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LA THÈSE A ÉTÉ
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THE UNIVERSITY OF OTTAWA

A DISMANTLING OF THE PRINCIPLES OF GESTALT TWO-CHAIR
IMPLEMENTATION

by

BRUCE HUTCHISON

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
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UNIVERSITÉ D'OTTAWA
UNIVERSITY OF OTTAWA

DEDICATION

This thesis is dedicated to my loving wife Jo-Anne:

"The impact of your love and faith will be forever with me"

ABSTRACT

There are five principles in the Gestalt Two-Chair method: Contact, Responsibility, Attending, Heightening and Expressing. The differential effects on outcome of implementing all five as interventions (FP) in comparison to implementation of the first two as interventions (TP) were studied in a therapy analogue. To work on the academic-social conflict, 50 female students attended a baseline conversational session; 26 then attended three TP Two-Chair sessions and 24 attended three FP Two-Chair sessions. Two therapists were used.

Results showed a significant increase in conflict resolution, shift in awareness and depth of experiencing, and a significant decrease in complaint discomfort, anxiety and disruption for both groups following the Two-Chair sessions, compared with the baseline session; improvement extended to two follow-up sessions and other conflicts. Results showed no significant differences between the TP and FP groups in any of these same outcome measures. There was a significant interaction such that the FP group showed significantly greater depth of experiencing than the TP group in the first Two-Chair session compared to the baseline session. The potential therapeutic viability of the TP Condition was discussed in terms of functional equivalence to the FP Condition, such that the TP Condition may release all five principles in a natural, internal change process of covert mediation.

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I. INTRODUCTION

Although the technical use of the word "Gestalt" in psychology dates back to 1890 (Smith, 1976), it was not until mid-century that the concepts of Gestalt psychology had been applied to the field of psychotherapy. Developed by Fritz Perls (Perls, 1947; Perls, Hefferline and Goodman, 1951), Gestalt Therapy has gained a powerful influence in the helping professions since the early to middle 1960's (Dye and Hackney, 1975). This influence has come about even though there has been a sparsity of systematic, scientific research in the field. In fact, there is even some reluctance among Gestalt therapists to write or read academically about Gestalt Therapy; it is sometimes thought that concrete verbal discourse or "talking about" the process of Gestalt Therapy does not do homage to what is best appreciated and learned by actual experience (Kempler, 1973; Shepherd, 1975). Most of the writings on Gestalt Therapy have been descriptive or theoretical, providing typescript sessions, frequently with disciples of the approach as participants and benefactors.

Gestalt Therapy has frequently been criticized because of the sparsity of its research. Some authors in the recent past have thought that Gestalt Therapy has never been adequately evaluated, that it is hard to understand and pin down (Downing, 1976; Patterson, 1973). More recently, however, there has been an upsurge in systematic scientific research into the process and effectiveness of Gestalt

Therapy (Bohart, 1977; Conoley et al, 1983; Kipper and Giladi, 1978; Nichols and Fine, 1980). Much of this research is being carried out by Leslie Greenberg (Greenberg, 1983; Greenberg and Clarke, 1979; Greenberg and Higgins, 1980; Greenberg and Dompierre, 1981; Greenberg and Rice, 1981; Greenberg and Webster, 1982). The present study was conducted in the atmosphere of this research upsurge and emerged directly from Greenberg's work. It is hoped that this study will contribute to the understanding of the effectiveness of Gestalt Therapy methods.

Kempler (1973) has defined Gestalt Therapy as a model of psychotherapy "that sees disturbed or disturbing behavior as the signal of a painful polarization between two elements in a psychological process" (p. 251), where the discordance can be within one person or between two persons. The present study focusses on the polarization within the person. According to Kempler, treatment in Gestalt Therapy consists of bringing these discordant elements into a mutual self-disclosing confrontation.

One unique quality of Gestalt Therapy is the emphasis on experiential aspects by the use of an experiment, where discordant elements are treated by modifying a person's behavior during exercises in the therapy situation itself (Zinker, 1977). Greenberg defines experimentation as the 'trying out' of various ways of being, by the client's enacting or doing what he/she has been talking about, in a live, emotionally-oriented, open-ended improvisation

(Greenberg and Kahn, 1978). One particular Gestalt Therapy experiment which focusses on bringing discordant elements within a person into a mutual confrontation is the Two-Chair Dialogue Method. Much of Greenberg's recent research has focussed on this particular Gestalt experiment.

Greenberg's research has shown that the Two-Chair Method produced significantly more depth of experiencing than empathic reflection or empathic reflection plus a focussing intervention, and significantly greater change in client awareness, conflict resolution and reported progress than empathic reflection (Greenberg and Clarke, 1979; Greenberg and Dompierre, 1981; Greenberg and Higgins, 1980; Greenberg and Rice, 1981). At least one of the studies (Greenberg and Higgins, 1980) reporting an increase in depth of experiencing was an analogue study. As well, Greenberg has recently developed a model of conflict resolution as a result of intensive analysis of Two-Chair dialogues (Greenberg, 1980a, 1983).

The Two-Chair Dialogue Method in Gestalt Therapy is the therapist operation used for resolving an internally felt conflict or discordance between recognizable, distinctive features of the individual's personality, otherwise called a split (Greenberg, 1979, 1980b). Greenberg defines the Two-Chair experiment as a series of suggestions and observations made by a therapist to clearly separate these two features -- partial tendencies of the self process -- and to facilitate direct communication between them

(Greenberg and Clarke, 1979). It is an operation in which clients are encouraged to unfold the inner dialogue underlying the conflict by engaging in a dialogue with themselves (Greenberg, 1980a). This is done to facilitate resolution and integration of the inner conflict (Greenberg and Rice, 1981; Perls, 1969; Perls, 1970). In the conflict, two parts of the person are in opposition; each part in the dialogue occupies a separate chair. Communication ensues as the client plays the role of both sides of the conflict, alternately assuming the two sides of the conflict as he/she proceeds to have an encounter between them (Greenberg, 1979; Greenberg and Dompierre, 1981; Greenberg and Kahn, 1978).

Greenberg (1979, 1980a, 1983) has stated that the two chairs can be thought of as independent systems of voice and depth of experiencing, the "Experiencing" chair and the "Other" chair. These are similar to the Underdog and Top Dog, respectively, of Perls' writings (Perls, 1969), in which the manipulative, excusing part of the personality (Underdog) engages in a dialogue with the bullying, authoritarian part of the personality (Top Dog). Greenberg's model of conflict resolution sees three stages wherein the "Other" chair becomes more accepting of the "Experiencing" chair (Greenberg, 1980a, 1983).

A. The Five Principles of the Gestalt Two-Chair Dialogue Method

The Two-Chair Dialogue Method is described by Greenberg (1979, 1980a, 1980b) as containing five principles. According to Greenberg, these principles viewed together provide a broad definition of counsellor function. A dual-level definition, it is one in which these principles a) represent the structure underlying the operation; and b) guide the therapist's moment-by-moment interventions. A specific therapist intervention usually has a primary thrust governed by one principle. As such, the therapist operation is executed according to these underlying principles.

The five principles are: 1) Maintaining the Contact Boundary; 2) Responsibility; 3) Attending; 4) Heightening; 5) Expressing. They are described by Greenberg as follows:

1. Maintaining the Contact Boundary.

The therapist establishes and maintains clear separation of the partial aspects of the self and clear contact or encounter between these parts. This is set up by separating the two parts into different chairs and having them make contact or begin a dialogue. This involves both getting a "sense" of each part -- as the person role-plays one side of the conflict in the chair -- and contacting the other part, i.e. talking directly to the other part (rather than to the counsellor). When the dialogue is halted, the therapist intervenes to maintain the flow of contact and works continuously to

separate out the emerging polarities of the client's experience and refine the nature of the conflict.

2. Responsibility.

The therapist directs the clients to use their abilities to respond as the agent of their experience in each chair. The importance of people taking responsibility for what they do to themselves as the first step toward change is stressed. Avoidance, i.e. the "phobia" of experience and the blocking of awareness, is the activity of not taking responsibility. The therapist intervenes to get the person to own what he/she is saying in the dialogue, and to be congruent in each part by expressing the true nature of that part's experience. The therapist picks up conflict between the parts and ensures that each part takes responsibility for its side in the conflict and its experience in the chair by identifying with its wants, needs, feelings and resistances.

3. Attending.

The therapist directs the clients' attention to particular aspects of their present functioning and to what is being experienced. The therapist simply encourages clients to become aware of what they are experiencing or doing in the present moment, or draws their focal attention to particular aspects of their experience or behavior. Attention might be drawn to a body movement or posture, a voice quality, or an

internal focus on a sensation, feeling or experience within the boundary of the skin. This principle helps to sharpen awareness.

4. Heightening.

The therapist intensifies aspects of experience by increasing clients' general level of arousal in each chair. This principle also helps to sharpen awareness, by raising the level of moment-to-moment experiencing. The therapist attempts to heighten the essential aspects of the conflict in the present in order to bring out its essential nature. Exaggeration and/or repetition of spontaneous motor expression, dramatizing of the different parts of a polarity and feedback of observations of something implicit in the dialogue, by adding to the dialogue, are aspects of heightening.

5. Expressing.

The therapist instructs clients to make actual and specific that which is intellectual, abstract or cognized, by expressing inner experiences and doing what is being talked about in each chair. This helps in the discovery of the "what" and the "how", i.e. the content and the process of experience, rather than the "why", the cause of experience. By becoming more concrete and specific in expression, experience is deepened; by doing something specific, a differentiation is often far more lasting and integrated. Expression is achieved by expressing particular, specific contents, or by


clarifying the style of expression, changing it into content, and expressing different facets of the role as they emerge.

B. Arguments for Experimentally Dismantling the Five Principles

Although the five principles are detailed and elaborated by Greenberg, there is no indication how often each principle is required to be incorporated into the therapeutic operation as a therapist intervention or micro-skill, or if each and every principle actually is required to be incorporated as an intervention(s) in producing the desired effects. None of Greenberg's research mentions the relative frequency or proportion of use of these principles in producing the effects obtained and reported in his studies. Greenberg and Clarke (1979), Greenberg and Higgins (1980) and Greenberg and Dompierre (1981) indicate that the Two-Chair technique was rated as occurring or not occurring in their studies on the basis of an intervention satisfying the procedural definition, or on the basis of five principles, but they make no mention of frequency or proportion of use of specific principles in confirming the occurrence.

In the dual-level definition of counsellor function presented earlier, Greenberg does indicate that the five principles viewed together define the basic structure or configuration of the therapist operation at the underlying,

structural level (Greenberg, 1979). As such, all five principles appear to be necessary at this level. However, all five principles appear to be required only at this level of the dual-level definition -- there is no indication suggesting that it is also necessary for each principle to be covered by a corresponding therapist technique or intervention at the implementation level. In fact, Gestalt Therapy emphasizes freedom from such rules pertaining to techniques; a dependence on techniques as working tools is thought to result in a loss of coherence of the Gestalt approach (Schoen, 1976; Van de Riet et al, 1980). The Gestalt Therapy practice of creative experimentation in an open system encourages abandonment of such linear, logical paths in favor of moment-to-moment therapist interventions based on the client's momentary signals of ongoing experiences (Greenberg, 1979; Van de Riet et al, 1980). Consequently, there is a strong, ongoing possibility that some specific interventions may occur more often than others in actual practice; some interventions with a primary thrust from one or more specific principles may be ignored, in effect resulting in the omission of one or more principles at the intervention level. This may occur within or across therapists, sessions and/or patients, because, since the open system discourages a "set" of techniques or interventions, each principle may be seen as unnecessary at the intervention level by Gestalt therapists. Therefore, an experimental dismantling procedure, an empirical



investigation examining the effect of removal of one or more of these principles at the intervention level, is warranted in order to determine their necessity in the Two-Chair Method. This study will comprise such an investigation.

C. Basic Premise: The First Two Principles as Essential Interventions

The first two principles, Maintaining the Contact Boundary and Responsibility, appear to be definitive of the Two-Chair Dialogue Method within a Gestalt Therapy context. This is discussed in the ensuing paragraphs. As such, experimental removal of these principles is unwarranted.

The concept of contact which underlies the first principle is an integral aspect of the theory underlying all Gestalt Therapy and as such contra-indicates any suggestion of experimental removal of the first principle at the intervention level. Contact is the forming of a figure of interest against the ground or context of the organism in its association with the environment (Perls et al, 1951). Shepherd (1975) outlines the importance of the contact concept: "One of the basic premises in Gestalt theory describes excitement as being generated when the organism contacts something new, leading to the creation of a new Gestalt or new experience" (p. 40). Contact is seen as the "lifeblood of growth, the means for changing oneself and one's experience of the world" (Polster and Polster, 1973, p. 101).

According to the Polsters (Polster and Polster, 1973), it is only through the contact function that the realization of identities can fully develop. In the Two-Chair experiment, each part (identity) constitutes the figure of interest against the ground of the totality of the organism-environment association. Contact refers to the nature and quality of the way we are in touch with ourselves (Latner, 1973); for one part, in one chair, contact is with the other part as the figure of interest. The contact boundary is the border between what the person experiences as "me" and known on the one hand and "not me" and unfamiliar on the other hand (Van de Riet et al, 1980) -- between the self in the occupied chair and the other self in the other, empty chair in the Two-Chair experiment.

It is this contact which is the work that results in assimilation and growth; development of this contact alone can result in gestalt formation (Dye and Hackney, 1973; Latner, 1973; Perls, 1973; Perls et al, 1951; Polster and Polster, 1973). Resolution of polarities occurs because a process of listening to oneself (Contact between the two chairs) induces integration, through a synthesis of the polarities; awareness develops with this integration of figure and ground into a clear gestalt (Perls, 1969; Perls et al, 1951). As discussed later, Enright (1975) and Yontef (1975) suggest that awareness can be "spontaneously formed" at the Contact Boundary. As Latner (1973) points out, absorption in what we are in touch with is thorough and

satisfying. -

In sum, the Contact Boundary area is the region of growth; the awareness and experiencing which result in the growth, assimilation and integration that is the ultimate objective of the Gestaltist occur in this region (Dye and Hackney, 1975; Yontef, 1975). As such, the first principle, which provides the contact and contact boundary, is postulated to be crucial to the Two-Chair experiment; it cannot be removed experimentally at the intervention level without removing the growth potential involved in the entire Two-Chair experiment.

Actually, the first principle, Maintaining the Contact Boundary, by achieving separation of the parts involved in the split and maintaining contact between the parts is definitive in that it outlines the structure of the method and is defined by Greenberg as the primary goal (Greenberg, 1979). The two parts or selves involved in the conflict must, by definition, be separated into two chairs and maintain contact with each other, as outlined by the first principle. The Two-Chair experiment would not carry on without this particular aspect, hence, the first principle cannot be experimentally removed at the intervention level.

In addition, the second principle, Responsibility, also appears basic to the Method in that "the therapist picks up conflict between the parts and ensures that each part takes responsibility for its side in the conflict by identifying clearly with what it wants or what it feels" (Greenberg,

1979, p. 321). The use of terms such as "picks up" and "ensures" suggests that these are intervention-level ingredients. Not taking responsibility for either side would appear tantamount to the incompleteness of the method, since one side would be less than totally involved or defined. Responsibility interventions are therefore regarded to be basic to the procedure of the Two-Chair Dialogue Method. This contradicts any suggestion of experimental removal of the second principle at the intervention level.

The concept of responsibility in Gestalt Therapy emphasizes the acceptance of our existence and all of what we do as it occurs (Latner, 1973). Taking responsibility is seen as identical with being rich in experience and awareness (Enright, 1975; Perls, 1969); clear awareness of, contact and identification with and owning of one's own feelings and needs is a pre-requisite of the healthy gestalt process, by releasing one from games and opening up genuineness (Enright, 1976; Latner, 1973). The Responsibility principle is a necessary supplement to the Contact principle: "we touch each other (contact) by honestly being what we are (responsibility)" (Perls, 1969, p. 69). Taking responsibility in Gestalt Therapy suggests "response-ability", "the ability to respond, to have thoughts, reactions, emotions . . . to be what one is" (Perls, 1969, p. 70). Without the ability to respond in this way, or with a less than total response, or by

responding in a manner not consistent with the true, honest nature of what one part in the conflict is, the Two-Chair experiment would not be truly and fully carried out. As such, the second principle, which provides the responsibility, is postulated to be crucial to the Two-Chair experiment. To remove it experimentally would falsify the genuine nature of the Two-Chair experiment, hence, the second principle cannot be experimentally removed at the intervention level.

Therefore, following from the above, as a basic premise of the study, it can be postulated that these two basic, definitive principles, Maintaining the Contact Boundary and Responsibility, constitute the essential intervention-level ingredients of the Two-Chair Dialogue Method of Gestalt Therapy, and, as such, are necessary at the intervention level for effective therapist operation of the Two-Chair experiment. The honesty and genuineness in each part and separation and contact between the two parts of the conflict in the Two Chair experiment, as covered by the first two principles, can be seen as providing these essential ingredients, as awareness and experiencing are spontaneously formed. As such, experimental removal of interventions based on either of these two principles is not justified.

D. Consideration of the Last Three Principles as Non-Essential Interventions

In considering the other three principles, Attending, Heightening and Expressing, and the appropriateness of their experimental removal at the intervention level, it is noted that they do not appear to carry the same basic, definitive characteristics of the Two-Chair experiment as the first two principles at the intervention level. While their potential therapeutic effectiveness is acknowledged, it is thought that they do not constitute the essential therapeutic ingredients of the Two-Chair experiment. Therefore, it is postulated that their presence is not necessary at the intervention level for effective therapist operation of the Two-Chair Dialogue Method and that related interventions can be experimentally removed. This postulate is discussed in the ensuing paragraphs which describe the rationale for their experimental removal.

The third principle, Attending, which emphasizes the encouragement of awareness (Greenberg, 1979), is thought to be important; but, because it is seen as an "encourager" of awareness, (rather than as an eliciter), it can be postulated that it may not be necessary at the intervention level. This postulate can be supported by the following arguments. Simkin (1975) points out that awareness undirected (by attending) is thought of as frequently sufficient to ensure change. Simkin and Levitsky (as quoted by Yontef, 1975) point out that virtually all activity,

rules and suggestions in Gestalt Therapy (i.e., not just attending) aid in discovery and awareness. It appears, then, that awareness can be elicited by activity related to interventions which obtain their primary thrust from the first two principles. This does not deny the fundamental importance of awareness as a source of experiencing (Greenberg, 1980b). However, this does suggest that awareness is best conceptualized as a necessary response to Gestalt Therapy and to the Two-Chair experiment, but that Attending is not a necessary stimulus at the intervention level to elicit this response.

In addition, as discussed later, it is thought that Attending may not be essential at the intervention level as it may well be implemented by individuals covertly. Enright (1975) and Yontef (1975) point out that awareness can be independently elicited, that is, "spontaneously formed", at the Contact Boundary, with the focussed attending that naturally occurs there (at the Contact Boundary) with the complexities of the transaction. Both Enright's and Yontef's positions can be interpreted as supporting the natural, covert occurrence of Attending during implementation of Principle 1.

With the spontaneous covert formation of awareness and experiencing as a result of important aspects of the first two principles, viz. honesty, genuineness, separation and contact (Enright, 1975; Perls, 1969; Perls et al, 1951; Polster and Polster, 1973; Shepherd, 1975; Yontef, 1975) it

can be suggested that the first two principles taken alone, at the intervention level, can elicit covert awareness. As such, it is postulated that the Attending principle is not necessary to develop awareness and is not required at the intervention level. Its role is seen as secondary in that it serves to continue, or encourage the pre-existing awareness rather than elicit it.

In like fashion, it can be postulated that neither the fourth nor the fifth principles, Heightening or Expressing, can be regarded as essential to the procedure at the intervention level. This postulate can be supported by the following arguments. As noted earlier, awareness and experiencing occur at the contact boundary; the process of therapy consists of "opening up the individual's experiencing so that needs can be experienced, acted upon and gestalts completed" (Dye and Hackney, 1975, p. 39). According to the arguments put forth earlier, this is essentially the realm of the first two principles. Principles four and five, like principle three, do not appear to be required at the intervention level to initiate or elicit the awareness and experiencing which result in growth. By definition, Heightening intensifies or heightens the pre-existing awareness and experiencing related to the essential aspects of the conflict; it mobilizes feelings through action (Finney, 1976). As such, this suggests that heightening is not a necessary stimulus to elicit the responses of awareness and experiencing. Expressing aims to

bring to expression certain aspects of experiencing (Greenberg, 1979). As such its scope is limited to only these certain aspects; this suggests that it also is not a necessary stimulus.

In addition, as with Attending, it is thought that Heightening and Expressing may not be essential at the intervention level, as they may well be implemented by individuals covertly. This is discussed later.

Following from the above, it can be postulated that the principles of Attending, Heightening and Expressing are not essential intervention-level ingredients of the Two-Chair Dialogue Method of Gestalt Therapy, and are not necessary at the intervention level for effective therapist operation of the Two-Chair experiment. Therefore, experimental removal of all interventions based on these three principles can be justified.

E. The Importance of Independent Internal Processing

In predicting the effect of experimental removal of the three principles, Attending, Heightening and Expressing, at the intervention level, it is important to consider the effect of the experiencing and awareness elicited by the first two principles, Maintaining the Contact Boundary and Responsibility. The importance of depth of experiencing and client awareness lays in Gestalt theory which holds that "with increased awareness of immediate experience affected by therapy, the individual is increasingly able to provide

his own psychological support, reduce his dependencies and take responsibility for his life" (Nichols and Fine, 1980, pp. 124-125). With the emphasis on awareness and experiencing, the importance of the client's covert internal processing is noted. As seen in the foregoing paragraphs, the first two principles are postulated to initiate such internal processing.

In making reference to internal processing, Greenberg and Kahn (1979) indicate that stimulation of experiencing through the use of active counselling skills promotes discovery of internal events and brings about internal changes by deepening exploration and promoting the discovery and acceptance of new ways of construing the world. The use of the word "promote" by Greenberg suggests that the stimulation sets off an internal process which then operates relatively independently.

In Gestalt experimentation, Greenberg and Kahn (1978) point out that counsellors serve as a catalyst; change comes about by people accepting what they really are, and changing to become what they really are. Such acceptance would appear to be a substantial, integral, definitive ingredient of the first two principles, in that, as described earlier, these two principles provide genuine contact between the two parts. Genuine contact, in that there is an absence of games, is thought to induce acceptance, an important aspect of responsibility (Latner, 1973) and contact (Perls, 1973). Shepherd (1975) indicates that

within the experience of contact with myself . . . there is evoked in me, a sense of awe and wonder and gratitude that feels completing for a period of time . . . a powerful sense of contact with what is and that becomes part of the basic support that allows me to open myself to other ways. (p. 43).

This acceptance, thought by Greenberg (1983) to constitute an important aspect of conflict resolution in the Two-Chair experiment, is thought to induce a natural, independent process of change, which is a principle of "faith in the organism". This principle is presented by Greenberg and Kahn (1978) as an important Gestalt Therapy concept underlying Gestalt experimentation. This would occur in a manner similar to that which is described by Zinker (1977), who stated that therapeutic work is rooted in the client's own perspective and that the client is the chief manager of his learning experience, "often aware which directions in the road will move him closer to his/her own self-actualization" (p. 128).

In this context, Gestalt Therapy can be thought of as operating within the spirit of Carl Rogers, when he states that "the individual has within himself the capacity and the tendency, latent if not evident, to move forward toward maturity; in a suitable psychological climate this tendency is released and becomes actual..." (Rogers, 1961, p. 35). Man is a process, according to Kempler (1973); Gestalt therapists help to re-establish the proper conditions, partly by responding to the patients' processes of aliveness and growth (Schoen, 1976). By doing so, Gestalt therapists

serve as a catalyst, starting the process which patients then take up on their own (Enright, 1975; Yontef, 1975). In this way, the patients are seen in the Gestalt Therapy literature as an independent creating system, conducting their own phenomenological experimentation, recognizing what they need, discovering their own goals and how to get them, being able to solve problems and find their own solutions (Enright, 1975; Goodman, 1968; Greenwald, 1975; Yontef, 1975). In this manner the patients function as being responsible to themselves -- they are the centre of their own existence (Greenwald, 1975).

F. Implementation of the First Two Principles May Release the Last Three Internally

In the present study, in the Two-Chair experiment, interventions based on the first two principles are postulated to serve as the catalyst if interventions based on the last three principles are experimentally removed; it is thought that the patient will then take up on his/her own and continue a natural process of change.

Van de Riet et al (1980) agree with this general position, pointing out that "the therapeutic work often consists of experiments through which both poles of the client's experience are brought into awareness and affirmed, thus releasing the client to an ongoing perceptual, thinking, feeling organismic flow of experience..." (p. 81). According to these authors, the healthy formation of

gestalten is seen as a spontaneous, natural, continuous process of emerging figures and receding fields, "being composed of whatever attention and concentration are brought to the situation, plus the excitement produced in the merging of attention and situation" (Van de Riet et al, 1980, p. 8). As well, Van de Riet et al point out that our needs and desires (focussed on by the Responsibility principle) arrange themselves into clarity. In a discussion of the therapeutic process, these authors describe the "Differentiation" stage of the process -- a stage which is very similar to Greenberg's Maintaining the Contact Boundary principle -- as having the goal of facilitating the client to concretize his experience.

Van de Riet's statements can be interpreted to indicate that bringing both parts of a split into awareness, (which it has previously been established can be done in the Two-Chair experiment at the Contact Boundary by the first principle), can release the client to an ongoing, independent, creative internal process with aspects of the other three principles, Attending, Heightening and Expressing. In the client's internal processing, in the Two-Chair experiment, upon implementation of interventions based on only the first two principles, it is postulated that this natural process of change is released and will independently engage in aspects of the other three principles, even though those three principles may not be implemented at the intervention level.

Other Gestaltist authors' positions can be interpreted as supportive of our postulate. Naranjo (1976) points out that acting out of polarities, which is covered by the first two principles, implements expression by transferring experience from an idea or image to a motor expression, heightening involvement in therapy. The healthy organism is constantly attending to matters of importance to its survival; most of this attending takes place at the Contact Boundary (Enright, 1975). Polster and Polster (1976) indicate that attending to what is already happening in the sensate, organismic experience allows amplification of experience to emerge organically . . . "a growth of sensation . . . gathering greater amplitude from each moment to the next impels the person to say or do what he must" (p. 260) in his urgency for personal expression. The Polsters, in fact, address the issue somewhat more directly in describing the expressive function of the voice and the accentuation of the voice as important Contact Functions. Enright (1975) points out that developing awareness, when previously unblocked, is accompanied by a pleasurable, gratifying, motivating feeling of increase in energy that permits the patient to press on into even very painful feelings. As well, Greenberg and Kahn (1979) suggest that in the discovery process, clients experience specific and concrete information about themselves and incorporate this into their awareness, as if the experience is inherent in the client and independent of continual therapeutic

operation.

These authors' descriptions can also be interpreted as viewing the essentials of the process, which appear to be covered by interventions relating to the first two principles, as implementing aspects of the other principles. Although not necessarily describing or relating directly or specifically to Greenberg's third, fourth and fifth principles, Attending, Heightening and Expressing, these processes, as described by these authors, discuss characteristics which appear very similar to these three principles as occurring independently within the client's internal processing. That is, the Gestalt Therapy literature supports our position; this statement and the process stated justifies the expectation that the therapist operation of these three principles is set off within the client's internal processing and operates independently without the therapist actually implementing them directly at the intervention level. Faith in the natural process of change is thought to allow this to occur.

The occurrence of these three principles within the client's internal processing, regardless of their presence at the intervention level, is consistent with Greenberg's suggestion that the five principles define the basic underlying structure of the therapist operation (Greenberg, 1979, 1980a). The distinction implied by Greenberg (between the two levels of application of these principles: the underlying, structural level and the intervention, technique

level) is consistent with the dual-levelled nature of Gestalt Therapy: the deep level of internal processing, and the superficial, technical level of rules and operations (Schoen, 1976). The offering of such a distinction suggests that what is true of one level need not be true of the other, so that it would be possible for a principle to operate at one level, the underlying, structural level, without being implemented at the other level, the implementation, technique level. That is, the basic underlying structure of the therapist operation would appear to suggest that as long as these five principles were implemented at the underlying level, within the independent creating system of the client's internal processing, the conditions of the operation of the five principles would be met, regardless of their application at the intervention level.

G. Simultaneous Processing of All Five Principles

However, Greenberg (1979) indicates that these five principles must operate together to define the basic underlying structure or configuration of the therapist operation. Although the aforementioned "faith in the organism's natural processing" principle supports the internal processing of the three principles from a Gestalt viewpoint, it does not necessarily support the expectation that all three principles will be processed together, at the same time, or within the same structure.

Additional Gestalt Therapy principles supplement the independent creating system which is thought to engage in aspects of Attending, Heightening and Expressing. These additional principles will provide support for the expectation that all five principles will be processed together. These are the principles of organismic self-regulation and pragnanz.

The process underlying organismic self-regulation is one in which "the organism is striving for the maintenance of an equilibrium which is continuously disturbed by its needs and regained through their gratification or elimination" (Perls, 1947, p. 7). It implies that the organism does its best to regulate itself spontaneously and adjust itself creatively (Latner, 1973; Perls et al, 1951). The principle of organismic self-regulation is similar to the Gestalt psychology principle of pragnanz which suggests a predisposition to move in a specific direction rather than in a random movement (Dye and Hackney, 1975; Latner, 1973). As a law of psychological equilibrium, in which the human organism returns to a state of balance when experiencing imbalance (Dye and Hackney, 1965), the organism itself would experience a predisposition to move in a definite, goal-oriented direction. Any interference impeding the organism in this predisposition can be removed by awareness of these blocks (Dye and Hackney, 1975); in the Two-Chair experiment, such awareness, of the other part, is thought to occur as a result of interventions relating to the first two

principles.

Considering that (1) Greenberg's five principles together constitute the structure underlying the total therapist operation; and (2) evidence presented earlier suggests that characteristics which appear very similar to the last three principles may occur independently in the client's internal processing as a result of implementation of only the first two principles; it is postulated that, if the Two-Chair experiment were successful when implementing only interventions based on the first two principles, improvement is likely to include movement through all five principles at the underlying level. This is true since all five principles must operate to fulfill the requirements of the basic underlying structure of the total therapist operation, as presented by Greenberg's model. Without all five, the therapist operation would be incomplete. The principles of organismic self-regulation and pragnanz are likely to operate so that the natural process of change is in a definite, specific, goal-oriented direction, i.e. in accordance with the five principles viewed together, as presented by Greenberg's model, and not in a random manner.

Following from the above, it is postulated that the principles of organismic self-regulation and pragnanz supplement the independent creating system of an individual's internal functioning. As a result of the effects of these principles, it is expected that Greenberg's third, fourth and fifth principles, if removed at the level

of the therapist's moment-to-moment interventions, would operate together within the client's internal processing as an underlying, structural, internal component of the operation as implemented by the presence of the first two principles at the intervention level. This is likely to be reflected by measures of awareness and experiencing. Therefore, it is proposed that implementation of the third, fourth and fifth principles at the intervention level is not necessary.

H. The Relevance of Cognitive Covert Mediation

Research done within the cognitive school of psychotherapy focusses on internal ideational processing. Such research, to be described below, adds substantial input to the theoretical position of the Gestalt therapists in justifying the expectation that implementation of only the first two principles at the intervention level will set off the client's internal experiencing of the other three. The Gestalt Therapy literature establishes the likelihood of processes similar to that of the other three principles occurring within the client's experiencing as a function of implementation of only the first two principles at the intervention level. The cognitive therapy viewpoint, when integrated with the Gestalt position, provides further theoretical description and substantiation for this expectation. The Gestalt position and the cognitive position provide the "what" and the "how", respectively.

The Gestalt literature points to the "what", a natural, independent process of change, and the cognitive literature to the "how", covert mediation.

Research from the cognitive viewpoint stresses the importance of internal functioning or covert events, defined, loosely, as thoughts, feelings, images, and all other behaviors which are directly observable only to the individual engaging in them (Bernstein, 1974, as reported in ~~Nay~~, 1976). Generally, the cognitivists view cognitive processes such as cognition and ideation as playing a central, causative role in behavior (Beck, 1976; Meichenbaum, 1977). In cognitive methods of treatment, cognition-based techniques manipulate internal, private, implicit, covert events to change behavior (Kazdin, 1978). Beck points to internal, ideational signals such as powerful, repetitive automatic thoughts as playing a significant role in behaviour, particularly in shaping emotional responses. A person is thought to appraise the nature of an event before reacting or responding emotionally. Sokolov (1972) and Meichenbaum (1977) view inner speech as an important universal mechanism in human consciousness, playing an important role in influencing a client's behavior. In treatment, both rational-emotive therapy and self-instructional training, as well as behavior modification generally, emphasize the importance of images and thought patterns in behavior (Kazdin, 1978; Mahoney and Arnkoff, 1978).

It is thought that the views of the cognitivists regarding internal functioning are relevant to the Gestalt Therapy position and the Two-Chair experiment. In this study, covert events are thought to play an important role in the Two-Chair experiment, by describing how the natural, independent process of change described by the Gestaltists operates.

Emotional processes do play a relevant role in the cognitive processes. An indirect relationship to the Gestalt Therapy emphasis on organismic experiencing can be detected in the general cognitive approach in that the cognitivists do suggest that arousal and the expression of feeling play a part in cognitive changes. Jerome Frank, in Persuasion and Healing, (Frank, 1973) suggests that cognitive change may be easier to accomplish during a period of emotional arousal. Sokolov, in discussing inner speech, indicates that "the elements of inner speech are found in all our conscious perceptions, actions, and emotional experiences, where they manifest themselves as verbal sets, instructions to oneself or as verbal interpretation of sensations and perceptions" (Sokolov, 1972, p. 1). Murray and Jacobson (1978) view bodily arousal as a preparatory part of the response process, such that the particular pattern of arousal is determined by the appraisal of the response requirements of the anticipated situation, but they also acknowledge that arousal itself provides input and feedback information that must be appraised by the person.

In this way, if interpretation and appraisal are viewed as cognitive processes and sensation and bodily arousal as experiential processes, cognitive aspects can be seen as integral to the experiencing, awareness and general internal processing implemented by the first two principles of the Two-Chair experiment.

There is precedent in the literature for drawing a parallel between Gestalt Therapy and the cognitive processes. For example, Schoen, who is a Gestalt therapist, indicates that Gestalt Therapy teaches through such cognitive processes as ideas, verbalizations and words (Schoen, 1976). He indicates that "joy, anger and grief are experienced in a context of idea-laden behavior" (p. 78) and that feelings and ideas are really not separate. Raimy (1975) refers to Gestalt therapists as tending to suggest that the proper flow of information enhances personal experience. In this light, Wexler (1974) indicates that the therapist may have to intervene at several points to help the client's information-processing, including helping the client process information that was previously out of his/her awareness. This is a similar task to that of the Gestalt therapists, with a focus on "information processing" rather than "organismic experiencing", but with the focus on awareness and internal processing intact. Mahoney and Arnkoff (1978), who are cognitivists, refer to "existential-Gestalt Therapy" as having a quasi-cognitive tradition.

Greenberg (1980a) refers to the unfolding of an inner dialogue underlying the split during the Two-Chair experiment. The Two-Chair experiment can be viewed as an internal dialogue made specific and manifest by the nature of Separation and Contact in the two chairs. Each side in the conflict is encouraged to unfold its part in the dialogue. Unfolding of internal events, such as an "inner dialogue", is postulated to occur as awareness and experiencing occur in the Two-Chair experiment, promoting discovery and acceptance of new ways of construing the world, a cognitive-like goal endorsed by Greenberg and Kahn (1979).

This internal dialogue is an important fundamental process of change in Meichenbaum's cognitive theory of behavior change. Meichenbaum's theory (Meichenbaum, 1977) proposes that behavior change occurs through a sequence of mediating processes involving the interaction of inner speech, cognitive structures and behavior and their resultant outcomes. A chain of events occurs, according to Meichenbaum, in that self-awareness and whatever else a client will (naturally) attend to are expected to produce increased sensitivity and increased self-monitoring of thoughts, feelings, physiological reactions and interpersonal behavior. Feelings appear to be a crucial component to this mediation process. This mediation process produces new cognitive structures (concepts!), through a translation process from a pre-therapy internal dialogue to

an emerging language system.

Other cognitivists hold similar positions regarding cognitive mediation. A chain of such covert events, i.e. covert stimuli and responses, serves as internal mediators (Mahoney and Arnkoff, 1978) and is emphasized as being important in learning (Craighead et al, 1976), particularly, with reference to treatment, as a mediating process between a situation and emotional responses (Meichenbaum, 1976).

I. The Role of Covert Events in the Two-Chair Method

Both the Gestalt descriptions of experiencing and awareness -- a spontaneous, natural, continual process -- and the cognitive descriptions of information processing and cognitive mediation can be interpreted as examples of covert events or internal mediating experiences. In the Two-Chair Dialogue Method, a chain of such covert events, i.e. covert stimuli and responses related to the last three principles, is postulated to serve as internal mediators when only two principles are offered at the intervention level. Such internal mediators are thought to be important processes leading to successful conflict resolution. In the Two-Chair Method, automatic thoughts, inner speech, imagery and appraisal of arousal are some examples of internal cognitive information-processing mediators which are likely to occur.

The idea of a chain of covert stimuli and responses incorporating cognitive mediation is not new to Gestalt Therapy. Gestalt Therapy has been referred to as an

integrated behavioristic-phenomenological framework (Kepner and Brien, 1970; Stanley and Cooker, 1976). In this integration, Kepner and Brien equate phenomenology with experiencing -- that is, the sensations, perceptions and cognitions going on inside a person. These internal experiences are also referred to as behavior, i.e., covert behavior. Stanley and Cooker and Kepner and Brien point out that Homme (1965) coined the term coverant to refer to covert behavior in an operant fashion -- how the individual processes external environmental events (such as the Two-Chair experiment) internally, for example, by thinking, imagining, reflecting, ruminating, relaxing, sensing, day-dreaming, etc.

In describing Gestalt Therapy, Kepner and Brien adapt Osgood's two-stage model wherein implicit stimulus-producing responses serve as covert mediators. Overt stimuli produce covert responses, which produce covert stimuli, and these coverants are assumed to mediate between the observable S and observable R thusly: $S \rightarrow r \rightarrow s \rightarrow R$. For example the $r \rightarrow s$ could be awareness of a sensation (r) producing a thought (s); a therapist intervention is defined as the S (the observable S), and the client's next statement as the R (the observable R). This covert mechanism, incorporating cognitions, sensations and feelings, is seen as occurring between the S and the R. This is proposed as the mechanism by which processes related to the last three principles are implemented in the Two-Chair experiment.

Kepner and Brien indicate that Gestalt Therapy is a process by which the coverants are made observable to the client and therapist. They equate this with awareness. This appears particularly true of the Two-Chair Dialogue. But it must be pointed out that an $r \rightarrow s$ made observable becomes an $R \rightarrow S$, and the resulting S is likely to initiate a new covert chain of $S \rightarrow r \rightarrow s \rightarrow R$ during the actual Two-Chair experiment. A new covert chain may be formed such that it is exclusive to each "side" or "self" in the conflict. The development of this new chain is made possible by the fact that the original coverants are made observable as the internal dialogue unfolds. New coverants are likely to take their place, constituting the new covert chain, as awareness increases. An altered cognitive structure for each side in the conflict is possible at the successful conclusion of the procedure. In this way the unfolding of an internal dialogue is thought to mediate the formation of an altered cognitive structure which may precede conflict resolution and behavior change.

Covert chains may have more than one covert response-covert stimulus chain, so that the chain may be $S \rightarrow r \rightarrow s \rightarrow r \rightarrow s \rightarrow R$. For example, an r of awareness of a pleasant sensation may produce an s of appraisal in the form of recognition of enjoyment, and a desire for more, which may produce an r of increased pleasant sensations which may produce an s of a cognitive discovery in the form of pleasantness belonging to the particular "self" or "side"

involved. As a result of such identification, pleasantness can be appropriately expressed as an R at the observable level. This would occur along the lines described by the Gestaltists earlier: "a growth of sensation, gathering greater amplitude from each moment to the next, impels the person to say or do what he must" (Polster and Polster, 1976, p. 260). Such a process is proposed to occur so that all five of Greenberg's principles operate within the client's internal processing even if only the first two principles are provided at the intervention level in the Two-Chair experiment.

J. Overview and Integrated Theoretical Framework

In conclusion, the three principles, Attending, Heightening and Expressing are expected to operate within an individual's internal processing during the Two-Chair experiment as a result of the implementation of only the first two principles at the intervention level, without their actual implementation as interventions. An integrated theoretical framework incorporating pertinent aspects of each of the Gestalt position and the cognitive position described heretofore is summarized and presented in the following paragraphs to justify this expectation. The Gestalt literature points out the likelihood of the occurrence, by pointing to the "what", the natural process of change, and the cognitive literature points out "how" this is likely to occur, through covert cognitive mediation.

This integrated theoretical framework is such that acting out of polarities in the Two-Chair experiment, as covered by interventions related to the first two principles, is expected to elicit awareness and experiencing and thereby give effect to processes very similar to these three principles. A similar implementation, although not specifically relating to Greenberg's principles, has been described in the Gestalt literature (Enright, 1975; Naranjo, 1976; Polster and Polster, 1976; Van de Riet et al, 1980), giving credence to this expectation from the Gestalt viewpoint. A natural, independent process of change, brought about by acceptance of what one is (an important Gestalt Therapy principle of "faith in the organism", according to Greenberg and Kahn, (1979)) is proposed to occur as a result of implementation of the first two principles at the intervention level. This is thought to provide the originating energy source and the context of the internal processing of the last three principles. The Gestalt principles of organismic self-regulation and pragnanz (Dye and Hackney, 1975; Latner, 1973) provide the equilibrium and the direction for this internal processing so that all five principles are expected to operate together, in an integrated manner.

The cognitive literature describing covert cognitive processes such as inner speech and imagery (Beck, 1976; Bernstein, 1974; Mahoney and Arnkoff, 1978; Meichenbaum, 1976, 1977) is presented as a description of how the

internal processing of the principles occurs. This cognitive mediation process is one in which a chain of covert cognitive stimuli and responses (Kepner and Brien, 1970; Stanley and Cooker, 1976) is postulated to process the internal experiencing relating to the last three principles during the Two-Chair experiment, without their direct implementation as interventions. Covert mediation produces a new cognitive structure, which provides an altered internal dialogue, which, according to Meichenbaum, provides the source of the resulting behavior change.

These internal mediating experiences as described by both the Gestaltists and cognitivists are proposed to occur when a client receives only the first two principles at the intervention level, resulting in the occurrence of the other three principles within a client's internal experiencing. As indicated, it is proposed that implementation of the first two principles only at the intervention level induces a process whereby the other three principles operate covertly in the client's experiencing. Such implementation is believed to constitute the essential ingredients of the Two-Chair Dialogue Method.

This expectation is presented in conjunction with Gréenberg's statement viewing the five principles together as defining the basic structure of the therapist operation. In line with his view that the integrated structural operation of the five principles is definitive, it seems doubtful if implementation of only two principles at the

intervention level would be effective without the implicit, covert activation of the other three principles within the client's internal experiencing. As a result, when only the first two principles are implemented at the intervention level, all five principles are expected to occur together, defining the basic, underlying structure of the therapist operation. Actual explicit therapist implementation of Attending, Heightening and Expressing at the intervention level is proposed to be unnecessary for successful operation of the Two-Chair Dialogue Method.

As indicated earlier, the Two-Chair Dialogue Method in Gestalt Therapy has been found to significantly increase Depth of Experiencing, Awareness, Conflict Resolution and Reported Progress in comparison to empathic reflection.

Because implementation of the first two principles only at the intervention level is expected to constitute the essential operational ingredients of the Two-Chair Dialogue Method, implementation of those first two principles at the intervention level is expected to achieve similar results to those obtained when all five are explicitly implemented by the therapist.

That is,

Hypothesis 1. There will be a significant increase in each of Depth of Experiencing, Awareness, Conflict Resolution (in relation to the conflict examined in the process) and Reported Progress (in relation to the conflict examined in the process) following Two-Chair experiment

sessions consisting of implementation of only the first two of Greenberg's principles at the intervention level, when compared with these measures taken following baseline sessions.

As a result of these changes, there is also expected to be a decrease in degree of discomfort with the conflict on a measure of target complaints, since this measure has previously been found to correlate significantly with other outcome measures (Battle et al, 1966).

That is,

Hypothesis 2. There will be a significant decrease in reported Target Complaint Discomfort (in relation to the conflict examined in the process) following Two-Chair experiment sessions consisting of implementation of only the first two of Greenberg's principles at the intervention level, when compared with this measure taken following a baseline session.

As well, as was noted earlier, the individual should be able to provide his own psychological support and take responsibility for his life as a result of this improvement. Accordingly, it is expected that these same outcome

measures, relative to the conflict examined in the process, should continue, when applicable, at an improved level beyond the completion of the therapeutic operation.

That is,

Hypothesis 3. At a period of time two months following the final therapeutic operation, there will be a significant increase in Awareness, Conflict Resolution and Reported Progress (in relation to the conflict examined in the process), and a significant decrease in Target Complaint Discomfort, (in relation to the conflict examined in the process), following Two-Chair experiment sessions consisting of implementation of only the first two of Greenberg's principles at the intervention level, when compared with the same measures taken as a result of a baseline session.

And, in the same line, since the individual should be able to provide his own psychological support and take responsibility for his life in general, as a result of this improvement, it is expected that the applicable outcome measures relative to other conflicts should be at an improved level at a point beyond the completion of the therapeutic operation.

That is,

Hypothesis 4. At a period of time two months following the final therapeutic operation, there will be a significant

increase in Conflict Resolution (in relation to two other conflicts not examined in the process), and a significant decrease in Target Complaint Discomfort, (in relation to two other conflicts not examined in the process), following Two-Chair experiment sessions consisting of implementation of only the first two of Greenberg's principles at the intervention level, when compared with the same measures taken as a baseline measure previous to the experimental sessions.

Because implementation of the first two principles only at the intervention level is expected to activate a process wherein all five principles operate covertly, there should be no necessity of implementing the other three principles at the intervention level. Therefore, it is expected that implementation of the first two principles only at the intervention level will provide a productiveness of therapeutic process, as measured by Depth of Experiencing, Awareness, Conflict Resolution, Target Complaint Discomfort and Reported Progress that is equivalent to that obtained from implementation of all five principles at the intervention level.

That is,

Hypothesis 5. There will be no significant difference in Depth of Experiencing, Awareness, Conflict Resolution,

Reported Progress and Target Complaint Discomfort following Two-Chair experiment sessions consisting of implementation of all five of Greenberg's principles at the intervention level when compared with these measures taken following Two-Chair experiment sessions consisting of implementation of only the first two principles at the intervention level;

As well, as was noted earlier, it is expected that the individual should be able to provide his own psychological support and take responsibility for his life as a result of the Two-Chair experiment. Accordingly, it is expected that this equivalency should continue, relative to the conflict examined in the process, beyond the completion of the therapeutic operation.

That is,

Hypothesis 6. At a period of time two months following the final therapeutic operation, there will be no significant difference in Awareness, Conflict Resolution, Reported Progress and Target Complaint Discomfort (in relation to the conflict examined in the process) following Two-Chair experiment sessions consisting of implementation of all five of Greenberg's principles at the intervention level, when compared with the same measures taken following Two-Chair experiment sessions consisting of implementation of only the first two principles at the intervention level;

And, as well, as was noted earlier, it is expected that the individual should be able to provide his own psychological support and take responsibility for his life in general, as a result of the Two-Chair experiment. Accordingly, it is expected that this equivalency should continue, relative to other conflicts, beyond the completion of the therapeutic operation.

That is,

Hypothesis 7. At a period of time two months following the final therapeutic operation, there will be no significant difference in Conflict Resolution and Target Complaint Discomfort (in relation to two other conflicts not examined in the process), following Two-Chair experiment sessions consisting of implementation of all five of Greenberg's principles at the intervention level, when compared with the same measures taken following Two-Chair experiment sessions consisting of implementation of only the first two principles at the intervention level.

These hypotheses were tested experimentally in a personal growth experience, as described in the following chapter. This personal growth experience was held for research purposes, to study the present hypotheses, and, as such, constituted a therapy analogue.

II. METHOD

A. Subjects

Subjects were undergraduate or graduate students at the University of Alberta. Fifty subjects participated in the entire study; all were female, and ranged in age between 18 and 35, with a mean age of 22.8. (S.D. 4.65). At the time of recruitment and participation, four participants were graduate students. Of the other 46 participants, 22 were in the third year of their undergraduate program, 14 in the second year and 10 in the first year. The participants were enrolled in one of the following programs: Arts, Science, Education, Nursing, Rehabilitation, Fine Arts or Home Economics; there were 18 from Arts, 9 from Education, 8 from Rehabilitation, 7 from Nursing, 6 from Science and one from each of Home Economics and Fine Arts. Of the 50 participants, 37 were single, 7 were married, 4 were separated or divorced and 2 were cohabiting.

There were 21 participants who said that they had received professional help for personal problems (such as student counselling, marital counselling, pastoral counselling, etc.) within five years of participation in the present study. (Twelve of them had received this help within one year.) The other 29 indicated that they had received no professional help for personal problems within the same period of time.

All participants were unpaid. No course credit, financial compensation or any other material benefit extrinsic to potential personal growth was offered to participants for their participation in the study.

a. Initial Recruitment of Subjects

All participants were initially recruited by a request for volunteers to participate in a personal growth experience being held for research purposes. This request was made by class presentations and university student newspaper advertisements. Of the 50 participants, 35 were recruited by the class presentation method and the other 15 by the advertisement method.

In the class presentation method of recruitment, I visited various classes and told the students that

I am conducting research into personal growth and am looking for female students between the ages of 18 and 35 who are willing to participate in a personal growth experience as part of a research project. Four one-hour sessions are involved. There is no cost.

Potential participants were not given any specific information about the nature or the purpose of the personal growth experience. However, some potential personal and academic benefits intrinsic to personal growth were described to the students before they volunteered:

This can be of potential personal benefit for those who wish to enter into and receive the experience. It will allow an experience of what it is like to be at the receiving end, possibly helping in the development of empathy for those students interested in careers in the helping professions. It will be of interest to students who are interested in human

relations, problem-solving, communication skills and personal development. The personal growth experience will focus on areas of concern to many students.

Space limitations did not allow these statements to be presented in the advertisement method. They were used when interested respondents answered the advertisement, so that volunteers from both methods received standard information. The advertisement placed in the university student newspaper read:

Personal Growth -- Opportunity for female students to participate in a personal growth experience in a research project. Contact Bruce Hutchison, University Hospital, Phone number.

At this point, respondents to both methods were told that they were showing their interest in participating in the personal growth experience without committing themselves.

There were 204 female students who initially volunteered their interest in participating in the personal growth experience. Of these, 171 volunteered as a direct result of the class presentation method, and the other 33 volunteered as a response to the advertisement.

b. Screening of Subjects

As part of the recruitment process, those students who had shown their interest in participation were invited to attend an orientation/screening session. This invitation was made by individual telephone calls. During these telephone conversations, because students usually requested further information about the personal growth experience

before agreeing to attend an orientation/screening session, all students were provided with only the following standard information about the personal growth experience:

The personal growth experience will give you a chance to grow and develop personally in areas which are of concern to many students. It will consist of four small group sessions of one hour each which will be held periodically throughout a ten-day time span.

There will be from four to seven female students in the group who will also have volunteered for the personal growth experience. The sessions will consist of some group work and some one-to-one work. All sessions are verbal, and there are no "touchy-feely" type of exercises and no requirements to divulge any personal information you don't wish to.

The personal growth experience is part of a research project I am conducting into various aspects of personal growth. Participation is voluntary and the sessions are confidential.

The leaders are chosen, trained and supervised by myself for the purposes of the personal growth experience. As well, they have previous training in counselling.

Following the presentation of this standard information, students were told that no further information about the personal growth experience could be provided until the orientation/screening session. They were then told that this session would determine whether they would meet the conditions required by the research project, and whether they were likely to find the sessions meaningful.

Of the 204 original volunteers, 142 came to the various orientation/screening sessions. These sessions were held individually or in small groups. (The small groups were in no way related to the actual small groups of the personal growth experience, in composition or in process). In the session, the potential participants were presented with an

introduction to the specific topic of the personal growth experience, in standardized written form. (See Appendix A.) The topic was a conflict that many students experience during the student years, that is, striking a balance between social activities and academic activities. The introduction to the topic provided examples of this conflict and suggested that many students report such difficulties. It also provided open-ended statements to allow students to provide other examples of the conflict. This was done in an initial attempt to ego-involve the student. Students were told to define social activities in a relatively broad context, that is, as use of leisure time in non-academic pursuits.

After reading the introduction, students were asked to complete the Conflict Resolution Box Scale (CRBS) (Greenberg and Dompierre, 1981) and the Target Complaint Discomfort Box Scale (TCDBS) (Battle et al, 1966) (see "Instruments" section) pertaining to the resolution and discomfort they experienced related to the academic-social conflict. In this manner, the purposes of the screening session were served by assessing the extent of resolution or discomfort the students experienced regarding the academic-social conflict. Only those students with a significant conflict in this area, whose scores on either of these two measures fell below the cut-off point determined by an earlier pilot study (see "Pilot Study No. 2" section) were invited to participate in the personal growth experience and thereby

serve as participants in the study. This assessment was used as recruitment stage baseline data for those participants who participated in the entire study.

Those students who did not meet the criterion were told that they would not be likely to find the personal growth experience meaningful and so would not be able to participate. Of the 142 students who attended the orientation/screening sessions, 68%, i.e., 96 met the criterion to participate.

Following this, the students who met the criterion were provided with more information about the personal growth experience before being asked to commit themselves to participation, as follows:

The personal growth experience will focus on the personal conflict you have acknowledged having some difficulty with -- the area of striking a balance between academic activities and social activities. The goal of the personal growth experience is to assist your personal development and growth in this area -- helping you to work through this conflict successfully and reduce or remove the difficulty you may have been having with it.

There will be one leader and at least four female students including yourself. The students will also be in the personal growth experience, working on the same general conflict, i.e. the personal conflict involved in striking a balance between social activities and academic activities. The same people will be at every session and you will have a chance to get to know them. Each session will focus on the conflict.

In each session, there will be a general group discussion at the outset, and the remainder of the time will consist of individual work with the leader. During each session, each participant will take approximately 10 minutes to work on her conflict with the leader, on an individual basis, with the rest of the group observing. During this time, group participation will be minimal. There will be a general discussion at the end.

All sessions are verbal, with no "touchy-feely" exercises. The session is not likely to involve disclosure of private, intimate aspects of your personal life, but, if it does, you do not have to divulge any information you do not wish to. All sessions are confidential.

We are not allowed to discuss the purpose or nature of the research, since this may affect the results. When the study is completed, we will be able to do so, as well as provide you with the findings.

At this point, after being told this information, the students were asked to commit themselves to participation in the personal growth experience as subjects in the study.

Of the 96 students who met the criterion, 90 agreed to commit themselves to participation in the personal growth experience and serve as subjects in the study. These students then completed the Awareness Semantic Differential Scale (ASDS) (see "Instruments" section). Following this, they completed the Other - Conflict Scale (Other - Pre) (see "Instruments" section). At this time they read and signed the release form. (See Appendix B.) Of the six who did not agree to participate, three did not provide a reason. Of the other three, the reasons were stated as follows: one did not agree to the group aspect, one did not feel that her conflict was solvable, and the other did not feel comfortable with the possibility of personal self-disclosure in this context.

Of the 90 committed participants, 50 took part in the entire study. Of these 50, 26 completed the Two-Principle differential-treatment condition and 24 completed the Five-Principle differential-treatment condition. The other

40 committed participants did not complete their participation in the entire project. Of these 40 non-completers, 30 did not continue with the project beyond the point described above at which they committed themselves to participation. Of these 30, 16 continued with their commitment to attend but were not able to do so because of an unresolvable schedule conflict. Of the other 14, four were unable to be contacted in order to complete scheduling arrangements, three developed illnesses, three broke their commitments with no stated reason, two moved out of town, one did not show up, and one arrived at the wrong starting time. Of the 10 who attended at least one session and dropped out before keeping the experimental requirements of attending all four sessions, three stated that they were unable to attend because they were too busy meeting other requirements. The other seven gave other individual reasons.

B. Independent Variables

There was one Independent Variable: The differential implementation of the five principles of the Two-Chair Dialogue Method of GeStalt Therapy (Greenberg, 1979, 1980b). The principles were implemented by the appropriate therapist interventions which define the Two-Chair experiments used in the treatment sessions. The Two-Chair experiment which comprises the Two-Chair Dialogue Method is defined as a series of suggestions and observations made by a therapist

to clearly separate two aspects or partial tendencies of the self-process and to facilitate direct communication between these (Greenberg and Clarke, 1979).

a. **Differential-Treatment Conditions**

The independent variable was varied so that there were two differential-treatment conditions: a Two-Principle treatment condition (TP) and a Five-Principle treatment condition (FP).

In the Two-Principle Condition, the Two-Chair experiment consisted of implementation of only the first two principles at the intervention level. In this condition, therapist interventions based on microskills associated with the first two principles, Maintaining the Contact Boundary and Responsibility, were largely predominant in frequency of implementation during the sessions. (See "Results of Rating of Therapist Interventions" section.)

In the Five-Principle Condition, the Two-Chair experiment consisted of implementation of all five principles at the intervention level. In this condition, therapist interventions based on microskills associated with all five principles were implemented; interventions based on Attending, Heightening and Expressing were generally equivalent in frequency of implementation to interventions based on the first two principles. (See "Results of Rating of Therapist Interventions" section.)

As well, there was a universal pre-treatment condition in the form of a general one-to-one introduction and discussion of the conflict with the participant, without use of the Two-Chair Dialogue Method. In this pre-treatment condition, the therapists were told to avoid Gestalt Therapy methods and provide only non-directive, conversational interventions. The pre-treatment condition did not implement the Two-Chair experiment or any of its related principles or interventions or any other representative Gestalt Therapy methods. (See "Results of Rating of Therapist Interventions" section).

No effort was made to ensure that optimal empathy, warmth or genuineness was provided throughout the sessions, since this was not intended as a study of the effects of such facilitative conditions. However, some effort was made to provide a moderate level of facilitative conditions, as an attempt to provide a reasonable level of personal meaningfulness for the participants. It was thought that this would reduce the probability of premature termination which may have occurred if the pre-treatment session had not been seen as therapeutic. As well, this moderate level of facilitative conditions was provided for ethical reasons, that is, to provide a situation with face validity resembling a personal growth experience as publicly advertised, particularly in relation to the pre-treatment condition.

b. Treatment Interventions

The principles of Two-Chair work provide a broad definition of counsellor function; each principle is represented by a number of given, pre-determined specific therapist interventions (Greenberg, 1979, 1980b). These interventions embody these principles and indicate how they are used; they reflect the goals of the various principles and are instrumental in that sense. A specific therapist intervention may satisfy more than one principle at a time although it will have a primary thrust governed by one principle (Greenberg, 1979). The specific therapist interventions and the principles with which they are associated are presented in Appendix C.

Actual therapist behavior in the personal growth experience was guided by the five principles and their given interventions as presented in Appendix C. Therapist behavior at times included spontaneous variations, usually similar in meaning to these pre-determined interventions. Operationally, the actual therapist interventions implemented during the personal growth experience refers to such spontaneous therapist behavior, not necessarily to the pre-determined interventions. However, most of the interventions actually implemented during the personal growth experience were identical to or similar to the given, pre-determined interventions. (See "Rating of Therapist Interventions" section).

Operationally, an implemented intervention is defined as a complete therapist statement which is framed at both beginning and end by a participant's statement or by a chair switch. In order to frame a therapist's statement, those participant statements which occurred at the end of a therapist's statement were required to a) acknowledge linguistic comprehension of the therapist statement; or, b) be over ten seconds in duration; or, c) in the absence of a) or b), constitute a silent period of at least three seconds which appeared to be an appropriate non-verbal response to therapist interventions which encouraged same. Any interceding comment by a participant which was less than ten seconds which was followed by the therapist's resumption of the same intervention (not repetition) in order to complete it did not constitute an appropriate end frame to the intervention. In implementation, one therapist intervention, as operationally defined, could consist of two or more of the given therapist interventions which are noted in Appendix C. However, only one principle could provide a primary thrust per operational therapist intervention.

The treatment interventions were implemented in accordance with the differential-treatment and pre-treatment conditions. The procedural details of the actual implementation of these interventions, including the number of satisfactory interventions implemented per principle and per differential-treatment condition, as determined by trained raters, are discussed in later sections. (See

"Procedure" and "Results of Rating of Therapist Interventions" sections).

C. Therapists

Two therapists, both males, were used in the study as leaders of the personal growth experience with the responsibility of implementing the treatment interventions in accordance with the differential-treatment conditions. The therapists were hired for the purposes of the study and each received a stipend of \$200.00.

At the time of the project, each therapist was a graduate student in the Counselling program in Educational Psychology at the University of Alberta. Each volunteered to work in the project. Therapist A was a master's level student who was nearing completion of a course in Gestalt Therapy. This course provided experiential and didactic training in Gestalt Therapy methods, including the Two-Chair Dialogue Method (although the five principles were not studied as such). Therapist B was a doctoral level student who was nearing completion of a practicum counselling course which included some exposure to Gestalt Therapy techniques. He enrolled in a Gestalt Therapy course during the present study. Each therapist had some previous counselling experience; Therapist A had 6 months experience and Therapist B had 8 months experience.

At the conclusion of the personal growth experience groups, each therapist completed a Therapist's Questionnaire

(See "Instruments" section) (See Appendix D.). This was designed to measure the attitude of the therapists toward the two differential-treatment conditions. The questionnaire contained five general questions comparing the FP and TP differential-treatment conditions. None of the eleven answers given by each therapist to any of these questions favored the Two-Principle condition. All eleven of Therapist B's answers favored the Five-Principle condition; seven of Therapist A's answers favored the Five-Principle condition while the other four answers showed no difference in preference. Generally the answers indicated that both therapists had a personal preference and bias for working with the Five-Principle condition, indicating more freedom, spontaneity and enjoyment with this condition as well as believing it to have more therapeutic effectiveness in a general sense when compared with the Two-Principle condition.

a. Training of Therapists

Training of therapists in the Two-Chair Dialogue Method of Gestalt Therapy was provided in general accordance with Greenberg's training suggestions (Greenberg, 1980b). Training consisted of didactic and experiential training in implementation of the pre-determined, specific treatment interventions and recognition and knowledge of the five principles from which they received their primary thrust. The therapists were not told of the hypotheses of the study

and at no time did they indicate an awareness of the hypotheses.

The two therapists were trained separately. Training was not done with both therapists simultaneously present because of an unavoidable delay in training Therapist B. Therapist A attended 15 one-hour training sessions prior to the first experimental session and one review training session between sessions of the experimental process. Therapist B attended 18 one-hour training sessions prior to the first experimental session, although only 13 of these were in the role of therapist-in-training, as he originally served as back-up therapist and observer for his first five sessions. As well, he also attended one review training session between sessions of the experimental process. In addition, much informal feedback and review was regularly provided to each therapist between experimental sessions.

Each therapist was provided with the following required reading/viewing material, in preparation for and/or during the actual training sessions:

1. Greenberg's article (1979) outlining the Two-Chair Dialogue Method and the five principles and their related interventions;
2. A videotape prepared by Greenberg demonstrating the implementation of each of the five principles at the intervention level;
3. Appendix C outlining the five principles and their interventions;

4. A hypothetical dialogue of a Two-Chair session

incorporating the videotaped material which outlined the five principles and their representative interventions.

In addition to discussion of these materials, the training sessions largely consisted of Two-Chair role-play exercises and related discussion. The primary focus of these exercises was an implementation of the five principles by adaptation of their related interventions within the structure required by the project. As well, a presentation of some underlying theory, such as the roles of the "Other" chair and the "Experiencing" chair (Greenberg, 1979) was provided. Each therapist met for as many training sessions as was necessary to meet two criteria: the successful completion of one Two-Chair role-play exercise in each of the TP and FP differential-treatment conditions, using the required structure and framework; and the successful completion of two consecutive Two-Chair role-play exercises of either condition. Some individual training sessions focussed exclusively on one principle and its related interventions while other individual sessions focussed on clusters of principles and their related interventions. After the therapist had successfully completed implementation of one principle or a cluster of principles at the intervention level, by using many appropriate interventions in role-play exercises, he successively built up his repertoire in subsequent sessions until all five principles and their interventions were successfully

incorporated and able to be implemented flexibly in role-play exercises.

The role-play exercises usually consisted of three individuals, the therapist-in-training, the present author as experimenter-trainer-observer, and another individual who volunteered his/her time to play the role of a student experiencing a significant academic-social conflict. (Many individuals volunteered their time, but only one such person was present per session). Each therapist served as therapist in a variety of Two-Chair role-play exercises. Therapist A served as therapist in 17 role-play exercises throughout the training sessions before meeting the criterion. Therapist B served as therapist in 7 such exercises before meeting the criterion, but he had observed more role-play exercises than Therapist A before undertaking the role of therapist, raising the possibility that he learned by modelling and did not require as many role-play exercises to meet criterion. In addition, each therapist served as a student, playing the role of himself in his actual graduate student role, experiencing his personal academic-social conflict, while another individual served as therapist in the Two-Chair Dialogue Method. Therapist B played this role on four occasions, and Therapist A once. As well, each therapist observed another therapist conducting the procedure with a volunteer. This allowed the therapists to have different perspectives of the process during training.

Regular feedback was provided to the therapist-in-training by both myself, as trainer, and by the volunteer playing the student role. This feedback was made regarding the statements made by the therapist during the Two-Chair Dialogue Method. The volunteer's comments were made regarding the impact of the therapist's statements. The trainer's comments were largely directed at the verbal contents of each statement made by the therapist, in order to clarify how each statement did (or did not) represent a principle and to suggest improvements. Appropriate caution was provided against using more than one or two non-principle interventions in a session or against mixing too many principles in one therapist statement. Therapists were generally able to obtain a clearer grasp of how closely each of his statements resembled a pre-determined specific therapist intervention, as listed in Appendix C, and were better able to modify what had been improvisations so that they had a stronger association with the requirements of the principle. At the same time, therapists were able to adapt improvisations similar in meaning to the given pre-determined interventions.

As well, training sessions focussed on management of the procedural aspects of the Two-Chair Dialogue Method and the personal growth experience, given the experimental structure of the present study. Particular attention was given to working within an appropriate ten-minute time period, using a recommended number of interventions per

principle for each of the Two-Principle and Five-Principle differential-treatment conditions.

D. Pilot Studies

Two pilot studies relating to the use of the measuring instruments were conducted. These were done before the actual experimentation took place, so that the appropriate step could be taken regarding use of the measuring instruments, as outlined below.

a. Pilot Study No. 1

This pilot study involved an investigation of the response tendencies to the ten opposite-adjective scales which comprised the Awareness Semantic Differential Scale. The ten scales were presented to 24 university graduates. These people were asked to remember their student days and any academic-social conflict they may have experienced at that time. They were asked to adapt their knowledge of this conflict and take the role of a student who has not resolved this specific conflict satisfactorily. Taking this role, they were then asked to rate the academic-social conflict on each of the ten scales of the ASDS.

On four of the opposite-adjective scales, at least 50% of the respondents rated the conflict at one end of the continuum, as defined by the two positions closest to one end on the seven-point scale. Accordingly, in order to avoid placement of all four of these ends in the same

direction on the ASDS, the ends of these four scales were counterbalanced for use in the study. (That is, two ends were placed in one direction and the other two were placed in the other direction.) This was done in order to minimize possible response bias, a natural tendency to respond to or avoid one end of the continuum, which might have been reinforced by such a placement should such a bias exist.

b. Pilot Study No. 2

This pilot study involved an investigation of response tendencies to the Conflict Resolution Box Scale and the Target Complaint Discomfort Box Scale. This was done in order to determine appropriate criterion points for establishing suitability for participation in the personal growth experience as participants in the study.

Both the CRBS and the TCDBS were administered during class time to 46 female education and nursing students at the University of Alberta. This population was similar in composition to the population used in the actual study. (These students were not allowed to participate in the actual personal growth experience). As part of the administration of the CRBS and TCDBS, these students were provided with a copy of the introduction to the issue of the academic-social conflict. The introduction, which was also used in the orientation/screening of actual participants, asked the students to consider whether they may now be experiencing some personal conflict in the academic-social

area. These students were asked to respond to the CRBS and the TCDBS with this in mind.

The results of the pilot study provided the following mean and median scores: The mean score on the seven-point CRBS, where "not at all resolved" is scored 1 and "totally resolved" is scored 7, was 4.5. The mean score on the 13-point TCDBS, where disturbance from the conflict rated as "couldn't be worse" is scored 1 and "not at all" is scored 13, was 8.4. The median score on the CRBS was 4.7 and the median score on the TCDBS was 9.3.

A correlation ratio calculated on these results, between the CRBS and the TCDBS was .34. The resulting F ratio of 6.00 was found to be significant at the .05 level. The appropriate F-test for linearity produced an F of .18 indicating that the relationship was linear.

The median scores were used as criterion points, so that scores falling below the median points were considered to reflect significant difficulty with resolution of the issue or significant discomfort with the issue. Consequently, any score received by a potential participant at the time of screening (See "Screening of Subjects" section) which was below one of these criterion points was accepted as enabling the individual to serve as a subject in the study by participating in the personal growth experience. A score of below 5 on the CRBS or below 10 on the TCDBS was deemed acceptable as meeting the criterion for participation. Therefore, either a significant difficulty

with resolution of the conflict or a significant discomfort with the issue was satisfactory to meet the criterion.

E. Instruments

The instruments used in the study served several purposes: two of the instruments which served as dependent variables were used to screen potential participants regarding the extent of their difficulty with the academic-social conflict before participation in the personal growth experience; the instruments which served as dependent variables were also used to measure changes in participants' conflict resolution, levels of discomfort, levels of awareness, levels of experiencing and reported progress with the academic-social conflict as the personal growth experience progressed; other instruments were used to assess the therapist's statements to check for pre-determined interventions in relation to the differential-treatment conditions; and to assess the attitude of the therapists toward the differential-treatment conditions. The instruments used in the study were as follows:

a. Conflict Resolution Box Scale (CRBS)

(See Appendix E)

This scale was adapted from Greenberg and Dompierre (1981) and altered somewhat by the addition of three questions. This scale measures feelings of resolution

regarding conflicts. In our study, the conflict measured by the scale was, of course, the academic-social conflict that was explored during the personal growth experience. At present, the scale is thought to possess only face validity, although Greenberg indicates that there does appear to be some construct validity (Greenberg, personal communication).

The CRBS, as adapted for the present study, consists of four questions. The first question, which was taken directly from Greenberg and Dompierre (1981), asks participants to describe how resolved the conflict is for them at the time of completing the scale. It uses a seven-point scale on which participants indicate their feeling of resolution about the conflict by circling one of the points. This scale is numbered 1 to 7 consecutively, with point 1 labelled "not at all resolved," point 4 labelled "somewhat resolved," and point 7 labelled "totally resolved." The second question covers essentially the same area, but requests the information as a percentage. It uses a scale numbered from 0% to 100% with points at every 25%. The participant is asked to check any place on the line between 0% and 100% according to how resolved, as a percentage, the conflict is at that time.

The third and fourth questions relate to the anxiety and disruption associated with the conflict. As such, they do not directly assess conflict resolution, but they were administered along with the first two questions and comprise a four-question measuring instrument. Questions 3 and 4

each present a seven-point scale on which participants indicate how much anxiety they feel in relation to the conflict, and how disruptive their conflict is to their everyday life, respectively. Question 3 (regarding anxiety) has point 1 labelled "none," point 4 labelled "some" and point 7 labelled "a great deal"; Question 4 (regarding disruption) has point 1 labelled "not at all disruptive," point 4 labelled "somewhat disruptive" and point 7 labelled "highly disruptive."

This scale was used as a dependent variable, to measure participants' resolution of the academic-social conflict at various stages throughout the project. (See "Procedure" section). As well, it was used to screen potential participants before participation (See "Screening of Subjects" section) and was incorporated for use in the RPT and Other-Conflict Scales, as described later.

b. Target Complaint Discomfort Box Scale (TCDBS)

(See Appendix F)

This scale was designed by Battle et al (1966) to determine the degree of discomfort of disturbed patients before and after psychotherapy. Battle et al describe target complaints as "correlating significantly with other outcome measures in a controlled study on psychotherapy" and present target complaints as a promising outcome measure. Subjects are asked to rate the amount of discomfort associated with a target complaint. This measure has been

used by Greenberg in his research; he indicates that scores on the Conflict Resolution Box Scale and Target Complaint Discomfort Box Scale are highly correlated if the individual is resolved. (Greenberg, personal communication). It was adapted in the present study to relate to the academic-social conflict.

Each participant was asked "in general, how much does the conflict bother you?" and was instructed to answer the question in regard to the amount of disturbance she felt because of the problem by marking the appropriate box. There are 13 vertical boxes, with the top box labelled "couldn't be worse," the fourth box labelled "very much," the seventh box labelled "quite a bit," the tenth box labelled "a little" and the bottom box labelled "not at all." Although there are no numbers affixed to the labels, for scoring purposes the top box is scored as a 1 and the bottom box as a 13 so that, as in the CRBS (Questions 1 and 2), the higher the score, the less difficulty with the conflict.

This scale was used as a dependent variable, to measure participants' discomfort with the academic-social conflict at various stages throughout the project. (See "Procedure" section). As well, it was used to screen potential participants before participation (See "Screening of Subjects" section) and was incorporated for use in the RPT and Other-Conflict Scales, as described later. The TCDBS was administered with the CRBS.

c. Awareness Semantic Differential Scale (ASDS)

(See Appendix G)

This scale was devised for the purposes of this study, as a measure of participants' awareness states regarding the academic-social conflict. This connotative measuring scale involves the rating of the connotative meaning of this conflict on a series of ten seven-point pairs of antithetical adjectives. Eight of the ten opposite-adjective pairs were chosen for inclusion in the ASDS because of their conceptual relationship with awareness. Ratings in the direction associated conceptually with awareness are thought to be consistent with a well-developed awareness regarding the issue at the time of rating. This provided the possibility of a pre-treatment measure of awareness.

Various adjectives describing states of awareness were selected from the Gestalt Therapy literature. Eight of these adjectives were chosen for use in the ASDS. These adjectives seemed to lend themselves to fitting on a continuum and appeared to provide some construct validity. "Vivid," "deep," "clear," and "acceptable" were chosen from Stevens (1971) and "pleasant" was chosen from Perls (1969). "Fresh," "new," and "different" were selected from a thesaurus as adjectival variants of descriptions of "discovery," which was presented by Greenberg and Clarke (1979) in their description of awareness. A thesaurus was consulted to choose the appropriate opposites for these

adjectives. In addition, "good-bad" and "strong-weak" were chosen as representative of the Evaluation and Potency factors, respectively (Osgood, Suci and Tannenbaum, 1957). These comprised the ten seven-point opposite-adjective scales used in the ASDS.

The ends of the continua for four of these scales were counterbalanced for presentation in the study on the basis of the results of an earlier pilot study (See "Pilot Study No. 1" section). This was done to minimize a possible response bias toward one end of each continuum.

In addition, five forms of the ASDS were derived in order to minimize a possible sequence effect during administration. This was done by grouping the ten scales into five pairs on the basis of face validity and placing these pairs on the scale in such a way as to minimize the possibility of consecutive placement of pairs with apparently similar meanings, viz. "old-new" and "same-different." The five pairs were varied in placement in each of the five forms; each pair was placed first once and last once. On each administration of the ASDS, the selection of which of the five forms was to be administered to each participant was chosen randomly. In this manner, there was a high probability that the participant would complete a different form each time, thereby minimizing the possibility of a sequence effect.

Instructions to the participants regarding use of the ASDS included explanation of an example opposite-adjective

pair, "active-passive," which was not used as one of the scales in the ASDS. In this case, some description of the relevance of the "active-passive" opposite-adjective pair to the academic-social conflict was provided. No such description was provided for any of the ten scales of the ASDS. As well, in this example, each of the seven points in the scale was annotated with markers (the three end points were labelled "extremely," "moderately," and "slightly," and the middle point was labelled "neutral") but the actual ASDS was not annotated in this manner.

This scale was used as a dependent variable to measure changes in participants' awareness states regarding the conflict at various stages throughout the project. (See "Procedure" section).

d. Change in Awareness Measure (CA)

(See Appendix H).

(Greenberg and Higgins, 1980; Greenberg and Dompierre, 1981)

This self-report measure, which was adapted from Greenberg, inquires about changes or shifts of awareness that were experienced during a specific time period, in our case, during an experimental session. It consists of two questions. The first question requires the participant to identify whether a shift in awareness had occurred. It asks directly "Did you have a shift in awareness?" The second question inquires whether participants had obtained an increased awareness of themselves, by asking directly "Did

you increase your awareness of yourself?" A five-point scale annotated at each of the five points by "not at all," "uncertain," "probably," "yes" and "very definitely," respectively, is used to answer both questions. Greenberg has found that the scores on the two questions showed high inter-item reliability.

This scale was used as a dependent variable measuring participants' self-reports of shifts in awareness during the pre-treatment and treatment sessions which comprise the personal growth experience. (See "Procedure" section.)

e. Reported Progress Measure (RP)

(See Appendix I)
(Greenberg and Dompierre, 1981)

This self-report measure, which was adapted from Greenberg, inquires about progress that is made with an issue (in this case, the academic-social conflict) during a specific time period, in our case, between experimental sessions. It consists of two questions. The first question requires the participant to report how much progress she felt she had made with the conflict, by asking "Generally, how much progress do you feel you have made with the conflict since the end of the last session?" The second question asks the participant to report on her personal change. It asks "Generally, how much have you changed since the end of the last session?" A five-point scale, annotated at each of the five points by "none at all," "not very

much," "some," "a lot," and "a great deal," respectively, is used for completion of both questions. Greenberg has found that the scores on the two questions showed a high inter-item reliability.

This measure was used as a dependent variable measuring participants' self-reports of personal progress made in relation to the conflict between experimental sessions (See "Procedure" section).

f. The Experiencing Scale (EXP)

(See Appendix J)
(Klein, Mathieu, Gendlin and Kiesler, 1969)

This scale was designed to "evaluate the quality of a patient's self-involvement in psychotherapy directly from tape-recordings (or typescripts) of a therapy session" (Klein et al, 1969, page 1). It does so independently of the formal characteristics of the therapy interaction, although the continuum of experiencing is most important for experiential-insight therapies focussing on changes in self-awareness, self-understanding, self-attitudes and level of expressiveness (Kiesler, 1973). The Experiencing construct, as developed by Rogers, Gendlin and others, is described by Kiesler as desiring ideal in-therapy patient behavior that

seems to encompass his ability to focus on and express freely the feeling, attitudinal and meaning correlates of his behaviors and experiences; to compare, contrast and integrate the affective and rational components of this complex; and to use this differentiated but integrated composite as an

immediate referent for present and subsequent behavior, particularly in the interpersonal sphere. (Kiesler, 1973, p. 268).

As such, the term "experience" is defined as a dynamic, not a static, process by Gendlin and Rogers, according to Kiesler, and the scale is sensitive to ongoing shifts in patients' involvement in counselling.

Various studies have examined the relationship of Experiencing in therapy to outcome measures. The level of experiencing in patients is related to independently measured criteria, reports Kiesler (1973), so that more successful cases, whether neurotic or schizophrenic, show higher levels of Experiencing at all levels in therapy. As such, EXP is reported to be consistently related to degree of outcome (Klein et al, 1969; Orlinsky and Howard, 1978).

The scale is a seven-point annotated and anchored rating device, as described by Klein et al (1967) and Kiesler (1973). The lowest of the seven levels rates superficial discourse and an avoidance of feelings or conflicts that prevents personal growth and personality change; the central levels mark self-characterizations and descriptions of feelings, first as externalized or situational feelings and later as personalized, inwardly elaborated descriptions of feelings; and the high levels indicate the exploration of feeling-oriented problems or propositions stemming from growing and distressing awarenesses of feelings and personal meanings. At these high levels, emergent levels of experiencing serve as basic

referents for self-understanding as new affective resolutions and meanings are created and the patient is living authentically as a fully functioning person (Klein et al, 1969; Kiesler, 1973).

The Experiencing Scale is not a self-report measure as are the majority of the scales used in this study. The evaluation is done directly from tape-recordings of the patient by trained raters who listen to the recordings and make ratings of the patients' levels of Experiencing. Raters make two EXP ratings for each recorded segment: a modal rating, which is the general scale level for that segment, and a peak rating, which is the highest scale level reached in the segment.

This scale was used as a dependent variable measuring participants' levels of experiencing during the four sessions which comprise the personal growth experience. This scale was applied by trained raters who made the ratings from audio recordings of the sessions. (See "Rating of Depth of Experiencing" section).

g. Other-Conflict Scales (Other-Pre; Other-Post)

These scales asked the participants to name two other conflicts which were present in their personal life, in addition to the academic-social conflict, and to rate each of these other conflicts on the CRBS and the TCDBS.

The exact wording of the instructions is as follows:

You have answered the previous questions on these forms while considering the personal conflict that

may be involved in striking a balance between academic activities and social activities.

Now, please consider other personal conflicts related to any aspect or area of your life that you may be experiencing at this time.

Please name any two of these other personal conflicts:

These scales were administered to test the generalizability of changes regarding academic-social conflict resolution and discomfort to other conflicts. They were administered only during the recruitment session (the orientation/screening session) and the second follow-up session.

h. Retrospective Pre-Test (RPT)

(Howard et al, 1979)

This test served as some control for the possibility that exposure to the treatment conditions may produce a response-shift, which may confound the Pre-Post measures. A response-shift is a change in the participant's basis for determining her level of functioning on a given dimension (Howard et al, 1979). Such a response-shift may occur because any increase in awareness pertaining to the conflict may change the participant's perception of her functioning regarding the conflict, particularly her perception of what had been her initial level of functioning. For example, as a result of the personal growth experience, she may realize that she had initially experienced more difficulty with the conflict than she had originally perceived and reported.

The participant's internal anchor may be altered as a result, since what had previously been regarded as a minor problem may come to be regarded as a moderate or major problem as a result of the awareness gleaned from the sessions. This may, in turn, confound the pre- and post-experimental measures, since the participants in fact serve as raters on the self-report measures.

In the event that such a phenomenon occurred in this study, the RPT was administered as a precaution. This allows a "Then" score to supplement the "Pre" score obtained as baseline measures if necessary. This data will only be analyzed if required. The test consists of an adaptation of other measures used in the study by the use of specialized instructions. That is, during the first follow-up session, the participants are asked to respond to the CRBS, TCDBS and ASDS in relation to the academic-social conflict in reference to how they feel they were before the personal growth experience started. The exact wording of the instructions is as follows:

Now that you have completed the personal growth experience, please consider how you now perceive yourself to have been before it started.

Consider the conflict that you have been working on in the sessions, the conflict between social activities and academic activities. Please answer the following questions about this conflict, with reference to how you were before the personal growth experience started.

Do not attempt to recall how you answered the forms at that time. Just consider now how you feel you were then in regard to the conflict.

The obtained "Then" scores can be used as dependent variables.

i. Five-Principle Checklist

(See Appendix K)

This quick reference checklist was adapted from a checklist for the Two-Chair experiment devised by Greenberg (personal communication). It was essentially a quick descriptive summary of the five principles and was used in conjunction with the raters' rating form for principle identification. It was used as a supplement for the manual used by the raters in their task of identifying the Two-Chair Dialogue Method principles associated with the therapists' interventions. Raters were asked to consider whether each intervention fulfilled the description for each of the five principles. In this manner, it assisted in the raters' assessment of the appropriateness of therapists' interventions in fulfilling the requirements of the presence of specific principles in each of the differential-treatment conditions. (See "Rating of Therapist Interventions" section).

j. Principle Satisfaction Scale

(See Appendix L)

This scale was adapted from a four-point scale used by Greenberg and Rice (1981) to assess the overall quality of the Two-Chair operation. In the present study, this scale was a seven-point Satisfaction-Dissatisfaction scale. It was used by trained raters in their assessment of the degree

to which each therapist intervention satisfied the previously identified principle according to the requirements of the differential-treatment conditions.

This task required the rater to rate the extent to which the therapist activity (which had previously been identified on the Five-Principle Checklist as being governed by a principle) fulfilled the requirements of that principle. For example, the delivery of the intervention by the therapist may have been chopped or confused so that a dissatisfaction rating would be necessary although the intervention may accurately have been identified under a specific principle. To do each rating, the rater was required to respond to the question "Does the intervention presently being considered satisfy the principle which has been identified as underlying it?" The answer to this question was a rating on the Principle Satisfaction Scale of 1 to 7 where a rating of 1 was annotated "no, totally dissatisfied" and a rating of 7 was annotated "totally satisfied." (See "Rating of Therapist Interventions" section).

k. Therapists' Questionnaire

(See Appendix D)

This questionnaire was designed for completion by the therapist to obtain information regarding the attitude of the therapist toward the differential-treatment conditions. Although the therapist was not informed of the hypotheses of

the study, it was thought that each therapist, in the course of the personal/growth experience, would have developed reactions, feelings and opinions regarding the differential-treatment conditions. In the event that these attitudes may have influenced the participants in the personal growth experience, an attempt was made to assess them to assist in any interpretation of therapists' effect, should this be necessary.

The therapists' questionnaire was administered following each therapists' completion of participation in the project. Neither therapist had been aware of the existence of the questionnaire or the necessity of completing it until it was presented to them.

The questionnaire presented five general questions asking the therapists to compare differential-treatment conditions. Some questions included sub-questions; in total there were 11 answers required. The questions pertained to the therapists' personal preferences, beliefs regarding greater therapeutic effectiveness, observations regarding best provision of therapeutic facilitation and observations of most progress by participants. Each question requested selection of which of three alternatives -- the Two-Principle condition, the Five-Principle condition, or no difference -- was the best answer. The results were provided earlier in the "Therapists" section.

F. Procedure

Apart from the information outlined earlier (See "Screening of Subjects" section), no information about the nature or purpose of the study was provided to the participants. Subjects were not aware of the differential-treatment conditions. In fact, at no time prior to the conclusion of the study were the participants informed that this was a study of methods of the Two-Chair Dialogue Method of Gestalt Therapy or any principles, methods, or interventions pertaining to the Two-Chair Dialogue Method, to Gestalt Therapy or to psychotherapy or counselling per se. They were only told they were participating on research into personal growth. The 50 subjects who participated in the project had completed the Conflict Resolution Box Scale (CRBS), Target Complaint Discomfort Box Scale (TCDBS) and Awareness Semantic Differential Scale (ASDS) during the orientation/screening session. These were completed with reference to the academic-social conflict, and served as initial baseline data for these measures. As well, they had completed the Other-Conflict Scale (Other-Pre only) at this time.

The subjects who met the criterion and agreed to participate were randomly assigned to one of the two differential-treatment conditions. The condition of the first participant, the TP condition, was randomly

'During the actual personal growth experience, three participants volunteered that they recognized the procedure as associated with Gestalt Therapy. This was not discussed.

determined, on the basis of a coin toss. Accordingly, on a basis of alternate assignment to conditions, the next participant was assigned to the FP condition. Following this, the assignment to conditions was alternated back and forth from participant to participant, i.e. in alternate order of their agreement to participate, as this occurred from participant to participant during the orientation/screening sessions.

Subjects were assigned to therapists on the basis of scheduling suitability. That is, assignment to therapists was made according to the coinciding of the availability of participants in each differential-treatment condition with a therapist's next scheduled small group for that differential-treatment condition. Whichever therapist was scheduled to meet for the next appropriate differential-treatment condition at a participants' free time was the therapist to which that participant was assigned. Scheduling conflicts did not allow random assignments to therapists. For example, because Therapist B was not finished his training sessions until three months after Therapist A, all available participants during this time were necessarily assigned to Therapist A. Later, when each therapist was running small groups during the same time period, most participants were busy on at least one evening per week and therefore may not have been able to attend any sessions had a randomization process compelled them to a specific therapist. (Therapist A was only available to run

the small groups on Monday and Wednesday evenings and Therapist B was only available to run his groups on Tuesday and Thursday evenings.) Following this, Therapist A had finished his experimental quota and, of necessity, all participants were then assigned to Therapist B.

There were 26 participants in the Two-Principle condition and 24 participants in the Five-Principle condition. Of the 26 participants in the TP condition, 13 were in the personal growth experience in which Therapist A provided the Two-Chair Dialogue Method interventions and 13 were in the personal growth experience in which Therapist B provided the Two-Chair Dialogue Method interventions. Of the 24 participants in the FP condition, 13 were in the personal growth experience in which Therapist A provided the Two-Chair Dialogue Method interventions and 11 were in the personal growth experience in which Therapist B provided the Two-Chair Dialogue Method interventions. The unequal numbers resulted from unavoidable drop-outs of committed participants after the personal growth experience was in progress (See "Subjects" section).

The experimental design was such that each participant was required to attend all four sessions of the personal growth experience. The personal growth experience constituted the format in which the experimentation took place. Apart from the unequal numbers noted above, each therapist provided the same input, presenting the pre-treatment condition and both differential-treatment.

conditions. The therapists alternated small groups, with Therapist A running a Five-Principle group first, then a Two-Principle group, and so on. Therapist B worked in the reverse order. For each participant, all four sessions were conducted by the same therapist.

The first session of the personal growth experience was the pre-treatment condition; the Two-Chair Dialogue Method was not implemented in this session (See "Differential-Treatment Conditions" section). All 50 participants were exposed to the pre-treatment condition, which provided baseline data against which data from experimental sessions in the differential-treatment conditions are compared. The second, third and fourth sessions of the personal growth experience, in which the Two-Chair Dialogue Method was used, comprised the treatment sessions. In these sessions, principles underlying the Two-Chair Dialogue Method were implemented, according to the demands of the differential-treatment conditions; during these three sessions participants in the Two-Principle differential-treatment condition were exposed primarily to Two-Chair Dialogue Method interventions based on the first two principles and participants in the Five-Principle differential-treatment condition were exposed to Two-Chair Dialogue Method interventions based on all five principles. (See "Rating of Therapist Interventions" section). These three sessions provided experimental data for comparison with baseline data and for comparison between

differential-treatment conditions.

Following the orientation/screening session, after a waiting period ranging from a few days to a few weeks, depending on scheduling availability, participants participated in the actual personal growth experience. Subjects met in small groups for purposes of the personal growth experience; the entire project consisted of twelve such groups. Each of the two differential-treatment conditions was composed of six of these small groups, three per therapist.

The numbers in the small groups ranged from a minimum of three to a maximum of six. In Therapist A's Five-Principle Condition, the three groups were composed of four, four and five participants respectively. In Therapist B's Five-Principle Condition, the three groups were composed of three, four and four participants respectively. In Therapist A's Two-Principle Condition, the three groups were composed of four, five and four participants respectively. In Therapist B's Two-Principle Condition, the three groups were composed of three, six and four participants respectively.

In each small group, the participants sat in chairs around the periphery, forming a semi-circle. The therapist faced the group, with the present author as experimenter observing from a corner. There was a single empty chair in the centre of the circle, facing the therapist, for the pre-treatment condition baseline sessions. For the

differential-treatment condition experimental sessions, during which the Two-Chair Dialogue Method was implemented, the single empty chair was replaced by two empty chairs, facing each other, set perpendicular to the therapist. These empty chairs were used for the Two-Chair exercises, a red chair, placed to the left of the therapist, for the academic role, and a green chair, placed to the right of the therapist, for the social role.

Each small group met for four sessions (the pre-treatment session and the three treatment sessions), covering a time span of approximately ten days per group. There was a minimum of 48 hours and a maximum of 120 hours between sessions. During each of the four small group sessions, each participant took part in a ten-minute individual session with the therapist, with the other participants observing. During this individual session, conflict resolution interventions were made, according to the requirements of the condition being implemented, focussing on attempted resolution of the standard academic-social conflict. All sessions were tape-recorded for later analysis.

All participants completed various measuring instruments just before and immediately after each of the four sessions, as administered by the experimenter (not the therapist, who was unfamiliar with the form content). All participants completed the CRBS, TCDBS and ASDS, in that order, before and after each session, with reference to

their perspective on the academic-social conflict at that time (at which they were completing the form). (The pre-session administration was done to assess any possible changes which may have occurred in the time period from the end of one session to the beginning of the next session). As well, after the pre-treatment session, before and after each of the ensuing three sessions, and at the first Follow-Up session, the participants completed the CA measure as a check on any shifts in awareness which may have occurred during the session. (The administration of the CA before the sessions was done with a request for participants to answer it regarding any shifts in awareness that may have occurred in the previous session, in an attempt to account for any changes in perception regarding such shifts which may have occurred when events of the previous session were sorted out with further perspective in the interim between sessions). The CA was administered, at all times, immediately following the CRBS, TCDBS and ASDS. In addition, just before every session, following administration of the CA, the RP measure was administered as a check of any reported progress the participant had made with the conflict since the previous session.

Just before the pre-treatment session, all participants completed the appropriate measures. The experimenter, who had previously met the participants during the screening/orientation session, then began the first session, the pre-treatment session, by introducing the personal

growth experience and the therapist, as follows:

You have all met the conditions to participate in the personal growth experience. All of you have acknowledged having some difficulty with working out a satisfactory balance between academic and social activities.

The goal of the personal growth experience is to assist your personal development and personal growth in this area--helping you to work through this conflict successfully and reduce or remove the difficulty you may have been having with it.

Tonight will be a general introduction. There will be a ten-minute general discussion, then each one of you will have an individual session with (therapist's name) for ten minutes, then there will be a ten-minute general discussion at the end. During the individual sessions, please keep group discussion to a minimum.

The experimenter then introduced the therapist who then began the pre-treatment session. The therapist initiated a relatively brief, five-to-ten-minute personal introduction of participants and general discussion of the conflict. This was provided as a general warm-up and did not constitute part of the experimental procedure.

Following this general introduction and discussion, the experimental procedure which comprised the pre-treatment session began. One by one, each participant sat in the empty chair in the centre of the circle, directly facing the leader, with the rest of the participants in the small group observing as they remained in their chairs in the semi-circle. The order of participation of the participants had been randomized (without replacement) so that no participant was in the same serial position in more than one of the four

sessions comprising the personal growth experience. The participant who had entered the centre of the circle then participated in a ten-minute individual discussion of the conflict. During this ten-minute session, which constituted the experimental procedure for the pre-treatment session, the therapist's input consisted primarily of those interventions which were required by the pre-treatment condition.

Following participation by all participants in the pre-treatment session, a brief, five-to-ten-minute discussion of the conflict was initiated by the therapist for wrap-up purposes. Then, the experimenter administered the appropriate measures.

Just before each of the remaining three sessions which constituted the treatment sessions, the appropriate measures were again administered. This was done to assess possible changes which may have occurred in the time period from the end of one session to the beginning of the next session.

At this time, just before the first treatment session, the participants still had not yet been exposed to any sessions in the differential-treatment conditions, and so had not yet received the Two-Chair Dialogue Method interventions according to the requirements of their treatment condition. Nevertheless, each participant had completed the CRBS, TCDBS and ASDS on four occasions: the

orientation/screening session, before the pre-treatment session, after the pre-treatment session, and before the first treatment session. The RP had been administered twice: before each of the pre-treatment session and the treatment session; the CA had been administered twice: after the pre-treatment session and before the treatment session. Such repeated use provides a time-series baseline, measuring changes that may have occurred during the waiting period as well as those that may have occurred during the pre-treatment period.

The next three sessions constituted the treatment sessions and, as such, were comprised of whichever of the two differential-treatment conditions the participant had been assigned to: the Two-Principle condition or the Five-Principle condition.

Following completion of the measuring instruments before each treatment session, the therapist began each treatment session. He initiated a relatively brief, five-to-ten-minute general group discussion regarding the conflict, similarly to the first session. This was provided as a general warm-up and did not constitute part of the experimental procedure. The Two-Chair Dialogue Method was not implemented during this warm-up period.

In the first treatment session, the therapist introduced the Two-Chair experiment at the end of the warm-up. He indicated that each of the two chairs

represented one of the two "selves" or "parts" which constituted the academic-social conflict. The participants were told that, to work on the conflict, they would be asked to sit in one of the chairs and speak as the part represented by that chair, the academic or the social part, and engage in a conversation with the other part as represented by the other chair. These were general explanatory comments and did not constitute actual treatment interventions. This introduction to the Two-Chair Dialogue Method was done in the second session only.

Following the group discussion, the Two-Chair experiment which constituted the experimental procedure of the treatment sessions began. The order of participation was determined according to the randomization process described earlier. In order to facilitate ego-involvement and provide a starting point, each participant, while still sitting in the semi-circle, was asked to begin by briefly summarizing her present perspective and situation in regard to the conflict before beginning the actual Two-Chair exercise. As in the warm-up, none of the interventions used by the therapist during this brief discussion were Two-Chair Dialogue Method interventions; this did not constitute part of the experimental procedure.

For each participant, the experimental procedure which comprised the treatment sessions, the Two-Chair

Dialogue Method of Gestalt Therapy, took place immediately after this brief summary. To initiate the Two-Chair exercise, at the end of the brief summary, the therapist queried which side of the conflict the participant felt closest to or more in touch with at that time. Whichever side was chosen was used as the beginning chair. The actual experimental procedure began immediately after each participant sat in whichever of the two empty chairs in the centre of the circle was chosen. The next therapist statement was intended to represent the first Two-Chair Dialogue Method intervention.

The participant participated in the ten-minute Two-Chair exercise focussing on the academic-social conflict, with the goal of working through the conflict successfully and removing or reducing difficulty pertaining to the conflict. The therapists were told to provide appropriate Two-Chair Dialogue Method interventions, according to whichever differential-treatment condition was being implemented at that time: (See "Differential-Treatment Conditions", "Treatment Interventions" and "Rating of Therapist Interventions" sections). Generally, the therapists were told to start with interventions which obtain their primary thrust from Principle No. 1, Maintaining the Contact Boundary (e.g. "Describe yourself as a social person") and to respond to the participants' comments

with statements that contained interventions identical to or similar to the interventions listed in Appendix C. Therapists were encouraged to adapt their use of appropriate moment-to-moment interventions in a flexible manner, rather than in a linear path from one principle to the next, in accordance with recommendations by Greenberg (1979). However, a range of frequency of interventions representing each principle was recommended for each of the differential-treatment conditions. The same general presentation of interventions was used in all three of the treatment sessions for each small group.

The tape-recordings of both the pre-treatment and treatment sessions that comprised the experimental procedure was submitted to trained raters for rating of the interventions to ensure that the differential-treatment conditions were implemented appropriately. (See "Rating of Therapist Interventions" section).

Following completion of the Two-Chair Exercise by all the participants within each small group session, a brief five-to-ten minute general discussion of the conflict was initiated by the therapist, for wrap-up purposes, as was done in the pre-treatment condition.

Following this wrap-up discussion of each of the three treatment sessions, the appropriate measures were again administered.

At this time, each of the participants had completed the CRBS, TCDBS and ASDS on nine occasions: in addition to the four occasions listed earlier, they were also administered five more times during the course of the treatment phase: after the first treatment session and before and after each of the remaining two treatment sessions. The CA was also administered on these five occasions. The RP had been administered on two more occasions, before each of the remaining two treatment sessions.

Following the last session of the personal growth experience, each participant attended the first of two follow-up sessions. This session was held between 48 and 120 hours after the final session, a time interval designed to parallel the time interval between the actual personal growth experience sessions. At this time, each participant completed the CRBS, TCDBS, ASDS, RP and CA (regarding the last session). After completing these, they then completed the RPT. This follow-up session included these measures only and did not provide any experimental manipulation. The participants also provided written comments regarding the personal growth experience. After completing these tasks, some general information about the nature of the project was provided. (See Appendix M).

Each participant attended a second follow-up session approximately two months after the final

personal growth experience session in order to complete the measures another time. Each participant again completed the CRBS, TCDBS, ASDS and RP regarding their position on the academic-social conflict at that time. At this time, they also completed the Other-Conflict Scale (Other-Post only) pertaining to the other conflicts initially listed at the orientation/screening session, when the Other-Conflict Scale (Other-Pre) had been completed regarding these other conflicts. Further information about the project was then provided (see Appendix N). Three participants had moved out of town and were not able to attend this session; however, in all three cases, the measures were completed and forwarded by mail.

Tape-recordings of all pre-treatment and treatment sessions were submitted to trained raters for rating of the participants' level of Experiencing on the Experiencing Scale. (See "Rating of Depth of Experiencing" section). (Each participant had been informed at the time of committal to participate in the project that the sessions would be recorded, confidentially, for research purposes.)

G. Rating of Therapist Interventions

To ensure that the pre-treatment condition and differential-treatment conditions were implemented appropriately, tape recordings of the sessions were

submitted to raters for rating of the therapist interventions. Forty percent of each session was sampled and rated. Generally, the raters' primary task was to identify which Two-Chair principle (or principles) was associated with each therapist intervention.

a. Raters

Four raters were used for the rating task. Two of the raters possessed substantial clinical sophistication, being doctoral level graduate students in the Counselling program in Educational Psychology at the University of Alberta. The other two raters were relatively unsophisticated clinically, possessing undergraduate degrees in Education but having no training in Counselling. There were no significant differences between raters in their fulfillment of the rating tasks (see "Reliability of Ratings" section), suggesting that clinical sophistication did not significantly differentiate between raters. All raters were paid for their work.

b. Training of Raters

Each rater was trained specifically for the rating task by the present author. Training was done in groups where possible. In the cases where group sessions were not possible, make-up individual sessions were held to cover the appropriate material. Each rater attended six training sessions and was asked to study the material between

sessions. At the conclusion of training, each rater successfully completed a trial rating procedure before undertaking the rating task:

In the training sessions, various materials were supplied to the raters to assist in training. A "Manual for Raters of Gestalt Two-Chair Interventions" (see Appendix O) was supplied to each rater; this manual was written by the present author specifically for the purpose of this task. It provided instructions, guidelines and examples for the raters to follow. As well, each rater was required to read two Greenberg articles outlining the five principles and their related interventions (Greenberg, 1979, 1980b). In addition, they were told to become very familiar with Appendix C (which names the specific therapist interventions and their related principles) and both the Five-Principle Checklist and the Principle Satisfaction Scale (see "Instruments" section)(Appendices K and L). Furthermore, each rater viewed a videotape previously prepared and used by Greenberg demonstrating the principles and some major interventions pertaining to each principle. A sample transcript outlining the principles and their interventions in use was adapted from this videotape for training purposes. These materials were provided to the raters sequentially, as described in the following paragraphs, as the training sessions progressed.

In the first training session, a general introduction to the five principles of the Two-Chair Dialogue Method and

their associated interventions was provided. Appendix C and the Five-Principle Checklist were provided in this session, and the specific principles and their interventions were discussed at a preliminary, introductory level. In the second training session, the videotape, which discussed the principles separately before providing a sample Two-Chair session, was viewed. The principle associated with each of the therapist's interventions used in this session was identified by the trainer; the trainees were referred to Appendix C and the Five-Principle Checklist as this was done to familiarize them with the principle and interventions in progress. As well, the transcript and the Greenberg reprints were provided in this session.

In the third session, the principles were reviewed with reference to the Greenberg articles. Sample audiotapes of the therapists in training with volunteer participants were played. The trainer served as a model by providing the initial ratings; following this the rater trainees did the task on their own with the benefit of ongoing feedback. The trainees were encouraged to use Appendix C and the Five-Principle Checklist in this task in these and all sessions. In the fourth session, the rater trainees did a similar task on their own without the benefit of the model, but with the benefit of ongoing feedback.

In the fifth session, the raters listened to tapes of dropouts from the actual personal growth experience sessions and made their ratings. Since these were tapes made of

participants who were to later drop out, the sessions were not analyzed in the actual rating tasks but were generally representative of the project. Feedback was provided. In addition, during this training session, thirty-two typical interventions were provided and the rater trainees were "drilled" on their knowledge of the associated principles.

The sixth session comprised the test situation. The rater trainees listened to the tape of an entire session of a dropout and rated each therapist intervention according to the three rating tasks (See "Nature of Rating Task" section). The requirement was for correct identification of 75% of the interventions. Each rater trainee successfully completed this task. The percentages of correctly rated interventions ranged from 77% to 96% across the four trainees. All four trainees were then accepted as raters.

c. Subdivision of Rating Task

Following successful completion of the training sessions, each of the 200 ten-minute sessions in the project was submitted to the raters for rating. Forty percent of each session was sampled for the rating task.

Each session was subdivided into four one-minute segments in order to sample various locations in each session and glean a representative sample of interventions. This subdivision was done so that there were two segments randomly chosen from within the first five minutes and two segments randomly chosen from within the second five minutes

of a session. If no therapist interventions occurred in a segment, the segment continued beyond the one-minute time period until the first intervention was reached. Segments also went over the one-minute period if any intervention was still in progress at the end of that period, so that it could be concluded. Segments did not start with an intervention since the participant's preceding words were required to provide context for rating of an intervention; if the beginning of a one-minute segment constituted an intervention, the beginning point was turned back to the participant's words to provide the required context.

Each session, in the form of four separate one-minute segments presented consecutively, was presented to the raters on the tape. The order of presentation of sessions was randomly determined, although there was a pre-determined structure requiring a specific number of sessions from each experimental condition per rater as described below.

The 200 subdivided sessions were presented to the raters for their rating task. One-fifth of the 200 sessions were submitted to all four raters. These 40 "overlap" sessions constituted the sessions from which the inter-rater reliability measures were taken. The order of presentation of these sessions to the raters was such that each rater was given a different sub-group of sessions to rate first. Although the specific sessions which comprised the "overlap" sessions were chosen randomly, an equivalent number of sessions from each differential-treatment condition was

selected to control for possible extraneous bias. The overlap sessions consisted of 20 Therapist A sessions and 20 Therapist B sessions; 15 Five-Principle Condition sessions, 15 Two-Principle Condition sessions, and 10 Baseline Condition sessions.

In addition, each of the four raters rated one-fifth of the sessions individually. Because there was an unequal number of cases per experimental condition in the overall project, and the "overlap" sessions necessitated an equal number of cases per condition, it was not possible to provide each rater with an identical number of sessions from each condition for these individual ratings. However, the distribution with reference to experimental conditions was as near to equivalency as was possible.

d. Nature of Rating Task

The rating task consisted of three separate rating tasks (see manual, Appendix O):

1. location of the therapists' interventions on the segments (a unitization task);
2. identification of which principle (or principles) is associated with each located intervention, or identification of the intervention as a non-principle intervention (not based on any of the five principles);
3. rating of the degree to which each located intervention satisfied an identified Two-Chair principle.

In addition, each rater was required to answer a global

question regarding whether the participant appeared to work in two chairs during the session being rated. The raters were asked to use identification of chair switches or communication between the two "selves" or "parts" which comprise the academic-social conflict, failing occurrences of chair switches, as criterion for this task.

In locating each intervention to be rated, each rater used the definition of an intervention as "a complete therapist statement framed at both beginning and end by: a) a participant's statement, where such statements coming at the end of the therapist's statement i) acknowledge linguistic (not necessarily emotional) comprehension of the statement or ii) is over ten seconds regardless of such linguistic comprehension; or b) a silence period of at least three seconds which is followed by a separate intervention; or c) a chair switch.

When identifying the principles, raters were asked to use the Five-Principle Checklist (Appendix K) and consider whether the intervention fulfilled the description for each of the five principles therein (see manual, Appendix O). Raters were told to consider all five principles as potentially underlying an intervention, so that any principle not identified had been considered and rejected as not appropriate. Raters were asked to choose the principle whose description gave the closest representation to the intervention as the primary principle for that intervention. An intervention is thought to have "a primary thrust

governed by one principle" (Greenberg, 1979, p. 319) and this one principle is to be considered the primary principle. However, since Greenberg (1979, p. 319) indicates that "a specific therapist behavior may satisfy more than one principle at a time", the raters were told to identify any other appropriate principles as secondary principles. Raters were told that some therapist statements may not be related to any principle and were to be rated as Non-Principle interventions.

In rating the degree to which each intervention satisfied the identified principle, raters were asked to use the Principle Satisfaction Scale (Appendix L), a seven-point Satisfaction-Dissatisfaction Scale. The task involved rating the extent the description of the identified principle was fulfilled. This served as a check for identifiable principles which were poorly implemented in delivery.

Raters were provided with a rating form (Appendix P) and were instructed to list the identified primary principle, secondary principles if any, and the corresponding degree of satisfaction for each located intervention on this form.

e. Reliability of Ratings

The inter-rater reliability was obtained from the 40 "overlap" sessions which all four raters rated. The analyses suggest that all four raters completed the rating

task with sufficient consistency.

Tables II.1 and II.2, respectively, present reliability data on the unitization process, as recommended by Kiesler (1973). In this study, the unitization task (determination of the unit to be scored) involves the location of an intervention on the tape which is then to be scored.

Insert Table II.1 about here.

Table II.1 presents the total and mean number of interventions located in the 40 overlap sessions by each rater. The mean number of interventions located per session ranged from 9.9 to 11.1 across the four raters, with a mean of 10.4 interventions per session per rater. This difference of slightly over one intervention per session across raters suggests that approximately 90% of the interventions on a session are being located consistently by all raters. The omission of one intervention on a tape can easily occur, since pauses, mumbles, interruptions, repetitions, and recording problems can make determination of the beginning or end of an intervention arbitrary. As such, it would appear that the small variance in this unitization task is not due to rater differences. This is confirmed by the chi square results in Table II.2 which show that a systematic relationship exists within all six pairs of raters in their unitization task of locating interventions.

TABLE II.1

NUMBER OF INTERVENTIONS LOCATED BY ALL RATER'S* IN "OVERLAP" SESSIONS

	RATER A	RATER B	RATER C	RATER D
TOTAL NUMBER	416	395	444	410
MEAN NUMBER PER SESSION	10.4	9.9	11.1	10.3

TABLE II.2

CHI-SQUARE ANALYSIS OF INTERVENTION LOCATION BY RATER PAIRS

	R A T E R P A I R					
	A + B	A + C	A + D	B + C	B + D	C + D
X ²	178.47**	192.07**	125.93*	243.50**	195.36**	211.41**
CRAMER'S V	.71	.74	.61	.74	.71	.74

** p < .0001

* p < .01

Insert Table II.2 about here.

Tables II.3 and II.4 present reliability data on the task of principle identification. Table II.3 presents the rater agreement percentages, i.e. the percentage of mutually located interventions where two raters agree. Agreement is defined as an occasion where each of two raters identifies an identical Two-Chair principle as associated with a specific mutually located intervention, or identifies no Two-Chair principle as associated with the intervention.

The rater agreement percentages for the six pairs of raters as presented in Table II.3 ranged from 70.71% to 78.46%. The mean rater agreement percentage of 74.73% indicates that, on the whole, the raters agree with each other in identification of a specific primary principle on approximately three-quarters of the mutually rated interventions. This refers to agreement regarding which of the five principles, or none, constitutes a primary principle. When secondary principle identification data are allowed to constitute agreement, the rater agreement percentages jumped to a range of 77.14% to 85.38%. When agreement is extended to whether an intervention is representative of the group of the first two principles only or to the group of the last three principles only (as primary principles), without regard to specifying the individual principles, the rater agreement percentages jump

TABLE II.3
 RATER AGREEMENT PERCENTAGES BETWEEN RATERS;
 PERCENTAGE OF INTERVENTIONS IDENTICALLY IDENTIFIED ACCORDING
 TO PRINCIPLE

	A+B	A+C	<u>Rater</u> A+D	<u>Pair</u> B+C	B+D	C+D
Primary Principles	77.13%	76.06%	73.39%	78.46%	72.63%	70.71%
Secondary Principles	83.78%	83.54%	79.33%	85.38%	78.68%	77.14%
Grouped Principles	95.65%	92.31%	90.32%	91.53%	87.64%	85.88%

to a range of 85.88% to 95.65%. Such a task is important in differentiating between the differential-treatment conditions. These agreement percentages suggest that the raters show insignificant inter-rater differences in their identification of primary principles associated with the interventions, particularly in the crucial rating task of differentiating between the two differential-treatment conditions.

This is confirmed by the calculation of Cohen's Kappa (Cohen, 1960), the results of which are presented on Table II.4. The calculation was done on agreement of specific primary principle identification for each of the six pairs of raters. Proportion of agreement regarding the input of data into this analysis was defined as a proportion of

TABLE II.4
PROPORTION OF AGREEMENT
BETWEEN RATERS: COHEN'S KAPPA

	A + B	A + C	$\frac{\text{Rater}}{\text{A + D}}$	$\frac{\text{Pair}}{\text{B + C}}$	B + D	C + D
Kappa	0.697*	0.691*	0.663*	0.723*	0.623*	0.579*
Z	23.23	23.83	22.86	24.93	20.10	19.97

* $p < .0001$
mean Kappa .663

mutually rated interventions with agreement of specific principle identification. The results of Cohen's Kappa show the proportion of joint ratings in which there is agreement after chance agreement is excluded. These figures indicate that approximately two-thirds of the joint paired ratings constitute such agreements. In all cases, these Kappa scores are highly significant, at a level of $p < .0001$.

Generally, then, the inter-rater reliability was acceptable for the raters' rating of the therapist interventions, indicating that any differences between raters in their completion of the rating task was insignificant.

A measure of intra-rater reliability was obtained for each rater, in order to determine intra-rater consistency in completing the task of principle identification. At the end of the rating task, each rater re-rated four sessions. One session was taken from each therapist-principle condition.

The sessions with the greatest number of interventions from each condition were chosen for this task. There was a total of 55.75 interventions located on these four sessions at the time of the original rating (the total of the mean numbers of located interventions across all four raters).

Tables II.5 and II.6 present data on the intra-rater reliability on the task of principle identification. Table II.5 presents the rater agreement percentages, i.e. the percentages of consistently located specific interventions where identical principles are identified by the same rater on each rating task in the rate - re-rate comparison.

The rater agreement percentages for each rater, as presented on Table II.5, ranged from 72% to 83%, using primary principle identification data. The mean agreement percentage across all raters was 77.5%. This indicates that, on the whole, each rater is consistent in identification of a specific primary principle on approximately three-quarters of the rated interventions. When secondary principle identification data are allowed to constitute agreement, the intra-rater agreement percentages jumped to a range of 72% to 91%. When agreement is extended to rating of principles grouped according to the differential-treatment conditions, the rater agreement percentages jumped to a range of 89% to 98%. This involved agreement of whether an intervention is representative of the group of the first two principles only or to the group of the last three principles only (as primary principles),

TABLE II.5
 RATER AGREEMENT PERCENTAGES WITHIN RATERS;
 PERCENTAGE OF INTERVENTIONS IDENTICALLY
 IDENTIFIED ACCORDING TO PRINCIPLE

	A	B	C	D	<u>Rater</u>
Primary Principles	83%	76%	79%	72%	
Secondary Principles	91%	82%	84%	72%	
Grouped Principles	98%	93%	92%	89%	

i.e. without regard to specifying the individual principles. These agreement percentages suggest that the raters show insignificant intra-rater differences in their identification of primary principles underlying the interventions, particularly in the crucial rating task of differentiating treatment conditions.

This was confirmed by the calculation of Cohen's Kappa, the results of which are presented on Table II.6. The calculation was done on agreement of specific primary principle identification within each rater. Proportion of agreement regarding the input of data into this analysis was defined as a proportion of twice-rated interventions with agreement of specific principle identification. The results of Cohen's Kappa, as shown in Table II.6, show the

TABLE II.6
PROPORTION OF AGREEMENT
WITHIN RATERS: COHEN'S KAPPA

	A	B	Rater	
			C	D
Kappa	0.781*	0.665*	0.694*	0.650*
Z	9.08	7.42	8.79	7.30

* $p < .0001$
mean Kappa .698

proportion of dual ratings in which there is agreement after chance agreement is excluded. These figures indicate that over two-thirds of the dual paired ratings are such agreements. In all cases, these Kappa scores are highly significant, at a level of $p < .0001$.

Generally, then, the intra-rater reliability was acceptable for the raters' ratings of the therapist interventions, indicating that any inconsistency within a rater in the completion of the rating task was insignificant.

In conclusion, rater reliability ratings were acceptable, allowing these ratings to be used in determination of the appropriateness of implementation of the differential-treatment and baseline conditions.

f. Derivation of Rating Results

The rating results were derived by considering the satisfaction scores, i.e. the degree to which each intervention satisfied the identified principle.

On the seven-point Principle Satisfaction Scale, only scores of five or above are interpreted conceptually as indicating principle satisfaction. Approximately 95% of all Two-Chair interventions implemented in the project received principle satisfaction scores above four; no interventions receiving a satisfaction score of four or less were accepted as evidence of valid principle implementation. Approximately 80% of interventions received satisfaction scores of 6 or 7.

Since 95% of the Two-Chair interventions were rated as satisfying the identified principle, not all of these "satisfying" interventions were necessarily accepted as evidence of valid principle implementation, in order to increase the rigor of the experimental manipulation pertaining to principle implementation. To avoid acceptance of weaker principle satisfaction, relative to stronger principle satisfaction, those interventions which, for a specific rater or group of raters (in the case of the overlap sessions) constituted the bottom 20% of principle satisfaction scores were not accepted as valid principle implementation. That is, interventions were not accepted if their principle satisfaction score fell below the score which, if taken alone or coupled with any available higher

scores, marked at least 80% of all Two-Chair interventions for that rater. For example, if 80% of all Two-Chair interventions were rated a Principle Satisfaction score of 7 by one rater, any intervention with a satisfaction score of 6 or less as rated by that rater would be rejected.

However, if 60% of all interventions scored by another rater were rated 7 and 20% were rated 6, any intervention with a satisfaction score of 5 or less, as rated by that rater, would be rejected. This procedure did not result in rejection of more than 11% of the interventions. Generally, the rejected interventions did not form any pattern relative to any group of principles which was different from that of the accepted interventions.

g. Results of Ratings

The implementation check was derived from results of ratings of those interventions whose Principle Satisfaction scores were accepted as valid principle implementation.

As well as rating each intervention for each session being rated, raters were required to answer the question "Did the participant appear to work in two chairs?" The criteria for working in two chairs was the presence of a chair switch, or, failing occurrences of chair switches, communication between the two "parts" or "selves" which comprise the academic-social conflict. In order to assist in answering this question, raters were instructed to listen to and count chair switches. This question was asked

independently of the principle identification task, as each of the Two-Chair principle interventions do not necessarily state overtly that two chairs are involved. In 100% of the baseline sessions, 50 out of 50, the raters indicated that the participant did not appear to be working in two chairs. In 94.67% of the treatment sessions, 142 out of 150, the raters indicated that the participant did appear to be working in two chairs. The other eight sessions were sessions in which no chair switches or communication between the two selves occurred during the four one-minute segments randomly chosen for rating. The experimenter did, however, observe that all Two-Chair sessions did, in fact, involve work in the appropriate two chairs. Generally, then, the structure of the operation was such that the baseline pre-treatment sessions did not involve Two-Chair work but the treatment sessions did involve Two-Chair work. However, further data relevant to principle identification is presented to further clarify this aspect.

Table II.7 presents an overview of all interventions implemented during the pre-treatment baseline sessions. In the 50 pre-treatment sessions, 580 interventions were located and identified. This is a mean of 11.6 interventions per rated tape, which is equivalent to 29.0 interventions per ten-minute baseline session. Of these, there were 6.6% or 38 interventions which were identified as associated with one of the five Two-Chair principles with acceptable principle satisfaction scores. All 38 were

identified as non-directive, reflective statements which can be associated with Principles No. 1 or No. 2. This is a mean of .76 Two-Chair principle interventions per rated tape, which is equivalent to 1.9 such interventions per ten-minute baseline session. (As indicated earlier, two chairs were not used in these sessions, so that these were not true Two-Chair interventions). This leaves 93.4% or 542 interventions which were not identified as associated with any of the five principles. This is a mean of 10.84 such interventions per rated tape, which is equivalent to 27.1 such interventions per ten-minute baseline session.

Insert Table II.7 about here.

Table II.8 presents an overview of all interventions implemented during the treatment sessions. In the 150 treatment (Two-Chair) sessions, 1328 interventions were located and identified. This is a mean of 8.9 interventions per rated tape, which is equivalent to 22.25 interventions per ten-minute treatment session. Of these, there were 8.73%, or 116 interventions which were not identified as associated with any of the five principles, primarily asides or supportive comments. This is a mean of .77 non-principle interventions per rated tape, which is equivalent to 1.93 non-principle interventions per ten-minute treatment session. In the Two-Principle Condition, there were 9.32% of the interventions which were not identified as associated

TABLE 11.7
THERAPIST INTERVENTIONS IMPLEMENTED DURING BASELINE SESSIONS

Principles	Total No. Interventions Located and Identified By Raters in Tapes of Baseline Sessions	I N T E R V E N T I O N S			Percent of Total No. of Interventions
		Mean No. Interventions Located and Identified By Raters Per Rated Tape	Mean No. Interventions Estimated Per Actual Ten-Minute Baseline Sessions		
Non-Principle Interventions	542	10.84	27.1	93.4	
Principle Interventions	38	.76	1.9	6.6	
Total No. of Interventions	580	11.6	29.0	100.00	

with any of the five principles; in the Five-Principle Condition, there were 8.19% such interventions. As well, in all treatment sessions, there were 10.84%, or 144 interventions which were identified as associated with one of the five principles, but whose principle satisfaction scores were too weak to be accepted as valid principle implementation. This is a mean of .96 such interventions per rated tape, which is equivalent to 2.4 such interventions per ten-minute treatment session. This leaves 80.42%, or 1068 Two-Chair interventions which were identified as associated with one of the principles and which had valid principle satisfaction scores. This is a mean of 7.12 acceptable interventions per rated tape, which is equivalent to 17.8 acceptable Two-Chair interventions per ten-minute treatment session.

Insert Table II.8 about here.

It appears, then, that the pre-treatment baseline sessions and the treatment sessions differed significantly in their implementation of Two-Chair principles. Treated as proportions, these figures were submitted to tests of significance of difference between two independent proportions (Ferguson, 1976). The proportion of non-principle interventions in the baseline condition (.934) was compared to the proportion of non-principle interventions in the differential-treatment condition

TABLE 11.8
THERAPIST INTERVENTIONS IMPLEMENTED DURING TWO-CHAIR SESSIONS

Principles	Total No. Interventions Located and Identified By Raters in Tapes of Two-Chair Sessions	INTERVIEW			Mean No. Interventions Estimated Per Actual Ten-Minute Two-Chair Sessions	Percent of Total No. of Interventions
		Mean No. Interventions Located and Identified By Raters Per Rated Tape	Mean No. Interventions Located and Identified By Raters Per Rated Tape	Mean No. Interventions Located and Identified By Raters Per Rated Tape		
Non-Principle Interventions	116	.77		1.93	.8.73	
Unsatisfactory Principle Interventions	144	.96		2.40	10.84,	
Satisfactory Principle Interventions	1068	7.12		17.80	80.42	
Total No. of Interventions	1328	8.9		22.25	100.00	

(.087). The observed differences between the proportions was divided by the estimate of the standard error of the difference. The obtained Z value is $Z = 35.88$ which, when interpreted with reference to the normal curve, is highly significant ($p < .0001$). As well, the proportion of differential-treatment condition representation in Two-Chair principle interventions (.970) was compared to the proportion of differential-treatment condition representation in non-principle interventions (.176). The observed differences between the proportions was divided by the estimate of the standard error of the difference. The obtained Z value is $Z = 36.06$ which, when interpreted with reference to the normal curve, is highly significant ($p < .0001$).

This confirms that there is a real difference between Two-Chair principle interventions and non-principle interventions in the baseline and treatment sessions, wherein the baseline sessions consisted primarily of non-Two-Chair principle interventions and the treatment sessions consisted primarily of Two-Chair principle interventions. It can be concluded that there was a significant difference between the baseline and treatment conditions in their implementation by the therapist operation, thereby validating this aspect of the experimental procedure.

Table II.9 presents a specific view of valid Two-Chair interventions implemented during the treatment sessions,

TABLE II.9
 NUMBER OF VALID TWO-CHAIR INTERVENTIONS IMPLEMENTED IN
 EACH OF THE DIFFERENTIAL-TREATMENT CONDITIONS

	Two- Principle	Five- Principle
Total Number of Valid Two-Chair Interventions Per Condition	503	565
No. Sessions	78	72
Mean Per Rated Session	6.45	7.85
Mean Per Actual Session	16.12	19.62

outlining the number of interventions associated with each of the two differential-treatment conditions. The 1068 Two-Chair interventions which were satisfactorily rated according to principles were implemented in the following manner. There were 503 such interventions in the 78 Two-Principle Condition sessions. This is a mean of 6.45 interventions per rated session, which is equivalent to 16.12 such interventions per actual ten-minute treatment session. There were 565 such interventions in the 72 Five-Principle Condition sessions. This is a mean of 7.85 interventions per rated session, which is equivalent to 19.62 such interventions per actual ten-minute treatment session.

A Mann-Whitney U test performed on the data in Table II.9 indicates that there is a significant difference in the distribution of the number of interventions in each of the differential-treatment conditions. The test statistic U of 1876 was transformed into a normally distributed statistic of Z, where $Z = -3.54$. Corrected for ties, this was significant at a level of $p < .001$. This difference occurred because of the larger number of interventions identified in the FP Condition. This may have occurred because the interventions related to Principles 3, 4 and 5 appear to produce a shorter participant response duration, resulting in an increased number of interventions in an equivalent time span in the FP Condition.

Table II.10 presents a more specific view of interventions implemented during each treatment session. It outlines the number of satisfactory Two-Chair interventions associated with individual principles and with groups of principles, where the principles are grouped according to experimental requirements into Principles 1 and 2 and Principles 3, 4 and 5. This data points to the difference in principle implementation between the two differential-treatment conditions. Whereas the Two-Principle Condition used 97% of its satisfactory Two-Chair interpretations from Principles 1 and 2, the Five-Principle Condition used only 58% of its satisfactory Two-Chair interventions from Principles 1 and 2.

Insert Table II.10 about here.

The data regarding grouped principles presented on Table II.10 was submitted to tests of significance of difference between two independent proportions (Ferguson, 1976). The proportion of interventions from Principles 3, 4 and 5 in the Two-Principle Condition (.026) was compared to the proportion of interventions from Principles 3, 4 and 5 in the Five-Principle Condition (.421). The observed differences between the proportions was divided by the estimate of the standard error of the difference. The obtained Z value is $Z = 15.38$ which, when interpreted with reference to the normal curve, is highly significant ($p < .0001$).

As well, the proportion of Five-Principle Condition representation in all (differential-treatment condition) interventions from Principles 1 and 2 (.400) was compared to the proportion of Five-Principle Condition representation in all (differential-treatment condition) interventions from Principles 3, 4 and 5 (.948). The observed differences between the proportions was divided by the estimate of the standard error of the difference. The obtained Z value is $Z = 15.27$, which, when interpreted with reference to the normal curve, is highly significant ($p < .0001$).

As well, a 2 X 2 chi square testing the independence between conditions and principles, using this data, confirms that a significant association exists between conditions and

TABLE II. 10
 NO. OF IMPLEMENTED INTERVENTIONS ASSOCIATED WITH SPECIFIC
 PRINCIPLES AND GROUPED PRINCIPLES PER TREATMENT CONDITION

	D I F F E R E N T I A L - T R E A T M E N T					C O N D I T I O N S				
	TWO-PRINCIPLE					FIVE-PRINCIPLE				
	P R I N C I P L E S					P R I N C I P L E S				
	1	2	3	4	5	1	2	3	4	5
Total No. Interventions	293	197	2	6	5	206	121	96	66	76
Mean Per Rated Session	3.76	2.53	.03	.08	.06	2.86	1.68	1.33	.85	1.06
Mean Per Actual Session	9.40	6.33	.08	.20	.25	7.15	4.20	3.33	2.12	2.64
	<u>G R O U P E D P R I N C I P L E S</u>					<u>G R O U P E D P R I N C I P L E S</u>				
	<u>1 and 2</u>		<u>3 to 5</u>			<u>1 and 2</u>		<u>3 to 5</u>		
Total No. Interventions	490		13			327		238		
Mean Per Rated Session	6.28		.17			4.54		3.31		
Mean Per Actual Session	15.70		.42			11.35		8.26		
Percentage of Interventions	97.42		2.58			57.88		42.12		

principles (corrected $\chi^2 = 231.39$; $p < .001$). That is, the experimental differential-treatment conditions (Two-Principle and Five-Principle) are actually associated with the implemented principles, as intended.

Therefore, it can be concluded that the Two-Principle Condition consists primarily of interventions related to the first two principles only, as intended, and the Five-Principle Condition consists of interventions relating to all five principles, as intended.

H. Rating of Depth of Experiencing

Tape recordings of the sessions were submitted to raters to obtain ratings of the participants' depth of experiencing during the sessions. Depth of Experiencing is a dependent variable (see "Instruments" section; Appendix J) which is postulated to be affected differentially by baseline and differential-treatment conditions, but not between differential-treatment conditions. Forty percent of each session was sampled and rated. The raters' primary task was to rate the participant's general level of experiencing (the mode) and the highest level of experiencing reached by the participant (the peak) in each segment being rated.

a. Raters

Two raters were used for the rating task. One rater was an honours undergraduate student in psychology at the

University of Alberta and the other rater possessed an undergraduate degree with a major in psychology. Both raters were paid for their work. (These were not the same individuals who rated the therapist interventions).

b. Training of Raters

Each rater was trained specifically for the rating task. Training was conducted primarily according to the techniques of the standardized training procedure of the Experiencing Scale outlined by Klein et al (1969).

Six rater trainees each attended seven two-hour training sessions. These seven sessions primarily adapted the materials (tape recordings, transcripts) and standardized methods from the training manual of the Experiencing Scale (Klein et al, 1969). At various times during these sessions, relevant comparative descriptions of the present personal growth sessions were presented. Two additional two-hour sessions were held to cover the present project for those raters who were retained following these training sessions.

In the first session, the Experiencing Scale was presented and described. Ten practice segments were listened to by the trainees. Ratings were made and discussed. Explanations for the correct ratings were provided from the manual and enlarged on by the present author as trainer with applications to the present project. In the next five sessions, a similar process ensued, with

rater trainees rating practice segments, with discussion and explanation of the correct ratings. Increased rating independence developed as these sessions ensued. In the seventh session, the rater trainees were tested on 17 excerpts from the training manual. The two rater trainees who achieved the highest scores on the 34 mode and peak scores (79% and 88% accurate) were retained as raters in the project.

These two raters (along with a third back-up rater) attended two further training sessions which focussed on the personal growth experience which comprised the experimental procedure of the present study. In these sessions, the Two-Chair experiment and the academic-social conflict were described and discussed in the context of the rating task facing the raters. Raters were instructed how to adapt the rating to the Two-Chair experiment. In accordance with descriptions presented by Greenberg (1979), raters were instructed to rate the level of Experiencing only in regard to whatever self or "chair" was talking at the time, as if that self were a total person. Raters were instructed in differentiating the external aspects of the academic and social selves from internal, personal aspects of these parts of the personality, and to adapt this as required in the rating task. Excerpts of tape recordings of volunteer participants with the therapists in training, and tape recordings of participants who took part in the actual personal growth experience but later dropped out were

played. Raters rated these sessions, discussed their ratings and received feedback. Sample comments from these sources, with suggested ratings and rationale were provided as general reference for the actual task, since there was no pre-existing sample ratings of the Two-Chair experiment.

c. Subdivision of Rating Task

Following successful completion of the training sessions as described above, each of the 200 ten-minute sessions in the project was submitted to the raters for rating. Forty percent of each session was sampled for the rating task; one four-minute segment was taken from each session. This segment was randomly chosen from the time span between the fourth and the tenth minute. The fourth minute was chosen as the earliest possible starting point to maximize the likelihood that all five principles would be implemented in the Five-Principle Condition segments at least once; it was thought that this would be maximized by selecting the seventh minute as the earliest possible end point of a segment.

In this randomizing process each of the four possible starting minutes of a four-minute segment was chosen as equally as often as the other starting minutes within a therapist-principle condition (if mathematically possible). Generally, there were no differences in sampling of locations within sessions across conditions.

Each session was presented to the raters on tape as a four-minute segment. The order of presentation of segments was randomly determined, although there was a pre-determined structure requiring a specific number of sessions from each experimental condition, per rater, as described below.

The 200 four-minute segments were presented to the raters for their rating task as follows. One-third of the sessions were submitted to both raters. These 66 "overlap" sessions constituted the sessions from which the inter-rater reliability measures were taken. Although the specific sessions which comprised the "overlap" sessions were chosen randomly, this was done so that there was close to an equivalent number of sessions from each therapist-principle treatment condition. (The only exception was that one therapist-principle condition had two fewer sessions because of the unequal N's.) This was done in an attempt to minimize possible extraneous bias in the reliability measures. In the overlap sessions, there were 34 Therapist A sessions and 32 Therapist B sessions; there were 24 Five-Principle Condition sessions, 26 Two-Principle Condition sessions, and 16 Baseline Condition sessions.

In addition, each of the two raters rated one-third of the sessions individually. The distribution of sessions for this task was identical to that of the "overlap" sessions (as described above) except that one additional baseline session of Therapist A was necessarily added for each rater. Each rater had identical representation from the various

conditions.

d. Nature of the Rating Task

There were two separate rating tasks, as described by the Experiencing Scale Manual: a) assignment of a modal rating score, "the rating that characterizes the overall, general or average scale level of the segment . . . representative of the general experiencing level in the segment" (Klein et al, 1969, p. 65); b) assignment of a peak rating score, "the rating given to the highest Experiencing scale level reached in the segment being rated . . . often found only in one brief portion" (p. 65).

Raters were presented with a rating form (Appendix Q) which included the Short Form of the Experiencing Scale, as recommended by Klein et al, and asked to mark the mode and peak next to each point on the scale for each segment.

e. Reliability of Ratings

The inter-rater reliability was obtained from the 66 "overlap" sessions which both raters rated. The analyses suggest that each rater completed the task with sufficient consistency.

Table II.11 presents the mean and standard deviations for the mode and peak Experiencing ratings made by each rater on the overlap sessions. As can be seen, the means suggest scores to the lower end of the Experiencing Scale, a not uncommon finding in analogue studies (Kiesler, 1973).

TABLE II.11
MEANS AND STANDARD DEVIATIONS OF
MODE AND PEAK EXPERIENCING RATINGS

	Mean	Mode SD	Mean	Peak SD
Rater A	2.56	0.75	3.61	0.91
Rater B	2.53	0.75	3.64	0.89

The reliability data is presented in Table II.12, in which the Pearson correlation coefficients of .73 (mode) and .75 (peak) are both statistically significant. This indicates that approximately 55% of the variance of one rater is predictable from the variance of the other rater. The statistical significance suggests that the raters conducted their task with adequate consistency. This suggests that the inter-rater reliability was acceptable for the raters' rating of Depth of Experiencing, indicating that any differences between raters in their completion of the rating task was insignificant.

A measure of intra-rater reliability was obtained for each rater, in order to determine the consistency of each rater in completing the task of rating Depth of Experiencing. At the end of the rating task, each rater re-rated twelve sessions, two sessions from each therapist-principle experimental condition (differential-treatment and pre-treatment). The specific sessions within each condition were chosen randomly.

TABLE II.12
 PEARSON CORRELATION COEFFICIENTS
 BETWEEN EXPERIENCING RATERS

	MODE	PEAK
Rater A with Rater B	$r = .73$ $p < .001$	$r = .75$ $p < .001$

Table II.13 presents the means and standard deviations for the rate - re-rate data used for intra-rater reliability.

Table II.14 presents the Pearson correlation coefficients for the rate - re-rate data. All coefficients are statistically significant, suggesting that intra-rater reliability was acceptable for the raters' rating of the Depth of Experiencing. Any differences within raters in their completion of the rating task was insignificant.

In conclusion, rater reliability ratings were acceptable, allowing these ratings to be used in derivation of the Experiencing data used as a dependent variable.

TABLE II.13
MEANS AND STANDARD DEVIATIONS FOR
INTRA-RATER RELIABILITY OF EXPERIENCING RATINGS

	Mean	Mode	SD	Mean	Peak	SD
<u>Rater A</u>						
Rate	2.45		1.04	3.45		1.13
Re-Rate	2.27		0.90	3.27		1.19
<u>Rater B</u>						
Rate	2.42		1.00	3.42		1.16
Re-Rate	2.83		1.03	3.50		1.09

TABLE II.14
PEARSON CORRELATION COEFFICIENTS FOR
INTRA-RATER RELIABILITY OF EXPERIENCING RATINGS

	Mode	Peak
<u>Rater A</u>		
Rate with	$r = .82$	$r = .94$
Re-Rate	$p < .01$	$p < .001$
<u>Rater B</u>		
Rate with	$r = .78$	$r = .83$
Re-Rate	$p < .01$	$p < .001$

III. RESULTS

The means and the standard deviations of the major dependent variables are presented in Tables III.1 to III.11 for each occasion of measurement by each instrument.

Insert Tables III.1 to III.11 about here.

Two inter-correlational matrices showing the Pearson correlation coefficients of the Dependent Variables with each other are presented in Table III.12 and III.13. The matrix presented in Table III.12 presents the correlations for measurements taken just after the baseline session (Post-Session 1), while the matrix presented in Table III.13 presents the correlations for measurements taken just after the final treatment session (Post-Session 4). (The only exceptions to the post-session timing of measurements occur for those measures where post-session measurements are not possible - the RP measure, where measurements are taken immediately prior to the following session, and the EXP scale, where measurements are taken of in-session behavior.)

Insert Tables III.12 and III.13 about here.

The score for the Awareness Semantic Differential Scale consists of the sum of the scores of all ten semantic differential adjectival pairings, keyed in the direction of awareness. Pearson correlation coefficients between the

TABLE III.1
 MEANS AND STANDARD DEVIATIONS
 CONFLICT RESOLUTION BOX SCALE: QUESTION 1

ADMINISTERED AT	OVERALL		DIFF'L TR'TMENT COND'NS				THERAPISTS			
	M	SD	Two-Principle		Five-Principle		Therapist A		Therapist B	
			M	SD	M	SD	M	SD	M	SD
Recruitment	3.42	0.99	3.62	0.98	3.21	0.98	3.35	0.94	3.50	1.06
Pre-Session 1	3.48	1.20	3.65	1.06	3.29	1.33	3.31	1.38	3.67	0.96
Post-Session 1	3.56	1.16	3.89	1.14	3.21	1.10	3.46	1.27	3.67	1.05
Pre-Session 2	3.98	1.20	4.39	1.02	3.54	1.25	3.73	1.28	4.25	1.07
Post-Session 2	3.74	1.55	4.35	1.41	3.08	1.44	3.69	1.52	3.79	1.62
Pre-Session 3	4.42	1.31	4.54	1.24	4.29	1.40	4.39	1.39	4.46	1.25
Post-Session 3	4.62	1.37	4.89	1.31	4.33	1.40	4.39	1.42	4.88	1.30
Pre-Session 4	4.94	1.13	5.19	1.02	4.67	1.20	4.81	1.23	5.08	1.02
Post-Session 4	5.00	1.34	5.15	1.26	4.83	1.44	5.08	1.44	4.92	1.25
Follow-up 1	5.12	1.22	5.54	0.95	4.67	1.34	4.96	1.25	5.29	1.20
Follow-up 2	5.30	1.23	5.54	1.10	5.04	1.33	5.35	1.13	5.25	1.36
Baseline* Pre-Post	0.56		0.77		0.33		0.38		0.75	
Treatment** Pre-Post	1.32		1.15		1.50		1.62		1.00	
Overall Pre-Post	1.88		1.92		1.83		2.00		1.75	

* Recruitment to Pre-Session 2
 ** Pre-Session 2 to Follow-up 2

TABLE III-2
 MEANS AND STANDARD DEVIATIONS
 CONFLICT RESOLUTION BOX SCALE: QUESTION 2

ADMINISTERED AT	OVERALL		DIFF'L TR'TMENT COND'NS				THERAPISTS			
	M	SD	Two-Principle M	Two-Principle SD	Five-Principle M	Five-Principle SD	Therapist A M	Therapist A SD	Therapist B M	Therapist B SD
Recruitment	45.66	17.43	47.23	15.15	43.96	19.81	42.54	16.32	49.04	18.31
Pre-Session 1	44.82	18.77	46.85	18.40	42.63	19.30	43.00	20.47	46.79	16.94
Post-Session 1	45.90	18.12	47.81	18.46	43.83	17.90	45.15	19.26	46.71	17.16
Pre-Session 2	49.50	18.96	53.89	17.52	44.75	19.67	47.50	19.76	51.67	18.23
Post-Session 2	47.32	27.33	54.50	21.56	39.54	20.88	48.08	21.90	46.50	23.23
Pre-Session 3	59.40	21.14	62.08	20.96	56.50	21.40	59.77	21.87	59.00	20.79
Post-Session 3	61.34	22.99	64.27	21.60	58.17	24.48	61.15	22.90	61.54	23.58
Pre-Session 4	65.50	21.21	67.77	21.19	63.04	21.40	64.92	24.20	66.13	17.91
Post-Session 4	67.80	21.27	70.15	19.92	65.25	22.79	66.69	23.87	69.00	18.49
Follow-up 1	69.76	21.26	75.00	17.63	64.08	23.68	67.27	21.79	72.46	20.80
Follow-up 2	72.34	20.89	75.39	20.69	69.04	21.02	71.19	21.84	73.58	20.19
Baseline* Pre-Post	3.84		6.66		0.79		4.96		2.63	
Treatment** Pre-Post	22.84		21.50		24.29		23.69		21.91	
Overall Pre-Post	26.68		28.16		25.08		28.65		24.54	

* Recruitment to Pre-Session 2
 ** Pre-Session 2 to Follow-up 2

TABLE III.3
MEANS AND STANDARD DEVIATIONS
CONFLICT RESOLUTION BOX SCALE: QUESTION 3

ADMINISTERED AT	OVERALL		DIFF'L TR/TMENT COND'NS				THERAPISTS			
	M	SD	Two-Principle		Five-Principle		Therapist A		Therapist B	
	M	SD	M	SD	M	SD	M	SD	M	SD
Recruitment	4.90	1.04	4.69	1.09	5.13	0.95	5.08	1.06	4.71	1.00
Pre-Session 1	4.34	1.41	4.34	1.29	4.33	1.55	4.54	1.45	4.13	1.36
Post-Session 1	4.50	1.37	4.46	1.45	4.54	1.32	4.54	1.36	4.46	1.41
Pre-Session 2	4.12	1.37	3.89	1.37	4.38	1.35	4.12	1.45	4.13	1.30
Post-Session 2	4.66	1.56	4.19	1.58	5.17	1.40	4.54	1.66	4.79	1.47
Pre-Session 3	3.54	1.42	3.27	1.56	3.83	1.20	3.58	1.42	3.50	1.46
Post-Session 3	3.54	1.57	3.31	1.54	3.79	1.59	3.54	1.53	3.54	1.64
Pre-Session 4	3.14	1.39	2.92	1.29	3.38	1.47	3.23	1.51	3.04	1.27
Post-Session 4	2.98	1.45	2.77	1.51	3.21	1.38	3.04	1.64	2.92	1.25
Follow-up 1	2.88	1.34	2.58	1.30	3.20	1.32	3.00	1.41	2.75	1.26
Follow-up 2	2.88	1.49	2.58	1.17	3.20	1.74	3.04	1.59	2.71	1.40
Baseline* Pre-Post	-0.78		-0.80		-0.75		-0.96		-0.58	
Treatment** Pre-Post	-1.24		-1.31		-1.18		-1.08		-1.42	
Overall Pre-Post	-2.02		-2.11		-1.93		-2.04		-2.00	

* Recruitment to Pre-Session 2
** Pre-Session 2 to Follow-up 2

TABLE III.4
 MEANS AND STANDARD DEVIATIONS
 CONFLICT RESOLUTION BOX SCALE: QUESTION 4

ADMINISTERED AT	OVERALL		DIFF'L TR/TMENT COND'NS				THERAPISTS			
	M	SD	Two-Principle		Five-Principle		Therapist A		Therapist B	
			M	SD	M	SD	M	SD	M	SD
Recruitment	4.24	1.24	4.15	1.43	4.33	1.01	4.39	1.10	4.08	1.38
Pre-Session 1	4.08	1.35	4.00	1.33	4.17	1.40	4.20	1.29	3.96	1.43
Post-Session 1	4.16	1.38	4.19	1.44	4.13	1.33	4.23	1.21	4.08	1.56
Pre-Session 2	4.02	1.36	3.81	1.30	4.25	1.42	4.04	1.37	4.00	1.38
Post-Session 2	4.12	1.24	3.81	1.27	4.46	1.14	3.96	1.22	4.29	1.27
Pre-Session 3	3.50	1.47	3.27	1.49	3.75	1.45	3.54	1.56	3.46	1.41
Post-Session 3	3.48	1.43	3.23	1.37	3.75	1.48	3.54	1.45	3.42	1.44
Pre-Session 4	3.20	1.33	2.96	1.43	3.46	1.18	3.15	1.46	3.25	1.19
Post-Session 4	3.08	1.28	2.89	1.34	3.29	1.20	3.15	1.49	3.00	1.02
Follow-up 1	2.88	1.39	2.69	1.35	3.08	1.44	2.85	1.29	2.92	1.53
Follow-up 2	2.86	1.31	2.54	1.17	3.21	1.38	2.81	1.23	2.92	1.41
Baseline* Pre-Post	-0.22		-0.34		-0.08		-0.35		-0.08	
Treatment** Pre-Post	-1.16		-1.27		-1.04		-1.23		-1.08	
Overall Pre-Post	-1.38		-1.61		-1.12		-1.58		-1.16	

* Recruitment to Pre-Session 2
 ** Pre-Session 2 to Follow-up 2

TABLE III.5
 MEANS AND STANDARD DEVIATIONS
 TARGET COMPLAINT DISCOMFORT BOX SCALE

ADMINISTERED AT	OVERALL		DIFF'L TR'TMENT COND'NS				THERAPISTS			
	M	SD	Two-Principle		Five-Principle		Therapist A		Therapist B	
	M	SD	M	SD	M	SD	M	SD	M	SD
Recruitment	7.04	1.97	6.89	2.18	7.51	1.74	6.81	1.90	7.29	2.05
Pre-Session 1	7.14	2.37	7.35	2.50	6.92	2.24	7.04	2.41	7.25	2.36
Post-Session 1	6.92	2.41	7.12	2.67	6.71	2.16	6.69	2.49	7.17	2.35
Pre-Session 2	7.24	2.48	7.81	2.58	6.63	2.26	7.04	2.58	7.46	2.40
Post-Session 2	7.10	2.75	7.92	2.77	6.21	2.48	7.19	2.70	7.00	2.86
Pre-Session 3	8.22	2.69	8.54	2.86	7.88	2.51	8.08	2.59	8.38	2.84
Post-Session 3	8.30	2.77	8.92	2.61	7.63	2.84	8.04	2.76	8.58	2.81
Pre-Session 4	9.18	2.40	9.44	2.57	8.92	2.24	8.92	2.62	9.46	2.19
Post-Session 4	9.31	2.28	9.54	2.42	9.04	2.14	9.12	2.61	9.52	1.88
Follow-up 1	9.66	2.32	10.04	2.16	9.25	2.45	9.54	2.35	9.79	2.32
Follow-up 2	9.82	2.35	10.39	1.65	9.21	2.84	9.96	1.93	9.67	2.78
Baseline*										
Pre-Post	.20		.92		-.58		.23		.17	
Treatment**										
Pre-Post	2.58		2.58		2.58		2.92		2.21	
Overall										
Pre-Post	2.78		3.50		2.00		3.15		2.38	

* Recruitment to Pre-Session 2
 ** Pre-Session 2 to Follow-up 2

TABLE III.6
 MEANS AND STANDARD DEVIATIONS
 DEPTH OF EXPERIENCING - MODE

MEASURED IN	OVERALL		DIFF'L TR/TMENT COND'NS				THERAPISTS			
	M	SD	Two-Principle		Five-Principle		Therapist A		Therapist B	
Session 1	2.14	0.42	2.14	0.33	2.15	0.50	2.15	0.37	2.13	0.47
Session 2	2.54	0.72	2.65	0.72	2.42	0.72	2.64	0.82	2.44	0.60
Session 3	2.48	0.59	2.33	0.57	2.65	0.58	2.48	0.59	2.48	0.60
Session 4	2.54	0.69	2.39	0.61	2.71	0.75	2.65	0.75	2.42	0.62
Treatment Sessions	2.52		2.46		2.59		2.59		2.45	

TABLE III.7
 MEANS AND STANDARD DEVIATIONS
 DEPTH OF EXPERIENCING - PEAK

MEASURED IN	OVERALL		DIFF'L TR/TMENT COND'NS				THERAPISTS			
	M	SD	Two-Principle		Five-Principle		Therapist A		Therapist B	
			M	SD	M	SD	M	SD	M	SD
Session 1	3.01	0.66	3.12	0.75	2.90	0.53	3.10	0.51	2.92	0.79
Session 2	3.53	0.84	3.44	0.84	3.63	0.84	3.44	0.90	3.63	0.77
Session 3	3.58	0.67	3.50	0.68	3.67	0.67	3.44	0.59	3.73	0.74
Session 4	3.55	0.94	3.25	0.89	3.88	0.90	3.75	0.89	3.33	0.96
Treatment Sessions	3.55		3.40		3.73		3.54		3.56	

TABLE III.8
 MEANS AND STANDARD DEVIATIONS
 CHANGE IN AWARENESS MEASURE: QUESTION 1

ADMINISTERED AT	OVERALL		DIFF./L. TR'TMENT COND'NS		THERAPIST					
	M	SD	Two-Principle M	Five-Principle SD	Therapist A M	Therapist B SD				
Post-Session 1*	3.02	1.12	3.35	0.94	2.67	1.20	2.89	1.14	3.17	1.09
Pre-Session 2*	3.28	1.02	3.42	0.95	3.13	1.10	3.12	1.20	3.46	0.78
Post-Session 2**	3.84	1.02	4.15	0.88	3.50	1.06	3.50	1.03	4.21	0.88
Pre-Session 3**	3.74	0.75	3.85	0.68	3.63	0.82	3.58	0.81	3.92	0.65
Post-Session 3***	3.32	1.12	3.42	1.17	3.21	1.06	3.39	1.17	3.25	1.07
Pre-Session 4***	3.38	1.11	3.54	1.10	3.21	1.10	3.39	1.10	3.38	1.13
Post-Session 4****	3.64	1.08	3.85	1.12	3.42	1.02	3.81	1.06	3.46	1.10
Follow-up 1****	3.52	1.13	3.69	0.93	3.33	1.31	3.58	1.14	3.46	1.14
Baseline Sessions	3.15		3.39		2.90		3.01		3.32	
Treatment Sessions	3.57		3.75		3.38		3.54		3.61	

* Measure Taken Regarding Session 1
 ** Measure Taken Regarding Session 2
 *** Measure Taken Regarding Session 3
 **** Measure Taken Regarding Session 4

TABLE III. 9
 MEANS AND STANDARD DEVIATIONS
 CHANGE IN AWARENESS MEASURE: QUESTION 2

ADMINISTERED AT	OVERALL		DIFF./L. TR/TMENT COND'NS				THERAPISTS			
	M	SD	Two-Principle M	Two-Principle SD	Five-Principle M	Five-Principle SD	Therapist A M	Therapist A SD	Therapist B M	Therapist B SD
Post-Session 1*	3.12	1.08	3.35	0.98	2.88	1.15	2.92	1.16	3.33	0.96
Pre-Session 2*	3.18	1.05	3.42	0.90	2.91	1.16	3.04	1.27	3.33	0.76
Post-Session 2**	3.88	0.82	4.08	0.80	3.67	0.82	3.73	0.78	4.04	0.86
Pre-Session 3***	3.70	0.84	3.81	0.85	3.58	0.83	3.54	0.86	3.88	0.80
Post-Session 3***	3.40	1.16	3.58	1.17	3.21	1.14	3.35	1.16	3.46	1.18
Pre-Session 4****	3.36	1.21	3.54	1.17	3.17	1.24	3.19	1.23	3.54	1.18
Post-Session 4****	3.74	1.05	4.00	0.94	3.46	1.10	3.92	0.89	3.54	1.18
Follow-up 1****	3.62	0.90	3.81	0.75	3.42	1.02	3.81	0.80	3.42	0.97
Baseline Sessions	3.15		3.39		2.90		2.98		3.33	
Treatment Session	3.62		3.80		3.42		3.59		3.65	

* Measure Taken Regarding Session 1
 ** Measure Taken Regarding Session 2
 *** Measure Taken Regarding Session 3
 **** Measure Taken Regarding Session 4

TABLE III. 10
 MEANS AND STANDARD DEVIATIONS
 REPORTED PROGRESS MEASURE: QUESTION 1

ADMINISTERED AT	OVERALL		DIFF'L TREATMENT COND'NS				THERAPISTS							
	M	SD	Two- Principle	M	SD	Five- Principle	M	SD	Therapist A	M	SD	Therapist B	M	SD
Pre-Session 1	1.98	1.00	2.15	1.05	1.79	0.93	2.00	1.02	1.96	1.00				
Pre-Session 2	2.44	0.84	2.65	0.80	2.21	0.83	2.39	1.02	2.50	0.59				
Pre-Session 3	2.98	1.00	3.04	0.82	2.92	1.18	3.00	1.02	2.96	1.00				
Pre-Session 4	2.84	0.93	2.77	0.95	2.92	0.93	2.92	0.89	2.75	0.99				
Follow-up 1	3.02	0.98	3.12	1.03	2.92	0.93	2.89	0.91	3.17	1.05				
Follow-up 2	3.52	1.17	3.69	1.12	3.33	1.20	3.50	1.07	3.54	1.29				

TABLE III.11
 MEANS AND STANDARD DEVIATIONS
 REPORTED PROGRESS MEASURE: QUESTION 2

ADMINISTERED	OVERALL		DIFF'L TR/TMENT COND'NS				THERAPISTS			
	M	SD	Two-principle		Five-principle		Therapist A		Therapist B	
Pre-Session 1	2.24	0.89	2.42	1.07	2.04	0.62	2.31	0.83	2.17	0.87
Pre-Session 2	2.32	0.77	2.54	0.76	2.08	0.72	2.31	0.83	2.33	0.70
Pre-Session 3	2.86	1.00	3.04	0.82	2.67	0.70	2.81	0.85	2.92	0.72
Pre-Session 4	2.68	0.91	2.73	0.83	2.63	1.01	2.62	0.94	2.75	0.90
Follow-up 1	2.78	0.89	2.96	0.96	2.58	0.78	2.69	0.84	2.88	0.95
Follow-up 2	3.46	1.03	3.69	1.01	3.21	1.02	3.08	0.94	3.86	0.99

TABLE III.12
 INTER-CORRELATIONAL MATRIX OF DEPENDENT VARIABLES AFTER BASELINE SESSION
 PEARSON CORRELATION COEFFICIENTS

VARIABLES	VARIABLES											
	CR1	CR2	CR3	CR4	TCD	SD	CA1	CA2	RP1	RP2	EMD	EPK
CR1	.73***	.73***	-.52***	-.54***	.58***	.13	.29*	.24*	.21	-.11	.21	-.01
CR2	.73***	.73***	-.56***	-.57***	.55***	.17	.10	.07	.08	.05	.16	-.04
CR3	-.52***	-.56***	.82***	.82***	-.75***	-.10	.01	.01	.26*	.17	-.07	.10
CR4	-.54***	-.57***	.82***	.82***	-.79***	-.10	.05	.01	.17	.22	-.06	.18
TCD	.58***	.55***	-.75***	-.79***	.79***	.14	-.07	-.04	.13	.16	.16	-.05
SD	.13	.17	-.10	-.10	.14	.14	.07	.07	.06	.06	.06	.28*
CA1	.29*	.10	.01	.05	-.07	.13	.76***	.76	.39**	.17	.02	.03
CA2	.24*	.07	.01	.01	-.04	.07	.54***	.76	.39**	.17	.02	.03
RP1	.21	.08	.26*	.17	.13	.06	.25*	.17	.51***	.02	.02	.03
RP2	.11	.05	.17	.22	-.28*	.11	.25*	.05	.51***	.02	.02	.03
EMD	.21	.16	-.07	-.06	.16	.44**	.03	.05	.17	.02	.02	.03
EPK	-.01	-.04	.10	.18	-.05	.28*	.03	-.03	.17	.03	.51***	.81***
X	.32	.28	.31	.32	.32	.16	.20	.17	.23	.17	.16	.13

* p < .05 ** p < .01 *** p < .001

CR - CRBS
 TCD - TCDBS
 SD - ASDS
 EMD - EXP Mode
 EPK - EXP Peak

Numbers with variables refer to Question No. of Variable

TABLE III.13
 INTER-CORRELATIONAL MATRIX OF DEPENDENT VARIABLES AFTER LAST TREATMENT SESSION
 PEARSON CORRELATION COEFFICIENTS

VARIABLES	VARIABLES											
	CR1	CR2	CR3	CR4	TCD	SD	CA1	CA2	RP1	RP2	EMD	EPK
CR1	.81***	.81***	-.23	-.47***	.39**	.43**	.34**	.52***	.37**	.32*	-.08	.00
CR2		.81***	-.43**	-.71***	.63***	.36**	.41**	.47**	.30*	.26*	-.01	-.07
CR3			.49**	.80***	-.75***	-.29*	-.28*	.14	-.24*	-.23	-.24*	-.04
CR4				.80***	-.87***	-.29*	-.33*	-.24*	-.20	-.23	-.03	.11
TCD					.87***	.26*	.30	.17	.25*	.24	.21	.13
SD						.87***	.25	.30*	.46***	.37**	.38**	.13
CA1							.87***	.25	.46***	.37**	.38**	.13
CA2								.87***	.46***	.37**	.38**	.13
RP1									.87***	.46***	.37**	.38**
RP2										.87***	.46***	.37**
EMD											.87***	.46***
EPK												.87***
X	.36	.41	.33	.39	.38	.30	.34	.33	.32	.32	.16	.15

* p < .05

** p < .01

*** p < .001

CR - CRBS
 TCD - TCDBS
 SD - ASDS
 EMD - EXP Mode
 EPK - EXP Peak

Numbers with variables refer to Question No. of Variable

Change in Awareness scores following the final treatment session (referring to that session) and the difference in summed ASDS scores between pre- and post-session administrations (also referring to that session) show a significant relationship. (See Table III.14).

Insert Table III.14 about here.

A. Possible Differential-Treatment and Therapist Effects at Baseline Level

The data was analyzed using a multivariate analysis of variance (MANOVA) with repeated measures whenever appropriate. In order to rule out pre-treatment differences, all baseline measures using data from Post-Session 1 (Pre-Session 2 for the RP measure and in-session 1 for the EXP scale, for which post-session measurement is not possible) were submitted to a MANOVA analysis to test for effects according to therapist and differential-treatment condition. All dependent variables were grouped and submitted for one overall MANOVA analysis. At the baseline level, the results indicated no significant therapist effect ($F = .32$, $df = 46$, $p = .98$), no significant differential-treatment effect ($F = 1.73$, $df = 46$, $p = .10$), and no significant therapist x differential-treatment effect ($F = 1.15$, $df = 46$, $p = .36$). These results suggest that all baseline means can be regarded as equivalent across both

TABLE III. 14
 PEARSON CORRELATION COEFFICIENTS BETWEEN
 CHANGE OF AWARENESS MEASURE AND PRE- POST-SESSION DIFFERENCES IN
 AWARENESS SEMANTIC DIFFERENTIAL SCALE (FOLLOWING SESSION 4)

DIFFERENCES IN AWARENESS SEMANTIC DIFFERENTIAL SCALE ADJECTIVES	CHANGE IN AWARENESS MEASURE	
	Question 1	Question 2
Deep	.01	.03
Pleasant	.19	.18
Fresh	.22	.13
Strong	.12	.16
Clear	.24*	.20
Good	.12	.02
Vivid	.26*	.20
Different	-.08	.04
New	.34**	.29*
Acceptable	.15	.08
Sum	.34**	.28*

* p < .05
 ** p < .01

differential-treatment conditions and across both therapists.

As well, those dependent variables which showed the highest degree of correlation on Table III.12 at the baseline level (CRBS Questions 1 and 2 (.73); CRBS Questions 3, 4 and TCDBS (.79); CA Questions 1 and 2 (.76); RP Questions 1 and 2 (.51); EXP Mode and Peak (.51)) were grouped accordingly and each group was submitted for an independent MANOVA analysis. All baseline measures for these dependent variables, using the same post-session data as the previous analysis, were submitted for this analysis. The results indicated no significant therapist effect for any of these dependent variables. In addition, as with the earlier analysis, looking at these dependent variables in separate groups does not result in a significant differential-treatment effect at the baseline level for any of them, although there are some possible trends toward such an effect. The CRBS (Questions 1 and 2) ($F = 2.72$, $df = 47$, $p = .08$) and RP (Question 1 and 2) ($F = 3.32$, $df = 47$, $p = .05$), showed such possible trends. The CRBS (Questions 3 and 4) and TCDBS ($F = .48$, $df = 47$, $p = .70$), CA (Questions 1 and 2) ($F = 2.46$, $df = 47$, $p = .10$) and EXP (Mode and Peak) ($F = 1.07$, $df = 47$, $p = .35$), did not show such trends.

**B. Time and Therapist Effects Within Each
Differential-Treatment Condition, Over Four Post-Session
Measurements**

All data from post-session measurements (or pre-session or in-session measurements where post-session measurement is not possible), within each differential-treatment condition (Two-Principle Condition and Five-Principle Condition), was submitted to a MANOVA analysis with repeated measures over all four sessions. (One subject was excluded from analysis for each condition because of missing data.) This was done to test for a significant difference over time within each differential-treatment condition and to look for possible therapist effects. Because of a limited number of degrees of freedom in the within cells error term (21), all dependent variables could not be grouped together and submitted for a MANOVA analysis at one time. The dependent variables which showed the highest degree of inter-correlation on Table III.13 (CRBS Questions 1 and 2; CRBS Questions 3 and 4 and TCDBS; CA Questions 1 and 2; RP Questions 1 and 2; EXP Mode and Peak) were grouped accordingly and each group was submitted for an independent MANOVA analysis, as was the ASDS. The results are shown in Table III.15 and discussed in the following paragraphs.

Insert Table III.15 about here.

TABLE III. 15
 MULTIVARIATE ANALYSIS OF VARIANCE, WITH REPEATED MEASURES OVER FOUR
 SESSIONS, PER CONDITION, ON SEPARATE GROUPS OF DEPENDENT VARIABLES

EFFECTS	D I F F E R E N T I A L		T R E A T M E N T		C O N D I T I O N S		Sig. of F	
	Can. Corr.	Multi- F	df	Sig. of F	Can. Corr.	Multi- F		df
<u>CR1 and CR2</u>								
Time	.88	10.58	25	<.001	.88	9.62	23	<.001
Therapist	.15	.27	25	.76	.35	1.49	23	.25
Time X Therapist	.53	1.26	25	.32	.63	1.86	23	.15
<u>CR3, CR4 and TCD</u>								
Time	.82	3.38	24	.02	.89	5.63	22	<.01
Therapist	.21	.33	24	.80	.17	.20	22	.90
Time X Therapist	.54	.67	24	.73	.46	.39	22	.92
<u>CA1 and CA2</u>								
Time	.71	5.10	25	.003	.77	4.20	23	.009
Therapist	.00	.00	25	1.00	.16	.29	23	.75
Time X Therapist	.66	2.41	25	.07	.52	1.03	23	.44
<u>ASDS</u>								
Time	.23	.39	24	.76	.14	.13	23	.94
Therapist*		.04	1	.84		2.03	1	.17
Time X Therapist	.48	2.13	24	.13	.29	.65	23	.59
<u>RP1 and RP2</u>								
Time	.60	1.71	25	.17	.79	4.69	23	.005
Therapist	.21	.52	25	.60	.31	1.14	23	.34
Time X Therapist	.60	1.77	25	.16	.51	.98	23	.47
<u>EXP Mode and Peak</u>								
Time	.76	4.35	25	.006	.86	7.78	23	<.001
Therapist	.14	.24	25	.79	.32	1.20	23	.32
Time X Therapist	.59	1.66	25	.19	.69	2.61	23	.06

* Univariate F using sequential sums of square

In the analysis done on CRBS Questions 1 and 2, there was a significant main effect for time in the Two-Principle Condition (TP) ($p < .001$) and in the Five-Principle Condition (FP) ($p < .001$). There was no significant effect for therapist, and no significant time x therapist interaction in either condition. The univariate F-tests for time presented in Table III.16 indicate that, for the Two-Principle Condition, the only probability levels of $p < .001$ occurred for the two comparisons between Session 1 and Session 2. This suggests that most of the effect of time in this condition, for these two dependent variables, can be regarded as occurring between these two sessions.

Insert Table III.16 about here.

In the analysis done on CRBS Questions 3, 4 and TCDBS, there was a significant main effect for time in the TP Condition ($p < .05$) and in the FP Condition ($p < .01$). There was no significant effect for therapist, and no significant time x therapist interaction in either condition. The univariate F-tests for time presented on Table III.16 indicate that, for the Two-Principle Condition, the only probability levels of $p < .001$ occurred for the three comparisons between Session 1 and Session 2. This suggests that most of the effect of time in this condition, for these three dependent variables, can be regarded as occurring between these two sessions.

TABLE III. 16
UNIVARIATE F-TESTS FOR TIME, PER CONDITION, ON CRBS AND TCOBS

Variable	Comparison	DIFFERENTIAL		TREATMENT		CONDITIONS	
		F	P	F	P	F	P
CRBS							
QUES. 1	Post-Session 1 and Post-Session 2	22.85	<.001	47.07	<.001		
QUES. 1	Post-Session 2 and Post-Session 3	.43	.52	16.64	.001		
QUES. 1	Post-Session 3 and Post-Session 4	3.12	.09	7.13	.01		
QUES. 2	Post-Session 1 and Post-Session 2	40.29	<.001	31.40	<.001		
QUES. 2	Post-Session 2 and Post-Session 3	3.43	.08	29.17	<.001		
QUES. 2	Post-Session 3 and Post-Session 4	5.02	.04	6.09	.02		
QUES. 3	Post-Session 1 and Post-Session 2	20.12	<.001	11.40	.003		
QUES. 3	Post-Session 2 and Post-Session 3	3.50	.07	23.27	<.001		
QUES. 3	Post-Session 3 and Post-Session 4	4.54	.04	5.16	.03		
QUES. 4	Post-Session 1 and Post-Session 2	21.41	<.001	8.67	.008		
QUES. 4	Post-Session 2 and Post-Session 3	1.32	.26	15.78	.001		
QUES. 4	Post-Session 3 and Post-Session 4	4.60	.04	1.99	.17		
TCOBS	Post-Session 1 and Post-Session 2	37.32	<.001	23.98	<.001		
TCOBS	Post-Session 2 and Post-Session 3	.69	.42	20.59	<.001		
TCOBS	Post-Session 3 and Post-Session 4	5.69	.03	.97	.34		

The other dependent variables were also submitted for MANOVA analyses in separate groups. The results are shown in Table III.15. Univariate results are shown in Table III.17 for those groups of variables which showed a significant multivariate effect for time.

Insert Table III.17 about here.

For the two CA variables, there was a significant main effect for time in each of the TP Condition ($p < .01$) and the FP Condition ($p < .01$). There was no main effect for therapist and no significant therapist x time interaction in either condition. For the Two-Principle Condition, the univariate F-tests indicate a significant difference between Sessions 1 and 2 for Question 2 ($p < .05$) and a possible trend toward this difference for Question 1 ($p = .05$). For the ASDS variable, there was no significant effect for time or therapist and no significant therapist x time interaction. For the two RP variables, there was a significant main effect for time in the Five-Principle Condition ($p < .01$) but not in the Two-Principle Condition ($p = .17$). For the two EXP variables, there was a significant main effect for time in each of the Two-Principle Condition ($p < .01$) and the Five-Principle Condition ($p < .001$). For the Two-Principle Condition, the univariate F-tests do not indicate a significant difference between Session 1 and Session 2 for the mode or the peak

TABLE III. 17
UNIVARIATE F-TESTS FOR TIME, PER CONDITION, ON CA, RP AND EXP

Variable Comparison	DIFFERENTIAL		TREATMENT		CONDITIONS	
	F	p	F	p	F	p
CA						
QUES. 1	4.09	.05	8.75	<.01		
QUES. 1	12.37	<.01	2.82	.11		
QUES. 1	2.78	.11	.01	.95		
QUES. 2	5.56	<.05	6.67	<.05		
QUES. 2	4.76	<.05	6.45	<.05		
QUES. 2	1.05	.32	.33	.57		
RP						
QUES. 1	3.25	.08	8.14	<.01		
QUES. 1	.70	.41	2.20	.15		
QUES. 1	.79	.38	3.65	.07		
QUES. 2	2.76	.11	7.49	<.05		
QUES. 2	3.44	.08	8.54	<.01		
QUES. 2	.54	.47	.82	.38		
EXP						
Mode	3.76	.06	9.09	<.01		
Mode	7.90	<.05	.01	.94		
Mode	.20	.66	2.05	.17		
Peak	.89	.36	25.47	<.001		
Peak	1.51	.23	3.80	.06		
Peak	1.52	.23	2.11	.16		

rating of Experiencing, although there is a possible trend toward such a difference for the mode ($p = .06$). There was a significant difference between Session 2 and Session 3 for the mode ($p < .05$).

C. Time Effects Within Each Differential-Treatment Condition, Over Four Pre-Session Measurements and One Follow-Up Measurement

For the CRBS and TCDBS, the pre-session data and the data for Follow-Up Session 1 were submitted for a MANOVA analysis with repeated measures over the five occasions of administration. (Follow-Up Session 1 was held at a time period following Session 4 which was approximately equivalent to the time period separating the other sessions.) These five dependent variables were analyzed jointly. In this case, there is no significant effect for time in the TP Condition ($F = 3.12$, $df = 24$, $p = .14$), but there is a significant effect for time in the FP Condition ($F = 50.98$, $df = 22$, $p < .05$).

D. Effects Over Time Within Each Differential-Treatment Condition, Comparing the Baseline Session With Each Individual Treatment Session

In order to compare baseline data with treatment data, data from post-session measurements (or relevant pre-session and in-session measurements, as noted earlier), within each differential-treatment condition, was submitted to a further

multivariate analysis of variance with repeated measures. In this case, separate MANOVAs were performed; each MANOVA analysis compared the baseline session with one of the three treatment sessions, so that all three treatment sessions were individually compared to the baseline session. The repeated measures was performed over time, i.e., over two sessions, in each analysis. This analysis was done with groups of variables - the same groups as with the earlier analysis over all four sessions. (For the ASDS, an analysis of variance with repeated measures was performed.) The results are shown in Tables III.18 to III.23.

Insert Table III.18 about here.

In the analysis done on CRBS Questions 1 and 2 (Table III.18), for the Two-Principle Condition, there was a significant main effect for time between Session 1 and Session 2 ($p < .01$), between Session 1 and Session 3 ($p < .01$) and between Session 1 and Session 4 ($p < .001$). For the Five-Principle Condition, there was a significant main effect for time between Session 1 and Session 3 ($p < .01$) and between Session 1 and Session 4 ($p < .001$); whereas the effect for time between Session 1 and Session 2 ($p = .19$) was insignificant. There was no main effect for therapist and no significant therapist x time interaction in either condition, in any comparison between baseline and treatment session for these dependent variables. The

TABLE III. 18
 MULTIVARIATE ANALYSIS OF VARIANCE, WITH REPEATED MEASURES BETWEEN
 BASELINE AND INDIVIDUAL TREATMENT SESSIONS, PER CONDITION, ON CRBS (QUESTIONS 1 AND 2)

EFFECTS	DIFFERENTIAL			TREATMENT			CONDITIONS		
	Can. Corr.	Multiv. F	df	Sig. of F	Can. Corr.	Multiv. F	df	Sig. of F	
BASELINE SESSION WITH SESSION 2									
Time	.60	6.50	25	.006	.38	1.78	23	.19	
Therapist	.18	.37	25	.69	.35	1.42	23	.26	
Time X Therapist	.05	.03	25	.97	.35	1.46	23	.26	
BASELINE SESSION WITH SESSION 3									
Time	.66	8.73	25	.002	.69	9.35	23	.001	
Therapist	.29	1.04	25	.37	.36	1.53	23	.24	
Time X Therapist	.35	1.61	25	.22	.05	.03	23	.97	
BASELINE SESSION WITH SESSION 4									
Time	.81	21.82	25	<.001	.83	22.47	23	<.001	
Therapist	.25	.80	25	.46	.18	.33	23	.72	
Time X Therapist	.26	.82	25	.45	.30	1.01	23	.38	

univariate F-tests ($df = 1,24$) done on the Two-Principle Condition indicated that CRBS Question 2 showed a

significant effect for time between Session 1 and Session 2 ($F = 11.69, p < .01$), between Session 1 and Session 3 ($F = 17.08, p < .001$) and between Session 1 and Session 4 ($F = 40.29, p < .001$). CRBS Question 1 showed a significant effect for time between Session 1 and Session 3

($F = 14.33, p < .01$), and between Session 1 and Session 4 ($F = 22.85, p < .001$) whereas the effect for time between Session 1 and Session 2 was insignificant

($F = 2.54, p = .12$) for this variable. For the

Five-Principle Condition, the univariate tests ($df = 1,22$) indicated that CRBS Question 1 showed a significant effect for time between Session 1 and Session 3.

($F = 19.31, p < .001$) and between Session 1 and Session 4 ($F = 47.07, p < .001$), as did CRBS Question 2 ($F = 12.62, p < .01; F = 31.40, p < .001$, respectively).

Insert Table III.19 about here.

In the analysis done on CRBS Questions 3, 4 and TCDBS (Table III.19), for the Two-Principle Condition, there was a significant main effect for time between Session 1 and Session 3 ($p < .01$) and between Session 1 and Session 4 ($p < .001$), whereas the effect for time between Session 1 and Session 2 was insignificant ($p = .22$). For the Five-Principle Condition, there was a significant main effect for time between Session 1 and Session 4 ($p < .01$), whereas the effects for time between Session 1 and Session 2 ($p = .19$) and between Session 1 and Session 3 ($p = .18$) were each insignificant. There was no main effect for therapist and no significant therapist x time interaction in either condition, in any comparison between baseline and treatment session for these dependent variables. The univariate F-tests ($df = 1,23$) done on the Two-Principle Condition indicated that CRBS Question 3 ($F = 14.09, p < .01$), Question 4 ($F = 16.07, p < .01$), and TCDBS ($F = 19.49, p < .001$) all show a significant effect for time between Session 1 and Session 3, as well as between Session 1 and Session 4 ($F = 20.12, p < .001$; $F = 21.41, p < .001$; $F = 37.32, p < .001$, respectively). The univariate F-tests ($df = 1,21$) done on the Five-Principle Condition indicated that CRBS Question 3 ($F = 11.40, p < .01$), Question 4 ($F = 8.67, p < .01$) and TCDBS ($F = 23.98, p < .001$) all show

TABLE III.19
 MULTIVARIATE ANALYSIS OF VARIANCE, WITH REPEATED MEASURES BETWEEN
 BASELINE AND INDIVIDUAL TREATMENT SESSIONS, PER CONDITION, ON CRBS (QUESTIONS 3 AND 4) AND TCDBS

EFFECTS	DIFFERENTIAL TREATMENT		CONDITIONS		Sig. of F				
	Can. Corr.	Multiv. F	df	Sig. of F		Can. Corr.	Multiv. F	df	Sig. of F
BASELINE SESSION WITH SESSION 2									
Time	.43	1.59	24	.22	.46	1.75	23	.19	
Therapist	.21	.32	24	.81	.35	.93	23	.45	
Time X									
Therapist	.49	2.22	24	.12	.18	.23	23	.88	
BASELINE SESSION WITH SESSION 3									
Time	.73	7.76	24	.001	.46	1.81	23	.18	
Therapist	.24	.43	24	.73	.30	.64	23	.60	
Time X									
Therapist	.32	.77	24	.52	.26	.50	23	.69	
BASELINE SESSION WITH SESSION 4									
Time	.79	11.85	24	<.001	.73	7.23	22	.002	
Therapist	.22	.34	24	.79	.19	.24	22	.87	
Time X									
Therapist X Time	.26	.50	24	.69	.35	.87	22	.47	

a significant effect for time between Session 1 and Session 4.

Insert Table III.20 about here.

For the analysis done on the CA variables (Table III.20), for the Two-Principle Condition, there was a significant main effect for time between Session 1 and Session 2 ($p < .01$), but the effects for time between Session 1 and Session 3 ($p = .69$) and between Session 1 and Session 4 ($p = .09$) were insignificant. There was also a significant time x therapist interaction ($p < .01$) for the comparison between Session 1 and Session 2; however, there was no main effect for therapist in this condition. For the Five-Principle Condition, there was a significant main effect for time between Session 1 and Session 2 ($p < .01$) and between Session 1 and Session 4 ($p < .05$), whereas the effect for time between Session 1 and Session 3 ($p = .23$) was insignificant. There was no main effect for therapist and no significant therapist x time interaction in this condition. The univariate F-tests ($df = 1,24$) done on the TP Condition indicated that both CA Question 1 ($F = 19.04, p < .001$) and CA Question 2 ($F = 7.13, p < .05$) showed a significant effect for time between Session 1 and Session 2. For the FP Condition, the univariate F-tests ($df = 1,22$) showed that CA Question 1 showed a significant effect for time between Session 1 and Session 2

TABLE III.20
 MULTIVARIATE ANALYSIS OF VARIANCE, WITH REPEATED MEASURES BETWEEN
 BASELINE AND INDIVIDUAL TREATMENT SESSIONS, PER CONDITION, ON CA (QUESTIONS 1 AND 2)

EFFECTS	DIFFERENTIAL			TREATMENT			CONDITIONS		
	Can. Corr.	Multiv. F	df	Sig. of F	Can. Corr.	Multiv. F	df	Sig. of F	
BASELINE SESSION WITH SESSION 2									
Time	.67	9.12	25	.001	.60	5.92	23	.009	
Therapist	.25	.77	25	.47	.36	1.55	23	.24	
Time X Therapist	.59	6.21	25	.007	.22	.54	23	.59	
BASELINE SESSION WITH SESSION 3									
Time	.18	.37	25	.69	.36	1.58	23	.23	
Therapist	.28	.98	25	.39	.23	.58	23	.57	
Time X Therapist	.00	.00	25	1.00	.28	.92	23	.41	
BASELINE SESSION WITH SESSION 4									
Time	.44	2.70	25	.09	.54	4.32	23	.03	
Therapist	.22	.59	25	.56	.16	1.26	23	.77	
Time X Therapist	.22	.56	25	.58	.46	2.78	23	.09	

($F = 7.25$, $p < .05$) and between Session 1 and Session 4 ($F = 8.75$, $p < .01$), as did CA Question 2 ($F = 12.38$, $p < .01$; $F = 6.67$, $p < .05$ respectively).

Insert Table III.21 about here.

For the analysis done on the ASDS (Table III.21) the summed score over all adjective pairings was entered into an analysis of variance with repeated measures. There was no significant effect for time or therapist and no significant therapist x time interaction in either differential-treatment condition.

Insert Table III.22 about here.

For the analysis done on the RP variables (Table III.22), for the Two-Principle Condition there were no significant effects for time, therapist, or time x therapist, between the baseline session and any of the treatment sessions. For the Five-Principle Condition, there was a significant main effect for time between Session 1 and Session 2 ($p < .001$), between Session 1 and Session 3 ($p < .01$) and between Session 1 and Session 4 ($p < .05$). There was no main effect for therapist and no significant therapist x time interaction in either condition, in any comparison for these variables. The univariate F-tests ($df = 1,22$) done on the FP Condition indicated that both RP

TABLE III. 21
ANALYSIS OF VARIANCE WITH REPEATED MEASURES, BETWEEN
BASELINE AND INDIVIDUAL TREATMENT SESSIONS, PER CONDITION, ON ASOS

EFFECTS	DIFFERENTIAL TREATMENT		CONDITIONS	
	F	df	F	df
BASELINE SESSION WITH SESSION 2				
*Time	.81	1	.38	1
*Therapist	.02	1	.89	1
*Time X Therapist	.53	1	.48	1
BASELINE SESSION WITH SESSION 3				
*Time	1.19	1	.29	1
*Therapist	.76	1	.39	1
*Time X Therapist	.14	1	.71	1
BASELINE SESSION WITH SESSION 4				
*Time	.56	1	.46	1
*Therapist	.48	1	.50	1
*Time X Therapist	3.85	1	.06	1

* Univariate F using sequential sums of squares

TABLE III.22
 MULTIVARIATE ANALYSIS OF VARIANCE, WITH REPEATED MEASURES BETWEEN
 BASELINE AND INDIVIDUAL TREATMENT SESSIONS, PER CONDITION, ON RP (QUESTIONS 1 AND 2)

EFFECTS	DIFFERENTIAL		TREATMENT	CONDITIONS		Sig. of F
	Can. Corr. F	Multiv. F		Can. Corr. F	Multiv. F	
BASELINE SESSION WITH SESSION 2						
Time	.45	2.99				
Therapist	.31	1.24				
Time X						
Therapist	.25	.77				
BASELINE SESSION WITH SESSION 3						
Time	.17	.35				
Therapist	.47	3.24				
Time X						
Therapist	.12	.16				
BASELINE SESSION WITH SESSION 4						
Time	.35	1.66				
Therapist	.20	.46				
Time X						
Therapist	.35	1.66				

Question 1 and RP Question 2 showed a significant effect for time between Session 1 and Session 2 ($F = 5.46, p < .05$; $F = 26.22, p < .001$, respectively), between Session 1 and Session 3 ($F = 14.28, p < .01$; $F = 5.54, p < .05$, respectively), and between Session 1 and Session 4 ($F = 8.14, p < .01$; $F = 7.49, p < .05$, respectively).

Insert Table III.23 about here.

For the analysis done on the EXP variables, (Table III.23), for the Two-Principle Condition, there was a significant main effect for time between Session 1 and Session 2 ($p < .01$), but the effects for time between Session 1 and Session 3 ($p = .15$) and between Session 1 and Session 4 ($p = .19$) were insignificant. For the Five-Principle Condition, there was a significant main effect for time between Session 1 and each of the three treatment sessions, all at a level of $p < .001$. There was no main effect for therapist in either condition, in any of the comparisons. As well, there was no significant time x therapist interaction in either condition, in any comparison, although there was a possible trend for such an interaction in the FP Condition between Session 1 and Session 2 ($p = .05$). The univariate F-tests done on the TP Condition between Session 1 and Session 2 indicated that the Experiencing Mode showed a significant effect for time between these two sessions ($F = 12.86, p < .01$). The

TABLE III.23
 MULTIVARIATE ANALYSIS OF VARIANCE, WITH REPEATED MEASURES BETWEEN
 BASELINE AND INDIVIDUAL TREATMENT SESSIONS, PER CONDITION, ON EXP. (MODE AND PEAK)

EFFECTS	D I F F E R E N T I A L		T R E A T M E N T	C O N D I T I O N S		S i g. of F	
	Can. Corr.	Multiv. F		Two - Principle	Five - Principle		df
BASELINE SESSION WITH SESSION 2							
Time	.60	6.37	25	.006	17.03	23	<.001
Therapist	.42	2.43	25	.11	.04	23	.97
Time X							
Therapist	.40	2.24	25	.13	3.51	23	.05
BASELINE SESSION WITH SESSION 3							
Time	.39	2.08	25	.15	17.37	23	<.001
Therapist	.08	.07	25	.93	.10	23	.91
Time X							
Therapist	.23	.66	25	.53	2.75	23	.09
BASELINE SESSION WITH SESSION 4							
Time	.37	1.81	25	.19	12.41	23	<.001
Therapist	.27	.91	25	.42	2.09	23	.15
Time X							
Therapist	.20	.46	25	.64	1.33	23	.29

Experiencing Peak showed an insignificant effect for time between these two sessions ($F = 2.36, p = .14$). The univariate F-tests done on the FP Condition indicated that both the Experiencing Mode and Peak showed a significant effect for time between Session 1 and Session 3 ($F = 14.74, p < .01; F = 35.02, p < .001$, respectively) and between Session 1 and Session 4 ($F = 9.09, p < .01; F = 25.47, p < .001$, respectively), although only the Peak showed a significant effect for time between Session 1 and Session 2 ($F = 22.53, p < .001$). The EXP Mode showed an insignificant effect for time between these two sessions ($F = 1.76, p = .20$).

E. Effects Over Time Within Each Differential-Treatment Condition, Comparing the Baseline Session with a Composite of the Treatment Sessions

In order to further examine the relationship between baseline data and treatment data, a transformation of the data was carried out. This transformation was done on the basis of an a priori hypothesis that the three treatment sessions are better treated in an overall manner, as one separate unit, with one composite score, for the purposes of comparison with the baseline effects, where there is only one score per subject. The transformation was carried out such that a multivariate analysis of variance was performed testing the significance of the difference between the sum of the three treatment session scores and a multiple of

three times the baseline session score ($3S1 - (S2 + S3 + S4)$). Another transformation also allowed for a test of the significance of the difference between the first treatment session score and a composite of the third and fourth treatment sessions to test for a cumulative effect within the treatment sessions ($2S2 - (S3 + S4)$). Those dependent variables which showed a significant effect for time in the Two-Principle Condition in the previous analysis were examined. Separate multivariate analyses were performed on the following groups of dependent variables: CRBS Questions 1 to 4 and TCDBS; CA; EXP. The results are shown in Table III.24.

Insert Table III.24 about here.

As before, there was a significant multivariate effect for time in these groups of dependent variables in both differential-treatment conditions ($p < .001$ in all cases, except $p < .01$ for CRBS and TCDBS in the Five-Principle Condition). There was no significant therapist effect or therapist \times time interaction in either condition, for any of these groups of dependent variables. The univariate F-tests presented in Table III.25 outline the comparisons with the composites, for each dependent variable. These comparisons are made i) between the baseline effect and a composite treatment effect; and ii) between the first treatment session and a composite of the other two treatment sessions.

TABLE III. 24
 MULTIVARIATE ANALYSIS OF VARIANCE, WITH REPEATED MEASURES BETWEEN
 BASELINE SESSION DATA AND TRANSFORMED TREATMENT SESSION DATA. PER
 CONDITION, ON CRBS (QUESTIONS 1 TO 4) AND TOOBS: CA: EXP

EFFECTS	DIFFERENTIAL TREATMENT				CONDITIONS			
	Can. Corr.	Multiv. F	df	Sig. of F	Can. Corr.	Multiv. F	df	Sig. of F
CR1, CR2, CR3, CR4 and TCD								
Time	.99	588.22	24	<.001	.99	137.73	22	.007
Therapist*		.44	1	.52		.02	1.21	.90
Time X								
Therapist	.86	.55	24	.83	.98	2.20	22	.36
CA1 and CA2								
Time	.99	150.97	25	<.001	.98	62.05	23	<.001
Therapist*		.00	1.24	1.00		.59	1.22	.45
Time X								
Therapist	.67	1.71	25	.17	.56	.88	23	.56
EXP Mode and Peak								
Time	.99	225.45	25	<.001	.99	155.97	23	<.001
Therapist*		.25	1.24	.62		1.52	1.22	.23
Time X								
Therapist	.62	1.30	25	.31	.70	1.82	23	.15

* Transformation allows univariate F-tests only for therapist

Insert Table III.25 about here.

The univariate F-tests for the Two-Principle Condition show a significant difference between the baseline session and the composite treatment sessions for each variable involved in the grouping of the CRBS (Questions 1 to 4) and TCDBS (df = 1,23) ($p < .001$ for each of CRBS Questions 1, 2 and 3 and TCDBS; $p < .01$ for CRBS Question 4). Similarly, there is a significant difference between the baseline session and the composite treatment sessions for each of the Experiencing Mode ($p < .001$) and the Experiencing Peak ($p < .05$) (df = 1,24) in the Two-Principle Condition. For the Change of Awareness measure, there is a significant difference between the baseline session and the composite treatment sessions for Question 1 ($p < .05$) and a possible trend toward a significant difference for Question 2 ($p = .05$), (df = 1,24). The results for the comparisons within the treatment sessions tend to confirm a greater incremental, accumulative treatment effect for CRBS and TCDBS, which are essentially between-session variables, than for the CA and EXP, which are essentially within-session variables.

TABLE III.25
 UNIVARIATE F-TESTS FOR TIME, PER CONDITION, ON CRBS (QUESTIONS 1 TO 4): CA: EXP

Variable	Comparison	DIFFERENTIAL		TREATMENT		CONDITIONS	
		Two-Principle	F	F	Five-Principle	F	F
CRBS							
QUES. 1	Post-Session 1 and CP-S 2 to 4*	17.22	<.001	23.06	<.001	23.06	<.001
QUES. 1	Post-Session 2 and CP-S 3 and 4**	4.93	.04	24.59	<.001	24.59	<.001
QUES. 2	Post-Session 1 and CP-S 2 to 4*	30.96	<.001	13.47	.001	13.47	<.001
QUES. 2	Post-Session 2 and CP-S 3 and 4**	9.56	.005	24.30	<.001	24.30	<.001
QUES. 3	Post-Session 1 and CP-S 2 to 4*	20.43	<.001	2.82	.11	2.82	.11
QUES. 3	Post-Session 2 and CP-S 3 and 4**	10.46	.004	31.08	<.001	31.08	<.001
QUES. 4	Post-Session 1 and CP-S 2 to 4*	16.21	<.01	1.72	.20	1.72	.20
QUES. 4	Post-Session 2 and CP-S 3 and 4**	8.12	.009	22.32	<.001	22.32	<.001
TCBBS	Post-Session 1 and CP-S 2 to 4*	26.56	<.001	4.91	.04	4.91	.04
TCBBS	Post-Session 2 and CP-S 3 and 4**	7.08	.01	23.26	<.001	23.26	<.001
CA							
QUES. 1	Post-Session 1 and CP-S 2 to 4*	5.33	.03	8.26	.009	8.26	.009
QUES. 1	Post-Session 2 and CP-S 3 and 4**	7.23	.01	.64	.43	.64	.43
QUES. 2	Post-Session 1 and CP-S 2 to 4*	4.27	.05	9.42	.006	9.42	.006
QUES. 2	Post-Session 2 and CP-S 3 and 4**	2.48	.13	4.54	.05	4.54	.05
EXP							
MODE	Post-Session 1 and CP-S 2 to 4*	17.01	<.001	9.92	.005	9.92	.005
MODE	Post-Session 2 and CP-S 3 and 4**	3.45	.08	2.88	.10	2.88	.10
PEAK	Post-Session 1 and CP-S 2 to 4*	4.66	.04	44.01	<.001	44.01	<.001
PEAK	Post-Session 2 and CP-S 3 and 4**	.12	.73	1.14	.30	1.14	.30

* Composite Post-Sessions 2, 3 and 4: Comparison of baseline sessions with composite of all three treatment sessions.
 ** Composite Post-Sessions 3 and 4: Comparison of first treatment session with composite of second and third treatment sessions

F. Effects Over Time Within the Two-Principle

Differential-Treatment Condition, Comparing the Baseline Measure With the Final Follow-Up Measure

All post-baseline session measures within the TP Condition were compared with the same measures at the second Follow-Up Session, which was held two months after the final session. A multivariate analysis of variance with repeated measures over these two occasions was conducted separately on groups of dependent variables as follows: CRBS Questions 1 to 4 and TCDBS; ASDS; RP Questions 1 and 2.

The results of this analysis are presented on Table III.26. There was a significant main effect for time for the CRBS and TCDBS variables ($p < .001$) and for the RP variables ($p < .001$) but not for ASDS ($p = .94$). There was no main effect for therapist and no significant therapist x time interaction in this condition for any of these dependent variables. The univariate F-tests ($df = 1,23$ for CRBS and TCDBS; $df = 1,24$ for RP) done on those variables with a significant multivariate main effect for time show a significant effect for time for the RP Question 1 at $p < .01$ and each of the others (RP Question 2, CRBS Questions 1 to 4, TCDBS) at $p < .001$.

Insert Table III.26 about here.

TABLE III.26
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES
 BETWEEN BASELINE SESSION AND TWO-MONTH FOLLOW-UP SESSION FOR
 TWO-PRINCIPLE CONDITION ON SEPARATE GROUPS OF DEPENDENT VARIABLES

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
CR1, CR2, CR3, CR4 and TCDBS				
Time	.83	8.71	24	<.001
Therapist	.49	1.23	24	.33
Time X Therapist	.43	.86	24	.52
ASDS				
Time		.01	1	.94
Therapist		.98	1	.33
Time X Therapist*		3.18	1	.09
RP				
Time	.71	11.75	25	<.001
Therapist	.24	.71	25	.50
Time X Therapist	.42	2.42	25	.11

* Univariate F using sequential sums of squares

**G. Effects Over Time Within the Two-Principle
Differential-Treatment Condition, On Personal Conflicts
Not Examined in the Process, Comparing the Recruitment
Measure With the Final Follow-Up Measure**

All data regarding personal conflicts other than those examined in the experimental process; within the TP Condition, was submitted to a multivariate analysis of variance with repeated measures over both occasions (Recruitment and the Two-Month Follow-Up Session). Scores for the two other conflicts named by each participant were combined additively to constitute one "other - conflict" score per variable. This analysis was done to test for a significant difference over time and to look for possible therapist effects. All five dependent variables (CRBS Questions 1 to 4 and TCDBS) were submitted for analysis at one time.

The results of this analysis are presented in Table III.27. There was a significant main effect for time ($p < .001$) and a significant therapist x time interaction ($p < .05$) although there was no significant therapist effect ($p = .83$). The univariate F-tests for time ($df = 1,24$) indicate that all five dependent variables each showed a significant effect for time at $p < .001$. The univariate F-tests for the therapist x time interaction showed a significant effect for CRBS Question 3 ($p < .05$) and a possible trend for CRBS Question 4 ($p = .06$).

Insert Table III.27 about here.

H. Differential-Treatment, Therapist, and Time Effects Over Four Post-Session Measurements Using One Group of Dependent Variables

All post-session data was submitted to an overall MANOVA analysis with repeated measures over all four sessions, across both differential-treatment conditions. (Two subjects were excluded, one from each condition, because of missing data.) This was done to test for a significant difference over time over both differential-treatment conditions, to test for possible differences between the two differential-treatment conditions, and to look for possible therapist effects. All dependent variables were submitted as one large group for MANOVA analysis at one time. This was done in a large group because of the consideration of the conceptual commonality over all dependent variables (in that awareness and experiencing are conceptually related to resolution, as suggested in the first chapter, and progress appears conceptually related to resolution semantically), as well as the consideration that they were administered at the same time, dependent on the same event, and therefore likely to share interdependence. (There had not been enough degrees of freedom to do this within the Two-Principle Condition.)

TABLE III.27
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES
 BETWEEN RECRUITMENT AND TWO-MONTH FOLLOW-UP SESSION, FOR
 TWO-PRINCIPLE CONDITION, FOR OTHER CONFLICTS, ON CRBS AND TCDBS.

EFFECTS	Can. Corr.	MULTIV. F	df	sig. of F
Time	.87	12.71	25	<.001
Therapist	.31	.41	25	.83
Time X Therapist	.69	3.66	25	.02

The results of this analysis are shown in Table III.28. There is a significant main effect for time ($p < .001$), no significant difference between the Two-Principle differential-treatment Condition vs. the Five-Principle differential-treatment Condition ($p = .12$), no significant effect for therapist ($p = .86$); no significant therapist x differential-treatment interaction ($p = .86$), no significant therapist x time interaction ($p = .96$) and no significant differential-treatment x time interaction ($p = .08$). However, there was a significant three-way differential-treatment x therapist x time interaction ($p < .05$).

Insert Table III.28 about here.

The univariate F-tests for time presented on Table III.29 indicate a significant effect for time on all Dependent Variables except the ASDS. Much of the effect for time occurred on CRBS (all questions) and TCDBS, where there was a significant effect for time between all sessions. For CA (both questions) and RP (Question 2) there was a significant effect for time over the first three sessions; for EXP (Mode and Peak) and RP (Question 1) there was a significant effect for time between the first and second session only. Generally, much of the effect for time for CRBS and TCDBS occurred between Session 1 and Session 2. Five of the six occurrences of a probability level of $p < .001$ in these

TABLE III.28
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES
 OVER ALL FOUR SESSIONS, ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON ALL DEPENDENT VARIABLES
 N = 48

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
	8			
Time	.99	16.61	45	<.001
Therapist	.41	.56	45	.86
Differential Treatment	.62	1.68	45	.12
Therapist X Differential Treatment	.41	.56	45	.86
Therapist X Time	.80	.44	45	.96
Differential Treatment X Time	.95	2.48	45	.08
Differential Treatment X Therapist X Time	.96	3.28	45	.03

variables occurred for the comparisons between these two sessions. These five occurrences appeared on all CRBS and TCDBS variables. Similarly, for CA (Question 1) much of the effect for time occurred between the first two sessions.

Insert Table III.29 about here.

Also, the univariate F-tests in Table III.29 indicate that the three-way differential-treatment x therapist x time interaction occurred in the comparisons between Session 2 and Session 3 on CRBS Question 2 and EXP mode.

I. Differential-Treatment, Therapist, and Time Effects Over Four Post-Session Measurements Using Separate Groups of Dependent Variables

Those dependent variables which showed the highest degrees of correlation on Table III.13 at the treatment level (CRBS Questions 1 and 2 (.81); CRBS Questions 3, 4 and TCDBS (.80); CA Questions 1 and 2 (.74); RP Questions 1 and 2 (.78); EXP Mode and Peak (.77)) were grouped accordingly and each group was submitted for analysis. Each of these groups of dependent variables, using post-session data, was independently submitted to a multivariate analysis of variance with repeated measures over all four sessions, across both differential-treatment conditions. This was done to test more specifically, within these correlated groups of dependent variables, for a significant difference

TABLE III.29
UNIVARIATE F-TESTS ON ALL DEPENDENT VARIABLES
(1, 44) df

VARIABLE	COMPARISON	F	P	VARIABLE	COMPARISON	F	P
<u>TIME</u>							
CRBS	1 Post-Sess.	1 and Post-Sess.	2	CA	1 Post-Sess.	1 and Post-Sess.	2
QUES.	1 Post-Sess.	2 and Post-Sess.	3	QUES.	1 Post-Sess.	2 and Post-Sess.	3
QUES.	1 Post-Sess.	3 and Post-Sess.	4	QUES.	1 Post-Sess.	3 and Post-Sess.	4
QUES.	2 Post-Sess.	1 and Post-Sess.	2	QUES.	2 Post-Sess.	1 and Post-Sess.	2
QUES.	2 Post-Sess.	2 and Post-Sess.	3	QUES.	2 Post-Sess.	2 and Post-Sess.	3
QUES.	2 Post-Sess.	3 and Post-Sess.	4	QUES.	2 Post-Sess.	3 and Post-Sess.	4
QUES.	3 Post-Sess.	1 and Post-Sess.	2	RP	2 Post-Sess.	3 and Post-Sess.	4
QUES.	3 Post-Sess.	2 and Post-Sess.	3	QUES.	1 Pre-Sess.	2 and Pre-Sess.	3
QUES.	3 Post-Sess.	3 and Post-Sess.	4	QUES.	1 Pre-Sess.	3 and Pre-Sess.	4
QUES.	4 Post-Sess.	1 and Post-Sess.	2	QUES.	1 Pre-Sess.	4 and Follow-Up 1	3
QUES.	4 Post-Sess.	2 and Post-Sess.	3	QUES.	2 Pre-Sess.	2 and Pre-Sess.	3
QUES.	4 Post-Sess.	3 and Post-Sess.	4	QUES.	2 Pre-Sess.	3 and Pre-Sess.	4
TCDBS	1 Post-Sess.	1 and Post-Sess.	2	QUES.	2 Pre-Sess.	4 and Follow-Up 1	3
TCDBS	1 Post-Sess.	2 and Post-Sess.	3				
TCDBS	1 Post-Sess.	3 and Post-Sess.	4	EXP	1 and Session 2	10.59	<.01
ASDS	1 Post-Sess.	1 and Post-Sess.	2	Mode Session 2 and Session 3	2.49	.12	
ASDS	1 Post-Sess.	2 and Post-Sess.	3	Mode Session 3 and Session 4	.71	.40	
ASDS	2 Post-Sess.	1 and Post-Sess.	2	Peak Session 1 and Session 2	18.60	<.001	
ASDS	2 Post-Sess.	2 and Post-Sess.	3	Peak Session 2 and Session 3	3.00	.09	
ASDS	3 Post-Sess.	1 and Post-Sess.	2	Peak Session 3 and Session 4	3.32	.08	
CRBS	2 Post-Sess.	2 and Post-Sess.	3				
QUES.	2 Post-Sess.	3 and Post-Sess.	4				
EXP	2 and Session 3	5.75	.02				

*Statistically significant comparisons only

DIFF/L-TREATMENT X THERAPIST X TIME*

over time over both differential-treatment conditions, to test for possible differences between the differential-treatment conditions, and to look for possible therapist effects. The results of this analysis are shown in Tables III.30 to III.41.

In the analysis done on CRBS Questions 1 and 2 (Table III.30) there was a significant main effect for time ($p < .001$), a significant main effect for differential-treatment ($p < .05$) in favor of the Two-Principle Condition and a significant differential-treatment x time interaction ($p < .05$). There was no significant therapist effect, and no significant therapist x differential-treatment, therapist x time or therapist x differential-treatment x time interactions.

Insert Table III.30 about here.

The univariate F-tests ($df = 1,46$) (Table III.31) for time indicate a significant effect for time between all sessions, with a greater difference between Sessions 1 and 2 ($p < .001$) than between Sessions 2 and 3 and between Sessions 3 and 4 (each $p < .01$) for Question 1. For Question 2, the difference between Sessions 1 and 2 and between Sessions 2 and 3 were both significant at $p < .001$, and the difference between Sessions 3 and 4 was significant at $p < .01$. The univariate F-tests ($df = 1,46$) for differential-treatment indicate that the significant

TABLE III.30
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES,
 OVER ALL FOUR SESSIONS, ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON CRBS (QUESTIONS 1 AND 2)

EFFECTS	Can. Cov.	Multiv. F	df	Sig. of F
Time	.85	18.52	47	<.001
Therapist	.13	.39	47	.68
Diff'l Treatment	.40	4.36	47	.02
Therapist X Diff'l Treatment	.21	1.00	47	.38
Therapist X Time	.47	1.89	47	.11
Diff'l Treatment X Time	.52	2.47	47	.04
Diff'l Treatment X Therapist X Time	.43	1.59	47	.18

multivariate differential-treatment effect in favor of the Two-Principle Condition is accounted for by CRBS Question 1 ($p < .05$), but not by Question 2 ($p = .15$). The univariate F-tests for the differential-treatment x time interaction indicate that the significant multivariate interaction is accounted for by CRBS Question 1 ($p < .05$) and CRBS Question 2 ($p < .01$), each between Session 2 and Session 3.

Insert Table III.31 about here.

However, since the CRBS Questions 1 and 2 were earlier reported to show a possible trend toward a differential-treatment effect at the baseline level ($F = 2.72$, $df = 47$, $p = .08$), this particular group of dependent variables was also submitted to a further analysis. This was a multivariate analysis of covariance, with repeated measures over all three treatment sessions, across both differential-treatment conditions. In this analysis, the baseline level session was covaried out. (Table III.32). When this was done, there was a significant effect for time only ($p < .001$). There was no significant main effect for differential-treatment ($p = .23$) and no significant differential-treatment x time interaction ($p = .25$). As well, there continued to be no significant therapist effect, no significant therapist x differential-treatment effect and no significant therapist x differential-treatment x time effect. However, there was a

TABLE III.31
 UNIVARIATE F-TESTS FOR TIME, DIFFERENTIAL-TREATMENT AND
 DIFFERENTIAL-TREATMENT X TIME INTERACTION ON CRBS (QUESTIONS 1 AND 2)

VARIABLE	COMPARISON	F	P
	TIME		
CRBS			
QUESTION 1	Post-Session 1 and Post-Session 2	64.78	< .001
QUESTION 1	Post-Session 2 and Post-Session 3	9.34	.004
QUESTION 1	Post-Session 3 and Post-Session 4	9.61	.003
QUESTION 2	Post-Session 1 and Post-Session 2	71.41	< .001
QUESTION 2	Post-Session 2 and Post-Session 3	27.04	< .001
QUESTION 2	Post-Session 3 and Post-Session 4	11.85	.001
	DIFFERENTIAL-TREATMENT		
CRBS			
QUESTION 1		5.92	.02
QUESTION 2		2.10	.15
	DIFFERENTIAL-TREATMENT X TIME		
CRBS			
QUESTION 1	Post-Session 1 and Post-Session 2	.99	.33
QUESTION 1	Post-Session 2 and Post-Session 3	4.67	.04
QUESTION 1	Post-Session 3 and Post-Session 4	.36	.55
QUESTION 2	Post-Session 1 and Post-Session 2	.03	.86
QUESTION 2	Post-Session 2 and Post-Session 3	8.22	.006
QUESTION 2	Post-Session 3 and Post-Session 4	.17	.68

possible trend toward a therapist \times time effect ($p = .06$).

Insert Table III.32 about here.

The univariate F-tests ($df = 1,46$) for time indicate a significant effect for time between Session 2 and Session 3 for CRBS Question 1 ($F = 37.03$, $p < .001$) and for Question 2 ($F = 54.34$, $p < .001$) but not between Session 3 and Session 4, for either Question.

In the analysis done on CRBS Questions 3 and 4 and TCDBS (Table III.33), there was a significant main effect for time ($p < .001$). There was no significant effect for differential-treatment ($p = .42$), no significant effect for therapist ($p = .70$), and no significant interactions for any comparison.

Insert Table III.33 about here.

The univariate F-tests ($df = 1,44$) (Table III.34) for time indicate that there is a significant effect for time between all sessions, with a greater difference between Sessions 1 and 2 ($p < .001$) than between Sessions 2 and 3 ($p < .01$) and between Sessions 3 and 4 ($p < .05$), for CRBS Question 4 and TCDBS. For CRBS Question 3, the same trend is seen by the higher F score between Sessions 1 and 2 when compared with Sessions 2 and 3, although both are significant at $p < .01$.

TABLE III.32
 MULTIVARIATE ANALYSIS OF COVARIANCE, WITH REPEATED MEASURES,
 OVER THREE TREATMENT SESSIONS, ACROSS BOTH DIFFERENTIAL-TREATMENT
 CONDITIONS, ON CBRS (QUESTIONS 1 AND 2) WITH BASELINE SESSION COVARIED OUT

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
Time	.80	19.18	47	<.001
Therapist	.14	.46	45	.64
Diff'l-Treatment	.26	1.52	45	.23
Therapist X Diff'l-Treatment	.10	.24	45	.79
Therapist X Time	.43	2.46	47	.06
Diff'l-Treatment X Time	.34	1.40	47	.25
Diff'l-Treatment X Therapist	.40	2.04	47	.11

TABLE III. 33
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES,
 OVER ALL FOUR SESSIONS, ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON CBRS (QUESTIONS 3 AND 4) AND TCDBS

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
Time	.82	8.35	45	<.001
Therapist	.18	.48	45	.70
Differential Treatment	.25	.97	45	.42
Therapist X Differential Treatment	.16	.19	45	.90
Therapist X Time	.32	.47	45	.89
Differential Treatment X Time	.47	1.12	45	.38
Differential Treatment X Therapist X Time	.40	.75	45	.66

Insert Table III.34 about here.

In the analysis done on CA Questions 1 and 2 (Table III.35) there was significant main effect for time ($p < .001$) and a possible trend toward a main effect for differential-treatment in favor of the Two-Principle Condition ($p = .05$). There was no significant effect for therapist ($p = .81$), no significant therapist x differential-treatment interaction ($p = .85$), therapist x time interaction ($p = .12$), differential-treatment x time interaction ($p = .52$) or differential-treatment x therapist x time interaction ($p = .57$).

Insert Table III.35 about here.

The univariate F-tests ($df = 1,46$) (Table III.36) for time indicate that the significant multivariate effect for time is accounted for by the difference between Sessions 1 and 2 and between Sessions 2 and 3 ($p < .01$) on each of Question 1 and Question 2. The possible trend toward the main effect for differential-treatment is distributed fairly evenly between both CA Questions ($p < .05$).

TABLE III.34
 UNIVARIATE F-TESTS FOR TIME
 ON CRBS (QUESTIONS 3 AND 4) AND TCDBS

VARIABLE	COMPARISON	F	P
CRBS			
QUESTION 3	Post-Session 1 and Post-Session 2	31.10	<.001
QUESTION 3	Post-Session 2 and Post-Session 3	19.66	<.001
QUESTION 3	Post-Session 3 and Post-Session 4	9.66	.003
QUESTION 4	Post-Session 1 and Post-Session 2	29.33	<.001
QUESTION 4	Post-Session 2 and Post-Session 3	11.59	.001
QUESTION 4	Post-Session 3 and Post-Session 4	6.47	.02
TCDBS	Post-Session 1 and Post-Session 2	60.30	<.001
TCDBS	Post-Session 2 and Post-Session 3	11.76	.001
TCDBS	Post-Session 3 and Post-Session 4	5.30	.03

TABLE III.35
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES,
 OVER ALL FOUR SESSIONS, ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON CA (QUESTIONS 1 AND 2)

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
Time	.65	5.10	47	.001
Therapist	.10	.21	47	.81
Diff'l Treatment	.35	3.15	47	.05
Therapist X Diff'l Treatment	.08	.16	47	.85
Therapist X Time	.45	1.78	47	.12
Diff'l Treatment X Time	.34	.87	47	.52
Diff'l Treatment X Therapist X Time	.33	.81	47	.57

Insert Table III.36 about here.

The possible trend toward a main effect for differential-treatment for CA (Questions 1 and 2) evident in the multivariate analysis ($p = .05$) as discussed in the preceding paragraphs, can be viewed from the perspective of the baseline level, where the significance level for differential-treatment for this set of dependent variables was $p = .10$. When the baseline session is covaried out in a multivariate analysis of covariance with repeated measures over all three treatment sessions, there was no significant difference between the two differential-treatment conditions ($F = .96$, $df = 45$, $p = .39$).

In the analysis done on ASDS, (Table III.37) there is no significant main effect for time ($p = .75$), differential-treatment ($p = .54$) or therapist ($p = .40$). As well, there are no significant interactions.

Insert Table III.37 about here.

In the analysis done on RP, (Table III.38), there was a significant main effect for time ($p < .01$). However, there was no significant main effect for therapist ($p = .74$) or differential-treatment ($p = .10$), and no significant interactions for any comparison.

TABLE III.36
 UNIVARIATE F-TESTS FOR TIME AND DIFFERENTIAL-TREATMENT
 ON CA (QUESTIONS 1 AND 2)

VARIABLE	COMPARISON	F	P
<u>TIME</u>			
CA			
QUESTION 1	Post-Session 1 and Post-Session 2	12.26	.001
QUESTION 1	Post-Session 2 and Post-Session 3	10.88	.002
QUESTION 1	Post-Session 3 and Post-Session 4	1.44	.24
QUESTION 2	Post-Session 1 and Post-Session 2	11.80	.001
QUESTION 2	Post-Session 2 and Post-Session 3	11.13	.002
QUESTION 2	Post-Session 3 and Post-Session 4	1.32	.26
<u>DIFFERENTIAL-TREATMENT</u>			
CA			
QUESTION 1		5.98	.02
QUESTION 2		5.28	.03

TABLE III.37
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES,
 OVER ALL FOUR SESSIONS, ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON ASDS

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
Time	.17	.40	46	.75
Therapist*		.73	1	.40
Differential Treatment*				
Therapist X Differential Treatment		1.40	1	.24
Therapist X Time	.31	1.48	46	.23
Differential Treatment X Time	.07	.08	46	.97
Differential Treatment X Therapist X Time	.36	2.08	46	.12

* Univariate F using sequential sums of squares

Insert Table III.38 about here.

The univariate F-tests ($df = 1,46$) (Table III.39) for time indicate that the significant multivariate effect for time is accounted for by the differences between Sessions 1 and 2 ($p < .01$) for both Questions 1 and 2 and by the difference between Sessions 2 and 3 for Question 2 only ($p < .01$).

Insert Table III.39 about here.

In the analysis done on EXP, (Table III.40), there is a significant main effect for time ($p < .001$) and a significant differential-treatment x time interaction ($p < .01$) in favor of the FP Condition. However, there is no significant main effect for therapist ($p < .27$) or differential-treatment ($p = .42$), nor is there a significant interaction for therapist x differential-treatment, therapist x time or therapist x differential-treatment x time.

Insert Table III.40 about here.

The univariate F-tests ($df = 1,46$) (Table III.41) for time indicate that much of the multivariate effect for time occurred between Sessions 1 and 2 for EXP Peak ($p < .001$) as well as for EXP Mode ($p = .001$), although there was also a

TABLE III.38
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES,
 OVER ALL FOUR SESSIONS, ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON RP (QUESTIONS 1 AND 2)

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
Time	.60	3.91	47	.004
Therapist	.12	.31	47	.74
Differential Treatment	.31	2.39	47	.10
Therapist X Differential Treatment	.24	1.39	47	.26
Therapist X Time	.29	.62	47	.71
Differential Treatment X Time	.28	.57	47	.75
Differential Treatment X Therapist X Time	.45	1.70	47	.14

TABLE III.39
 UNIVARIATE F-TESTS FOR TIME ON RP (QUESTIONS 1 AND 2)

VARIABLE	COMPARISON	F	P
RP	7		
QUESTION 1	Pre-Session 2 and Pre-Session 3	10.53	.002
QUESTION 1	Pre-Session 3 and Pre-Session 4	2.80	.10
QUESTION 1	Pre-Session 4 and Follow-Up 1	.05	.82
QUESTION 2	Pre-Session 2 and Pre-Session 3	8.38	.006
QUESTION 2	Pre-Session 3 and Pre-Session 4	10.05	.003
QUESTION 2	Pre-Session 4 and Follow-Up 1	.04	.83

TABLE III.40
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES,
 OVER ALL FOUR SESSIONS, ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON EXP (MODE AND PEAK)

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
Time	.71	7.06	47	<.001
Therapist	.24	1.34	47	.27
Differential Treatment	.19	.89	47	.42
Therapist X Differential Treatment	.11	.28	47	.76
Therapist X Time	.42	1.47	47	.21
Differential Treatment X Time	.58	3.52	47	.007
Differential Treatment X Therapist X Time	.48	2.01	47	.09

L

possible trend for an effect for time between Sessions 2 and 3 ($p = .05$) for each of the Mode and Peak. The univariate F-tests for the differential-treatment x time interaction suggest that the multivariate interaction is produced by the Peak between Sessions 1 and 2 ($p = .001$), with a possible trend for the Mode between Sessions 2 and 3 ($p = .05$). An examination of the Experiencing Peak mean scores (Table III.7) points to an increase of .73 for the Five-Principle Condition vs. an increase of .32 for the Two-Principle Condition between sessions 1 and 2.

Insert Table III.41 about here.

J. Differential-Treatment, Therapist, and Time Effects Over Four Selected Measurements Over Entire Project, From First Contact to Last Contact, Using One Group of Dependent Variables

Data from CRBS, TCDBS and ASDS, at four strategic occasions -- recruitment, immediately prior to the first treatment session, immediately following the final treatment session and the final follow-up -- was submitted to an overall MANOVA analysis with repeated measures, over these four occasions, across both differential-treatment conditions. (Two subjects were excluded because of missing data.) This was done to test for a significant difference over a greater period of time than the preceding analyses,

TABLE III.41⁴
 UNIVARIATE F-TESTS FOR TIME AND
 DIFFERENTIAL-TREATMENT X TIME INTERACTION ON EXP (MODE AND PEAK)

VARIABLE	COMPARISON	F	P
	<u>TIME</u>		
EXP	Session 1 and Session 2	12.80	.001
MODE	Session 2 and Session 3	4.06	.05
MODE	Session 3 and Session 4	.49	.50
PEAK	Session 1 and Session 2	20.55	<.001
PEAK	Session 2 and Session 3	4.02	.05
PEAK	Session 3 and Session 4	3.38	.07
	<u>DIFFERENTIAL-TREATMENT X TIME</u>		
EXP	Session 1 and Session 2	1.85	.18
MODE	Session 2 and Session 3	4.21	.05
MODE	Session 3 and Session 4	1.94	.17
PEAK	Session 1 and Session 2	12.27	.001
PEAK	Session 2 and Session 3	.00	1.00
PEAK	Session 3 and Session 4	.00	.96

(throughout, from first contact to last contact, with time measures at strategic transition points), to test for possible differences between the differential-treatment conditions, look for possible therapist effects over this period of time and to examine these comparisons with data included from the final follow-up session.

The results of this analysis are shown in Table III.42. There is a significant main effect for time ($p < .001$), but no significant effect for therapist ($p = .83$) or differential-treatment ($p = .09$). There was no significant therapist x differential-treatment, therapist x time, differential-treatment x time or therapist x differential-treatment x time interaction.

Insert Table III.42 about here.

The univariate F-tests for time ($df = 1,44$) showed significant effect for time for all dependent variables except the ASDS, which showed no effect for time between any of the four occasions. Each of the CRBS Questions 1, 2, 3 and 4 and TCDBS showed a significant effect for time between the first two occasions ($F = 68.40, p < .001$; $F = 41.53, p < .001$; $F = 74.79, p < .001$; $F = 46.67, p < .001$; $F = 17.69, p < .001$, respectively), and between the third and fourth occasions ($F = 24.36, p < .001$; $F = 21.91, p < .001$; $F = 23.01, p < .001$; $F = 17.86, p < .001$; $F = 25.48, p < .001$, respectively).

TABLE III.42
 MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES,
 OVER FOUR OCCASIONS FROM RECRUITMENT TO FINAL FOLLOW-UP, ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON CRBS, TCDBS AND ASDS

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
Time	.91	7.35	45	<.001
Therapist	.26	.47	45	.83
Diff'l Treatment	.48	1.99	45	.09
Therapist X Diff'l Treatment	.43	1.51	45	.20
Therapist X Time	.50	.49	45	.94
Diff'l Treatment X Time	.64	1.05	45	.45
Diff'l Treatment X Therapist X Time	.63	.98	45	.51

However, only the CRBS Questions 1, 2 and 4 and TCDBS showed a significant effect for time between the second and third occasions (pre- and post-treatment) ($F = 7.42, p < .01$; $F = 23.10, p < .001$; $F = 5.88, p < .05$; $F = 17.69, p < .001$, respectively). CRBS Question 3 did not show such an effect ($F = 1.74, p = .19$).

K. Differential-Treatment and Therapist Effects on Separate Groups of Dependent Variables At Final Follow-Up Session

Generally the above data point to no significant difference between the two differential-treatment conditions at the final follow-up session. This was confirmed by a multivariate analysis of variance done on separate groups of dependent variables, as outlined earlier: CRBS Questions 1 and 2; CRBS Questions 3 and 4 and TCDBS; RP Questions 1 and 2; and ASDS. (The other Dependent Variables could not be measured at the Final Follow-Up.) The results, as outlined in Table III.43, indicate that differential-treatment conditions did not differentially affect the data at the two-month follow-up on any of the groups of dependent variables: CRBS Questions 1 and 2 ($p = .38$), CRBS Questions 3 and 4 and TCDBS ($p = .33$), RP Questions 1 and 2 ($p = .26$) and ASDS ($p = .66$). However, there was a significant therapist effect for the RP Questions ($p < .01$) and a significant therapist x differential-treatment interaction for the ASDS ($p < .05$).

Insert Table III.43 about here.

L. Differential-Treatment And Therapist Effects on Separate Groups of Dependent Variables for Other Personal Conflicts At Final Follow-Up Session

All data regarding personal conflicts other than those examined in the experimental process,² across both conditions, was submitted to a multivariate analysis of variance with repeated measures over two occasions (Recruitment and the Final Follow-Up Session). Scores for the two other conflicts named by each participant were combined additively to constitute one "other-conflict" score per variable. This analysis was done to test for a significant difference over time, to test for possible differences between the differential-treatment conditions and to look for possible therapist effects. All dependent variables (CRBS and TCDBS) were submitted for analysis at one time.

The results of this analysis are shown in Table III.44. There is a significant main effect for time ($p < .001$) but no significant effect for differential-treatment ($p = .33$), no significant effect for therapist ($p = .60$), no significant therapist x differential-treatment interaction

²Other personal conflicts identified by participants included course conflicts, weight problems, financial conflicts, peer conflicts, religious conflicts and parental conflicts.

TABLE III.43
 MULTIVARIATE ANALYSIS OF VARIANCE FOR FINAL FOLLOW-UP,
 ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON SEPARATE GROUPS OF DEPENDENT VARIABLES

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
<u>CR1 and CR2</u>				
Therapist	.12	.34	47	.71
Diff'/1 Tr'tment	.21	1.00	47	.38
Therapist X Diff'/1 Tr'tment	.19	.89	47	.42
<u>CR3, CR4 and TGD</u>				
Therapist	.31	1.54	47	.22
Diff'/1 Tr'tment	.27	1.17	47	.33
Therapist X Diff'/1 Tr'tment	.33	1.84	47	.15
<u>RP1 and RP2</u>				
Therapist	.49	7.12	47	.002
Diff'/1 Tr'tment	.24	1.38	47	.26
Therapist X Diff'/1 Tr'tment	.18	.76	47	.47
<u>ASDS</u>				
Therapist *		.03		.86
Diff'/1 Tr'tment *		.20		.66
Therapist X Diff'/1 Tr'tment *		4.41	1	.04

* Univariate F using sequential sums of squares

($p = .95$), no significant differential-treatment x time interaction ($p = .67$) and no significant three-way differential-treatment x therapist x time interaction ($p = .07$). However, there was a significant therapist x time interaction ($p < .05$). The univariate F-tests for time ($df = 1,45$) show that each of the five dependent variables (CRBS Questions 1 to 4 and TCDBS) showed a significant effect for time ($F = 33.15, p < .001$; $F = 27.09, p < .001$; $F = 55.76, p < .001$; $F = 29.92, p < .001$; $F = 52.86, p < .001$, respectively). The univariate F-tests for the therapist x time interaction showed a significant effect for CRBS Question 4 ($F = 9.28, p < .01$) and a possible trend for CRBS Question 2 ($F = 4.18, p = .05$).

Insert Table III.44 about here.

TABLE III. 44
 " MULTIVARIATE ANALYSIS OF VARIANCE WITH REPEATED MEASURES
 BETWEEN RECRUITMENT AND TWO-MONTH FOLLOW-UP SESSION,
 FOR OTHER CONFLICTS, ACROSS BOTH DIFFERENTIAL-TREATMENT CONDITIONS, ON CRBS AND TCDBS

EFFECTS	Can. Corr.	Multiv. F	df	Sig. of F
Time	.78	12.52	46	<.001
Therapist	.29	.74	46	.60
Diff'l Treatment	.36	1.20	46	.33
Therapist X Diff'l Treatment	.16	.22	46	.95
Therapist X Time	.49	2.57	46	.04
Diff'l Treatment X Time	.27	.65	46	.67
Diff'l Treatment X Therapist X Time	.46	2.21	46	.07

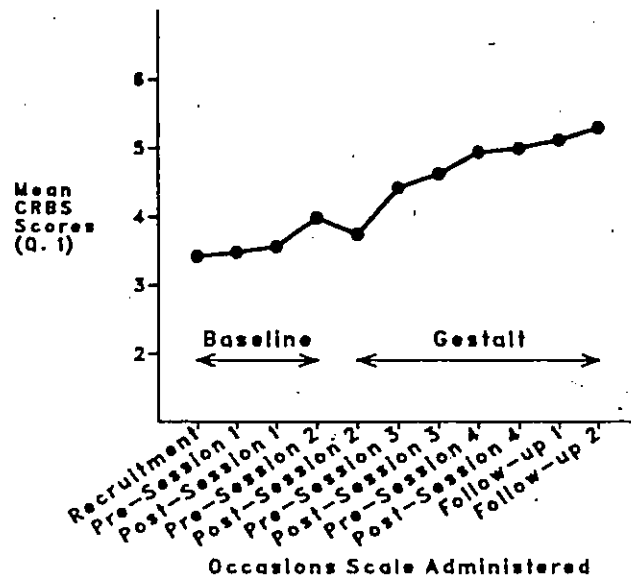
IV. DISCUSSION

The results presented on Table III.15 indicate a significant improvement over time over the four experimental sessions in Conflict Resolution and Target Complaint Discomfort, pertaining to the academic-social conflict. This improvement occurred in both differential-treatment conditions -- the Two-Principle (TP) Condition and the Five-Principle (FP) Condition -- and continued, in these areas, beyond the final treatment session, extending into a follow-up period two months later. As well, there is a significant increase over time over the four sessions for each of Change of Awareness and Depth of Experiencing, in each condition. There was a significant increase over time over the four sessions in Reported Progress in the FP Condition only. (See Figures 1 to 5).

Insert Figures 1 to 5 about here.

The "personal growth experience" appears to have been effective during and beyond the time period involved in resolving the academic-social conflict initially experienced by the participants. In addition, related anxiety, disruption and discomfort in relation to the conflict have been alleviated, increased personal awareness has been reported and increased depth of experiencing has been noted. The reported change in disruption suggests a behavioral, practical lifestyle change, in addition to the change in the

Overall



Differential-Treatment Conditions

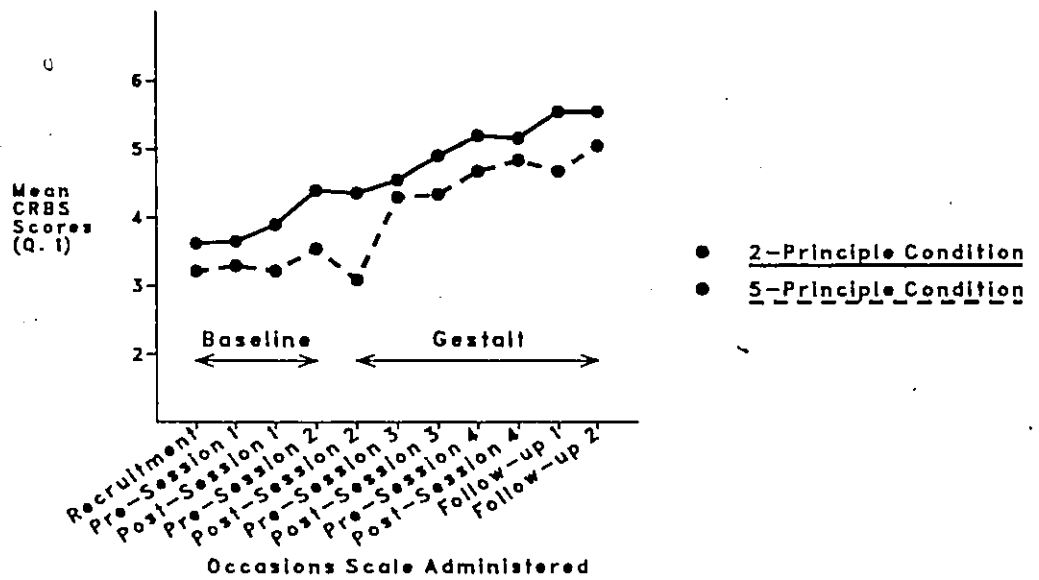
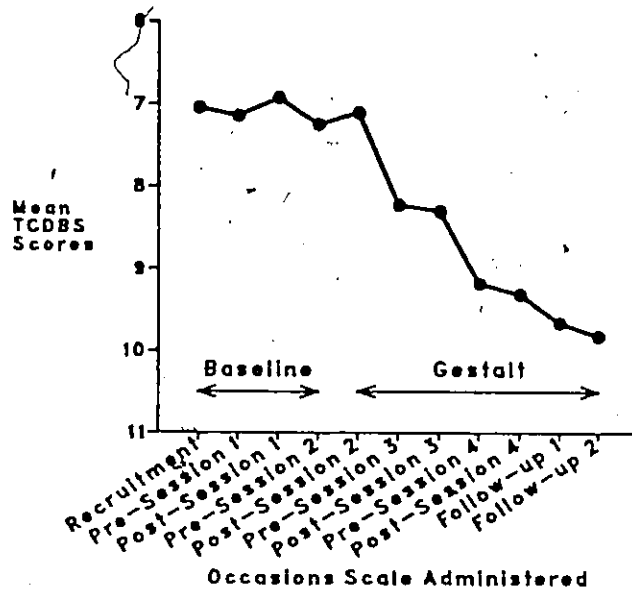


FIGURE 1
MEANS OVER OCCASIONS FOR CONFLICT RESOLUTION BOX SCALE: QUESTION 1.

Overall



Differential-Treatment Conditions

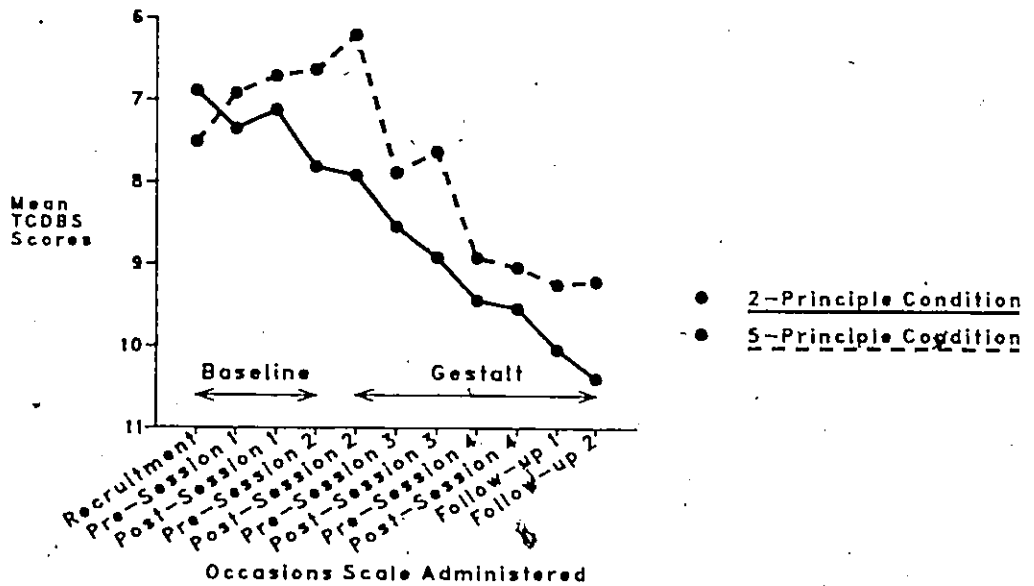
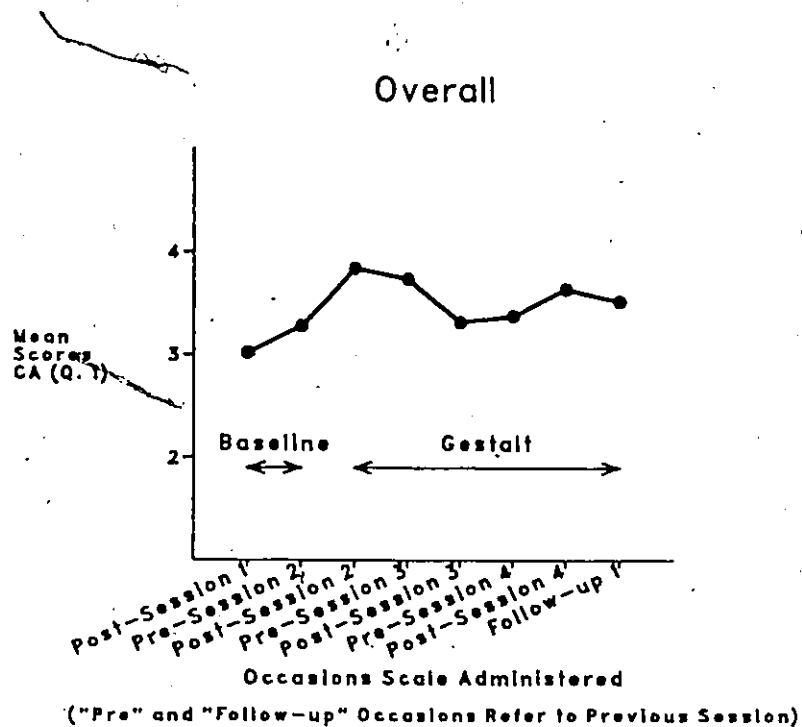


FIGURE 2
MEANS OVER OCCASIONS FOR TARGET COMPLAINT DISCOMFORT BOX SCALE



Differential-Treatment Conditions

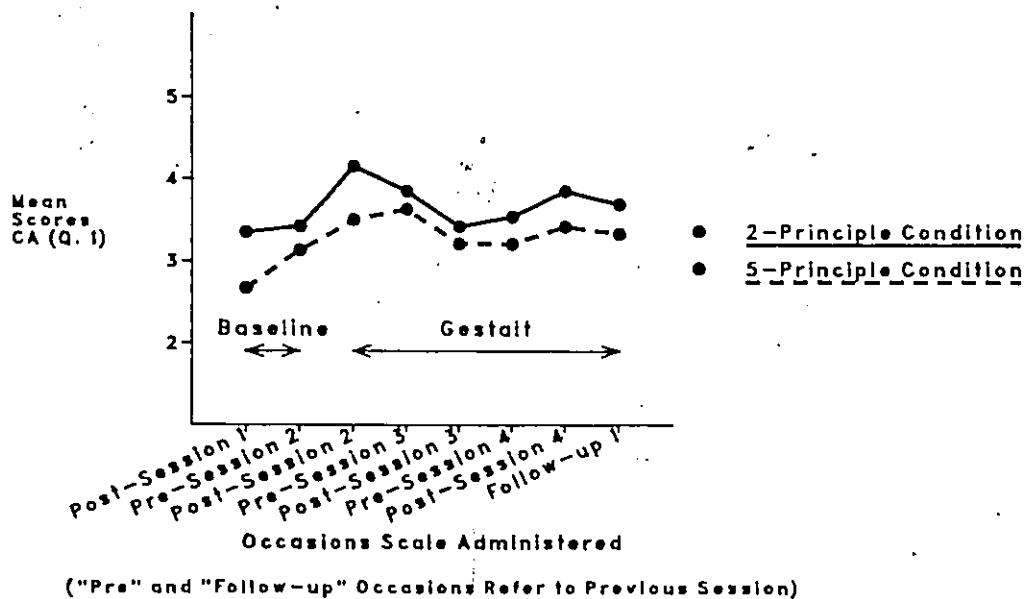
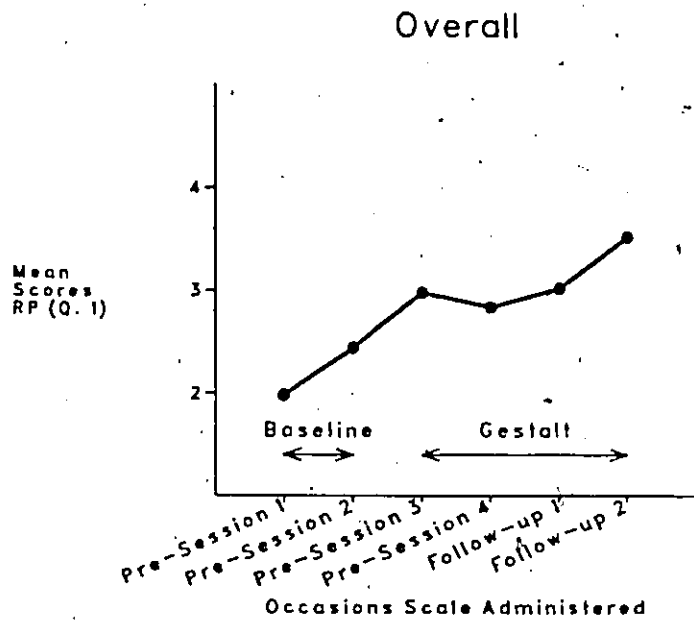


FIGURE 3
MEANS OVER OCCASIONS FOR CHANGE IN AWARENESS MEASURE: QUESTION 1



Differential-Treatment Conditions

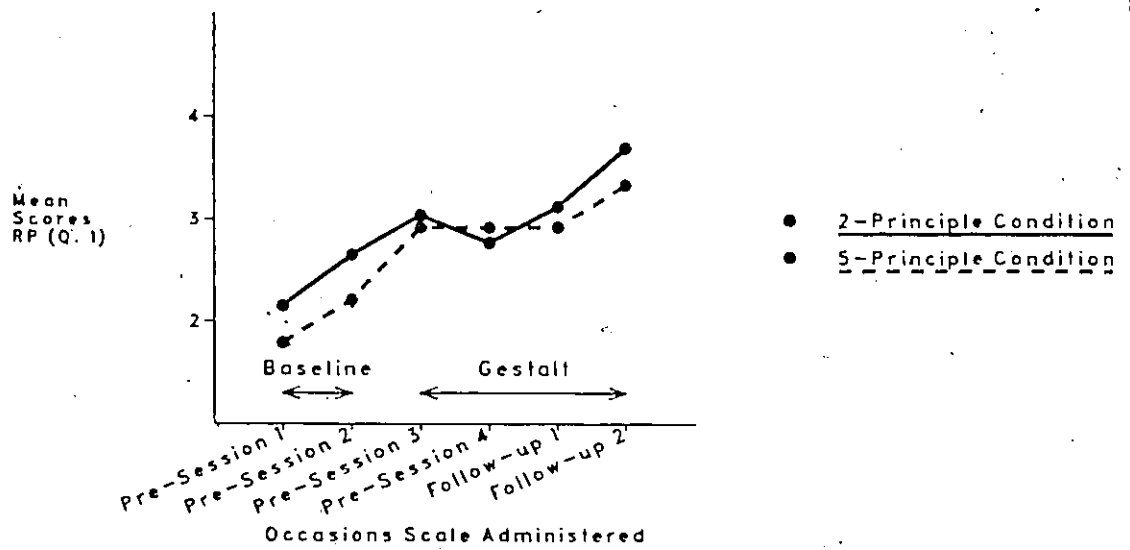


FIGURE 4
MEANS OVER OCCASIONS FOR REPORTED PROGRESS MEASURE: QUESTION 1

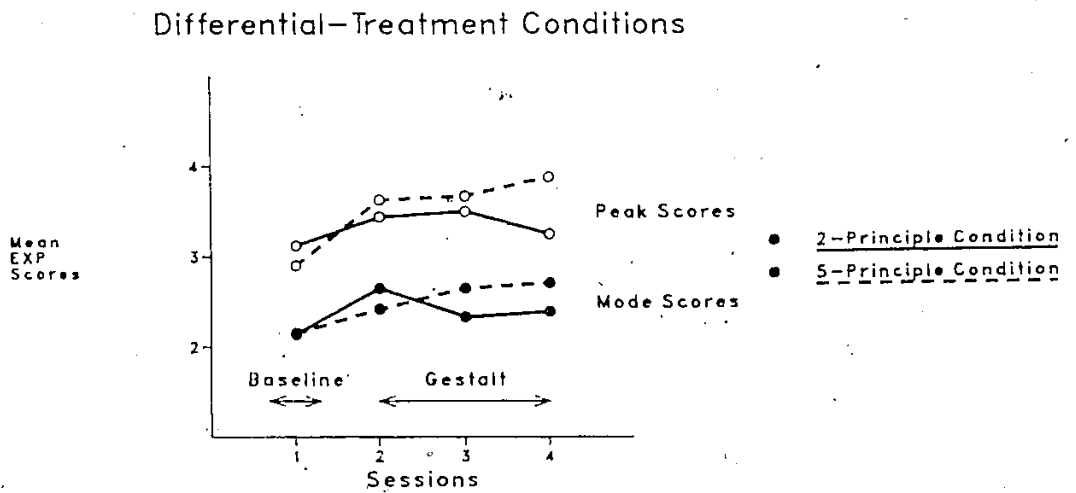
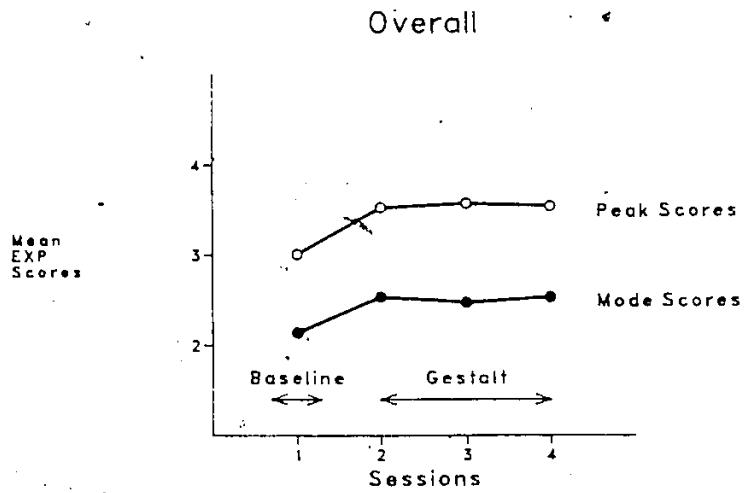


FIGURE 5
MEANS OVER OCCASIONS FOR DEPTH OF EXPERIENCING – MODE & PEAK

internal psychological state suggested by the reported change in anxiety, discomfort, awareness and experiencing. Considering that there had been no apparent improvement in the waiting period between Recruitment and Session 1, this, in a general sense, confirms the substantiveness, authenticity and credibility of the present "personal growth experience", in either differential-treatment condition, and adds this flavor to the interpretation of the results pertaining to the experimental hypotheses.

In addition, the results point to the general absence of a significant difference between therapists throughout the experimental sessions and to the general absence of a significant therapist x differential-treatment interaction throughout the experimental sessions.³ This suggests that consistency and similarity between the two therapists is present, removing any suggestion of a significant differential effect of therapists on the dependent variables in the vast majority of occasions. Accordingly, the results can be interpreted without reference to any major differences in therapists. The general absence of a significant therapist x differential-treatment interaction during the experimental sessions suggests that the stated

³The only therapist effect occurred at the Final (two-month) Follow-Up Session, for the Reported Progress dependent variable suggesting a possible longer-term impact of one therapist on this variable. As well, there was a significant therapist x treatment interaction on the ASDS only, at the Final Follow-Up Session, a significant therapist x time interaction on Other-Conflicts, and a significant time x therapist interaction for CA between the first two sessions.

preference by the two therapists for the Five-Principle Condition, as noted in an earlier chapter, has not differentially influenced the results.

A. Outcomes Immediately Following Two-Principle Two-Chair Sessions as Compared to Baseline Sessions

More specifically, the results support the hypotheses of a significant increase in Depth of Experiencing, Change in Awareness and Conflict Resolution and a significant decrease in Target Complaint Discomfort, pertaining to the academic-social conflict, immediately following Two-Chair Sessions consisting of implementation of only the first two principles at the intervention level (the Two-Principle treatment condition), when compared with these measures taken immediately following the baseline session in the Two-Principle Condition (Figures 1, 2, 3, 5; Tables III.24 and III.25).

However, the results do not confirm the hypothesis of a significant increase in Reported Progress after the Two-Principle Two-Chair sessions in comparison with this measure taken after the baseline session (Figure 4; Table III.22) (likely because of a decrease in the Pre-Session 4 measurement). There is a significant increase in Reported Progress after Five-Principle Two-Chair sessions in comparison with the baseline session. This suggests a possible inter-session effect for the FP Condition, since the scale was administered following the interval since the

previous session. However, further MANOVA analyses (Table III.38) do not indicate a differential-treatment x time interaction or a significant difference between the two differential-treatment conditions on RP. It is probable, then, that the increase over time in RP in the Five-Principle Condition may not be compared to the lack of increase over time in RP in the Two-Principle Condition in terms of differential-treatment differences. One may speculate, then, that the Reported Progress scale may be lacking in adequate reliability, possibly because it asks questions regarding what appear to be vague, general parameters, viz. "progress" and "change". (See "Instruments" section). It is possible that the participants found difficulty in responding to this vagueness, in comparison to the other scales which query about more specific parameters which appear to provide a more meaningful referent for the participants and on which a significant improvement was seen. It is possible that such difficulties may have resulted in lack of confirmation of the hypothesis for this scale pertaining to the baseline vs. treatment differences in the Two-Principle Condition. Considering the increase shown by the other scales, it is unlikely that the lack of a significant increase in RP in the TP Condition suggests a genuine lack of progress following the baseline session.

As well, the results do not confirm the hypothesis of a significant increase in Awareness as measured by the

Awareness Semantic Differential Scale after the Two-Principle Two-Chair sessions in comparison with the baseline session (Table III.21). However, this instrument showed minimal effects in the entire study. Considering the relatively low commonality of variance shared with the Change of Awareness Scale (9% or lower; see Table III.14), it is likely that construct validity has not been sufficiently established for the ASDS pertaining to awareness.

In sum, for the baseline vs. treatment comparison in the Two-Principle Condition, the levels of conflict resolution experienced and reported immediately following the treatment sessions, change of awareness experienced during and reported immediately following the treatment sessions and rated depth of experiencing during the treatment sessions are significantly higher than these levels reported at equivalent times for the baseline sessions. Similarly, the levels of anxiety, disruption and discomfort experienced and reported immediately following the treatment sessions are significantly lower than these levels reported at equivalent times for the baseline sessions. Generally, then, the Two-Principle Two-Chair sessions can be viewed as having been more productive than the baseline sessions. However, this finding must be accepted with some consideration of the two factors discussed in the following paragraphs.

B. Two Limiting Parameters in Comparison of Two-Principle Two-Chair Sessions with Baseline Sessions

First, a closer examination of the means for the CRBS and TCDBS in the Two-Principle Condition (Tables III.1 to III.5) shows a substantial increase in the inter-session period (the time period of a few days between the measure immediately following Session 1 and the measure immediately preceding Session 2). This raises the possibility of an inter-session effect, wherein the events of the baseline session may have been sorted out successfully during this period, possibly indicating a stronger effectiveness for the baseline session than the post-session data indicates. However, in comparison with the significant improvement over time over the four post-session measurements (where a Two-Principle Two-Chair session intervened between each measurement), there was no improvement over time over five pre-session measurements (four pre-session plus follow-up 1), when the Pre-Session 1 to Pre-Session 2 interval was included so that the baseline session intervened. Consequently, it can be argued that the majority of the improvement occurred during the Two-Chair part of the project for the Two-Principle Condition.)

The second consideration relates to the fact that the CRBS and TCDBS are sequential, cumulative variables. As such, the score increases gradually (or decreases where appropriate) from session to session, as improvement occurs. From this perspective, the score following the second

session subsumes and is not independent of the score following the baseline session. Accordingly, it could be argued that a higher score after the first treatment session need not indicate the superiority of that session to the baseline session, in regard to conflict resolution, anxiety, disruption and discomfort. However, an examination of the results involving the in-session variables, Depth of Experiencing and Change of Awareness, where the scores are not cumulative and are independent of previous sessions, disputes this argument. The finding of a significantly higher level for these Dependent Variables after the treatment sessions, as shown by the MANOVA comparing baseline session data to transformed treatment session data (Table III.24), argues for the superiority of the treatment sessions in regard to awareness and experiencing.

This argument is particularly notable because of the direct relevance and importance of experiencing and awareness to the theory of Gestalt Therapy. Awareness and experiencing are thought to occur with the contact between the two chairs (Dye and Hackney, 1975; Greenberg, 1979, 1980a, 1980b; Latner, 1973; Yontef, 1975). The increase in awareness and experiencing within the Two-Principle Condition attests to the Gestalt nature of the Two-Chair experiment in this condition. As well, since such awareness and experiencing are expected to lead to growth, assimilation and integration (Dye and Hackney, 1975; Yontef, 1975), it can not be ruled out that the higher conflict

resolution score after the treatment sessions resulted from this increased awareness and experiencing, aspects which are integral to the Two-Chair method, rather than from any cumulative effect. This argument supports the interpretation of the higher conflict resolution after treatment as indicative of the superiority of the treatment sessions in regard to conflict resolution, in comparison with the baseline sessions.

C. Overview of Results Comparing Two-Principle Two-Chair Sessions with Baseline Sessions

Generally, then, the Two-Principle Two-Chair method can be viewed as having been more productive and effective than the baseline session in this project. Although this should not be interpreted as providing support for the Two-Principle Two-Chair approach in favor of the non-directive approach, the improvement in this condition beyond the baseline session does provide a basis for support of the potential therapeutic viability, credibility and effectiveness of the Two-Principle Two-Chair Method per se. This support is necessary since there is no previous evidence establishing such potential credibility. These findings support the interpretation that the Two-Principle Two-Chair Method consists of valid therapeutic interventions, as operationalized in this study, interventions which are likely substantive to the Two-Chair Dialogue Method. Such an interpretation would be

strengthened and confirmed if the study were replicated with clinical parameters, such as a clinical population with clinically-relevant personal conflicts.

D. Potential Therapeutic Viability of Two-Principle Condition

The results also support the hypotheses of a significant increase, at a period of time two months following the final therapeutic operation, in Conflict Resolution and a significant decrease in Target Complaint Discomfort, pertaining to the academic-social conflict and two other conflicts not examined in the process,⁴ and a significant increase in Reported Progress pertaining to the academic-social conflict. This significant increase occurred following Two-Chair Sessions consisting of implementation of only the first two principles at the intervention level (the Two-Principle Condition), in comparison with these measures taken immediately following the baseline session (at Recruitment session for other conflicts) (Tables III.43 and III.44). Although these comparisons are made between these two occasions only, an examination of the means (Tables III.1 to III.11) indicates that no deterioration occurred in the academic-social conflict between the two follow-up sessions.

⁴Other personal conflicts identified by participants included course conflicts, weight problems, financial conflicts, peer conflicts, religious conflicts and parental conflicts.

This occurrence and maintenance of improvement beyond the baseline session, for this Two-Principle Condition, supports the interpretation of the potential therapeutic viability of the Two-Principle Two-Chair experiment. This provides supporting evidence for the suggestion that there may be substantive therapeutic ingredients inherent in the related interventions. As well, it attests to the potential endurance and generalizability of the Two-Principle Two-Chair method. It suggests that the effect carried on past the final treatment session, and generalized to other personal conflicts, such that the participants had been able to provide their own psychological support and take responsibility for an important part of their lives beyond the conclusion of the therapeutic operation. This did not apparently occur for the academic-social conflict during the waiting period prior to the therapeutic operation. Accordingly, the Two-Principle Two-Chair experiment would appear to have been instrumental in implementing this responsibility, perhaps because of the input from the Second Principle, Responsibility.

With the establishment of the potential therapeutic viability for the Two-Principle Two-Chair experiment, further examination of the results can provide evidence in regard to its comparison with the Five-Principle Two-Chair experiment, i.e. in the comparison between the two differential-treatment conditions.

E. Absence of Differential-Treatment Effects in Comparison of Two-Principle Condition vs. Five-Principle Condition

The results support the hypotheses of no significant difference in Depth of Experiencing, Change of Awareness, Conflict Resolution, Reported Progress and Target Complaint Discomfort, pertaining to the academic-social conflict, following the Five-Principle differential-treatment Condition, when compared with these measures taken immediately following the Two-Principle differential-treatment Condition (Figures 1, to 5; Tables III.28 and III.29, III.32 to III.36, III.38 to III.41). That is, the results support the interpretation that, for the Two-Principle Condition,

1. the levels of conflict resolution, anxiety, disruption and discomfort reported immediately following the treatment sessions;
2. change of awareness experienced during and reported immediately following the treatment sessions;
3. rated depth of experiencing during the treatment sessions; and
4. progress reported a few days after the treatment sessions;

are not significantly different from these levels reported at the equivalent times for the Five-Principle Condition.

Generally, then, with the lack of a significant difference, there is support for the interpretation that the Two-Principle Two-Chair sessions can be viewed as not having

been functionally disparate in therapeutic productiveness from the Five-Principle Two-Chair sessions in this study. Consequently, it can be argued that tentative support exists for the functional equivalence of the two differential-treatment conditions in this study. This finding is reflected in the MANOVA analysis which considers all dependent variables as one large group (Tables III.28 and III.29) and in separate groups (Tables III.32 to III.36; Tables III.38 to III.41). (A differential-treatment effect suggesting increased conflict resolution after Two-Principle treatment sessions, in comparison to Five-Principle treatment sessions (Tables III.30 and III.31), was not present when the baseline sessions were covaried out (Table III.32). Similarly, a possible differential-treatment trend for Change in Awareness was not present when the baseline session was covaried out.) These analyses suggest that the Two-Principle and Five-Principle differential-treatment conditions have not been differentially effective over the duration of the project and that approximately equivalent gains have been made by the participants in the two differential-treatment conditions.

If there was any main differential-treatment effect in this study in favor of the Five-Principle Condition, it was not found using these measures. If there is any such differential treatment effect inherent in the two differential-treatment conditions, it was not discovered in this study by using an apparently normal population of

female college students, experiencing a fairly common, possibly superficial personal conflict (the academic-social conflict), in a seven-day time span of three treatment (Two-Chair) sessions which were of relatively brief duration (ten minutes each).

These results also support the hypotheses of no significant differential-treatment impact on Conflict Resolution and Target Complaint Discomfort pertaining to the academic-social conflict, as well as to two other personal conflicts not examined in the process, and no significant differential-treatment effect on Reported Progress and Awareness pertaining to the academic-social conflict; this lack of a significant differential treatment outcome occurred at a period of time two months following the final therapeutic operation. Generally, then, the equivalent treatment impact on the set of dependent variables continued two months beyond the final treatment session, suggesting that there is not yet evidence of a differential increment (or decrement) up to this point. Thus up to two months post-treatment, these results provide little evidence of a differential treatment impact on getting people to become more independent, responsible and autonomous with respect to the academic-social conflict in particular and other personal conflicts in general. ³ Such differential impact, if it exists at all in the overall scenario, would thus be

³Other personal conflicts identified by participants included course conflicts, weight problems, financial conflicts, peer conflicts, religious conflicts and parental conflicts.

likely to take longer than two months to make itself evident.

Generally, there is little precedent in the Gestalt Therapy literature offering any theoretical evidence suggesting that interventions associated with Principles 3, 4, and 5 should take greater than two months to be effective. With the Gestalt Therapy emphasis on present-centredness (Naranjo, 1970), it is more likely that any effect would be much more immediate. It is unlikely, therefore, that there would be a differential treatment impact beyond the two-month period, although this would have to be confirmed. This raises the possibility that the Responsibility principle (Principle No. 2) had equivalent impact in each differential-treatment condition and a pre-potent impact in the Five-Principle Condition.

F. Potential Therapeutic Viability of Five-Principle Condition For Greater Impact on Depth of Experiencing

There was, however, a significant differential-treatment x time interaction on Depth of Experiencing, primarily accounted for by the Experiencing Peak between sessions 1 and 2 (Figure 5; Tables III.40 and III.41). An examination of the mean Peak scores in the two differential-treatment conditions (Table III.7) indicates a

 A three-way differential-treatment x therapist x time interaction on all dependent variables, accounted for by CRBS Question 2 and Experiencing Mode between Sessions 2 and 3 (Tables III.28 and III.29) suggests an undefined phenomenon, perhaps specific to a minor idiosyncratic difference.

larger increase in Peak (between these two sessions) for the Five-Principle Condition than for the Two-Principle Condition. This suggests that the Five-Principle Two-Chair method increased the depth of experiencing, when compared to the baseline session, to a greater extent than did the Two-Principle Two-Chair method.

This can be interpreted as suggesting that the Five-Principle Two-Chair method may have a particular effect in relation to general non-directive conversation in facilitating depth of experiencing, when compared with the Two-Principle Two-Chair method. This effect may be one of facilitating the depth of experiencing previously reached at a lower level in a non-directive conversational mode. It is possible that the addition of the Five-Principle Two-Chair method to a prior general conversational mode may facilitate an undefined internal reaction to or comparison of these two modes by the individuals involved (perhaps in terms of boredom vs. excitement), more so than does the addition of the Two-Principle Two-Chair method.

This raises the possibility that if the Five-Principle method is inherently more effective than the Two-Principle method in facilitating depth of experiencing, a prior conversational mode may be required to activate the increase in effectiveness. Nevertheless, this differential-treatment x time interaction can be interpreted as providing some support for the interpretation that the Five-Principle Condition has some potential therapeutic viability for

greater impact on experiencing than the Two-Principle Condition. However, the lack of a main effect for differential-treatment on experiencing indicates that such impact has not occurred in the present study and suggests that this possibility for potential be accepted with caution.

If a main differential-treatment effect producing a greater impact on experiencing as a result of the FP Condition exists at all in the total scenario, it may be because of a more direct confrontation of the conflict (Greenberg and Rice, 1981) with an organismic basis (Van de Riet et al., 1980). In interventions associated with the last three principles, the therapist more actively directs aspects of the client's behavior than in interventions associated with the first two principles, particularly in regard to organismic-related aspects (Greenberg, 1979, 1980b). Since Van de Riet et al. suggest "the firmest ground for experience lies in the individual's awareness of body sensations" (p. 27), it would not be unexpected if increased experiencing occurred in the Five-Principle Condition when compared with the Two-Principle Condition. This possibility may occur in a different scenario. At present the results can be interpreted as suggesting that the inherent organismic directiveness is only effective in increasing depth of experiencing insofar as it occurs sequentially following a previous non-organismic, non-directive approach. This suggests the possibility that

the directive approach with an organismic basis may only be more effective in facilitating experiencing when in an overall eclectic approach, rather than in an exclusive Gestalt approach (since the effect was only seen in the juxtaposition of Sessions 1 and 2 and not between the Two-Chair sessions). This is consistent with Shepherd's view (Shepherd, 1975) de-emphasizing a rigid application of Gestalt commandments. Further research would, of course, be required to clarify this issue, with one group receiving Two-Chair sessions with a prior non-directive, conversational mode and another group receiving Two-Chair sessions without this prior mode. The Two-Chair sessions would, of course, include both Two-Principle and Five-Principle conditions as implemented in the present study.

G. Why Is The Five-Principle Condition Not Accompanied by Greater Outcome?

Notwithstanding the suggestion of potential therapeutic viability noted in the preceding section, the addition of Principles 3, 4 and 5 at the intervention level has clearly not produced an overall improvement relative to the presence of the first two principles at the intervention level, throughout or beyond the treatment sessions. The results of the present study suggest that interventions associated with these three principles need not have been implemented to gain the level of therapeutic effectiveness achieved herein;

there would appear to have been no additional therapeutic effectiveness gained by such implementation.

The apparent functional equivalence in treatment outcome obtained by the two differential treatment conditions in the present study raises the possibility that the Gestalt Two-Chair experiment need not include Principles 3, 4 and 5 at the intervention level in order to be effective (using pre-treatment baseline scores as an initial reference point). However, it is possible that the addition of Principles 3, 4, and 5 at the intervention level was not accompanied by additional outcome gains because, as an analogue study, artificial aspects were involved in the present personal growth experience (pertaining to the use of a normal population, all females, with a relatively superficial, common conflict, seen in a short time span, by graduate student therapists, in brief ten-minute sessions, in a research project setting). This artificiality may have provided extraneous variables inhibiting the effect of the interventions relating to the last three principles. It is possible that the equal effectiveness between these differential treatment conditions may not hold in a non-artificial setting.

One particularly important aspect in which the artificiality may have inhibited the effect of the interventions associated with the last three principles pertains to the brevity of the individual sessions. In a genuine therapy session, the Two-Chair experiment may occur

over a much longer time period, approximating a half hour or longer. As such, the ten-minute sessions used in the study may have imposed a time limitation which may have restricted the true nature of the Two-Chair experiment. For example, ten minutes may be required to suitably establish Separation, Contact and Responsibility in a genuine session, using interventions from Principles 1 and 2 alone, as in the TP Condition. In the FP Condition, interventions associated with all five principles were compressed into ten minutes. This necessitated approximately two fewer interventions from each of Principles 1 and 2 than in the TP Condition (See Table II.10). This may have resulted in less Separation, Contact and Responsibility, possibly an insufficient amount, having been implemented before interventions associated with the last three principles were implemented in the FP Condition. As a result, the last three principles may not have been fully effective when implemented. It is possible that a longer time period would be required to establish additional outcome gains for Principles 3, 4 and 5 at the intervention level, so that all principles would have time to be suitably implemented in the FP Condition.

Furthermore, even if all principles were suitably implemented in the ten-minute session, it may take participants longer than the time period used here to work at a comfortable level with interventions related to Principles 3, 4, and 5. Perhaps ten one-hour sessions would be required rather than four ten-minute sessions for the

participant to be comfortable and trusting enough to remove her defenses and benefit from these interventions, if they are intrinsically more intense than interventions relating to the first two principles.

It is possible that actual therapy patients with significant degrees of disabling psychopathology may benefit to a greater degree from these interventions. Van de Riet et al (1980) point out that implementation of more active and direct interventions (such as those associated with Principles 3, 4, and 5) is required when the therapist is confronted by unhealthy patterns maintained by complex, rigid underlying systems. Shepherd (1975) suggests that psychotic patients may benefit from additional sensory input; Close (1970) suggests that gross exaggeration is used frequently to communicate with grossly disturbed patients. In this light, these findings do not rule out the possibility that interventions related to Principles 3, 4, and 5 may be required only where actual clinical parameters are involved. Although there are some minor parallels to clinical work in the present study (ego-involvement of the participants in relation to a genuine personal concern; their apparent request for help for this concern without receiving an extrinsic reward; some therapy history in approximately half the participants), the non-clinical aspect appears to over-ride them.

In addition, there may be an added complexity inherent in the Five-Principle Condition which may have prevented

greater outcome from occurring. The interventions related to Principles 3, 4, and 5 may have had the result of providing an undefined stimulus overload for the participants, considering their apparently normal mental health status and the relatively mild level of their distress related to the academic-social conflict. It is possible that their need for the therapist's input may not be as great as the need experienced and required by actual therapy patients in clinical settings. For example, one may speculate that the participants in the present study may have discovered an increase in complexities related to the academic-social conflict in the Five-Principle Condition, resulting in an unneeded discovery of potential obstacles, thereby hindering improvement.

As well, apart from the clinical vs. non-clinical issue, one may speculate that the more active, directive nature of interventions related to Principles 3, 4, and 5 may constitute an overly deep intrusion into the participant's internal processes, thereby hindering improvement in the FP Condition. This intrusion may interfere with the natural, spontaneous development of awareness and experiencing implemented at the Contact Boundary by the first two principles (Enright, 1975; Perls, 1969; Perls et al., 1951; Yontef, 1975), denying "faith in the organism's" natural ability to induce an independent process of change (Greenberg and Kahn, 1978) otherwise brought about by awareness. Perhaps the patient is made too

passive and subservient in this condition to improve more than was seen here. Shepherd (1975) suggests that such directiveness may be detrimental, by minimizing the patient-therapist process and communication, particularly in regard to the therapist's "loving responsiveness." Such a phenomenon may have occurred in the Five-Principle Condition.

In addition, it is possible that the use of relatively inexperienced graduate school therapists may result in the effect that interventions related to Principles 3, 4 and 5 may not have been delivered with the verbal and non-verbal clinical acumen which may be reserved for them by some well-trained Gestalt therapists. One may speculate that it is possible that such therapists, in clinical practice, may emphasize certain non-verbal behavior, such as loudness, softness, persistence, silence, etc., when implementing these interventions but not when implementing interventions relating to the first two principles. In this study, all interventions may have been implemented with relatively equivalent non-verbal skills and such differential impact may have been lost, resulting in no differences; or, as Shepherd (1975) suggests, the more active interventions may encourage novice therapists to serve, detrimentally, as an "exclusive director."

If there is any greater intensity inherent in the content of the interventions of the Five-Principle Condition when compared to the Two-Principle Condition, one may

speculate that they may have been too intense given the normal population, the relative mildness of personal distress experienced by the participants regarding the academic-social conflict, and the brevity of the project. Participants in the Five-Principle Condition may have therefore been more defensive, whereas this may not be the case with more severe distress, or in longer sessions over a longer time span, such as those found in actual clinical work.

Another possible explanation why the Five-Principle Condition did not produce greater outcome is seen in reference to the possibility that interventions related to Principles 3, 4, and 5 may, ironically, have taken participants "off the hook" in this Condition because of their implementation instead of the additional Principle 1 and 2 interventions implemented in the Two-Principle Condition. That is, Contact and Responsibility interventions were each used approximately two more times in a TP session than in a FP session (Table II.10), perhaps deepening their effect and forcing a deeper response. It is possible that such an effect may constitute implementation of heightening without the implementation of Principle 4 at the intervention level. This suggests implementation of Heightening at the internal level, in that the recipient may not feel "let off the hook" by the repeated implementation of two principles. (The possibility that implementation of the first two principles at the intervention level may have

allowed Principles 3, 4, and 5 to operate at a participant's internal level is discussed later.)

Still another possible explanation why the FP Condition may not have been accompanied by greater outcome is the expectancy variable. All subjects in this study were recruited to participate in a personal growth experience. The use of a term such as "growth" and the possible benefits described in the recruitment patten may have induced an expectancy for growth in the participants at the time of recruitment. This expectancy variable may have played an equal role in both conditions and generated similar outcomes, inhibiting greater outcome in the FP Condition.

Further research is required to substantiate the speculations outlined in the preceding paragraphs. Until then they must remain as speculation.

If this study is replicated with a clinical population and its findings are confirmed, particularly with a session much longer than ten minutes, it could then be stated more conclusively that no additional therapeutic effectiveness is added to the Two-Chair experiment by the inclusion of interventions associated with Principles 3, 4, and 5.

H. Implications of Five-Principle vs. Two-Principle Outcome Parity

Notwithstanding the factors outlined in the previous section, the present results indicate an outcome parity between the two differential-treatment conditions. Although

such a parity is present, there are no suggestions in the findings that interventions associated with Principles 3, 4 and 5 would need to be withheld in the Two-Chair method. There appear to be no adverse therapeutic outcomes inherent in these interventions. Nevertheless, if the present study were replicated across clinical populations and related clinical parameters, with similar results, the outcome parity would suggest that the interventions associated with Principles 3, 4, and 5 would not need to be included in the Two-Chair Dialogue Method of Gestalt Therapy. This would free the therapist from having to remember to include them. This is in line with the Gestalt Therapy emphasis on freedom from rules pertaining to techniques, as stated by Schoen (1976) and Van de Riet et al. (1980). This emphasis on creative experimentation in an open system would be encouraged, in that these interventions would neither need to be included nor excluded. The client's moment-to-moment signals of ongoing experience would provide the lead, and the present results do not suggest that there are any such signals that intrinsically would require the implementation of these interventions.

Therapists who are familiar with interventions associated with Principles 3, 4, and 5 may feel free to use them or to ignore them. If the present findings are replicated in a clinical population, he/she may well be advised to consider them as extraneous to the Two-Chair experiment at the intervention level (although he/she may

choose to continue their implementation since withholding them for this reason may inhibit the therapist). However, therapists who are not familiar with these interventions and therapists-in-training would then not need to be taught these interventions in order to perform the Two-Chair experiment. This would be economical in saving training time.

I. Consistency of Results with the Postulate that Principles 1 and 2 Constitute Essential Therapeutic Ingredients

The present results are consistent with the postulate that the interventions associated with Principles 1 and 2 are an intrinsic, integral part of the Two-Chair experiment and constitute sufficient therapeutic input for it to be effective. Such interventions appear here to have constituted the essential therapeutic ingredients of the Two-Chair experiment at the intervention level; interventions associated with Principles 3, 4 and 5 are not accompanied by increased treatment gains. As such, this supports the basic premise of the study regarding the necessity of Principles 1 and 2 at the intervention level.

The awareness and experiencing which are integral to Gestalt Therapy, which are definitive of the Contact Boundary defined by Principles 1 and 2 (as discussed in an earlier chapter) and which result in growth, assimilation and integration (Dye and Hackney, 1975, Yontef, 1975) did not significantly differ between the differential-treatment

conditions. This supports the proposal that most of the awareness and experiencing occur at the contact level as implemented by interventions related to Principles 1 and 2. Since Depth of Experiencing correlates positively with outcome (Klein et al, 1969; Orlinsky and Howard, 1978), it is probable that interventions related to the first two principles are sufficient in producing desirable therapeutic outcome. As such, interventions associated with the last three principles may not be intrinsic to the therapeutic value of the Two-Chair experiment. Further research with a clinical population with clinical parameters is required to confirm this possibility.

J. Do Explicit Two-Principle Condition Interventions Lead to Implicit Implementation of Principles 3, 4, and 5?

Generally, the present results are in line with the interpretation that all five principles do not need to be covered by a corresponding intervention at the implementation level in the Two-Chair experiment. This interpretation could be accepted if these results were replicated in a clinical study. However, since the dual-levelled nature of Gestalt Therapy outlined earlier suggests that what is true of the intervention, technique level need not be true of the underlying, structural level, it does not follow that, if this interpretation were confirmed, all five principles would then be regarded as unnecessary at the underlying, structural level. In fact it

could be argued that processes related to Principles 3, 4 and 5 would still occur, but at an underlying level, within an individual's internal processing.

Generally, the theoretical position established in the first chapter pertaining to implementation of Principles 1 and 2 releasing aspects related to Principles 3, 4, and 5 within an individual's internal processing is supported by the present results. That is, since (1) Greenberg's five principles together constitute the structure underlying the total therapist operation (Greenberg, 1979); and (2) the Gestalt therapy and cognitive therapy literature presented in the first chapter support the suggestion that characteristics that appear very similar to the last three principles may occur independently in the client's internal functioning as a result of implementation of only the first two principles, it can be argued that the success of the Two-Principle Two-Chair method, and its apparent functional equivalence with the Five-Principle Two-Chair method, occurred because of movement through the last three principles within the participants' internal processing even though these principles were not implemented at the intervention level.

The finding of no significant difference in shift of awareness in the Two-Principle Condition, as compared to the Five-Principle Condition, suggest that processes related to Principles 3, 4 and 5 have still occurred for those participants in this condition, even though interventions

related to these principles were not implemented. Van de Riet et al (1980) indicate that development of such awareness "releases the client to an ongoing . . . organismic flow of experience" (p. 81); Enright (1975) points out that developing awareness is accompanied by a feeling of increase in energy. As such, this provides supportive evidence for the interpretation that awareness sets off a natural, independent, creative internal process of change related to Principles 3, 4 and 5, in a manner similar to that described in the opening chapter, when only the first two principles are implemented at the intervention level.

Notwithstanding the time x differential-treatment effect on Experiencing noted earlier, the equivalent levels of Experiencing found in this study offer further support for the interpretation that the awareness and experiencing elicited by Principles 1 and 2 in the Two-Principle Condition includes internal processing related to the last three principles, probably because the participants' natural, inherent Experiencing ability has been set off. The Experiencing construct relates to levels of awareness, even at the generally lower levels achieved in this study. The mean of 3.44 (S.D. .84) found in the treatment sessions of the Two-Principle Condition for the Experiencing Peak score (Table III.7) suggests that aspects of internal experiencing relating to Principles 3, 4 and 5 may have occurred at an internal level. For example, at stage four

of the Experiencing Scale (which was reached, at a Peak, at a level within one standard deviation of the mean for the Two-Principle group), the participant "attends to" his experiencing of events, and his content is a "clear presentation" of "internal perspective or feelings" in which he "makes explicit" his feelings "in great detail" (Klein, et al., 1969, p. 59). Although not describing Principles 3, 4 and 5 (Attending, Heightening and Expressing) specifically, this process as described by Klein et al. discusses characteristics which appear very similar to ~~these three principles~~ as occurring within the participants' internal processing, that is, just before the Peak was reached. These characteristics, which appear to have occurred in a fairly representative proportion of the Two-Principle treatment sessions, could be regarded as occurring independently, in that the participants in the Two-Principle Condition were not directly facilitated in the direction of these events, as they were in the Five-Principle Condition. As such, this supports the hypothesis that the Two-Principle Condition implemented these aspects internally. This is particularly so since these aspects were not implemented to the same level in the baseline session (Mean 3.12; S.D. .75; Tables III.7 and III.24).

The occurrence of processes related to Principles 3, 4, and 5 within an individual's internal processing and then reaching an observable peak is similar to the description

provided earlier by Polster and Polster (1976): in that attending to what is already happening in the sensate, organismic experience allows amplification of experience to emerge organically . . . "a growth of sensation . . . gathering greater amplitude from each moment to the next impels the person to say or do what he must" (p. 260) in his urgency for personal expression. This suggests that the present findings are in line with theory presented in the Gestalt Therapy literature and also suggests the operation of coverants in a process of covert mediation, as suggested in the first chapter.

This occurrence is also consistent with Greenberg's notion that the client is encouraged to unfold an inner dialogue (Greenberg, 1980a). In this case, the unfolding inner dialogue appears to have included elements of Principles 3, 4, and 5. This occurrence suggests that the structure underlying the therapist operation pertaining to Principles 3, 4, and 5 need not lie with the therapist or with the therapist interventions, but may instead lie within the individual recipient's internal processing and be facilitated by interventions pertaining to Principles 1 and 2.

One may speculate that the internal dialogue taking place during the Two-Chair experiment is more internal than has previously been realized, and hence less accessible to direct influence. As well, it is likely more significant and more effective than previously realized, as evidenced by

equivalent treatment outcome gains in the Two-Principle Condition where internal processing related to the last three principles is thought to have occurred without their direct implementation.

The covert mediation is thought to have occurred in the Two-Principle Condition as an important mediative process, resulting in these gains. The apparent equivalence in shift in awareness seen in the differential-treatment conditions possibly has produced shifts in arousal and sensitivity, as described by Greenberg and Kahn (1978) and Meichenbaum (1977) and as seen in both differential-treatment conditions by a decrease in reported complaint discomfort and anxiety. Such shifts possibly have been mediated by cognitive shifts, as described by cognitivists (Meichenbaum, 1977; Murray and Jacobson, 1978; Sokolov, 1972), producing relabelling of arousal and mobilizing and determining eventual actions, as seen in both conditions by the decrease in disruption and the increase in conflict resolution. In this way, a chain of covert events has likely occurred in the individual's information-processing during the Two-Chair experiment, involving the interaction of inner speech, cognitive structure and the behavior seen in activity such as switching chairs. This sequence of mediating events is thought to have produced the resulting treatment outcome in the Two-Principle Condition.

The implicit information-processing that is the person's attending, making a clear presentation of his

internal feelings and making them explicit (i.e. internal processing of Principles 3, 4 and 5) could be regarded as equivalent to covert operant behavior -- i.e. coverants (Kepner and Brien, 1970, Stanley and Cooker, 1976). One may speculate that since these authors equate such covert behavior with experiencing, their expression in the Two-Principle Two-Chair differential-treatment Condition suggests that these particular coverants are made observable when the Experiencing Peak score of four is reached. This suggests that their occurrence prior to the Peak score may have been internal, perhaps in a chain of covert events which reached an overt peak. This provides some inferential, speculative evidence for the existence of a relevant internal dialogue, which may occur along the lines of the cognitive mediating process described by the cognitivists (Beck, 1976; Kazdin, 1978; Meichenbaum, 1977; Sokolov, 1972). This may be such that an internal dialogue ensues to an emerging dialogue (Mahoney and Arnkoff, 1978; Schoen, 1976), which occurs when the Experiencing Peak score of four is reached, as emerging from the internal dialogue which must have preceded it. In this way, the Two-Principle Two-Chair experiment can be viewed as the unfolding of an inner dialogue, as a chain of covert events processing Principles 3, 4 and 5 becomes overt without their direct implementation.

The suggestion presented earlier that the therapist interventions related to Principles 3, 4, and 5 may be

overly directive and intrusive, resulting in an inhibition of the participant's internal processing and retardation of conflict resolution, raises the possibility that principles 3, 4, and 5 must necessarily be processed at the covert, implicit level and not at the explicit, operational level. Therapists who explicitly direct the patient to do specific behaviors related to these interventions may be interfering with the natural process of change and organismic self-regulation as described by the Gestaltists (Enright, 1975; Greenberg and Kahn, 1979; Schoen, 1976, Yontef, 1975, Zinker, 1977). Greenberg and Kahn (1978) point to the value of freeing the counsellor "from trying to make something happen" (p. 25) and allowing a natural process of change to occur. Shepherd (1975) de-emphasizes rigid, active Gestalt "commandments". This natural process of change may be one in which the covert cognitive processes operate in the form of an inner dialogue, (Greenberg, 1980a; Meichenbaum, 1977) as described in the preceding paragraphs, in order to maintain a healthy equilibrium (Latner, 1973; Perls, 1947; Perls et al, 1951), which was achieved by the increase in conflict resolution in the Two-Principle Condition. This supports the theoretical positions of organismic self-regulation and pragnanz described by the Gestaltists (Dye and Hackney, 1975; Latner, 1973; Perls, 1947; Perls et al, 1951) and presented in the first chapter, particularly because the improvement noted in this Condition was in a definite, specific, goal-oriented direction.

The increased sensitivity and arousal in the form of natural internal processing of attending, expressing and accentuation can be seen as natural Contact Functions (Enright, 1975; Polster and Polster, 1975). As such, it can be argued that they must be processed at the covert level, within an individual's information-processing, as that is their natural habitat, and that attempts by the therapist to directly intrude into this process will inhibit it, as may have happened in the Five-Principle Condition.

Of course, further research would be required to substantiate the interpretations discussed in this section.

K. Possible Consistency of Results With Softening of Internal Critic

It is probable that the unfolding internal dialogue included aspects of acceptance by the domineering, harsh critic ("Top Dog") of the subservient recipient ("Underdog"). In Greenberg's recent model (Greenberg, 1980a, 1983), such acceptance and softening constitutes a crucial component of conflict resolution in the Two-Chair experiment. Considering that acceptance is viewed as the domain of Contact and Responsibility, (Latner, 1973; Perls, 1973; Shepherd, 1975) it is feasible that such acceptance and softening by the harsh critic occurred in the Two-Principle Condition, since successful conflict resolution occurred in this condition; and at a level which was not significantly different from successful conflict

resolution in the Five-Principle Condition.

Although there is no discrete, quantitative data available at this time to focus on this area, observation of the sessions and listening to tape-recordings by the experimenter revealed that it was not uncommon in the Two-Chair sessions in this study for the "academic" self to serve as the "Experiencing" self, the subservient Underdog, and for the "social" self to serve as the "Other" self, the harsh critic, the Topdog. As well, it was not uncommon for the "academic" self to tell the "social" self to "stay away just a little longer until all my studying is done" and for the "social" self to accept this in a softening manner. In this way, the process appears to have emerged and become observable along the lines of Greenberg's conflict resolution model, in both differential-treatment conditions. Of course, further analysis of the tapes of the present project is required to substantiate this possibility and further research is required to confirm it.

L. Implications for Future Research

The present results are consistent with the postulate that interventions associated with Principles 1 and 2 are essential and necessary in the Two-Chair experiment. Future research could focus on this topic to establish their necessity. A study wherein one group of participants received all five principles as interventions and the other group received only the last three principles as

interventions would test this question. However, this would be tantamount to a study of the Two-Chair method vs. a non-Two-Chair Gestalt method for resolving conflicts. This is because, as previously indicated in the first Chapter, the first principle outlines the structure of the Two-Chair experiment -- to remove this principle would be tantamount to dismantling the entire Two-Chair experiment which would, of course, not proceed without separation of the self into two chairs as outlined in Principle 1.

Further dismantling of the principles could be done by dismantling Principle 2 and studying its necessity at the intervention level. A study using two conditions -- Principle 1 interventions alone vs. Principle 1 interventions in combination with Principle 2 interventions -- would focus on the question of whether Principle 2 interventions are necessary. If Principle 2 interventions are found unnecessary, further dismantling of Principle 1 is recommended to study its inherent therapeutic ingredients. This could be done by dismantling Contact from Separation, so that one group would receive Separation only -- not be allowed to make contact between chairs -- and the other group would receive both Separation and Contact. This would investigate the question regarding the necessity of Contact interventions in the Two-Chair experiment.

Ideally, each principle could be studied individually in a comprehensive study on the five principles. Principle 1 could be studied alone and in combination with

each of Principles 2 to 5. This would comprise a study focussing on each principle.

Another investigation could study the effects of Principle 1 alone vs. Principles 2 to 5 alone in order to separate the Two-Chair structure from the "traditional" Gestalt interventions of Principles 2 to 5 which can be used in one-chair format, in facilitation of conflict resolution. This would comprise a true comparison of the importance and relevance of use of separation and contact.

As well, future research could focus on the role of the cognitive processes. Such research could focus on defining and elaborating the role of internal cognitive mediation in facilitating the first two principles at the intervention level. This could be done with a replication of the present study with two other parallel conditions in Two-Principle and Five-Principle format. The addition of two self-statement experimental conditions to the differential-treatment conditions implemented here would provide such a focus. More direct information regarding the internal processing could be gleaned if experimental groups are differentially taught to make self-statements across both differential-treatment conditions, with explicit and implicit implementation of the self-statements. Groups in one self-statement condition could be taught explicitly and directly to make self-statements, and groups in the other self-statement condition would be taught implicitly. Participants would verbalize their reactions after

implementation of each principle, in an effort to tap the internal mediating processes more directly. If there were no differences between self-statement conditions, or between differential-treatment conditions, this would suggest natural, covert processing of processes related to Principles 3, 4, and 5.

The present results suggest the importance of establishing the effect of interventions associated with Principles 3, 4, and 5 in clinical settings. Accordingly, further research is recommended on the Two-Chair experiment using clinical parameters, e.g. with longer sessions, with actual patients, in a context of other therapy modalities, with experienced therapists, etc., so that the present findings can be confirmed in a context parallel to the genuine setting, enabling the results to be generalizable to such settings.

V. SUMMARY AND CONCLUSIONS

The present analogue study has focussed on a comparison of the differential effects of implementation of all five principles of the Gestalt Two-Chair Method at the intervention level with implementation of the first two principles at the intervention level, using normal female college students as subjects. The five principles are Contact, Responsibility, Attending, Heightening and Expressing (Greenberg, 1979, 1980a, 1980b).

The results indicate that in the personal growth experience which constituted the format for the experimentation, there were essentially no differences in outcome in the measures used in this study between the two differential-treatment conditions, the Two-Principle Condition (TP) and the Five-Principle Condition (FP). These measures were conflict resolution, anxiety, disruption and target complaint discomfort, all in relation to the personal conflict being worked on, reported progress, change of awareness and depth of experiencing. This suggests that interventions associated with Attending, Heightening and Expressing need not have been implemented to achieve the level of outcome attained by the participants involved in the FP Condition.

This outcome parity suggests the possibility that Principle 3, 4 and 5 interventions do not need to be implemented directly in the Two-Chair experiment. This supports the Gestalt open-endedness encouraged by Shepherd

(1975), since therapists would be free to include them or exclude them without adverse effects.

The present results are consistent with the postulate that Contact and Responsibility interventions constitute sufficient therapeutic input for desirable levels of effectiveness of the Two-Chair experiment. However, the results can be interpreted as supportive of the postulate that processes related to Principles 3, 4 and 5 occur at an individual's internal processing, and are set off there by interventions associated with Principles 1 and 2.

This is postulated to occur because of a natural, independent, creative internal process, operated in a goal-oriented direction as presented by Gestaltists (Enright, 1975; Greenberg and Kahn, 1978; Yontef, 1975; Zinker, 1977) by processes of covert cognitive mediation as presented by the cognitivists (Beck, 1976; Kazdin, 1978; Meichenbaum, 1977; Sokolov, 1972). This is thought to involve the interaction of inner speech, cognitive structure and behavior (Meichenbaum, 1977).

This sequence of mediating events is thought to have occurred in a chain of covert events or coverants (Kepner and Brien, 1970; Stanley and Cooker, 1976), and to have produced the parity of outcome achieved by the Two-Principle Condition with the Five-Principle Condition.

This can be interpreted as supporting the principle of "faith in the organism" (Greenberg and Kahn, 1978), such that the therapist can feel free to trust the individual's

inherent, natural Experiencing ability, so that the individual can use Contact and Responsibility interventions in the Two-Chair experiment to process Attending, Heightening and Expressing internally. Implementation of these three principles as interventions may suggest a lack of faith and trust in the individual's inherent ability; their widespread usage may constitute a restrictive set of "shoulds" (Shepherd, 1975).

Given that a) the Experiencing Scale has been shown to substantiate the effectiveness of psychotherapy (Klein et al, 1969; Orlinsky and Howard, 1978); b) level 4 suggests the first aspects of experiential focussing (Klein et al, 1969); and c) level 4 appears to constitute internal aspects of Principles 3, 4 and 5, it may be that internal processes related to these three principles are required by and, in fact, are set off internally by other successful forms of experientially oriented psychotherapy. As such, the present findings may reinforce faith in the organism's inherent growth ability across various schools of psychotherapy and suggest a moderate level of directiveness is optimal to set it off. Overuse of directiveness may attest to the therapist's need for power and control stemming from his fears (Shepherd, 1975).

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APPENDIX A

Introduction to Personal Growth Experience Given to
Participants at Recruitment

Intro

During the student years, most students like to spend some of their time in academic activities and some of their time in social activities. However, many students appear to experience some degree of difficulty during the student years when attempting to strike a balance between social activities and academic activities.

For example, some students may realize that they are regularly neglecting one of these types of activities when they really should not be, and that they should be more involved in this type of activity. Other students may regularly have much difficulty when faced with particular occasions where it is necessary to decide whether to pursue an academic activity, or whether to pursue a social activity instead; both may seem equally preferable. These are only two examples - there may be other examples you can think of which may also suggest that a student is experiencing a difficulty when attempting to strike a balance between social activities and academic activities during the student years.

These examples and others can suggest the student is experiencing an unresolved personal conflict in this general area of academic activities vs. social activities.

Please consider whether you may now be experiencing some personal conflict in this general area, and to what extent your conflict may be unresolved, and/or discomforting. After you have made this consideration, please answer the questions on the next form.

APPENDIX B
Release Form

Release Form

I have volunteered to participate in the research project on personal growth which is being conducted and supervised by Bruce Hutchison, psychologist, University of Alberta Hospitals in Edmonton.

In this project, I will be participating in a group experience in which I will attempt to successfully work through my personal conflict between academic and social activities, and attempt to reduce or remove the difficulty I have been having with it.

I am aware that I will work on this issue actively with the group leader for ten minutes during each group session, primarily on a one-to-one basis with the other group members observing. I will also observe the other group members during their ten minutes' work on the issue, and all information divulged by others will be kept confidential by me.

I understand that this type of personal conflict is not likely to be associated with private, intimate aspects of my life but that, if it is, I do not have to divulge any information about myself or any other person or topic that I do not wish to. I understand that at time it is possible for the experience to be boring or intensive. I recognize that, because this is part of a research project, there may be some apparent constraints experienced by the leader, but that the intention is to provide a valid, real, genuine experience nevertheless, although success is, of course, not guaranteed.

I am aware that I am expected to participate in all four sessions and to complete all the forms required by the research project (including two occasions after the final session). I reserve the right to drop out of the project at any time if I discover, after beginning, that I do not feel it would be in my best interest to participate in the experience. However, if I do decide to drop out, I will discuss my decision with the group leader or with Bruce Hutchison (in a one-to-one discussion), but this discussion will in no way obligate me to continue in the project or to complete further forms.

I understand that the sessions will be tape-recorded, for research purposes only. I acknowledge that the only individuals with access to the tape-recordings and completed forms will be professional research psychologists involved with this project and related future projects and their assistants. These people are not located in Alberta. They are bound by professional ethics to keep all personal information confidential and will not have access to my surname, since surnames will not be used in the group sessions nor on the forms.

I understand that the project will be explained to me after I have completed the final forms. I also understand that the results of the project will be forwarded to me in a few months' time if I provide a forwarding address.

I have read this document and I agree to participate in the research project on personal growth under these conditions. As such, I absolve Bruce Hutchison and the group leaders of any responsibility pertaining to my participation.

signed on

_____ (date)

{signature of participant}

APPENDIX C

Specific Therapist Interventions and Their Related
Principles

**APPENDIX C: Specific Therapist Interventions and Their
Related Principles**

(Greenberg, 1979, 1980b)

1. Maintaining the Contact Boundary

The therapist facilitates the client's ongoing definition of each of the opposed forces and the client's making contact with each part and continues this flow of contact by:

1. suggesting the person speak as one part to get a sense of it;
2. asking the person some things he/she may like to do as each part;
3. asking the person to indicate "who are you as this part";
4. asking the person to experience, "try on" or "get a sense of being" a part, rather than "talk about" a part;
5. using the person's description of unique aspects of a part to capture its essence;
6. continuously separating out emerging polar aspects of the experience;
7. having the parts talk to each other in a flow of contact, i.e. not to the therapist;
8. asking one part to "define their differences and dislikes of the other" and tell the other;
9. asking the person to "make a case for" or get a true

"felt sense" of the other and tell the other.

2. Responsibility

The therapist facilitates the client's responding with the true nature of their experience as a part by:

1. asking the person to "own" what he/she is saying;
2. asking the person to speak in the first person singular regarding feeling statements, e.g. "I feel discouraged" not "it's discouraging";
3. making feeling inquiries by asking "What are you feeling?";
4. encouraging the person to experience their feeling as being "inside himself" and not blamed on or attributed externally to the other part, e.g. "tell the other part your experience (of weakness, etc.)";
5. asking the person to identify with his/her needs, wants and resistances and to say them directly, according to the "Experiencing" part;
6. asking the person to role-play what they are already talking about, and to talk concretely from that position e.g. "I am the knot in my stomach," "I am my voice, I am small," specifying related physical sensations;
7. asking one part ("other") to do to the first ("experiencing") part what the first part has already said the other does, e.g. one part "cages" or "judges" the first part;

8. bringing the concept of avoidance to the person's attention and asking "are you aware of avoiding anything?" "What are you avoiding?" or having that person experience and take responsibility for what is being avoided;
9. asking the person to be aware of how he/she interferes with his/her own integrative functioning if he/she uses statements like "I judge myself" or "I frighten myself";
10. asking the person to make demands on the other part from the "other chair" e.g. "tell the other part what it should do" i.e. no analyzing or talking about.

3. Attending

The therapist facilitates awareness by:

1. encouraging the person to "become aware of what he/she is feeling or doing" in the present moment;
2. asking the client "What are you aware of?" "What are you experiencing?";
3. drawing the client's focal attention to particular aspects of their experience, behavior or process that are fairly obvious but about which they may not be aware, e.g. "Are you aware of what you are doing with your hands (voice, eyes, posture, etc.)?" "Become aware of your (etc.)" e.g. wringing hands, dead voice, moving eyes;
4. asking clients to "go into your body and check out

what's happening there" in its present experiencing;

5. asking clients to "stay with" a certain aspect of what he/she is feeling or sensing in the present and not move away; /
6. noting clear discrepancies, such as when person's words are not grounded in their obvious organismic experience and intervening by asking person to change perspective and attend to present organismic experience not in present awareness.

4. Heightening

The therapist highlights certain aspects to bring out their essential nature by:

1. offering feedback of certain essential aspects as observation based on the therapist's hunch, which the person should only accept if it "fits", such as making implicit explicit, or symbolizing an experience or perception of the therapist;
2. asking the person to role-play an idiosyncratic aspect of their polarity in a heightened manner, where the role comes from the person's experience, e.g. be a "whiz kid" if concerned about the intelligence;
3. feeding a sentence to the person offering a succinct statement summarizing the essence of a person's previous statement that was previously implicit and asking the person to "try on" the sentence and accept only if it

"fits";

4. asking the person to exaggerate or repeat any aspect of the Two-Chair interaction such as gestures or statements e.g. "say (do) it again -- exaggerate it", "shout", "hit the cushion";
5. asking the person to exaggerate spontaneous motor expression repeated in miniature action and to repeat certain select phrases;
6. giving instructions which exaggerate the person's position. e.g. if part feels unworthy -- "introduce yourself as the most unworthy person in the world."

5. Expressing

The therapist pursues the particular content ("what") and the process ("how") involved in the dialogue by:

1. asking the person to be more specific;
2. telling the person to express the particular contents of an internal dialogue or experience and not talk about it abstractly or generally;
3. telling the person in one chair to tell the other part all the details about what is being said, e.g. tell "all the things he/she should do", "all the things I need," etc.;
4. clarifying the style of expression, regarding the particulars of how the person is interacting, e.g. "How are you interacting (with the other part)?" "How did

you get what you wanted?";

5. changing the person's style into content and feeding it back into the dialogue, e.g. perceiving the style as condescending and suggesting the person be condescending and look down on the other part.

APPENDIX D
Therapist's Questionnaire

THERAPIST'S QUESTIONNAIRE

Now that you have finished the group sessions, I would like your impressions. I would like to know about your experience of working with both the 2-Principle and the 5-Principle experimental conditions.

Please complete this questionnaire after completing your final group session.

Please read all the questions before answering any of them so that you understand how they are different and ensure your answers do not overlap, if possible.

Please place a check mark in the space which best shows your answer for each question.

Please consider your experience in all the actual group sessions you were in throughout the project.

NAME: _____

- | | | | |
|---|-------------|-------------|---------------|
| 1. Generally, which condition did you personally prefer working with, the 2-Principle or the 5-Principle? | 2-Principle | 5-Principle | No Difference |
| | _____ | _____ | _____ |

Comments _____

- | | | | |
|--|-------------|-------------|---------------|
| 2. Generally, considering only the therapist's available interventions in each principle, which condition do you think is theoretically more effective therapeutically | 2-Principle | 5-Principle | No Difference |
|--|-------------|-------------|---------------|

a) in facilitating resolution of the conflict?

b) in facilitating participant's awareness of the conflict?

c) in reducing participant's discomfort with the conflict?

d) in facilitating the depth of the participant's personal felt experiencing?

Comments _____

- | | | | |
|---|-------------|-------------|---------------|
| 3. Generally, regardless of participants' progress or your theory or belief about the principles, in which condition do you think you, yourself, actually provided more effective facilitation? | 2-Principle | 5-Principle | No Difference |
| | _____ | _____ | _____ |

Comments _____

4. Generally, according to your observations, in which condition do you think the participants actually made the most progress?	2-Principle	5-Principle	No Difference
	_____	_____	_____

Comments _____

5. Generally, which condition did you find allowed your personal contact with the participants to be:	2-Principle	5-Principle	No Difference
a) higher in positive regard?	_____	_____	_____
b) more empathic?	_____	_____	_____
c) more genuine?	_____	_____	_____
d) more natural & spontaneous and less constrained?	_____	_____	_____

Comments _____

6. What other comments do you have? _____

APPENDIX E

CRBS

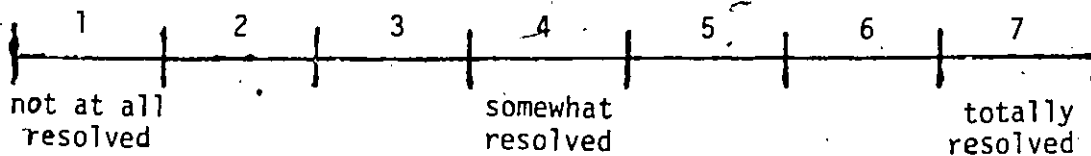
Please complete this form at this time.

Consider the personal conflict that may be involved when students experience difficulty during the student years in striking a balance between academic activities and social activities.

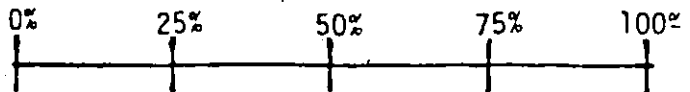
Please answer the following questions about this conflict, considering how it may pertain to you and your life at the present time.

1. Please indicate to what extent you feel this conflict is resolved for you at the present time. Please circle the number above the space which best describes how resolved the conflict is for you.

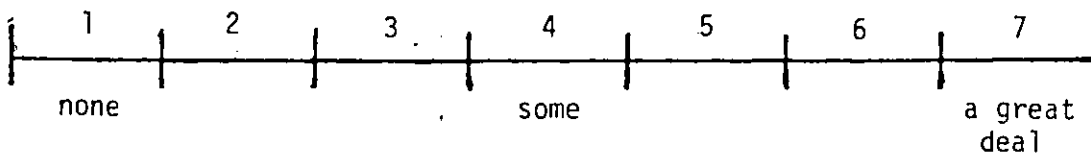
Conflict Resolution



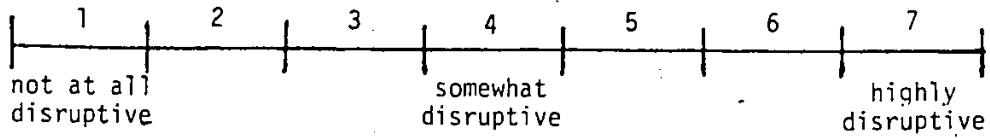
2. Expressed as a percentage, how well resolved is this conflict? Please place a check mark (✓) at the place on the line which best indicates how resolved the conflict is.



3. How much anxiety do you currently feel in relation to this conflict? Please circle the number above the space which best describes how much anxiety you feel in relation to the conflict.



4. How disruptive is this conflict to your everyday life?
Please circle the number above the space which best describes how disruptive the conflict is.



APPENDIX F

TCDBS

TCDBS

Please complete this form at this time.

Consider the conflict involved in striking a balance between academic activities and social activities.

In general, how much does this conflict bother you?

Please answer the question by placing an 'X' in the box that best describes the amount of disturbance you feel because of the problem.

<input type="checkbox"/>	Couldn't be worse
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Very much
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Quite a bit
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	A little
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Not at all

APPENDIX G

ASDS

You will now be asked to evaluate your conflict, i.e. difficulty in striking a balance between academic activities and social activities by judging it on a series of descriptive scales. These descriptive scales use opposite-adjective pairs.

Here is how to use these scales. Take the example of a descriptive scale - the opposite-adjective pair "active-passive". In this example, you are to rate your conflict as "active" or "passive". This scale is presented at this point for illustration only.

active: _____:_____:_____:_____:_____:_____:_____:passive

The direction toward which you mark, of course, depends upon which of the two ends of the scale seems most characteristic of the conflict.

If you rate your conflict to be "extremely active", then place an 'X' on the space on the extreme left. If you rate your conflict to be "extremely passive", then place an 'X' on the space on the extreme right. Or, if you rate your conflict to be "moderately active", or "moderately passive", but not "extremely", then place an 'X' in the appropriate space, to the appropriate end, as indicated below. Or, if you rate your conflict to be "slightly active", or "slightly passive", but not really "neutral", then place your 'X' in the appropriate space, to the appropriate end, as indicated below. If you consider the conflict to be "neutral" on the scale; i.e. both ends equally associated with the conflict, or unrelated to the conflict, then place your 'X' in the middle space, as indicated below.

At first, it may seem difficult to rate your conflict as "active" or "passive". But you probably would not find much difficulty in describing it as either a "big" or a "small" conflict in your life at this time. Similarly, it is possible to describe it as "active" or "passive". For example, the conflict may be "active" if it is actively in the foreground of your life at the present time, as would be the case if you are constantly thinking about the problem, regularly experiencing doubt in making regular decisions about whether to study or socialize, or are regularly aware that you are neglecting one of the areas, i.e. socializing or studying, in favor of the other. Similarly, the conflict would be "passive" if it is present, but in the background of your life at the present time, as would be the case if you are not thinking about the problem, not making decisions about whether to study or socialize, or not being regularly aware that you are neglecting one area in favor of the other. For these cases, the conflict may still be present and unresolved although it would be in the background of your daily life.

Now, complete the example by placing an 'X' in the appropriate space between "active" and "passive". Make sure that you place an 'X' in only one of the seven possible spaces, between "active" and "passive". Do not circle anything. Mark the 'X' on the line between the dots.
 (: _____X_____ :)

the academic-social conflict

active: _____:_____:_____:_____:_____:_____:_____:passive
 extremely moderately slightly neutral slightly moderately extremely
 active active active passive passive passive

A

Now that you have read these instructions and had practice on the "active-passive" scale, you can do the rest of the descriptive scales on the next page. Do these in the same way, i.e. evaluate the academic-social conflict on the other descriptive scales. Make each scale a separate and independent judgement, without considering how you answered other scales. Consider the adverbs "extremely", "moderately" and "slightly" to be applicable, as if they were underneath the spaces as they were in the example, even though they do not appear on the next page. Work quickly and give your first impressions.

the academic-social conflict

vivid: _____: _____: _____: _____: _____: _____: _____: dull

different: _____: _____: _____: _____: _____: _____: _____: same

deep: _____: _____: _____: _____: _____: _____: _____: shallow

pleasant: _____: _____: _____: _____: _____: _____: _____: unpleasant

new: _____: _____: _____: _____: _____: _____: _____: old

acceptable: _____: _____: _____: _____: _____: _____: _____: unacceptable

stale: _____: _____: _____: _____: _____: _____: _____: fresh

good: _____: _____: _____: _____: _____: _____: _____: bad

vague: _____: _____: _____: _____: _____: _____: _____: clear

strong: _____: 7: _____: _____: _____: _____: _____: weak

APPENDIX H

CA

CA - PRE

Please complete this form by answering these questions prior to today's session.

In each question, circle the number above the one response which best indicates your answer to the question. Consider your experience in the last session only.

1. Did you have a shift in awareness?

1	2	3	4	5
not at all	uncertain	probably	yes	very definitely

2. Did you increase your awareness of yourself?

1	2	3	4	5
not at all	uncertain	probably	yes	very definitely

APPENDIX I

RP

11

CP

Please complete this form at this time.

Consider the conflict that you are working on in the sessions, the conflict between social activities and academic activities.

For each question, circle the number above the one response which best indicates your answer to the question.

Generally, how much progress do you feel you have made with the conflict since the end of the last session?

1	2	3	4	5
none at all	not very much	some	a lot	a great deal

Generally, how much have you changed since the end of the last session?

1	2	3	4	5
none at all	not very much	some	a lot	a great deal

APPENDIX J

EXP

APPENDIX J: EXP: Klein et al, (1969)

Stage One

The chief characteristic of this stage is that the content or manner of expression is impersonal. In some cases the content is intrinsically impersonal, being a very abstract, general, superficial, or journalistic account of events or ideas with no personal referent established. In other cases, despite the personal nature of the content, the speaker's involvement is impersonal, so that he reveals nothing important about himself, and his remarks could as well be about a stranger or an object.

Stage Two

The association between the speaker and the content is explicit. Either the speaker is the central character in the narrative or his interest is clear. The speaker's involvement, however, does not go beyond the specific situation or content. All comments, associations, reactions, and remarks serve to get the story or idea across but do not refer to or define the speaker's feelings.

Stage Three

The content is a narrative or a description of the speaker in external or behavioral terms with added comments on his feelings or private experiences. These remarks are limited to the events or situation described, giving the narrative a personal touch without describing the speaker more generally. Self-descriptions restricted to a specific situation or role are also at stage three.

Stage Four

The content is a clear presentation of the speaker's feelings, giving his personal, internal perspective or feelings about himself. Feelings or the experience of events, rather than the events themselves, are the subject of the discourse. By attending to and presenting this experiencing, the speaker communicates what it is like to be him. These interior views are presented, listed, or described, but are not interrelated or used as the basis for systematic self-examination or formulation.

Stage Five

The content is a purposeful exploration of the speaker's feelings and experiencing. There are two necessary components. First, the speaker must pose or define a problem or proposition about himself explicitly in terms of feelings. The problem or proposition may involve the origin, sequence, or implications of feelings or relate feelings to other private processes. Second, he must explore or work with the problem in a personal way. The exploration or elaboration must be clearly related to the initial proposition and must contain inner references so

that it functions to expand the speaker's awareness of his experiencing. *Both* components, the problem and the elaboration, must be present.

Stage Six

The content is a synthesis of readily accessible, newly recognized, or more fully realized feelings and experiences to produce personally meaningful structures or to resolve issues. The speaker's immediate feelings are integral to his conclusions about his inner workings. He communicates a new or enriched self-experiencing and the experiential impact of the changes in his attitudes or feelings about himself. The subject matter concerns the speaker's present and emergent experience. His manner may reflect changes or insights at the moment of their occurrence. These are verbally elaborated in detail. Apart from the specific content, the speaker conveys a sense of active, immediate involvement in an experientially anchored issue with evidence of its resolution or acceptance.

Stage Seven

The content reveals the speaker's expanding awareness of his immediately present feelings and internal processes. He demonstrates clearly that he can move from one inner reference to another, altering and modifying his conceptions of himself, his feelings, his private reactions to his thoughts or actions in terms of their immediately felt nuances as they occur in the present experiential moment, so that each new level of self-awareness functions as a spring board for further exploration.

APPENDIX K
The Five-Principle Checklist

APPENDIX K: The Five-Principle Checklist

Principle No. 1. Maintaining the Contact Boundary

The therapist seeks, by the participant, a clear separation of the emerging polar aspects of the conflict and/or seeks a clear flow of contact between the two parts.

Principle No. 2. Responsibility

The therapist encourages the participant's use of ability to respond in accordance with the true nature of the experience of one side of the conflict.

Principle No. 3. Attending

The therapist encourages the participant's directing of her attention to awareness of present personal functioning or ongoing internal experience.

Principle No. 4. Heightening

The therapist directs the participant to increase the level of awareness of present experiencing and/or level of arousal relating to essential aspects of the conflict in the present.

Principle No. 5. Expressing

The therapist pursues the participant's active expression of the particular content and/or the ongoing process involved in the dialogue.

APPENDIX L

Principle Satisfaction Scale

Satisfaction - Dissatisfaction Scale

Does this intervention, presently being considered, satisfy the principle which has been identified as underlying it?

1	2	3	4	5	6	7
no, totally dissatisfied			neither satisfied nor dissatisfied			yes, totally satisfied

APPENDIX M

Discussion of Project: Post-Follow-Up One

APPENDIX M: Discussion of Project: Post-Follow-Up One

At this time, the personal growth research project can be described in general terms only. Since we would like you to return in two months' time to complete more forms, we cannot yet describe the project in detail because doing so may have some influence on how you complete the forms at that time. More information about the nature of the project can be provided after you complete the forms in two months. As well, the complete description with full details and results of the study will be mailed to you when they become available, at a later date, at the address you provided today.

It is absolutely imperative that the information I am about to provide you about the project be kept strictly confidential until you receive those results in the mail, so that the research results and findings not be influenced as a result of information being passed on to future participants.

There are at least fifty female students participating in the personal growth experience of which you are one. These fifty people are divided randomly into at least twelve groups of which your group was one. Each group consists of three to seven people. Each person attends four sessions, meaning that there will be at least 200 sessions of ten minute interaction.

The project involves a study of the effects of specific psychotherapeutic methods on personal growth, with a primary

focus on growth in the area of the academic-social conflict. At this point, we cannot be more specific but will be later.

Because the leader was required to use specific psychotherapeutic methods, he was under some restriction regarding what he could or could not say or do. Because of the restrictions involved in a research project, "normal" students with normal problems rather than bona-fide patients are used as participants. However, the intention was to provide a genuine personal growth experience, with genuine conflicts meaningful to those participating.

Individuals qualified to participate based on a cut-off point selected on the basis of a pilot study where the focus were done by randomly selected students who were not informed the forms were related to a personal growth research project. Individuals below the cutoff point were eligible to participate.

Four sessions over a ten-day tiome span are used to facilitate adequate psychotherapeutic impact on personal growth. Some individuals may require more and others less, but this was thought to be satisfactory for the average participant and suitable for the study.

More information can be provided in two months, and still more next spring.

Thank you very much for your participation. You have helped in the advancement of knowledge in the area of psychotherapeutic methods.

APPENDIX N

Discussion of Project: Post-Follow-Up Two

APPENDIX N: Discussion of Project: Post-Follow-Up Two

At this time, the personal growth research project can be discussed in a little more detail. However, because the project is still in progress, with other individuals, we still must use general terms in describing the project. As before, we must ask you to please keep this information confidential. The complete description, with full details and results of the study, will be mailed to you when they become available. Then you may feel free to discuss it with others.

The personal growth research project was designed to study the effects of specific psychotherapeutic methods on personal growth. The project uses a partial dismantling procedure to test the necessity of the presence of specific psychotherapeutic interventions based on specific psychotherapeutic principles, in producing personal growth. Groups in one experimental condition are being presented with a smaller variety of interventions than groups in the other experimental condition. We are not yet at liberty to tell you what the interventions are on which group or condition you were in.

APPENDIX O

Manual for Raters of Gestalt Two-Chair Interventions

**APPENDIX O: Manual for Raters of Gestalt Two-Chair
Interventions**

There are five principles underlying the Two-Chair Dialogue Method in Gestalt Therapy. These five principles are discussed in the handouts.

Your task is to determine the location of the therapist's interventions in the 10 to 15 designated segments in each tape and as you are doing so to: 1) identify the principle or principles which are associated with each intervention in the designated segment; 2) rate the degree to which the intervention satisfies the identified principle or principles.

Each separate intervention made by the therapist is to be judged independently according to the above two tasks. In order to determine what constitutes a therapist intervention when you are locating the interventions, please use this definition: An intervention made during the session which is to be rated is defined as a complete therapist statement which is framed at both beginning and end by a) a participant's statement which, when coming at the end of the therapist's statement, acknowledges linguistic (not necessarily emotional) comprehension of the statement or which is over 10 seconds long; or b) a silence period of at least three seconds which is followed or preceded by a separate intervention; or c) a chair switch.

Note that the definition indicates that a "complete" statement is required; this means that any interceding

comment by a participant under 10 seconds which is followed by the therapist's resumption of the same intervention (in order to complete it) does not count as framing the intervention. At times there may be uncertainty whether the intervention is resumed or repeated. If the ensuing therapist utterance is an intentional repeat for effect, i.e. repeated in its entirety because of therapeutic value, rather than a repeat for linguistic clarification or a continuation to completion, there are two separate interventions, each of which is framed and each of which is to be rated. This is especially true for

"say it again."

which may be used in succeeding statements framed by a participant's comment, as if the intervention were finished, linguistically understood by the participant, and then repeated. If the statement was not linguistically understood by the participant (this is only assumed to be so if the participant requests clarification) and the therapist repeats in order to clarify, then, of course, one intervention is counted.

Note that, for rating purposes, an intervention as defined herein can include two interventions from the handouts but only be counted as one. This can happen, for example, when the therapist statement

"What do you want? What do you need?"

is counted as one intervention, not two, and is identified as being governed by Principle No. 2. The therapist

statement

"What do you want? Be specific."

is counted as one intervention, not two, and is identified as being governed by Principles No. 2 and No. 5, with a Primary Principle of No. 5 and a Secondary Principle of No. 2.

When identifying the principle or principles associated with each intervention, you must consider all five principles as potentially associated with the intervention before making your choice, with the idea that any principle not identified has been considered and rejected as not appropriate. You should identify one principle as the Primary Principle, i.e. an intervention will have "a primary thrust governed by one principle", according to Greenberg, and this one principle will be the Primary Principle. However, it is possible for other principles, which do not have a primary thrust, to also underly the intervention, as in the example above, and so you should also, where appropriate, identify these other principles as Secondary Principles. Occasionally it will not be clear which principle should be identified as Primary and which as Secondary, particularly if they appear to have equal input into the intervention. Usually, as in the above example, the principle which carries the most weight in the verbal and non-verbal delivery of the intervention will be designated as the Primary Principle.

When making the choice of identifying the relevant principles, you do not simultaneously consider the degree of satisfaction although this is done immediately thereafter. Please use the Five-Principle Checklist as basic criterion for identification of the Principles, and also refer to your handouts as a backup, more detailed criterion when necessary. Then decide which of the five principles, if any, as described on the criterion material, provides the primary association (or secondary association) with the specific intervention under consideration. To do this identifying task, please consider which of the descriptions of the five therapist activities as listed in the Checklist appears to be representative of what the specific intervention you are listening to was trying to accomplish. That with the closest representation to the intervention should be identified as the Primary Principle and others also significantly representative should be identified as Secondary Principles. Identify no more than three Secondary Principles, although usually, if there are any Secondary Principles, there will only be one.

Some therapist statements may not be related to any of the principles but will still be acceptable under the definition of a framed intervention and so should be rated. In this case, they are to be rated as Non-Principle interventions. For example, some comments are asides or supportive comments that do not count as Principles. In some sessions most of the therapist's statements

e.g. "What program are you in?"

are not likely to be associated with any of the Principles.

Once you have identified the Primary and Secondary Principle, immediately rate the degree of satisfaction on the seven-point Principle Satisfaction Scale.

(Non-principle interventions are not rated on this scale).

To rate the degree of satisfaction, consider to what extent the intervention satisfies the Five-Principle Checklist for the relevant identified principle. That is, it would have already been established, of course, that one principle is representative of the intervention (as described above in the identifying task). Now the task is to rate to what extent is that therapist activity on the Checklist for that Principle fulfilled? Please note that you are rating the therapist's intervention only, without regard to the participant's response. The only attention paid to the participant's response is with regard to defining an intervention and establishing the use of the two chairs, as explained later. For example, if the intervention is one which "encourages responding" of a certain nature, you do not rate whether the participant did or did not respond accordingly - what you judge is whether the therapist intervention taken alone was satisfactory in fulfilling the description of the therapist activity. Parenthetically, it should be noted here that at times the participant's preceding response will provide contextual cues for rating purposes, as outlined later.

Occasionally, it may be that an intervention had been identified to be closely representative of and perhaps a primary thrust from a principle but be so poorly delivered and implemented by the therapist that it would not rate a score on the satisfied side of the Principle Satisfaction Scale. The intervention may have been mumbled, chopped, confused or shortened when implemented by the therapist so that, although it is still recognized when identifying the principles, the intent of the principle may have been lost in delivery. For example,

"How are you?"

is identified as being governed by Primary Principle No. 2, since it is not representative of the other four principles on the Checklist and appears to be an affect inquiry representative of the activity "encouraging responding with the true nature of the experience". Yet, since the word "feeling" was left out, it is very vague and can apply to either affect or health and so it should be rated on the dissatisfying end of the Scale.

Generally, any verbatim comment from any of the handouts is adequate to be rated as satisfying the principle under which it falls. However, it is, of course, not necessary for an intervention to be verbatim to totally satisfy a principle; comments altered from the handouts using a reasonable synonym or conveying a similar meaning may also be judged to be satisfying. Generally, the less the similarity in meaning to the verbatim comments the less

it satisfies the principle. Usually an intervention identified as being governed by a Secondary Principle will obtain a lower satisfaction score on the Principle Satisfaction Scale than an intervention identified as being governed by a Primary Principle.

Some further examples from the principles and their interventions may be of assistance in clarifying both of your rating tasks.

As indicated earlier, "How are you feeling?" is generally identified as being governed by Principle No. 2. However, the "feeling" intervention can instead be counted under Principle No. 1 if it represents the seeking of a separation between parts of the conflict. This would be made apparent by its context, i.e.

"How are you feeling as the academic part?"
 "What do you feel as a social self?"

In these cases, Principle No. 1 would be identified as the Primary Principle and Principle No. 2 would be identified as the Secondary Principle. In this context its primary purpose is to help establish separation of the parts by establishing that part more firmly and its secondary purpose is an affect inquiry. The "feeling" intervention can, if presented in a different context, be identified as a Primary Principle No. 3 if it emphasizes awareness of present functioning, such as if it is worded

"What are you feeling in the present moment?"
 "What are you feeling in your present experiencing?"

In these cases it would still score as a Secondary Principle

under Principle No. 2.

Usually in the sessions the term "feeling" refers to affect, not health. And, because the intervention

"How are you feeling?"

comes close to being an affect inquiry (closer than "How are you?") it would rate a satisfactory rating on the Principle Satisfaction Scale. However, it would not rate a 7 because there still is a substantial vagueness raising the possibility of an inquiry into health. If the intervention were

"What are you feeling?"

it would be rated a 7 on the Satisfaction-Dissatisfaction scale because the word "what" implies only a minimal vagueness, if any.

Simple reflections of feeling, such as

"You feel angry," "You feel frustrated."

are identified as being Primary Principle No. 2, because of their similarity to an affect inquiry encouraging responding with the true nature of the experience. However, these reflections are also identified as a Secondary Principle No.

1) They may be identified as a Primary Principle No. 1 if their primary intent is in capturing the essence of a part (thereby attaining separation) and it uses the participant's description.

"You (social) feel frustrated, but not her (academic)."

Ordinary reflections which do not reflect feeling but which use the participant's stated description are

identified as Primary Principle No. 1. The reflection does not have to be verbatim or use the exact words of the participant, but may paraphrase those words and still be identified as a Primary Principle No. 1, and rated high on the satisfying end of the Principle Satisfaction Scale. In the case of reflections which use a combination of reflection of feeling and other content - e.g.

"As the social part you feel frustrated."

whichever part carries the most weight determines the primary principle identification. In this case, grammatically "you feel frustrated" is the major message; this intervention is usually identified as Primary Principle No. 2 and Secondary Principle No. 1. However, non-verbal and/or contextual cues may reveal that "as the social part" is the major message; then Principle No. 1 is Primary and Principle No. 2 is Secondary.

Interventions which are definitely deeper than simple reflections, in that they offer observational feedback based on the therapist's perception, experience and/or hunch about the implicit aspect of the participant's statement are scored as Primary Principle No. 4. (They do not usually rate a Secondary Principle No. 1 or No. 2.)

e.g. Participant: "I'm working hard at my coursework."
 Therapist: "You study hard and are frustrated
 because you are trying to live up to
 your father's expectations."

This would be identified as a Primary Principle No. 4, assuming that the thrust of the therapist's perception about the father had not been previously stated as such by the

participant, in which case it would be a Primary Principle No. 1. Generally, the best rule of thumb to follow in the task of discriminating between the interventions that capture the essence of the participant's comments is to score a Primary Principle No. 1 if the therapist's intervention is close to, or mildly leading away from the participant's level of awareness, and to score a Primary Principle No. 4 if implicit ideas are made explicit by the therapist at a level much deeper than the participant's original level of awareness. Similarly, if the therapist's intervention is feeding a sentence, e.g.

"Could you try saying..."

the rating would be a Primary Principle No. 1 if the participant's previous words are used and the therapist is encouraging contact, i.e. speaking to the other part, but the rating would be a Primary Principle No. 4 if the therapist is feeding a sentence for the use at a deeper level, based on the therapist's perception.

Generally, asking the participant to attend to their behavior or bodily functioning is rated under Primary Principle No. 3. e.g.

"Become aware of your soft voice."

However, if, at the same time, there is included in the intervention a hunch of the therapist about the implicit aspect of this functioning, e.g.

"Become aware of your soft, pleading voice."

a Secondary Principle No. 4 should be scored and rated

mildly to the satisfying end of the Principle Satisfaction Scale.

There are many interventions which may be representative of the therapist activity listed on the Five Principle Checklist without being listed on the handouts. Caution should be taken when confronted with such interventions, however, in case they are not representative of any principle. An intervention such as

"What else?"

should usually be rated as a separate intervention, usually being identified along the same lines as the previous intervention, but with a lower satisfying score. If the intent of "What else?" were clear, it would score mildly to the satisfying end, but if the intent were too vague, it would not. e.g.

"Be more specific about what you like."

"What else?"

is a case where both score as a Primary Principle No. 5, but the latter scores less highly on the satisfying end than the former, although still to the satisfying end. It is clear here that "What else" is intended to repeat the previous intervention. An intervention such as

"How does that sit?"

could be identified as a Primary Principle No. 3, if it is apparent that it directs attention to present awareness and provides an option of going beyond feeling. However, there may be times when a Primary Principle No. 1 or 2 is more appropriate for this intervention. Its score on the

Principle Satisfaction Scale would usually not be one of high satisfaction on the scale, because of the moderate vagueness, but still satisfying.

These examples can not, of course, cover all the possibilities and are intended to provide some guideposts to assist in your judgement tasks. Generalization from these examples to other problems not covered here can be made easier by light of these examples.

In order to determine if the participant appeared to work in two chairs please count the number of switches between chairs during the session, and record at the end of the chart. Switches can be made apparent by footsteps, settling into the chair, and nature of the discussion, particularly after the therapist's instruction to switch. If there are no switches present, the nature of the discussion can illustrate work in the two chairs. For example, one "part" or "self" speaking to the other "part" or "self" constitutes contact between the two chairs and illustrates work in two chairs.

APPENDIX P
Gestalt Raters Rating Form

Tape No. _____ Participant No. _____ Session No. 1 2 3 4 Therapist: C U Rater _____
 Therapist Intervention No. _____
 Identification of Principles underlying the Intervention and the Rated Degree to which the Intervention Satisfies those Principles

Key Words (If Nec'y)	Identified Primary Principle	Rated Degree of Satisfaction	Identified Secondary Principles			Rated Degree of Satisfaction	No Relevant Principle
			a)	b)	c)		
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____
0.	_____	_____	_____	_____	_____	_____	_____
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____

Session Ratings:

Total No. of therapist interventions _____
 Did participant appear to work in two chairs? _____
 No. of chair switches made _____

YES _____ NO _____

APPENDIX Q
EXP RATING FORM

Excerpt No. _____

Rater _____

Please put an X next to the appropriate place on the scale for the mode rating.

Please put a ✓ next to the appropriate place on the scale for the peak rating.

Short Form of the EXP Scale

<u>Rating</u>	<u>Stage</u>	<u>Content</u>	<u>Treatment</u>
_____	1	External events; refusal to participate.	Impersonal, detached.
_____	2	External events; behavioral or intellectual self-description.	Interested, personal, self-participation.
_____	3	Personal reactions to external events; limited self-descriptions; behavioral descriptions of feelings.	Reactive; emotionally involved.
_____	4	Descriptions of feelings and personal experiences.	Self-descriptive; associative.
_____	5	Problems or propositions about feelings and personal experiences.	Exploratory, elaborative, hypothetical.
_____	6	Synthesis of readily accessible feelings and experiences to resolve personally significant issues.	Feelings vividly expressed, integrative, conclusive or affirmative.
_____	7	Full, easy presentation of experiencing; all elements confidently integrated.	Expansive, illuminating, confident, buoyant.