operation appears to be intense probing, and searching for the meaning of the client's message.

Further studies have investigated therapist operations used under specific client conditions, culminating in in-session very good moments such as heightened personal description, exploration of feelings, and deepening of experiencing (e.g., Grater & Claxton, 1976).

The question that these above-mentioned psychotherapy process researchers have been seeking to answer can be viewed as somewhat analogous to what Paul (1967) posed as the basic question for psychotherapy outcome research: "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?" (p. 123). However, rather than taking a wide-angled, outcome-focused perspective like Paul (1967) did, rather than measuring treatment as the totality of therapeutic interventions, these psychotherapy process studies have focused on the question of what the therapist should do, given this or that in-session client condition, in order to achieve this or that in-session consequence (e.g., Elliott, 1983, 1985; Greenberg & Rice, 1981).

Following in the line of these past studies, the present investigation also seeks to answer this same crucial question: What kinds of very good moments of in-session client transition (process, improvement, transformation, progress, advancement, or change) are produced by what kinds of therapist operations under what kinds of in-session client conditions? Accordingly, in order to address this question, the research strategy

examined the interrelationships among in-session client conditions or states, in-session therapist operations, and the consequent in-session client consequences or very good moments.

VI. Research Strategy for Investigating the Relations Between Very Good Moments, Therapist Operations, and Client Conditions

Dismantling analysis (Kazdin, 1980, 1983) is a powerful, sensitive, and useful research strategy that consists of analyzing the components of a given treatment package. This research strategy has been used extensively--for example, in the evaluation of Wolpe's Systematic Desensitization Program (cf. Kazdin, 1980). Kazdin (1983) explains how and when this kind of strategy can be valuable: "After a particular treatment package has been shown to produce therapeutic change, research that begins to analyze the basis for change assumes importance" (p. 266). In short, when researchers are interested in carefully analyzing the basis of and the components involved in therapeutic change, dismantling analysis becomes a highly useful research strategy. "The strategy points to the specific ingredients or combinations of ingredients that are responsible for change" (Kazdin, 1983, p. 266).

Dismantling analysis involves reducing a system, series or sequence of events into its smallest, meaningful components. Subsequently, the nature and function of each component is identified as to how it influences the other elements in the system, series or sequence of events. In this way, links can be established between the elements. In the

case of psychotherapy research of actual recorded sessions of psychotherapy, the entire session can be broken down into individual clusters of statements or even single statements based on the content of the statements and the relation the statements have to the other statements or groupings of statements in the session. This can be done by starting at the beginning of the session and working forward to the end of the session. Dismantling analysis can also be performed by beginning at a specific point in the session and working backward in the session, forward in the session, or both. In all these cases, the session is broken down into individual meaningful components. These components may range in length from a part of a therapist or client statement to a string of statements that are all part of a single meaning unit. For example, the client's outburst of anger may be a meaningful unit that is only a part of a client statement. In other cases, the client's outburst of anger may last two or three statements divided by minimal therapist input (i.e., short one word therapist statements).

Past studies, in applying this sensitive dismantling strategy to the study of in-session psychotherapy process, have usually focused initially on the in-session client consequence (very good moment), and then worked backwards to identify the antecedent therapist operations used when the client was in a given condition or state (cf. Barkham & Shapiro, 1986; Gervaise, Mahrer, & Markow, 1985; Grater & Claxton, 1976; Greenberg, 1980; Hill, Helms, Spiegel, & Tichenor, 1988; Mahrer et al., 1986). In this way, they were able to generate findings based on micro-analyses of how the therapist and client actually interacted in the session.

In more specific terms, here are some of the major strengths of applying this dismantling strategy in studies of psychotherapy process:

(1) Because dismantling analysis involves the detailed micro-analysis of actual therapist-patient interactions, it has the potential to produce unambiguous, precise, detailed findings that are relevant to, and can be understood and applied by practitioners.

(2) Dismantling analysis is sufficiently flexible to accommodate the intensive analysis of concretely specific and often idiosyncratic very good moments and therapist operations.

(3) Because dismantling analysis involves the study of actual therapy sessions, the findings have a higher probability of achieving high external validity.

(4) Dismantling analysis is readily applicable to the examination of single therapy sessions without requiring such typically unavailable data as pre and post measures, or post-session interview transcripts with therapist and client. Much of the research done on the process of therapy has used measures that require the use of an extremely cumbersome methodology involving both client and therapist outside of the therapy session. This is not always easily applicable to the in-vivo study of in-session therapy. On the other hand, dismantling analysis is easily applicable to the study of actual sessions.

(5) Dismantling analysis is sufficiently flexible to identify variable-sized very good moments from those contained within a single client statement to those covering a string of consecutive client statements.

(6) Similarly, it is sufficiently flexible to allow for antecedent therapist operations that are one or more statements in length.

(7) It is flexible enough to allow for any length of single therapist statement.

Dismantling analysis enables us to examine therapist operations that are immediately preceding or penultimately preceding very good moments, or those operations that occurred much earlier in the session.

(8) Furthermore, it allows for the investigation of client conditions. Specifically, this strategy allows for the inclusion of client conditions antecedent to the therapist operations and to the consequent occurrence of the very good moment.

(9) In addition, in terms of heuristic value, this dismantling strategy provides added power in future analysis of the findings in order to generate higher-order stages, phases, sequences, or steps in the investigated session (Cashdan, 1973; Cormier & Cormier, 1977; Hill et al., 1983; Lennard & Bernstein, 1960; Mahrer et al., 1986, 1989; Osipow & Walsh, 1970).

As the purpose of this investigation was to identify very good moments of client behavior, to identify the therapist operations that were effective in bringing them about, and also to identify the in-session condition(s) present prior to the effective therapist operations, dismantling analysis proved most suited to the research goals. Therefore, the research strategy is an in-session application of dismantling analysis, allowing a detailed, rigorous, micro-analysis of in-session therapist/client interactions, that borrows from an open-ended research paradigm based on the principles of qualitative research.

VII. Gestalt Sessions as the Focus of Study

This research project studied therapy sessions conducted by eminent Gestalt therapists. Two separate but related resolutions were made in order to reach this final decision: The resolution to investigate (a) one single therapeutic approach and (b) the resolution to investigate Gestalt therapy. These resolutions were based on the following factors:

(a) Increasing the probabilities of creating a larger approach-specific body of results: The investigation of a pool of sessions from a number of different approaches would be more likely to produce an amalgam of findings where a few findings would be of interest to some practitioners but not others. By focusing on one single approach we are increasing our chances of elaborating a more considerable body of knowledge that would be of interest to the practitioners of a single approach.

(b) Increasing the heuristic value of the prospective findings: By targeting one particular therapeutic approach, we hoped to entice the users of the approach, as well as researchers, to continue the study of the given approach. Hopefully, the prospective findings will be used as a stepping-stone to further research. In investigating the occurrence of very good moments in psychotherapy and their facilitation, we anticipate that findings will be of greater interest and benefit to those who are using this approach. In other words, in terms of both addressing an audience of practitioners and researchers, the decision was to focus on one approach rather than a broad band.

(c) Aiming for greater homogeneity in the subject material: It is presumed that there is greater homogeneity, uniformity, and congruity in terms of therapeutic goals,

aims, or objectives, within a specific approach than across a number of different approaches. For example, behavior therapists often have goals and use strategies that are very different from those of psychodynamic therapists. It follows then that therapists adhering to the principles of a specific approach tend to value the same special moments of client change, progress, process, movement, or improvement.

Hence, the study of one particular approach increases our chances of finding less variation in the very good moments and therapist operations within sessions. This strategy increases the probability of identifying very good moments, therapist operations, and client conditions common to the approach in question. Likewise, the homogeneity of the subject material aids in arriving at more consistent results. Recurrences of similar in-session elements tends to increase our confidence in the findings. Although not fundamental to the aims of the study, this aspect may enhance the future usefulness of the prospective findings.

(d) Declining the study of eclectic and integrative approaches: The concern here was for studying pure versions of a single approach. As related to the last point, our goal was to study sessions that are acknowledged illustrations of a particular, unquestionably recognized approach to therapy. In order to gain a greater degree of specificity with regard to the subject material, it was decided that the study should investigate therapy sessions considered to be a relatively pure form of a given approach. The choice of sessions conducted by renowned exemplars was one very good way of securing sessions that are illustrations of a pure form of a specific approach to therapy. Accordingly, our choice excluded approaches designated as eclectic or integrative.

A Pilot Study to Determine the Most Research-Usable Therapeutic Approach

The next objective was to decide on which approach to select. To this end, a pilot study was conducted in order to determine what single approach was most likely to yield the greatest number of very good moments as would be identified by a large team of psychotherapy research judges.

First, the number of sessions belonging to each approach was tabulated. This task was performed by a member of the University of Ottawa Psychotherapy Research Team. For the recordings of sessions taken from the tape library of the American Academy of Psychotherapists (A. A. P.), the library's summaries of sessions listing was first consulted. This list furnishes descriptions of each recorded session including the name and orientation of the therapists. The tapes from the University of Ottawa Tape Library were then checked to ascertain the approach of each session. There are over 400 recorded psychotherapy sessions in the combined holdings of both collections. The largest number of taped complete sessions included integrative-eclectic (82 sessions), client-centered (30 sessions), cognitive-behavioral (28 sessions), and Gestalt therapy (23 sessions).

In the second step of the pilot study two members of the research team previewed each of the sessions included in the Client-Centered, Cognitive-Behavioral, and Gestalt approaches. The 82 sessions of integrative-eclectic therapy were not included as the decision to exclude these approaches had previously been made. The task of the research team members was to indicate which sessions contained very good moments.

One way of accomplishing this is to use the recently published Very Good Moments Category System (VGMCS) (Mahrer, Gagnon, Fairweather, & Côté, 1992). The VGMCS is a gross screen used to judge sessions based on the presence of very good moments fitting the descriptions of those already included in the VGMCS. However, the decision was made not to judge sessions based on the VGMCS as it is too gross an instrument for measuring the occurrence of individual specific very good moments potentially present in a session. Furthermore, the psychometric properties of this newly developed tool have yet to be established.

Each of the two judges was assigned four sessions per week to preview. Judges were instructed to listen to the recording in its entirety while following the accompanying written transcript. The judges were given the following target definition of what constitutes a very good moment. Very good moments were defined as outstanding, exceptional, peak, highly valued, critical, pivotal, and prized on the basis of the client's expressing, showing, and manifesting a way of being or behaving that (a) is taken as indicating highly significant, impressive, substantive, conspicuous change, process, improvement, progress, or movement and/or (b) is taken as indicating a highly valued state, goal, and/or turning point, or outcome that is accomplished, attained, achieved in the session.

Using this definition as a guide, the two judges listened individually to their assigned audiotapes. Judges were instructed to use the accompanying transcript and to generate a provisional record of all very good moments. Judges were asked to submit their assessment of the sessions the following week when they would be issued two new

sessions. This procedure was carried out until all 81 sessions were previewed.

The results confirmed the assumed rarity of the occurrence of very good moments in therapy sessions. After carefully previewing the 81 sessions, a zero mode for the occurrence of very good moments was obtained. That is, most sessions did not contain the minimum one very good moment needed for inclusion in the proposed study. Specifically, three of the 30 sessions (10.0%) of Client-Centered therapy qualified as containing at least one very good moment, with a total of five very good moments recorded. Similarly, three out of a total of 28 Cognitive-Behavioral sessions (10.7%) were found to contain at least one very good moment, with a total of four very good moments noted. A greater number of very good moments was found in the Gestalt therapy sessions. It was found that a significant proportion--five of the total of 23--of Gestalt sessions (20.1%) were likely to contain at least one very good moment by the team of judges, with a total of 20 very good moments noted. It was because of this--a number of very good moments unequalled by the sessions of any other single approach represented in the tape library--that Gestalt therapy sessions were chosen as the focus of the study.

In summary, the purpose of the study was to provide a systematic, careful, intensive inquiry into some specially identified sessions, in order to identify very good moments of client change, how therapists brought about these very good moments, and the conditions under which the therapist operations were used. The focus was on Gestalt sessions. However, the emphasis was on the identification of these very low-frequency change events in general, rather than restricting findings to Gestalt therapy.

VIII. Very Good Moments, Therapist Operations, and

Client Conditions in the Gestalt

Therapy Literature

This study then, did not limit itself to identifying and describing very good moments, therapist operations, and client conditions as seen exclusively from a Gestalt therapy perspective. We were not interested in testing for the presence of very good moments that are rooted primarily in Gestalt theory (e.g., the client's experience of boundary contact). Instead, following the guidelines highlighted by Mahrer (1988b) for studies that use a discovery-oriented approach to psychotherapy research, we proposed to generate highly precise, jargon-free descriptions of actual, specific, in-session very good moments, unbounded by the language and constructs of Gestalt theory. We avoided using the language of the Gestalt therapist (e.g., awareness shuttles, contact boundary, retroflexion, etc.). Authors (e.g., Gendlin, 1986; Mahrer, 1988b) have rightly argued that often instead of opening up discussion, and bringing positive input to the formulation of an answer to the research question, the inclusion of jargon stymies the detailed, in-depth, critical examination of the data by substituting an assumed knowledge and understanding of the material, area of investigation, or phenomenon under study.

For example, to say that a very good moment in Gestalt therapy is creative resistance is not feasible because the complexity of the concept is such that it would take into account numerous factors and actions that could not be contained (or observed) in a few short client statements. In restricting the findings to an exclusively Gestalt vocabulary, it would have been difficult to bring about any new understanding or insights

regarding the phenomenon under investigation.

Therefore, we were not testing specifically for the presence of therapist operations or client conditions embedded in the theoretical language of Gestalt therapy. Rather, we have sought to generate detailed, precise, jargon-free descriptions of therapist operations and client conditions. It was thought that this approach would open up the possibility of discovering a wide variety of effective therapist operations and/or very good moments and/or client conditions that may well have been occurring in Gestalt sessions (although they may not be written about or reported in the Gestalt literature).

Despite this focus, however, we have found that the very good moments, therapist operations, and client conditions identified are similar to those described in the Gestalt literature. The discussion of the findings will elaborate more on this.

Very Good Moments in Gestalt Therapy

In the Gestalt literature, there are at least seven commonly cited very good client moments which Gestalt therapists value, and seek to bring about in the session. These seven frequently mentioned very good moments are as follows.

One very good moment identified in the Gestalt literature is the client undergoing strong powerful feelings. Indeed, the first thing that stands out essentially in all the very good moments in the Gestalt literature is that they all involve the client experiencing a moderate to high degree of feeling, what Harman (1974) calls deep levels of emotionality (p.262). Perls (1969) goes so far as to say that if the expression of powerful feelings is not obtained in the session, all else is a waste of time. Getting in touch with feelings is said to be empowering and necessary for therapeutic change (Greenberg & Safran,

1987). The client's expression of strong feelings is thought to be an important part of a powerfully healing experience (Fagan, Lauver, Smith, Deboach, Katz, & Wood, 1974; Perls, 1969, 1973; Polster & Polster, 1973). In the therapy session, when this very good moment of strong feeling is occurring, the client is putting all of her attention on, and is acutely aware of, the immediacy of what she is doing and what she is feeling. She may be aware of or experiencing different parts or aspects of herself. In doing this, she experiences an emotional awareness and understanding of her immediate behavior as she engages in it during the therapy moment. Expressions of strong feeling may occur in the form of crying, screaming, dramatic language, strong movement, temper tantrums, etc.

A second and related very good moment in Gestalt therapy is the client expressing feelings directly to the other (Safran, Greenberg, & Rice, 1988; Smith, 1975). Rather than talking about people and events, the client expresses herself directly to the other person or part of self in a full-feeling, genuine manner. This may include the client's crying sadly as she talks to someone who abandoned her, angrily attacking someone with whom she is furious, or laughing with joy as she talks to someone who she loves very much (cf. Smith, 1975). It may also include expression to the other of a deeply felt, personally important need (Simkin, 1970). In any case, this very good moment involves the expression of strong feelings toward some outer agency, usually another person.

A third very good moment is the client expressing an awareness of ongoing experiencing. This notion of awareness is mentioned extensively in the Gestalt literature (cf. Naranjo, 1974; Nelson & Groman, 1978; Yontef & Simkin, 1989). Perls states that this new sense of awareness is closely tied to therapeutic change. Being aware is curative

in itself in that simply becoming aware increases the client's potential for new behavior. Even in this very rudimentary and rather simple way, Perls sees self-expression as a great step forward (Perls, 1973).

Insight is a fourth very good moment identified in the Gestalt literature. Sometimes referred to as emotional insight (cf. Perls, 1973), this very good moment again includes a moderate to powerful amount of bodily felt sensations, and is accompanied by a sense of release of tension and a feeling of increased energy. Insight here does not simply refer to a shift in the client's way of thinking. It is a shift in the way the client perceives herself in relation to her environment. This is analogous to Gendlin's idea of the shift in felt meaning (cited in Kolb & Beutler, 1985). It frequently comes in the form of an "Aha!" experience of discovery (Simkin, 1970; Yontef & Simkin, 1989), argued to be one of the most powerful agents of cure:

The person who is capable of staying with the experience of the fertile void--experiencing his confusion to the utmost--and who can become aware of everything calling for his attention (hallucinations, broken up sentences, vague feelings, strange feelings, peculiar sensations) is in for a big surprise. He will probably have a sudden "aha" experience; suddenly a solution will come forward, an insight that has not been there before, a blinding flash of realization or understanding" (Perls, 1973, p.99).

This kind of emotionally-based insight is another commonly cited very good moment in Gestalt therapy.

A fifth widely reported very good moment is the client taking responsibility (Yontef & Simkin, 1989). This is also referred to as owning or re-owning. The client now acknowledges that she is the author of her feelings, operations, and other aspects of her personality that she had not previously owned (Greenberg & Clarke, 1979; Greenwald, 1972; Harman, 1974; Levitsky & Perls, 1970; Mosher, 1979; Peavy, 1973). As with all the very good moments in Gestalt therapy, the feeling-laden experiencing of this process of owning is essential. Greenberg and Safran (1987) say that the client must not only appreciate abstractly that she is the author of his affective experience but she must concurrently experience the emotions in question.

A sixth very good moment occurs when the client engages in fully-felt playing or playfulness. For example, the client being flooded with the feeling of childlike giddiness, or experiences himself in a fully-felt refreshing, carefree manner (Polster & Polster, 1973). Again, as with essentially all Gestalt very good moments, this very good moment includes a feeling-laden component.

Finally, a seventh very good moment is one in which the client is experiencing new perspectives, and is able to view a previously reported problem from a totally new angle. The emphasis here is not on the client achieving mere abstract knowledge about or awareness of her problem. Rather, she gets a deep understanding of it as she experiences it during the present therapy moment. This is accompanied by at least a moderate level of feeling (Polster & Polster, 1973). An example of this kind of very good moment is the merging point (Greenberg, 1980). This is a moment in the session when the client--previously embroiled in a state of split and conflict between the two

opposing positions--begins to accept and welcome a new way of being which he or she had previously disliked and not welcomed. The client is experiencing what previously was a problem from a totally new angle, a new perspective, and the feelings are moderately full and good.

These seven very good moments cited in the Gestalt literature will be compared later to the very good moments empirically identified in this study. Again, however, this project did not limit itself primarily to the exploration, identification, and description of good moments, and the antecedent operations taken from the Gestalt literature. We looked for any specific in-session client behaviors judged to be therapeutically valuable, that are judged as exceptional, superior, outstanding, or extraordinary.

Gestalt Therapist Operations

In the same way that we will compare in the discussion the very good moments that we identified empirically in this study with the Gestalt very good moments written about in the literature (see Chapter 4), we will also make the same kinds of comparisons between our empirically-identified therapist operations and the therapist operations outlined in the Gestalt literature (see Appendix E). Again, our aim was not to test or evaluate or compare the differential effectiveness of the operations we identified with the operations outlined in the Gestalt literature. We will simply discuss the similarities and differences between (a) the therapist operations we identified as effective in bringing about particular kinds of very good moments in Gestalt sessions, and (b) the therapist operations written about in the Gestalt clinical and research literature.

Client Conditions in Gestalt Therapy

A third and final comparison will focus on the similarities and differences between the client conditions commonly reported in the Gestalt literature and the client conditions that we identified in our empirical study of actual, audiotaped Gestalt sessions. Indeed, in addition to studying the interrelations between very good moments and therapist operations, the investigation also considered the client's condition or state at the time the therapist operations were applied that led to subsequent very good moments.

IX. Conclusion, Purpose, and Research Question

In conclusion, if therapists want to know how to bring about very good, in-session moments, then in-depth research of the actual sessions where very good moments are found must first be accomplished. Given the need for in-depth study of this issue, the purpose of this investigation was to study actual sessions of Gestalt therapy, to identify the very good moments, the specific antecedent therapist operations, used under identified client conditions. This most basic preliminary exploratory work contributes to a needed first step in the scientific investigation and understanding of good psychotherapeutic practice. Although focusing on sessions of Gestalt therapy, the findings are not restricted to a Gestalt approach to therapy, but deal rather with the occurrence of very good moments in psychotherapy in general.

The study sought to maximize the validity of prospective results by the implementation of a discovery-oriented procedure based on the principles of qualitative research. Therefore, the intent was not to confirm or disconfirm the use and relation of

Gestalt operations to very good moments in the sessions.

Also, it was not the goal of the study to identify specific events described in the Gestalt literature, although there does seem to be similarity between our findings and the existing clinical Gestalt literature.

Our main purpose was to provide a careful, intensive examination of a set of sessions identified as likely to contain very good moments of client change. The set of sessions are representative of a single therapeutic approach, viz. Gestalt therapy. Given that very good moments are uncommon, low-frequency, rare events, the purpose was to provide a careful, intensive examination in order to (a) identify the specific nature of the very good moments, (b) identify the antecedent therapist operations judged as facilitating the subsequent occurrence of the very good moments, and (c) the in-session client conditions under which these therapist operations are used.

Accordingly, the research question was stated as follows: Given a careful, intensive examination of selected Gestalt sessions, conducted by exemplars, (a) what very good moments may be identified, and (b) what antecedent therapist operations, (c) carried out under what in-session client conditions, may be judged as facilitating the subsequent occurrence of the very good moments?

It should be underscored that the purpose was to carefully examine events that are acknowledged as relatively rare. Accordingly, our findings are regarded as provisional, as only contributing to a pool of data that may reach adequacy for hypothesis testing. As such, the findings may be regarded as suggestive of hypotheses, as hypothesis-generating, or as exploratory.

CHAPTER 2

Methodology

This proposed study examined six actual psychotherapy sessions conducted by eminent Gestalt therapists in order to identify (a) exceptional, very good moments of client change, improvement, progress, and (b) the antecedent therapist operations (c) undertaken during particular client conditions judged as instrumental in facilitating the occurrence of the very good moments.

In order to describe the methodology used, this chapter is organized into three sections. The first section will describe and explain the nature of the data used in this investigation. Specifically, this first section will present the rationale for choosing to study six complete, audiotaped, psychotherapy sessions conducted by distinguished Gestalt therapists. Also provided here will be summary descriptions of the six sessions examined in this study. The second section will explain (a) the strategy used to detect the occurrence of very good moments, and (b) the strategy used to obtain consensually valid, comprehensive descriptions of very good moments, therapist operations, and in-session client conditions. Finally, the third section will outline the procedure of this study.

Nature of Data: Audiotaped Recordings of Six Complete Sessions Conducted by Distinguished Gestalt Therapists

The purposes of this first section are to present (a) the rationale for choosing to study only distinguished, eminent Gestalt therapists (as opposed to less recognized, non-exemplary therapists), (b) the rationale for choosing to study only complete psychotherapy sessions (as opposed to excerpts of sessions), and (c) the rationale for

choosing to utilize audiotaped recordings accompanied by verbatim transcripts (as opposed to using videotapes). In addition, this first section will present (d) summary descriptions of the six audiotaped sessions acquired from the holdings of the University of Ottawa Tape Library, and the American Academy of Psychotherapists' Tape Library.

The Use of Sessions Conducted by Distinguished Therapists as Opposed to Non-exemplars

The study used sessions conducted by distinguished, acclaimed, eminent Gestalt therapists. There are at least four advantages to studying distinguished therapists as opposed to non-exemplars: (a) Given the rarity of the occurrence of very good moments (as indicated in our pilot study), we assumed that the high level of competency of distinguished therapists would lead to an increase in the probability of obtaining instances of very good moments. Our pilot study confirmed this assumption: The sessions that yielded very good moments were indeed those conducted by exemplar therapists. Very good moments occurred rarely (8 occurrences in 17 sessions) in therapy conducted by non-exemplar Gestalt practitioners. (b) A second advantage was the availability of sessions conducted by these exemplary therapists who have published sessions for the purpose of research and training. These sessions are more widely available for careful study. (c) A third advantage of using exemplary Gestalt therapists is that they are considered to be the icons, the models, the archetypes, the leaders, the leading edge, to be the best of what the Gestalt approach has to offer. By studying only these exemplars, we hoped to be studying Gestalt therapy as it is supposed to be practised, Gestalt therapy at its best. (d) Had the decision been made to use sessions conducted by more

obscure, less recognized therapists (rather than exemplary Gestalt therapists), then it would have been very difficult to verify, for example, (i) whether those sessions were high quality Gestalt sessions, and/or (ii) whether those more obscure therapists could even legitimately be called pure Gestalt therapists. (e) A related, final consideration was this: Because the goal was to study sessions that were authentic examples of one specific, recognized therapeutic approach, our intent was to acquire the best overall expression of that particular approach. Therefore, the choice was made to avoid investigating sessions conducted by one single exemplar. The risk being that sessions conducted by one individual therapist might reflect that therapist's particular style (propensity for the use of, and reliance on certain preferred techniques, etc.), rather than reflecting a more general illustration of that approach.

In short, using sessions performed by a number of exemplary Gestalt therapists allowed us to be reasonably confident that we would be studying high quality, pure Gestalt sessions. Based on the above considerations, it was decided that this investigation would only use sessions conducted by distinguished, exemplary Gestalt therapists.

The Use of Complete Sessions Versus the Use of Excerpts

In order to carefully examine the interrelationships between very good moments, therapist operations, and client conditions, it was important that complete sessions be used, rather than excerpts. Indeed, the research strategy of dismantling analysis (Kazdin, 1980, 1983) required that judges focus initially on the in-session client consequence (very good moment), and then work backwards to identify the antecedent therapist operations used when the client was in a given condition or state. Studying complete sessions was to

allow judges to build up a sufficient context for generating meaningful ideas about what therapist operations preceded the identified very good moments over the course of the session. Studying excerpts would not have allowed this. Using complete sessions offered judges the opportunity to examine antecedent therapist operations and client conditions as far back as the beginning of the session. On the other hand, excerpts, being episodic by definition, would have greatly limited judges' abilities to generate informed, relevant suppositions about antecedent therapist operations, or client conditions.

Audiotaped Recordings Accompanied by Verbatim Transcripts

Given that this investigation proposed to study complete sessions conducted by exemplary Gestalt therapists, the next step was to address the question of what kind of tapes would be the most appropriate to study, and to assess the availability of those tapes. Videotapes, if available, would provide an ideal source of raw data in studying Gestalt sessions. However, such videotapes are still not available. Therefore, we proposed to make use of audiotapes accompanied by verbatim transcripts. We argued that--despite their limitations--audiotapes (accompanied by verbatim transcripts) would provide a valuable and adequate source of information for the purposes of the study.

The use of audiotapes and transcripts in psychotherapy process research. There are a number of recent investigations in the area of psychotherapy process research that have studied audiotaped recordings of therapy sessions along with their accompanying verbatim transcripts. The use of audiotapes and the accompanying transcripts is generally regarded as superior to the use of transcripts alone as it allows researchers access to important speech variables such as volume and pitch not usually included in

verbatim transcripts (e.g., Mahrer, 1986; Rice & Kerr, 1986; Toukmanian, 1986).

Furthermore, the use of audiotapes in addition to transcripts is taken as enhancing the reliability of judges' findings (Hill, 1986). Moreover, studies that have made use of audiotapes and transcripts have been able to identify a larger number of client behaviors than studies that have relied only on written transcripts (e.g., Mahrer, 1986, 1988). In short, audiotapes accompanied by verbatim transcripts would provide a suitable basis from which to study the in-session processes of psychotherapy sessions.

The major function of verbatim transcripts was to assist the judges in following the spoken words of the therapist and client. In instances, for example, when the client's voice would be difficult to understand, or the therapist's words would be hard to follow, transcripts would be of assistance. Another useful function of the verbatim transcripts would be to assist the judges in analyzing client and therapist statements leading up to observed very good moments.

Limitations inherent in using audiotaped recordings. We acknowledge that using audiotapes meant that our study would centre only on the verbal portion of what goes on in the therapy session. The visual element would be lost. It would be impossible to identify or evaluate facial and bodily expressions. Judges would be blind to, for example, hand gestures, smiles, silent tears, and expressions of disapproval or approval. These non-verbal expressions are important elements of therapy sessions (e.g., Elliott, 1983), and may be particularly important aspects of Gestalt therapy, which focuses quite heavily on non-verbal client behaviors (e.g., Perls, 1969). We concede that, in the future, the use of video recordings would be an even greater source of information for studies such as

this. Nevertheless, audiotapes along with transcripts provide a useful and viable basis for studying Gestalt therapy process.

Availability: Resources for audiotapes. We are fortunate to have had access to two audiotape libraries--the American Academy of Psychotherapists' Tape Library, and the University of Ottawa Tape Library--which together comprise over 400 hours of psychotherapy.

First, given that we were interested in studying tapes of distinguished therapists, we were fortunate to have access to the entire holdings of the tape library of the American Academy of Psychotherapists, recognized as perhaps the foremost and most extensive library of eminent psychotherapists in North America and Europe. This tape library is comprised of 110 therapy tapes, most of which are tapes of sessions conducted by internationally renowned psychotherapists.

Second, we were also fortunate to have access to the University of Ottawa Tape Library, which includes over 300 sessions of psychotherapy performed by a wide variety of therapists representing a wide array of therapeutic approaches. Some of these sessions are conducted by well-known, distinguished therapists. Other tapes are of sessions conducted by less famous therapists.

The Six Gestalt Sessions

From these two combined sources, the available number of whole recorded sessions conducted by distinguished Gestalt therapists was six. Our pilot study indicated that these sessions were comparatively rich in potential very good moments. Although this seems like a small number of sessions, in the area of psychotherapy research, it is a

rare and notable achievement to secure more than one or two complete sessions (let alone six), all conducted by distinguished therapists from the same therapeutic orientation (cf. Elliott, 1983, 1985; Friedlander & Phillips, 1984; Wiseman & Rice, 1989). In short, we were fortunate to have access to six sessions conducted by distinguished, eminent Gestalt therapists.

The availability of video recordings would be an even greater source of information for studies such as this. However, given the present unavailability of such material, it should be emphasized that obtaining six sessions in audiotaped format is quite a rare feat.

Summary descriptions of the six Gestalt sessions. The sessions used in the study were the following: two sessions by Frederick Perls; one session by Erving Polster; one session by Abraham Levitsky; one session by Eugene Sagan; and finally, one session conducted by James Simkin. These therapists are all distinguished, widely recognized representatives of Gestalt therapy.

The following are brief descriptions of the six sessions:

Session #1. Conducted by Frederick Perls, this is an intermediate session with a male patient whose concerns include problematic feelings toward the therapist. The recording was obtained from the American Academy of Psychotherapist Tape Library and contains 90 client and therapist statements.

Session #2. This is an initial session with a female client conducted by Frederick Perls. The session focuses on her feelings of inadequacy and defensiveness. The recording was obtained from Psychological Films (Shostrom, 1965) and contains 121

client and therapist statements.

Session #3. The third session of the study is a final session with Erving Polster. The client is a woman whose opening concerns are her feelings toward men. This audio recording was obtained from the University of Ottawa Tape Library, and contains a total of 113 client and therapist statements.

Session #4. In this initial session conducted by Eugene Sagan, the client is a married woman who is concerned with her outbursts of anger directed at family members. The recording was obtained from the Academy of Psychotherapists Tape Library and contains 113 client and therapist statements.

Session #5. This is an intermediate session with a female client who expresses problematic feelings around the therapeutic relationship. It is conducted by Abraham Levitsky. The audio recording was obtained from the University of Ottawa Tape Library and contains 52 client and therapist statements.

Session #6. The final session of the study is conducted by James Simkin. It is an intermediate session during which the client deals with his feelings of weakness and vulnerability. The audio recording was obtained from the University of Ottawa Tape Library and contains 25 client and therapist statements.

Limitations/Problems of using only six sessions. Having chosen to use only those sessions conducted by exemplars (from a single therapeutic approach) in order to obtain high quality unadulterated illustrations of the specific therapeutic approach, we were limited to six recorded sessions of Gestalt therapy. This is the largest number (to date) of recorded sessions performed by exemplar Gestalt therapists. Furthermore, the pilot

study showed these sessions to have the largest number of potential very good moments.

Also, standard sampling procedures were not possible with this small number of sessions. We did not control for variables such as client age, sex, diagnosis, or stage of therapy. Some sessions were initial sessions, others were intermediate sessions, and one was a final sessions. Likewise, generalizability of the results would be limited to the kinds of concerns expressed by the small number of clients included in this study.

One of the main concerns with qualitatively-based research, research using case studies, or in the case of this study, is that the findings would not be generalizable; this investigation as proposed could not seek statistical significance, the subsequent generalizability of its findings, or causal relations between in-session elements. All the study hoped to provide would be soft clinical hints for the practitioner regarding the interrelations between some important in-session variables. Nevertheless, the contribution of the study of these six sessions remains powerful from a qualitatively-based research perspective. It answers the call for practitioner relevant and applicable findings for in-session process by providing clear, specific, descriptions of very good moments, therapist operations, and client conditions. More will be said later regarding this point, including how many sessions would be needed to produce generalizable findings, when the findings are fully discussed later.

Identifying and Obtaining Consensually Valid Descriptions of Very Good Moments, Therapist Operations, and Client Conditions

The purpose of this second section is to describe how very good moments, therapist operations, and client conditions were identified and described by the team of

judges. In this section, the composition of the team of judges will be described, the unit of analysis for the proposed investigation will be explained, and the proposed strategy for flagging the occurrence of very good moments will be described. Furthermore, the proposed strategy for obtaining consensually valid, composite descriptions of very good moments, therapist operations, and in-session client conditions will be explained.

Judges

A team of twelve judges studied these six sessions of Gestalt therapy. Judges included three clinical psychologists and nine advanced doctoral students in clinical psychology.

Using advanced doctoral students and seasoned therapists. The choice of using a team composed of advanced clinical doctoral students and experienced practising clinicians--as opposed to undergraduate students, and graduate students without therapy experience--was based on the following considerations. It was expected that a team of clinically sophisticated judges would increase the chances of identifying very good moments, therapist operations, and client conditions due to their familiarity and experience with these variables (Mahrer, 1986). Therapists could be expected to have a very good sense of what they, as practitioners, value in their therapy sessions, and how they go about achieving it. In other words, they would likely be very familiar with the process of therapy. In turn, one could justifiably argue that this would lead to improved identification of very good moments, therapist operations, and client conditions.

These judges represented a variety of therapeutic orientations, and none adhered to an exclusively Gestalt approach. As we were not looking for specific Gestalt very

good moments or therapist operations, knowledge of such notions was tangential and the inclusion of experienced Gestalt clinicians as judges was less important than insuring a relatively high degree of therapeutic experience among team members.

Using well-trained experienced judges. All of the judges were continuing members of the psychotherapy research team at the University of Ottawa. Each had a minimum of one year of training and experience (and/or a minimum of 50 hours of experience) rating audiotapes using process measures and using the specific methods of the proposed study. Hopefully, including a greater element of research competency among the team members translated into a team that was able to deal more closely with the observable content of the actual sessions and therefore was freer from experimental biases.

Using a large number of judges. We chose to use a large experienced team of researchers to judge the therapy sessions mainly for three reasons. First, it was thought that the use of a team consisting of judges representing a variety of therapeutic orientations would result in an atheoretical, generalist approach to therapy. Obtaining such a variety of orientations necessitated the inclusion of a large number of judges.

Second, a team of reduced numbers (two or three members) ran the risk of experiencing difficulties in arriving at inter-rater agreement. For example, a two-judge team would have imposed a binary scoring decision for each identified in-session event. In other words, every very good moment, therapist operation, or client event would either have been accepted or rejected on the basis of a unanimous decision from the team. Had one of the two judges not detected the presence of an event, it would not have qualified. We considered a split decision (50% interjudge agreement) to be too low a

level of agreement for our purposes. Likewise, a three-member team could have achieved a maximum of 66% interjudge agreement. Had this been the case, as few as two judges not detecting an event would have prevented it from qualifying. Conversely, when a greater number of judges located an in-session event, one was more confident the identification was not spurious. Statistically, a team of 12 members can arrive more frequently at a higher level of agreement (e.g., 75% inter-judge agreement) than could a team of two or three.

Third, with a team consisting of the typical two or three judges, measures of interjudge agreement might have been artificially inflated or deflated due to their response biases (Mahrer, 1986). The overall effects of particular response biases from individual judges was thought to be minimized by using a large number of judges. Furthermore, individual biases when encountered, were compensated for more easily in a large group of judges. Such biases have less effect on a large team, as they could be identified and compensated for.

Fourth, the larger team provided a broader pool of judgements used in formulating composite descriptions of very good moments, therapist operations, and client conditions. Past research (e.g., Mahrer, 1985, 1986, 1988a, 1988b, 1990, 1991; Mahrer, Dessaulles, Nadler, Gervaise, & Sterner, 1987; Mahrer, Gagnon, Fairweather, & Côté, 1992; Mahrer & Nadler, 1986; Mahrer, Nadler, Gervaise, Sterner, & Talitman, 1988; Mahrer, Nadler, Sterner, & White, 1989; Mahrer, Sterner, Lawson, & Dessaulles, 1986; Mahrer, White, Howard, & Lee, 1991) indicated that the use of a large team of judges benefits from personal predilections and sensitivities that judges have for certain kinds of very good

moments. This was capitalised on to the benefit of the team's overall performance.

Unit of Analysis

For the purposes of this study the unit of analysis was defined as the individual client or therapist statement. In the case of the client statement, it was defined as all the words spoken by the client, preceded and followed by words spoken by the therapist. Conversely, in the case of the therapist statement, it was defined as all the words spoken by the therapist, preceded and followed by words spoken by the client. When judges rated each session for the presence of very good moments, they rated each individual client statement in the session. Very good moments, however, comprised an entire client statement, an identified portion of a client statement, or even an extended string of consecutive client statements. This procedure will be further clarified later. When the judges sought to identify the therapist operations preceding the occurrence of the very good moments, they conducted a retrograde examination of as many individual therapist statements as they judged necessary. Therapist operations comprised one therapist statement, an identified portion of a statement, or an extended string of therapist statements.

A statement by statement analysis of the session was intended to get at the heart of the information contained in the client/therapist interaction. For this reason very good moments and antecedent operations were sought statement by statement, and whenever a number of consecutive or following statements had been judged to be a very good moment or an antecedent therapist operation, and seemed to form a common whole because of content, then these statements were judged as a whole.

Therefore, with regard to the level of complexity or level of analysis of the very good moment or therapist operation, each statement was first identified, then a pattern was sought. Therefore, very good moments, therapist operations, and client conditions could be composed of any number of the proposed units of analysis.

Flagging the Occurrence of Very Good Moments

Psychotherapy research studies have developed and used a wide range of measures in order to analyze the content of sessions and arrive at meaningful results. However, these measures were not suitable for use in this study. Therefore, an alternative approach for identifying very good moments was proposed.

Foregoing the use of category systems. With regard to the identification of very good moments, one option would have been to use category systems of helpful events (cf. Elliott, 1985), client responses to therapist interventions (cf. Hill et al., 1981, 1988; Stiles, 1986), or good moments (cf. Mahrer, 1985, 1988; Mahrer & Nadler, 1986), or the VGMCS (Mahrer, Gagnon, Fairweather, & Côté, 1992) previously mentioned in the discussion of the pilot study. However, these systems and measures were not adequate for the purposes of this study. Although the VGMCS seemed to be a likely instrument for identifying very good moments in this study, as stated earlier, it is still only in the preliminary stage of development, it includes only a basic list of very good moments, and its psychometric properties have yet to be empirically defined.

The main problems with these category systems are that (a) they were not designed to identify exceptional, outstanding, very good moments, and (b) they were not designed to identify the concretely specific nature of the particular very good moments

that are the target of this study. In other words, if these existing category systems were used, judges would not have been able to identify and describe the particular, concrete nature of each very good moment. Therefore, for the identification of very good moments, these existing category systems were deemed unsuitable.

An alternative approach: Using a target definition of very good moments.

Because this investigation aimed to identify concretely specific very good moments, the following target definition of very good moments was used. Very good moments were defined as outstanding, exceptional, peak, highly valued, critical, pivotal, prized on the basis of the client's expressing, showing, manifesting a way of being or behaving that (a) is taken as indicating highly significant, impressive, substantive, conspicuous change, process, improvement, progress, or movement and/or (b) is taken as indicating a highly valued state, goal, turning point, or outcome that is accomplished, attained, or achieved in the session (Mahrer, Gagnon, Fairweather, & Côté, 1992).

Using this definition, very good moments were flagged based on a stringent criterion level of inter-rater agreement. In other words, individual judges used this broad definition to rate whether or not they judged a very good moment occurring at a given point in the session. However, in order for a given client statement to actually qualify as containing a very good moment, a stringent criterion level of inter-judge agreement had to be reached or exceeded. The method will be described in the section on procedure.

Identifying Antecedent Therapist Operations and Client Conditions

With regard to therapist operations, one option would have been to use category systems of the major, common therapeutic operations (cf. Elliott, 1985; Hill, 1986),

modes of response (cf. Hill & O'Grady, 1985), therapist interventions (cf. Goldberg, et al., 1984; Stiles, 1986), or counsellor behaviors (cf. Wampold & Kim, 1989). However, these systems are comprised of a relatively small number of general categories of therapist behaviors such as asking questions, providing information and general advice, and were not designed to identify the level of concretely specific therapist operations that is the level of investigation in the proposed study. We were interested in enabling judges to identify concrete, specific therapist operations and client conditions. The category systems mentioned above were not designed to identify concretely specific therapist behaviors. Moreover, these category systems were not designed to identify the antecedent, in-session client conditions in which the therapist behaviors were employed. Therefore, these existing category systems were not suitable for use in the study. Again, an alternative strategy was necessary.

Composite Descriptions: The Proposed Strategy for Obtaining Consensually Valid Descriptions of Very Good Moments, Therapist Operations, and Client Conditions

Once again, very good moments were identified by (a) using a broad description of very good moments, and (b) using a stringent criterion level of inter-rater agreement. But this only allowed judges to identify that a very good moment had occurred and where. This would not allow us to obtain a specific, valid, and accurate description of each very good moment. In other words, the problem that remained was how to obtain a consensually valid description of each specific, concrete very good moment, and the therapist operations (carried out under specific in-session client conditions) that preceded and catalyzed its occurrence. The proposed strategy for obtaining these valid, specific

descriptions was by generating composite descriptions.

The use of composite descriptions in psychotherapy research. In psychotherapy research, composite descriptions are descriptions of psychotherapeutic events based on the combined input of multiple judges. The rationale underlying the use of composite descriptions is that it maximizes the input of individual judges, that is, it allows for a systematic single composite to be made from the ratings and observations of individual judges. Generating composite descriptions from independent judges' ratings and observations has been a common strategy in previous psychotherapy research studies (viz., Mahrer, Gagnon, Fairweather, & Côté, 1992; Mahrer, White, Howard, & Lee, 1991). Over the years, composite descriptions have been used in constructing scales (Chase, 1946), identifying the occurrence of a defined event in psychotherapy (Gervaise, Mahrer, & Markow, 1985; Rice & Greenberg, 1984), constructing a multi-perspective description of events in psychotherapy (Elliott, 1983, 1984; Labov & Fanshel, 1977; Luborsky & Auerbach, 1969; Pittenger, Hockett, & Danehy, 1960), providing corroborating evidence when measuring constructs requiring inference (Rice & Saperia, 1984; Walker, Rablen, & Rogers, 1960), providing corroborating evidence for a grounded analysis (Rennie, Phillips, & Quartaro, 1988), and producing taxonomies of psychotherapeutic events (Mahrer, Nadler, Gervaise, Sterner, & Talitman, 1988; Rice & Saperia, 1984).

In older process studies, composite descriptions generally were achieved by combining judges' quantitative ratings or categorizations based on a number of scales or taxonomies. More recent investigations, however, have increasingly made use of

qualitative composite descriptions of psychotherapeutic process events. For example, recent studies have made use of qualitatively-based composite descriptions in inductively identifying psychotherapeutic operations producing a given immediate therapeutic impact (Mahrer, Nadler, Gervaise, & Markow, 1986; Mahrer, Nadler, Gervaise, Sterner & Talitman, 1988; Rice & Greenberg, 1984b). Qualitatively-based composite descriptions of psychotherapeutic process events are of direct relevance to the purposes of this investigation.

The use of composite descriptions in the proposed study. In this study, following the strategy outlined by Gagnon (1992), the strategy for obtaining consensually valid descriptions of very good moments, therapist operations, and in-session client conditions was to generate qualitatively-based composite descriptions based on the input of multiple judges. The specific procedure for generating composite descriptions will be elaborated further in the following section.

Procedure

The purpose of this section is to outline the procedure of the investigation. Once again, the following procedure was aimed at performing a rigorous, intensive, in-depth examination of six therapy sessions conducted by distinguished Gestalt therapists in order to identify (a) exceptional, very good moments of client change, improvement, progress, and (b) the antecedent therapist operations, undertaken during particular client conditions, judged as instrumental in catalyzing the occurrence of the very good moments.

Data collection was accomplished by means of weekly meetings of the psychotherapy research team, which was comprised of the 12 judges involved in this study. The six audiotapes and transcripts were presented in random order. In order to perform a rigorous, in-depth examination of each audiotape, there were two procedural phases. The purpose of the first phase was to identify the very good moments in each therapy session. The purpose of the second phase was to identify the antecedent therapist operations, and the specific in-session client conditions.

Phase I: Identification and Description of Very Good Moments

This subsection will describe in detail the three-step procedure that was used to identify the very good moments contained in each of the six sessions, and to obtain accurate, thorough, consensually correct, composite descriptions of each located very good moment.

Step 1: Provisionally flagging the presence of very good moments. The purpose of this step was to make a broad sweep of the session in order to flag those client statements that qualified as containing very good moments.

As was indicated earlier, judges were given the following target definition of what constitutes a very good moment. Very good moments were defined as outstanding, exceptional, peak, highly valued, critical, pivotal, prized on the basis of the client's expressing, showing, manifesting a way of being or behaving that (a) is taken as indicating highly significant, impressive, substantive, conspicuous change, process, improvement, progress, or movement and/or (b) is taken as indicating a highly valued state, goal, turning point, or outcome that is accomplished, attained, achieved in the session.

Using this definition as a guide, each judge listened individually to the audiotape. Judges were instructed to use the accompanying transcript to note which client statements rated as including very good moments. Furthermore, judges were asked to note whether each very good moment included the entire client statement in which it falls, or just a portion of the client statement. When the very good moment covered only a portion of the client statement, judges were asked to identify which precise part constituted the very good moment.

This step required one week for each of the six sessions. In other words, at the weekly research team meeting, judges were given the broad definition of very good moments, and were asked to complete step 1 in time for the next week's meeting.

Step 2: Collation of judgements and identification of very good moments. The purpose of this step was to collate the provisional ratings of the 12 judges, and decide which client statements actually qualify as containing very good moments.

At the next week's meeting, the chief investigator collated the step 1 ratings of the 12 judges. Some client statements were provisionally flagged by only a few judges as containing a very good moment, whereas other client statements were more universally agreed upon as containing a very good moment. Criterion was 75% interjudge agreement for identifying each client statement (or portion of a client statement) that was deemed as qualifying as containing a very good moment. In other words, only those client statements that reach this 75% criterion were identified as containing very good moments.

Step 3: Obtaining composite descriptions of very good moments. The purpose of this step was to obtain a consensually correct, composite description of each located very good moment. As indicated earlier, composite descriptions were based on the input of multiple judges.

(3a) Judges' individual written descriptions. In this sub-step, each judge provided a written description of each located very good moment. Specifically, for each located very good moment, judges were instructed to use the audiotape and accompanying transcript, and to provide a written description of how and why the identified client statement or portion indicated highly significant, impressive, substantive, conspicuous client change, process, improvement, progress, or movement--how it indicated a highly valued state, goal, or in-session outcome. (See Appendix 1 for protocol).

(3b) Single composite descriptions. In this process, largely based on the grounded theory approach, the 12 written descriptions (one from each judge) of the identified very good moment were content analyzed independently by the chief investigator and his associate to yield a single composite description of the very good moment. In order to produce a single composite description, the judges' individual descriptions were disassembled to form a pool of meaningful units of description and then, when a sufficient degree of inter-judge agreement was found for specific meaning units, these were reassembled into a final description of the very good moment.

Specifically, in this sub-step, the 12 written descriptions of the very good moment were pooled and broken down into constituent components. This involved the following steps: First the 12 descriptions from the judges were collected. Second, each written

description was broken down into its meaning units. A meaning unit was determined by deciding if the idea contained in each piece of information could be considered as distinct from the other related ideas. For example, the client's strong expression, aimed directly toward the therapist was one of the very good moments identified. In this case there are two meaning units: (a) the client's strong expression, and (b) the direction of the expression (i.e., toward the therapist). Each idea, although related to the other in this instance, is distinct from the other. Third, each meaning unit of the judges' descriptions was labelled from 1 to 12 so that its author could be identified in the later steps of the procedure (i.e., which judge authored which component).

Next, the components were grouped together by similarity of meaning (cf. Rennie, Phillips, & Quartaro, 1988). In other words, the large pool of ideas generated by the 12 judges was refined (grouped, categorized, broken down, reduced) on the basis of coalescent, overlapping, or related themes. This involved the following steps: (1) writing out a list of all of the meaning units along with the judge's number next to each meaning unit; (2) dividing the meaning units into three broad groups according to the levels of the complexity of the ideas expressed in order to help assemble the similar themes across all of the judges' descriptions (e.g., behaviors, qualities and attributes, or larger pervasive states); (3) grouping together identical descriptive elements; (4) grouping together similar descriptive elements. Here, the investigator remained flexible as to the inclusivity or exclusivity of each group. Interpretation and judgement on the part of the investigators played an important role in determining resemblances of those descriptions that were less than identical to determine whether or not they should be included in the coalescing

groups or constituted in new separate groups. Following this, whenever a group included descriptions from 70% or more of the judges (when approximately 9 or more meaning units were grouped together according to their similarity of meaning), a descriptive phrase was produced that reflected the common meaning of the meaning units assembled into that group.

The difference in percentages (i.e., 70% for this step versus 75% for the initial identification procedure) was mainly circumstantial in origin. As the collection of data occurred over an extended period of time (lasting over 42 weeks), absenteeism among the judges became a factor. The number of individual descriptions produced by the judges varied between 12 (the total number of judges on the team) and 10. The drop from a 75% criterion level (as used in the identification of the very good moments) to a 70% inclusion criterion level reflects an arbitrary compensation added to obtain the highest level of accord possible for each description. Therefore, the coalescing of a significant number of borderline descriptive groups would not be excluded (i.e., groups consisting of input from 7 out of 10 judges, or 8 out of 11 judges).

Finally, the categories meeting this 70% criterion were then consolidated into a composite description of the very good moment. Both the chief investigator and his associate independent followed this procedure. Differences in obtained composite descriptions, if any, were discussed in order to arrive at a single composite.

Each final composite description was expressed in a form that was relatively jargon free. Technical terms from any particular therapeutic approach were kept to a minimum. The validity of each composite description was provided for by the fact that

the final description was based upon a criterion of agreement between a large number of clinically trained judges. This procedure was followed for each of the 17 very good moments. These 17 composite descriptions of the very good moments form the first part of the main findings of the study. For purposes of organization and presentation, these 17 very good moments were then assembled into six categories on the basis of common themes.

Phase II: Identification and Description of Antecedent Therapist Operations and Client Conditions

The purpose of the second phase was to identify the antecedent therapist operations, carried out under specific client conditions, that were judged to have facilitated the occurrence of the previously identified very good moment. Specifically, this involved obtaining composite descriptions of the antecedent therapist operations and client conditions, using essentially the same procedure as was followed previously in generating composite descriptions of very good moments. This procedure again consisted of two sub-steps: (a) obtaining judges' individual written descriptions of the therapist operations judged as catalyzing the subsequent very good moment, and the client's in-session condition or state at the time the therapist operations were employed, and (b) refining these 12 written descriptions into a single composite description.

(a) Judges' individual written descriptions. For each very good moment, judges were given the composite description of the very good moment, and told where in the transcript the very good moment had occurred. Each judge was again instructed to go back and listen to the audiotape, assisted by the transcript, and to provide a written

description of (i) the therapist operations judged as instrumental in bringing about the very good moment, and (ii) the client conditions under which the therapist operations were carried out. Judges were instructed to examine as many antecedent therapist and client statements as they deemed useful, and to identify all therapist and client statements from the transcript that they deemed to be particularly relevant or noteworthy. Judges were free to identify a simple client condition and subsequent therapist operation, or to provide a more complex interconnected chain of client conditions and therapist operations preceding the very good moment (See Appendix 2 for protocol).

(b) Single composite descriptions. In order to generate composite descriptions of the antecedent therapist operations and client conditions, the same procedure was followed as was used previously in generating composite descriptions of the very good moments. For each very good moment, the 12 written descriptions of antecedent client conditions and therapist operations were content analyzed by the chief investigator and his associate to yield a single organized composite description, using the same procedure used in the first phase.

In summary, this section outlined the procedure of the proposed investigation. Using this two-phase procedure, each of the six Gestalt therapy sessions was subjected to an in-depth, rigorous analysis. The aims, once again, were to identify and obtain consensually valid descriptions of the (a) exceptional, very good moments of client change, improvement, progress, and (b) the antecedent therapist operations, undertaken during particular client conditions, judged as instrumental in facilitating the occurrence of the very good moments.

CHAPTER 3

Results

Client Statements Identified as Containing Very Good Moments

Judges rated each client statement as containing or not containing a very good moment. The very good moment may be judged as occurring in a part of a single client statement, as comprising an entire client statement, or as comprising two or more client statements. Very good moments were identified through interjudge agreement, with the criterion set at 75% agreement among the judges. Of the total 514 client statements in the six sessions, judges identified 17 instances of very good moments. The actual obtained mean interjudge agreement for the 17 instances of very good moments was 87.8%, well above the criterion 75% level, and 96.6% for client statements identified as not containing very good moments.

Given that a very good moment may be comprised of one or more patient statements, the results indicated that the 17 very good moments included 34 of the total of 514 (6.6%) client statements in the six sessions. The very good moments ranged in length from a part of one client statement to a string of nine client statements. Table 1 gives each session with the number of client statements identified, and the number of client statements in each identified very good moment. In session #1, three very good moments were identified: The first consisted of a single statement, the second was four statements, and the third was one statement. In total the statements making up the very good moments accounted for 5% of the total number of statements in the session.

In session #2, four very good moments were identified: The first and second consisted of single statements, the third was three statements in length, and the fourth was nine statements in length, the most statements for a very good moment in all six sessions. In total the statements making up the very good moments accounted for 12% of the total number of statements in the session.

In session #3, four very good moments were identified: The first consisted of a single statement, the second was three statements, the third was one statement, and the fourth consisted of two statements. In total the statements making up the very good moments accounted for 8% of the total number of statements in the session.

In session #4, four very good moments were identified: The first, second, and third were all single statements, and the fourth was two statements. In total the statements making up the very good moments accounted for 10% of the total number of statements in the session.

In session #5, one single statement very good moment was identified, accounting for 0.9% of the total number of statements in the session. Likewise, in session #6, a single statement very good moment was identified, accounting for 4% of the total number of statements in the session. These proportions will be discussed further in the next chapter.

Composite Descriptions of the Very Good Moments

Composite descriptions of the very good moments were obtained from the judges' individual written descriptions of the very good moments. The chief investigator and his associate generated independent, provisional composite descriptions for each of the very

Table 1. Number and Size of Very Good Moments (VGM) in Six Sessions of Gestalt Therapy

VGM	Number of statements in VGM	Ratio of VGM to Total # of Statements	VGM	Number of Statements in VGM	Ratio of VGM to Total # of Statements
Session #1			Session #4		
(Perls)			(Levitsky)		
#1	1		#12	1	
#2	4		#13	1	
#3	1		#14	1	
			#15	2	
Total Number of Statements	6	5%	Total Number of Statements	5	10%
Session #2			Session #5		
(Sagan)			(Polster)		
#4	1		#16	1	
#5	1				
#6	3				
#7	9				
Total Number of Statements	14	12%	Total Number of Statements	1	0.9%
Session #3			Session #6		
(Perls)			(Simkin)		
#8	1		#17	1	
#9	3				
#10	1				
#11	2				
Total Number of Statements	7	8%	Total Number of Statements	1	4%

good moments, from the 12 judges' written descriptions of each very good moment.

The researcher and associate agreed that their respective composites were similar in 49 of the 51 composites. That is, in these 49 cases, the independently produced composites of the very good moments, therapist operations, and client conditions were essentially the same. Only in two instances were there any substantial differences. These differences were discussed so that a mutually satisfactory single composite was arrived at.

While the specific composite descriptions will be presented shortly, it is helpful to group the 17 composite descriptions on the basis of their major content. There are at least two reasons for organizing the 17 composite descriptions under larger categories. One reason is to simplify presentation of the main findings. That is, similar very good moments will be grouped together in presenting the main findings. Second, as we will show in the next chapter, it is helpful to categorize the 17 very good moments in order to discuss their sequence of occurrence in each session (Table 2).

Accordingly, the 17 composite descriptions, or 17 very good moments, were organized into six groups or categories: (a) Strong Expression Directly Toward Therapist; (b) New, Deeply Felt Personality Process-State; (c) From Neutral to Strong Feeling; (d) Extratherapy Behavior Change Intention; (e) Acceptance of Problem-Self; and (f) State of General Well-Being. These groups will be further elaborated later in the results section.

In Table 2 the very good moments occur in their sequence of occurrence in each session. Session #1 contained one instance of From Neutral to Strong Feeling, and two

of Strong Expression Directly Toward Therapist. Session #2 contained one instance each of From Neutral to Strong Feeling, Extratherapy Behavior Change Intention, Acceptance of Problem-Self, and State of General Well-Being. Session #3 contained one instance of Strong Expression Directly Toward Therapist, and three of New, Deeply Felt Personality Process-State. Session #4 contained three instances of Strong Expression Directly Toward Therapist, and one of New, Deeply Felt Personality Process-State. Session #5 and #6 each contained one instance of New, Deeply Felt Personality Process-State.

In total, six instances of Strong Expression Directly Toward Therapist were identified; six instances of New, Deeply Felt Personality Process-State; From Strong to Neutral Feeling occurred twice; there was also one instance each of Extratherapy Behavior Change Intention, Acceptance of Problem-Self, and State of General Well-Being. We will refer to this table predominantly in discussion of points flowing from the results.

Identification of Facilitating Therapist Operations Carried out Under Identified Client Conditions

When each very good moment's composite description had been generated and presented to the judges, they were then to identify the antecedent therapist operations, carried out under identified client conditions, and judged to have facilitated the occurrence of the very good moment. Seventeen composite descriptions of therapist operations, and client conditions, judged to have facilitated the 17 very good moments, were generated using all of the material contained in the judges' written descriptions.

Table 2. The Sequence of Very Good Moments in Six Sessions of Gestalt Therapy

Sessions	Very Good Moments			
Perls (1)	From Neutral to Strong Feeling	Strong Expression Directly Toward Therapist	Strong Expression Directly Toward Therapist	
Sagan	From Neutral to Strong Feeling	Extra-Therapy Behavior Change Intention	Acceptance of Problem Self	State of General Well-Being
Perls (2)	Strong Expression Directly Toward Therapist	New, Deeply Felt Personality Process-State	New, Deeply Felt Personality Process-State	New, Deeply Felt Personality Process-State
Levitsky	Strong Expression Directly Toward Therapist	Strong Expression Directly Toward Therapist	Strong Expression Directly Toward Therapist	New, Deeply Felt Personality Process-State
Polster			New, Deeply Felt Personality Process-State	
Slmkin			New, Deeply Felt Personality Process-State	

These will be presented along with their frequency of occurrence and other associated observations in the discussion section. The researcher and associate agreed that their independent composite descriptions were similar in all of the 17 composites.

Composite descriptions of the client conditions associated with the facilitating therapist operations were organized into eight specific groups according to major content. These will be presented later in the discussion section.

The Main Findings

This section presents the composite descriptions of the very good moments along with the composite descriptions of therapist operations and client conditions judged as having facilitated the very good moment. At the beginning of each presentation of the identified very good moment, the session number, and the client statement number(s) containing the very good moment are presented. Following this, the precise words of the composite description of the very good moment, as drafted by the two principal researchers, will be given. Next, the precise words of the composite descriptions of the client conditions, present when the antecedent therapist operations were carried out, will be given. Finally, the precise words of the composite descriptions of the facilitating therapist operation or operations will be presented. The material presented constitute the main findings, viz. descriptions of the very good moments, and the therapist operations and client conditions that were judged as present and as facilitating the very good moment. What follows is a presentation of the composite descriptions of the 12 judges' written descriptions of each of the very good moments, and therapist operations carried out under specified client conditions. It is important to underscore that

essentially everything that is given below is the verbatim findings as given by the composite descriptions. The material in brackets contains the actual words of the client but these were not contained in the verbatim composite descriptions. They are included solely to give the reader a fuller sense of the character of the very good moment (see Appendix D for the complete client statements):

From Neutral to Strong Feeling.

Session #1 (Perls), C26; and session #2 (Sagan), C42:

After remaining at a generally neutral, flat level of feeling, the very good moment occurred when the client moved to a level of feeling that was quite strong, full, deep. It is the state of strong feeling that is the very good moment. In session #1, the client is expressing strong feeling, and her voice is very sharp and loud as she says: "I do too! And I know you're gonna pick on me for it!!" In session #2, the client's voice is strong and full of feeling as she says, "By golly, one way or the other they're gonna KNOW I'M HERE!!"

Client condition. To bring about this category of very good moment, particular therapist operations were used in the early part of the session, when the client was at a level of feeling strength that was flat, neutral. The client was talking with essentially little or no strength of feeling, emotion, or affect.

Antecedent therapist operation(s). Under this client condition, the therapists were judged as using two sets of operations to facilitate the consequent very good moment. In session #1, Perls used two operations conjointly. One consisted of repeated challengingly confrontational interpretations of the way the client was interacting with the therapist.

The second consisted of apparently deliberate attempts to shift, switch, and divert the immediate focus of the client's attention away from whatever the client was talking or concerned about. Once the client's level of feeling was substantially strong, high, and full, Perls sustained the level of strength of feeling over a number of client statements by using the same two conjoint operations.

Sagan focused on a feeling that the client identifies as present but with essentially little or no strength of feeling, emotion, or affect. Sagan was then pointedly explicit in directing and instructing the client to describe the feeling, to express it, to show it, and to be the feeling.

Strong Expression Directly Toward Therapist.

Session #1 (Perls), C68-71; session #1 (Perls), C78; session #3 (Perls), C39; session #4 (Levitsky), C25; session #4 (Levitsky), C29; and, session #4 (Levitsky), C37:

The very good moment consisted of the client's strong expression, aimed directly toward the therapist. A personality process, quality, or feeling was expressed to a strong degree, and expressed directly toward the therapist. In session #1, the client was engaging in strong expressions of annoyance, resentment, criticism, defiance, and opposition directly at the therapist [(C68) "Why is it a phoney?! I'm admitting to you what I am, how's that a phoney?! OH!!" (C69) "I'm admitting it! I know what I'm doing. I'm not being phoney. I'm not pretending I'm so brave. I resent that! I feel like you're saying unless I come out openly and stand on my own, I'm not a phoney! Baloney!! (C70) "Well not now! And besides, that's like passing judgement when you call me phoney. I just hate that anyway!" (C71) "I still think you're judgemental. You know what

I have a feeling? You have never felt this way in your life! You feel so secure that you don't have to feel anybody that does something like this, you're going to pass judgement on them being a phoney. Well, I resent it!".]

In session #3, the client was judged as being in a strong state of exasperation and frustration toward the therapist as the client yelled, "I know! I know that!! OK, that one thing I wanted to do to you was to just SHAKE you and say: (shouting) "For God sake, RECOGNIZE it! Recognize it! It's really there!!!". In session #4, over a series of statements, the client was choked up and crying as she said, "... I tell you honestly: I don't trust you! (sniffle)." She continued and was angry, accusatory, disapproving, and frustrated with the therapist, all with strong expression, and all directed at the therapist.

Client condition. The therapist operations were used when the client was already doing this to a mild or moderate degree. That is, the client was directly engaging with the therapist, and was expressing a personality-process, quality, or feeling to a mild or moderate degree.

Antecedent therapist operation(s). In session #3, the client was engaging in mild or moderate expressions of flattery and attempts to get Perls to accept himself as a great pioneer, and a genius. Perls operations were on a high plateau of self-disclosure. He fully accepted the flattery, totally accepted himself as a great pioneer, basked in the glow of being absolutely great, and talked at length about his past and current life, culminating in his being a great and true genius.

In sessions #1 and #3, the clients were engaging in mild or moderate expressions of anger and annoyance, disapproval and opposition, directly toward the therapists. Both

therapists used two operations conjointly and repeatedly: (a) apparently deliberate attempts to shift, switch, and divert the immediate focus of the client attention away from whatever the client was talking and concerned about; (b) repeated confrontational interpretations of the way the client was interacting with the therapist, and with thinly veiled criticism and blame for problems in the immediate interaction. In session #4, Levitsky added a third operation of telling the client to close her eyes, feel her facial musculature, criticized her attempt to do so, and invited her to report whatever personal sensation gets her attention. These conjoint operations were judged as instrumental in both bringing about the strong expression directly toward the therapist, and also in developing and sustaining the very good moment over a series of client statements.

Extratherapy Behavior Change Intention.

Session #2 (Sagan), C70:

The very good moment consisted of the client's manifesting a substantively high degree of intention, readiness, willingness, and commitment to carry out a concretely specific and explicit behavior change in the prospective extratherapy world. The behavior was judged as therapeutically useful, helpful, and effective. The client said that when she gets angry she will find a pillow and punch it. "... So now what am I going to do with it? 'Cause I am going to get angry. Well, I think I'll just go in and punch the pillow. That's the best I can do right now though the kids will think I'm kind of silly... But they won't really."

Client condition. The therapist operation was used when the client was already carrying out the concretely specific behavior in the session, i.e. the client was punching a

pillow and was doing so with a substantially high level of good feeling.

Antecedent therapist operation(s). The general principle is that if the client is carrying out the specific behavior with good feeling in the session, it may be carried out with good feeling in the extratherapy world. The therapist operation consisted of indicating and acknowledging the client's readiness to have these good feelings by carrying out this explicit behavior in the extratherapy world.

Acceptance of Problem-Self.

Session #2 (Sagan), C95-96, C98:

In the very good moment, the client was now accepting, welcoming, and feeling good in relation to an aspect of self that, earlier in the session, had been regarded as substantially problematic, as an aspect to be avoided, overcome, coped with as a source of difficulties. The client was undergoing satisfying, warm, positive, pleasant feelings of acceptance in regard to an aspect of self that had been regarded as a problematic, cold, removed, hard judgementalness [(C95) "... I think I'll move over and let this moral self just sit, right beside me. Just because it's there and I've given it so much power doesn't mean I have to be mad at it." (C96) "We can sit together and respect each other." (C98) ... "Now I can just sit myself hunched over and sprawled around and, and, and just the way I feel like it ...".]

Client condition. The therapist operations were used when the client was predominantly focused upon and attending to a problematic, unacceptable aspect of herself, and the client was undergoing unpleasant, painful, hurtful feelings.

Antecedent therapist operation(s). When the client was in that condition, the therapist persistently directed the client to speak directly to the problematic aspect of self, told the client explicitly what to say, and included words and content that the client had spoken only indirectly about that problem aspect rather than speaking directly to that aspect of self. Once the very good moment occurred, Sagan sustained and developed the very good moment in subsequent statements by using the same operations, and also by appreciatively welcoming, encouraging, and enjoying her doing so.

State of General Well-Being.

Session #2 (Sagan), C108, C110-117:

In the very good moment, the client was in a general, overall state of heightened well-being. The client simply felt good in general, rather than in relation to a specific issue or matter. The client's state of general well-being included elements of warmth, softness, gentleness, oneness, and confidence. [(C108) "Oh, I'm just ... want to feel my softness ... my me! I ... oh, gee, it's like I have to get acquainted with myself ... and just ... just feel it. (C110) "... Let me discover myself like this. It will probably be better than a mirror actually. Huh, (pause) oh, I'm all me (laughs) ... all my own." (C111) "This is what a little tiny baby must feel...that hasn't been...I mean that comes into the world himself or herself. A little tiny baby feels...I'm me and I'm finding out who I am and I'll tell you if you'll listen. (laughs) The way a little baby feels. They do...they know more about themselves than anybody. (laughs) And they're very communicative. (pause) And I think what I felt as a little tiny baby but nobody would listen. So therefore, I felt I was incapable of communicating some way. But that's not necessarily true...I feel like, I

feel like, Miss Johnson said now...about me. Now...and...when she said that I seem like a contented baby to her. Now I really feel it." (C112) "When she said it, I kept going over it in my mind and I couldn't move it off the intellectual level into my feelings, but now I feel like a really contented person. I don't know that I feel like a baby." (C113) "But I feel contented. And there's no arrogance which she made me into." (C114) "Or no shame which the cloud drives me to." (C115) "That's what's meant by a feeling level without right and wrong." (C116) "She has known Bill (laughs) and um ... really, you've given him an awfully bad time. And he saw through you, didn't he? He really saw through you. (pause) I'm not mad at her, just not mad at her." (C117) "I'm not mad at you. In fact, I'm going to need you somewhat, but I want to be telling you and not you telling me. You're just going to have to wait a while until I get used to what I'm going to say. (laughs) She will ... She'll wait. 'Cause I think that you can't let me talk to you ... I can't reject you ... I ... I ... I ... can't push you off and just say you're good for nothing because you are ... you're very much needed but not in control. Ah, that's where you'll be ... right beside me. That's what's been the trouble. Once you eliminate the human factors ... then you're not going to have very much in the human world. Do you? (pause) I'd like to just sit here for a little while and just feel the closeness and just feel safe in it. I don't want to push it away too much by too much talking."]

Client condition. The therapist operations were used when the client was undergoing satisfying warm, positive pleasant feelings of acceptance in regard to an aspect of self that had been regarded as problematic, cold, hard, removed judgementalness.

Antecedent therapist operation(s). When the client was in that condition, Sagan used two operations conjointly. One consisted of inviting the client to speak directly to the welcomed and accepted aspect of herself, to address it as a genuine entity. The other operation consisted of directing the client to carry out acts such as touching her face lightly and caressingly, and brushing soft wool over her face and hands.

New, Deeply Felt Personality Process-State.

Session #3 (Perls), C62-64; session #3 (Perls), C85; session #3 (Perls), C88-89; session #4 (Levitsky), C45-46; session #5 (Polster), C101; and, session #6 (Simkin), C20:

In the very good moment, the client was manifesting, undergoing, expressing a personality process, state, or quality that was new, relative to the way the client had been throughout the session, and it was deeply felt. This new, deeply felt personality process-state may or may not be accompanied with an added component of insightful understanding of oneself.

In session #4 and #6, the new deeply felt personality process-state consisted of vulnerability and helplessness [(Session #4 C45: (Gasping sort of quiet crying) I'm scared. Wanna creep under my blanket. (T: Hmm.) Feel helpless. (Blows nose) (C46) (Inaudible) maybe I'm thinking of, I'm, I'm in your hands now..."]; as well in session #6, there was also an element of irritation and resentment [(Session #6 C20: "I am just (unintelligible) a second class citizen. I wanted to go to different schools and I couldn't go all the way. (Hard crying) Oh, jus' I never told anybody this (more crying) Ahh. I been angry as shit about that! Every time I go somewhere at a workshop, an' I work an' I don't feel I'm doing my work well I jus' sit back an' say: 'Well goddammit if it hadn't

been for you I wouldn't be in this fuckin', I'd be a goddamn good psychotherapist I wouldn't have to be waitin', beggin' for you to take me in 'cause I'm black!!' (Crying) Oh sheeit!"]]

In session #5, the new, deeply felt personality process-state was one of toughness, firmness, and strength as the client addressed an empty chair and said, "None of you are ever gonna do it to me again I know that!"

In session #3, a new deeply felt personality process-state consisted of loving acceptance and oneness with father [(C62) "I feel that it'll hurt you because it's not what you want, it's not what you feel you need. It's not what you feel a good son gives to you. And that you'll fuck around with it and start feeling hurt and guilty and pout with it, that you'll end up saying: 'What have I done wrong? What have I done wrong!? What have I done wrong?!! (C63) "What you did right was what you did in business: that you went ahead, that you were competent, that you were strong there. What you did right was that you took so much of your money and you put it into a foundation. And you gave. You did what you could do! (voice rising) You did what you could do!! That doesn't mean you're a rat if it didn't turn out the way your dream wanted it to come out. (shouting) You did what you could do!!" (C64) "That's right, Eugene. I did vat I could do. Don't ask any more of me. That's very hard; that's very hard. (Long pause) You're so proud and so frightened." (Very long pause then client begins crying), "Oh God, oh God!!"] In two subsequent instances, the client was yelling, and there was a new, deeply felt mixture of outrage, hurt, grief, anger, and resentment accompanied with apparently new ways of understanding lifelong relationships between his parents, and in

his childhood relationships with his mother e.g., "... I have thrown away my childhood!! When I was around four, you wanted a certain kind of child, and I became that child because I was TOO AFRAID to become ANYTHING ELSE!!".

Client condition. The therapist operations were used when the client was already in a state of at least moderately strong feeling, emotion, or affect, and the client was interacting and engaging directly with the therapist, in sessions #4 and #6, or with some figure other than the therapist, in sessions #3 and #5.

Antecedent therapist operation(s). When the client was interacting and engaging directly with the therapist, and was already in a state of moderately strong feeling, emotion, or affect, Levitsky expressly avoided the feeling, emotion, or affect, and steadfastly remained the way the client reacted to as being removed, aloof, and coldly dissecting, and repeatedly directed her to interpret and analyze her behavior. In contrast, under these same client conditions, Simkin acknowledged it and invited its further expression. Simkin noticed that the client's eyes were moist, asked him, "What's happening?" When the client cried, Simkin simply said, "Let it out".

When the client was interacting and engaging directly with a person other than the therapist, and was already in a state of moderately strong feeling, emotion, or affect, Polster invited the tearfully angry client to tell the other person how angry she was, insistently directed the client to go further, to show both her tearfulness and anger directly to the other person. In session #3, Perls used essentially the same operation, instructing the client to say the meaningful material directly and forthrightly to the other person. Perls provided the client with explicit content to be said directly to the other

person and Perls repeatedly directed the client to say it again and again, further and further, and with increased feeling. In another instance in the same session, Perls instructed the client to be the other person, to speak as and to take the role of the other person; in these instructions, Perls explicitly defined the way the client was to interact and to relate as the other person.

These constitute the main findings. In summary, the research design has enabled the identification of 17 very good moments in six sessions of psychotherapy conducted by prominent and distinguished Gestalt therapists. These very good moments were identified in sufficient detail for recognition and use by practitioners. In addition, the research design enabled judges to identify the antecedent operations or methods used by the therapists, and judged as contributing to the occurrence of the very good moments. Finally, the research design enabled identification of the patient conditions under which these therapist operations were used to help bring about the consequent very good moments. In other words, the contribution of the study was the identification of 17 very good moments, together with the therapist operations, used under identified patient conditions, for each of these 17 very good moments. We now turn to the discussion of these findings.

CHAPTER 4

Discussion

Our purpose was to learn and report what therapists did to bring about some very special client events in six sessions of Gestalt therapy, or more precisely, how various therapist operations facilitated the occurrence of the exceptional client events that we call very good moments. In broader terms, by investigating these events, the aim was to get a closer look into the process of therapeutic change, and consequently how therapists can more effectively facilitate change.

In view of the relative lack of such research, this study has provided two contributions to the area of psychotherapy research. First, it has proposed a useful way of showing how practitioner-relevant information may be obtained. Second, it provided practitioners with research-based suggestions on how to bring about very good moments. Although the study does not pretend to offer statistical support for its findings there is a reasonable measure of confidence that the careful, intensive, micro-analytic examination of these six sessions, have provided a provisional contribution in terms of these very good moments, and the provisional discovery of the therapist operations, carried out under specified client conditions.

Some Qualitative Impressions, by Researchers and Judges, About the Expertise of the Therapists

Not unexpectedly, when 12 clinically sophisticated judges engaged in careful, in-depth examination of the sessions and subsequently, when the principal researchers generated composite descriptions of the identified events in the sessions, they were

impressed with a number of qualitative, clinical, practitioner-relevant features, that are pertinent to the main findings and therefore warrant discussion.

Superior level of competence of the five therapists. One is that the judges and researchers were impressed with the skill and competence of the therapists in carrying out the operations. It was not merely the operations that were effective; it was the operations performed with superior competence. Over and over again, the judges spontaneously commented on how well the therapists carried out the methods. This research went beyond most studies in looking into the actual operations used by therapists. However, it appeared that there is a quality that goes beyond just executing the operations given in the findings. There is a special competence in using these operations effectively. It seems that the closer researchers approach the actual work of competent therapists, the more there is to be studied.

Therapists' high level of sensitivity to client conditions. A second observation made by the judges is that the therapists seemed to waste little effort in achieving the very good moments once the appropriate client condition was presented: Judges observed that the therapists seemed quite sensitive to the client conditions present, and used the opportunities that these conditions represented. These observations may be reflections of the efficiency with which therapists used the operations. In other words, it seemed that the incisive use of the operations, used at precisely the right moment, produced good results.

Very good moments as in-session therapeutic goals. A third observation is that the therapists seemed to be guided toward achieving the very good moment. It was the

impression of some judges that therapists had specific goals in mind which were, or at least included, facilitating the very good moments achieved. In other words, the very good moment seemed to serve as an overall, organizing program in using the client condition and therapist operations. These very good moments did not seem to be inadvertent consequences. Indeed, it appeared that the therapists were working in the general direction of achieving these very good moments as programmatic in-session goals.

Common client characteristics. Another consistent aspect of the six sessions, observed by the judges, was the disposition of the clients: In general, clients seemed ready and willing to use the therapist operations and to welcome and participate without reservation in the very good moment. They seemed to show little if any reluctance to follow the instructions and directions given by the therapist. For example, in session #3, therapist statement T 59, the client is asked by the therapist to talk directly to his father (T 59: "I have a suggestion, please. I think that this is between you and your father... Could you go to the telephone and tell him that now?"). The client immediately and without hesitation begins to talk with his father. This short sequence of statements culminates in an identified very good moment of New, Deeply Felt Personality Process-State in client statements C 62 to 64. This general attitude of willing and cooperative compliance is evident throughout the six sessions.

Taking these qualitative impressions from the researchers and the judges, the main finding may then be broadened to include the following summary: (a) the skilled and competent use of specific therapist operations, (b) with a client who is ready and willing to use the operations, and to move toward that very good moment, (c) appeared to result

in the occurrence of that very good moment.

Quantity and Proportion of Very Good Moments

Judges identified 34 client statements as containing very good moments from a total of 514 client statements in the six sessions. This proportion (6.6%) may appear to be rather low. In this sense, these findings confirm the commonly held clinical impression that very good moments are rare occurrences in therapy (Elliott, 1983b; Greenberg, 1986; Hill, 1990; Hill & Gormally, 1978; Hill & O'Grady, 1985; Luborsky, 1990; Marmar, 1990; Martin, Martin, & Slemon, 1987, 1989). Even when conducted by distinguished, expert therapists, as in these six sessions, overall only 6.6% of client statements were identified as containing very good moments. However, the proportion may be regarded from two perspectives: The figure of 6.6% can be seen as a relatively small percentage of the total number of client statements. In other words, most of what occurs in these sessions does not warrant judgement as being critical, peak, or auspicious moments, *kairos*, turning points in therapy, helpful therapeutic impacts, valued in-session outcomes, or special moments of client change, progress, process, movement, or improvement. From this point of view, therapists might seem somewhat inefficient in bringing about therapeutic change.

However, given that the 6.6% represents moments in therapy that are known to be quite special instances of therapeutic movement or change, special instances of therapeutic improvement, the presence of even one of these moments in a session may prompt clinicians to regard that session as effective or successful. In this light, 6.6% may represent quite a high ratio of statements containing very good moments. Therefore, it

may be somewhat remarkable that so many very good moments occurred in this small number of sessions, as each session contained an average of three very good moments.

What might be relevant, at this stage in the research into the occurrence of very good moments, would be to consider 6.6% as a provisional baseline against which we could measure other sessions in order to arrive at an empirically based notion of what should be considered a high or a low ratio of client statements containing very good moments.

Frequency Distribution of the Categories of Very Good Moments

An overall examination of the distribution of the very good moments in the six sessions shows a preponderance of Strong Expression Directly Toward Therapist and New, Deeply Felt Personality Process-State. These two categories of very good moments alone account for 12 (70.6%) of the 17 very good moments identified. There were six instances of Strong Expression Directly Toward Therapist, or 35.3% of the total number of very good moments. In addition, there was an equal number (six or 35.3%) of New, Deeply Felt Personality Process-State very good moments occurring in the six sessions (see Table 2). In addition, one or both of these very good moments occurred in all but one of the sessions. Only session #2 had neither. Furthermore, New, Deeply Felt Personality Process-State occurred in sessions conducted by four of the five therapists.

At present the Gestalt literature does not identify either of these two categories as valued in-session client events. Accordingly, future research may want to ask the question whether or not these two categories are present to any substantive degree in sessions conducted by Gestalt therapists. If they are, then they may be added to the

valued in-session client events regarded as characteristic of Gestalt therapy.

Another research question suggested by the prevalence of these two very good moments is whether or not Strong Expression Directly Toward Therapist and New, Deeply Felt Personality Process-State occur in other therapies. Studies might gauge the frequency with which these two very good moments occur in sessions in general, regardless of therapeutic approach, and therefore examine the likelihood that these are common moments of therapeutic change, progress, process, movement, or improvement.

The Feeling Component in the Very Good Moments

Looking at the 17 composite descriptions of the very good moments, one notices that the large majority include a feeling component. In 14 of the 17 very good moments, there was such a feeling component. These 14 very good moments occurred in the following categories: (a) From Neutral to Strong Feeling; (b) Strong Expression Directly Toward Therapist; (c) and New, Deeply Felt Personality Process-State.

It appears that most of the very good moments in these sessions included a feeling component. How might this relate to Gestalt therapy? It would seem that Gestalt clinical theory is consistent with a high proportion of very good moments with a feeling component. One of the central features of Gestalt therapy is the client becoming aware of his immediate bodily sensations and feelings in the session (Perls, 1969, 1973).

Another feature is the heavy Gestalt emphasis on the strong expression of feeling (Fagan, 1976; Harman, 1974; Fagan, Lauver, Smith, Deboach, Katz, & Wood, 1974; Polster & Polster, 1973). However, it should be noted that these two features (the emphasis on feelings and the strong expression of feeling) are not necessarily exclusive to Gestalt

therapy. They are characteristic of many of the experiential therapies, as well as other therapies.

With regard to further studies on this point, Gestalt practitioners and researchers may be interested to find out if the Gestalt clinical literature's emphasis on the client's experiencing of feelings during the session is reflected in the majority of actual Gestalt therapy sessions, as suggested by our limited investigation of six sessions. Therefore, further investigation of actual sessions of Gestalt therapy might be warranted in order to support the clinical literature's emphasis on feeling in Gestalt therapy.

In terms of the development of a research supported general theory of therapeutic change, it may be of interest to see if other very good moments identified in other therapeutic approaches contain such a high proportion of feeling components. Findings may be relevant to our present knowledge of the fundamental elements involved in therapeutic change.

Cultural appropriateness of the identified very good moments. The very good moments identified in this study may not be suited to all clients. The findings do not address aspects of the generalizability or the appropriateness of the identified very good moments for clients on the basis of culture, sex, age, or other socio-cultural factors. For example, clients and therapists from cultures other than that which is represented here (i.e., Western, North-American) may not value all or indeed any of these very good moments. Indeed some very good moments might be regarded as not so good or even as "bad" moments in other cultures. This study's findings do not include aspects of generalizability across cultural values or mores. Therapists initially determine what very

good moments are right for the client. The aim of this study is to provide practitioners with research-based suggestions regarding what particular therapist operations used under defined client conditions may be useful in obtaining given kinds of very good moments or very good moments in general.

Frequency Distribution of Therapist Operations

In addition to seeing how each of the therapist operations relates to the client conditions and very good moments they were judged to facilitate, we can take a closer look at the 17 composite descriptions. In doing so, we can divide each composite into the individual therapist operations contained within. The result is what appears to be a distribution of frequencies across the six sessions, with some operations occurring with significantly greater frequency than others. Out of a total of 31 individual therapist operations found within 17 composite descriptions, only 12 distinct therapist operations--used with some minor variations--occurred. These 12 operations constitute all of what the therapists did to facilitate the 17 very good moments as found in the composite descriptions.

Here then is the list of all the therapist operations found in the 17 composite descriptions: The first two operations each occurred six times throughout the 17 composite descriptions: (1) Deliberate shifting or switching of the focus of the client's attention; (2) Persistent instructing of the client to speak directly to an other, whether that be another person, the therapist, or some other aspect of the client. (3) A third operation, repeated use of confrontational interpretations of the client's behavior, occurred five times throughout the 17 composite descriptions. The following operations

occurred only once throughout the 17 composite descriptions: (4) Directing and instructing the client to describe the feeling, to express it, to show it, and to be the feeling. (5) Inviting, giving permission to express feelings. (6) Fully accepting flattery, basking in the glow of being absolutely great, talking at length about past and current life, and about being a great and true genius. (7) Telling the client to close her eyes, feel her facial musculature, criticizing her attempt to do so, and inviting her to report whatever personal sensation gets her attention. (8) Indicating and acknowledging the client's readiness to have good feelings by carrying out an explicit behavior in the extratherapy world. (9) Directing the client to carry out acts such as touching her face lightly and caressingly, and brushing soft wool over her face and hands. (10) Repeatedly directing the client to say it again, further and further, and with increased feeling. (11) Repeatedly directing the client to interpret and analyze her behavior. (12) Expressly avoiding the feeling, emotion, or affect, and steadfastly remaining the way the client reacts to as being removed, aloof, and coldly dissecting.

More interestingly, three therapist operations (i.e., (1) deliberate shifting or switching of the focus of the client's attention; (2) persistently instructing the client to speak directly to an other, whether that be another person, the therapist, or some other aspect of the client; (3) repeated use of confrontational interpretations of the client's behavior) account for 65% of the therapist operations used in the six sessions.

One implication of this is that these three therapist operations may be characteristic of Gestalt therapy. Accordingly, future research may want to ask the question whether or not these three operations are present in substantive degree in

sessions conducted by Gestalt therapists. If they are, then they may well become part of a list of research supported operations found to be characteristic of Gestalt therapy.

Relatedly, only the second operation (persistently instructing the client to speak directly to an other, whether that be another person, the therapist, or some other aspect of the client) is reported as common in the Gestalt clinical literature. Therefore, Gestalt practitioners and researchers may be interested to find out if these three operations are to be found in the majority of actual Gestalt therapy sessions, as suggested by our six sessions. Further investigation of actual sessions of Gestalt therapy might be justified in order to verify the presence of these seemingly characteristic Gestalt operations.

In terms of the development of a research-supported general theory of therapeutic change, it may be of interest to examine the frequency with which these three particular operations occur in all therapeutic approaches. The prospective findings may be relevant to our present knowledge of the fundamental elements involved in therapeutic change.

Sequential Ordering of Very Good Moments Across a Session

Quite aside from the main thesis question, an interesting issue involves the actual sequences of the categories of very good moments. It may be possible to uncover sequences of very good moments in therapy sessions. The findings (Table 2) include 17 instances of very good moments, occurring in six categories. It is possible to inspect the obtained sequence of categories of good moments in each of the 6 sessions, when two or more of the 17 instances of very good moments occur. Five of the six sessions included two or more of the 17 instances of very good moments (see Table 2). For example, in sessions #3 and #4, what is the probability that the four instances of Strong Expression

Directly Toward Therapist would occur before the four instances of New, Deeply Felt Personality Process-State? Such an analysis would bear substantive implications for how categories of very good moments may be organized in sequences within and across a session.

From a qualitative perspective, one piece of evidence for the existence of sequenced patterns of very good moments is the occurrence of a very good moment that also serves as the client condition for a subsequent very good moment. For example, in session #2 the very good moment Acceptance of Problem-Self appears before the very good moment State of General Well-Being. More to the point, the content of the first very good moment is essentially similar to the client condition judged as being present when the therapist operations were used to facilitate the subsequent very good moment State of General Well-Being. Both involve the client undergoing satisfying warm, positive pleasant feelings of acceptance in regard to an aspect of self that had been regarded as problematic, cold, hard, removed judgementalness. It is interesting to speculate that each very good moment may be the consequence of its antecedent, and serve as a client condition for the following very good moment.

The present study hints at the sequential ordering of very good moments. If future research pools together a sufficient number of sequences, statistical significance may be established. Results may have substantive implications for how therapists use categories of very good moments as client conditions in the facilitation of subsequent very good moments.

Instrumental In-Session Events Other than Very Good Moments

Another important idea related to the notion of identifiable sequences within sessions of psychotherapy is that of the presence of less striking but important instrumental in-session events. These events may occur more regularly in the therapy session and may be just as important to the overall therapy process as the occurrence the more unusual very good moments. Indeed, these events may function as the precursors to the occurrence of the more spectacular, although much rarer very good moments, or even directly mediate therapeutic change. To date there is no research into the relation between these events and very good moments. However, studies have been performed by researchers such as Wampold and Kim (1989) who have sought to establish the relations between such in-session client events as silences, discussion of plans, description, requests, and other less spectacular client behaviors. Therefore, an important area for future research would be to explore occurrences of therapeutic change that include these less dramatic client events, and possibly relate these to the more conspicuous very good moments.

Useful Features of the Discovery-Oriented Design

A discovery-oriented design was selected to enable a relatively close examination and fine-grained analysis of the very good moments, therapist operations, and associated client conditions in these sessions. It would appear that this approach offers some useful features.

The careful examination of concrete psychotherapy process events. This design has been useful in the identification and description of in-session events that have not

been reported in the research literature. That is, this approach is one way of enabling a fine-grained inquiry into clinical process events. For example, one such event is Perls' use of self-disclosure (in session #3) as a facilitating operation. Perls fully accepted the flattery from his client, totally accepted himself as a great pioneer, basked in the glow of being absolutely great, and talked at length about his past and current life, culminating in his being a great and true genius. We were able to identify and describe the unique nature of this previously unreported in-session therapist operation and its provisional use in facilitating the consequent very good moment.

Flexibility. Our design was sufficiently flexible to identify variable-sized in-session events. It identified variable-sized very good moments, from those contained within a single client statement, such as From Neutral to Strong Feeling in session #1, (C26: "I do too! And I know you're gonna pick on me for it"), to those covering a string of consecutive client statements, such as the State of General Well-Being in session #2.

Similarly, it was sufficiently flexible to identify variable-sized antecedent therapist operations, from those that were one statement in length, such as Simkin's "Let it out" invitation in session #6, to those that consisted of a number of statements, such as Perls' self-disclosure in session #3.

For future research aimed at investigating the occurrence of very good moments, the research design as used in this study may enable researchers to include the client's immediate state or condition, how the therapist uses it, what the therapist is geared to attain through the use of specific operations, and the therapist's level of expertise.

Building theoretical models of processes of change. It appears that the discovery-oriented design is useful in promoting data for the construction of theoretical models of processes of change. Are very good moments usefully conceptualized as therapeutic accomplishments, as end goals? If so, are therapists geared to sustaining very good moments once they have occurred? The present study does not shed light on this question, as some very good moments seem to be deliberately sustained by the therapist, such as is the case with the occurrence of Acceptance of Problem-Self in session # 2, while others are not, such as is the case with New, Deeply Felt Personality Process-State in session #6. In the first case, intervening therapist statements seem to facilitate the development of the very good moment. In fact, the very good moment is transformed into a second category of very good moment. In the second case, there is no intervening therapist statement. Therefore, it would seem important to see if and how therapists use such events and how this relates to the notion of therapeutic change. Indeed, such a fine-grained, discovery-oriented look at in-session events would seem quite useful in the building of theoretical models of processes of change.

Common Elements in the Identified In-Session Events and Those Reported in the Gestalt Literature

While this study investigated sessions conducted by Gestalt therapists, the goal was not to identify in-session elements particular to the Gestalt approach. Therefore, the findings are of interest to any therapist (regardless of therapeutic approach) who values the very good moments identified, or who is curious about the relations between these very good moments, therapist operations used, and the client conditions present.

However, it is interesting to note any similarities between the very good moments, therapist operations, and client conditions identified in the sessions and those reported in the Gestalt clinical and research literature.

One way to go about comparing the identified in-session events identified throughout the six sessions, is to compare their composite descriptions, as assembled by the researchers, with the descriptions of very good moments, therapist operations, and client conditions in the Gestalt literature.

At the outset, it is very difficult to compare the findings with what is contained in the Gestalt literature. There is no formal matrix of very good moments or distinctively Gestalt therapist operations. When comparing the Gestalt literature with our composite descriptions we find very little similarity. One way of interpreting this observation is that there is an incongruence in the level of analysis present in the literature and in our composite descriptions. The immediately striking observation is that our composite descriptions are fine-grained while the descriptions found in the literature are not. Typically, the Gestalt literature version of very good moments and therapist operations is rather loose (e.g., Bergantino, 1977; Close, 1970; Dolliver, Williams, & Gold, 1980). There seems to be a gap between the level of complexity of Gestalt theory and the level of specificity of our main findings. We are faced with comparing the somewhat abstract, loose, global descriptions of in-session events in the Gestalt literature with the highly specific descriptive content of the composites of the identified in-session very good moments. The two levels of description are still too discrepant. Therefore, it is difficult to draw conclusions about the degree of similarity with the present findings.

The fact is that Gestalt theory literature is almost empty in terms of actual, in-depth descriptions of in-session events. Therefore, our findings, when supported by further studies of Gestalt sessions, can add to the Gestalt research and clinical literature by supplying it with concrete descriptions of in-session events as they occurred in actual sessions of Gestalt therapy.

Perhaps one useful line of further research is to explicitly seek to identify characteristically Gestalt very good moments and therapist operations, especially at the concretely specific level of analysis used in the present research.

Weaknesses in the Present Research Design

There are nevertheless, some noticeable weak points in the research design used in this study, and these call for strengthening. One weakness is in identifying and describing the very good moment. The method used in this study is unwieldy. What may be useful at this point is the development of a commonly used method that is more rigorous. Such a method might incorporate a category system that would enable researchers to identify very good moments. The categories of this system should be concrete enough to specify particular very good moments, and comprehensive enough to be reasonably inclusive of most therapeutic approaches (Mahrer, Gagnon, Fairweather, & Côté, 1992). Such a system might eventually be developed from studies such as ours.

Likewise, the procedure used to identify therapist operations and client conditions could be improved. The procedure would be more rigorous if therapist operations and client conditions could be reduced to simple categories, rather than relying on the content analysis of individual judges and researchers. Although the present procedure

yielded more clinically sensitive (perhaps more practitioner useful) descriptions of therapist operations and client conditions, these were arduously arrived at. What would be welcomed is a category system that could be used to identify operations and conditions while allowing for clinical sensitivity.

Developing a rigorous procedure for obtaining composite descriptions. Likewise, the grounded theory based steps used to generate the composite descriptions is unwieldy. Therefore, a more rigorous procedure for obtaining composite descriptions of very good moments, therapist operations, and client conditions is needed. Clearly, new ideas on how to derive a more manageable way of identifying previously un-reported in-session events, with or without the use of composite descriptions, would be welcomed at this point.

Implications for Future Research.

As previously noted, the worth of the findings does not lie in obtaining research-based confidence that if practitioners use these therapist methods, under these client conditions, they will obtain the very good moments. The methodology and design have identified only 17 specific very good moments as well as the therapist operations used under particular client conditions for each of the very good moments. Even if practitioners are working toward very good moments that are quite similar to the ones yielded in the findings, there is less than an adequate basis for suggesting that the practitioner use the judged operations even under the same client conditions.

Investigation of individual client characteristics. As stated, this study has identified specific very good moments and the associated therapist operations used under a

restricted set of very particular in-session client conditions. Client conditions or factors that are less session-specific such as gender, age, culture, socioeconomic background and type of client have not been identified in this study although research seems to point to their having an effect on some meaningful aspects of psychotherapy such as outcome and other important measures of psychotherapeutic process and effectiveness. This view has ramifications for the generalizability of the findings produced from a small sample of clients such as in this study as many of these factors may not have been represented to any meaningful degree in the sample. To date there has not been any research involving what impact these factors might have on the relations between very good moments, other in-session client conditions, and therapist operations. However, these client factors could be incorporated into future studies that wish to use a methodology similar to the one used in the present study. For example, each of these client factors could be considered as a specific instance of a client condition that could then be seen in relation to therapist operations and very good moments.

Should other researchers adopt a similar or better methodology and design then it will be possible to pool the present findings with a sufficient number of additional findings. The aim would be to provide practitioners with suggestions that particular therapist operations used under defined client conditions may be useful in obtaining given kinds of very good moments or very good moments in general. Therefore, with regard to the generalizability of these findings, the study of a much larger number, of sessions from a variety of therapeutic approaches, is needed. The present findings may be taken as opening up several avenues of further study. The following are some of the directions

this might take.

Testing the present findings. In terms of therapeutic practice, the overall goal of this line of investigation is to generate research-based information that is relevant to practitioners. By emphasizing a careful examination of special events occurring in sessions, we have generated a number of findings that may eventually direct therapists who wish to achieve specific in-session very good moments. Because of the small number of identified very good moments in our study, statistically significant relations between these variables could not be generated. Therefore, any conclusions as to the relatedness of the therapist operations to the very good moments and to client conditions may only be regarded as provisional.

Amount of data necessary to carry out a statistically supported study. In order to approach the same material from a traditional quantitative research / hypothesis-testing perspective, a much larger pool of sessions --and therefore many more sessions-- would need to be studied. Appropriate statistical analyses, the cornerstone of quantitative research, would provide a reliable test for the significance of the relations between very good moments and therapist operations. However, investigating causal, correlational, or sequential relations between these would require a much larger number of very good moments. The question remains: How many sessions would be needed to begin statistical predictions or generalizations based on in-session findings? Based on the results of the present study --an average of 2.8 very good moments per category (i.e., per cell), a very preliminary guess would be that a pool of a minimum of approximately 40 sessions would be needed in order to begin performing reasonable multivariate statistical

analysis of the data.

For example, an appropriate statistical analysis of the interactions between therapist operations and client responses would be regression analysis, where categories of therapist operations would be entered into the first linear regression equation as independent variables, and very good moments would be entered into the second linear equation, as dependent variables. This would require a minimum of 20 units per cell (i.e., 20 very good moments or therapist operations per category) in order to uphold the assumptions of linearity, normality, and homoscedasticity (Tabachnick & Fidell, 1989). The choice of using such an analysis is based on the concept of the therapeutic process as an intricate association of a large number of variables that interact significantly with one another (Kiesler, 1966; Marmar, 1990; Shoham-Salomon, 1990). This approach, although theoretically sound, would have to overcome a number of restraints, as difficulties might be encountered in obtaining valid regression coefficients assuming that significant inter-correlations may indeed exist between independent and dependent variables or sub-sets of these variables.

Even a less ambitious preliminary univariate statistical analysis (e.g., Chi-squares) performed in order to determine which in-session elements are most likely to contribute to variance of the dependent variables (i.e., very good moments) would require a minimum of five units per cell for any reliable results (Shavelson, 1981). Therefore, a projected requirement of studying between 12 and 20 sessions is not an inflated estimate. This assumes that the number of categories remains constant with the addition of subsequent sessions.

Therefore, in terms of future research, the present findings may be regarded as researchable provisional hypotheses. For example, the following hypothesis may be framed: Repeated challengingly confrontational interpretations of the client's behavior, carried out by the therapist when the client is at a level of feeling strength that is flat or neutral, is instrumental in the subsequent occurrence of strong feeling.

However, the use of traditional controlled study designs in in-session therapy process analysis would seem to be difficult to apply. For example, testing the hypothesis mentioned above would be virtually unmanageable.

First, therapists conducting the sessions to be studied, would have to be trained / instructed to use previously specified operations (e.g., repeated challengingly confrontational interpretations of the client's behavior). As stated in the hypothesis, it is not the therapist operations alone that are related to the subsequent occurrence of strong feeling, but also the client conditions. As a result, the specific therapist operation must only be used under the previously specified client condition (e.g., when the client is at a level of feeling strength that is flat or neutral). Therefore, the first difficulty lies in the necessity of the client displaying the originally identified client condition. Furthermore, when this client condition is present, the researcher must insure that the therapists carry out only that particular, specified operation.

Second, the findings of our study are limited to identifying precise therapist operations carried out under precise conditions that were judged as being instrumental in the subsequent occurrence of the very good moment. It may very well be that the operations are effective in producing a set of consequences, of which this very good

moment is only one. Therefore, the likelihood of multiple consequences makes it difficult to test for any one consequence.

Third, if the qualitative impressions perceived by the judges and researchers are to be considered, testing the findings may be even further complicated. Specifically, therapists would be constrained to meet the following prerequisites: (a) The therapists would have to demonstrate not only their competence in carrying out specific operations, but would also have to show a level of proficiency similar to that observed in the original study. That is, the therapists would have to be evaluated as possessing the same special level of superior competence prior to their acceptance into the prospective study. (b) The therapists would also have to demonstrate a high level of sensitivity to client conditions, as did those in the present study. (c) The therapists in the present study were working in the general direction of achieving very good moments as programmatic in-session goals. Similarly, therapists taking part in future studies, must be judged as being directed toward the achievement of the very good moments in question.

While it would be difficult to determine that the therapists met these characteristics, it is perhaps warranted to test the hypotheses that therapists who possess these characteristics, and who carry out the operations identified in this study, under the previously identified client conditions, toward attaining the particular very good moment as a goal, will obtain that very good moment to a significantly greater extent than therapists using other methods.

The ongoing development of category systems of very good moments, therapist operations, and client conditions. Future research may be made more efficient by the

ongoing development of a global category system of very good moments, a system for therapist operations, and another for client conditions. These systems would enable researchers to easily identify these in-session occurrences. The three category systems would contain concrete specific very good moments, therapist operations, and client conditions, respectively and could have continuous input from ongoing research. For example, the use of such category systems would include the prior development of a methodology that would (a) effectively identify previously reported in-session events (i.e., very good moments, therapist operations and client conditions), (b) identify instances of in-session events that have not yet been reported in the literature, and (c) in doing so, the methodology would simultaneously build up more powerful, comprehensive open-ended category systems of in-session events, that is, category systems with no set limits on the eventual total number of categories contained within. What would seem useful is a procedure that incorporates the use of provisional category systems to identify previously reported in-session events, while allowing previously unreported events to be identified and subsequently incorporated into these existing category systems.

The following is illustrative of how the development of such category systems might proceed. For example, a methodology like the one proposed would supply judges with a list of provisional categories of very good moments (assembled from previous studies) that would be used as a guide in identifying very good moments in recorded therapy sessions. However, judges would not be restricted to identifying only those very good moments appearing on the list, but would be free to identify any statements that they would judge as fitting a general description of a very good moment (e.g., critical, peak, or

auspicious moments, kairos, turning points in therapy, helpful therapeutic impacts, valued in-session outcomes, or special moments of client change, progress, process, movement, or improvement). Each subsequent identification of a very good moment fitting the description of a category already appearing in the system would help to validate the previously identified category of very good moment. With each newly identified very good moment fitting the provisional category, that category would move closer to achieving a non-provisional permanent status. Those very good moments that are identified--based solely on the general description of a very good moment--but do not yet appear in the category system may constitute additional provisional categories that would achieve permanence on the list of very good moments with subsequent identification of very good moments fitting that category. It would be difficult to say at this point how many occurrences of very good moments would be needed to assign permanence to a particular category, but an appropriate formula could conceivably be worked out.

These in-session therapeutic event category systems would have to be made up of categories that are concrete enough to be able to preserve the particular nature of each in-session event, and comprehensive enough to be reasonably inclusive of most therapeutic approaches. Ideally, the user-friendliness of these systems would depend on a large enough number of categories, while each category description would be at an appropriate level of specificity, that is, a good balance between being overly specific and concrete, and overly general. Even current systems (cf. Corriere, Hart, Karle, Switzer, & Woldenberg, 1977; Elliott, 1985; Hill et al., 1981, 1988; Mahrer, 1985, 1988a; Mahrer, Gagnon, Fairweather, & Côté, 1992; Mahrer & Nadler, 1986; Stiles, 1986) may not

provide enough specificity to be of much use as a starting point for the development of these prospective category systems.

As such, the present findings may be seen as a step toward building category systems of in-session events as there currently exists no such pool of findings. The value of this thesis lies in providing soft clinical hints for the practitioner and, more importantly, in providing findings toward a more stringent larger pool. So far, we know virtually nothing about how to facilitate in-session very good moments.

Using very good moments once they have occurred. Another interesting direction for future research is to see how therapists use valued in-session events once they have achieved them. Results of the present study would seem to suggest that there may be at least three ways of using a very good moment once achieved.

Sustaining very good moments once achieved. Once a very good moment occurred, there were instances where the very good moment was judged as being sustained over several sequential patient statements, and the intervening therapist statements were seen as instrumental in the continuation or development of the very good moment. In terms of future research, once a very good moment occurs, it seems important to examine whether or not the therapist uses this event, and how this very good moment is used.

Heightening, intensifying, carrying forward the very good moment once achieved. Another way a therapist could conceivably use the facilitated very good moment is to augment it, to heighten the characteristics already present. For example, in our present study, the very good moment Strong Expression Directly Toward Therapist in session #5

(Table 2) could conceivably have not only been sustained, but also heightened into perhaps, a very strong display of feeling toward the therapist.

Very good moments used as client conditions in a string of very good moments. A

third use of a very good moment, is related to the compelling issue of the sequential ordering of very good moments across the session. Do therapists use certain very good moments as intermediate goals, as stepping stones to reach subsequent very good moments? Or more basically, does the occurrence of a very good moment pave the way toward the occurrence of subsequent very good moments? Although evidence to support this notion of sequencing was not found in the six sessions, there were enough hints present to advocate future research that would look for sequences in other sessions. For example, in session #2 the very good moment Acceptance of Problem-Self was closely similar to the client condition identified as being present when the therapist operations were used to facilitate the subsequent very good moment State of General Well-Being. While the present study merely raises hints of sequential ordering, it is perhaps quite useful for researchers to pursue inquiries into ways of identifying how very good moments occur in patterned sequences.

Summary and Conclusions

Judges examined six sessions conducted by five distinguished Gestalt therapists. The judges first identified instances of very good moments, and then the antecedent therapist operations and client conditions, states, or ways of being and behaving. The methodology used was designed to identify what therapist operations, carried out under what client conditions, were judged as leading to what consequent in-session very good

moments. Results were interpreted as warranting the following conclusions:

1. The six sessions were judged as containing 17 instances of very good moments in the following categories: (a) From Neutral to Strong Feeling; (b) Strong Expression Directly Toward Therapist; (c) Extratherapy Behavior Change Intention; (d) Acceptance of Problem-Self; (e) New, Deeply Felt Personality Process-State; and (f) State of General Well-Being.

2. For each of these categories of very good moments, judges identified explicit therapist operations and methods which, when carried out under identified client conditions or states, were judged as being instrumental in the subsequent occurrence of the given category of very good moments:

(a) From Neutral to Strong Feeling. When the client is at a level of feeling strength that is flat, neutral, the consequent very good moment of the client moving to a level of feeling that is quite strong, full, deep, was judged as occurring when the therapist used these operations: (a) repeated challengingly confrontational interpretations of the way the client was interacting with the therapist; (b) apparently deliberate attempts to shift, switch, and divert the immediate focus of the client's attention away from whatever the client was talking or concerned about; and (c) directing and instructing the client to describe the feeling, to express it, to show it, and to be the feeling.

(b) Strong Expression Directly Toward Therapist. When the client is directly engaging with the therapist, and is expressing a personality-process, quality, or feeling to a mild or moderate degree, the consequent very good moment of the client's strong expression, aimed directly toward the therapist, a personality process, quality, or feeling is

expressed to a strong degree, and expressed directly toward the therapist, was judged as occurring when the therapist used these operations: (a) fully accepting the client's flattery, totally accepting himself as a great pioneer, basking in the glow of being absolutely great, and talking at length about his past and current life, culminating in his being a great and true genius; (b) apparently deliberate attempts to shift, switch, and divert the immediate focus of the client attention away from whatever the client is talking and concerned about; (c) repeated confrontational interpretations of the way the client is interacting with the therapist, and with thinly veiled criticism and blame for problems in the immediate interaction; and (d) telling the client to close her eyes, feel her facial musculature, criticizing her attempt to do so, and inviting her to report whatever personal sensation gets her attention.

(c) Extratherapy Behavior Change Intention. When the client is already carrying out the concretely specific behavior in the session, and is doing so with a substantially high level of good feeling, the consequent very good moment of the client's manifesting a substantively high degree of intention, readiness, willingness, and commitment to carry out a concretely specific and explicit behavior change in the prospective extratherapy world, was judged as occurring when the therapist indicates and acknowledges the client's readiness to have these good feelings by carrying out this explicit behavior in the extratherapy world.

(d) Acceptance of Problem-Self. When the client is predominantly focused upon and attending to a problematic, unacceptable aspect of herself, and is undergoing unpleasant, painful, hurtful feelings, the consequent very good moment of the client

undergoing satisfying, warm, positive, pleasant feelings of acceptance in regard to an aspect of self that had been regarded as a problematic, cold, removed, hard judgementalness, was judged as occurring when the therapist persistently directs the client to speak directly to the problematic aspect of self, and tells the client explicitly what to say, including words and content that the client has spoken only indirectly about that problem aspect rather than speaking directly to that aspect of self.

(e) State of General Well-Being. When the client is undergoing satisfying warm, positive pleasant feelings of acceptance in regard to an aspect of self that has been regarded as problematic, cold, hard, removed judgementalness, the consequent very good moment of the client feeling good in general, rather than in relation to a specific issue or matter, a general well-being including elements of warmth, softness, gentleness, oneness, and confidence, was judged as occurring when the therapist used these operations: (a) inviting the client to speak directly to the welcomed and accepted aspect of herself, to address it as a genuine entity; and (b) directing the client to carry out acts such as touching her face lightly and caressingly, and brushing soft wool over her face and hands.

(f) New, Deeply Felt Personality Process-State. When the client is interacting and engaging directly with the therapist or with a person other than the therapist, and is already in a state of moderately strong feeling, emotion, or affect, the consequent very good moment of the client manifesting, undergoing, expressing a deeply felt personality process, state, or quality that is new, relative to the way the client has been throughout the session, consisting of either vulnerability and helplessness, or of loving acceptance and oneness with father, was judged as occurring when the therapist used these operations:

(a) expressly avoiding the feeling, emotion, or affect, and steadfastly remaining the way the client reacts to as being removed, aloof, and coldly dissecting, and repeatedly directing her to interpret and analyze her behavior; (b) acknowledging the feeling, emotion, or affect and inviting its further expression; and (c) inviting the tearfully angry client to tell the other person how angry she is, insistently directing the client to go further, to show both her tearfulness and anger directly to the other person with increased feeling.

3. For practitioners who value these categories of very good moments, the findings may be used as provisional suggestions for ways of facilitating the occurrence of these very good moments. For researchers, the findings are illustrative of continuing explorations into how psychotherapy works, into the relations between in-session client conditions or states, therapist operations, and consequent in-session very good moments. By means of careful, in-depth examination, researchers can learn what practitioners do to help bring about important and useful in-session client events.

REFERENCES

- Aanstoos, C. M. (1987). A descriptive phenomenology of the experience of being left out. In F. J. van Zuuren, F. J. Wertz, & B. Mook (Eds.), Advances in Qualitative Psychology. Swets North America. Ablasserdam, Netherlands, pp. 137-156.
- Barkham, M., & Shapiro, D. A. (1986). Counselor verbal response modes and experienced empathy. Journal of Counseling Psychology, 33, 3-10.
- Barrett-Lennard, G. L. (1962). Dimensions of therapist response as casual factors in therapeutic change. Psychological Monographs, 76, 145-156.
- Beutler, L. E. (1990). Introduction to the special series on advances in psychotherapy process research. Journal of Consulting and Clinical Psychology, 58, 263-264.
- Beutler, L. E., & Clarkin, J. F. (1990). Systematic Treatment Selection: Toward Targeted Therapeutic Interventions. New York: Brunner / Mazel.
- Bergantino, L. (1977). Is Gestalt therapy a humanistic form of psychotherapy? Journal of Humanistic Psychology, 17, 51-61.
- Bleicher, J. (1980). Contemporary Hermeneutics: Hermeneutics as Method, Philosophy, and Critique. London: Routledge & Kegan Paul.
- Brunink, S. A., & Schroeder, H. E. (1979). Verbal therapeutic behavior of expert psychoanalytically oriented, gestalt, and behavior therapists. Journal of Consulting and Clinical Psychology, 47, 567-574.
- Cashdan, S. (1973). Interactional Psychotherapy: Stages and Strategies in Behavioral Changes. New York: Grune and Stratton.

- Chase, W. P. (1946). Measurement of attitudes toward counseling. Educational and Psychological Measurement, 6, 467-473.
- Clarke, K. M. (1989). Creation of meaning: An emotional processing task in psychotherapy. Psychotherapy, 26, 139-148.
- Close, H. T. (1970). Gross exaggeration with a schizophrenic patient. In J. Fagan, & I. L. Shepherd (Eds.), Gestalt Therapy Now. New York: Harper & Row. pp.194-196.
- Cohen, J. (1960). A coefficient of agreement for nominative scales. Educational and Psychological Measurement, 20, 37-46.
- Colby, K. M. (1964). Psychotherapeutic processes. Annual Review of Psychology, 15, 347-370.
- Cormier, W. H., & Cormier, L. S. (1977). Interviewing Strategies for Helpers. Monterey CA: Brooks / Cole.
- Corriere, R., Hart, J., Karle, W., Switzer, A., & Woldenberg, L. (1977). Application of the process scoring system to waking, dream, and therapy reports. Journal of Clinical Psychology, 34, 700-713.
- Cronbach, L. J. (1949). Statistical methods applied to Rorschach Scores: A review. Psychological Bulletin, 46, 393-429.
- Cronbach, L. J. (1975). Beyond the two disciplines of scientific psychology. American Psychologist, 30, 116-127.
- Dolliver, R. H., Williams, E. L., & Gold, D. C. (1980). The art of Gestalt therapy or: What are you doing with your feet now? Psychotherapy: Theory, Research and Practice, 17, 136-142.

- Edwards, A. L., & Cronbach, L. J. (1952). Experimental design for research in psychology. Journal of Clinical Psychology, 8, 51-59.
- Edwards, D.G. (1977). Self-hood the bright future of the Gestalt. Journal of Contemporary Psychotherapy, 9, 89-94.
- Elliott, R. (1983a). "That in your hands": A Comprehensive Process Analysis of a significant event in psychotherapy. Psychiatry, 46, 113-129.
- Elliott, R. (1983b). Fitting process research to the practicing psychotherapist. Psychotherapy: Theory, Research and Practice, 20, 47-55.
- Elliott, R. (1984). A discovery-oriented approach to significant change events in psychotherapy: Interpersonal process recall and comprehensive process analysis. In L. N. Rice and L. S. Greenberg (Eds.), Patterns of change: Intensive analysis of psychotherapy process. New York: Guilford.
- Elliott, R. (1985). Helpful and non-helpful events in brief counseling interviews: An empirical taxonomy. Journal of Counseling Psychology, 32, 307-322.
- Elliott, R., James, E., Reimschuessel, C., Cislo, D., & Sack, N. (1985). Significant events and the analysis of immediate therapeutic impacts. Psychotherapy, 22, 620-630.
- Ellis, A. (1947). Telepathy and psychoanalysis: A critique of recent findings. Psychiatric Quarterly, 21, 607-609.
- Ellis, A. (1949). Towards the improvement of psychoanalytic research. Psychoanalytic Review, 36, 123-143.
- Ellis, A. (1952). A critique of systematic theoretical foundations in clinical psychology. Journal of Clinical Psychology, 8, 11-15.

- Enright, J. B. (1970). An introduction to gestalt techniques. In J. Fagan, & I. L. Shepherd (Eds.). Gestalt Therapy Now. New York: Harper & Row. pp. 107-124.
- Eysenck, H. J. (1966). The Effects of Psychotherapy. New York: International Science.
- Fagan, J. (1970). The task of the therapist. In J. Fagan, & I. L. Shepherd (Eds.). Gestalt Therapy Now. New York: Harper & Row. pp.88-106.
- Fagan, J. (1976). Gestalt approach as "Right-lobe" therapy. In E. W. L. Smith (Ed.) The Growing Edge of Gestalt Therapy. New York: Brunner / Mazel. pp.58-68.
- Fagan, J., Lauver, D., Smith, S., Deboach, S., Katz, M., & Wood, E. (1974). Critical incidents in the empty chair. Counseling Psychologist, 4, 33-60.
- Finney, B. C. (1972). Say it again: An active therapy technique. Psychotherapy: Theory, Research and Practice, 9, 157-165.
- Foreman, S. A., & Marmar, C. R. (1985). Therapist actions that address initially poor therapeutic alliances in psychotherapy. American Journal of Psychiatry, 142, 922-926.
- Frank, G. H. (1979). On the history of the objective investigation of the process of psychotherapy. Journal of Psychology, 51, 89-95.
- Friedlander, M. L., & Phillips, S. D. (1984). Stochastic process analysis of interactive discourse in early counseling interviews. Journal of Counseling Psychology, 31, 139-148.
- Friedlander, M. L., Thibodeau, J. R., & Ward, L. G. (1985). Discriminating the "good" from the "bad" therapy hour: A study of dyadic interaction. Psychotherapy, 22, 631-642.
- Gadamer, H. G. (1975). Truth and Method. New York: Seabury.

- Gadamer, H. G. (1981). Reason in the Age of Science. Cambridge MA: M.I.T.
- Gale, J. E. (Ed.). (1991). Advances in Discourse Processes: Vol. 41. Conversation Analysis of Therapeutic Discourse: The Pursuit of a Therapeutic Agenda. Norwood NJ: Ablex.
- Garfield, S. L. (1990). Issues and methods in psychotherapy process research. Journal of Consulting and Clinical Psychology, 58, 273-280.
- Gendlin, E. T. (1961) Experiencing: A variable in the process of psychotherapeutic change. American Journal of Psychotherapy, 15, 233-245.
- Gendlin, E. T. (1986). What comes after traditional psychotherapy research? American Psychologist, 41, 131-136.
- Gervaise, P. A., Mahrer, A. R., & Markow, R. (1985). What therapists do to promote strong laughter in patients. Psychotherapy in Private Practice, 3, 65-74.
- Giorgi, A. (Ed.) (1985). Phenomenology and Psychological Research. Pittsburgh: Duquesne University.
- Glaser, B. G. & Strauss, A. L. (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Aldine.
- Goldfried, M. R., Greenberg, L. S., & Marmar, C. (1990). Individual psychotherapy: Process and outcome. Annual Review of Psychology, 41, 659-688.
- Grater, H., & Claxton, D. (1976). Counselor's empathy level and client topic changes. Journal of Counseling Psychology, 23, 407-408.
- Greenberg, L. S. (1980) The intensive analysis of recurring events from the practice of Gestalt therapy. Psychotherapy: Theory, Research and Practice, 17, 143-152.

Greenberg, L. S. (1983). Toward a task analysis of conflict resolution in Gestalt therapy.

Psychotherapy: Theory, Research and practice, 20, 190-201.

Greenberg, L. S. (1984). A task analysis of intrapersonal conflict resolution. In L. N. Rice and L. S. Greenberg (Eds.), Patterns of change: Intensive analysis of psychotherapy process. New York: Guilford, pp. 67-123.

Greenberg, L. S. (1986). Change process research. Journal of Consulting and Clinical Psychology, 54, 4-9.

Greenberg, L. S., & Clarke, K. M. (1979). Differential effects of the two-chair experiment and empathic reflections at a conflict marker. Journal of Counseling Psychology, 26, 1-8.

Greenberg, L. S. & Dompierre, L. M. (1981). Specific effects of Gestalt two-chair dialogue on intrapsychic conflict in counseling. Journal of Counseling Psychology, 28, 288-294.

Greenberg, L. S., & Higgins, H. M. (1980). Effects of two-chair dialogue and focusing on conflict resolution. Journal of Counseling Psychology, 27, 221-224.

Greenberg, L. S., & Kahn, S. (1979). The stimulation phase of counseling. Counselor Education and Supervision, 19, 137-145.

Greenberg, L. S., & Pinsoff, W. (Eds.). (1986). The Psychotherapeutic Process: A Research Handbook. New York: Guilford.

Greenberg, L. S. & Rice, L. N. (1981). The specific effects of a Gestalt intervention. Psychotherapy: Theory, Research and Practice, 18, 210-216.

Greenberg, L. S., & Safran, J. D. (1987). Emotion in Psychotherapy. New York: Guilford.

- Greenberg, L. S., & Webster, M. (1983). Resolving decisional conflict by means of two-chair dialogue: Relating process to outcome. Journal of Counseling Psychology, 29, 468-477.
- Greenwald, J. A. (1972). The ground rules in Gestalt therapy. Journal of Contemporary Psychology, 5, 3-12.
- Habermas, J. (1972). Knowledge and Human Interest. London: Heinemann.
- Hammer, E. F. (1968). The Use of Interpretation in Treatment: Technique and Art. New York: Grune and Stratton.
- Harman, R. L. (1974). Techniques of Gestalt therapy. Professional Psychology, 5, 257-263.
- Harman, R. L. (1975). A Gestalt point of view on facilitating growth in counseling. Personnel and Guidance Journal, 53, 363-366.
- Hill, C. E. (1978). Development of a counselor verbal response category system. Journal of Counseling Psychology, 25, 461-468.
- Hill, C. E. (1986). An overview of the Hill Counselor and Client Response Modes Category System. In L. S. Greenberg, & W. Pinsoff (Eds). The Psychotherapeutic Process: A Research Handbook. New York: Guilford, pp. 131-160.
- Hill, C. E. (1990). Exploratory in-session process research in individual psychotherapy: A review. Journal of Consulting and Clinical Psychology, 58, 288-294.
- Hill, C. E. (1990). Exploratory in-session process research in individual psychotherapy: A review. Journal of Consulting and Clinical Psychology, 58, 288-294.

- Hill, C. E., Carter, J. A., & O'Farrell, M. K. (1983). Reply to Howard and Lambert: Case study methodology. Journal of Counseling Psychology, 30, 26-30.
- Hill, C. E. & Gormally, J. (1978). Effects of reflection of feeling and probe on client self-referenced affect. Journal of Counseling Psychology, 24, 440-443.
- Hill, C. E., Greenwald, C., Reed, K. G., Charles, D., O'Farrell, M. K., & Carter, J. A. (1981). Manual for Counselor and Client Verbal Response Systems. Columbus OH: Marathon Consulting.
- Hill, C. E., Helms, J. E., Spiegel, S. B., & Tichenor, V. (1988). Development of a system for categorizing client reactions to therapist interventions. Journal of Counseling Psychology, 35, 27-36.
- Hill, C. E., & O'Grady, K. E. (1985). List of therapist intentions illustrated in a case study and with therapists of varying theoretical orientations. Journal of Counseling Psychology, 32, 3-22.
- Hill, C. E., Thames, T. B., & Rardin, D. K. (1979). Comparison of Rogers, Perls, and Ellis on the Hill Counselor Verbal Response Category System. Journal of Counseling Psychology, 26, 198-203.
- Hoenkamp-Bischops, A. (1987). How priests experience celibacy. In F. J. van Zuuren, F. J. Wertz, & B. Mook (Eds.), Advances in Qualitative Psychology. Swets North America. Ablasserdam, Netherlands, pp. 157-176.
- Husserl, E. (1977). Cartesian Meditations: An Introduction to Phenomenology. The Hague: Martinus Nijhoff.

Kazdin, A. E. (1980). Research design in clinical psychology.

Cambridge: Harper & Row.

Kazdin, A. E. (1981). Drawing valid inferences from case studies. Journal of Consulting and Clinical Psychology, 49, 183-192.

Kazdin, A. E. (1983). Treatment research: The investigation and evaluation of psychotherapy. In M. Hersen, A. E. Kazdin, & A. S. Bellack (Eds.), The clinical psychology handbook. New York: Pergamon, pp. 265-284.

Kazdin, A. E. (1986). Comparative outcome studies of psychotherapy: Methodological issues and strategies. Journal of Consulting and Clinical Psychology, 54, 95-105.

Kazdin, A. E., & Krouse, R. (1983). The impact of variations in treatment rationales on expectancies for therapeutic change. Behaviour Therapy, 14, 657-671.

Kelman, H. (1969). Kairos: The auspicious moment. American Journal of Psychoanalysis, 29, 59-83.

Kiesler, D. J. (1966). Some myths of psychotherapy research and the search for a paradigm. Psychological Bulletin, 65, 110-136.

Kiesler, D. J. (1971). Experimental designs in psychotherapy research. In A. E. Bergin & S. L. Garfield (Eds.), Handbook of Psychotherapy and Behavior Change: An Empirical Analysis. New York: John Wiley, pp. 36-74.

Klein, Mathieu-Coughlan, & Kiesler (1986). The experiencing scales. In Greenberg & Pinsoff's The Psychotherapeutic process: A Research Handbook. pp.21-71.

- Kolb, D. D., & Beutler, L. (1984). Patient and therapy process variables relating to dropout and change in psychotherapy. Psychotherapy, 22, 702-710.
- Kruger, D. (1983). Psychotherapy research and existential-phenomenological psychology: An exploration. In A. Giorgi, A. Barton, & C. Maes. Duquesne Studies in Phenomenological Psychology, vol. 4. pp. 8-32.
- Levitsky, A., & Perls, F. S. (1970). The rules and games of Gestalt therapy. In J. Fagan, & I. L. Shepherd (Eds.). Gestalt Therapy Now. New York: Harper & Row, pp.140-149.
- Lichtenberg, J. W., & Barke, K. H. (1981). Investigation of transactional communication relationship patterns in counseling. Journal of Counseling Psychology, 28, 471-480.
- Lichtenberg, J. W., & Hummel, T. J. (1976). Counseling as a stochastic process: Fitting a Markov chain model to initial counseling interviews. Journal of Counseling Psychology, 23, 310-315.
- Luborsky, L. (1984). Principles of Psychoanalytic Psychotherapy: A Manual for Supportive-Expressive (SE) Treatment. New York: Basic.
- Luborsky, L. (1990). A review of theory-based process research. Journal of Consulting and Clinical Psychology, 58, 281-287.
- Luborsky, L., & Auerbach, A. H. (1969). The symptom-context method: Quantitative studies of symptom formation in psychotherapy. Journal of the American Psychoanalytic Association, 17, 68-99.

- Luborsky, L., Barber, J., & Crits-Christoph, P. (1990). Theory-based research for understanding the process of dynamic psychotherapy. Journal of Consulting and Clinical Psychology, 58, 281-287.
- Luborsky, L., McLellan, A. T., Woody, G. E., O'Brien, C. P., & Auerback, A. (1985). Therapist success and its determinants. Archives of General Psychiatry, 42, 602-611.
- Luborsky, L., Singer, B., Hartke, J., Crits-Christoph, P., & Cohen, M. (1984). Which concepts of depression fit the context of Mr. Q's shifts? In L. N. Rice & L. S. Greenberg (Eds.), Patterns of Change. New York: Guilford, pp. 157-193.
- Luborsky, L. & Spence, D. (1978). Quantitative research on psychoanalytic therapy. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change, (rev. ed.). New York: Wiley, pp. 331-368.
- Mahrer, A. R. (1985). Psychotherapeutic change: An alternative approach to meaning and measurement. New York: Norton.
- Mahrer, A. R. (1986). Therapeutic experiencing: The process of Change. New York: Norton.
- Mahrer, A. R. (1988a). Research and clinical applications of "good moments" in psychotherapy. Journal of Integrative and Eclectic Psychotherapy, 7, 81-93.
- Mahrer, A. R. (1988b). Discovery-oriented psychotherapy research: Rationale, aims, and methods. American Psychologist, 43, 694-702.
- Mahrer, A. R. (1989). How to do experiential psychotherapy: A manual for practitioners. Ottawa: University of Ottawa.

- Mahrer, A. R., Dessaulles, A., Nadler, W. P., Gervaise, P. A., & Sterner, I. (1987). Good and very good moments in psychotherapy: Content, distribution, and facilitation. Psychotherapy, 24, 7-14.
- Mahrer, A. R., Gagnon, R., Fairweather, D. R., & Côté, P. (1992). How to determine if a session is a very good one. Journal of Integrative and Eclectic Psychotherapy, 11, 8-23.
- Mahrer, A. R., Nadler, W. P. (1986). Good moments in psychotherapy: A preliminary review, a list, and some promising research avenues. Journal of Consulting and Clinical Psychology, 54, 10-15.
- Mahrer, A. R., Nadler, W. P., Gervaise, P. A., & Markow, R. (1986). Discovering how one therapist obtains some very good moments in psychotherapy. Voices, 22, 72-83.
- Mahrer, A. R., Nadler, W. P., Gervaise, P. A., Sterner, I., & Talitman, E. A. (1988). Good moments in rational-emotive therapy: Some unique features of this approach. Journal of Rational-Emotive and Cognitive-Behavior Therapy, 6, 146-161.
- Mahrer, A. R., Nadler, W. P., Sterner, I., & White, M. V. (1989). Patterns of organization and sequencing of "good moments" in psychotherapy sessions. Journal of Integrative and Eclectic Psychotherapy, 8, 125-139.
- Mahrer, A. R., Stalikas, A., Boissoneault, M., Trainor, K., & Pilloud, L. (1990). A scale for assessing strength of client feeling. Canadian Journal of Counselling, 24, 107-116.
- Mahrer, A. R., Stalikas, A., Fairweather, D. R., & Scott, J. M. (1989). Is there a relationship between client feeling level and categories of "good moments" in counselling sessions? Canadian Journal of Counselling, 23, 219-227.

Mahrer, A. R., Sterner, I., Lawson, K. C., & Dessaulles, A. (1986). Micro-strategies.

Distinctively patterned sequences of therapist statements. Psychotherapy, 23, 50-56.

Mahrer, A. R., White, M. V., Howard, M. T., & Lee, A. C. (1991). Practitioner methods for heightening feeling expression and confrontational strength. Psychotherapy in Private Practice, 9, 11-25.

Mahrer, A. R., White, M. V., Souliere, M. D., Macphee, D. C., & Boulet, D. B. (1991).

Intensive process analysis of significant in-session client change events and antecedent therapist methods. Journal of Integrative and Eclectic Psychotherapy, 10(1), 38-55.

Marmar, C. R. (1990). Psychotherapy process research: Progress, dilemmas, and future directions. Journal of Consulting and Clinical Psychology, 58, 265-272.

Marmar, C. R., Wilner, N., & Horowitz, M. J. (1984). Recurrent client states in psychotherapy: Segmentation and quantification. In L. N. Rice and L. S. Greenberg (Eds.), Patterns of change: Intensive analysis of psychotherapy process. New York: Guilford, pp. 194-212.

Martin, P. R. (Ed.). (1991). Handbook of Behavior Therapy and Psychological Science: An Integrative Approach. New York: Pergamon.

Martin, J., & Hiebert, B. A. (1985). Instructional Counseling: A method for counselors. Pittsburgh, PA: University of Pittsburgh.

Martin, J., Martin, W., & Slemon, A. G. (1987). Cognitive mediation in person-centered and rational-emotive therapy. Journal of Counseling Psychology, 34, 251-260.

- Martin, J., Martin, W., & Slemon, A. (1989). Cognitive-mediational models of action-act sequences in counseling. Journal of Counseling Psychology, 36, 8-16.
- Martin, J., Martin, W., Meyer, M., & Slemon, A. (1986). Empirical investigation of the cognitive mediational paradigm for research on counseling. Journal of Counseling Psychology, 33, 115-123.
- Mathieu-Coughlan, P. & Klein, M. H. (1984). Experiential psychotherapy: Key events in client-therapist interaction. In L. N. Rice & L. S. Greenberg (Eds.), Patterns of Change. New York: Guilford, pp. 213-248.
- Meara, H. B., Pepinsky, H. B., Shannon, J. W., & Murray, W. A. (1981). Semantic communication and expectations for counseling across three theoretical orientations. Journal of Counseling Psychology, 28, 110-118.
- Mercier, M. A., & Johnson, M. (1984). Representational system predicate use and convergence in counseling: Gloria revisited. Journal of Counseling Psychology, 31, 161-169.
- Mosher, D. L. (1977). The gestalt awareness-expression cycle as a model for sex therapy. Journal of Sex & Marital Therapy, 3, 229-242.
- Mosher, D. L. (1979). Awareness in Gestalt sex therapy. Journal of Sex & Marital Therapy, 5, 41-56.
- Mosher, D. L. (1979). The gestalt experiment in sex therapy. Journal of Sex & Marital Therapy, 5, 117-133.
- Naranjo, C. (1970). Present-centeredness: Technique, prescription, and ideal. In J. Fagan, & I. L. Shepherd (Eds.). Gestalt Therapy Now. New York: Harper & Row. pp.47-69.

- Naranjo, C. (1980). The Techniques of Gestalt Therapy. Highland NY: The Center for Gestalt Development.
- Nelson, W. M. & Groman, W. D. (1978). Temporal perspective from the Gestalt therapy assumption of present-centeredness. Psychotherapy: Theory, Research and Practice, 15, 277-284.
- Orlinsky, D. E. (1989). Researchers' images of psychotherapy: Their origins and influence on research. Clinical Psychology Review, 9, 413-441.
- Orlinsky, D. & Howard, K. (1978). The relation of process to outcome in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.). Handbook of Psychotherapy and Behavior Change. New York: Wiley, pp. 283-329.
- Osipow, S. H. & Walsh, W. B. (1970). Strategies in counseling for behavioral change. New York: Appleton-Century-Crofts.
- Patton, M. Q. (1980). Qualitative Evaluation Methods. London: Sage.
- Paul, G. L. (1967). Strategy of outcome research in psychotherapy. Journal of Consulting Psychology, 31, 109-119.
- Peavy, R. V. (1973). Gestalt therapy and the counsellor. Canadian Counsellor, 7, 74-85.
- Perls, F. S. (1969). Gestalt Therapy Verbatim. Lafayette CA: RealPeople.
- Perls, F. S. (1973). The Gestalt Approach and Eye Witness to Therapy. Ben Lomond CA: Science and Behavior Books Inc.
- Perls, F., Hefferline, R., & Goodman, P. (1951). Gestalt Therapy. New York: Dell.
- Pervin, L. A. (1984). Personality: Theory and Research. New York: John Wiley & Sons.

- Piper, W. E. (1988). Psychotherapy research in the 1980s: Defining areas of consensus and controversy. Hospital and Community Psychiatry, 39, 1055-1063.
- Pittenger, R. E., Hockett, C. F., & Danehy, J. J. (1960). The first five minutes. Ithaca, NY: Paul Martineau.
- Polkinghorne, D. (1983). Methodology for the Human Sciences: Systems of Inquiry. Albany NY: Suny.
- Polster, I. (Speaker). (1985). The story-line in psychotherapy. (Cassette Recording No. CP80). Phoenix, AZ: The Evolution of Psychotherapy Conference.
- Polster, E., & Polster, M. (1973). Gestalt Therapy Integrated: Contours of Theory and Practice. New York: Brunner / Mazel.
- Popper, K. R. (1983). Realism and the Aim of Science. Totowa, NJ: Rowman & Littlefield.
- Popper, K. R. & Eccles, J. C. (1977). The Self and Its Brain: An Argument for Interactionism. London: Routledge and Kegan Paul.
- Rennie, D. L., Phillips, J. R., & Quartaro, G. K. (1988). Grounded theory: A promising approach to conceptualization in psychology? Canadian Psychology, 29, 139-150.
- Rice, L. N., & Greenberg, L. S. (Eds.) (1984). Patterns of Change: Intensive Analysis of Psychotherapy Process. New York: Guilford.
- Rice, L. N. & Greenberg, L. S. (1984). The new research paradigm. In L. N. Rice & L. S. Greenberg (Eds.), Patterns of Change: Intensive analysis of psychotherapy process. New York: Guilford.

- Rice, L. N. & Kerr, J. (1986). Measures of client and therapist vocal quality. In L. Greenberg & W. Pinsof (Eds.), The psychotherapeutic process: A research handbook. New York: Guilford.
- Rice, L. N., & Saperia, E. P. (1984). Task analysis of the resolution of problematic reactions. In L. N. Rice and L. S. Greenberg (Eds.), Patterns of change: Intensive analysis of psychotherapy process. New York: Guilford, pp. 29-66.
- Ricoeur, P. (1965). De l'interprétation: Essai sur Freud. Paris: du Seuil.
- Ricoeur, P. (1969). Le conflit des interprétations: Essais d'herméneutiques. Paris: du Seuil.
- Safran, J. D., Greenberg, L. S., & Rice, L. N. (1988). Integrating psychotherapy research and practice: Modeling the change process. Psychotherapy, 25, 1-17.
- Shavelson, R.J. (1981). Statistical Reasoning for the Behavioral Sciences. Boston: Allyn & Bacon.
- Shepherd, I. L. (1976). Gestalt therapy as an open-ended system. In E. W. L. Smith (Ed.) The Growing Edge of Gestalt Therapy. New York: Brunner / Mazel, pp.39-52.
- Shoham-Salomon, V. (1990). Interrelating research processes of process research. Journal of Consulting and Clinical Psychology, 58, 295-303.
- Shostrom, E. L. (1965). Three Approaches to Psychotherapy: Frederick Perls. Orange, CA: Psychological Films.
- Shostrom, E.L. (1967). Man, the Manipulator. Nashville: Abingdon.
- Shostrom, E. L. & Riley, C. M. (1968). Parametric analysis of psychotherapy. Journal of Consulting and Clinical Psychology, 32, 628-632.

- Simkin, J. (1970). Mary: A session with a passive patient. In J. Fagan, & I. L. Shepherd (Eds.). Gestalt Therapy Now. New York: Harper & Row, pp. 162-168.
- Smith, E. W. (1975). Altered states of consciousness in Gestalt therapy. Journal of Contemporary Psychotherapy, 7, 35-40.
- Stevens, J. (1986). Applied Multivariate Statistics for the Social Sciences. Hillsdale: Erbaum.
- Stiles, W. B. (1986). Development of a taxonomy of verbal response modes. In L. S. Greenberg & W. M. Pinsoff (Eds.), The Therapeutic Process: A research handbook. New York: Guilford, pp. 161-199.
- Strupp, H. (1957). A multidimensional system for analyzing psychotherapeutic techniques. Psychiatry, 20, 293-306.
- Tabachnick, B. G. & Fidell, L. S. (1989). Using Multivariate Statistics, 2nd Edition. San Francisco: Harper & Row.
- Thorn, S. (1974). Translations of Gestalt theory into techniques. Counselling Psychologist, 4, 31-33.
- Toukmanian, S. (1986). A measure of client perceptual processing. In L. Greenberg & W. Pinsof (Eds.), The Psychotherapeutic Process: A research handbook. New York: Guilford.
- Tracey, T. J. (1985) Dominance and outcome: A sequential examination. Journal of Counseling Psychology, 32, 119-122.
- Truax, C. B., & Carkhuff, R. R. (1967). Towards Effective Counseling and Psychotherapy: Training and Practice. Chicago: Aldine.

- von Eckartsberg, R. (1971). On experiential methodology. In A. Giorgi, W. F. Fischer, and R. von Eckartsberg (Eds.). Duquesne Studies in Phenomenological Psychology, vol. 1. Pittsburgh: Duquesne University.
- Walker, A. M., Rablen, R. A., & Rogers, C. R. (1960). Development of a scale to measure process changes in psychotherapy. Journal of Clinical Psychology, 16, 79-85.
- Wampold, B. E., & Kim, K. H. (1989). Sequential analysis applied to counseling process and outcome: A case study revisited. Journal of Counseling Psychology, 36, 357-364.
- Watson, R. I. (1952). Measuring the effectiveness of psychotherapy: Problems for investigation. Journal of Clinical Psychology, 8, 60-65.
- Wertz, F. J., & van Zuuren, F. J. (1987). Qualitative research: Educational considerations. In F. J. van Zuuren, F. J. Wertz, & B. Mook (Eds.) Advances in Qualitative Psychology. Swets North America. Ablasserdam, Netherlands, pp. 3-24.
- Wills, G.H. (1978). The here and now in Gestalt therapy. Australian Psychologist, 13, 183-191.
- Windholtz, M. J., Weiss, D. S., & Horowitz, M. J. (1985). An empirical study of the natural history of time-limited psychotherapy for stress response syndromes. Psychotherapy, 22, 547-554.
- Wiseman, H. & Rice, L. N. (1989). Sequential analyses of therapist-client interaction during change events: A task-focused approach. Journal of Consulting and Clinical Psychology, 57, 281-286.
- Yontef, G.M. (1979). Gestalt therapy: Clinical phenomenology. Gestalt Journal, 2, 27-45.

- Yontef, G. M. & Simkin, J. S. (1989). Gestalt therapy. In R. J. Corsini & D. Wedding (Eds.) Current Psychotherapies, (4th. ed.). Itasca, IL: F. E. Peacock, pp. 323-361.
- Zimmer, J. M. & Cowles, K. W. (1972). Content analysis using FORTRAN: Applied to interviews conducted by C. Rogers, F. Perls, and A. Ellis. Journal of Counseling Psychology, 19, 161-166.
- Zimmer, J. M., & Pepyne, E. W. (1971). A descriptive and comparative study of dimensions of counselor response. Journal of Counseling Psychology, 18, 441-447.

Appendix A

Instructions to Judges for the Identification of Very Good Moments

You will be given a verbatim transcript of a whole psychotherapy session. You will also have access to a tape for that session. In the transcript, each client statement is numbered consecutively. Client statement includes all the words spoken by the client, preceded and followed by words spoken by the therapist.

Listen to the recording, following along with the verbatim transcript. For each client statement, decide whether or not it meets the definition of a very good moment. You will notice that some rare client statements are not only good, they are very good. Very good moments are defined as outstanding, exceptional, peak, highly valued, critical, pivotal, prized on the basis of the client's expressing, showing, manifesting a way of being or behaving that (a) is taken as indicating highly significant, impressive, substantive, conspicuous change, process, improvement, progress, or movement and/or (b) is taken as indicating a highly valued state, goal, turning point, or outcome that is accomplished, attained, achieved in the session.

It may be that a particular part of one client statement would qualify as being a very good moment, or it may be that a whole statement qualifies. It may also be that a string of consecutive statements qualifies as a very good moment.

Be liberal. Err in the direction of including the client statement as qualifying as a very good moment. In some sessions, you may find very few, or only one very good moment. In other sessions there may be a few. When you encounter what you think is a

very good moment, write down the client statement number and what part of the statement(s) qualifies as being a very good moment. Just call them as you see them.

Appendix B

Instructions to Judges for the Written

Descriptions of Very Good Moments

Go over the client statement that you and the other judges identified as a very good moment. Going through the session once tells us which client statements were identified as very good moments by each of the judges. You will be told for example that client statement 14, in its entirety, qualified as a very good moment. Your job is to listen to and read client statement 14, and write down what you think it is that makes it qualify as a very good moment. Very good moments are defined as outstanding, exceptional, peak, highly valued, critical, pivotal, prized on the basis of the client's expressing, showing, manifesting a way of being or behaving that (a) is taken as indicating highly significant, impressive, substantive, conspicuous change, process, improvement, progress, or movement and/or (b) is taken as indicating a highly valued state, goal, turning point, or outcome that is accomplished, attained, achieved in the session. Use plain English. Do not use jargon or terms that are specific to a type of psychotherapy. Try to make your description fit the actual very good moment as much as possible without it being overly concrete. We are looking for a balance between concrete reporting of the client statement on the one hand, and overly loose, global abstractions on the other.

Appendix C

Instructions to Judges for
the Identification and Description of
Antecedent Therapist Operations
and Client Conditions

You have been given a composite description of the identified very good moment. Your job is to listen to the target very good moment while following the verbatim transcript. The research team has identified that particular client statement(s) or part of statement(s) as constituting a very good moment. You are to identify and to describe what you believe the therapist and the client did to help bring about that particular client statement(s) or part of statement(s).

Start with the client statement or part of statement that was identified as containing the very good moment. Go back as far as you believe is necessary, whether you go back just a few statements or much earlier. You are looking for what the therapist said and did that seemed to be instrumental in helping to bring about that particular client statement or part of statement. These are therapist operations, methods, techniques, things the therapist said and did. You are also looking for what the client said and did that seemed to help. Concentrate especially on what the client was saying or doing or being like so that, when the therapist did this or that, the particular client statement or part of statement then occurred. You are looking for the client condition or state or way of being when the therapist then did this or that.

Usually, you will find that the client condition and therapist operation are rather simple. When the client is in this condition or state or being this way, then the therapist did this or that, and the consequence seemed to be the occurrence of the very good moment (particular client statement or part of statement). However, it may be more complicated, e.g., when the client is in this condition or state, and the therapist does this, and when the client then is in this condition or state and the therapist then does that, then the consequence seemed to be the occurrence of the target, particular client statement or part of statement. Write down your description. This will indicate/identify which therapist and client statements, or parts of statements, were instrumental in constituting the client conditions and therapist operations.

Identify and describe what you believe were the client conditions and therapist operations. Your description should end with this kind of framework: when the client is in this condition, in this state, being this way, doing this or that, and when the therapist then does this or that, the consequence seemed to be the occurrence of that particular client statement or part of statement.

Your written description should be of use to practitioners. It should tell the practitioner that when the client is being like this, doing this, in this condition, then if you do this or that, it looks like maybe the consequence is this particular kind of very good moment.

Just as with your description of the very good moment, your written description should be in the practitioner-useful middle ground between loose and general theory and a slavish repetition of what client and therapist said. Your written description should also

be in terms that are relatively free of the jargon or the technical terms of any particular therapeutic approach.

Keep in mind that every client condition is itself a function of something that happened earlier. For example, you may say that the client condition was when the client was on the verge of tears. When the client was being that way, that is when the therapist did this or that, and then the good extratherapy behavior change occurred. The chances are pretty good that something happened earlier that resulted in the client's being on the verge of tears. Do you start with when the client is on the verge of tears? Or do you go back earlier? The answer depends on the target very good moment. Given that particular very good moment, use your best judgement in deciding how far back to go.

Your written description will probably say that here is my description of what the client and therapist did that helped to culminate in the very good moment. And you will end by saying that the overall principle here is that when the client is in this condition, being this way, and the therapist does this or that, then that accounts for the very good moment.

Appendix D

Very Good Moments Verbatim

This appendix presents the actual client statements identified as the 17 very good moments in the six sessions of Gestalt therapy.

Very good moment # 1: From Neutral to Strong Feeling

Identified client statement: Session #1 (Perls [a]), C26: "I do too! And I know you're gonna pick on me for it!"

Very good moment #2: Strong Expression Directly Toward Therapist

Identified client statements: Session #1 [Perls (a)], C68-71: (C68) "Why is it a phoney?! I'm admitting to you what I am, how's that a phoney?! OH!!" (C69) "I'm admitting it! I know what I'm doing. I'm not being phoney. I'm not pretending I'm so brave. I resent that! I feel like you're saying unless I come out openly and stand on my own, I'm not a phoney! Baloney!! (C70) "Well not now! And besides, that's like passing judgement when you call me phoney. I just hate that anyway!" (C71) "I still think you're judgemental. You know what I have a feeling? You have never felt this way in your life! You feel so secure that you don't have to feel anybody that does something like this, you're going to pass judgement on them being a phoney. Well, I resent it!"

Very good moment #3: Strong Expression Directly Toward Therapist

Identified client statement: Session #1 [Perls (a)], C78: "OK. Don't be so cocksure of yourself! Don't think you're too doggone smart! Don't act so proud because you've never been in the corner. I think you can be just as big a phoney parading around like you're so damned smart and you know all the answers as much as me sitting in the

corner. Oh, and I like the feeling of you being younger!"

Very good moment #4: From Neutral to Strong Feeling

Identified client statement: Session #2 [Sagan], C42: "...and, and, by golly, one way or the other they're gonna know I'm here!!"

Very good moment #5: Extratherapy Behavior Change Intention

Identified client statement: Session #2 [Sagan], C70: "... So now I'm going to do it! 'Cause I'm going to get angry. Why don't I just go in and punch the pillow? That's the best I can do right now though the kids will think I'm kind of silly... But they won't really."

Very good moment #6: Acceptance of Problem-Self

Identified client statements: Session #2 [Sagan], C95-96, C98: (C95) "... I think I'll move over and let this moral self just sit, right beside me. Just because it's there and I've given it so much power doesn't mean I have to be mad at it." (C96) "We can sit together and respect each other." (C98) ... "Now I can just sit myself hunched over and sprawled around and, and, and just the way I feel like it ..."

Very good moment #7: State of General Well-Being

Identified client statements: Session #2 [Sagan], C108, C110-117: The very good moment was identified as being composed of this string of statements. (C108) "Oh, I'm just ... want to feel my softness ... my me! I ... oh. gee, it's like I have to get acquainted with myself ... and just ... just feel it." (C110) "... Let me discover myself like this. It will probably be better than a mirror actually. Huh, (pause) oh, I'm all me (laughs) ... all my own." (C111) "This is what a little tiny baby must feel...that hasn't been...I mean that

comes into the world himself or herself. A little tiny baby feels...I'm me and I'm finding out who I am and I'll tell you if you'll listen. (laughs) The way a little baby feels. They do...they know more about themselves than anybody. (laughs) And they're very communicative. (pause) And I think what I felt as a little tiny baby but nobody would listen. So therefore, I felt I was incapable of communicating some way. But that's not necessarily true...I feel like, I feel like, Miss Johnson said now...about me.

Now...and...when she said that I seem like a contented baby to her. Now I really feel it." (C112) "When she said it, I kept going over it in my mind and I couldn't move it off the intellectual level into my feelings, but now I feel like a really contented person. I don't know that I feel like a baby." (C113) "But I feel contented. And there's no arrogance which she made me into." (C114) "Or no shame which the cloud drives me to." (C115) "That's what's meant by a feeling level without right and wrong." (C116) "She has known Bill (laughs) and um ... really, you've given him an awfully bad time. And he saw through you, didn't he? He really saw through you. (pause) I'm not mad at her, just not mad at her." (C117) "I'm not mad at you. In fact, I'm going to need you somewhat, but I want to be telling you and not you telling me. You're just going to have to wait a while until I get used to what I'm going to say. (laughs) She will ... She'll wait. 'Cause I think that you can't let me talk to you ... I can't reject you ... I ... I ... I ... can't push you off and just say you're good for nothing because you are ... you're very much needed but not in control. Ah, that's where you'll be ... right beside me. That's what's been the trouble. Once you eliminate the human factors ... then you're not going to have very much in the human world. Do you? (pause) I'd like to just sit here for a little while and just feel the

closeness and just feel safe in it. I don't want to push it away too much by too much talking."

Very good moment #8: Strong Expression Directly Toward Therapist

Identified client statement: Session #3 [Perls (b)], C39: "I know, I know that! OK, that one thing I wanted to do to you was to just shake you and say: (shouting> "For God sake, recognize it! Recognize it! It's really there!!"

Very good moment #9: New, Deeply Felt Personality Process-State

Identified client statements: Session #3 [Perls (b)], C62-64: (C62) "I feel that it'll hurt you because it's not what you want, it's not what you feel you need. It's not what you feel a good son gives to you. And that you'll fuck around with it and start feeling hurt and guilty and pout with it, that you'll end up saying: 'What have I done wrong? What have I done wrong!? What have I done wrong?!'" (C63) "What you did right was what you did in business: that you went ahead, that you were competent, that you were strong there. What you did right was that you took so much of your money and you put it into a foundation. And you gave. You did what you could do! (voice rising) You did what you could do!! That doesn't mean you're a rat if it didn't turn out the way your dream wanted it to come out. (shouting) You did what you could do!!" (C64) "That's right, Eugene. I did not I could do. Don't ask any more of me. That's very hard; that's very hard. (Long pause) You're so proud and so frightened." (Very long pause then client begins crying), "Oh God, oh God!!"

Very good moment #10: New, Deeply Felt Personality Process-State

Identified client statements: Session #3 [Perls (b)], C85: "... I have thrown away my

childhood. When i was around four, you wanted a certain kind of child, and I became that child because I was too afraid to become anything else!!"

Very good moment #11: New, Deeply Felt Personality Process-State

Identified client statement: Session #3 [Perls (b)], C88-89: (C88) "You had the brains (breaks off and begins crying) if only you had used them. Oh, Dad, if only you had used them." (C89) "You ran off and left me with that stupid woman. I wasn't big enough then to sort it out and realize what a jackass she was. It was so hard; it was so hard and so confusing. (He sobs.) It was so confusing. It just didn't make any sense!! It didn't make any sense at all. I mean here was this stupid woman saying that the only reason why your father makes any sense and is a man is because i made it. And here was this man who was--who had an enormous amount of brains--You know, I thought that something was crazy. This is a man who left his Russian village at twelve, took two younger cousins, came to this country, was a penniless immigrant, became the largest manufacturer of children's goods, and goes around saying, 'I'm an ordinary man like everybody else.' It didn't make any sense! It didn't make any sense!!! Stupid woman saying, 'If it wasn't for me, he wouldn't have done anything.' And it didn't--I just threw up my hands, and I said 'I can't'--I wasn't willing to accept, wasn't willing to accept--to face up to what it would have meant to have said these adults don't make any sense! I know more what the hell's going on than they do! ... But she was the "shcwartze", the depreciated mother, the one who lives down in the little hole in the (breaks down and sobs while talking) I never told her I loved her!! And it's all account of you, you goddam bitch!!! You had no feelings for Dad; you had no feelings for Ida, or anyone

else. You had to be the centre of the universe!!! (unintelligible sobs) ... But she took-
She would have been O.K. if she'd married a stupid husband!!!"

Very good moment #12: Strong Expression Directly Toward Therapist

Identified client statement: Session #4 [Levitsky], C25: "D'you wanna battle or fight or something? Wait a minute, I think I want to fight! That's what I want. I wanna fight! ..."

Very good moment #13: Strong Expression Directly Toward Therapist

Identified client statement: Session #4 [Levitsky], C29: "... I tell you honestly: I don't trust you! (sniffle)."

Very good moment #14: Strong Expression Directly Toward Therapist

Identified client statement: Session #4 [Levitsky], C37: "Yeah, an-and the reason that I think that is because when I came up here I-I kind of thought, you know, there is so much going on with me with-with what's happening here, there's so much going on, not just here in this (sniff) fuckin' room, but-but at home too, I have the tapes there an' I, an' I really work on myself I have one or two dreams every night all the time an' you're involved in this an' that, that's what makes it so, so-so, so important to me, an' its one of the most important things in my fuckin' life with all the other things there (sniff) and, an' that's why, that's why I'm so uh, so delicate on that an' so tense!"

Very good moment #15: New, Deeply Felt Personality Process-State

Identified client statements: Session #4 [Levitsky], C45-46: (C45) (Gasping sort of quiet crying) "I'm scared. Wanna creep under my blanket. (T: Hmm.) Feel helpless." (Blows nose) (C46) "(Inaudible) maybe I'm thinking of, I'm, I'm in your hands now, or, or ..."

Very good moment #16: New, Deeply Felt Personality Process-State

Identified client statement: Session #5 [Polster], C101: (In crying voice> "None of you are ever gonna do it to me again I know that!"

Very good moment #17: New, Deeply Felt Personality Process-State

Identified client statement: Session #6 [Simkin], C20: "I ... I home just (unintelligible) a second class citizen. I wanted to go to different schools and I couldn't go all the way. (Hard crying) Oh, jus' I never told anybody this (more crying) Ahh. I been angry as shit about that! Every time I go somewhere at a workshop, an' I work an' I don't feel I'm doing my work well I jus' sit back an' say: 'Well goddammit if it hadn't been for you I wouldn't be in this fuckin', I'd be a goddamn good psychotherapist I wouldn't have to be waitin', beggin' for you to take me in 'cause I'm black!!' (Crying) Oh sheeit!"

Appendix E

Therapist Operations Reported in the
Gestalt Clinical Literature.

In the clinical Gestalt literature, the term technique is often rather broadly and freely applied to all therapist operations. For example, some Gestalt writers go as far as to include the therapeutic relationship as a technique (Fagan, 1970; Yontef, 1979). However, in addition to such broad applications of the term technique is also often used to refer to more specific kinds of therapist operations. Some of these operations are still relatively large in the sense that they refer to relatively extended therapist interventions that might take more than a few statements for the therapist to complete. The Two-Chair procedure is one popular example of a larger operation. Other therapist operations are more simple. The basic ground rules and directions that the Gestalt therapist uses frequently throughout the session are example of such operations. Here are specific examples of the some of the major Gestalt operations:

(1) The No Gossiping rule: When needed, the therapist will remind the client not to talk about other people. Instead the client is instructed to talk directly to the other person. This operation is intended to promote the client's fuller awareness of his or her feelings toward the other (Levitsky & Perls, 1970).

(2) The Change the Question Into a Statement rule: When the client asks a question, the therapist will respond to the client's question by having him take the content of the question and reformulate it into a statement. Perls (1969) argues that in changing the question into a statement the client becomes more aware of the background

out of which the question was developed, and can become more aware of the motivation behind his question.

(3) The Change It Into I rule: This rule is an example of a phrasing prescription that therapists encourage clients to use when communicating their ideas and feelings in Gestalt therapy (Levitsky & Perls, 1970; Mosher, 1979; Peavy, 1973). When the client uses the word it--for example, in the statement, "It makes me so mad!"--the therapist will instruct the client to say the statement again using I as the subject: "I get so mad when ..." (Bergantino, 1977; Peavy, 1973; Perls, 1973; Polster & Polster, 1973). This rule is intended to help the client become more aware of his active role in being mad. This is all part of what Gestalt therapists call owning and taking responsibility (Greenberg & Clarke, 1979; Greenwald, 1972; Harman, 1974). Changing it into I is intended to help force the client to assume responsibility for his or her own feelings.

The larger Gestalt operations consist of interventions that encompass relatively extended sequences of interactions between the therapist and client. When successfully applied, these operations are said to bring about a definitive shift in the client's self-perception, something akin to a major shift in the client's personality state. These are said to be the most powerful of Gestalt operations (Mosher, 1979; Naranjo, 1970). Here are some examples.

(4) Exaggerate: In an often extended series of operations, the therapist persistently tells the client to repeat whatever she just did, but to progressively make the behavior more grandiose, embellish it, or in the case of a phrase, to repeat it unceasingly with ever increasing volume (Levitsky & Perls, 1970; Smith, 1975).

(5) Be Aware: In a sequence of operations, the therapist systematically and persistently attempts to keep the client in contact with what he or she is doing, how he or she is being in the present moment of the therapy session. For example, the therapist may direct the client to pay close attention to his bodily sensations, postures, gestures, or other behaviors that he is performing, or feelings and thoughts that he is having but is not immediately aware of (Enright, 1970; Fagan, 1976; Mosher, 1979; Naranjo, 1970; Smith, 1975). The therapist may ask the client to describe what he is doing, what he is seeing, feeling, wanting, remembering, or conversely, avoiding saying or doing. The therapist may encourage the client to do whatever it is he is doing as fully and completely as he can, with growing awareness of what he is doing (Enright, 1970). All of these be aware kinds of interventions can be thought of as present-centredness exercises designed to focus the client's attention on his immediate sensations and perceptions (Naranjo, 1970). Similarly, Perls would often mirror the client's voice, face, posture, and gestures as a means of providing feedback to heighten awareness (cited in Mosher, 1979). Another operation Perls used to increase the client's awareness of feelings was a guided-fantasy exercise called shuttling. Here is what the therapist might say to guide the client through this awareness-enhancing shuttling exercise:

Close your eyes and go away in your imagination, from here to any place you like...

Now the next step is to come back to the here experience, the here and now...

And now compare the two situations. Most likely the there situation was preferable to the here situation... And now close your eyes again. Go away again, wherever you'd like to go. And notice any change... Continue to do this until you

really feel comfortable in the present situation, until you come to your senses, and you begin to see and hear and be here in this world; until you really begin to exist (Perls, 1969, p.61).

The therapist's aim here, as in all other awareness-enhancing operations, is to help the client become more aware of, and more in touch with his experience in the present therapy moments.

(6) Talk To: There are many Gestalt operations that are aimed at getting the client to engage in active self-expression. The therapist aims to encourage or provoke the client into expressing what he is feeling. This may be directly expressing one's self to the therapist, or in an imagined or recalled situation. A very popular category of these operations involves the use of a chair as a prop. These operations are known as the Empty Chair, the Two-Chair, or Dialogue. All have as the central component, the client talking to a chair in which he imagines the presence of the other. The therapist asks the client to express herself directly to that other person or part of himself in a full-feeling, genuine manner by imagining the other to be seated in the empty chair facing the client. The therapist may help in the client's expression when she feels there is a need to assist through coaching, telling the client what to say, or any other operation (Fagan, Lauver, Smith, Deboach, Katz, & Wood, 1974; Harman, 1974; Greenwald, 1972; Perls, 1969; Smith, 1975; Yontef & Simkin, 1989).

For example, in the Two-Chair operation (Greenberg, 1979; Greenberg & Clarke, 1979; Greenberg & Higgins, 1980; Yontef & Simkin, 1989), the therapist first instructs the client to visualize a scene in which she speaks to a second imagined, visualized

person, or other aspect or part of herself, seated in an empty chair opposite her. The client is then instructed to reply in the voice of--as if she in fact was--the person or part of herself, to whom her communication was first directed. The client alternately plays both roles. She is instructed by the therapist to physically get up out of the first chair, to sit herself in the until-then-empty chair, and respond to her statement as though she were the other person or part of herself in the dialogue, argument, or scene (Fagan, 1976). This continues throughout the imaginary, recalled, or combination imaginary and recalled scene until the client is fully aware of, and experiencing being the other person or part of herself.

(7) Take Responsibility, Own: These operations can be thought of as extensions of the changing it into I rule. These operations include all therapist operations that are aimed at inducing or encouraging clients to take responsibility for their present, past, and future behaviors, thoughts, and feelings, to acknowledge the instrumental aspect of their behaviour (Bergantino, 1977).

(8) Frustrate: These operations all stem from one of the core assumptions in Gestalt therapy. Namely, that by frustrating the client's usual behavior patterns, the therapist will force, or at least facilitate the client's ability to search and find new, more positive, more self-supporting ways of being-behaving. In the therapy session, one of the Gestalt therapist's main aims is to unbalance the client in order to force her to mobilize her own resources instead of manipulating others into filling her needs (Dolliver, Williams, & Gold, 1980; Perls, 1969).

In short, the preceding section outlined a number of therapist operations, methods, procedures, experiments, gimmicks, directions, and suggestions that are commonly referred to in the Gestalt clinical literature.

Appendix F

Composite Descriptions of the

17 Very Good Moments

This appendix presents the composite descriptions of each very good moments as they were assembled throughout the study. The purpose is to give a clear account of the findings in a format that reveals the diverse, distinct nature of the individual instances of very good moments.

Very good moment # 1: From Neutral to Strong Feeling

Session #1 [Perls (a)], C26.: The client quickly moved from a flat, neutral level of feeling to a level of strong feeling, in the space of a few seconds. After the therapist operation, the client's voice becomes loud, sharp and tinged with indignation.

Very good moment #2: Strong Expression Directly Toward Therapist

Session #1 [Perls (a)], C68-73.: The moment consisted of the client communicating strong feelings aimed directly at the therapist. A personality process, quality, or feeling was communicated to a strong degree. Some judges referred to this behavior as a true and sincere expression of feelings, standing up to the therapist, being oppositional, openly showing anger. This was different from other behaviors the client had demonstrated previously in the session.

Very good moment #3: Strong Expression Directly Toward Therapist

Session #1 [Perls (a)], C78.: This moment consisted of the client verbalizing strong feelings directed toward the therapist, a personality process, quality, or feeling was communicated to a strong degree. A number of judges described this behavior as

standing up to the therapist, scolding the therapist, while enjoying the experience. This last element, that of enjoyment seen as the expression of good feelings, was slightly different from the previous very good moment, although the overall essence remained the same.

Very good moment #4: From Neutral to Strong Feeling

Session #2 [Sagan], C42: In this very good moment the client's voice goes from a flat, neutral quality to one of strength, power, and feeling, as a rich intensity, a forcefulness, and a potency wells up from inside.

Very good moment #5: Extratherapy Behaviour Change Intention

Session #2 [Sagan], C70.: The very good moment consisted of the client's manifesting what the team judges considered to be a significantly high degree of intention, preparedness, amenability, and commitment to carry out a concrete, explicitly outlined behavior change in the prospective extratherapy world. Furthermore, in accordance with their instructions regarding the identification of very good moments, the judges found the behavior to be therapeutically valuable, helpful, and effective.

Very good moment #6: Acceptance of Problem-Self

Session #2 [Sagan], C95-96, C98.: In this instance the client was now accepting a side of herself she had disowned, been at odd with, perceived as problematic, felt angry at, earlier in the session. She was now welcoming it, accepting it as a legitimate part of herself and there was a sizable amount of warm, comfortable, relaxed, affirmative, positive feelings in relation to it.

Very good moment #7: State of General Well-Being

Session #2 [Sagan], C108, C110-117.: The client was experiencing a state of general, pervasive well-being. This was characterized by the client's focus on immediate bodily feelings and the expression of those feelings including feelings warmth, softness, gentleness, wholeness, and confidence. The client felt good in general, not simply in relation to a resolution of her problem.

Very good moment #8: Strong Expression Directly Toward Therapist

Session #3 [Perls (b)], C39.: Judges perceived a personality process, quality, or feelings to have been expressed to a strong degree. The very good moment involved the client's expression of his frustration, exasperation, and helplessness directly aimed at the therapist who, in this instance, was also the source and focus of these expressed feelings.

Very good moment #9: New, Deeply Felt Personality Process-State

Session #3 [Perls (b)], C62-64.: The client was manifesting, undergoing, expressing a personality process, state, or quality that was new, relative to the way the client has been throughout the session, and it was deeply felt. This new, deeply felt personality process-state included a new deeply felt personality process-state consisted of loving acceptance and oneness with father.

Very good moment #10: New, Deeply Felt Personality Process-State

Session #3 [Perls (b)], C85.: The overall experience of the client was that of undergoing a process-state that had not been observed previously in the session. Therefore it was judged to be a new process-state or way of being. Specifically the client was expressing strong feelings of hurt, outrage, resentment, and anger. The client was yelling accusatory

allegations directly to the other person (his mother) who was the focus of his attention. Furthermore some judges observed that the client seemed to be seeing the past relationship with his mother in a new light, what might be called an experience of insight, or emotional insight.

Very good moment #11: New, Deeply Felt Personality Process-State

Session #3 [Perls (b)], C88-89.: The client was experiencing a new personality process-state, way of being. This was accompanied with what seemed to be new ways of understanding the relationships he shared with his parents. In this instance of the very good moment, the client is reproaching, scolding, criticizing his parents with very strong levels of feeling. There is a new deeply felt mixture of grief, outrage, and resentment that is aimed directly at his mother and father.

Very good moment #12: Strong Expression Directly Toward Therapist

Session #4 [Levitsky], C25.: The client is expressing strong feelings of annoyance, displeasure, resentment, and anger directly toward the therapist.

Very good moment #13: Strong Expression Directly Toward Therapist

Session #4 [Levitsky], C29.: The client is verbalizing a strong sense of suspicion and distrust that she feels toward the therapist. She is accusatory, disapproving, and frustrated with the therapist, and is voicing these strong feelings directly to him.

Very good moment #14: Strong Expression Directly Toward Therapist

Session #4 [Levitsky], C37.: The very good moment was described as the expression of a personality process-state where the client is voicing strong feelings directly to the therapist. She is accusatory, disapproving, and frustrated with the therapist, and is

voicing these strong feelings directly to him.

Very good moment #15: New, Deeply Felt Personality Process-State

Session #4 [Levitsky], C45-46.: In this very good moment, the client was manifesting, experiencing, expressing a personality process-state of being vulnerable and helpless.

This was found to be a new quality relative to the way the client had been throughout the session, and it was deeply felt.

Very good moment #16: New, Deeply Felt Personality Process-State

Session #5 [Polster], C101.: This very good moment was characterized as the client experiencing her sense of strength, power, toughness, in way that is genuine, candid, and direct. The client was undergoing a new (not previously seen in the session) and deeply felt personality process-state as she addressed an empty chair while imagining a scene in which she was speaking directly to a group of men.

Very good moment #17: New, Deeply Felt Personality Process-State Session #6

[Simkin], C20.: The judges described the very good moment as the client's experience of a new sense of being exposed, defenceless, vulnerable, helpless.

Judges also identified an element of offended, hurtful resentment.