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**The Promotion of Impressive In-Session Client Changes:
A Discovery-Oriented Study of Psychotherapeutic Change**

Margaret Hamblin Lazaro

**Dissertation presented to the School of Graduate Studies,
University of Ottawa, as partial fulfillment of the requirements for the
Degree of Doctor of Philosophy in Clinical Psychology**

**University of Ottawa
2002**



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This thesis is dedicated to my family.

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ABSTRACT

The purpose of this thesis is to provide a preliminary examination of the findings of a long term, continuous, research project on psychotherapy. Data have been collected for approximately five years. The plan is for further data to be collected for another three to four years or more. Sufficient data have been collected to enable a substantial look at the findings so far. This is the purpose of this thesis.

The research is directed toward answering four questions:

1. What were the categories or kinds of impressive in-session client changes judged to be found in the pool of 40 instances? The research found 8 categories of impressive in-session changes.
2. Were the categories of impressive in-session changes found to occur in an identifiable sequence or sequences? The research found that the impressive in-session client changes occurred in two somewhat overlapping but substantially different patterns or sequences within sessions.
3. For each of the 8 categories of impressive in-session changes, what did the therapist, or therapist and client, do that were judged as enabling the in-session impressive changes to occur? For each of the 8 categories of impressive in-session changes, the research was able to identify and to specify ways that the therapists, and therapists and clients, were judged as enabling the occurrence of the impressive in-session changes.
4. For each of the 8 categories of in-session changes, what did the therapists do following the occurrence of the impressive in-session client change? What the therapists did following the

occurrence of the impressive in-session client change was incorporated into the judges' instructions as the identification and specification of ways the therapists used the occurrences. For each of the 8 categories of impressive in-session client changes, the research was able to identify and to specify ways the therapists used the occurrences of the impressive in-session client changes.

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THE RESEARCH QUESTIONS

AND REVIEW OF THE LITERATURE

The purpose of this thesis is to provide a preliminary examination of the findings of a long term, continuous, research project on psychotherapy. Data have been collected for approximately five years. The plan is for further data to be collected for another three to four years or more. Sufficient data have been collected to enable a substantial look at the findings so far. This is the purpose of this thesis.

The research is directed toward answering four guiding questions. These are the four critical questions of one form of discovery-oriented psychotherapy research (Mahrer, 1985; 1988; 1996b; Mahrer & Boulet, 1999).

Perhaps one of the foremost distinguishing features of discovery-oriented research is the research questions. It is these research questions that differentiate this from many other kinds of research, especially from research emphasizing the testing of hypotheses, checking out or confirming-disconfirming what is believed to be known, rather than pursuing discovery of what there is to be discovered in the field of psychotherapy (cf., Anderson & Heppner, 1986; Gelso, 1979; Hitchcock, 1986; Maccia, 1973; Polkinghorne, 1988; Talley, Strupp, & Butler, 1994). Here are the four research questions of the present thesis, the research questions of the long-term project of discovery-oriented psychotherapy research:

1. **What Are The Impressive, Significant, Valued Changes or Events That Can Occur in Psychotherapy Sessions?**

When a discovery-oriented researcher studies a psychotherapy session, this researcher is

eager, poised, ready, receptive, and open to something valued and prized. What might there be here in the session that is impressive, significant, valued and exciting? The researcher is open to and receptive to a particular class of events, namely to changes that are judged to be impressive, significant, and valued. What the researcher finds may be familiar, already known, new or somewhat new, at least to this researcher. This is the first question the discovery-oriented researcher seeks to answer.

Many researchers generally acknowledge that such important and impressive events can and do occur in psychotherapy sessions. They are variously referred to as indications of movement, progress, process, improvement, significant therapy events, critical moments, critical incidents, peak events, facilitating therapeutic episodes, auspicious moments, outstanding or exceptional moments, valued or prized clinical events, important events, sub-outcomes, turning points, significant shifts, very helpful impacts, good and very good moments, key events, and moments of significant change (Auerbach & Luborsky, 1968; Cummings, Hallberg, Martin, & Slemon, 1992; Duncan, Rice, & Butler, 1968; Elliott, 1983a, 1983b, 1985; Elliott, James, Reimschuessel, Cislo, & Sack, 1985; Elliott & Shapiro, 1988; Elliott & Wexler, 1994; Goldfried, 1980; Greenberg & Pinsof, 1986; Hoyt, 1980; Kelman, 1969; Luborsky, Singer, Hartke, Crits-Christoph & Cohen, 1984; Mahrer, 1985, 1988; Mahrer, Gagnon, Fairweather, & Cote, 1992; Mahrer & Nadler, 1986; Martin & Stelmaczonek, 1988; Mathieu-Coughlan & Klein, 1984; Orlinsky & Howard, 1967; Rice & Greenberg, 1984; Standahl & Corsini, 1959; Stiles, 1980; Stone, 1982).

These psychotherapy researchers acknowledge that there can be in-session changes that are impressive, significant and valued. However, there are virtually no studies where the main

intent is to study sessions to discover just what changes are impressive and valued. This is the explicit question guiding the discovery-oriented researcher: Is there some impressive change happening here? Is there a significant change in the session and if so, what is it, how can it be described? It would be helpful to have a variety of studies addressing this question, but a thorough review of the literature has revealed very little.

Most researchers are not expressly geared toward looking for new kinds or types of valued in-session changes. Most studies are not aimed at adding to the traditionally accepted categories of valued in-session changes, nor in setting aside the traditionally accepted categories and receiving whatever valued changes may present themselves in a given session. Almost regardless of the research designs that were used, few, if any, studies were geared simply to discover what important valued changes occurred, without preconceived category systems, and with an intent to be open to discovering new in-session changes.

In many of these studies, clients helped to identify where and what was important, impressive and helpful as far as in-session events were concerned (Barkham & Shapiro, 1986; Cummings et al., 1992; Cummings, Hallberg, & Slemon, 1994; Elliott, 1983, 1984, 1985; Elliott & James, 1989; Elliott & Shapiro, 1988, 1992; Elliott, Barker, Caskey, & Pistrang, 1982; Elliott et al., 1985; Hardy, Barkham, Field, Elliott, & Shapiro, 1998; Hill, Hilms, Tichenor, Spiegel, O'Grady, & Perry, 1988; Kazdin & Wilson, 1978; Llewelyn, Elliott, Shapiro, Firth-Cozens, & Hardy, 1988; Martin & Stelmachzonek, 1988; McCleod, 1990; Heppner, Rosenberg & Hedgespeth, 1992; Sexton & Whiston, 1996; Wilson & Evans, 1977). However, their responses to what they considered significant in the session were rarely used to discover the nature or content of an impressive change event. Instead, the common practice was to feed or code what

patients said into some predetermined category system. Relying on what patients reported was helpful, except in discovering the nature and content of in-session change events.

Although phenomenological, hermeneutic, and related strategies have been groomed as fitting for such uses, a review of studies (von Knorring-Giorgi, 1998) aimed at uncovering impressive, significant in-session events found few, if any, that used phenomenological or phenomenological-related research strategies. In a way, this is both somewhat singular and puzzling because it would seem that exploring in-session significant change events would be grist for the phenomenological mill. But evidently there have been few if any studies of this nature.

She [von Knorring-Giorgi] examined descriptions by three clients of what she carefully defined as pivotal moments of change. These were moments when the client believed that lasting change was initiated. It was this quality that identified the change as important, significant, pivotal.

The researcher interviewed each client in a careful manner laid down by the phenomenological strategy. The interviews were then organized into meaning units, and these in turn were transformed and then synthesized into the phenomenological descriptions of the pivotal moments of lasting change.

Her findings offered a rich and in-depth description of these pivotal moments, including some of the accompany conditions that were found to provide the context. For example, one important common component was a confrontational challenge of the clients' old patterns of living, being, responding, and relating to self and others.

Here was effective use of the phenomenological method to open up further understanding and appreciation of important and valued in-session client events. Even aside from its use of the

phenomenological method, it is one of the few studies aiming at discovering more about these impressive in-session client changes (von Knorring-Giorgi, 1998).

Indeed, most studies of in-session change events used pre-determined types and categories, regardless of the strategies used to locate the actual change event in the session. Some studies combined reasoning down from theory and back from outcome to locate the in-session change event (Clarke, 1996; Curtis & Silberschatz, 1986; Lambert, Shapiro, & Bergin, 1986; Muran, Gorman, Safran, Twining, Samstag, & Winston, 1995; Safran, Greenberg, & Rice, 1988; Silberschatz & Curtis, 1986; Silberschatz, Curtis, & Nathans, 1989; Weiss, 1986). Other studies started by flagging a session as a “good” session, and then seeing which in-session change events seemed to contribute to the session being deemed a good one (e.g.; Friedlander, Thibodeau, & Ward, 1985; Stiles, 1980; Stiles & Snow, 1984).

Many studies start with a pre-determined idea of what is to be considered an important, valued, in-session change event. For example, if the client seems to indicate that he or she has some problem, a good change is when the problem seems to be resolved, or at least substantially reduced. If the client seems to be abnormal, either below normal, as in a rate of speech, or above normal, as in loudness of voice, then a significant change-event is when the client is being more normal. A good change event is when the client is showing signs of a satisfied client, a person who is adjusted, functioning optimally, expressing how good he or she feels, how much he or she has changed or how helpful therapy has been. In general, most studies rely on pre-determined types and categories of significant in-session change-events.

Even though there are many studies of in-session change events, virtually all of these studies used pre-determined categories of in-session change events embedded into their designs,

their hypotheses, and their measures. It is the rare study that sought to discover what in-session change events may be found. Yet, this is the opening question for the discovery-oriented researcher.

2. Do Impressive, Significant, And Valued In-Session Changes or Events Occur In Some Sequence Or Pattern?

The first question deals with the issue of finding and describing impressive in-session changes. If this question can be answered then a second question can be asked: Do impressive in-session changes occur in some order or sequence? The researcher is looking for stages, steps, patterns and programs of in-session valued changes. These may occur across a session or across a number of sessions. The researcher is open to sequences that may be simple or complicated, tightly connected or loosely interwoven. Yet the guiding concern is whether one kind of impressive change seems to precede or follow another, perhaps paving the way for or being helped by the occurrence of some other kind of impressive in-session change.

Researchers have found it attractive to study in-session sequences of events, but they rarely, if ever, look for sequences of impressive and valued changes. Some researchers are drawn toward language-related events, perhaps in part because they are rather easily objectified and quantified. For example, researchers have studied sequences of speaking turns, units of word frequency, changes in topic initiation and following, ratios or self-reference to other-reference and proportions of nouns and verbs (e.g., Milbrath, Bauknight, Horowitz, Amoro, & Sugahara, 1995; O'Conner, Edelstein, Burry, Weiss, 1992; Reynolds, Stiles, Barkham, Shapiro, Hardy, & Rees, 1996; Richards & Lonborg, 1996; Russell & Trull, 1986; Sexton, 1993, 1996; Sexton, Hembre & Kvarme, 1996; Tracey, 1985, 1987; Tracey & Ray, 1984).

Some researchers start with a predetermined model of how change occurs, then study how this model plays itself out in terms of in-session processes and patterns. These studies include, for example, a model of Piagetian and Rogerian processing of painful experiences (Stiles, Elliott, Llewelyn, Firth-Cozens, Margison, Shapiro, & Hardy, 1990), a model of evocative unfolding (Watson & Greenberg, 1996), and models emphasizing linkages between in-session processes and post-treatment outcomes (e.g., Gray, 1993; Kolden, 1991, 1996; Muran et al., 1995; Prochaska & DiClemente, 1984; Safran, Greenberg, & Rice, 1988; Stiles et al., 1990).

A third body of studies starts with a preselected kind of impressive, in-session event, and then looked for sequences or programmatic ways that it plays itself out across a session. For example, one group of studies in particular, focused on the sequential playing out of valued, strong feelings, or particular kinds of valued, strong feelings, over a series of psychotherapy sessions (Mahrer, Nadler, Gervaise, & Markow, 1986a, Mahrer, Nadler, Dessaulles, Gervaise, & Sterner, 1987, Mahrer & Gagnon, 1991, Mahrer et al, 1992; Mahrer, Fairweather, Passey, Gingras, & Boulet, 1999).

It is interesting that the quality and sophistication of the research methods of studying this question seemed to outstrip the quality and sophistication of the findings. From early on, researchers counted on the use of methods of sequential analysis (e.g., Snyder, 1945), and later improved this with such methods as time series analysis (Glass, Wilson, & Gottman, 1975), cross-lag time series analysis (Gottman, 1979) and stochastic process analysis (Benjamin, 1979; Hertel, 1972; Lichtenberg & Heck, 1979; Lichtenberg & Hummel, 1976), wherein predetermined categories of therapist methods and significant client change events identify interrelated couplets of therapist and client statements organized into a Markov chain (e.g., Friedlander & Phillips,

1984; Mercier & Johnson, 1984; Tracey, 1985; Tracey & Ray, 1984; Wampold & Kim, 1989).

Even though in-session sequences have been examined, in-session sequences of impressive and valued changes have been largely ignored. Once the impressive changes in the sessions can be identified, the question is whether these impressive changes occur in some sequence and, if they do, what are these sequences? Unfortunately, there is no substantial body of studies that addresses these questions.

3. How Can These Impressive, Significant, And Valued In-Session Changes Or Events Be Brought About?

First, the discovery-oriented researcher locates a change that occurs in the session. This particular change is one that is judged as impressive, significant, and valued. The research can then question how this impressive change came about. How did this impressive change happen? What helped bring it about? What did the therapist do? What did the patient do? What did they do together? Whatever it was, the researcher is drawn toward this change and toward knowing how it can be brought about in therapeutic work. Schon (1982, p. 299) portrays the spirit of this third research question: "Indeed, it can be liberating for a practitioner to ask himself, 'What, in my work, really gives me satisfaction?' and then, 'How can I produce more experiences of that kind?'"

This third question starts with the impressive in-session change, and then looks to see how it was brought about. A more common research strategy is to start with a predefined valued in-session change, a predetermined method that is thought of as helping to bring it about, and to answer this question: Does it hold up that this particular method is effective in bringing about this particular in-session change? Does this method work to achieve that change?

This more traditional research strategy has been used in testing whether predetermined

methods are effective in reducing resistance and promoting insight-understanding (Patton, Kivlighan, & Multon, 1997), resolving splits or conflicts in the self (Greenberg, 1980), bringing up of previously warded-off material (Silberschatz & Curtis, 1993), confronting of new material (Horowitz, Siegelman, Wolfson, & Weiss, 1975), heightening of insight-understanding (Elliott, 1983a; Elliott et al., 1985; Hill, Carter, & O'Farrell, 1983; Garduk & Haggard, 1972). It has also been used to examine predetermined methods of increasing depth of experiencing (Greenberg & Clarke, 1979; Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980; Hill et al., 1983; Watson & Greenberg, 1996; Wiseman & Rice, 1989), bringing about greater responsiveness to hypnotic material (Council, Kirsch, & Hafner, 1986; Vickery, Kirsch, Council, & Sirkin, 1985), and developing a good therapist-client relationship (Foreman & Marmar, 1985; Garduk & Haggard, 1972; Kiesler & Watkins, 1989; Kivlighan & Schmitz, 1992).

The strategy used in these and similar studies was designed to test whether a predetermined method is effective in helping to bring about a predetermined kind of impressive change. However, this strategy was not designed to answer a question that seeks to discover how to bring about some impressive, significant, and valued in-session change or event. This is the third question in the discovery-oriented research approach.

This point warrants punctuation. There are many studies that test whether this predetermined method is effective in helping to bring about that predetermined in-session change, or whether this predetermined method is more effective than this other predetermined method in helping to bring about that predetermined in-session change. What is essentially missing is a body of studies representing an explicit intent to inquire into, to discover, how a given, valued, important in-session change was helped to occur.

It is hard to find studies aimed at answering this question. Perhaps there is an explanation for the apparent absence of such research. Rather than the research being geared to discover what may have helped bring about this impressive in-session change, the research typically begins with a predetermined method, and seeks to test the effectiveness of the method.

Nevertheless, there are some studies that begin to open the discovery-oriented window. For example, Greenberg and colleagues studied a particular, predetermined method or technique, and aimed at taking it a step further. They inquired into what seemed to occur when the two-chair technique was effective in helping to attain the impressive change (Greenberg & Clarke, 1979; Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980; Greenberg & Webster, 1982). Opening the window even further, Elliott (1983a), looked for ways that seemed helpful in achieving a given moment of insight and understanding.

The discovery-oriented question is wide open. In other words, the question for the present study is: How can impressive, significant, and valued in-session changes or events be brought about? Very few studies are dedicated to answering this question directly or in a way that allows for a genuine discovery of answers.

4. How Can The Therapist Use These Impressive, Significant, And Valued In-Session Changes Or Events When They Occur?

Suppose that an impressive change has just occurred in the session. Then what? What does the therapist then do? How does the therapist use the occurrence of this valuable change? In a sense, the spirit of this question is answered in a general way by the second question: Do impressive, significant, and valued in-session changes or events occur in some sequence or pattern? If this impressive change is followed by another impressive change, then a general

answer is that the therapist uses the first impressive change by moving toward the subsequent impressive change. That is a general answer, but the more specific question is: Once an impressive in-session change occurs, how does the therapist use this impressive change?

Although practitioners would seem to value answers to this question, it seems that researchers rarely, if ever, focus on it. The few studies that have shed some light on this question did so secondarily to some other research target. Nevertheless, studies suggest that when the therapist seemed to think of a particular in-session change in the client as welcomed and desirable, there was a strong probability that the therapist responded to this change by expressing pleasure and satisfaction (Mickelson & Stevic, 1971). When the impressive in-session change involved the client's offering of important and meaningful material, the therapist was found to use this by offering some of the therapist's own personal material in exchange, thus promoting heightened insight or a good client-therapist relationship (Knox, Hess, Petersen, & Hill, 1997). When there seems to be an impressive reduction in the client's demanding behaviour and efforts to control, therapists can and do use this by reducing their own demanding behavior and efforts to control the client (Lichtenberg & Barké, 1981).

When there seemed to be an impressive reduction of some problem, or the emergence of some inner deeper quality, therapists have capitalized on these changes and searched for ways to extend them into the post-session world by means of homework assignments (Mahrer, Gagnon, Fairweather, Boulet, & Herring, 1994, Mahrer, Nordin, & Miller, 1995). When the impressive change consisted of the occurrence of strong feelings, some therapists seemed to use this by further intensifying these strong feelings, and then proceeded toward particular kinds of further impressive changes depending on the nature of the initial strong feeling (Mahrer et al., 1999).

The purpose of this fourth question is simply to inquire into the various ways that impressive in-session changes can be used when they do occur.

These Are The Research Questions Of The Present Investigation

The purpose of the present investigation is to examine psychotherapy sessions in order to provide a substantial initial probe into answering the following research questions:

1. What are some of the impressive, significant events that occurred in the psychotherapy sessions?
2. Did the impressive, significant events occur in in-session sequences? If so, what were the in-session sequences?
3. What methods were judged as instrumental in enabling the occurrence of the impressive, significant in-session events?
4. How were the therapists judged to use the occurrence of the impressive, significant in-session events?

By providing an initial probe into answers to these questions, the further or longer-range aim is to explore and to discover what psychotherapy can be and do.

Most studies find it important to justify their purpose. The texts usually demonstrate how their studies can shed light on more important matters or larger and deeper issues. These studies are justified because their findings will have implications on important practical matters and applications. These studies are justified because some important matter is insufficiently studied, or what we do seem to know is conflicted and ambiguous.

While these larger issues will be discussed in the following chapter, perhaps a simpler way to justify the importance of these four research questions is to flag that these provide a useful way

to formulate and frame the research to allow for the discovery of what psychotherapy can accomplish, and how to do it better. These are the four qualifying questions of the discovery-oriented approach to psychotherapy research. In the future, it may be useful to formulate, modify further, and improve research questions.

Put differently, one way of justifying these research questions is to say that answering these questions is perhaps the best way available to discover what psychotherapy can accomplish, and to discover how to do psychotherapy better (viz., identifying impressive and significant in-session change events, as well as exploring and discovering the working methods to help bring about and to use these impressive and significant in-session change events, Mahrer, 1985, 1988, 1996a, 1996b, Mahrer & Boulet, 1999).

METHODOLOGY

There are two purposes of the present chapter. The first purpose is to present the methodology followed in the investigation. The four research questions are given by the discovery-oriented approach to psychotherapy research (Mahrer, 1985, 1988a, 1996a, 1996b; Mahrer & Boulet, 1999; cf. Rice & Greenberg, 1984; Herman & Heesacker, 1991), and therefore the methodology for answering these research questions will adhere to the discovery-oriented approach. The first part of this chapter presents the research design and the steps followed in the methodology and procedure.

The second purpose of the chapter is to discuss the discovery-oriented approach to psychotherapy research. Not only is this approach explicitly designed to enable rigorously careful answers to the four research questions, but a substantial case has been made that this approach is powerful and useful. It is, accordingly, in the second part of this chapter that the discovery-oriented approach will be discussed more generally, including its relations to more commonplace research approaches in the field of psychotherapy. The main intent of this second section is to provide a deeper and more general discussion of the power and usefulness of the discovery-oriented approach, rather than to weigh the relative strengths or to compare and contrast this approach with approaches referred to as quantitative, qualitative, phenomenological, hermeneutic, and so on.

What follows then, is a presentation of the methodological design and procedural steps in answering the four research questions that are the research questions of the present inquiry, and that are also the research questions of the discovery-oriented approach to psychotherapy research.

The Discovery-Oriented Researcher Studies Sessions

From A Library of Taped Sessions

Almost from the very inception of psychotherapy research, there has been a sprinkling of researchers dedicated to learning more about what actually happens in therapy sessions. In the 1940's and 1950's, Carl Rogers began a program of studies of recordings of actual sessions. However, psychotherapy researchers had studied recordings of actual psychotherapy sessions almost from the time such technology was available, and certainly in the 1920's and 1930's (Dittes, 1959). The discovery-oriented researcher merely continues the tradition: Discover more about psychotherapy by close and careful study of what happens in actual sessions.

What Kinds Of Tapes Are Useful For A Discovery-Oriented Research Pool Of Psychotherapy Tapes?

The taped sessions used in the present study are from the tape library collection of the University of Ottawa Psychotherapy Research Team. This collection has a current holding of approximately 500 tapes. Starting in 1954, tapes have been added continually, and continue to be added at the present time.

Videotapes have advantages over audiotapes, but audiotapes are much easier to obtain from psychotherapists. With a few exceptions, virtually all the tapes are audiotapes.

The premium tape is the actual session with an actual patient or client. Demonstration sessions in front of a group, with or without a volunteer from the group, are much less valuable. Prepared sessions, somewhat scripted by a volunteer or actor or proxy patient, are not valuable. Sessions using volunteer subjects, usually for some research project, that are compensated in some way, are also less valuable. The tape library excludes tapes of these kinds.

Tapes were elicited from a wide variety of therapists. Approximately two-thirds of the tapes were from practitioners with extensive publications. Many of the contributors were or are well-known. The balance of contributors were identified by inviting practitioners to cite local practitioners who were highly regarded as psychotherapists even though they may not publish, hold professional offices, or otherwise be especially well-known.

The practitioners were invited to contribute tapes that were illustrative of their work, with a special premium on sessions that the therapists regarded as important, as containing significant and impressive changes, as interesting or notable, as unusual, as perplexing. Receiving tapes of single sessions was practical and realistic. Receiving several sessions with the same or different clients was especially appreciated.

Although the sought after tapes were those containing impressive and significant changes, it was evident that exclusive requests for such tapes would likely fail to get many or any tapes at all. Accordingly, these kinds of sessions were requested along with other kinds that might nevertheless yield sessions containing impressive and significant changes.

Tapes were elicited from a wide range of practitioners. This range refers to a variety of approaches, orientations, or schools of psychotherapy, although it was difficult to identify the approach for most of the contributors. Contributors were mainly from the United States, Canada, and the United Kingdom. Tapes are from practitioners from virtually all the psychotherapy-related professions, including some practitioners who may be outside the usual psychotherapy-related professions. Contributors represent a broad span of experience. Some of the psychotherapists have limited experience, most have five to twenty years or so of experience, and still others have lifetimes of experience.

With regard to the patient or client, emphasis is on any and all kinds of individuals whose concerns include any and all types of issues, problems, changes, worries, states, diagnoses or conditions. The individual may be in a severe state of distress or pain or relatively intact. No matter what category system may be used, the emphasis has been and continues to be on individuals of all types, labels, categories, diagnoses. The emphasis is on a broad representation of people and concerns, no matter how these are labeled or categorized.

The taped sessions used in this study are only of individual adult sessions, where there was only one therapist. Less than 5% of the tapes were of initial sessions.

All types of sessions were generally acceptable, such as sessions where the therapist considered the session to be a good one, and rather effective (cf. Garfield, 1981). However, the tape need not represent whatever the therapist regarded as a best or stellar session. Nevertheless, therapists were invited to include sessions containing impressive or interesting changes. Many of the tapes are from practitioners who regard their sessions as rather ordinary. However, a large portion of these tapes were acknowledged as including the sought after broad meaning of impressive changes. Even so, the practitioners were often surprised when they were told what impressive changes were found in their work. As may be expected, there are many tapes where the research team was unable to find changes judged as impressive.

Since the research team has published findings for over two decades, it is understandable that some contributed tapes were from readers who were inclined to try out what was found in the studies. That is, one practical test of the usefulness of the findings was for practitioners to try out what was found. Most of the publications invite readers to send tapes, and when they do,

their tapes are added to the ever-growing tape library. One general guideline of this library seems to hold: the better the tape library, the better the discoveries.

The Research Steps

The research procedure follows a series of steps. The procedure begins with the selection of a session to be studied, and then the careful identification of the impressive changes in the session. Following this, each of the identified impressive changes is carefully examined to identify how the impressive change was brought about, and then how the impressive changes were used after their occurrence.

After the study of the impressive changes in the session is completed, subsequent steps add the results to the progressively cumulative findings in answer to the four central research questions: (a) What are the impressive, significant, valued changes or events that can occur in psychotherapy sessions? (b) Do impressive, significant, valued in-session changes or events occur in some sequence/s? (c) How can these impressive, significant, valued in-session changes be brought about? (d) How can the therapist use these impressive, significant, valued in-session changes or events when they occur?

Judges

The judges consist of a team of 15 members, including three professional clinicians, two advanced doctoral students in clinical and counseling psychology, and ten research associates with extensive experience on a continuing psychotherapy research team. Judges have a minimum of six months experience (approximately 50 hours) examining psychotherapy tapes, employing methods and procedures similar to those of this study. Nine of the judges are male and six are female, and their mean age is 36.3 years. Within the research group, judges are evenly representative of

psychoanalytic-psychodynamic, cognitive-behavioral, experiential-humanistic, and integrative-eclectic approaches.

Selection of Tapes From the Library of Psychotherapy Tapes

Two researcher associates randomly selected tapes from the library of psychotherapy tapes. Each research associate listened independently to the tape. There were three main purposes of this preliminary step. The main purpose was to provide the judges with tapes to study, tapes that had even a small likelihood of containing two or more impressive client changes.

A second purpose was to save perhaps years of wasted work by the full team of 15 judges with 500 tapes. Their schedules limited them to approximately one hour of judging a week, and one full meeting a week. At that rate it would take about a decade for the whole group of judges to study each tape just to determine if the tape is a candidate for investigation. In contrast, two research associates, working independently of the team judges, could easily and efficiently stay ahead of the team of judges, and continually provide a next tape when the judges completed work on an immediate tape.

A third purpose was to provide a looser screening of candidate tapes in order to include a broader range of tapes for the larger team of judges to scrutinize. That is, the two research associates used a less stringent set of criteria to select tapes for the judges to study. Once a tape was randomly selected from the pool, each research associate studied the tape to see whether or not it contained at least two instances of impressive changes. The tape was then studied by the larger team of judges if at least one of the research associates determined that it met a non-stringent interpretation of the criteria.

The two research associates used the same criteria used by the larger team of judges.

These criteria are given in step 1. However, as mentioned, the two research associates were free to use a looser, less stringent interpretation of the criteria.

The research procedure consists of a series of nine steps as follows:

1. Judges Study The Tape To Determine If There Are Any Impressive Changes

Beginning with a tape that has been conditionally chosen, each team member is then asked to study the tape independently and answer this question: Do you believe this tape contains any changes that seem impressive, significant, valued, or none at all? Judges are simply to decide yes or no. While judges are provided with lists of various kinds of impressive, significant, valued in-session changes from comprehensive reviews (e.g., Mahrer et al, 1992; Mahrer & Nadler, 1986), the following working guidelines are helpful:

- It is impressive in relation to the way the person or patient seemed to be earlier. The baseline is the person's earlier state or condition, or what seemed central, important, bothersome, or troubling, prior to this change.

- Its impressiveness is not necessarily restricted to any particular list of categories or types of impressive, significant, valued in-session changes, or any particular approach's set of valued impressive changes.

- It can be judged as impressive because it is a step toward, it is instrumental for, it opens the way toward, a subsequent impressive change. It is important because of what it leads to. It is a helpful process or means toward a more important, valued consequence or outcome.

- It can be impressive because it is a preview of what might be taken as post-treatment outcome, or what might be regarded as an indication of a successful and effective post-therapy

change.

-It can be impressive because it is a substantial reduction or absence of whatever was identified as the problem, difficulty, pain, or problematic condition or state.

-It can be impressive because it indicates substantial movement toward a state that may be regarded as welcomed, desired, positive, or optimal for the client, what the client is capable of becoming.

-It can be impressive because the judges simply found, recognized, or acknowledged it as having the qualities or characteristics of being valued, significant, or impressive, perhaps beyond any of the above reasons.

Most judges operate from a personal list of significant, impressive changes that are nevertheless unarticulated, unexplicated, unformulated. However, if it is there in the session they will usually spot it. The problem is how to enable judges to spot significant changes that are not on their highly personal lists. It sounds helpful to ask judges to set aside their personal lists, their preestablished notions and ideas about significant changes. However, it is exceedingly difficult to ask the judges to set aside notions and ideas of which they are essentially unaware but, nevertheless play a large hand in determining what they pinpoint in the session as significant. It might helpful for the judges to accept a few additional guidelines.

One additional guideline is to be open to and to value a sense of being surprised. Here is something unexpected, out of the ordinary, different, perhaps perplexing, and even bewildering. If judges can allow themselves to be open to a sense of surprise, even if it comes or goes in a flash, they may be on the track toward finding a significant change that is not on their unformulated lists. In this first step, judges need not decide whether or not the event is a

significant change. They can arrive at that determination in step 2. A little acknowledgment of what may have been brought about by a sense of surprise is all that is expected here.

A second additional guideline is to be open to a sense of being bothered, troubled or disturbed. This sense is experienced even before the judge is able to formulate what it is that is so troublesome or disturbing. It is a vague and unexplainable sense of unease, of drawing away, that may well signal that some significant change has occurred beyond or even violated the judge's own personal unarticulated, hazy list of significant changes.

If the judges are ready and able, they may well use these two additional guidelines to signal the possibility of significant changes in the taped session. It helps that the judges know that the more careful and stringent determination will occur in step 2.

At the next team meeting, after hearing the yes or no judgements of each team member, the team as a whole determines whether to study that tape or to go through step 1 with some other provisionally labeled tape.

2. Judges Study The Tape To Flag Where The Impressive Changes Seem To Be

Once the team has decided that a particular tape seems to contain two or more impressive changes, the homework is to answer this question: Where and when, on the tape, do you believe an impressive change started and when and where does it seem to end? During the week that follows, each team member individually listens to the tape to answer this question in writing. Once again, the judge is to be as open as possible to any sign of an impressive change, and to determine if there is one or several impressive changes, the counter numbers of where each begins and ends, and some of the verbatim words to help identify the beginning and end of each impressive change. Some impressive changes are relatively short, and some are rather long,

involving a fair number of both client and therapist interchanges.

In this way, the door is open to admit any and all kinds of changes that impress the judges, rather than the judges beginning with a list of categories of valued changes (e.g., insight, conflict-reduction, or symptom-reduction). The emphasis is on being open to whatever each judge feels touches them as something impressive that is happening in a particular moment. This method is preferred to relying on theory, knowledge, or particular kinds of traditional significant in-session changes.

In the next team meeting, each judge's answer is given, and the team determines how many impressive changes there were on this tape and exactly where each began and ended.

3. Judges Describe The Impressive Change And What Qualifies It As Impressive

Starting with the first identified impressive change, the homework is to answer this question: How would you describe what is happening in this impressive change, and what do you believe qualifies it as impressive, significant, or valued? Each judge is to listen individually to the tape, to answer the question in writing, and to emphasize the use of simple, concrete, nontechnical, non-jargon words (cf. Fiske, 1977; Giorgi, 1985; Glazer, 1978; Glazer & Strauss, 1967; Keen, 1975; Schutz, 1964; Spiegelberg, 1972; Valle & King, 1978). The words should emphasize being simple and concrete, rather than high-level and abstract, and the words should be more from the common marketplace, rather than spotted as the technical jargon terms of some particular vocabulary.

The same words can just about describe what is happening in this impressive change, and also serve to answer the question of what qualifies this change as impressive. The instructions are for the judges to keep the words simple and relatively low level enough to answer the question. A

particular judge may write down: "Up until now, the patient seemed so depressed and gloomy, and ready to give up. Now he seems happy, laughing, on top of things" or "From the very beginning, he was stuttering on lots of words, but here he isn't; he talks just fine. No stuttering at all!" Or "She started out with her voice so dead, no feeling, neutral, and long silences, but here she's talking with real feeling, like she has some real interest; she's like a different person in her voice and how she talks."

It is always possible to rise to higher and higher levels of abstraction, for example, by asking why that particular answer can be justified. "Now she is talking with real feeling, like she has some real interest. Why is that such an impressive change?" The higher levels of answers can easily get into notions of voice quality and emotionality, levels of particular blood chemicals, or feeling control and depressive psychopathology. One problem in rising to such higher levels of description is that the high-level answers almost certainly have to dip into some particular vocabulary. Another problem is that the high-level answers will increasingly fail to answer the initial question we started with, namely, how would you describe what is happening in this impressive change, and what do you believe qualifies it as impressive, significant, valued? All in all, it is most helpful if the judges answer the question by using words that are relatively simple, concrete, nontechnical and nonjargon.

3.1. The individual descriptions are collated into a single composite description. At the next team meeting, each judge reads, and the team discusses and then hands in their written descriptions. The task is then to collate the individual judges' written answers into a single composite. This is done by having two researchers independently organize the components of each judge's answer into a single composite, using guidelines for mapping, clustering, and

organizing components (e.g., Conrad, 1978; Glazer, 1978; Glazer & Strauss, 1967; Holsti, 1969; Hycner, 1985; Lietaer, 1992; Viney, 1983).

The first step is to map each element of each judge's answer on a spreadsheet. The second step is to organize and cluster the elements as is done in some forms of content analysis or theme analysis (e.g., Holsti, 1969; Schofer, Balck, & Koch, 1979; Taylor & Bogdan, 1984). Higher-frequency elements generally occur as clusters. Lower-frequency elements may either be determined as essentially non-contributing, or as possessing qualities of being unique, singular, sensitive, useful, creative, accurate, or correct (cf. Mahrer & Gagnon, 1991; Mahrer et al., 1986a). The third step is for each of the two researchers to formulate a specific wording of the composite description, and to compare and refine the two into a single composite description that is presented to the entire team at the next meeting, for any refinement or approval. Here is a verbatim example of a final team-approved composite: "The patient has moved into a new state of openly undergoing a feeling of genuine, real strength and certainty about himself and his ability to deal with problematic matters".

4. Judges Study What The Therapist And Client Seemed To Do To Help Bring About The Impressive Change

Once the team arrives at a description of what the impressive change is and what makes it impressive, the next question is: What did the therapist, the patient, or therapist and patient together, seem to do to help bring about this impressive change? Each judge listens to the tape individually, starting from the impressive change, and going back as far as the judge feels is helpful to answer the question. Judges are free to go back to the beginning of the session, especially if this is the first impressive change or, usually, to the preceding impressive change on

the tape.

In studying what happens in sessions, most researchers almost completely bypass the client and instead focus on therapist "interventions". Impressive in-session changes occur, according to this common mind-set, almost exclusively because of what the therapist did in applying interventions. In this mind-set, the client's role is mainly that of the subject or object of therapist interventions. Except when things go wrong. Then therapists and researchers often turn automatically to the client. The client lacked motivation, had poor defenses, was too resistant, had a borderline disorder. The client's contribution is generally regarded as rather robust when things go wrong, and rather insignificant when things go well.

In order to acknowledge the client's contribution to bringing about the impressive change (Elliott, 1983b; Martin, 1992; Messer, Tishby, & Spillman, 1992; Strupp, 1994), and also the role of the client's state and condition, the more stringent question the judges answer is: Under what explicit client conditions, when the client is in what particular state or is being what particular way, what does the therapist or the therapist and client do to help bring about this impressive client change (Mahrer, 1985, 1988b, 1996b; cf. Hempel & Oppenheim, 1953)?

Including the client's state or condition is a way of handling an acknowledgment that what happened earlier, perhaps across earlier sessions, may play a substantial role in understanding how and why, and what the therapist did seemed to work. These earlier influences can be subtle, perhaps cumulative, and hard to gauge. For example, the impressive change may be that the client cried, perhaps for the first time, when the therapist simply said, quietly, "Go ahead." Including the client's state or condition can help to incorporate and acknowledge these subtle cumulative earlier influences. Accordingly, the judge's description, and the judge's answer to the

question, may begin: "When the patient seems to be fully engaged in telling a painful, highly meaningful, childhood experience, and seems to be on the verge of tears, followed by the therapist quietly saying, 'Go ahead'..." What seemed to help bring about this impressive change takes into account both what the therapist did and also the client's immediate state or condition.

In addition, it is not especially helpful to describe what therapists do in such traditional terms and phrases as interpretation, problem-exploration, advisement, desensitization, support, clarification, guided imagery, and so on. Judges are instructed beforehand to decline the use of stock phrases, technical jargon or terms that are drenched in the giveaway vocabulary of any particular approach, such as, resolution of splits in the self, Gestalt two-chair, analysis of the transference neurosis, attacking irrational cognitions, intermittent reinforcement, systematic desensitization, etc. Instead, judges are to emphasize simple, concrete, close-to-the-event descriptions of what this particular therapist and client seemed to do in this particular instance (Glazer, 1978; Glazer & Strauss, 1967; Kazdin & Wilson, 1978b; Strupp, 1971).

At the next meeting, each judge reads their written answer, it is discussed by the team, and handed in. These are again collated by the two researchers who work to arrive at a single composite answer that is presented to and discussed by the team at the next meeting. Here is the final, composite, verbatim answer to the way in which the earlier cited impressive change was found to be brought about: "When the patient is predominantly living and being in a scene that is fraught with feeling, the therapist (a) speaks with the voice of key other persons in the scene, and also speaks with the voice of relevant other parts of the patient, while (b) continually pressing the patient to undergo stronger and stronger feeling."

5. Judges Study How The Therapist Uses The Impressive Change Once It Occurs

The next question for the judges to answer is: How did the therapist seem to use this impressive change once it occurred? Each judge individually studies the tape, concentrating on what happens after the impressive change. The judges are free to study as far forward as each judge deems useful and necessary in order to answer the question. The judge may focus on one or more of the following possibilities regarding the therapist's use of the change: a relatively immediate use or one further along, a single apparent use or a series or sequence of uses, a use that seems rather simple or somewhat complicated, or even to conclude that there seems to be no apparent use at all. In any case, the written answer is to emphasize words that are simple, concrete, and not especially abstract or laden with the vocabulary of any particular approach.

At the next team meeting, each judge presents his or her own written answer. These answers are open for discussion, handed in, and the two researchers follow their procedure to arrive at a single composite answer which is presented to the team at the subsequent team meeting. Here is the verbatim example of the composite team answer to how the therapist seemed to use the impressive change in which the patient has moved into a new state of openly undergoing a feeling of genuine, real strength and certainty about one's self and ability to deal with problematic matters: "The therapist uses this impressive change by encouraging the patient to find previous situations in which the patient was this way with satisfaction and pleasure".

6. Repeat Steps 3-5 For Each Impressive Change In The Session

If there were several impressive changes in the session, the team repeats steps 3-5 for each of the impressive changes in turn. That is, first the judges describe the impressive change and what qualifies it as impressive, then the judges study what the therapist and patient seemed to do

to help bring it about, and finally the judges study how the therapist seemed to use the impressive change once it occurred. This completes the study of this particular session.

7. Continuously Develop And Refine The Categories Of Impressive Changes, How To Help Bring Them About, And How To Use Them When They Occur

After studying a small number of sessions, for example, three or five or so, the researcher has accumulated a number of composite descriptions of impressive client changes, ways of helping bring them about and ways of using them once they occur. Several researchers are now at a point to organize these composite descriptions into a small number of provisional categories (e.g., Lietaer, 1992). In other words, the researchers have come up with an initial provisional set of categories, a category system of impressive patient changes, of ways of bringing each about, and ways of using them. Each category in each system can now be given a title, a heading, or label, together with a definition of each category.

Once the provisional category systems are established, each subsequent tape that is studied yields composite descriptions that either fit nicely into the provisional category system, call for some modification or refinement of the category system, its label or description, or call for a major reorganization of the category system. By following this procedure, the category system of impressive changes is continuously improved.

By following this same procedure with the findings of how the client and therapist bring the change about and the therapist's use of the impressive change, an interesting and useful matrix begins to develop. This matrix says that for this particular category of impressive change, there are some useful ways to help bring it about, and some useful ways to use this impressive change once it occurs. A continuously more careful and useful matrix develops. This matrix says that for

this particular category of impressive change, here are some useful ways to help bring it about, and here are some useful ways to use this impressive change once it occurs. Here is a continuously richer marketplace for practitioners to shop, generated from the continuous products of discovery-oriented psychotherapy research.

8. Continuously Develop and Refine In-Session Sequences Of Impressive Changes

Some sessions may have just one impressive change. Most sessions will likely have several impressive changes. Suppose that the research has accumulated 20 or 50 or more sessions with multiple impressive changes, and that each of the impressive changes has been placed into the developing category system of impressive changes. It would be then possible to examine the sequences of categories of impressive changes over each of the sessions to discover various sets of in-session sequences of impressive changes (e.g., Cashdan, 1973; Mahrer, 1995a, 1996a, 1996b; McCullough, 1984). It would also be possible to see which categories of impressive change seem to precede and follow other categories of impressive changes. Finally, it would be expected that the various sequences of in-session changes that can occur over a session will become apparent.

In other words, if a practitioner wants to get impressive change Z, this research can suggest that one way is to first reach impressive change Y and another way is to first achieve impressive change M, then proceed to impressive change N. In still other words, this research can offer practitioners choices of various in-session programs to follow, sequences of in-session changes, either within a single session or over a series of sessions. In essence, practitioners can be offered a relatively solid basis for choosing a way of doing psychotherapy, a sequence of impressive, valued changes that the practitioner may like, and that can essentially become that

practitioner's own preferred brand of psychotherapy.

Determine the continuously modified conditional probabilities of connections between impressive changes. The data may be used to determine the strength or confidence of connections between each antecedent-consequent pair of impressive changes. The probabilities can be calculated from the observed frequency of a given connection in relation to the observed frequencies of all connections. Accordingly, as more antecedent-consequent pairs of impressive changes are continuously added to the cumulative findings, there can be a continuous, careful modification of the conditional strength or confidence in the connection between each pair and in the sequencing of impressive changes over the session or sessions.

It should be noted that this procedure may be followed when it is determined that the cumulative findings contain sufficient data. Since the present study is the beginning of this long-term project, it is unlikely that sufficient data will be accumulated to warrant this particular procedure. In other words, it is anticipated that the present study will yield sufficient data to display various preliminary sequences of in-session changes, but will not yield sufficient data to warrant calculation of conditional probabilities of connections between sequences of impressive in-session changes.

9. Complete The Circle: Actually Try Out What The Research Has Discovered And Add The Tapes To The Library

The progressively cumulative findings essentially offer a continual series of invitations to the members of the research team, and to those who read this study: Are any of these findings of interest to you? Would you be interested in obtaining any these types of impressive in-session changes, in adopting this program of steps in doing psychotherapy, in these methods of helping to

bring about and to use these impressive changes? Experiential psychotherapy (Mahrer, 1996a) came about in large part to the positive response to these invitations, earlier research studies, by letting discovery-oriented research findings determine what psychotherapy could look like, what it could do and how it could be done in a session.

The actual adoption and trying out of what this research discovers is probably best done by practitioners who, on their own, find the particular findings to be exciting, sensible, appealing, attractive, meaningful, workable, and useful (McCullough, 1984; Shapiro, 1957, 1964, 1969). The circle is completed when tapes from such actual “trying-out” are then fed back into the library of tapes to be studied, and the research steps begin again with step 1, in which the judges study the tape to determine if there are any impressive changes.

These 9 steps define the procedure that represents one meaning of discovery-oriented psychotherapy research. The present research will follow this methodology, this series of steps, this procedure, as far as feasible, given that this is the initial venture into a large-scale, long range, progressive project whose findings will be added cumulatively to the findings of the present research.

The balance of this chapter is a further elaboration of the methodology of the discovery-oriented approach to psychotherapy research. Although this approach has early roots and connections with related earlier psychotherapy research methodologies, it may be said to have been sufficiently developed for research use in the mid-1980s (Mahrer, 1985; Rice & Greenberg, 1984) and to have sufficiently matured into a reasonable alternative research methodology, as evidenced, for example, in a recent special section of a journal, with the title, “How can research discover how to do psychotherapy?” (Mahrer, 1999).

Discovery-Oriented Research Can Be Elegant

It was a matter of choice as to whether this section is better suited to be in a chapter on methodology or in a chapter on discussion on topics such as the methodology. One consideration that might favor placing this section in a later discussion is that it raises some issues that do go beyond explicit methodology to be followed in the present research. A consideration favouring the present location of this section is that the bulk of the section explicitly focuses upon and elaborates the particular steps in the procedure followed in the present research. On balance, the choice was to include this section in the chapter on methodology.

As indicated in the title of this section, the aim is to present a case defending the elegance of the discovery-oriented approach to psychotherapy research. In the light of the research questions of the present study, of the aims and goals of the present study, the choice was to follow the procedures of the discovery-oriented approach. The present section will touch on some other approaches to psychotherapy research, but the emphasis is on making a case for the elegance of this approach, rather than on a formal critique of all approaches to psychotherapy research and a defense of choosing the discovery-oriented approach.

It is common to think of most traditional research as perhaps starting with a phase that is frequently looked down upon as exploratory, pilot, observational, soft, naturalistic, preliminary. It is a way of maybe coming up with ideas that rigorous research turns into testable hypotheses to be subjected to careful, precise, scientific, controlled experimental testing, verification, confirmation and disconfirmation. This is perhaps a common meaning of a “discovery-oriented” phase of more traditional research approaches.

The idea in many traditional research methodologies is to relax scientific standards, do

some exploration (e.g., pilot studies), and acquire helpful research hunches. Then reapply the rigorous scientific standards, carefully frame testable hypotheses, and subject the hypotheses to scientific confirmation or refutation. “Typically, the discovery context is the source for our concepts and hypotheses and the justification context is the warrant for their confirmation or their disconfirmation” (Borgen, 1992, p. 113; cf. Gelso, 1991; Reichenbach, 1938).

Research is commonly thought of as having a mission, but the mission is not to discover. Research has a hallowed role to fulfill in developing and advancing the science of psychotherapy, but the role does not feature discovery. “The hallmark role of research is *not* to innovate, *not* to discover exciting new therapeutic techniques or interventions...” (Kiesler, 1994, p. 143). Proponents of the discovery-oriented approach respectfully disagree. The procedure followed in the present research does not follow this meaning of discovery-oriented research.

Even though the main mission of the most common research strategies may not feature discovery, it is fair to say that discovery is typically more of a bonus or byproduct of the main mission. In some contrast, other developing research strategies seem to be increasingly popular, have opened the door to an explicit focus on discovery, and may be regarded as precursors and contributors to the specific discovery-oriented research strategy used in the present research.

One of these is the phenomenological approach to research, which falls under the category of qualitative approaches, especially in regard to the study of psychotherapy (e.g., Fewtrell & O'Connor, 1995; Giorgi, 1970, 1976, 1979, 1982, 1984, 1985, 1993, 1997; von Knorring-Giorgi, 1998). There are other qualitative approaches to research, again especially applied to the study of psychotherapy (e.g., Bachelor, 1995; Hill, Thompson, & Williams, in press; Knox et al, 1997; Stiles, 1993; Strauss & Corbin, 1990; Watson & Rennie, 1994). The term qualitative research is a

cover or generic term for a group of methodologies dedicated to the description and interpretation of social phenomena such as observable behaviours, a person's written or spoken words, social interactions etc.

These qualitative approaches to research may be seen as discovery-oriented, as having promising futures in the field of psychotherapy research, and especially as paving the way for the explicit discovery-oriented research method used in the present study.

The purpose of this section is to outline a case that discovery-oriented psychotherapy research can be elegant, elevated, powerful, scientifically valued and useful (Mahrer, 1988a). If the goal of research is to discover more about what psychotherapy can do and more about how to do it better, then the ordinary scientific method is not explicitly designed for, nor primarily useful for such discovery (Polanyi, 1962). However, the discovery-oriented approach is explicitly designed for and useful for such purposes. In this sense, the case is that it is stringently careful, rigorous, scientific, and an elegant method of research.

Here Is An Elegant Way To Find And To Describe An Impressive In-Session Change, Event Or Phenomenon

The most common way of finding something impressive, interesting, and valuable to study in a session is to start from some predetermined list. Look for indications of insight and understanding, symptom resolution, a good helping alliance. One problem is that using such a list almost forecloses the likelihood of discovering new ones. Another problem is that each item on the list was almost certainly put there by someone who decided the particular event or in-session change is one that is impressive, important, valued; it was not arrived at in a way that has been defended as especially careful, rigorous, elegant. A third problem is that the description or nature

of the supposedly impressive, valued, in-session event was determined before the event was carefully studied in actual sessions; it would be much more elegant to arrive at its careful description by studying what it looks like in actual sessions.

When the explicit aim is to see if the session contains impressive and significant changes, it is not especially helpful to use common methods that are mainly designed to uncover the meaning of a text or a discourse. The question is: Are there any impressive changes in this session, and if so, what are they? The question is not: How can we arrive at some meaning in this text or discourse? Therefore, it is not especially useful to turn to such methods as contextual analysis, thematic analysis, communication analysis, discourse analysis, text analysis, semantic analysis, content analysis, or linguistic analysis.

These methods were not especially developed to find impressive in-session client changes. As used in the present research, what helps make the discovery-oriented method elegant is that it consists in a series of steps. Each of these steps contribute to finding and identifying the impressive in-session change. That is, elegance is enhanced by means of the following three steps: (a) Judges study a tape to determine whether or not the tape contains impressive in-session events. Among the helpful guidelines are lists of previously determined, impressive in-session events, and suggestions of the kinds of personal cues that signal the presence of impressive in-session events. However, the judges are quite free to go beyond these helpful suggestions. This first step culminates in a simple judgement of yes or no; (b) If the consensus is yes, the judges study the entire tape to locate where impressive events seem to be on the tape, where each starts and ends. In this second step, there is no further description of the impressive event itself; (c) Judges study the impressive event to arrive at a careful description of its nature, content, and

characteristics.

By carefully proceeding through these three steps, the challenge is that the discovery-oriented approach is a superior, rigorous, and an elegant way of finding and providing descriptions of in-session events, changes, and phenomena that are impressive and important.

The three-step method of discovering impressive change events is superior to the imposing of predetermined large categories. It is relatively common to look for impressive, significant, and valued in-session events by starting with a system or list of predetermined large categories. Examples of such large categories are insight and understanding, transference analysis, symptom reduction, etc. There are at least three ways in which the three-step discovery-oriented method seems to be superior.

One is that there are so many different, overlapping lists of what are variously called good moments, in-session changes, turning points, significant process changes, and the like that none seems to have emerged as justifiably superior. These lists represent so many implicit and explicit conceptual approaches that most researchers either explicitly select one or do their best to combine a small number of different lists. The net result is that almost aside from whichever list or category system is selected, proponents of other lists and category systems can and do mount critical arguments against the choice.

A second way is that the three-step method is far more likely to discover new impressive in-session changes that would likely be missed by merely imposing some list of predetermined kinds of impressive changes. The first step invites judges to go through a whole session to determine whether or not there might be one or more impressive changes, without restricting these to any predetermined list. The second step enables judges to locate where the impressive

change or changes might be, again quite aside from their nature or content. These two steps allow for the discovery of impressive changes that would likely fall outside the ones that would be found by using any predetermined list of large categories.

Third, once an impressive change is found, the description of its nature and content emphasizes simple, concrete descriptive words and non-jargon terms. The emphasis is much more on phenomenon-inspired description rather than inserting the impressive change event under a predetermined large category (Giorgi, 1975, 1985, 1986, 1997; van Zuuren, Wertz, & Mook, 1986; Straus, 1980; von Eckartsberg, 1971; Wertz & van Zuuren, 1987). In at least these three ways, the three-step method is perhaps superior to the more common method of using a predetermined list of large categories.

The idea is simple and avoids the problem of being restricted to the predetermined, preestablished categories of some system, but it is rarely used in psychotherapy research (cf. Walsh, Perrucci, & Severns, 1999). Essentially judges are asked if there are any significant changes here in the session, where they are, and what it is that seems to make them significant. This alone is one way that the discovery-oriented method seems to be superior.

Elegance consists of a sensitive careful way for judges to determine if they have something interesting to study, rather than trying to identify the objective truth. It is exceedingly common to assume that there really is an objective truth, and that a rigorous scientific procedure can spot the objective truth or at least come very close to approximating it. When this way of thinking is followed with regard to impressive, valued, and significant changes, the question is: How can a judge identify the actual, objective true impressive changes in this session?

According to this way of thinking, with a truly objective measuring tool or instrument, a

single judge ought to be able to locate the objectively present impressive change. If the researcher wants to be quite safe, use a number of judges or team and then determine if the team of judges meets some scientific criterion of agreement (e.g., two-thirds or three-quarters).

The discovery-oriented research strategy accepts a different way of thinking. Instead of accepting the idea that some objective truth can be located by a scientific judge, the question is: What careful, sensitive, rigorous method can enable a team of judges to determine if they have something interesting to study? If this team wants to study what it regards as impressive in-session changes, how can the team determine if there are impressive changes on this tape? If so, where are these changes, and how they can be described? The team can also decide whether or not they want to study those impressive in-session changes. The discovery-oriented question is quite different from the question posed by the objective research team whose mind-set thinks in terms of objective truths.

Suppose that the research team consisted of 12 judges, and that seven of the judges found what they believed to be an impressive change, and were enthusiastic about studying that impressive change. Should they go ahead and study it? The discovery-oriented answer is that if the seven judges are enthusiastic enough to study that impressive change, go ahead. The other kind of research team might be more concerned whether 58.3% interjudge agreement is high enough to say that the impressive change is really an impressive change.

There can be lots of reasons for using a rather large team of judges (e.g., Elliott, 1983a, 1983b; Greenberg, 1984; Labov & Fanshel, 1977; Luborsky & Auerbach, 1969; Mahrer, Paterson, Theriault, Roessler, & Quenneville, 1986b; Marmar, Wilner, & Horowitz, 1984; Pittenger, Hockett, & Danehy, 1960). One reason is to enable the team to identify and study

certain changes as impressive, while some of the team members are entitled to decline.

It is interesting to note that in almost every instance, in earlier studies, a surprisingly high proportion of team members agreed on the impressive change, and that the non-agreeing members (a) were quite free to disagree on a particular impressive change and (b) not consider this disagreement as a failure to identify what the others had found to be objectively present.

The relationship between 'discovery-oriented' and 'qualitative' research strategies.

Qualitative research is any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification (Strauss, 1998). This type of research is used for many reasons depending on the research inquiry. For example this group of methodologies can be used to uncover a person's experiences with a phenomenon like an illness, an addiction or psychotherapy. Different types of qualitative research are used by anthropologists, nurses, and sociologists to study a problem within their discipline.

Over the last several decades there has been an increase application of qualitative research to the field of psychotherapy research (e.g., Bachelor, 1995; Hill, Thompson, & Williams, in press; Knox et al. 1997; Rennie, 1996; Stiles, 1993; Strauss & Corbin, 1990; Watson & Rennie, 1994). There are several different approaches of qualitative research that has actually been applied to psychotherapy research. Even though there are several different qualitative approaches to psychotherapy research they do share some basic characteristics. The following lists some basic characteristics of the qualitative method with some variations among the approaches (Miles & Huberman, 1994). Generally, qualitative research focuses on the description and interpretation of an experience or action of a person, with the intention of describing this experience from a

particular context, in a way that captures the richness and meaning it has for the participants.

Some of the common characteristics of the researchers and of the various qualitative research methods are as follows:

- Researchers are flexible in that follow guidelines but never hard and strict rules.
- Researchers are the main device for measuring, little standardized instrumentation is used from the outset.
- Researchers view people holistically by studying them in their own context, past and present.
- Researchers attempt to be unobtrusive as possible, by minimizing their presence.
- Researchers try to understand people/subjects from their own “frame of reference”.
- Researchers suspend or set aside his/her own beliefs and perspectives.
- Researchers view all perspectives as valuable, does not seek “truth or morality” but just a detailed understanding of another’s view.
- These approaches are humanistic in that they allow the researcher to get to know the subject on a more personal level, and do not reduce the subject to a statistical equation.
- Do not focus on the support of theories but towards a faithful and accurate observation and a description & analysis of that observation.

- Most analysis is done with words. These words can then be organized and assembled into clusters and sub-clusters so that the researcher can contrast, compare, analyze and assign patterns on them.

It becomes clear that there are some advantages of conducting a study using one of the qualitative approach to research. These strategies allow the researcher to be able to study an individual in depth and detail, avoid simplifications and enable more complex aspects of an experience to be studied. The data itself is usually vivid, easy to grasp and readable. In sum, qualitative research gives the researcher a richer sense of an experience.

Over the last several decades there has been an increase application of qualitative research to the field of psychotherapy research. There are several different approaches of qualitative research that has actually been applied to the field of psychotherapy research (e.g., McLeod, 2001, Rennie, 1996, Walsh, Perrucci, & Severns, 1999). There are three main qualitative approaches that have been applied to psychotherapy research, the phenomenological method, the hermeneutical method and the grounded theory method.

The phenomenological method in psychotherapy research has its roots in the 70's & 80's and has been called the Duquense method. One of the key developers was Amadeo Giorgi from Duquense University. The focus of this method is to describe an individual's experiences in therapy and to discover the psychological meaning behind these experiences as expressed by these individuals (e.g., Fewtrell & O'Connor, 1995; Giorgi, 1970, 1976, 1979, 1982, 1984, 1985, 1993, 1997; von Knorring-Giorgi, 1998). These in-session experiences can be a central idea, event, or happening to which a set of actions or interactions are related. For instance, von Knorring-Giorgi, 1998 investigated the "experience of pivotal change" which refers to a time during therapy

when a client experiences a change that he or she believed initiated lasting change. The results indicated that the pivotal moment was instrumental in longer lasting change that occurred in the context of a safe and trusting therapeutic relationship.

The hermeneutical approach is a method of research that was originally used to interpret ancient texts such as manuscripts and biblical texts. Today's hermeneutical approach to investigation involves the understanding and interpretation of meanings of the written or spoken text. More recently the field of hermeneutics has been expanded to include psychotherapy research. The goal of this approach is to understand the meaning of the client's expressions taking into account his/her culture, tradition & personal history.

As applied to psychotherapeutic practice, the therapist must know the client's background and personal history in order to competently interpret the meanings contained within the client's words or behaviours. The therapist must be aware of the influence of his own biases, training and background in making an interpretation. Hermeneutic data is any meaningful behaviour (i.e., words, bodily movements etc.). This approach views these data as clues to a larger social context of the client (McLeod, 2001).

Another qualitative approach applied to psychotherapy research is the grounded theory method. Glaser and Straus (1967), pioneered this method of research, but it was the work of David Rennie and colleagues (1988, 1996, 1994) that applied it to the field of psychotherapy research.

Grounded theory research in the field of psychotherapy is also based on discovery and exploration but it differs from the others mentioned in its concern for theory formulation. Briefly, different phenomena of interest are identified and separated into categories. Data are placed in

categories on the basis of their commonalities, and eventually the researcher constructs a scheme of categories stating the relationships between the categories as well as between the categories and the individual pieces of data (Rennie, 1996).

The discovery-oriented approach to research is sometimes considered part of the qualitative family of research approaches because in general it fits within the spirit of the qualitative methods. They do share some of the same key characteristics but their main relationship lies with their quest to make new discoveries and strive to take a closer look into the events or phenomena in a session of psychotherapy.

The discovery-oriented strategy can be replicated. It invites different teams to arrive at different impressive changes. In addition, the strategy allows different teams to be justified in their finding different impressive changes, perhaps at different places, using the same tape. The three steps used to arrive at the impressive change are careful and precise, and thereby can allow each team to be reasonably confident in the impressive changes it came up with, even though the changes differ from one team to the next.

Whether a research team consists of all psychoanalytic judges, all cognitive-behavioral judges, or a healthy mix of different approaches, the first step is always the same; determine if the session contains any impressive changes or not. There is a rule that each team is to carry out this first step carefully and rigorously, but there is no rule that states each team must come up with the same yes or no answer.

The teams that answered “yes”, may proceed with the second step. This step asks the judges to determine where the impressive changes are located on the tape. Once again, the different teams, using the same careful and rigorous procedure, may arrive at different places

where, perhaps different, impressive changes occurred.

The third step involves describing the impressive change and what seems to qualify it as impressive. On this third question, if two or three of the teams saw impressive changes occurring at the same places on the tape, the teams ought to come up with similar descriptions by following the guidelines for this third step.

The very elegance of the discovery-oriented strategy makes it understandable that different teams will arrive at different places where impressive changes occurred, if any, because of the first two steps. The first step asks if there are any impressive changes, and the second step asks, if so, where they are located on the tape? The test of elegance is whether or not the teams followed the first two steps carefully and well. It is not concerned with their arriving at the same answers.

Here is an elegant alternative meaning of outcome, way of finding outcomes, and way of describing outcomes. The discovery-oriented research question is: What are the impressive, significant, valued changes or events that can occur in psychotherapy sessions? The notion of 'outcome' comes when the research question is: What are the impressive, significant, valued changes or events that can occur after following a series of psychotherapy sessions?

The field of psychotherapy has a relatively accepted meaning of what an outcome is, and how to tell if a good outcome has been achieved from a list of good, successful, impressive, significant, and valued outcomes. Researchers give a battery of tests to patients before and after application of a therapeutic program. Researchers interview therapists and clients before and after application of a therapeutic program and yet, the *meaning* of outcome was not especially arrived at by elegant research. The *categories* of outcome were not especially arrived at by elegant research. The way of finding an outcome was not arrived at by elegant research. The description

of what outcomes are did not especially come from elegant research. Once the meaning was accepted, once the way of finding and describing outcomes was accepted, then researchers used their tools to determine if this series of sessions ended with good outcomes or not.

It would be an interesting exercise to apply the careful discovery-oriented method to arriving at an elegant, alternative meaning of outcome, a way of finding outcomes, and a way of describing outcomes. That is, judges would carefully study the sessions and what occurred after the sessions to determine if there were any impressive changes. The impressive changes that seemed to have occurred would be flagged and described by what qualifies them as impressive. It would seem that this would likely result in a more elegant meaning of outcomes and a more elegant set of descriptions of outcomes.

Here Is An Elegant Way Of Discovering How To Bring About, Use, And Program In-Session Impressive Changes

There are some questions that many practitioners face, and that most researchers do not study (e.g., Spence, 1994). Here are a few of these questions: How can I help bring about these impressive in-session changes? How can I use these impressive in-session changes once they occur? How can I program, and organize into steps, these impressive in-session changes?

In general, most studies that examine what happens in sessions, or what works in therapy or how change occurs, start with some preconceived notions, ideas, or theories. The studies are inclined to clarify, confirm or even cast doubt on what the researcher already seems to believe. It is relatively rare that the researcher sets out with a genuine willingness to see, discover, or be surprised by what answers may be found as to what seems to happen in therapy sessions, how does therapy seem to work and how does psychotherapeutic change seem to happen.

Researchers have little trouble finding category systems of things that therapists do, ways that therapists and clients are with one another, ways that therapists respond to clients, or the impressive, valued, and good things that happen in psychotherapy sessions. One trouble with these category systems is that researchers begin their work with categories that are already predetermined, preestablished. This makes it very hard to discover new categories of good and significant in-session changes, how to bring them about and how to use them once they occur. Using the category systems is ill-suited for researchers who are dedicated to discovering new categories (Walsh, Perrucci, & Severns, 1999), who want to discover new and better answers to the research questions of how to bring about, how to use, and how to program impressive in-session changes.

The exciting challenge is that the discovery-oriented method of doing research is an elegant, useful, and effective way of answering the proposed research questions. Indeed, the tough, bold challenge is that this way of doing research is superior to virtually all other ways to answer these questions.

The findings provide practitioners with a grand matrix for selecting how to do psychotherapy. Each group of findings adds to an ever-growing, ever-clarified, increasingly comprehensive matrix of impressive changes, sequences in which they occur, as well as ways of helping to bring them about and using them. The following exemplifies the essence of the practitioner-relevant findings which could prove to be a very useful gift to practitioners.

Picture a practitioner first selecting the kinds of impressive, valued changes that are important to that particular practitioner. Then picture this practitioner selecting the sequences of

impressive changes that would provide the practitioner with a programmatic series of steps of impressive changes. This programmatic sequence tells the practitioner the steps to follow to achieve the impressive changes that are deemed important by and for the practitioner, either in general or for a particular patient or type of patient. Finally, the matrix provides the practitioner with the specific concrete steps or methods of helping to bring about each impressive change in the sequence, as well as how to use each impressive change, once it occurs. The intended purpose is for the practitioner to facilitate the patient's move toward the subsequent impressive change in the programmatic sequence.

In essence, this grand matrix of findings provides practitioners with a way of selecting how to do psychotherapy, both in a programmatic sequential way and a more concrete, specific, working way.

Starting from in-session impressive changes is superior to traditional ways of studying how to do psychotherapy. One traditional way to study what happens in psychotherapy sessions, to find out what in-session work can be like, is to test predetermined hypotheses. If the therapist does this or that, under these conditions, this valued patient change should occur. If you do good interpretations, here is the good patient change that ought to happen. The researcher ordinarily tests this hypothesis and then leans toward saying yes that seems to be the case, or leans toward having some doubts.

Another traditional way is to wait until sessions between patient and therapist are over, either a single session or the whole series of sessions, and then do one of two things. One is to ask the therapist or patient if the session was a good one and what they liked in the session.

Another point to decide is whether or not the patient is now much better, and to study the many

connections between what the practitioner thinks happened in the session and the impressive post-treatment outcome assessment.

One of the troubles with the traditional methods of studying how to do psychotherapy is that they are not especially designed to address ways of bringing about the specific kinds of impressive in-session changes, nor ways on how to use these changes once they occur. In addition, these traditional ways of studying psychotherapy are very weak in discovering the impressive and valued in-session changes that can and do occur in sessions, as well as very weak in helping to discover the sequences in which these impressive changes occur.

It seems that a more superior way of answering these questions is to start by locating and finding the impressive changes in the session. Not only do these impressive changes enable the researcher to see the sequences in which the changes occur, across a session or a series of sessions, but it is each impressive change that serves as an anchor point, a starting place. Once an impressive change is located and described, it is relatively easy to examine what the therapist and patient seemed to have done to help bring it about, and then examine how the therapist seemed to use that impressive change once it occurred.

The spirit and content of this general case was fully described in a special series of papers in the *Journal of Clinical Psychology*, titled, "How can research discover how to do psychotherapy?" The essence of the discovery-oriented approach is perhaps given in the following: "A fairly good case can be made that this discovery-oriented approach to psychotherapy research is elegant, sophisticated, and rigorous and can be used as one royal road to developing an elevated science of psychotherapy. Indeed, the challenge is that this discovery-oriented approach is better than the more commonly accepted ways of doing research when the

aim is to discover how to do psychotherapy and to work toward developing an elevated science of psychotherapy” (Mahrer, 1999, p. 1491).

This is echoed in the following: “If only we can mobilize and capture the curiosity and wonder that motivates many students of therapy and can help them to study how change actually occurs rather than deaden their investigative urges within a restricting methodological strait jacket” (Greenberg, 1999, p. 1479).

The Discovery-Oriented Research Strategy Includes Elegant Ways Of Discovering More Than Merely The Sum Of What Is Discoverable On Each Tape

It is perhaps easy to think that this research strategy is limited to what was discovered on each tape, or even to a kind of pooling or combining or adding up of what was discovered on each tape. In contrast, the discovery-oriented strategy includes some elegant ways of discovering much more.

Create categories from components found in the tapes. The discovery-oriented strategy includes the creation of categories, categories of impressive changes, categories of methods, categories of how to use impressive changes. Studying each session culminates with the continuous modification of the system of categories. In an important sense, the categories are more than what is found on any tape, or even on the sum of what is found in all of the tapes.

For example, in one session, an impressive change was identified as the patient's decision to leave her parents' home and to talk with her friend about finding an apartment. In another session, the impressive change consisted of the patient's excitement about giving his neighbor a gift of roses, and he is going to do this tomorrow. A third impressive change, in another tape, was the client's resolve to go home and tell his wife the truth about his mother and how she died, even

though he had essentially lied about this throughout their marriage. The method of creating and revising categories brought these three impressive changes together into a single larger category described as “a state of readiness for new ways of being and behaving in the world”. Rather than the mere sum of what was found in the three impressive changes from three different patients, categories are created over and above the actual components from which the categories emerge.

The discovery of what methods to use can go beyond the sum of what is discoverable on each tape. Consider three tapes where the same kind of impressive change is achieved. In one tape, method X seems to work. In a second tape, method Y seems to work. And in a third tape, method Z seems to work. Careful study of what occurred on each tape seems to indicate that the same patient condition or state characterized the first two tapes, but was absent in the third tape. Accordingly, the provisional description of how to achieve the impressive change goes along these lines: When the patient is in condition or state A, methods X or Y may be useful to help achieve the impressive change; however, when the patient is not in condition or state A, then method Z may be useful to help achieve the impressive change. This working principle can emerge from careful study of what was found on each tape, but is more than the mere sum of what was discoverable on each tape.

Discover sequences of impressive changes beyond what was found on the individual tapes. Perhaps one of the most powerful and far-reaching gifts of the discovery-oriented research strategy is that of in-session sequences, programs or steps of impressive changes. What seems elegantly exciting is that these sequences or steps may not be present in any of the tapes, and yet can emerge from discovery-oriented study of all the tapes.

A simple example is when impressive change X was followed by impressive

change Y, perhaps in a number of tapes. In other tapes, impressive change Y was followed by impressive change Z. The emergent discovery is a more comprehensive in-session sequence of steps starting with impressive change X, proceeding to impressive change Y, and culminating in impressive change Z, yet this sequence of steps did not occur in any of the tapes.

Keep enlarging the scope of the discovery until it challenges a larger tenet. Once the discovery-oriented strategy finds something new, another elegant way of discovering far more than just the sum of what is discoverable on each tape is to keep enlarging the scope of what was discovered. Keep enlarging the finding. Keep seeking grander implications until the scope runs into some larger tenet or principle in the field of psychotherapy. This procedure is to be carried out carefully, logically, conceptually, and elegantly.

For example, suppose that a discovered method consisted of inviting the patient to close her eyes and do her best to allow whatever feeling that she was currently experiencing become as powerful as possible. The limited scope may hold that here is a method of achieving a higher state of feeling. If the researcher kept enlarging the scope, until it bumps up against, collides with, challenges a much bigger and broader principle, an established way of thinking about and doing psychotherapy, what might be the newly discovered notion, idea, or possibility? The discovered principle may be stated as follows: In therapies for which this way of thinking is suitable, virtually every session may begin by inviting the patient to close her eyes and to allow whatever bodily felt feeling is present to become substantially stronger, more intense, more powerful.

Here is another example. Suppose that a number of effective methods for achieving certain kinds of impressive changes included the component of the person's attention being directed toward personally relevant issue or problem centers of attention, such as the cancer in the

lungs, the special look on her mother's face, the rippling reflections on the water. If this finding is enlarged until it challenges or collides with a generally accepted basic principle, then the newly created discovered principle may be stated as follows: In order to attain these particular kinds of impressive changes, it is helpful if the person's attention is predominantly directed toward and focused on elements that are personally important and significant, rather than the person participating in the traditional patient-therapist relationship in which their attention is predominantly directed toward and focused on one another.

The elegance lies in careful and rigorous enlargement of the discovered finding until it bumps up against, challenges or collides with a principle that is relatively important, generally accepted, and regarded as part of what is traditionally taken for granted in the field of psychotherapy.

Just As Hypothesis Falsification Is More Elegant Than Hypothesis Confirmation, Discovery Of A Better Way Is More Elegant Than Showing That A Particular Way Works

One of the nagging problems in the traditional research strategy of trying to prove, confirm, verify, or uphold a hypothesis is that the very attempt is fruitless. It is, philosophers of science contend, impossible to show that all reasonably possible instances will confirm a hypothesis. At the other end, it only takes a few strong instances to disprove, disconfirm, or falsify the hypothesis. Popper (1980) went a long way in solving the problem by showing the conceptual power and elegance in researchers actually trying to disconfirm, disprove, falsify a hypothesis in showing how theories can grow, develop and improve when researchers shift from trying to confirm and verify an hypothesis and instead shifted to trying to disconfirm and falsify a hypothesis.

In an extension of the spirit of this Popperian shift, discovery-oriented research invites researchers to look for better and better ways of achieving some goal, aim, or use, rather than doing research to show that some particular method works. In this sense, discovery-oriented research is more elegant than most traditional strategies aimed at verifying, proving, confirming that this particular way works, is effective, is successful, or is more so than some other way.

The search for carefully described methods avoids many of the problems associated with trying to test imprecise and vague categories of therapeutic methods. The search for ways of helping to bring about and to use impressive changes puts a high premium on discovering methods described rather carefully and concretely. Furthermore, the methods are also described by carefully describing the patient conditions or states that provide the explicit helpful contexts. For example, picture the method as consisting of a clause, “when the person is being this way or that way, or is in this or that condition”, followed by about 30 to 50 words, describing in detail what the therapist actually does in carrying out the method. This way of describing a method is in some contrast with the common use of large, loose categories so that researchers say that the therapists are using methods of interpretation, empathy, paradoxical intention, self-exploration, alliance-development, guided imagery, two-chair technique, empowerment, desensitization, relaxation, heightening of experiencing, etc.

When methods are described carefully, rather than lumped under large, loose categories, and when the emphasis is on discovery of new and better ways, rather than on showing that a method works, then some tough problems that researchers can easily run into are minimized or avoided:

When the category is large enough, loose enough and able to stretch far enough, then it is

easy to drain any new method of its newness. Fresh new discoveries quickly lose their distinctiveness when they are dressed in the uniform of the masses: "Oh, that is self-exploration... Of course, that is experiencing-heightening. We already have that".

It is easy to presume two therapists, or all the therapists, are using the same method. "Therapists in the experimental group used interpretation". The therapists are indeed using the same method when what they are doing is encompassed by a large and loose category labeled interpretation. However, when methods are described carefully, as emphasized by the discovery-oriented strategy, then few, if any, of the therapists in the experimental group were using the same method at all.

When therapist methods are packaged in large categories, it is hard to tell if the therapist is carrying out a method inadequately, barely adequately, in a satisfactory way, or in a most elevated manner. It is a good idea to check. Usually there is a problem of just how well or how poorly the category was carried out, both by the same therapist in different places and by different therapists, all supposedly using the method of alliance-development. This problem tends to be sharply minimized when the method is described carefully so that there is much less room for sloppy inclusion, and so that it is much easier to say what the therapist is doing does not qualify.

When researchers pronounce that the therapists are using interpretation or empathy or self-exploration, the typical heavy emphasis is on what the therapists are doing. What is almost always omitted from a careful description of the method is the patient condition or state, and the patients participation and helpful assistance in carrying out the method. This rather common and seemingly serious problem is minimized or avoided when the researcher uses the discovery-oriented procedure of describing the therapeutic method.

All in all, the search to discover new carefully described methods seems elegantly superior to, and avoids some serious problems of, trying to test imprecisely vague categories of therapist methods.

Instead of “Is this psychotherapy effective?”, the question is, “If the session is effective, how can this therapy become more effective, i.e., what more can be discovered about how to achieve what the session achieved?” It is relatively common for many psychotherapy researchers to try and determine if a particular treatment is effective, or effective for this problem in particular. The discovery-oriented strategy holds that a more elegant research quest is to discover better and better ways to help a psychotherapy become continuously better and better.

For example, each session of experiential psychotherapy has two aims or goals (Mahrer, 1996a). One is to enable the person who began the session to become a qualitatively new person, based upon and including a deeper potentiality that was discovered in the session. The other goal is for the person to be free of the painful scenes that were front and center for the person in the session.

The session is effective if these two goals were achieved by the end of the session, and can be shown to be achieved in the beginning of the next session. If the session is an effective one, it can be examined to see if more can be discovered about how to achieve the two goals. The spirit is that it is more elegant to discover more about how to make each session better than it is to show that some treatment is effective.

Discovery-Oriented Research Is Elegant Because It Includes (a) The Continual Testing Of Hypotheses, (b) The Actual Trying Out Of What Was Discovered, And (c) The Continual Study Of Further Instances

Compared to the common preference for doing hypothesis-testing research, discovery-oriented research can be more elegant because it allows for the testing of hypotheses as well as at least three things that hypothesis-testing has less of: (a) the discovery of new things, (b) the adoption and use of what was discovered by practitioners who find the discoveries appealing and useful, and (c) the continual feeding in and study of further instances.

Suppose that the study of one impressive change finds one way of helping to achieve that change. As additional instances of that kind of impressive change are studied, the further findings allow the researcher, at the same time to, (a) clarify the confidence of previously found ways of helping to achieve that impressive change; (b) refine, modify, and advance the previously found ways of helping to achieve that impressive change; and (c) discover alternative and additional ways of helping to achieve that change (Hoshmand, 1989; Mahrer, 1985, 1988a, 1996b; Roos, 1979). The combining of hypothesis-testing, confidence-building, and further discovery seems elegant (cf. Edwards, 1998; Shapiro, 1951), and applies not only to ways of helping to achieve impressive change, but also to developing categories of impressive changes, sequences of impressive changes, and ways of using impressive changes.

The case for elegance holds that hypothesis-testing research is weaker than discovery-oriented research because it is not designed to include further discovery, whereas discovery-oriented research is more powerful than hypothesis-testing research because it is designed to include further discovery and the checking out what has been discovered.

Inviting interested practitioners to try it out is more elegant and practical than testing the hypothesis. Suppose that the research finds a particular method of helping to achieve a particular impressive change. A common research strategy is to test out the finding. For example, encourage some therapists to use the method and see if the method is effective in getting the hypothesized consequence, i.e. the particular impressive change.

In contrast, the discovery-oriented strategy is to put the finding into the public marketplace, to invite interested practitioners to try using this method if they are interested in helping to bring about this particular impressive change. The invitation includes a careful description of the method and how and when to use this specific method to help achieve this particular impressive change. The research plea is for these practitioners to contribute their attempts at using this method to the library of tapes that are studied.

In a sense, the discovery-oriented procedure seems more honest. The practitioners who actually use the method are practitioners who are drawn toward the method, who like the method, who want to use the method, who tend to find the method and the impressive change sensible and valued. This has some preferential features over finding a group of therapists with varying interest in using the method, with varying value in the impressive change, or with a varying eagerness to find some new way of getting that impressive change. Instead of recruiting and training a group of therapists in using this method, it would be an interesting challenge to see what proportion of these therapists would choose to read about the method on their own, would register for a workshop on the method, would naturally seek out and use this method on their own. I doubt if the proportion is rather high in most hypothesis-testing studies.

In addition, the discovery-oriented procedure is more elegantly sensitive, powerful, and

richer. It allows the researcher to see if the specific method, used under the specific patient state and condition, results in the impressive change or some other impressive change. It opens the doors to studying variations and improvements on the particular method. It allows the researcher to see if this particular method shows up in studying what therapists seem to do in helping to bring about other kinds of impressive changes. In general, it seems that inviting interested practitioners to try out the discovered method is, in many ways, more elegant than traditional testing of the hypothesis.

Discovery-Oriented Research Is Elegant Because It Elevates The Search For Knowledge Over The Validation Of What The Traditional Researcher Already Believes Is True

There is a kind of elegance in the researcher using careful methods in the scientific adventure of discovery, exploration, the pursuit and extension of knowledge. There is a kind of elegance in the researcher's discovery of the secrets of psychotherapy by asking what are the impressive changes to be found in this tape, do the changes fall into identifiable sequences, what are the ways of helping to arrive at these changes, and how may these changes then be used once they occur? Asking these questions in a spirit of discovery provides a way of continuously advancing not only the actual methods, but also what can be achieved in psychotherapy, as well as the conceptual sense-making of what is discovered.

The discovery-oriented strategy is hopefully a careful means of discovering new knowledge. It is a systematic way of engaging in the sheer adventure of discovering what we can learn. The discovery-oriented researcher has an eagerness and a readiness to find out more, to discover more. It is as if the researcher merely begins with what we believe we know, and has a picture of whole new universes of what is out there to be discovered.

Discovering, coming up with new ideas, the creative phase of research, is usually thought of as somehow before the researcher does the scientific things. It is almost looked down upon as, not actually or really doing research, but as exploratory, pilot, observational, soft, naturalistic, or preliminary. A non-rigorous study may perhaps be called one of these words and have a fair chance of being published. Yet it is one source of what researchers salute as hypotheses. Another source is theory deduction, carefully and logically deducing down from a theory to an hypothesis to be tested. The trouble is that few researchers are rigorous and sophisticated in the creative phase of research, in coming up with hypotheses, in arriving at creative hypotheses (McGuire, 1989, 1997). It is here that discovery-oriented research can be elegant in blending the discovery-oriented outlook, the search for what is new, and the careful, rigorous framing of research questions and perhaps even a creative, new, discovery-oriented hypotheses.

In contrast, most traditional research consists of the testing of hypotheses, mainly to show the truth of what the researcher already believes is true. The hypothesis is usually dressed in null language, but the vocabulary rarely disguises what the researcher believes. Indeed, whatever creative thinking might have been involved probably took place in arriving at the hypothesis to be tested, rather than in the course of the study. The case is that elegance resides more in the discovery of what is new than in the testing of what is already believed.

There Is An Elegance In Discovering The Secrets Of Change By Directly Studying The Actual Change Phenomenon Itself

There seems to be a kind of simple and pure elegance in discovering the secrets of wondrous change by a straightforward, simple, pure, and direct focus on the prized change phenomenon itself (Giorgi, 1985; Keen, 1975; Schutz, 1964; Spiegelberg, 1972; Valle & King,

1978). One might be intensely interested in the working with the practicalities of how to help bring about a particular change, or one's special interest may be in making conceptual sense of how and why change occurs. In either case, perhaps the most fruitful and elegant way is to be curious and fascinated with a careful and close study of *this* particular wonderful change, *that* wonderful change and of what seems to occur inside and between each of these wonderful changes. Elegance lies in the up-close, in-depth, naively open study of the actual change phenomenon.

Instead of directly probing into the actual change phenomenon itself, elegance is lost when the researcher transfers the focus of study to whatever is regarded as outcomes at the end of treatment, miles away from the actual change phenomenon itself.

Elegance is sacrificed when the researcher rises far above the actual change phenomenon into a high level of abstraction, and views the actual change phenomenon through distancing and distorting conceptual lenses such as egocentrism, helping alliance, borderline condition, regression, or any of the thousands of abstract conceptual lenses.

Elegance is sacrificed when the researcher inserts an opaque barrier between the researcher and the actual change phenomenon by instead studying test scores, measures, questionnaires, or interviews between an interviewer and the clients or therapists (cf. Andreozzi, 1985; Elliott, 1985, 1986; Elliott & Shapiro, 1988, 1992; Kagan, Krathwohl, & Miller, 1963; Kivlighan & Angelone, 1991; Lietaer, 1992; Martin, Martin, & Slemon, 1987). Not only does this situation open the door to interviewer-driven data, biases, and responses, but it replaces careful study of the actual change phenomenon with interviewer-interviewee interactions, relationships, situational contexts, and conjointly determined mutual effects.

Elegance is also sacrificed when the researcher concentrates much more on the therapist's and patient's subjective reports than on the actual in-session change phenomenon itself.

Qualitative researchers have mined a rich load by interviewing therapist and patients, and by focusing their analyses on these data rather than on the actual in-session change events. For a review of these studies and their findings, see Maione and Chenail (1999).

Research Elegance Is Probably Higher When Research Questions Generate Research Methods Rather Than When Research Methods Generate Research Questions

Most fields of study start with research questions and then develop research methods to help answer these questions (Chalmers, 1982; Feyerabend, 1972; Koch, 1959; Slife & Williams, 1995). However, to a large extent, the field of psychotherapy has reversed the matter by first embracing research methods, largely those dictated by experimental psychology, with the unfortunate consequences that the research methods determine, limit, restrict the allowable research questions. It is almost as if a person approaches the field of psychotherapy by first checking out the toolbox of research methods, and then reasoning like this: "Given these research methods, what kind of problem do they let me study or what kind of question do they allow me to ask?"

Almost without exception, most new research methods were developed as a helpful means of examining some research problem or answering some research question. However, when psychotherapy researchers include these new methods in their toolbox, these new methods come stamped as scientifically-approved, and take their place as defining what kinds of problems may be studied and what kinds of questions may be asked. The discovery-oriented strategy seems more

elegant by allowing the research questions to help determine what research methods are useful, and to invite the researcher to develop research methods that are useful in trying to answer these research questions.

As a rather undramatic, small example, almost from the beginning of research on psychotherapy, relatively sophisticated methods of sequential analysis were available (Snyder, 1945), and these were developed into time-series analysis (Glass et al., 1975), cross-lag time-series analysis (Gottman, 1979), and stochastic process analysis (Benjamin, 1979; Hertel, 1972; Lichtenberg & Heck, 1979; Lichtenberg & Hummel, 1976) of sequential events, usually organized into Markov chains (e.g., Friedlander & Phillips, 1984; Mercier & Johnson, 1984; Tracey, 1985; Tracey & Ray, 1984; Wampold & Kim, 1989). When researchers started with these sophisticated methods, the problems they found appropriate to look at were limited to things like sequences of the ratio of self-directed words to other-directed words, pronoun-verb couplings, and sequences of topic initiation and topic following. In contrast, the discovery-oriented researcher is freer to start with the question: Do impressive, significant, valued in-session changes or events occur in some sequence or sequences?, and to let this research question help seek out the more useful research methods, and even guide the researcher to figure out more new and useful research methods.

There seem to be at least two ways in which many psychotherapy researchers lose elegance by worshiping research methods that have almost uniformly been developed in and for fields outside of psychotherapy, and by operating under an implicit principle that these research methods generate the research questions. One is that this common stance tends to truncate, restrict, and sharply limit the range and scope of research questions asked by most psychotherapy researchers.

A second is that this common stance has the same kind of deadening effect on the possibility of developing new and better psychotherapy research methods, methods that can be expressly useful and appropriate for answering the questions of psychotherapy researchers.

Elegance seems to be higher when the discovery-oriented researcher allows the research questions to generate the research methods, as compared with the common stance in which accepted research methods generate the research questions.

Discovery-oriented research questions have little or no call for such research methods as 'experiments' or 'control groups'. Starting with a rather careful framing of the discovery-oriented research questions, the job was then how to develop a researcher strategy that was useful, rigorous, careful, trustworthy, and scientific. When the research methods were assembled and put into place, some almost universal research methods were seen to be missing. The discovery-oriented research strategy did not include research methods of doing 'experiments' or of using 'control groups'. What is more, the strategy also seemed to lack this traditional research method and several others as well.

Could a research strategy be truly rigorous and scientific without including experiments and control groups? If the research methods are determined by the research questions, then perhaps there really is no place for doing experiments and using control groups. If doing good research, if doing research scientifically, means having experiments and using control groups, then shouldn't the discovery-oriented research strategy include experiments and control groups? Yet there seemed to be no place in this research strategy for experiments and control groups. It seemed that if research questions are allowed to generate research methods, then an elegant

research strategy can be put into place without using research methods such as experiments and control groups.

Perhaps the more elegant principle replaces 'the scientific method' with 'the various scientific methods'. In the field of psychotherapy research, it is common to think of the one and only grand scientific method, scientific research strategy, design, or methodology. The idea is that the specific research methods should all fall under one large scientific method.

Even at this higher level, the discovery-oriented research strategy holds to a principle that there can be various scientific methods, designs, and strategies. The one to use depends in large part on the particular research question or questions, or the aim and intent of the research (Geer & O'Donohue, 1989; Koch, 1959; Reichardt & Cook, 1979; Slife & Williams, 1995; Tharp & Gallimore, 1982).

This way of looking at research declines the assumption of a single grand scientific method. "The false assumption that there is a universal scientific method to which all forms of knowledge should conform plays a detrimental role in our society here and now, especially in the light of the fact that the version of the scientific method usually appealed to is some crude empiricist or inductivist one" (Chalmers, 1982, p. 141). When the work consists of answering the discovery-oriented research questions, elegance seems to lie more in thinking of the various scientific methods than in the common mind-set of 'the scientific method'.

The Findings Of Discovery-Oriented Research Can Provide Especially Fertile Ground For Elegant Conceptualization

Discovery-oriented research is always looking for new things, and the discovery of new things can and should be especially fertile ground for conceptual sense-making for elegant new

conceptualization (cf. Gelso, 1991). The findings almost proclaim that here is something new, here is something new that is specific, concrete, tangible, and these findings then challenge the conceptualizer: How can these new findings lead you to arrive at new ways of conceptualizing these discovered new in-session impressive changes, these new sequences of impressive changes, these new ways of helping to bring about these impressive changes, and these new ways of using these impressive changes once they occur?

Some philosophers of science are skeptical about the ability of careful and rigorous methods, whether the methods of research or logic, to really shed much light on the discovery or creation of bold new ideas. "There is no such thing as a logical method of having new ideas, or a logical reconstruction of this process. My view may be expressed by saying that every discovery contains 'an irrational element', or 'a creative intuition', in Bergson's sense" (Popper, 1980, p. 32; cf. Gadamer, 1975).

These reasons for being skeptical may not hold under particular conditions. One condition is when the conceptualizer allows oneself to concentrate on the fruits of discovery-oriented research. A second condition is when the conceptualizer is ready and willing to allow the new findings to spark bold new conceptualizations. And a third condition is when the conceptualizer knows how to go from the newly minted research findings to bold new conceptualizations.

For example, suppose that the conceptualizer starts with a finding that impressive change 'A' seems to precede and be followed by impressive change 'B'. Impressive change 'A' is that the patient seems to have become an altogether new and different person, a wholesale change. Impressive change 'B' is a substantially new perspective on things, new insights and ways of

understanding things. The conceptualizer starts with this finding, is ready and willing to allow this finding to spark bold new conceptualizations, and the conceptualizer knows how to let this finding grow and grow, become bigger and bigger, more and more expansive until it bumps into an established, commonly accepted, broad, basic principle of psychotherapy. The conceptualizer faces this problem to solve: It is commonly presumed that insight and understanding help bring about substantial change; therefore, the therapist works at trying to promote heightened insight and understanding. But here is the opposite possibility: Once the person undergoes qualitative change, becomes a whole new person, then there is a whole new outlook, a whole new perspective, a whole new way of understanding things, insights. Therefore, perhaps therapists should work at finding how to have the person become a qualitatively new person, and insight and understanding are merely little indications that the person has indeed become a whole new person. The conceptualizer is on the threshold of doing some exciting bold conceptualization.

A relatively strong case can be made that the discovery-oriented research strategy is especially well-suited for conceptualization. Its findings are wonderfully fertile ground for the conceptualizer who is eager to do further conceptualization, and who knows the skills of engaging in such conceptualization. What is more, it is relatively common to believe that research on psychotherapeutic change starts by selecting or figuring out a theory of in-session therapeutic change (Kiesler, 1973; Marmar, 1990). Discovery-oriented research represents almost the opposite way of thinking: Discovery-oriented research findings are grist for the mill of elegant theorizing, model-building, conceptualization. Start with the discovery-oriented research findings, and then engage in further conceptualization, theory-building, model-building.

Discovery-Oriented Research Is An Elegant Means Of Helping To Build A Science of Psychotherapy

Even as a fledgling researcher, I like the idea of the field of psychotherapy becoming more and more of a genuine science, and I believe that discovery-oriented research can be of some help here. How? In what ways? This brings up a larger question: What might be some of the characteristics of a genuine science of psychotherapy? Here is one version of some of these characteristics. Of these, discovery-oriented research would seem to help in regard to the third characteristic especially, and the spirit behind discovery-oriented research would seem to lend its support to the rest of the characteristics.

Here are some amateur characteristics of a genuine science of psychotherapy:

1. It constitutes its own field of knowledge, conceptualizations, research and research methodologies, education and training, competencies and skills, and domains of application. It is not the applied wing of some supposedly larger field such as sociology, psychology, experimental or social psychology, medicine, biology, neurology or physiology, education.
2. It deals with concrete events that are real and that can be measured, rather than events that are relatively amorphous, soft, virtually beyond careful, vigorous, and relatively direct measurement.
3. It is continuously seeking to extend and to improve the working goals that psychotherapy can achieve, the methods and in-session programs and steps to help achieve these working goals, and the ways of using these goals when they are achieved. It has careful ways of discovering more and

more of what psychotherapy can be and do, and of how to do it better and better.

3.1. It provides a systematic, continuously improving way of determining, arriving at and attaining, the working aims and goals for each person in each session.

4. It has continuously improving, systematic ways of examining and advancing its conceptual systems, including an openness to revolutionary alternatives and significant paradigm-shifts.

4.1. It is continuously identifying and modifying-improving its positions on basic issues, and its answers to basic questions, in the field of psychotherapy.

5. It can identify a significant track record of achievements and advancements over a period of time.

5.1. It can identify the "breakthrough problems", both conceptual and technological, and "breakthrough devices" that would open the way for significant future achievements and advances.

How Likely Is It That Doing Research For This Reason Is Feasible?

It seems that it is eminently feasible to do research to discover how to do psychotherapy, to discover what psychotherapy can be and do, and to discover how to do it better and better. The problem does not seem to lie so much in the feasibility of doing research for this reason. Rather,

the problem seems more to lie in finding researchers who are enthusiastically dedicated to doing research for this reason.

How Likely Is It That Doing Research For This Reason Can Tell Us Much About How To Do Psychotherapy?

It certainly ought to, because this is the heart of what discovery-oriented research is all about. Perhaps the challenge is that discovery-oriented research is more useful than any of the other reasons for doing psychotherapy research when it comes to telling us much about how to do psychotherapy.

3

RESULTS

Using the procedure described in Chapter 2, the research identified 40 instances of impressive in-session client changes. Each of these 40 instances was examined to identify (a) the nature and content of the impressive change; (b) the ways the therapist, or therapist and patient, were judged to have used in enabling the impressive in-session change to occur; and (c) the way or ways the therapist was judged to use the occurrence of the impressive in-session change.

On the basis of these data, for the pool of 40 instances of impressive in-session client changes, the research was able to address the following research questions:

1. What were the categories or kinds of impressive in-session client changes judged to be found in the pool of 40 instances? The research found 8 categories of impressive in-session changes.

2. Were the categories of impressive in-session changes found to occur in an identifiable sequence or sequences? The research found that the impressive in-session client changes occurred in two somewhat overlapping but substantially different patterns or sequences within sessions.

3. For each of the 8 categories of impressive in-session changes, what did the therapist, or therapist and client, do that were judged as enabling the in-session impressive changes to occur? For each of the 8 categories of impressive in-session changes, the research was able to identify and to specify ways that the therapists, and therapists and clients, were judged as enabling the occurrence of the impressive in-session changes.

4. For each of the 8 categories of in-session changes, what did the therapists do following

the occurrence of the impressive in-session client change? What the therapists did following the occurrence of the impressive in-session client change was incorporated into the judges' instructions as the identification and specification of ways the therapists used the occurrences. For each of the 8 categories of impressive in-session client changes, the research was able to identify and to specify ways the therapists used the occurrences of the impressive in-session client changes.

The Data Pool of Impressive In-Session Client Changes

The research library consisted of approximately 500 audio-taped sessions of 80 psychotherapists, most of whom were relatively well-known. Two research associates drew audiotapes of sessions to obtain a minimum of 40 instances of impressive in-session client changes.

Two guideline constrictions were provided by the research design and carried out by the two research associates. One was that each taped session studied by the research team was to contain a minimum of two impressive in-session client changes. The second was that each therapist whose tapes were selected and studied was to represent an equal proportion of studied tape sessions.

As a consequence, the two research associates examined 318 audio-taped sessions to obtain the 40 instances of impressive in-session client changes. Of the 318 sessions, 244 (76.7%) were found to have no instances of impressive in-session client changes, 74 (23.2%) were found to have no instances of impressive in-session client changes, and 13 (4.0%) were found to have multiple instances of impressive in-session client changes.

The sessions studied by the research team included a range from 2 to 5 instances of

impressive in-session client changes, with a mean of 3.6.

Of the therapist-client dyads, the distribution by gender was as follows: Male therapist and female client (30.0%), male therapist and male client (26.0%), female therapist and female client (24.0%), and female therapist and male client (22.0%).

An Illustrative Sample of the First-Order Findings

of 5 of 40 Impressive In-Session Change Events

The first task of the judges was to identify the location of an impressive in-session change event. Judges then independently provided written answers to three questions: (a) How would you carefully describe what is happening here that enables you to identify this as an impressive change event? (b) What did the therapist, or therapist and patient, do to help bring about this impressive client change event? (c) If the therapist seemed to use the occurrence of the impressive change, how did the therapist seem to use the occurrence of the impressive client change event?

The research design then included a method of collating the judges' written answers into a single provisional answer, and the team of judges revised and finalized the provisional findings.

These findings, for each impressive in-session client change event, were considered as the first-order findings because the answers to the four research questions were generated from these first-order findings.

What follows is the formal, finalized, verbatim answers to the three questions from a sample of 5 of the 40 impressive in-session client change events as judged by the full team of judges:

Impressive Client Change Event Number 4

(1) How would you carefully describe what is happening here that enables you to identify this as an impressive change event? The client is confronting a key other person in an open, direct manner, doing so firmly, repeatedly, and persistently, and in a manner that is apparently genuine and appropriate.

(2) What did the therapist, or therapist and client, do to help bring about this impressive change event? When the client begins to show anger at a key other person, and indicates a readiness to go further, (a) the therapist prepares the client by describing this aspect of her personality, instructs her on what to do, and that he will assist her, and then (b) the client carries out the task, and the therapist continues participating, guiding, and instructing.

(3) If the therapist seemed to use the occurrence of the impressive change event, how did the therapist use its occurrence? The therapist (a) emphasizes the welcomed new state, and invites the client to remain in this state, (b) invites the client to attend to residual problematic bodily sensations, and (c) prepares the client for the next procedure, focusing on these problematic bodily sensations.

Impressive Client Change Event Number 12

(1) How would you carefully describe what is happening here that enables you to identify this as an impressive client change event? The client is in a new, happy, pleasant state of being quite self-satisfied, self-acceptant, on top of things, especially in contrast to the initial state of gloom, uselessness, depression, and ending it all.

(2) What did the therapist, or therapist and client, do to help bring about this impressive change event? When the client seems, for perhaps the first time, to be ready to cope with, handle,

deal with, the problematic situation at work, the therapist names, enjoys, and welcomes this newly present state, and invites the client to “be” and to give voice to this newly emerged state.

(3) If the therapist seemed to use the occurrence of the impressive change event, how did the therapist use its occurrence? The therapist invites the client to continue seeing the newly emerged pleasant state, to continue “being” it, and to continue giving voice to it.

Impressive Client Change Event Number 23

(1) How would you carefully describe what is happening here that enables you to identify this as an impressive change event? The client has moved into a new state of quite strong, high-volumened feeling, a mixture of hurt, anger, pain, and accusation.

(2) What did the therapist, or therapist and client, do to help bring about this impressive change event? When the client tells about a childhood incident of powerful feeling, the therapist coaches and instructs the client to undergo the feeling as fully as possible.

(3) If the therapist seemed to use the occurrence of the impressive change event, how did the therapist use its occurrence? The therapist emphasizes the goal of being free of the pain, and doing so by letting oneself go out of control, pushing the strong feeling out as far as it can go, and for a relatively prolonged period of time.

Impressive Client Change Event Number 19

(1) How would you carefully describe what is happening here that enables you to identify this as an impressive change event? The client is undergoing an apparently new, somewhat deeper feeling in relation to a key person in the context of a childhood experience.

(2) What did the therapist, or therapist and client, do to help bring about this impressive change event? When the client seems to be concerned with having contradictory feelings toward

a meaningful category of people, the therapist emphasizes and highlights the compelling question of why the client has such contradictory feelings, and then provides plenty of time and space for the client to come up with an answer.

(3) If the therapist seemed to use the occurrence of the impressive change event, how did the therapist use its occurrence? The therapist uses the apparently new, somewhat deeper feeling by trying, in a rather careful, gentle way, to describe, identify, and clarify the nature and content of the new feeling.

Impressive Client Change Event Number 26

(1) How would you carefully describe what is happening here that enables you to identify this as an impressive change event? The client has achieved a new sense of awareness and understanding of how a significant current relationship reflects a significant early relationship with parents.

(2) What did the therapist, or therapist and client, do to help bring about this impressive change event? When the client moves from having strong feelings in telling about childhood incidents to a concern with what ought to be done in the present life, the therapist is quietly reassuring about how the client is and can be in the present life circumstances.

(3) If the therapist seemed to use the occurrence of the impressive change event, how did the therapist use its occurrence? If the client returns to an important incident from the beginning of the session, the therapist gently inquires into the client now having some other way of understanding that initial important incident.

Categories of Impressive In-Session Client Changes

Based upon the 40 first-order findings, the focus of the next task was the first question, i.e., how would you carefully describe what is happening here that enables you to identify this as an impressive change event? The research associates were able to collate the composite, finalized, verbatim answers into a category system of impressive in-session client changes, using the procedure described in the methodology. (see Step 7, pp. 31-32).

The procedure yielded 8 categories of impressive in-session client changes. These were submitted to the judges for their feedback, revision, and approval. What follows are the finalized, formal descriptions of the 8 categories of impressive in-session client changes:

1. State of Heightened Feeling

The patient is in a new state in which feeling is quite strong, powerful, intense, high-volumed, saturated, and may or may not be targeted at a specific, person, or object.

The feeling may be extremely pleasant or unpleasant, happy or unhappy. The patient may not be necessarily fully free of the initial, bothersome or unhappy state.

2. State of Internal Well-being

The patient is in a new state of well-being, satisfaction, internal harmony, happiness, contentment, welcoming expanded awareness, understanding---- toward one's self, the inner world.

This new state is free of the initial state of being painfully unhappy, troubled, upset, and suffering.

3. State of Good-Feeling Energized Activity

The patient is in a new state of heightened energy, strength, actively experiencing feeling,

acting at, doing to, an outpouring of activity.

This new state is free of the initial state of being painfully unhappy, troubled, distraught, suffering, worried and concerned.

4. State of Welcoming Relationship with Therapist

The patient is in a new state of quiet, passive involvement, engagement, contact, receptivity, relationship-----with the therapist.

This new state is free of the initial state of being painfully unhappy, troubled, distraught, suffering, worried and concerned.

5. State of Readiness for New Ways of Being and Behaving in the World

The patient is manifesting or ready to manifest new ways of being and behaving in the forthcoming extra-therapy world.

6. State of Emergent Deeper Feeling

The patient is undergoing an emerging new feeling state that may be deeper, may be occurring in some situational context, and has probably not been present, to this degree, earlier in the session.

The feeling may be good or bad, but it tends to be a relatively new, emergent feeling, and one that is likely deeper in the person.

7. State of New Understanding

There is a new, expanded, helpful understanding of the relationship between oneself and others, both in the current world, including components from the past.

8. State of Fully Living and Being in an Earlier Scene/situation

The patient is fully living and being in an earlier scene/situation that is real, explicit, vivid, exceedingly present. If the scene/situation is from childhood, the patient is literally being a child in terms of voice quality, content of speech, and behavior.

The 40 instances of impressive in-session client changes were distributed as follows:

Category	1	2	3	4	5	6	7	8
Frequency	9	7	3	3	4	7	4	3

(Total= 40)

In-Session Sequences of Impressive Client Changes

The findings yielded 8 categories of impressive client changes. The second research question was whether or not the categories of impressive changes occurred in an identifiable sequence or sequences.

Each session contained a minimum of two impressive client changes, with an obtained maximum of five impressive in-session changes. For each session, the data allowed for an identification of the initial category of impressive change, intervening categories of impressive changes, and the final category of in-session change. For example, in one session, the sequence of 4 categories of impressive in-session changes was as follows: 3 3 2 5. The sequence in another session was as follows: 1 1 6.

For each session, the number of antecedent-consequent couplings was the total number of impressive client changes minus one. For example, in the first example above, there were three antecedent-consequent couplings, and in the second example there were two.

Although Figure 1 includes the total of 40 impressive client changes, the maximum

number of connections was reduced because of two considerations: (a) As indicated above, in each session, the maximum number of the connections was the total number of impressive changes minus one. (b) Figure 1 includes the connections between different categories of impressive client changes. Accordingly, a sequence of 3 3 2 5 would contain two connections, and a sequence of 1 1 6 would contain one connection.

By organizing the antecedent-consequent couplings together, the findings yield the following sequence of categories of impressive client changes across a session, from the initial categories on the left to the final categories on the right. It should be noted that Figure 1 displays the sequences of categories of impressive client changes, the frequencies of each of the 8 categories of impressive client changes, and the proportion of total connections occurring in each connection. For example, from Figure 1, Category 6, New Deeper Feeling, included 7 of the total of 40 impressive client changes and, of 100% of the connections, 10% were from Category 6 to Category 5, 5% were from Category 6 to Category 4, and 14% were from Category 6 to Category 7.

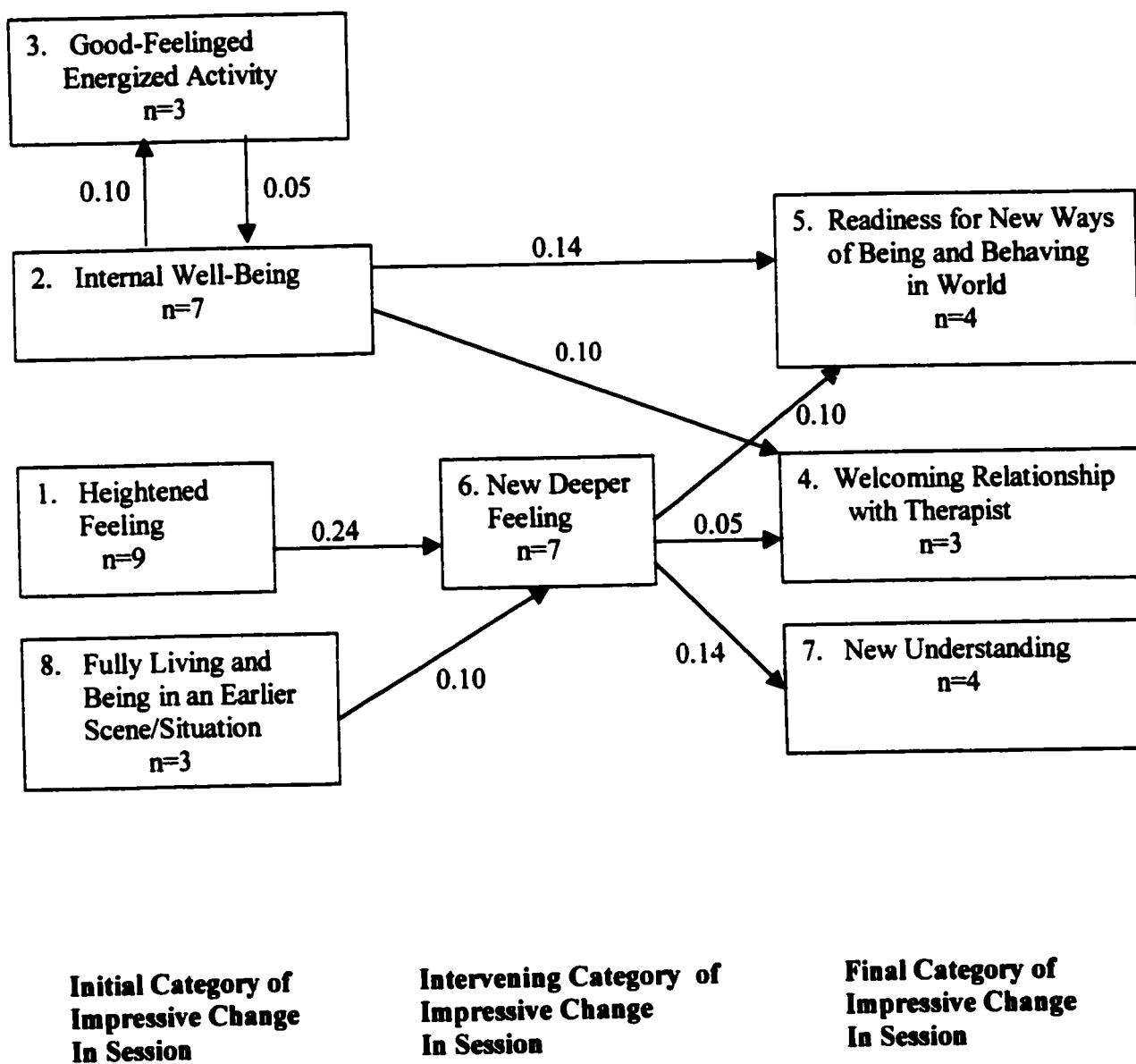


Figure 1. Sequences of Categories of Impressive Client Changes Across a Session of Psychotherapy.

The Occurrence and Use of Impressive In-Session Client Changes

The third research question was: For each category of impressive in-session client changes, what did the therapist, or therapist and client, do that were judged as enabling the in-session impressive changes to occur? The fourth and final research question was: For each category of impressive in-session client changes, what did the therapists do following the occurrences of the impressive in-session client change?

The findings yielded 8 categories of impressive client changes. For each category, the findings yielded methods judged as enabling the occurrence of the category of impressive client change, and methods that therapists were judged as using following the occurrence of the category of impressive client change. For a review of the procedure of how judges determined the methods for enabling and using the occurrence of impressive in-session change, see Step 4 and 5, pp. 27-30 in Methodology, Chapter 2.

The categories, the methods judged as helping to bring about each, and the methods used following the occurrence of each, are given below in the verbatim final word of the judges.

1. Here is how to help bring about a *State of Heightened Feeling* where the patient is in a new state in which the feeling is quite strong, powerful, intense, high-volumed, saturated, without ordinary control, or whether or not the patient's attention is targeted at a specific thing, person, or object within some situational context. The feeling may be extremely pleasant or unpleasant, happy or unhappy, nor is the patient necessarily fully free of the initial, bothersome, unhappy state.

When the patient is ready to be, is already somewhat in, a state of at least moderate feeling toward a specific other person in the context of a specific of a situation, in a present or remote

scene:

- (a) Go along with and carry forward, or actively coach/model, or actively encourage or provoke the patient to let go of feeling constraints, to assume a particular physical stance, to carry out a designated feeling-laden behavior in a concrete way, to let the feeling go, to drive out the feeling, and to do so with increasingly stronger feeling, using and repeating key phrases, and to keep doing all this for an extended period, perhaps with eyes closed, directly toward and at the specific other person in the defined scene.
- (b) Act out the role of the other person or other part of the patient in a relatively feeling-laden, direct, provocative encounter between the patient and the other person or part of self.

Once the patient is in a *State of Heightened Feeling*, here are the ways to use this

impressive in-session change:

- (a) Encourage the patient to keep doing it, to carry it forward, to enter further into this state, to really “be” and mean it, to enable it to become more powerful.
- (b) Praise and appreciate the patient for the accomplishment, and invite the patient to voice reactions to what has been accomplished.
- (c) See what new inner part, quality, or sense emerges, and use this newly emerged part, quality, or sense to be directed toward key other persons, or toward other parts of self that oppose it, or for the patient to be this new way in general.
- (d) See what other earlier scene now appears or can be recollected, including a scene in which the heightened feeling occurred.

2. Here is how to help bring about a *State of Internal Well-being* where the patient

is in a new state of well-being, satisfaction, inner harmony, happiness, contentment, welcoming expanded awareness, understanding— toward one's self, the inner world. This new state is free of the initial stated of being painfully unhappy, troubled, upset, suffering.

1. When the patient is in a state of painful, unhappy feelings:

(a) Invite the patient to go further into undergoing the feeling even more fully and intensely, perhaps using physical props (e.g., pillows), or expressly being the part that has or is the painful bad feeling. Or...

(b) Show and invite the patient to be quiet, to relax, and to allow the painful feeling to empty away.

2. When the patient seems to be in a new positive state relative to the painful, unhappy state or situation or part of self:

(a) Therapist and patient name, enjoy, and welcome this new positive state, quality, way of being, and the patient is to be and give voice to this newly emerged part, including being this new way in actual extra-therapy situations or in welcoming and relating to this part of self.

(b) Invite and show the patient how to open up, have, undergo, describe the ensuing, consequent feeling, especially how it is relieving, pain-free and pleasant.

Once the patient is in a *State of Internal Well-being*, here are ways to use this significant in-session change:

(a) Enable the patient to remain in this state, to enter further and deeper into this state, to welcome, enjoy, further undergo this state and whatever new states or aspects emerge.

(b) Highlight the patient's capacity to undergo change, and guide the state toward possible new ways of behaving, relating to, and being in the problematic extra-therapy life circumstances, situations and/or relationships.

3. Here is how to bring about a *State of Good-feeling Energized Activity* where the patient is in a new state of heightened energy, strength, active experiencing-feeling, acting at, doing to, outpouring, activity. This new state is free of the initial state of being painfully unhappy, troubled, upset, suffering.

1. When the patient identifies and defines a specific scene or situation that is front and center, or when the patient is undergoing at least moderate feeling in living and being in a specific scene or situation, and is ready to go even further:

Show the patient what to do (e.g., show feelings even more), how to do it, why to do it (e.g., to no longer have painful feelings in painful scene or situation), and indicate that the therapist will assist as the patient carries it out.

2. When the patient is in a new, happy state, and is attending to new ways of being in the extra-therapy world:

In a way that is sudden, abrupt, dramatically open and surprising, lighthearted and pleasant, put the patient face-to-face with the initial painful scene, situation, state, or worry.

Once the patient is in a *State of Good-feeling Energized Activity*, here are ways to use this significant in-session change:

Follow this threefold procedure:

(a) Enable the patient to remain in the new positive state, scan and describe the ongoing

bodily sensations, enjoy/welcome the new positive state.

(b) Inquire into the patient's readiness to be this new way.

(c) Guide/invite the patient to be this new way in the initial, problematic, painful scene, situation, issue and/or concern.

4. Here is how to help bring about a *State of Welcoming Relationship with Therapist* where the patient is in a new state of quiet, passive, involvement, engagement, contact, receptivity, relationship— in being with the therapist. This new state is free from the initial state of being painfully unhappy, troubled, distraught, suffering, worried and/or concerned.

1. When the patient reveals some ordinarily hidden feeling or state:

(a) Persistently invite the patient to fully “be” the feeling or state, to carry it forward, and then...

(b) Invite the patient to describe the immediately ongoing feeling or state.

2. If the patient's painful feeling state implies some special other person, gently invite the patient into a further new feeling state in a new situation with a special other person. If the patient enters into this, clarify how nice this would be.

Once the patient is in a *State of Welcoming Relationship with the Therapist*, here are ways to use this significant in-session change:

Invite the patient to attend to, perhaps fully “be”, to carry forward, this next, newly present feeling or state.

5. Here is how to help bring about a *State of Readiness for New Ways of Being and Behaving in the World*, where the patient is manifesting or ready to manifest new ways of being and behaving in the forthcoming extra-therapy world.

1. When the patient is in a pleasant state of actively engaging in a new way of being and behaving and there is even the slightest leaning toward the extra-therapy world:

(a) Emphasize the importance, rationale, and payoffs of carrying out the new way of being and behaving in the extra-therapy world.

(b) Specify concrete new ways of being and behaving in an actual forthcoming extra-therapy situation, including rehearsal of the new way of being and behaving in the problematic situation.

2. When the patient is unhappy or disgusted with oneself or one's role throughout life:

Foster, track, highlight, encourage the sense of being unhappy or disgusted with oneself or one's role throughout life.

Once the patient is in a *State of Readiness for New Ways of Being and Behaving in the World*, here are ways to use this significant in-session change:

(a) Praise, enjoy, welcome the patient's accomplishing the new way of being and behaving, and also the patient's being able to go beyond the bad feelings in the initial scene.

(b) Presume that the patient is now able to be the new way, and invite the patient to be and behave in this new way in the patient's extra-therapy world.

6. Here is how to help bring about a *State of New-deeper Feeling*, an emerging new feeling state that may be deeper, may be occurring in some situational context, and has not been present earlier in the session. The feeling may be good or bad, but it tends to be a relatively newly emergent feeling for the person, and one that is likely deeper in the person.

1. When the person is undergoing a feeling, or especially a somewhat new feeling, perhaps

while almost hypnotically living in a situational context, especially from early childhood:

- (a) Focus, clarify, refine, define the feeling and the parts of the situational context.
- (b) Encourage the person to keep on until the feeling is quite intense.
- (c) Welcome the new feeling and invite the person to see what value can be gained from undergoing the stronger intensity of the feeling.

2. When the patient is searching for why particular feelings seem to exist relative to some person or situation:

Acknowledge efforts to search for an answer.

3. When the patient is in a state of quite strong feeling, in the context of an important childhood scene with a significant person; the almost automatic consequence may well be the occurrence of the impressive change.

Encourage the patient to enter a state of no control, pushing the feeling state beyond peak intensity, and keep repeating the encouragement. Model what the patient is to do, and how to get it started.

Once the patient is in a *State of New-deeper Feeling*, here are ways to use this significant in-session change:

- (a) Further describe, identify, clarify the nature and content of the newer feeling in the context of that situation or in the context of the patient's present life.
- (b) Continue encouraging the patient to push the feeling-state to peak intensity and beyond.
- (c) Let the new feeling-state be, enjoying its presence.
- (d) Diffuse and extinguish the state of new-deeper feeling with interfering interjections,

rushed understandings and explanations, and by providing advice and suggestions for current functioning.

7. Here is how to help bring about a *State of New Understanding*, where there is a new, expanded, helpful understanding of the relationship between oneself and others, both in the current world and in the past:

When the patient is in a strong feeling state in regard to early incidents, and when the patient turns to the present world and what has yet to be done:

Quietly reassure the patient about how the patient is and can be right now.

Once the patient is in a *State of New Understanding*, here are ways to use this significant in-session change:

(a) Be quietly interested in a non-interfering way.

(b) If the patient turns to a matter or concern from an earlier session, use the new understanding by gently inquiring into whether the patient now has some other way of understanding the matter or concern.

8. Here is how to help bring about a *State of Fully Living and Being in an Earlier*

Scene/Situation in which the patient is fully living and being in an earlier scene/situation that is real, explicit, vivid and/or exceedingly present. If the scene/situation is from childhood, then the patient is literally being a child in terms of voice-quality, content of speech, and behavior.

When the patient is ready to assist in fully living and being in an earlier scene/situation, take plenty of time to describe, in slow hypnotic detail:

(a) the desired feeling-state

(b) the gradual becoming physically younger

(c) the progressively gradual going back into earlier and earlier times in the life of the person

(d) then inquire into what specific scene/situation/time the person is being right now.

Once the patient is in a *State of Fully Living and Being in an Earlier Scene/Situation*,

here are ways to use this significant in-session change:

(a) Enable the patient to enter even more fully into the pleasant feeling-state, to go back into earlier scene/situation/time and...

(b) Return to the present in the pleasant feeling state from the earlier scene/situation/time.

DISCUSSION AND CONCLUSIONS

The present research was an examination of the first package of substantial findings of a long-term research program that is expected to continue to offer data for further examination. Although it is expected that the findings of the present research will be revised by further data, the findings are deemed sufficient to yield substantive results which were presented in the previous chapter and which will be discussed in the present chapter.

The present chapter is organized into the following sections: (a) Do any of the findings seem to qualify as relatively new discoveries for practitioners? (b) What are some larger implications for psychotherapeutic theory and practice? (c) What are some implications for psychotherapy training and education? (d) What are some implications for further research? (e) What conclusions may be drawn from the findings?

The aim of this chapter is to discuss the issues and studies cited in the first chapter, the review of the literature. In addition, the aim is to discuss some broader implications for psychotherapy research, theory, practice, and training.

A Note About The Level Of 'Theoretical Implications'

Some choice usually has to be made about the level of the 'theoretical implications'. The level can highlight remaining relatively close to the data and the findings, or the level can rise higher and higher.

Of course, some theoretical issues can be left out if one chooses to remain relatively close to the actual data and findings.

My choice is to emphasize theoretical implications that are relatively close to the actual

data and findings.

My choice is to emphasize theoretical implications that are relatively close to the actual data and findings, to be relatively broad and free-ranging in the theoretical implications to discuss, and to rise to a higher level if some issues seem to call for rising to such a level.

I will certainly discuss the theoretical issues raised in the first chapter. I will also discuss a range of theoretical issues that seem to be called for by the design, the data, and the actual findings.

It seems to me that there is a level of discussion and a level of theoretical implications above which the discussion and implications can lose much of their relevance, can lose a quality of meaningfulness, and almost exist on their own, perhaps more as free-floating, ungrounded speculation. I admit that I am hesitant to rise above that level unless the particular issue seems to warrant rising above that level.

Do Any Of The Findings Seem To Qualify

As Relatively New Discoveries For Practitioners?

Even taking into account that the findings are preliminary and provisional relative to the eventual pool of findings from a long-term project, it is worthwhile to consider whether or not the findings seem to offer any practical, working new discoveries for the psychotherapist.

It should be noted that the discovery-oriented research strategy was explicitly selected because of its supposed ability to discover what may be regarded as new and useful for practitioners. Accordingly, the question is whether or not the research strategy paid off.

The Kinds Of Impressive In-Session Client Changes Do Not Seem To Be Substantially New

Discoveries

The findings yielded eight kinds or categories of impressive in-session client changes, and brief, but explicit descriptions of each of the eight kinds or categories.

The review of the research literature indicated that few, if any studies set out to look for or explore new kinds of impressive in-session client changes. Instead, virtually all studies used a list or category system of predetermined kinds of valued or impressive in-session client changes. In this sense, the present study was rather distinctive.

Nevertheless, the findings were disappointing on this score. None of the eight kinds or categories of impressive in-session client changes seem to qualify as new discoveries. Rather, the findings may be said to lend some confirmation to the kinds of impressive in-session client changes that are already an accepted part of the clinical literature.

Although few, if any studies set out to explore new kinds of in-session impressive client changes, it may be taken that general clinical knowledge already includes the kinds of in-session impressive changes found in the present study: (a) a new state of heightened feeling, stronger and more intense feeling; (b) a new state of well-being, satisfaction; (c) a new state of energized activity; (d) a new state of good relationships with the therapist; (e) a new state of readiness for new ways of being and behaving in the post-session extra-therapy world; (f) a new emergent feeling state, with emphasis on the emergence of a formerly deeper feeling state; (g) a state of new understanding; and (h) a state of fully living and being in an earlier scene-situation.

Although these eight kinds of impressive in-session client changes cannot be considered new, and are already an accepted part of clinical knowledge, the discovery-oriented research

strategy is sensitive and careful and open enough to identify new kinds of impressive in-session client changes when they may be present in research-examined sessions. Since the present study is merely a preliminary examination of the current findings of a long-range project, it may be anticipated that the project may well yield new kinds of impressive in-session client changes beyond those already a part of the storehouse of accepted clinical knowledge.

A soft case in favor of the value of finding these kinds of impressive in-session client changes. In general, the eight categories of impressive in-session client changes were not new because they were already known and described in the clinical literature. However, there are at least three considerations that suggest some value to the findings of the categories of impressive in-session client changes.

One consideration is that this is one of the few studies that identified each of these eight kinds of impressive in-session client changes. As indicated in the review of the literature, there have been exceedingly few studies that set out to identify precisely what these impressive in-session changes were, to identify some kinds of categories. In this sense, the findings may well qualify as new.

Second, the present study seems to be relatively unique in flushing out and detailing the specific nature and content of each of the kinds of impressive in-session client changes.

Third, it is acknowledged that some of the categories were generally accepted in the clinical literature and even in the research literature. For example, category 4, a new state of good relationship with the therapist, and category 7, a state of new understanding, are generally accepted as valued in-session client changes. However, some of the other categories seem to be features of lesser-known and untraditional therapeutic approaches, and not generally

acknowledged in research studies. In this sense, these categories may be thought of as somewhat elevated and brought closer into the domain of what researchers may regard as impressive in-session client changes.

The Programmatic Sequences Of Impressive In-Session Client Changes Do Seem To Qualify As Relatively New Contributions

As indicated in the review of the literature, there is essentially no body of studies that looked for programmatic sequences of valued, significant, important, impressive client changes over the psychotherapy session. Perhaps the closest were studies that tested the predicted sequence of predetermined stages or phases of a session as laid down by one or another particular therapeutic approach.

It is interesting that the present findings do seem to qualify as yielding some relatively new contributions even though the findings are preliminary to the longer-term project, and especially considering that the methodology expressly included therapists from differing therapeutic approaches rather than explicitly seeking practitioners representing a single therapeutic approach.

Sessions containing impressive client changes seem to display an organized sequential structure. As summarized in Figure 1, the impressive client changes seem to fall into a set of sequential patterns or orders within and across a session. Instead of merely 40 impressive client changes, it would be better to have 400, and with a much larger number of sessions. Nevertheless, the findings are friendly to the case on behalf of some kind or kinds of sequential patterning when the session includes impressive client changes.

The possibility is raised that sessions containing impressive client changes display a kind of logic or organization or structure. They show an organized sequence of impressive changes. To

the extent that this case makes sense, then the unit of study for the researcher, and the unit of work for the practitioner, may consist of the session itself, a unit with an organized structure of impressive client changes.

In this sense, achieving significant and impressive in-session client changes may be achieved by something more than or different from merely "doing therapy" or "being therapeutic" or "applying interventions." Achieving impressive client changes may be more a matter of proceeding through an organized sequence of impressive client changes, all within the unit of a session. The picture emerges of a session of psychotherapy as somewhat stringent, as having its own structure and organization, its own program. For the practitioner, sessions yielding impressive in-session client changes may involve knowing and proceeding through an organized sequence of in-session impressive client changes.

The findings suggest two somewhat different in-session sequences of impressive client changes. As indicated in Figure 1, there seem to be two somewhat overlapping in-session programs of impressive client changes, with the two relatively similar in regard to the final changes in the session, but seeming to differ in the means of achieving the final changes in the session.

One programmatic in-session sequence first seems to move toward achieving *a good-feeling state of energized activity and internal well-being* (impressive client change categories 2 and 3), and then a final in-session goal of *welcoming relationship with the therapist and a readiness for new ways of being and behaving in the post-session extra-therapy world* (impressive client change categories 4 and 5).

The second programmatic in-session sequence seems to offer a different route toward

generally similar goals. In this second sequence, the session initially aims toward *heightened feeling* and also *a new state of fully living and being in an earlier scene-situation* (impressive client change categories 1 and 8), and this is followed by the emergence of a *new deeper feeling* (impressive client change category 6). This leads to the same two final changes as indicated above, with the addition of a *state of new understanding* (impressive client change category 7).

It may well be that more data will reveal different patterns of in-session sequences of impressive client changes. Unless these preliminary findings wash away, it does seem noteworthy that there seem to be several somewhat similar but also different sequencings or programs.

If the end-changes are thought of as similar to traditional outcome goals, then the findings seem to point toward relatively new ways of achieving the end-changes, and of achieving these "outcomes" in the sessions rather than after treatment is completed. As indicated in Figure 1, the end-changes in the sessions do bear some substantive similarity to the kinds of post-session changes traditionally accepted as outcome goals, viz. *a readiness for new ways of being and behaving in the post-therapy extra-therapy world, a welcoming relationship with the therapist, and a state of new understanding and insight.*

It is noteworthy that the findings may be taken as pointing toward some interesting and perhaps somewhat new ways of helping to achieve these "in-session outcomes". One way is by first attaining a state of good-feeling energized activity and internal well-being. A second way is by attaining the emergence of *a new deeper feeling* by first achieving *heightened feeling* and by the client's *fully living and being in an earlier scene-situation.*

Perhaps the more general point is that if the end-goals of the session are thought of as similar to traditional outcomes, these outcomes may be achieved in the sessions themselves, and

the in-session sequences of impressive client changes do seem to suggest rather new ways of helping to achieve these “in-session outcomes” .

The Methods Of Helping To Bring About The Impressive In-Session Client Changes Do Seem To Qualify As Relatively New Contributions

Although the various kinds of impressive in-session client changes already seem to be part of the psychotherapeutic literature, what does seem to be relatively new are the ways of helping to bring them about. Indeed, a case may be made that this constitutes a seriously promising contribution of the present research.

In what ways are these methods apparently new? Instead of discussing ways of helping to bring about each of the eight categories of impressive in-session client changes, the focus will be on just one representative category, namely a *state of new deeper feeling*. In the verbatim description by the judges, this is an emerging new feeling state that may be deeper, may be occurring in some situational context, and has not been present earlier in the session. The feeling may be good or bad, but it tends to be a relatively newly emergent feeling for the person, and one that is likely deeper in the person.

As indicated in Figure 1, category 6, *New Deeper Feeling*, was an intervening impressive client change, preceded by categories 1 and 8, and followed by categories 4, 5, and 7. The question is: How do the methods of helping to bring about this impressive in-session client change seem to qualify as relatively new contributions? Although the discussion will focus on category 6, the topics below are illustrative of the ways in which the ways of bringing about each of the eight categories of impressive in-session client changes seem to qualify as relatively new contributions.

The importance of achieving antecedent impressive in-session client changes. As indicated in Figure 1, category 6 was preceded by either category 1, *Heightened Feeling*, or by category 8, *Fully Living And Being In An Earlier Scene-Situation*. The speculation, or hypothesis, is that these impressive client changes may well be helpful in setting the stage for the subsequent occurrence of category 6. The more general speculation is that antecedent impressive in-session client changes may well be helpful in setting the stage for subsequent ones.

For both the researcher, the theoretician, and especially the practitioner, it seems relatively new that achieving a *state of heightened feeling*, or achieving a *state of fully living and being in an earlier scene-situation*, may be helpful in achieving a subsequent impressive client change of the occurrence of a *new deeper feeling*. The findings of few, if any studies, have raised similar data-based speculations.

The importance of using the occurrence of antecedent impressive client changes in helping to achieve the subsequent impressive client change. The findings provide a basis for suggesting that how a practitioner actually uses the occurrence of an impressive client change can be important in whether or not the subsequent impressive client change is achieved. The findings and these suggestions seem relatively new and valuable in understanding how to help bring about a given impressive client change. They are new because few, if any studies seem to examine how an impressive in-session change is helped to occur by the way the therapist uses an antecedent impressive in-session change. They are valuable because the findings suggest some explicit ways in which using an antecedent impressive change may help in bringing about a subsequent impressive in-session change.

As indicated in Figure 1, category 6, *New Deeper Feeling*, is preceded by category 1, *Heightened Feeling*. The findings indicate that *Heightened Feeling* was used in the following ways:

- (a) Encourage the patient to keep doing it, to carry it forward, to enter further into this state, to really "be" and mean it, to enable it to become more powerful.
- (b) Praise and appreciate the patient for the accomplishment, and invite the patient to voice reactions to what has been accomplished.
- (c) See what new inner part, quality, or sense emerges, and use this newly emerged part, quality, or sense to be directed toward key other persons, or toward other parts of self that oppose it, or for the patient to be this new way in general.
- (d) See what other earlier scene now appears or can be recollected, including a scene in which the heightened feeling occurred.

Of these four ways of using the impressive client change of *heightened feeling*, any or all of them might prove to be instrumental in helping to pave the way for the subsequent occurrence of the impressive change consisting of the occurrence of a *new deeper feeling*. However, and this seems important and valuable, what simple inspection reveals, is that the third way of using this impressive client change (i.e., "see what new inner part, quality, or sense emerges...") almost voices its likely relevance in moving toward the subsequent impressive change of the emergence of a new deeper feeling.

The main point is that, not only is the antecedent impressive client change a likely helpway event in helping to bring about a subsequent impressive client change, but so too is the therapist's explicit way of using this impressive change once it occurs. This may well open up a new chapter

in the study of how to help bring about impressive in-session client changes.

However, category 6, *New Deeper Feeling*, was also preceded by category 8, *Fully Living and Being in an Earlier Scene-Situation*. Does inspection of the ways in which category 8 was used seem to offer any substantial clues for how to help bring about category 6?

The findings say that once the patient is in a *state of fully living and being in an earlier scene-situation*, there were two ways to use the occurrence of this impressive client change:

(a) Enable the patient to enter even more fully into the pleasant feeling-state, to go back into earlier scene-situation-time and...

(b) Return to the present in the pleasant feeling state from the earlier scene-situation-time.

In other words, once the patient is fully living and being in an earlier scene-situation, that impressive client change is used to promote the emergence of a new deeper feeling..

In other words, it is perhaps exciting to witness that the findings go a long way toward suggesting that there are different ways of using the occurrence of a preceding impressive in-session client change, and that some of these ways certainly do appear to be instrumental in helping to bring about a particular kind of subsequent impressive client change.

The importance of the client's immediate condition and state. What the psychotherapy research literature seems to play down or ignore is the apparent importance of the client's immediate condition or state in helping to bring about the impressive in-session client change. This is relatively absent in the research literature, except for perhaps noting extreme conditions or states. Even the clinical literature does not typically flag explicit client immediate states and conditions as important in helping to bring about given in-session impressive client changes.

The findings seem to offer something new in that each specific method of helping to bring

about each of the eight kinds of impressive in-session client changes was predicated on the client being in a particular and apparently appropriate condition or state. Furthermore, each of the methods seemed to be associated with its own helpful or useful client condition or state.

Staying with category 6, a *state of new deeper feeling*, the findings include three methods for helping to bring about this impressive client change. What is apparently new is that each of the three methods is linked or associated with the client being in a particular condition or state. In the verbatim words of the findings, the first method was used "when the person is undergoing a feeling, or especially a somewhat new feeling, perhaps while almost hypnotically living in a situational context, especially from early childhood.". The second method was judged as being used "when the patient is searching for why particular feelings seem to exist relative to some person or situation". And the third method was used "when the patient is in a state of quite strong feeling, in the context of an important childhood scene with a significant person."

It seems rather clear that these three methods were used when the client was in explicit conditions or states, and that the three conditions or states were substantially different from one another. It seems relatively new to consider that the various methods that were used were linked to the clients' being in explicit conditions and states, and that each method seemed linked to its own helpful or useful client condition or state.

The methods seemed to be new organized packages, rather than conforming to traditional classifications of therapeutic methods. Almost without exception, all of the methods seemed to consist of 'mini-programs', organized packages of things to be done and in a particular sequence or order. Each method seemed to consist of a mini-program in which first the client is to be in a given condition or state, then this is to be done, and this is followed by the next thing, and so on.

For example, one of the methods of helping to bring about in-session impressive change 6 was as follows: "When the person is undergoing a feeling, or especially a somewhat new feeling, perhaps while almost hypnotically living in a situational context, especially from early childhood, (a) focus, clarify, refine, define the feeling and the parts of the situational context; (b) encourage the person to keep on until the feeling is quite intense; and then (c) welcome the new feeling and invite the person to see what value can be gained from undergoing the stronger intensity of the feeling".

It seems relatively clear that this method consist of an organized package that is far from fitting into the traditional classification systems of therapeutic methods. The organized package is not handled by a classification system of such traditional methods as reflection of feelings, interpretation, clarification, and so on. Nor does the organized package fit into larger classifications of methods such as the two-chair or attacking or irrational cognitions. These are high-level, general categories that might well include various explicit component methods, whereas the organized packages that were found were quite explicit and organized in what is to be done in carrying out the method.

The actual working methods for achieving each impressive client change seem to be new.

Aside from the methods occurring as a kind of organized package, the actual working methods themselves seem to be new. In other words, if we focus on each of the impressive, in-session client changes, and if we ask the research and clinical literatures to spell out the actual working methods generally accepted as effective in helping to bring about each identified impressive client change, it is almost certain that the findings would not have been predicted. In this important sense, the findings seem to qualify as a new contribution to the literature.

Since we are focusing on category 6, the findings yielded three methods judged as helping to bring about a *state of new deeper feeling*, an emerging new feeling state that may be deeper, may be occurring in some situational context, and has not been present earlier in the session. The case is that each of these three methods qualifies as an essentially new method of helping to achieve this particular impressive client change.

The importance of the client as an active partner in carrying out the methods. What seems rather distinctive is that in virtually all of the methods, the role of the client seems to be that of an active partner who works hand-in-hand with the therapist in carrying out the methods. Instead of being mainly in the role of the object of the therapist's interventions, the client seems to be in a substantially new role of a genuine working partner with the therapist, a working partner in the actually carrying out of the method.

For example, in one of the three methods for helping to achieve category 6 of the impressive client changes, the client's active role includes: focusing on a feeling and on parts of a situational context, clarifying the feeling and the parts of the situational context, working toward refining the feeling and parts of the situational context, continuing to do these things until the feeling becomes quite intense, participating in seeing what value can be obtained from actually undergoing the intense feeling. It seems that the client is both an active agent in carrying out the elements of the method and the one who actually undergoes the elements of the method.

The importance of different methods for helping to bring about the given impressive in-session client change. What seems relatively clear is that for virtually each of the kinds of impressive client changes there were several different methods to help bring about the change. Furthermore, the methods were used largely independently of the others rather than as a package.

For example, in helping to bring about the *new deeper feeling*, category 6, there were three different methods, the content of each was substantially different from the other two, and the therapists seemed to rely on one rather than using all three as a working package.

It is interesting to note that the actual method was linked to its own rather distinctive client state or condition. This may be understood in at least two ways. One is that the client state or condition served as a somewhat independent determinant of the method so that when the client was in a given state or condition one of the methods was more appropriate than the others. A second way of understanding is that the client state or condition is a working component of the method itself, an integral part of the overall method.

How likely might it be that therapists were aware of the actual methods they were found to have used? The question refers to the therapists' likely awareness of using methods following a given category of impressive client change, methods that included given client conditions, methods that consisted of specific working elements and components, and methods that included a choice of options of which method to use.

The safe answer is that the research design and findings provide little or no basis for answering this question with any substantive degree of confidence. Of course it is possible, now that there are explicit findings, to attempt to gauge the extent that the therapists might have been reasonably aware of the actual methods that were found, but this is a separate and different research question.

There is at least one piece of rather soft evidence that the answer is no. In reviewing both the clinical and research literatures, the researcher did not find any of these methods explicitly described in the writings of the therapists whose tapes were used in the study, nor indeed, in the

clinical or research literatures in general.

It should be noted that the level of the present findings is rather specific. It may well be that, given the present findings, these explicit and specific methods might perhaps be placed under some of the more generic and general labels of traditional psychotherapeutic methods, for example, supportive or exploratory methods. However, with regard to the explicit methods found in the present research, they are not specifically parts of the general literature of psychotherapeutic methods.

The Ways Of Using The Occurrence Of The Impressive In-Session Client Changes Do Seem To Qualify As Relatively New Contributions

The findings seem to indicate that therapeutic work did not stop or just coast along once the impressive client change occurred. Instead, for essentially each kind of impressive client change, it appeared as if the therapist was quite active in using the occurrence of the impressive client change.

Furthermore, the findings are rather explicit in clarifying that there are concretely different choices or alternatives for using each kind of impressive client changes, and in spelling out what these choices or alternatives were.

These findings seem to qualify as relatively new contributions both to the research and to the clinical literatures. There are very few, if any, studies on how therapists use impressive in-session client changes, and it seems even more rare that research has come up with new and explicit ways that practitioners can use these impressive in-session client changes. Nor does the clinical literature seem to contain a significant set of voices for guiding practitioners in how to use the in-session occurrence of impressive client changes.

By paying attention to the various ways of using the occurrence of impressive client changes, it is easy to arrive at a picture of a kind of organized program or plan for how the therapist proceeds across a session. At the very least, it seems fitting to note that once the impressive client change occurs, not only does the therapist seem to move on to a subsequent aim or goal, but the therapist seems to select from a number of available options for where to go next.

Staying with category 6, once the patient is in a *state of new deeper feeling*, the findings indicate that the therapists used the occurrence in the following four ways:

- (a) Further describe, identify, clarify the nature and content of the newer feeling in the context of that situation or in the context of the patient's present life.
- (b) Continue encouraging the patient to push the feeling-state to peak intensity and beyond.
- (c) Let the new feeling state be, enjoying its presence.
- (d) Diffuse and extinguish the state of new deeper feeling by interfering interjections, rushed understandings and explanations, and by providing advice and suggestions for current functioning.

Looked at in the light of Figure 1, it seems relatively new and interesting that the therapists used the occurrence of the *new deeper feeling* to move in the direction of subsequent impressive client changes. An inspection of the four ways of using the occurrence of the *new deeper feeling* reveals how each may be understood as helping pave the way toward a given subsequent impressive client change.

Are these contributions new? Suppose that a practitioner asked the research and clinical literatures this question: "The client and I have arrived at a point where there seems to be this

particular kind of significant, valued, impressive client change. What do I do now? How do I or we use this good change?" It is likely that each piece of literature would politely wait for the other to say something because neither literature seems to have much that can be authoritatively said in answer to the practitioner's question.

Here is a summary of some ostensibly new contributions of using impressive in-sessions client changes:

- (a) Once an impressive client change occurs, there are specific ways that therapists seem to use its occurrence.
- (b) There are substantially different ways of using impressive client changes depending on the nature or content of the impressive client change.
- (c) For each kind of impressive client change, there are a number of available ways of using the occurrence of the impressive client change.
- (d) There appears to be a logical or overall programmatic connection between the nature or content of the impressive client change, the specific way of using the occurrence of the impressive client change, and the subsequent kind of impressive client change.

In general, a case may be made that most of the findings do seem to qualify as relatively new discoveries for the practitioner.

What Are Some Larger Implications For Psychotherapeutic Theory And Practice?

A reasonably careful examination of the findings may be used to raise some interesting speculations and implications for psychotherapeutic theory and practice.

An Alternative System Of Defining And Identifying Psychotherapies May Be Based On Programs Of Impressive In-Session Client Changes

Psychotherapies are traditionally defined and identified in terms of their theories of human beings, theories of psychotherapeutic change, and the packages of in-session working methods that are characteristically identified with the particular approach. One of the serious problems with this system is that it hasn't worked. The field has little or no accepted way of defining and identifying psychotherapies so that there is an embarrassingly wide range of guesses about just how many different psychotherapies exist. Nor is there any general acceptance of how many families of psychotherapy exist and what they embody.

Is there a family of integrative psychotherapies? If so, how many members belong to this family and what are they? The same question may be asked of humanistic therapies, cognitive therapies, psychodynamic therapies, experiential therapies, existential therapies, client-centered families, behavioral families, social learning families, psychoanalytic-psychodynamic families, integrative-eclectic families, cognitive-behavioral families, existential-humanistic families, and so on. There are few, if any, accepted classifications of families of psychotherapy. The problem is that there is no accepted way of defining and identifying a psychotherapy, and the unfortunate consequent state is that the field is unable to say whether it has 4 or 400 psychotherapies and, in any case, how the various psychotherapies can be defined, identified and distinguished from the others.

Defining and identifying psychotherapies on the basis of 'theory' seems to have some problems. One way that psychotherapies have been defined and identified is by means of their theories. However, this way has some serious problems. One problem is whether the theory is to

be a theory of personality, a theory of child development, a theory of psychopathology or, on the other hand, a theory of psychotherapeutic change. Not all psychotherapies are equal in spelling out their theories of personality, child development, and psychotherapeutic change.

A second problem is how different a theory is to be in order to qualify as a distinctive psychotherapy. Would a slight refinement of psychodynamic theory justify a whole new psychotherapy? Some psychotherapies are claimed to be different even though they hold to much the same general psychodynamic theory, and other variants on psychodynamic theory seem quite extensive even though their therapies are essentially one and the same. How much of a difference in constructualism, constructivism, and phenomenism would be necessary in order to warrant a new psychotherapy?

At the other extreme, a very large number of psychotherapies are called experiential even though they vary widely in their theories of personality, infantile and child development, psychopathology, and especially in how and why psychotherapeutic change occurs. Even more dramatically, the welcoming spirit of integration means that an integrative psychotherapy can include all theories, no particular theories, or some new mega-theory composed of all the integrated theories.

A third problem is the tenuous and erratic nature of the relationship between the theory and the actual in-session therapeutic work. At one extreme are therapies that share a similar theory yet differ amply in actual in-session work. At the other extreme are therapies that are quite similar in actual in-session work even though they salute altogether different theories.

All in all, the nature of the supposed theory has not proved to be an exceedingly workable way of defining and identifying psychotherapies.

Defining and identifying psychotherapies on the basis of 'methods' seems to have some problems. Another popular way of defining and identifying psychotherapies is in terms of its methods. Quite aside from their theory and their ingredients that are more or less common to many effective psychotherapies, a psychotherapy is to be distinguished from its neighbors by means of its methods. However, there are some serious problems here.

One problem is that the same method may be given altogether different family names by altogether different therapies. Viktor Frankl's method, which he called paradoxical intention, has been adopted and relabeled by so many psychotherapies that a case may be made that the therapies differ more on the labels used than the actual method. At the other extreme, so many therapies use what some refer to as the Gestalt two-chair technique that either there really is no such thing as a Gestalt two-chair technique or many different therapies are really variants of Gestalt therapy.

A second problem is whether or not a therapy loses its identity if its former methods are replaced by newer and better methods. If the classical methods of psychoanalytic therapy were replaced by some newer and better methods, would psychoanalysis no longer be psychoanalysis? Free association was a cornerstone method of classical psychoanalysis. If this method were reduced in stature or even missing in some or many sessions, is this a basis for claiming that psychoanalysis no longer exists? Another side of this problem is that a psychotherapy would tend to be fixed and locked in place by whatever methods it relied upon when it came about. It would essentially foreclose the possibility of developing new and better methods. Behavioral therapies are a good example of therapies that declined to handcuff themselves to a fixed package of methods, and which pride themselves in being quite open to developing and welcoming newer and

better methods.

A third problem is that the rationale for virtually any method can make a case that its way of understanding change can apply to almost any kind of change. For example, if a change occurs in a session, proponents of almost any rationale can use its rationale to account for the change, whether the rationale emphasizes a shift in cognitions, a deepening of the therapist-client relationship, heightened insight and understanding, or a carrying forward of emotion. In other words, the rationale for most methods can account for change supposedly brought about by almost any other method.

A fourth problem is present if there is a distinction between therapies and the actual working methods and techniques used by therapies. According to this view, there are many different methods and techniques, a kind of public warehouse of various methods and techniques, and the different therapies are free to pick and choose whatever methods and techniques seem appropriate and fitting on an understanding that most methods and techniques are part of the public marketplace rather than being owned by particular therapies.

All in all, there seem to be some serious problems in trying to define and identify psychotherapies on the basis of the methods they use in their work.

Therapies have been defined and identified on the basis of their theories, on the basis of their methods, and on the basis of other dimensions and characteristics, even though the field has trouble finding an acceptable way of defining and identifying its therapies. The present findings provide a basis for an alternative way of defining and identifying psychotherapies:

Define and identify psychotherapies on the basis of programs of in-session impressive client changes. Suppose that we set aside the various names and labels of contemporary

psychotherapies such as Gestalt, cognitive-behavioral, biofeedback, social learning, and the dozens or hundreds of other psychotherapies. Suppose that therapies are to be defined and identified predominantly on the basis of distinctive programs of in-session impressive client changes.

As indicated in Figure 1, the present findings may be taken as yielding one 'kind' of psychotherapy comprised of two subtypes. The therapy highlights *new understanding, a welcoming relationship with the therapist, and a readiness for new ways of being and behaving in the world*. One 'subtype' achieves this by heightened feeling, fully living and being in an earlier scene-situation, and by a new deeper feeling. The other subtype achieves this by *internal well-being*, and by *good-feeling energized activity*.

Yet the proposition is that the various psychotherapies are to be defined and identified on the basis of empirically generated programs of impressive in-session client changes. One of the virtues of this proposition is that it is based on the actual impressive in-session client changes that actually occur in the sessions. Another virtue is that it provides a data-based foundation for determining how many therapies there are said to be, and for identifying what they embody. Still another virtue is that it allows any practitioner to select whatever programs or combinations of programs may be appealing to and useful for the given practitioner.

One additional virtue may be flagged. The actual working methods are incorporated in this system without serving as a problematic way of defining and identifying therapies. Note that the findings connect sets of working methods to each of the categories or kinds of impressive client changes. This allows working methods to be incorporated, and to be revised or modified substantially, without forcing the therapy to be changed to some other therapy, i.e., by leaving

intact the defining and identifying program of in-session impressive client changes.

Aside from the likely virtues, the implication is that current ways of naming and classifying psychotherapies be complemented and compared with an alternative system in which therapies are defined and identified on the basis of programs of in-session impressive client changes. One such example is Mahrer's experiential psychotherapy (Mahrer, 1996a) in which each session is to follow a program of four impressive client changes, some of which bear similarity to the categories of in-session impressive client changes found in the present study:

1. The person discovers a deeper potentiality for experiencing.
2. The person accepts, welcomes, and appreciates the discovered deeper potentiality for experiencing.
3. The person becomes a qualitatively new person, including the deeper potentiality for experiencing as an integral part of the qualitatively new person.
4. The qualitatively new person is ready to live and be in the post-session world, and to be free of the painful scene and painful feeling that might have been front and center in the session.

The core of this alternative system is to define and identify a therapy on the basis of the impressive, significant, and valued in-session goals. Mahrer's psychotherapy, as an example, is defined and identified in terms of two goals: (a) to become the qualitatively new person that the person is capable of becoming, and (b) to be free of the painful scenes of painful feeling. These two goals arise out of and reflect the four sequential, in-session, impressive, significant, and valued client changes.

Other therapies may likewise be defined and identified in terms of their program or sets of programs of goals and their impressive, significant, valued client in-session changes. This would

serve as the working way of defining and identifying each psychotherapy whether or not the common names and phrases are retained or replaced, e.g., Gestalt therapy, cognitive behavioral therapy, integrative therapy, existential therapy, bioenergetic therapy, social learning therapy, psychoanalytic therapy, and so on.

Define and identify practitioners on the basis of programs of in-session impressive client changes. A number of soft impressions seem to be relevant here. One was that the judges noted that the actually observed categories of in-session changes either fit well or quite poorly with the writings of the practitioner or the professed approach of the practitioner, in those cases where such information was available. A second impression was that two or more practitioners seemed to have remarkably similar programs of in-session client changes, and the research team was curious to know if the practitioners belonged to the same or similar psychotherapeutic approaches. A third impression was that several practitioners seemed to have remarkably different programs of impressive client changes even though they apparently were from similar psychotherapeutic approaches, on the basis of the available evidence.

How may a practitioner be defined and identified as different from or similar to one another? The findings raise the interesting possibility of doing so on the basis of the practitioner's categories of in-session impressive client changes. The practitioner may be defined and identified as relying on and using this one program of impressive client changes, or as relying and using this cluster of impressive client changes.

Accordingly, several practitioners may be flagged as essentially similar or different regardless of their professed family affiliation or specific approach. Practitioners may be found to be similar even though one is a professed Jungian analyst and another claims to be a client-

centered therapist. Practitioners may be found to be different even though both claim to be Gestalt therapists or integrative therapists. In any case, practitioners may be defined and identified, and as similar to or different from one another, on the basis of their program of categories of impressive in-session client changes.

A Case For A New Therapist-Client Relationship Of In-Session Change

There are various phrases to refer to the relationship between therapist and client. Some of these phrases include the helping relationship, the therapist-client alliance, the real relationship, the transference-counter-transference, and so on. Each of these phrases highlights one or more ingredients or components of the relationship between therapist and client.

Each of these phrases is commonly used as cutting across and as including various kinds of therapists and clients, various problems and pathologies and diagnostic entities, and various approaches or orientations to psychotherapy. The commonly accepted proposition is that therapy moves along well, and favorable outcome is usually achieved, when the therapist-client relationship is considered good, acceptable, present, working.

One of the distinctive features of the present study was that the sessions were special, unusual. Each session was judged as including client changes that were impressive, significant, valued, and important. What the present study examined and found came from these extraordinary sessions, rather than from ordinary sessions lacking in such impressive in-session client changes. In other words, these sessions were unusual in at least two ways. One was that they were judged as including at least two instances of impressive client changes. The other was that they constituted an almost negligible proportion of the sessions in the full library. In any case, the question is whether a case can be made for what may be called a new 'therapist-client

relationship of in-session change’.

To achieve in-session change, the relationship is between therapist as coach-guide and client as the doer of the change method. This point was signaled in the earlier section on whether or not the findings seem to qualify as relatively new discoveries. This point was also present in the chapter spelling out the actual methods for helping to achieve each of the categories of impressive in-session client changes. The point is that both therapist and client seem to emphasize special roles in the methods for achieving the in-session changes.

For virtually each category of impressive client change, and for virtually all of the methods, the therapist role emphasized that of a coach-guide. The therapist gave instructions, explained what to do and how to do it and why doing it is helpful. The therapist provided encouragement in the client's doing it. The therapist served as the assistant and the helper in the client's carrying out the change method.

The client was the main one to actually carry out the change method, to do the concrete work of enacting and doing the change method. The client did what the therapist showed the client to do. For virtually each change method, the client was the active agent in carrying it out.

There is a difference between a ‘therapist-client relationship for in-session change’ and the traditional ‘therapist-client relationship for therapeutic conversations’. The implication is that two rather different therapist-client relationships may be framed. One is of value and use in helping to achieve in-session impressive client changes, and the other is mainly of value and use in having what may be termed traditional or ordinary therapeutic conversations.

The presence of this new kind of therapist-client relationship tends to illuminate and reveal the traditional therapist-client relationship as one in which the role of the therapist highlights ways

of listening and as the one who administers, carries out, and provides the various therapeutic methods. In this role, the clients' companion role is of the one who receives and is the object of the therapists' methods, techniques, and interventions. It is as if this traditional kind of therapist-client relationship were shaped and honed to emphasize and to enable traditional kinds of therapeutic conversations rather than to help at bringing about impressive in-session client changes.

If the session is mainly to enable traditional kinds of therapeutic conversations and dialogue, then the traditional therapist-client relationship is useful and effective. However, if the session is mainly to help bring about impressive in-session client changes, then the implication is that the traditional therapist-client relationship is far less equipped and effective than what may be termed the 'therapist-client relationship for in-session change'.

Reserve some room for a new kind of therapist-client relationship. Partly because the traditional therapist-client relationship is so common, cuts across most approaches and orientations, and has become so entrenched in the cumulative body of psychotherapeutic knowledge, there is essentially no substantial alternative. There are modifications emphasizing one ingredient or another of the therapist-client relationship, but the field has no generally accepted alternative.

The provisionally new therapist-client relationship proposed here apparently lacks a recognized constituency, a respectable body of studies, sound and solid roots and precedents. It seems to qualify as rather new and different, and it is easy to ask for further research on this apparently fledgling new kind of therapist-client relationship.

However, in order to set the stage for potentially interested psychotherapy researchers,

theorists, and practitioners to study and use this new kind of therapist-client relationship, it seems important to picture its relationship to the traditional therapist-client relationship. The implication is not that the new relationship is a rival, a threatening replacement, for the traditional therapist-client relationship. It is not an alternative.

Instead, the implication is that the new kind of therapist-client relationship is a complement, perhaps one that is useful and effective for its own somewhat unique goals and intentions. Accordingly, the invitation is for the field of psychotherapy research, theory, and practice merely to reserve room for the new kind of therapist-client relationship. Even if psychotherapeutic theorists, researchers, and practitioners warrant a place and a use for this proposed new kind of therapist-client relationship, the implication is that there would still be plenty of room for the traditional therapist-client relationship to dominate the stage.

The Importance Of The Therapist's Explicit Program Of In-Session Impressive Client Changes

The findings included the ways in which the therapists used methods to help achieve given impressive client changes, and the ways in which the therapists used the occurrence of the impressive client changes. For each category of impressive client changes, the findings seemed to indicate the presence of a directionality, a virtual intentionality, a kind of overall program or plan.

The implication is raised that achieving in-session impressive client changes seems to call for the therapist's having and using a relatively explicit program or plan aimed at achieving the impressive client changes.

Close examination of the actual sessions and the actual findings seems to reveal that the therapist may be relatively active or passive in executing the program. The therapist may be relatively directive or only mildly so. The therapist was usually keenly aware of and able to

respect, appreciate, honor, and follow the client's immediate state of readiness and willingness, whether this meant proceeding or slowing the pace or actually abandoning the carrying out of the program. Nevertheless, in almost any case, the therapists seemed to have and put into operation an explicit program for achieving the impressive in-session client changes.

It seems that in order to achieve impressive in-session client changes, it is important that the therapist can have and put into operation an explicit program of achieving impressive in-session client changes. This is what the therapist seems to do rather than, for example, concentrating on applying and carrying out some method or technique of intervention, having in mind some topic to move into, doing whatever seems helpful in enhancing the therapeutic atmosphere, tracking and following the client's fluctuating state of interacting or thinking or feeling, checking out the therapist's inferences, or having and applying some program other than a program of achieving impressive in-session client changes.

The implication seems simplistic, namely, to achieve a program of impressive in-session client changes, it is important that the therapist have and apply an explicit program of impressive in-session client changes. Yet the implication gains some strength when therapists are understood as having and applying so many other kinds of aims, purposes, immediate and longer-range goals and sub-goals, programs and agendas.

Assess The Effectiveness Of Each Session To Achieve Impressive Client Changes

In the present study, the procedure included judges examining each session to determine if the session seemed to contain two or more impressive client changes. In examining a large number of sessions, one of the soft impressions was that a heavy predominance of sessions apparently were judged as including no instances of impressive client changes.

Quite aside from what psychotherapy theorists, researchers, and practitioners commonly label as a good session, a successful or effective session, the present study raises the possibility of providing a way of assessing each session's effectiveness in achieving impressive in-session client changes. The possibility is of a reasonably careful and rigorous method to gauge the effectiveness to any session to achieve impressive, significant, and valued client changes.

The present study yielded eight kinds or categories of impressive in-session client changes. Picture that a much more extensive project yielded a fuller and more comprehensive category system, one based on a much greater number of sessions containing impressive client changes. Such a category system might well serve as a means of assessing a session to determine whether it is effective or not in achieving impressive client changes.

Using the category system, a session may be assessed to determine (a) whether or not the session contained one or more impressive client changes, and (b) the nature or content of the impressive client changes.

In the traditional mind-set, a program of sessions is assessed for effectiveness in achieving outcome. The typical unit is the whole program of sessions, the therapy, the treatment. When the program of sessions is completed, assessment generally focuses on the outcome. The program of sessions is judged as successful or effective depending upon whether or not a desirable outcome was achieved.

In the proposed mind-set, a session is assessed for effectiveness in achieving impressive in-session client changes. The proposed mind-set is not a rival or replacement of the traditional mind-set. Rather, the proposed mind-set is different. In the traditional mind-set, effectiveness refers to the outcome of therapy, of the whole program of sessions. In the proposed mind-set,

effectiveness refers to the success or failure in achieving impressive in-session client changes.

Each session is assessed on its own. Each session can then be assessed as effective or ineffective, as successful or unsuccessful. The unit of assessment is the session, not the entire program of sessions. The criterion is the presence or absence of impressive in-session client changes, not whether a particular outcome was judged as present following therapy.

Here is one way that the category system may be used to assess a session by either a psychotherapy researcher, theorist, or practitioner. Suppose that the therapist acknowledged that the category system included the kinds of impressive in-session client changes accepted as important, significant, and valuable by the therapist. For most kinds of impressive changes, the determination may be made by examining the session itself. For example, in Mahrer's experiential psychotherapy, each session is to achieve a series of four impressive client changes. Assessment may indicate that the session was not effective, was partly effective, or was fully effective. In many other approaches, each session may likewise be assessed as effective or not in achieving its own important in-session client changes.

Is psychotherapy predominantly sessions that are ineffective in achieving impressive in-session client changes? One of the soft impressions was that such a tiny proportion of audio-taped sessions seemed to include two or more impressive client changes, and that such a preponderance of sessions contained no instances of impressive client changes. The possibility is raised that psychotherapy in general consists predominantly of sessions that are ineffective in achieving impressive in-session client changes.

The ability to assess the effectiveness of each session to achieve impressive client changes opens up the likelihood to see whether the large predominance of sessions include no such

impressive client changes. If this is the case, then a number of interesting questions arise: How can we account for such sessions culminating in successful outcome? Are these kinds of ineffective sessions tied to particular modes and models of psychotherapy?

However, questions such as these are premature until a large number of sessions can be assessed to see whether or not they contain impressive in-session client changes. What is notable is that the present research findings can help in the development of a careful way of enabling such an assessment.

The Traditional View Is That Sessions Are The "Process" Toward The Post-Therapy Outcome;
An Alternative View Is That Sessions Include Outcomes

The common view draws a rather sharp distinction between “process” and “outcome”. It is generally accepted that what occurs in sessions is “process” that leads toward, is mainly a means or instrument for attaining, the post-therapy outcome. There is general acceptance and acknowledgment of “process research” as the study of how and why what occurs in sessions is related to post-therapy outcome.

This traditional view can be stretched to include an acknowledgment that some special sessions may contain previews or samples or anticipations of the more distal post-therapy outcomes. If the course of a program of sessions is worthwhile and effective, if therapy is going well, the client may show flashes or epochs that are similar to what should occur when therapy is successful. This much is somewhat acknowledged even under the general understanding that what occurs in sessions is nevertheless considered the “process” toward the eventual post-therapy outcome.

The present findings provide some data for a somewhat different view of the role or

mission of most sessions or many sessions or even some special sessions. Some of the categories of impressive in-session client changes may be understood as exemplifying what the traditional view accepts as “process” changes rather than “outcomes”:

- 4. State of welcoming relationship with therapist.
- 6. State of emergent deeper feeling.
- 7. State of new understanding.
- 8. State of fully living and being in earlier scene-situation.

However, it seems fair to consider that the balance of the eight categories of impressive in-session client changes makes a reasonable case as qualifying as valued, important, post-therapy outcomes:

- 1. State of heightened feeling.
- 2. State of internal well-being.
- 3. State of good-feeling energized activity.
- 5. State of readiness for new ways of being and behaving in the world.

Furthermore, it is likely that further examination of an increasing number of sessions will provide further and more impressive examples of in-session client changes that are essentially co-terminal with or exemplifying or actually constituting valued and important outcomes.

The data-based implication is that a substantial alternative view may be warranted whereby each session or some sessions include what has been traditionally accepted as outcomes. In other words, the present line of research findings allows for a relatively new view of a session as quite able to include changes that qualify as end-changes, as what a successful and effective therapy is to accomplish. Each session can aim toward being its own complete therapy.

The traditional view is that sessions are the “process” leading toward the post-therapy “outcome”. The alternative view is that each session is complete in and of itself. A successful and effective session can be seen as one that culminates in the impressive client changes that are included in the traditional notion of post-therapy outcomes.

How Can The Study Of A Single Session Take Into Account The Effects Of The Previous Session(s) On The Present Session?

Studying answers to the four research questions is helped immensely when there is a sequence of sessions to examine. One advantage is that the effects of previous sessions may be taken into account, at least to some extent, by being able to examine the previous sessions.

There does seem to be a problem, however, when, as in the present study, there is only a single session to study from the whole series of sessions with that client. This is a practical problem because it is easier to obtain a tape of a single session than a series of sessions and, if the series is far from continuous, then much the same problem appears. That is, if the researcher has tapes of sessions 2 and 12, studying tape 12 presents much the same question of how to take into account the possible effects of sessions 1-11.

This is also a more conceptual-practical problem, especially for practitioners who emphasize each session as a kind of mini-therapy, with its own beginning, middle, and end. Whether there are regular sessions with a given client, or whether sessions are on a more irregular basis, some practitioners may think of each session as being its own unit.

In any case, the research question remains. It is interesting that the findings of the present research offer some ways of answering this question.

The condition or state of the client is an integral part of each method, and helps to take into account the effects of the previous session(s) on the present session. It is noteworthy that each of the methods in the findings begins with a clause, “When the patient is...”. That is, each of the methods begins with a spelling out of the condition or state. It is interesting that description of few, if any standard or traditional psychotherapeutic methods includes a statement about the condition or state of the patient as an integral part of the method. Yet this was an integral part of each of the method found in the present research. Here are some examples of the initial sentence in the verbatim description of a number of methods:

- When the patient is ready to be, is already somewhat in, a state of at least moderate feeling toward a specific other person in the context of a specific situation, in a present or remote scene...
- When the patient is in a state of painful, unhappy feelings...
- When the patient seems to be in a new positive state relative to the painful, unhappy state or situation or part of self...
- When the patient identifies and defines a specific scene or situation that is front and center, or when the patient is undergoing at least moderate feeling in living and being in a specific scene or situation, and is ready to go even further...
- When the patient is in a new, happy state, and is attending to new ways of being in the extra-therapy world...
- When the patient reveals some ordinarily hidden feeling or state...
- When the patient is in a pleasant state of actively engaging in a new way of being and behaving, and there is even the slightest leaning toward the extra-therapy world...

- When the patient is unhappy or disgusted with oneself or one's role throughout life...
- When the patient is undergoing a feeling, or especially a somewhat new feeling, perhaps while almost hypnotically living in a situational context, especially from early childhood...
- When the patient is searching for why particular feelings seem to exist relative to some person or situation-
- When the patient is in a state of quite strong feeling, in the context of an important childhood scene with a significant person...
- When the patient is ready to assist in fully living and being in an earlier scene-situation...

It seems sensible that one of the major ways that the previous session or sessions exerts their effects on the present session is in the form of these conditions or states. The person is probably more readily in the condition or state because of the effects of previous sessions. It is even likely that the effects of the previous session may be shown in the condition or state of the patient at the opening of the current session.

In any case, the discovery-oriented research strategy would seem to be able to take advantage of, and to include or take into account, the effects of previous sessions by highlighting the condition or state of the patient as an integral part of the description of each method. If the condition or state of the patient is fitting, the method can more readily be successful in helping to achieve the impressive in-session client change. It is the condition or state of the patient, as an integral part of each method, that salutes and takes its form from the effects of the previous session or sessions. However, this is only half the answer.

Study of how to help bring about an impressive in-session client change can include how to bring about the important condition or state of the client. Even a casual examination of the various “conditions or states of the client” reveals that many can pass as “impressive in-session client changes”. In many instances, the main difference is that one is a component of a therapeutic method rather than an impressive in-session client change.

This means that the study of further data can flag what the therapist, or therapist and client, did to help bring about the given condition or state of the client, or that particular impressive in-session client change. For example, if the condition or state of the patient is: “When the patient is in a new, happy state, and is attending to new ways of being in the extra-therapy world...”, the research procedure asks what the therapist, or therapist and patient, did to help bring about that important in-session client change. In other words, whether or not the data includes the previous session or sessions, the present research procedure already allows for study of much of the effects of the previous session or sessions.

An interesting theoretical and practical implication for arranging helpful client conditions to enable in-session client change. The findings raise an interesting possibility for taking into account the beneficial effects of previous sessions and for setting optimal conditions for client in-session changes. Both theoretical and practical implications are involved here.

If previous sessions can help set the stage for the impressive client changes in the present session, and if the client's current condition or state is an integral component of helpful methods, then the possibility is raised of explicitly arranging for these conditions at the beginning of the session. The question may be phrased as follows: How may explicit client conditions be arranged, at the beginning of a session, so as to maximize the likelihood of the session containing impressive

client changes?

Based on the current findings, the question may be framed as: How may the beginning of a session be arranged to maximize such conditions or states as the client's being in a state of heightened pleasant or unpleasant feeling, or in a state of new feeling, or living and being in an important scene or situation, or in a state of readiness for new ways of being and behaving in the extra-therapy world? Instead of many of the commonplace ways of opening a session, the theoretical and practical implication is that the stage may be set, in the beginning of the session, to maximize the possibility of important, significant, valued in-session client changes.

Here is a perhaps intriguing possibility for a substantial modification in what therapists and clients do in the opening phase of sessions dedicated toward maximal in-session client changes.

The study raises the question. Its answer is beyond the scope of the present study.

Psychotherapy As Empirically Validated In-Session Changes And Methods

The findings of the present study may be organized into a provisional matrix of eight categories of valued, significant, important in-session client changes, each with a number of programs, means, and methods for its achievement. For each available kind of impressive client change, the question is: How may this be achieved? The answer is that each may be achieved by following this program or sequence of antecedent impressive client changes, and then by using one or more of these specific methods for achieving this specific impressive client change.

Such a matrix serves as a concentrated, short-hand model or graphic of what constitutes psychotherapy. Clearly there are other ways of framing out what psychotherapy encompasses. Perhaps the distinctive feature of the present matrix is that it lays out the available in-session impressive client changes, and the means or methods of achieving each. To a large extent, the

proposal is that this is a working, useful framework for what psychotherapy is.

What this matrix does not do is to determine which impressive change or changes are to be selected by the practitioner. That is the job of the practitioner. Furthermore the practitioner is quite free to select which impressive client change is to be front and center for this particular client, and for this particular client at this point in the session. The matrix merely presents the practitioner with an array of available options, and then with a number of choices for how to help bring about the selected impressive client change.

The matrix has the virtue of being research-based and research-generated. This means that the matrix is flexibly revised and modified with further research. Currently, the emphasis on psychotherapy as a science places a flag on determining what is known as empirically validated psychotherapeutic approaches. One of the larger implications of the present findings is that a genuine science of psychotherapy can include an empirically validated matrix of impressive in-session client changes and the means-methods of accomplishing each of them.

It is noteworthy that the matrix is useful for practitioners of virtually any and all psychotherapeutic approaches. The vocabulary describing the impressive changes and how to achieve them is not the vocabulary of any given psychotherapeutic approach. Accordingly, the matrix is available to practitioners, as well as theoreticians, of virtually any psychotherapeutic approach, including the various integrative-eclectic approaches.

What Are Some Implications For Psychotherapy Training And Education?

It is perhaps not especially common that the findings of a research study are used to address some implications for psychotherapy training and education. Is there a basis for such a discussion in the light of the present study and its findings?

Is There A Basis For Considering Some Implications For Training And Education?

The case for saying no includes an acknowledgment that the study did not directly address issues of training and education. On the other hand, at least two considerations may warrant a discussion of some implications for training and education in psychotherapy research and in the practice of psychotherapy.

1. With regard to psychotherapy research, the present researcher acknowledges that some approaches to psychotherapy research are more generally accepted than others. The research questions, the research strategy, design, and methodology of the present study are consistent with one of the less accepted approaches to psychotherapy research. It is the present researcher's belief that this consideration bears some worthwhile implications for training and education in psychotherapy research.

2. The findings yielded psychotherapeutic methods whose nature and organization may well bear some implications for training and education in the practice of psychotherapy. It is the researcher's belief that these implications are raised by the findings, and are worthy of discussion.

Further Emphasize The Existence And Usefulness Of Different Psychotherapy Research Strategies

It is common to make a case in favor of the superiority of a single kind of psychotherapy research strategy, for example, the traditional strategy of controlled experimentation. It is more common to accept and to teach different kinds of psychotherapy research strategies, such as what is termed 'quantitative' and 'qualitative' research designs.

One of the implications of the present study is that psychotherapy training and education may well include the discovery-oriented approach to research on psychotherapy. This is thought

of as merely another available research strategy, with each having its own strong suit in terms of uses, purposes, and aims. Whatever the nature of the findings, the value of the findings includes students' learning of this approach to psychotherapy research.

Training In Psychotherapy Practice And In Psychotherapy Research Can Be Virtually Coterminal

Training and education in psychotherapy has traditionally been strained with the differences between emphasizing practice and emphasizing research. It is still common that an impressive proportion of students see a rather big difference, and wish that their programs would show them how to be competent practitioners, while many of their teachers feel obliged to force students to appreciate and to do psychotherapy research. The gap still exists. It is as if students have to put up with having to learn about research, and as if teachers of research have to try to show how research is really relevant and something to be proud of. The war cry is that psychotherapy is both a science and a profession.

The present study illustrates how learning and doing psychotherapy research is learning and doing psychotherapy practice. (a) Studying the actual in-session work of fine practitioners is a way of learning how to be a practitioner. It is also a way of doing psychotherapy research. The careful inquiry and scrutiny of these sessions may be carried out by the sharp-minded psychotherapy student-practitioner or by the rigorous-minded student-researcher.

(b) Seeking to answer the four questions is a way of carrying out psychotherapy research. It is also a way of learning how to do psychotherapy by learning what impressive changes occur in sessions, their programs or sequences, the ways of helping to bring them about, and how to use them when they occur.

(c) Each sub-step in the discovery-oriented research strategy helps to train the practitioner

in explicit ways of thinking and in working as a practitioner. In other words, each sub-step may be occurring in the context of learning how to be a practitioner or in a context of being a psychotherapy researcher.

Psychotherapy research and practice become cogs in each others' wheel.

Training Would Include New Psychotherapeutic Methods

The present findings include specific methods that are comparatively new, relative to the usual range of methods taught in most training programs. A careful examination of the actual working methods in the findings suggests that they are of an order and an explicit nature that flags them as essentially new.

Training would include new methods that are explicit, concrete, programmatic, and oriented toward impressive in-session client changes. There are at least four ways in which these methods may be understood as substantially different from the methods ordinarily taught in training programs. (a) Some of the methods are new in that they are generally outside of the ordinary range of psychotherapeutic methods. For example, "When the client seems to be in a new positive state relative to the painful, unhappy state or situation or part of self, therapist and client name, enjoy, and welcome this new positive state, quality, way of being, and the client is to be and give voice to this newly emerged part, including being this new way in actual extra-therapy situations or in welcoming and relating to this part of self".

(b) Some of the methods are newly-emerging packages or combinations of explicit and concrete working methods. For example, "Go along with and carry forward, or actively coach-model, or actively encourage or provoke the client to let go of feeling constraints, to assume a particular physical stance, to carry out a designated feeling-laden behavior in a concrete

way, to let the feeling go, to drive out the feeling, and to do so with increasingly stronger feeling, using and repeating key phrases, and to keep doing this for an extended period, perhaps with eyes closed, directly toward and at the specific other person in the defined scene”.

(c) The methods seem to qualify as new in their quality of being organized sequences, programmatic packages, rather than single units such as reflection, clarification, or interpretation.

(d) The methods would join with and expand the range of methods that are explicitly oriented toward achieving impressive in-session client changes. Some of the currently taught methods are explicitly aimed toward achieving impressive in-session client changes. Many are not, or are much less so. The new methods would expand the former group of psychotherapeutic methods.

Training may well diminish or replace the emphasis on “basic” or “approach-specific” methods. Inspection of the methods contained in the findings indicates that the methods are dedicated toward helping to bring about and to use the occurrence of impressive in-session client changes. This emphasis does not fit well with the common training strategy of teaching what are called “basic psychotherapeutic methods”. Indeed, it would be somewhat of a strain to distinguish some of the methods, found in the present findings, as basic and others as more advanced or specialized. The shift in training would diminish or replace an emphasis on “basic” methods with an emphasis on the training of methods for achieving different kinds of impressive in-session client changes.

In most training programs, “basic” methods are usually understood as cutting across and as useful in almost all therapeutic approaches. Following training in basic methods, the common guideline is that trainees then learn methods that are specific to given approaches. They learn

Gestalt methods, cognitive methods, psychodynamic methods, social learning methods, and so on.

The findings from the present study yield a somewhat different implication with regard to “approach-specific” methods. The spirit of these findings is more in line with a guideline that virtually all of these methods are part of a public warehouse of specific methods, rather than being owned by or parts of particular therapeutic approaches. The actual findings themselves likewise seem to indicate that the methods are tied much more to particular impressive in-session client changes than to particular schools or approaches to psychotherapy.

It is relatively common that particular methods are taught in the context of learning a given approach. The idea is that behavioral methods are associated with behavior therapy and Gestalt methods with Gestalt therapy. The implication is not to dispense with this idea. Rather the implication is that methods may perhaps more profitably be associated with particular in-session impressive client changes, and taught in regard to these impressive client changes under an acknowledgment that some impressive in-session client changes are likely to be more common in given therapies than in others. In this sense, the implication is that the methods are taught in regard to particular in-session impressive client changes, rather than in regard to particular therapeutic approaches.

Training Would Emphasize Gradual Skill-Learning And Competency-Development Toward The Achievement Of High-Level Mastery Of Psychotherapeutic Methods

Although there are exceptions, most psychotherapeutic methods are typically learned by getting the general idea of the given method, understanding the rationale and its intended use, followed by trying it out, usually with a fellow trainee. Then the trainee uses the method with clients, until the trainee is reasonably comfortable using the method.

Consider the learning of skills in many other professions. Consider the process of skill development in the person who is slowly and gradually learning the skills of dentistry, in being an astronaut, in being a basketball player, in doing brain surgery, in ballet, in becoming a concert pianist, in being a gymnast. In many professions, the learning of skills usually requires an enormous number of hours of sheer practice. One can observe the progressive learning from the stage of the beginner, the novice, the mildly skilled, the somewhat competent, the journeyman, the high-level practitioner, and the master. Learning many of the skills takes time, repeated practice, gradual improvement.

The methods yielded by the present study seem to be rather complex, subtle, and calling for gradual learning and skill-development. It is unlikely that trainees can achieve a high level of mastery by getting the idea of the method, trying it out with a fellow trainee, and then using it with moderate or high level competence after a number of sessions with actual clients.

The implication is that training in psychotherapeutic methods may well include concentrated practice, progressive improvement, skill-learning training sessions, far more than is present in most current training programs. Trainees move from novice to beginner to mildly skillful to moderately competent and to master of each of the psychotherapeutic methods. Both trainees and teacher supervisors would be able to gauge the trainees' gradual improvement in skill-learning and skill-development.

The implication is not merely the valuing of becoming competent in using psychotherapeutic methods. Current training programs accept that value. Rather, the implication is that psychotherapeutic methods such as those yielded in the present findings call for training to include an acknowledged component of slow and gradual skill-learning and skill-development,

along levels of progressive competence and mastery.

Training In Research Would Include Knowledge Of Philosophy Of Science

In general, it seems to be the case that training in research, especially research on psychotherapy, does not include a substantial component of knowledge of philosophy of science. A package of graduate research courses rarely contains one or two courses in the philosophy of science along with courses on research design and methodology, statistics, and so on.

Discussion of the question of whether or not to include philosophy of science in a training program can occur quite aside the present study. However, there seem to be some ways that the study and its findings rather directly point toward an implication that training in research may well include knowledge of philosophy of science:

(a) It seems helpful for the trainee to know and to be able to discuss the various sets of basic principles, fundamental presumptions, or foundational beliefs underlying psychotherapy research. As one example, does the trainee accept a foundational belief in psychotherapeutic phenomena conforming to a single knowable truth whose order and regularity can yield basic laws of psychotherapy? It is likely that the trainee's goodness-of-fit in doing the present study would depend in part on whether or not the trainee accepts or declines this foundational belief.

(b) In some fields of science, there are basic truths, "eternal truths" and definitional truths that are accepted as cornerstone truths on which the field rests, and these are generally respected and accepted by the field. For example, here is a taken-for-granted basic truth in Euclidian geometry: Through two points in space there always passes one and only one straight line. Other such truths are embedded in fundamental definitions, in what Campbell (1953, p. 290; cf. Duhem, 1953) calls "definition by postulate". As such, these are understood as essentially beyond and

outside of research examination. What are these eternal truths, basic truths, and definitional truths in the field of psychotherapy research? Does the psychotherapy researcher hold the notion of mental illnesses and disorders as one of these, as essentially beyond and outside of research examination, whether or not research is understood as able to study the nature and kinds of the basically accepted notion of mental illnesses and disorders?

Both the discovery-oriented research strategy and the arriving at implications from the findings seem to underscore the importance of the researcher appreciating the basic truths, eternal truths, and definitional truths that are essentially beyond and outside of research examination. Here is another reason for training in research to include knowledge of philosophy of science.

(c) The present research used a discovery-oriented research strategy. This strategy is deemed useful and appropriate for particular research aims and goals. However, there are other research strategies, other reasons, aims, and goals for doing psychotherapy research. Knowledge of philosophy of science can enable the trainee to understand that it is limited to believe there is only one major aim or reason to do psychotherapy research; that a sophisticated knowledge includes an appreciation of a number of substantially different reasons, aims, and goals for doing psychotherapy research; and that judging and evaluating a given research strategy is better done with regard to its own reason and aims rather than from the perspective of some other set of reasons and aims for doing psychotherapy research.

(d) Within the field of psychotherapy research, it is common to refer to "the" scientific method, and to generally identify this as relying on controlled experimentation involving testing of hypotheses. Under this meaning of "the" scientific method, the strategy and the findings of the present research can be regarded as preliminary or exploratory in nature, perhaps as offering

interesting hypotheses to be examined using “the” scientific method. In contrast, knowledge of philosophy of science would enable trainees to accept this as only one position on the basic question of whether cases can be made for one or for multiple scientific methods. Under the case for multiple scientific methods, the discovery-oriented scientific method is on an equal footing with the controlled experimentation, hypothesis-testing scientific method.

(e) Almost without exception, a researcher must go from the actual findings to a statement of the conclusions based upon the findings. It seems that few if any training programs provide trainees with the principles of logic and reasoning to go through this important step. Knowledge of philosophy of science can help the psychotherapy research trainee go through this important step.

These are some of the considerations, arising from and exemplified in the present study, for training in research to include knowledge of the philosophy of science.

What Are Some Implications For Further Research?

It is relatively common to point toward further research along avenues such as the following: (a) Check out the findings of the present study. It is helpful to point out some weaknesses in the design, and to redo the study both to repair the weaknesses and to check out the findings in order to have greater confidence. (b) See if the findings hold in regard to other client populations, other kinds of problems or diagnoses, and other settings. (c) Check out if there is merit in the applied implications from the study. If the study suggests given applied implications, further research can examine those sensible applications. (d) Do research on the theoretical or conceptual implications of the study. If the study raises some theoretical or conceptual issues, or provides a basis for a new explanation or understanding of some

phenomenon, further research can proceed along those lines.

Although further research along these avenues may be warranted, both the spirit of the discovery-oriented approach and the fact that the present study is an examination of only the first batch of data in what can be an extended, long-term research project, suggest the following kinds of implications for further research.

Repair The Limitations Of The Present Study

There were at least three rather conspicuous limitations of the present study. It would seem to make sense that further research repair these limitations, perhaps along the following lines.

(a) It was decided, in the research design, to include only one session from each of the selected therapists. That was before it was found that only an exceedingly small number of the contributing therapists had sessions with two or more impressive changes.

A solution to the small number of sessions would be to include more than just one session from the therapists who were found to have two or more impressive changes in their session. Doing this could add a larger number of sessions to the data pool, and it could be done in a way that could still respect relatively even representation from any given therapist.

(b) The relatively small number of sessions almost pleads for a larger number of sessions in the study. Another way to accomplish this is to expand the research tape library by including more tapes from more practitioners, possibly by adding tapes from other research tape libraries.

(c) The findings would likely be strengthened by including a series of sessions with the same client. Even a minimum of two consecutive sessions would strengthen and expand the findings. The present tape library may include a few of these consecutive sessions. Expanding the

tape library could well highlight such a series of sessions from practitioners.

Progressively Modify The Findings On The Basis Of Progressively Added Further Data

The present findings were based on examination of the first batch of 40 impressive, in-session client changes. The spirit of the present study was that the long-term project would continue, and that there could and would be progressive study of additional sessions and impressive in-session client changes.

The intention would be to keep adding further data, and to progressively modify the findings based upon the continuously added data. It is expected that the findings would include progressively modified categories or kinds of impressive in-session client changes, and progressively modified sequences and patterns of impressive client-changes, as well as progressively modified methods of both bringing about and of using the impressive client changes.

How long would the data input be continued? Would the discovery-oriented research design and methodology be substantially altered? One answer to these questions is that these are useful questions to be asked and answered following each batch of data. For example, if the next batch includes another 40 impressive in-session client changes, then these two questions may be raised and dealt with at that time. At the present stage, the following points may be relevant in regard to modifying the data input:

It Can Be Useful To Include Series of Sessions With The Same Clients

For the present study, it was determined to include single sessions from different psychotherapists. One of the reasons for this was to base the findings on a relatively broad distribution of representative psychotherapists. The four guiding research questions did not point toward the usefulness of studying single sessions from different psychotherapists, nor did the four

research questions point away from studying single sessions of different psychotherapists.

Now that some preliminary findings have been arrived at, one likelihood is expanding the richness and usefulness of future findings by including series of sessions from clients. It seems worthwhile to examine series of sessions if only to contribute to the understanding of sequences and patterns of impressive client changes. The current findings with regard to sequences of impressive client changes are from single sessions; it seems sensible to broaden the base of data to include series of sessions from clients.

Expand And Enrich The Research Tape Library

One of the features of the research tape library is that it includes tapes from a rather large number of different therapists, representing a broad distribution of approaches and orientations. A second feature is that it includes holdings from practitioners who are both well-known and not especially well-known, except as fine practitioners in their own communities. A third feature is that an emphasis was placed on inviting tapes of sessions that were especially interesting, perhaps surprising, including sessions of noteworthy client changes of any kind.

Here are a few ways that the research tape library may be expanded and enriched:

Establish a working consortium of tape libraries of psychotherapy sessions. This is a relatively common plea among psychotherapy researchers. Researchers know that many psychotherapy groups and teams have their own libraries of taped psychotherapy sessions. Perhaps the time has come for these psychotherapy tape libraries to be integrated into a large consortium.

It is understood that this is not a direct kind of further research from the findings of the present study. However, the findings of the present study may be taken as showing the value of

being able to draw from a large and rich tape library. It seems sensible that even greater contributions can be made from careful study of a much more expanded and enriched tape library by establishing a working consortium among the various tape libraries.

Enrich the tape library with tapes from practitioners who accept the invitation to modify their in-session work on the basis of the findings. The present findings may be taken as a more or less direct invitation to practitioners: If you are interested in achieving any of these kinds of impressive in-session client changes, consider adopting these sequences or programs of impressive client changes, consider adopting these methods for helping to achieve these impressive client changes, and consider adopting these ways of using the occurrence of these impressive in-session changes. In an important sense, the working applied payoff of the present findings is when interested practitioners use the findings to modify their own in-session work.

The modification may be small, for example, the practitioner may already be using methods that are somewhat similar, and the findings encourage the practitioner to refine or alter the methods along the lines of the present findings. Practitioners may simply include a more detailed version of the methods they already use. Practitioners may simply add another method or so, to a package they already use for a given in-session aim. Practitioners may add more about the proper and fitting condition or state of the client in using a given method. Practitioners may refine or modify a new way of using impressive client changes when they do occur in the session. In any case, the modification may be relatively small.

On the other hand, a practitioner might be drawn toward including modifications that are larger, more substantive. Instead of having sessions that are generally lacking in impressive client changes, the practitioner might be attracted to having a much larger proportion of sessions that

welcome impressive client changes. The practitioner might be drawn toward a rather new program for achieving impressive client changes that the practitioner either already values or impressive client changes that are relatively new for the practitioner.

In either case, whether the practitioner uses the findings to make small or large revisions, it is important that the practitioner is drawn toward using the findings to make some modification in the practitioner's actual in-session work. It is especially important that the practitioner contributes the ensuing tapes to the expansion and enrichment of the research tape library, and that continued study takes advantage of this stream of valued input into the continuously expanding and enriched tape library.

In this sense, the spirit is not especially to test out the findings with a set of practitioners who are trained or instructed to use bits and pieces of the findings. Rather the spirit is to invite practitioners to draw from the findings whatever they find useful and appealing, for them to contribute their tapes to the tape library, and for progressive study of the tapes to "test out" the findings in the manner provided by the discovery-oriented strategy of psychotherapy research.

Was There Helpful Learning About How To Increase The Rigor Of The Research Strategy?

The present research strategy was developed and honed from both a careful examination of the writings and the research of other researchers, and also from use of the discovery-oriented approach in a fair number of studies by the psychotherapy research team over several decades. Nevertheless, the relevant question is whether actual use of the research strategy in the present study revealed any weaknesses or places for improvement in the research design.

In an important sense, the actual procedure virtually necessitated that the discovery-oriented strategy is slow and tedious, mainly because of the sequence of steps in selecting and

especially in studying each tape. These considerations, together with very practical consideration of the schedules of the judges, led, as usual in carrying out this strategy, to weekly meetings of the team of judges, allowing for independent study of the tapes during the course of the week.

One catch-22 problem was that the weekly team meetings included discussion about whether or not a genuinely rigorous methodology would include discussion. Although the issue remains an open issue for further discussion, the consensus was that some team meetings would indeed include matters that almost required discussion, and, perhaps more importantly, that these discussions did not interfere with the rigor of the research methodology. The discussions were judged as neither disruptive nor as interfering or biasing in regard to the carefulness and rigor of the methodology. Still, the question remains open.

It should be noted that discussion was not a regular part of all or even many of the team meetings. When they did occur, two of the topics involved the practical-applied and also the theoretical-conceptual issues of the methodology and especially of the immediate findings. It was rather clear that these matters were central to the team members. Although such discussion is not commonly reported in most research reports, it must be noted that they did occur and that the general impression was that they seemed part of, rather than interfering with or watering down, the rigor of the discovery-oriented research strategy.

A recurring topic of discussion was whether or not the rigor of the research methodology might be helped by using psychological measures, tests, inventories, profiles, instruments, and the like. On the surface, it seemed scientifically appropriate to use rigorous tests and measurements. However, the practical focus of discussion was on which test or measure use, and for what precise step or sub-step. In repeated discussion of various tests and measures, it seemed that no

test or measure could be found to help improve the rigor of particular steps or substeps of the research methodology. Yet this topic will likely arise in discussing better ways of increasing the rigor.

However, two topics were pinpointed by the discussions as quite worthwhile in increasing the rigor of the methodology. These especially warrant flagging:

There is a problem of how to combine multiple judgements into a single composite. The present researcher had plenty of opportunities to appreciate the specific issues involved in trying to organize the written judgements of a large number of judges into a single composite. This occurred especially in arriving at the single composite description of the impressive in-session client change, the method used by the therapist or therapist and client to achieve that impressive change, and also in regard to the way of using the occurrence of the impressive change.

Considerable experience in the present research leaves the researcher with a rather firm belief in the sophistication and usefulness of the procedures used in the study. Nevertheless, some questions arose. How can a proper weighting be given to one or a few judges whose written judgements are at odds with those of the majority of judges, and yet seem to include useful content, perhaps important content? Are there advantages and disadvantages in enabling the team of judges to give final confirmation to a provisional form of the composite?

These were not deemed weaknesses in the present research design. Rather, it does seem clear that many fields of study deal with combining multiple judgements into a single composite, and there are issues to be resolved in doing this with precision and rigor.

There is a problem of how to gauge the strength of connections between categories of impressive in-session client changes. One of the research questions involved whether or not there were sequences or patterns of the various categories of impressive in-session client changes. The findings indicated that there were such sequences. However, the present findings did not look at or gauge the strength of these connections.

With sufficient further data, an issue arises as to whether or not the data are sufficient to gauge the strength of these connections. If the answer is yes, some way would have to be found. In one meeting of the doctoral committee, the issue was discussed whether the likely amount of data in the present study would warrant such a determination, and the decision of the committee was no. It is likely that the issue will again arise when there is sufficient further data and, if the answer is yes, then some way would likely have to be found to gauge the strength of these connections.

Would Future Research Include Connecting The Findings To 'Outcome'?

This would certainly depend on the researcher. If a researcher elevates outcome to the most important payoff of psychotherapy research, then it is important to ask, "What does all of this have to do with outcome?" That researcher would be inclined to see the present study, and others of its kind, as mainly studies of 'process', and the studies become important when they can be connected to 'outcome'. Accordingly, that researcher would add another phase to the design, one that allowed the findings to be connected to the outcome of therapeutic treatment.

If a researcher thinks in terms of process and outcome, then it seems sensible that the present kinds of studies would fit well in looking for valuable process elements that might be connected with outcome. But this is looking at psychotherapy research within a 'process

outcome' mind-set.

If the researcher has a mind-set of discovery-oriented research, then the question is: "Would including the study of outcome help, hinder or have little or no effect on answering the four research questions of the discovery-oriented approach?" It seems that including outcome would not help answer the four questions. However, a case can be assembled that studying outcome could easily harm these kinds of studies. For one thing, it is easy to picture that the present study would have had few if any tapes to study if the tape library included only tapes where there were proper data on outcome. In general, it seems that answering the four research questions would not benefit from, and would probably regret, including the gathering and the studying of the standard and traditional meanings of 'outcome'.

However, there is one way in which answering the four discovery-oriented research questions and studying outcome can shake hands in mutual agreement. They both would likely value having all or most of the sessions in a series of sessions with a given client and a psychotherapist. Answering the four discovery-oriented research questions would profit from having such a series, and so too would the outcome researcher who studies the relationship between process and outcome.

What Conclusions May Be Drawn From The Findings?

From a pool of approximately 500 audio-taped sessions of 80 psychotherapists, 13 sessions from 13 different psychotherapists were identified as containing multiple instances of impressive in-session client changes. These unusual and singular sessions were examined to answer four research questions. The four questions and the answers are as follows:

1. What are the impressive, significant, valued changes or events that can occur in

psychotherapy sessions? The findings yielded eight kinds or categories of impressive in-session changes to (a) *a state of heightened feeling*, (b) *a state of internal well-being*, (c) *a state of good-feeling energized activity*, (d) *a state of welcoming relationship with therapist*, (e) *a state of readiness for new ways of being and behaving in the world*, (f) *a state of emergent deeper feeling*, (g) *a state of new understanding*, and (h) *a state of fully living and being in an earlier scene/situation*.

2. Do the impressive, significant, valued changes or events occur in some sequence or pattern? The findings indicated that over the course of a session, the impressive in-session client changes occurred in two overlapping but substantially different patterns or sequences.

3. How can these impressive, significant, valued in-session changes or events be brought about? For each of the eight kinds or categories of impressive in-session client changes, the findings yielded methods judged as helpful in enabling the occurrence of the given impressive in-session client change.

4. How can the therapist use these impressive, significant, valued in-session changes or events when they occur? For each of the eight kinds or categories of impressive in-session changes, the findings yielded ways that therapists can use the occurrence of the impressive in-session changes.

5. In general, the findings may be deemed rather successful in discovering the kinds of impressive client changes that can occur in sessions, the sequential patterns in which they occur, and the methods judged as helpful in bringing about and in using the occurrence of these impressive in-session client changes.

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