THE DIFFERENTIAL EFFECTS OF EMPATHIC REFLECTION AND THE GESTALT EMPTY-CHAIR DIALOGUE ON DEPTH OF EXPERIENCING WHEN USED WITH AN ISSUE OF UNFINISHED BUSINESS

By

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ABSTRACT

The purpose of this study was to compare the differential effects of two counselling interventions (empathic reflection and the Gestalt empty-chair dialogue) on client process (as measured by the Experiencing Scale) when used with a client issue of unfinished business. The population consisted of 28 subjects drawn from graduate and undergraduate students enrolled in a counselling course at a major university. Subjects were randomly assigned to the empathic reflection condition or to the Gestalt empty-chair dialogue condition. The empathy scale of the Barrett-Lennard Relationship Inventory (RI) was administered to subjects to assess their perceived therapist's empathy. The process measure, the Experiencing Scale was used to measure the in-session differential effects of the two counselling interventions. The study showed that the Gestalt empty-chair dialogue condition produced significantly higher levels of experiencing than the empathic reflection condition. The results suggest that the Gestalt empty-chair dialogue in the context of an empathic relationship may make a contribution to the treatment of unfinished business.
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CHAPTER I
INTRODUCTION

The Problem and Background of the Problem

Process research is the study of the interactions between the client and therapist systems, which attempts to identify the patterns and mechanisms of change in the interactions of these systems. A goal of psychotherapeutic process research is to explore and ultimately determine how psychotherapy succeeds or fails and to understand the essential ingredients of psychotherapy. A major problem in constructing quantitative research in psychotherapy is the tremendous complexity of the psychotherapeutic process. Evaluating the effectiveness of any single therapist, client or situational variable is a highly complex endeavour. Researchers such as Strupp and Bergin (1969) have suggested that the standard question of psychotherapy research should be "what specific therapeutic interventions produce specific changes in specific patients under specific conditions?" (p.20). "Isolation and manipulation of single variables is essential for advancing knowledge concerning the process of therapeutic change" (Strupp & Bergin, 1969, p.25). Bergin (1971) indicates that the progress in psychotherapy research that has occurred has resulted through isolating specific variables from the multitude of events that occur in the therapeutic practice. Bergin and Strupp
(1972) conclude that further study of gross, complex and relatively non-specific traditional practice offered little hope for advancement of knowledge in the field. They stressed that greater specificity and simplicity of design were required and comment on the work of client-centered researchers in studying single variables like empathy. They feel that to understand the complex process of psychotherapy it is necessary to break it into its component parts. This process may lead to new methods with differential applicability to specific symptoms. They state repeatedly the importance of systematic and increasingly refined comparisons between different techniques in specified situations and the assessment of differential effects (Strupp & Bergin, 1969).

Research should address which patient characteristics and problems are most amenable to which techniques conducted by which type of therapist in what type of setting. According to their prediction, "...the therapy of the future will consist of a set of specific techniques that can be differentially applied under specifiable conditions to specific problems, symptoms and cases" (Strupp & Bergin, 1969, p.68).

This study attempted to isolate and compare the differential effects of two interventions on a specific client issue in an analogue situation. The client issue
explored was unfinished business, a construct originating from the Gestalt psychotherapy tradition. A number of authors (Cohn, 1970; Daldrup, Beutler, Engle & Greenberg, 1988; Daldrup, Beutler & Greenberg, 1985; Enright, 1970; Greenberg & Safran, 1987; Latner, 1973; Levitsky & Perls, 1970; Perls, 1970; Perls, Hefferline & Goodman, 1951; and Polster & Polster, 1973) have written on the theoretical significance of unfinished business as an important therapeutic issue; but there is a paucity of research investigating the specific issue of unfinished business and the techniques which may be helpful in achieving resolution. There exists one outcome study conducted by King (1988) which found tentative results suggesting that the Gestalt empty-chair dialogue in the context of an empathic relationship may make a contribution to the treatment of the issue of unfinished business.

The two counselling interventions compared were 1) empathic reflection and 2) the Gestalt empty-chair dialogue. Rogers (1957) has suggested that the therapeutic conditions of accurate empathy, warmth and genuineness are necessary and sufficient conditions for successful therapy to occur. Strupp (1972) suggested designing studies in which Roger's three conditions are compared with these conditions plus a technical intervention.

The differential effect isolated was the client
process as measured by the Experiencing Scale, which has been suggested as revealing the change process in therapy (Klein, Mathieu, Gendlin & Kiesler, 1969). Psychotherapy process research is at a very young stage of scientific enquiry, with little over thirty years of history. Stiles (1986) suggests that an understanding of how psychotherapy works in the long term must first rest on an understanding of how each encounter affects or fails to affect the client. "...There can be no long term effects without short term effects, even if the short term effects are covert, requiring incubation or cumulation to some critical mass before appearing as major life changes" (p.184). This study attempted to isolate and measure the in-session process.

To conduct process research it is important to have instruments or process analysis systems that reliably measure different aspect of the psychotherapeutic process. The Experiencing Scale is "among the oldest and most established (measures) in the field" (Kiesler, 1986, p.vii). Research on the Experiencing Scale suggests that the depth of experiencing, a measure of the particular type of client involvement important to the experientially oriented therapies is related to change. The purpose of this study was to compare the effect on the depth of experiencing of empathic reflection and the Gestalt empty-chair dialogue.
Research on change processes is needed to help explain how psychotherapy produces change. It is important to be able to specify and measure important in-session changes that result from specific interventions and the overall interaction. Theories of practice which are tied to actual performance of therapist and client need to be spelled out and tested, in order to help explain how change actually occurs in specific therapeutic situations.

Once we know what interventions were most appropriate for which client states and what resulting client performances led to problem resolution, we would be much closer to describing how change actually takes place in therapy. We would then be able to identify the active ingredients of change and explain the mechanisms that lead to this change. (Greenberg & Pinsof, 1986, p.718-719)

This research was an analogue study. Analogue research evaluates treatment under conditions that only resemble or approximate the clinical situation (Bergin & Garfield, 1986). It has been suggested (Bergin, 1971; Bergin & Strupp, 1972) as a promising strategy of enquiry particularly in the initial stages of isolating relevant therapeutic variables. These studies add to the understanding of specific phenomena and indicate directions for further investigation under more naturalistic conditions. Analogue research has as it's major advantage, the capacity to surmount many of the methodological, practical and ethical issues associated with conducting research in clinical settings. The ability to control multiple conditions of the experiment and, consequently
to minimize variability in the data, permits analogue research to address questions that would otherwise be difficult to study.

The central research question was, is there a differential effect of the two counselling interventions (empathic reflection and the Gestalt empty-chair dialogue) on client process (as measured by the Experiencing Scale) when used with a client issue of unfinished business? It was hypothesized that Gestalt empty-chair dialogue will produce higher levels of experiencing than empathic reflection.

Justification for the study

There is support in the literature for the notion that depth of experiencing is positively correlated with outcome (Klein et al., 1969). If an intervention can enhance a client's depth of experiencing, it may therefore move a client closer to productive psychotherapy. If the hypothesis stated earlier in this chapter is indeed supported, more weight will be given to the argument that although empathic reflection may be a necessary, baseline condition for successful counselling, a more active technique such as the Gestalt empty-chair dialogue may help move the client more quickly toward change than will the use of empathic reflection. Such a finding would have implications for counselling as it is practiced in the field today as well as counsellor training.
Definition of Terms

Unfinished Business

According to Gestalt theory, when people attempt to block or avoid their emotional experience, difficulties in living and dysfunction can occur. When these blocked emotions and unexpressed feelings are in relation to a significant other person and then they interfere with a client's current functioning, this is considered unfinished business. It is only by allowing the full expression and experiencing of these interrupted feelings that the client is released to develop a more balanced view of the situation and let go of the associated negative feelings (Greenberg & Safran, 1987). As long as the expression of affect toward the other remains incomplete, the individual will not be able to achieve closure of the relationship.

Four client performance indicators have been identified (Daldrup et al., 1988; Greenberg & Minden, 1988; Greenberg & Safran, 1987) which taken together constitute a marker of unfinished business. These components are:

1. The client has a lively experience of a feeling of anger, sadness, hurt or grief.

2. The expression of this feeling is related to a significant other, such as a parent, spouse, or lover.

3. The experience and expression is being currently interrupted and/or restricted.
4. The experience of the feeling and its interruption is problematic for the client, as indicated by direct verbal acknowledgements, indirect verbal signs of the difficulty (e.g., verbal statements of hopelessness, cynicism, despair), or nonverbal signs of interrupted expression (e.g., lip biting, swallowing of tears, or tightened jaw or fist. (Greenberg & Minden, 1988, p.13)

Empathic Reflection

Empathic reflection is a therapeutic technique by means of which the therapist expresses understanding of what the client is feeling and the experiences underlying these feelings. The therapist, in his or her own words and in his or her own way, communicates this understanding to the client.

Carkhuff (1969) has described empathic reflection as occurring at five levels. Levels 1 and 2 are considered detrimental. Levels 3, 4 and 5 empathic reflections are considered facilitative and are described by Carkhuff (1969) as follows:

Level 1 The verbal and behavioral expressions of the helper either do not attend to or detract significantly from the verbal and behavioral expressions of the helpee(s) in that they communicate significantly less of the helpee's feelings and experiences than the helpee has communicated himself.

Level 2 While the helper responds to the expressed feelings of the helpee(s), he does so in such a way that he subtracts noticable affect from the communications of the helpee.

Level 3 The expressions of the helper in response to the expressions of the helpee(s) are essentially interchangeable with those of the helpee in that they express essentially the same affect and meaning.
The responses of the helper add noticeably to the expressions of helpee(s) in such a way as to express feelings a level deeper than the helpee was able to express himself.

The helper's responses add significantly to the feeling and meaning of the expressions of the helpee(s) in such a way as to accurately express feeling levels below what the helpee himself was able to express or, in the event of ongoing, deep self-exploration on the helpee's part, to be fully with him in his deepest moments. (p.174-175)

Gestalt Empty-Chair Dialogue

The Gestalt empty-chair dialogue is an experiential technique designed to work on the client issue of unfinished business (Daldrup et al., 1988; Greenberg & Minden, 1988; Greenberg & Safran, 1987; Perls, 1969; Tobin, 1975). The client is asked to visualize the significant other in an empty chair and encouraged to elicit memories and express feelings toward the significant other. The client is directed by the therapist to establish a sense "as if" the significant other was in the chair. From the beginning, the therapist makes it clear that the client is to speak to the significant other, not about him or her. The purpose of this technique is to help the client encounter the unfinished business that has been targeted and to magnify the emotional and sensory components associated with the experience. Zinker (1977) aptly describes this process:
The experiment is a cornerstone of experiential learning. It transforms talking about into doing, stale reminiscing and theorizing into being fully here with all one's imagination, energy, and excitement. For example, by acting out an old, unfinished situation, the patient is able to comprehend it in its richest context and to complete the experience using the resources of his present wisdom and understanding of life. (p. 123).

With this technique the client is requested to assume both parts of the interpersonal conflict. The client will move bodily from one chair to the other assuming each position. The therapist directs the client to change chairs, assume the role of the other and to respond to statements made from the previous chair.

It is important to point out that the term two-chair dialogue has been used to refer to the technique used with a client split—"a verbal performance pattern in which a client reports a division of the self process into two partial aspects of the self or tendencies" (Greenberg, 1979, p. 323).

The term empty-chair dialogue is used primarily for the issue of unfinished business, and is qualitatively different from two-chair dialogue. Two-chair dialogue involves an active and alternating dialogue between two parts of the client in an intrapersonal conflict (Greenberg, 1979). Although the client does engage in dialogue from the two chairs in unfinished business work, the majority of the dialogue is from the experiencing (self) chair of the client rather than the chair in which the significant other is visualized.
The Experiencing Scale

The Experiencing Scale was developed from Gendlin's experiential and Roger's client-centered theories to capture the essential quality of the client's involvement in psychotherapy. The scale originated from a series of therapy process and outcome studies as a promising measure that related to client outcome in one of two ways:

1) as a quality or behavior that increased over time in successful therapy or

2) as present from the beginning and continuing throughout successful therapy (Klein et al., 1969).

The Experiencing Scale consists of one 7 point scale designed to be applied to tape recordings or transcripts of psychotherapy (Klein et al., 1969). The 7 scale "stages" or steps define the progression of client involvement in inner referents from impersonal (1) or superficial (2), through externalized or limited references and feelings (3), to direct inner referents (4), to questioning an unclear inner referent (5), to focusing with a step to resolution (6), and finally to the point where focusing comes easily and provides the connections for inner discourse (7).

Depth of experiencing is the extent to which a person's bodily felt flow of experiencing constitutes his or her awareness, and is expressed verbally. It is
an important construct for therapies in which self-awareness and self-understanding are major goals.

Hypotheses

$H_1$ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce significantly more modal ratings of 4 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

$H_{01}$ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will not produce significantly more modal ratings of 4 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

$H_2$ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce significantly more peak ratings of 4 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

$H_{02}$ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will not produce significantly more peak ratings of 4 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

$H_3$ The Gestalt empty-chair dialogue, when used with an
issue of unfinished business will produce a significantly greater proportion of modal ratings of 5 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

\[ H_{03} \]

The Gestalt empty-chair dialogue, when used with an issue of unfinished business will not produce a significantly greater proportion of modal ratings of 5 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

\[ H_4 \]

The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce a significantly greater proportion of peak ratings of 5 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

\[ H_{04} \]

The Gestalt empty-chair dialogue, when used with an issue of unfinished business will not produce a significantly greater proportion of peak ratings of 5 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

\[ H_5 \]

The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce a significantly greater proportion of modal ratings of 6 on the Experiencing Scale, than that produced by the use of empathic reflection.

\[ H_{05} \]

The Gestalt empty-chair dialogue, when used with an
issue of unfinished business will not produce a significantly greater proportion of modal ratings of 6 on the Experiencing Scale, than that produced by the use of empathic reflection.

H6 The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce a significantly greater proportion of peak ratings of 6 on the Experiencing Scale, than that produced by the use of empathic reflection.

H06 The Gestalt empty-chair dialogue, when used with an issue of unfinished business will not produce a significantly greater proportion of peak ratings of 6 on the Experiencing Scale, than that produced by the use of empathic reflection.

H7 The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce significantly greater modal mean experiencing levels on the Experiencing Scale, than that produced by the use of empathic reflection.

H07 The Gestalt empty-chair dialogue, when used with an issue of unfinished business will not produce significantly greater modal mean experiencing levels on the Experiencing Scale, than that produced by the use of empathic reflection.

H8 The Gestalt empty-chair dialogue, when used with an
issue of unfinished business will produce greater peak mean experiencing levels on the Experiencing Scale, than that produced by the use of empathic reflection.

H₀₈ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will not produce greater peak mean experiencing levels on the Experiencing Scale, than that produced by the use of empathic reflection.
CHAPTER II
LITERATURE REVIEW

A review of the literature pertinent to this study will focus on:

1) discussion of unfinished business in psychotherapy
2) research in the use of Gestalt techniques in psychotherapy
3) research on the Gestalt treatment approach with the issue of unfinished business
4) research in the use of empathic reflection in psychotherapy
5) The Experiencing Scale and its use in psychotherapy
6) change process research

Unfinished Business in Psychotherapy

Unfinished business is one of the key concepts of Gestalt therapy. To facilitate an understanding of unfinished business within its theoretical context, a brief introduction to the Gestalt view of human nature will be discussed, before addressing unfinished business in psychotherapy.

Fritz Perls, the founder of Gestalt therapy, held a holistic view of man.
...Human nature is organized into patterns or wholes. It is experienced by the individual in these terms, and it can only be understood as a function of the patterns or wholes of which it is made. (Perls, 1973, p. 5).

He saw man as active and having control over his own behavior, with nothing surpassing the self-regulating capabilities of the individual. Gestalt theory regards emotion as a biologically adaptive orientation system that continually guides adaptive action in man (Perls, Hefferline and Goodman, 1951). An individual's affective, as well as sensory, cognitive and behavioral systems are in constant interaction with the environment. Through the interaction, individuals develop a conceptual view or integrated representation (i.e., a Gestalt) of the world and their position in it (Kaplan & Kaplan, 1985). When the boundary between self and environment is kept permeable to allow exchanges and firm enough for organismic autonomy, contact forms a gestalt. When the boundary becomes lost, impermeable or unclear, this results in a disturbance of distinction between self and other, contact and awareness (Perls, 1973; Polster & Polster, 1973).

Perls (1969) saw people's attempts to control or deny their emotions as a cause of dysfunction, as the experienced emotions are not allowed to be expressed to the point of natural completion and resolution. The needs of the organism are not fully satisfied and the gestalt
does not close. "It is a basic tendency of the organism to complete any situation or transaction which for it is unfinished" (Perls et al., 1951, p.50). This need may recede into the background but the gestalt is not complete. Perls et al. (1951) have labelled this residue of tension unfinished business.

The Gestalt approach holds that emotions are often blocked before they can enter awareness or go very far in organizing action; and a number of mechanisms are implicated in which blocking leads to underlying conflict and unfinished business. At the core of blocking is the avoidance of painful feelings and the fear of unwanted emotion (Greenberg & Safran, 1987). Disowning occurs either because experiences are interrupted before integration is possible or because sanctions exist against accepting certain types of experience. Because these experiences are not owned, they do not smoothly fit with either prior or present experiences, and thereafter intrude upon and distort new experiences.

Unfinished business is the incomplete experience and unchanneled excitement and is a consequence of blocked awareness. Need cycles are not completed; tension is aroused but not reduced; excitement mounts but is not discharged; and the flow of need into behavior is disrupted. (Greenberg & Safran, 1987, p.52)

Therapy must among other things, help the person enter situations in which they previously experienced the unwanted emotions or excitement. "The awareness of,
and the ability to endure unwanted emotions are the conditions, sine qua non, for a successful cure" (Perls, 1969, p.179). These unfinished situations are understood to prevent people from approaching similar situations in an open manner and taking in new experiences from them. When unfinished business becomes powerful enough "the individual is beset with preoccupation, compulsive behavior, wariness, oppressive energy and much self-defeating energy" (Polster & Polster, 1973, p.36).

The grieving process is one form of interrupted emotional expression (or unfinished business) that is often seen in psychotherapy but the parameters of unfinished business extend well beyond this emotion (Greenberg & Safran, 1987). Unfinished business can involve feelings of anger, resentment, rage, hatred, pain or fear of abandonment (Cohn, 1970). Daldrup et al. (1985) consider unfinished business to usually involve anger and hurt. Levitsky and Perls (1970) hold that resentment is the most common feeling in unfinished business. These emotional reactions may remain incomplete through rationalization, intellectualized judgements, analyzing and denial (Daldrup et al., 1985).

Any incomplete gestalt represents an unfinished situation that clamours for attention and interferes with the formation of any novel, vital Gestalt. Instead of growth and development, we then find stagnation and regression. (Perls et al., 1951, p.36).
Perls et al. (1951) talk about a neurotic compulsion to bring closure to unfinished situations. This may take the form of returning to the old business or it may relate to parallel circumstances. Only by returning to the unfinished situation and expressing the restricted affect, can the individual be freed to fully differentiate all the feelings involved in the original situation and attain closure.

Many forms of therapy including client-centered therapies and experiential therapies encourage the process of expressing previously suppressed or unexpressed emotions and of accepting the feelings associated with these emotions. Therapy is the process of becoming aware of and integrating resistances in order to access the interrupted experience. Daldrup et al. (1988) define 5 steps for working with unfinished business which are designed to evoke a gradual increase of emotional intensity, followed by diminution of affective level, and finally by reconceptualization or reframing of past experiences.

1. Focus - The therapist with the client identifies a focal point for work. The focal point is usually identified by a feeling or behavior that the client desires to change. The benchmarks for unfinished business are observed.

2. Commitment - The therapist gets a commitment
from the client to work on a chosen focal point. The therapist supports the client to change tentativeness to definiteness by providing encouragement and assurance. A major problem for all forms of psychotherapy is to motivate the client to do what needs to be done. The client must return to the unfinished business which he left unfinished in the past because it was so painful that he had to flee. In the present, if he is encouraged to go back and finish it, it is still painful; it reactivates his misery and from the short-run view, it is still to be avoided.

3. Experiment - The therapist assists the client to engage the significant other in a piece of unfinished business and heightens affective and sensory experience through experiential techniques (i.e. empty-chair, physically acting out, changes in language such as "I" statements) to the point of expression and release.

4. Assessment - The therapist assists the client to assess and evaluate the work done and to begin the process of recognizing perceptual gestalts, through awareness of sensory, affective and cognitive sensations.

5. Plans/Homework - The therapist explores with the client the future plans to use new awarenesses obtained.

Daldrup et al (1988) have suggested a series of phases of experience that a client may go through in the
process of unfinished business work. The phases coincide with what Perls (1970) has called the five layers of neurosis.

1. Disowning - The client may deny his emotional experience directly; he may indirectly attribute these feelings externally to another; or he may otherwise distance himself from the experience and the expected consequence of feelings, denying or minimizing the impact these feelings are having on him.

2. Phobic Reaction - The client begins to recognize the availability and significance of the leftover emotion and there is a phobic reaction to the emerging intensity of the experienced emotion of catastrauphic proportions.

3. Implosion - The client begins to feel dead or numb and has no awareness of feeling.

4. Explosion - An often sudden shift of reawakened emotion and an acceptance of denied and disowned emotion is evident. The client begins to express spontaneously all thoughts, feelings and sensations associated with the interrupted experience.

5. Completion - There is a cognitive reprocessing of both the therapy work and the evoking experiences. There is an increased ownership and reintegration of previously disowned feeling states and a significant
diminution of hostile feelings.
The important change mechanism is "the expression of emotions to their natural completion and the reprocessing of the experience in order to bring about a cognitive reorganization or reevaluation of the experience" (Greenberg & Safran, 1987, p.222).

Dealing successfully with unfinished business requires the activation of schematic memory of particular episodes (Greenberg & Safran, 1987). A schema is the representation of a specific emotional experience that has taken place in the past, as well as key perceptual features that have elicited the emotional responses to stimuli (Leventhal & Everhart, 1979). This is facilitated and heightened in therapy by enacting or reliving the situation as much as it is possible through dialogue and sensory awareness. Emotional memory appears to establish stable representations of people, or what has been referred to as stable object relations (Guntrip, 1969). Stable object relationships are formed from an integration of our experience of significant others in our lives, which includes a set of attitudes and emotions toward the person. This integration constitutes the object (person) as a discrete unified entity in our inner world. In finishing unfinished business, people often evoke a memory structure of the relationship with the sig-
nificant other. When schematic representations of the world include injunctions against encountering certain types of experience, sensitivity to one's present internal and/or external environment is invariably reduced. The way in which experience is distorted is governed by the internal representations or schemas that implement the injunctions against encountering certain kinds of cognitive, sensory, or affective stimuli. These internal representations or schemas then, are the primary targets of therapeutic change. What seems to happen in the process of evoking schemas is "that by breaking the emotional structure into components and bringing all the components to awareness, one can prevent them from automatically reintegrating into the same network (Greenberg & Safran, 1987, p.281). "Renewed awareness of momentary experience leads not only to the expression of old hurts, but also to fresh and surprising perspectives and enhanced perception" (Greenberg & Safran, 1987, p.53). The presence of new schema stimulates a new emotion and the beginning of restructuring.

The expression of the primitive anger appears to evoke the good internal object. This general type of phenomenon, in which the intense expression of one emotion seems to evoke a polar opposite emotion; has often been referred to in the therapeutic literature and requires further investigation. (Greenberg & Safran, 1987, p.285)

Greenberg and Safran (1987) hypothesize that the expression
of the restricted affect to its fullest intensity in the safety of the therapeutic situation allows for the admission of new information to the dysfunctional schema. The complete processing of a specific emotional experience leads to a shift in the nature of the emotional experience. People benefit by reprocessing the situation in which they restricted their experience, by expressing their unexpressed feelings, and by differentiating them and symbolizing new meanings. What appears to be essential to resolution is the client being able to see the world from the significant other's point of view and being able to understand and accept this view.

The expression of intense negative affect toward the rejecting object and subsequent identification with the rejecting object produce sufficient cues to activate an alternate schema of the more compassionate other. This shift leads to an emotional restructuring that is marked by feelings of acceptance and forgiveness... It is posited that the activation of an alternate more positive internal object schema and a sense of self-worth is brought about by the arousal of the negative affect involved in the unfinished experience and the carrying forward to completion of this previously interrupted expression. (Greenberg & Safran, 1987, p.290)

Research on the Use of Gestalt Techniques in Psychotherapy

The majority of research that exists on Gestalt techniques centers on the Gestalt two-chair dialogue and on the client state of intrapsychic conflict referred to as a split. In Gestalt two-chair dialogue, the client
is asked to alternately assume the two sides of an intra-psychic conflict. Greenberg (1979) presents the following five principles that constitute the main structure of the operation: maintenance of a contact boundary, responsibility, attending, heightening, and expressing. Greenberg (1979) defines a split as having four identifiable features: indicators of two parts of the self, a contradiction indicator, and a struggle indicator.

In a series of studies, Greenberg and co-workers have shown that the application of Gestalt two-chair dialogue at an in-therapy statement of a split leads to greater depths of experiencing than did empathic reflection. Greenberg (1975) found that Gestalt two-chair role play, when used at a split in therapy, repeatedly produced deeper levels of experiencing than did empathic reflection in three single case studies. Clarke (1977) and Greenberg and Clarke (1979) reported on an analogue study of 16 subjects in which it was found that the Gestalt two-chair dialogue resulted in greater depth of experiencing and a greater change in awareness than did empathic reflection at a split in therapy. Greenberg and Higgins (1980) replicated this study with 28 subjects in an analogue and found that the two-chair dialogue at a split produced significantly more depth of experiencing than did focusing plus empathic reflection.
Dompierre (1979) and Greenberg and Dompierre (1981) studied the specific effects of Gestalt two-chair dialogue at a split in counselling. They found that depth of experiencing and shifts in awareness, reported conflict resolution and reported behavior changes, were greater following a Gestalt two-chair dialogue than that obtained with empathic reflection.

Greenberg and Rice (1981) in an in-depth analysis of 3 clients, trained therapists to use a pre-determined schedule of responses to a split. The schedule randomly alternated accurate empathy responses with two-chair operations. Higher experiencing and specifically many more peak experiencing ratings of five and above were found to occur after the two-chair operations than after empathic responding. These results suggest the more direct and striking impact of the specifically targeted Gestalt technique. Greenberg (1980a) delineated a very consistent pattern of split resolution: The "self" chair first reaches experiencing level 4; then the "other" chair, after having proceeded at low experiencing levels, increases to level 4 as well (merges); and then both chairs move to stage 5 and 6, whereupon the conflict is resolved. Greenberg's (1983b) related research demonstrated that conflict resolution performance in the two-chair dialogue occurs by a process of deeper experiencing
of previously rejected aspects of the self. In this study Greenberg analyzed conflict resolution with non-resolution performances. He developed a three stage sequential model. Greenberg and Webster (1982) also studied clients who experienced intrapsychic conflict related to making a decision. In this study, clients who experienced a softening of their critic showed greater conflict resolution, less discomfort, greater mood change and greater goal attainment than did clients who did not experience the softening.

Clarke (1981) and Clarke and Greenberg (1984) compared the Gestalt two-chair dialogue with a cognitive Problem-Solving counselling intervention to help clients resolve an intrapersonal conflict related to a career decision. Forty eight people were randomly assigned to three groups, 16 in each of a problem-solving group, a two-chair group and a wait list control group. Trained counsellors saw clients for two sessions. Subjects were pre and post tested on measures of indecision and stage of decision-making. Results showed that the affective intervention was more effective than the cognitive intervention or no treatment for reducing indecision. Both counselling approaches were more effective than no treatment in facilitating movement through the stages of decision making.

Research that does not focus on the client state of
splits is scant. Bohart (1977) in an analogue study of 80 subjects reported that Gestalt two-chair role play was more effective in reducing anger, hostile attitudes and behavioral aggression than were intellectual analysis or emotional discharge techniques. Kipper and Giladi (1978) found that the two-chair method led to an equivalent reduction of test anxiety as did systematic desensitization. Serok and Zemet (1983) describe an experimental study of group therapy using Gestalt principles and methods. Results showed a significant increase in reality perception and differentiation in the Gestalt experimental group. One outcome study conducted by King (1988) found tentative results suggesting that the Gestalt empty-chair dialogue in the context of an empathic relationship may make a contribution to the treatment of the issue of unfinished business. Beutler et al. (1988) at the University of Arizona researching Focused Expressive Psychotherapy employing the empty-chair technique with the client issue of unfinished business, specifically anger; report significant training differences are obtained by following the manual for Focused Expressive Psychotherapy, although some data are still in the process of being analyzed.

Research on the Gestalt Treatment Approach with the Issue of Unfinished Business

To date, one study exists on the Gestalt treatment
approach with the issue of unfinished business. King (1988) found tentative results suggesting that the Gestalt empty-chair dialogue may make a contribution to the treatment of the issue of unfinished business.

In this study subjects were solicited from students enrolled in a counselling course at the University of B.C. Subjects were told that the study was an investigation of unfinished business and the construct of unfinished business was described. A pool of 41 volunteers were randomly assigned to either the Gestalt empty-chair dialogue condition or the empathic reflection condition.

The study showed that the Gestalt empty-chair dialogue condition produced significantly more tolerance to the subjects' feelings towards a significant other as measured by the Affective Reactions Questionnaire on an issue of unfinished business, than those produced by empathic reflection. The results further suggested that a greater improvement in initial target complaint as measured by the Target Complaint Measure was reported by subjects in the Gestalt empty-chair dialogue condition than was reported by subjects in the empathic reflection condition.
Research in the Use of Empathic Reflection in Psychotherapy

Rogers (1957) suggested empathy is one of the core therapeutic conditions both necessary and sufficient to produce client change. For psychotherapeutic change to occur, it is necessary that the following conditions exist and continue over a period of time:

1. Two people are in psychological contact.
2. The first, whom we shall term the client is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

(Rogers, 1957, p.96)

Rogers (1957) defined empathy as "to sense the client's private world as if it were your own, but with-
out ever losing the "as if" quality...to sense the client's anger, fear or confusion as if it were your own, yet without your own anger, fear or confusion getting bound up in it" (p.99).

A great deal of research on therapist warmth and empathy has been done to test Rogers' theory of facilitative conditions. "Research on empathy, warmth and genuineness is among the largest for any topic of similar size in the field of psychology" (Patterson, 1984, p.431). Reviews of empathy research have been done by the following authors: Truax and Mitchell (1971); Bergin and Suinn (1975); Gurman (1977); Mitchell, Bozarth and Krauft (1977); Orlinsky and Howard (1978, 1986); Patterson (1984); Lambert, Shapiro and Bergin (1986). Truax and Mitchell (1971) found that therapists and counsellors who are accurately empathic, non-possessively warm in attitude and genuine are indeed effective. This finding held for therapists from different orientations and training, different client groups; across a variety of therapeutic contexts. They concluded that empathy, warmth and genuineness were related directly to outcome, and that these conditions were both necessary and sufficient for client change. Gurman's (1977) review also supported these findings. "There exists substantial, if not overwhelming evidence in support of the hypothesized relationship between patient-perceived therapeutic conditions and outcome
in individual psychotherapy and counselling" (Gurman, 1977, p.523).

In Orlinsky and Howard's review (1978), approximately two-thirds of 23 studies on warmth and a similar percentage of 35 studies on empathy showed a significant positive relationship between externally rated aspects of therapist interpersonal behavior and therapeutic outcome. "The studies done thus far suggest that the positive quality of the relational bond, as exemplified in the reciprocal interpersonal relationship behaviors of the participants, is more clearly related to patient improvement than are any of the particular treatment techniques used by the therapists" (Orlinsky & Howard, 1978, p.296).

Other research reviews have come to equivocal and conflicting conclusions regarding the variables of empathy, warmth and genuineness. Mitchel et al. (1977) state "the mass of data neither supports nor rejects the overriding influence of such variables as empathy, warmth and genuineness in all cases. The recent evidence, although equivocal, does seem to suggest that empathy, warmth and genuineness are related in some way to client change but that their potency and generizability are not as great as once thought" (p.483). Parloff, Waskow and Wolfe (1978) in researching therapist variables in relation to process and outcome concluded that "the unqualified claim that high levels (absolute or relative) of
accurate empathy, warmth and genuineness (independent of the source of rating or the nature of the instrument) represent the necessary and sufficient conditions for effective therapy (independent of the outcome measures or conditions) is not supported" (p. 293).

Inconsistencies in the research literature have been explained in part by a number of conceptual and methodological problems with the measurement of empathy from an observational perspective (Lambert et al., 1978; Mitchell et al., 1977). According to Gladstein (1983), probably the primary reason for the confusion is that various theoretical models have been used in defining and measuring empathy. Also Mitchell et al. (1977) found in their review that high group mean scores among therapists in many studies barely surpassed 2.0 on the Carkhuff and Truax Scales, suggesting that the inconclusive results may have been due to low levels of empathy. Other research findings suggest that empathy, warmth and genuineness interact with other therapist variables such as directiveness (Mintz, Luborsky & Auerbach, 1971) and that they are possibly facilitative only at particular, precise times in therapy (Lambert et al., 1978; Mitchell et al., 1977). Bergin and Suinn (1975) suggest in their review of the literature that the core conditions of empathy, warmth and genuineness should not be generalized as the basics of good therapy.
nor considered as necessary and sufficient conditions beyond the client-centered approach, as these conditions probably do not hold for other approaches.

Patterson (1984) in a strongly worded criticism of the literature which he reviewed suggested that reviews were biased in a number of ways. He reached far different conclusions; "the evidence for the necessity, if not sufficiency, of the therapist conditions of accurate empathy, respect, or warmth, and genuineness is incontrovertible" (p.437). The most recent review by Orlinsky and Howard (1986) conclude there is strong support for therapist empathy as making an important contribution when empathy was measured as perceived by the client. Lambert et al. (1986) stress that relationship factors are important but question how these factors relate to therapist technique.

In conclusion, most if not all psychotherapies and psychotherapists, acknowledge the important of the relationship between the therapist and the client. Practically every theory states that empathy is important to initiating and building a counselling relationship (Gladstein, 1983). Barrett-Lennard (1962) developed the Barrett-Lennard Relationship Inventory (RI) specifically to assess Rogers' claim of sufficient and necessary conditions for client change. He found support for the position that client's perception of the therapeutic empathic
responses facilitated client change. Barrett-Lennard (1962) suggested that "the client's experience of the therapist's response is the primary focus of therapeutic influence in their relationship" (p. 2). The importance of therapy occurring in an atmosphere of a positive relationship and a good working alliance has been extensively documented (Barrett-Lennard, 1962, 1982, 1986; Carkhuff, 1969; Greenberg, 1981, 1982; Gurman, 1977; Mitchell, Bozarth & Krauf t, 1977; Truax & Carkhuff, 1967; Truax and Wargo, 1966; Orlinsky & Howard, 1978; 1986). The relationship between empathy, warmth and genuineness, and outcome is much more complex than had been understood by the early researchers. The literature suggest these conditions are seen largely as necessary but the literature is equivocal as to whether these conditions are sufficient to produce client change.

The Experiencing Scale and It's Use in Psychotherapy

According to Rogers (1959), the goal of successful therapy and optimal personality functioning, is for the person to be open to his or her feelings, feelings that may constantly change as the person is fully engaged in the process of living. This process Rogers (1950) defined as "experiencing", the client's sense of exploring his or her perceptual field. With assistance of such notable collaborators as Gendlin, Rogers sought to identify the experiencing process, first inferentially via character-
istics of the client's verbal expression such as richness of detail, and subsequently by devising a scale that would allow the counsellor to estimate the level of the client's immediate experiencing (Gendlin & Zimring, 1955; Gendlin, Jenney & Shlein, 1960). From 1960 to 1969, continuous efforts were made to instrumentalize the experiencing construct (Gendlin & Tomlinson, 1962; 1967; Tomlinson & Hart, 1962; Rogers, 1958; 1959b; Walker, Rablen & Rogers, 1960; Rogers, Gendlin, Kiesler & Truax, 1967). This work culminated in the present form of the Experiencing Scale (Klein et al., 1969). The Experiencing Scale was developed to test the relationship of experiencing to 3 therapist condition variables: positive regard, empathy and congruence as defined by Rogers (1957, 1959). Strong associations of experiencing with these therapist variables (measured from the perspective of both patients and raters) carried over from preliminary studies to the final analysis of this project (Rogers et al., 1967).

Experiencing is the extent to which inner referents become the felt datum of attention for the individual; and the degree to which efforts are made to focus on, expand and probe these data. The Experiencing Scale attempts to measure this process of focusing inward in order to solve problems, an important behavior in moments
of change (Greenberg & Safran, 1987). "In such moments, people focus on and freely express their feelings, attitudes and meanings related to behavior and experiences; they integrate the affective and rationale components of this affectively-toned meaning complex by differentiating and integrating new meanings and they use the new perspectives gained from this process to guide new behavior" (Greenberg & Safran, 1987, p.75)

At the low level of experiencing, the client provides no description of feelings, and discourse is superficial and impersonal. At the moderate level of experiencing, the client describes and elaborates his or her feelings, the greater depths of experiencing are achieved when the client explores his or her feelings and progresses to self-understanding and problem resolution. At higher levels of the scale, there is a synthesis of readily accessible feelings and experiences to resolve personally significant issues (Klein et al., 1969).

There appears to be a bidimensionality in the scale, in that it is marked by a shift in perspective at level 4, which is the midpoint (Klein, Mathieu-Coughlan & Kiesler, 1986).

Stages 1 to 3 define the client's progressive ownership of affective reaction to external referents at Stage 1 to another's reaction at Stage 2, and to external events at Stage 3. Stage 4 marks a shift from attending outwardly to focusing internally, in a self-descriptive and associative way, on
feelings and personal experiences. At Stage 5, the client states problems or advances propositions about feelings or personal experiences in an exploratory, elaborate fashion. At Stage 6, the client resolves those problems, vividly expressing his or her feelings. At Stage 7, an integration and synthesis of new information takes place to affirm the resolution, and to expand and integrate the newly formed perspective. (Greenberg & Safran, 1987, p.74)

The experiencing construct has both a cognitive and affective dimension. A review of recent studies looking at the relationship of experiencing to other process variables suggests that the Experiencing Scale is more closely related to "conceptually similar measures of disclosure, problem expression, and internal focus than it is to measures of concreteness, speech fluency and affective distress" (Klein et al., 1986, p.43). These results are not surprising and are consistent with the scale's focus on the progressive ownership of feelings, self-revelation, and problematic focus. The modest relationships for affect and negative relationships for concreteness are consistent with the fact that intense affective expression and situational detail are associated with lower stages of the scale.

The early developmental work with the Experiencing Scale provided consistent evidence of relationships between experiencing level, either averaged over all of therapy or at the end of therapy, with various measures of patient improvement (Klein et al., 1969; Kiesler, 1971;
Karon & VandenBos, 1970; Rogers et al., 1967). The most consistent finding was that successful therapy clients started, continued and ended therapy at higher levels of experiencing than did less successful clients. Some of the earlier studies showed changes in experiencing over time; upward movement over therapy was associated with success, and downward movement was associated with failure (Rogers et al., 1967). This early research suggested that experiencing was to some degree a measure of health as well as a measure of productive therapeutic involvement (Kiesler et al., 1965; Kiesler, 1971; Rogers et al., 1967). Experiencing was also identified to be related to verbal and expressive capacity which in turn has been associated with good motivation and prognosis for therapy (Rogers et al., 1967).

Reviews of the process and outcome literature unfailingly report on the promise of the experiencing measure as an indicator of productive therapy (Luborsky, Chandler, Cohen & Bachrach, 1971; Orlinsky & Howard, 1978). Luborsky et al. (1971) reported that experiencing was one of the few factors found to relate to outcome, and that of all process measures it was the most repeatedly successful in predicting outcome (Luborsky et al., 1971).

Orlinsky and Howard (1978) in a review of process
and outcome research support earlier reviews that experiencing seems to relate to outcome. Of the 10 studies that have focused on experiencing level, 9 demonstrated significant positive correlations with good therapeutic outcome (Gendlin, Beebe, Cassens, Klein & Oberlander, 1968; Kiesler, 1971; Kiesler, Mathieu & Klein, 1967; Kirtner, Cartwright, Robertson & Fiske, 1961; Stoler, 1967; Van der Veen, 1967; Walker, Rablen & Rogers, 1966). Only Tomlinson (1967) failed to yield a significant association.

The results were somewhat less decisive with respect to increase of experiencing and outcome. Four studies report a significant positive relation between increase in experiencing and outcome (Gendlin et al., 1968; Kiesler et al., 1967; Tomlinson, 1967; Tomlinson & Hart, 1962). Two studies found no significant positive association (Kiesler, 1971; Van der Veen, 1967). Orlinsky and Howard (1978) on the basis of their review of the studies, concluded that "in client-centered therapy at least, high levels of process functioning and especially "experiencing" in patient communications are consistently predictive of therapeutic outcome" (p.305). Kiesler (1973) in a review of the validity studies found level of experiencing related to outcome with more successful cases showing higher levels of experiencing. He also found that patients tend to show a U-shaped curve of
change across therapy sessions, but that change in experiencing was not found to relate to outcome.

Thus despite findings of the early researchers, efforts to determine the course of change in experiencing over therapy and to link experiencing change to outcome have yielded more complex and inconsistent results. There is strong support in the literature that consistently high ratings on the Experiencing Scale are indicative of behavior in therapy that leads to improvement or personality change. But the experiencing level itself does not necessarily change in any consistent way over time. Subsequent research, especially studies using more detailed ratings of longer segments of therapy, suggested that the Experiencing Scale varies and goes through cycles within and across therapy and the occurrence of particular patterns or peaks are related to successful outcome (e.g., Kiesler, 1971; Rogers et al., 1967). Peak rather than mean indices seem to be more predictive of outcome (Greenberg & Pinsof, 1987).

In a review of the validity studies, Klein et al. (1986) found the following:

As a personality characteristic, Experiencing has been more closely related to neuroticism, introspectiveness, and cognitive complexity than to affective distress. This suggests the scale is more a measure of reflective or self-observational style than expressiveness. While experiencing may come easily to some individual, it can also be taught or encouraged. The more specifically the intervention
was targeted at experiencing, the stronger this association has been.

While there has been some evidence of higher experiencing in relation to global measures of therapist skill and therapeutic climate, its relationship to therapist process variables has been considerably stronger and clearer in finer-grained sequential analyses. Higher levels of experiencing were found in conjunction with "helpful" or dynamically apt therapist interventions in different kinds of individual therapy, and with an explicit experiential exercise in Gestalt therapy.

Finally, the association of experiencing to therapeutic outcome has been shown for experiencing levels at various points in therapy, most consistently at points after the first few sessions. This suggests that the scale is a reflection of a mode of productive functioning rather than a stable personality trait. Thus the original view of experiencing as a process variables and of the scale as a reflection of this essential quality of self-involvement and participation in the therapy process still holds. (p.53)

The Experiencing Scale can be applied to individual therapy as well as other interactional formats such as monologues, structured interviews, group therapy and Gestalt two-chair exercises; and to therapy from different theoretical orientations such as dynamic, psychoanalytic, Gestalt and cognitive. The Experiencing Scale is used by independent raters who apply the various scale stage judgements to typescripts or recordings of patient speech during actual psychotherapy. The scale was designed for use with tape recordings and transcripts of individual therapy sessions, for units of 2 to 8 minutes in length. Raters are trained to summarize their ratings by two scores; modal ratings and peak ratings. A modal
rating characterizes the overall or average scale level of the segment or unit; that is, it is representative of the most general or frequently occurring experiencing level in the segment. A peak rating is given to any point where a higher level is reached even momentarily in the segment or unit (Klein et al., 1986) Klein et al. (1986) in reviewing the research report consistently high reliabilities of ratings. Twelve out of 15 studies showed rater interreliability coefficients in the 80s and 90s. Groups, couples, Gestalt two-chair exercises and monologues have all been reliably rated (Klein et al., 1986).

The Experiencing Scale is an invaluable tool in psychotherapeutic process research in that it is sensitive to changes in client involvement even within a single therapy session, therefore making it useful for microscopic process studies, i.e. to evaluate the effectiveness of therapist interventions. "As a measure of moment by moment integrated affective-cognitive change, it can be used to measure change in affective judgements in specific therapeutic contexts" (Greenberg & Safran, 1987, p.76).
Change Process Research

Psychotherapy process research has yielded some interesting findings (Orlinsky & Howard, 1978) but has not led to the type of understanding and explanations of psychotherapy that the field has needed (Greenberg, 1986). Process research is "any research investigation that, totally or in part, contains as it's data some direct or indirect measurement of patient, therapist or dyadic (patient-therapist interaction) behavior in the therapy interview" (Kiesler, 1973, p.2). Historically there has been a strict process-outcome distinction in the area of research that has developed the use of pre and post treatment outcome designs which have overlooked the form of the change between the two points. This spurious distinction between process and outcome research has hindered the development of knowledge in the field (Kiesler, 1986). Although process factors may have been eventually related to outcome, typically they have been studied independently of treatment efficacy (Bergin & Garfield, 1986). This process-outcome distinction created a false dichotomy in which in-therapy improvement or change was not seen as legitimate. Such designs have precluded an understanding of the process of change. There is little or no data to show what effective psychotherapy really is, what the effective components are and no data-based explanations of how and why it works.
Over the last decade a shift has occurred in process research toward emphasizing the study of change (Greenberg & Pinsof, 1986) and there has been a call for more rigorous and intensive observation and measurement of specific therapist/client observable behaviors and internal perceptions and experiences, in the context in which they occur (Greenberg, 1982; Orlinsky & Howard, 1978; Rosen & Proctor, 1981). The reliable measurement of in-session changes (immediate outcomes) and processes leading to these observed changes has become the focus of psychotherapy research. With the advent of audio and video recordings of psychotherapy sessions, came a more hopeful attitude about tracking actual change processes. These recorded sessions provided the avenue for scrutiny of theoretical writings about change and global therapist and patient recollections about therapy. The measure of process has increasingly been seen as essential to identify critical links between intervention and outcome and to operationalize constructs that are posited as important in theory (Rosen & Proctor, 1981).

Focusing process research on the process of change also has had the fortunate consequence of reducing the process-outcome dichotomy, as change inherently links process to some kind of outcome. The study of change integrates the strengths of both the process and outcome
research traditions as it focuses the researcher on both the beginning and end points of treatment (or a treatment episode) and also attempts to identify the processes that lead to the change between the end points (Greenberg & Pinsof, 1986). "This new emphasis on the description, explanation, and prediction of change is probably the most dramatic shift that has occurred since the publication of Kiesler's (1973) book (Greenberg & Pinsof, 1986, p.5)". Up until the last decade, conventional designs for studying process and outcome have been based on the assumption that outcome is a simple static phenomenon that is best measured in some definitive sense at the end of treatment or at follow up. Kiesler (1973) and others more recently (Rice & Greenberg, 1984) have argued for a research paradigm that views outcome as a fluid and continuous process that is not definitively best measured at termination or any other single point.

As the conventional process-outcome dichotomy disappears, outcome can be measured meaningfully at many points in treatment and follow up. Outcome becomes a series of little o's. From this perspective, psychotherapy research becomes the analysis of the processes that occur outside of the therapy sessions and processes that occur within the sessions and the interactions between them. (Greenberg & Pinsof, 1986, p.7)

Bergin and Garfield (1986) in their review of research concluded that the study of process and outcome together is a critical step in generating or evaluating
theory about the basis of particular treatment techniques. Outcome and process researchers almost simultaneously have come to the realization of the necessity and value of integrating their two traditions (Greenberg & Pinsof, 1986). Outcome researchers began to realize that to consider only outcome without also specifying what it was that worked and how it worked undermined the replicability of scientific research and is ultimately of limited value (Bergin & Lambert, 1978; Greenberg & Pinsof, 1986). In the study of therapeutic effects, outcome researchers realized specification and control of treatment interventions delivered were necessary in order to support claims about what was bringing about the change in psychotherapy. Rice and Greenberg (1984), Gottman and Markham (1978), and Kazdin (1986) have stated the importance that treatments are verifiably administered, including specifying therapist behaviors and checking to ensure they occur.

A further shift to the specification of in-session process developed when outcome researchers began to look not only at the therapist's behavior but also at the patient's experience of the therapy. The positive quality of the therapeutic relationship or bond between therapist and client is considered to be an "extremely important factor in patient outcome" (Orlinsky & Howard, 1986, p.357).
Therapist empathy when measured as perceived by the client has also been identified as contributing to positive outcome (Orlinsky & Howard, 1986; Greenberg & Pinsof, 1986; Barrett-Lennard, 1962, 1982, 1986). Process researchers have come to the realization that if process is not related eventually to some kind of outcome then it is basically irrelevant so they have begun to link in-therapy variables to out-of-therapy variables. Unfortunately, the search for process and outcome links has led to some distressing findings. Few studies have found any significant relationship between any specific within-session process variable and any specific outcome variable (measured at termination and follow up) which would hold up across more than one study or which could be replicated outside of a particular research group (Orlinsky & Howard, 1978; Parloff, Waskow & Wolfe, 1978). Methodological shortcomings of research design, instrumentation, sampling and statistical analysis have been identified as areas of concern.

Greenberg and Pinsof (1986) argue that conventional research strategies for studying process-outcome links are too demanding, too grandiose in expectation, if not altogether unsuitable for the examination of most therapeutic effects; as conventional research strategies used to access process-outcome relationships usually involve relating some aspect
of the in-session process at some point in treatment
to the amount of pre-post change in the client as measured
at termination or follow up. "Most psychotherapeutic
effects that will be significant at termination are the
result of the cumulative impact of a complex of events
and factors that playout and accumulate over time" Green­

Focusing on short term, smaller process-outcome
units fits the current developmental stage of
psychotherapy research far more than a focus on
long-term links. The long term findings may
eventually be found, but they will have emerged
out of the accumulation of evidence about short-
term links. In some ways, the "smaller is better"
approach implicitly admits that we have been too
grandiose in our expectations about process-outcome
research. However, it must be remembered that it
is no mean achievement to demonstrate a significant
relationship between certain in-therapy processes
and certain patient changes at certain points or
during certain phases of therapy, even if those
changes do not necessarily hold up at termination.
Such knowledge lays the foundation for a scientific
body of knowledge about how psychotherapy works.
(Greenberg & Pinsof, 1986, p.8-9)

A second conventional design of methodological
concern for linking process to outcome has involved
averaging process measures over the course of therapy
and attempting to relate these averages to outcome at
termination. Studies of process over time have shown
that homogeneity of process within a session or over
the entire course of therapy is unsupported. Rice and
Greenberg (1984), and Gurman (1973) suggest that mean
measures may obscure the variation that may be most
related to outcome.

Change process research places a greater emphasis on description and identification of patterns. Identification of patterns in client and therapist in-session performance is the key strategy in studies aimed at explanation (Gottman, Markham & Notarius, 1977; Greenberg, 1980, 1983, 1984a, 1984b; Horowitz, 1970). One approach is task analysis (Greenberg, 1984b). In a task analysis of a therapeutic event, a hypothetical idealized client performance, which represents the clinician's best understanding of how resolution takes place, is compared with descriptions of actual client resolution performances from a series of rigorously observed single-case studies. This discovery oriented procedure of comparing actual and possible performances, represents an intensive form of inductive clinical theorizing which results in the construction of a model in terms which can be tested by process measurement. In a task analysis of a number of conflict resolution events using the two-chair dialogue, Greenberg (1975, 1980a; 1983b, 1984a) found for each side of the conflict, a characteristic pattern of voice quality, depth of experiencing and patterns of affiliation associated with resolution.

Change process research calls for standardization of units of study and a shared descriptive framework. "It
is only through the study of what is consensually agreed to actually occur in therapy that we will advance our understanding of how change takes place" (Greenberg, 1986b, p.712). Drawing on the studies of Pearce and Cronen (1980) who proposed a hierarchial model of meaning for understanding communication, Greenberg (1986b) defines three levels for analysis in research:  

1) Speech Act - What one person is doing to another by saying or doing something, i.e. such as advise, promise, threaten, etc. Features of the acts that help in understanding the meaning of the speech act such as depth of experiencing (Klein et al., 1969) would be included in this category.  

2) Episode - "Communicative routines which (the participants) view as distinct wholes, separate from other types of discourse, characterized by special rules of speech and non-verbal behavior and often distinguished by clearly recognizable opening or closing sequences" (Gumperz, 1972, p.17).  

3) Relationship - This level describes the qualities that people attribute to the relationship that go beyond any particular content, act, or episode. Inherent in this model is the importance of recognizing context to adequately research process. These levels need to be viewed in context and in relationship to each other. This approach would result in a multimeasurement
research design.

To further develop a valid descriptive methodology for psychotherapy, Rice and Greenberg (1974, 1984) have suggested an events-based approach to the study of change processes. An event is a therapeutic episode consisting of four components: the patient problem marker, the therapist operation, the client performance and the immediate in-session outcome. A series of studies conducted by Greenberg and co-workers on the effects of the Gestalt two-chair dialogue (Greenberg, 1979; Greenberg & Clarke, 1979; Greenberg & Higgins, 1980; Greenberg & Rice, 1981; Greenberg & Dompierre, 1981; Greenberg & Clarke, 1984) and one on effects of the empty-chair dialogue (King, 1988) have contributed to a research base of comprehensive classification schemes. Differential intervention studies where the focus is on in-therapy outcomes for particular problem states can provide evidence on what interventions are most effective at particular points in therapy (Greenberg, 1986c).

This study is congruently designed in relation to this specific trend in change process research. The particular operations of empathic reflection and Gestalt empty-chair dialogue have been defined, operationalized and checked to ensure they occurred in the study. The client performance was measured by the Experiencing Scale
(Klein et al., 1969), a measure which has been reliably related to outcome. The psychotherapeutic relationship between therapist and client was measured by a form of the Barrett-Lennard Relationship Inventory. This measure was of the client's perceived empathy of the therapist.

In Conclusion and Purpose of this Study

Much has been written on the theoretical significance of Unfinished Business in psychotherapy, yet little exists in the area of research. Given the paucity of research investigating this specific issue of unfinished business, this study attempts to address this research need. The purpose of this study is to compare the differential effects of two counselling interventions (empathic reflection and the Gestalt empty-chair dialogue) on client process (as measured by the Experiencing Scale) when used with an issue of unfinished business. The Experiencing Scale has been chosen as the process measure as this reliable instrument has been suggested as revealing the change process in therapy and has been correlated with outcome (Klein et al., 1969). If an intervention can enhance a client's depth of experiencing, it may move a client closer to productive psychotherapy and may make a contribution to the treatment of unfinished business.
CHAPTER III
METHODOLOGY

The research methodology used is a comparative treatment strategy in an analogue study. The independent variables are the two counselling interventions: 1) empathic reflection and 2) Gestalt empty-chair dialogue. The dependent measure is the client process, level of experiencing, as measured by the Experiencing Scale (Klein et al., 1969).

Participants in the Study

Subjects

Subjects were undergraduate and graduate students enrolled in either a fourth year undergraduate or a first year graduate course in counselling. Subjects were told that the study was an investigation of unfinished business and the construct of unfinished business was described to them. They were asked to think of a personally meaningful issue of unfinished business to discuss in a counselling situation. The subjects were not informed on any of the variables under consideration. A pool of 41 volunteers were solicited from which 28 were randomly selected. Volunteers were solicited from 8 different classes containing between 10 and 20 students each. The selected volunteers were randomly assigned to either
the Gestalt empty-chair dialogue condition or the empathic reflection condition.

Subjects ranged in age from 24 years to 52 years of age. Subjects included 7 men and 21 women. Some of the subjects had taken only one introductory course in the program and others had completed 7 courses.

Therapists

Seven therapists were used in this study, 3 men and 4 women. All therapists had at least 96 hours of training in Gestalt therapy consisting of 32 weekly 3 hour sessions. In addition all therapists received approximately 20 hours of intensive training in empty-chair work as it applies to the issue of unfinished business. All therapists had a minimum of 100 hours of interpersonal skill training according to the Egan model or other personal model. All therapists had working experience using these skills of at least two years. Five of the 7 therapists said they used more empathic reflection in their practice than Gestalt techniques, two of the 7 therapists said they used both techniques equally in their practice.

Each therapist saw 4 clients, two using empathic reflection and two using Gestalt empty-chair dialogue. Therapists were randomly assigned treatment modalities insuring that half the therapists used empathic reflection
with their first subject and half used Gestalt empty-chair dialogue with their first subject. Therapists were blind to the research hypotheses.

Adherence Raters

To ensure that the therapists used the assigned operations (empathic reflection and empty-chair dialogue), two graduate students in the Masters degree program at the University of B.C. did adherence rating of the assigned operation for each session. The raters had a minimum of 100 hours of training in the Egan model and at least 100 hours of training in Gestalt therapy including training in the Gestalt empty-chair procedure.

The videotapes from the empathic reflection sessions were submitted to two independent raters who rated therapist responses from Level 1 to Level 5 on the Carkhuff Scale (Carkhuff, 1969) in which Level 3 is considered to be minimally facilitative. The raters listened to two 5 minute segments taken at approximately the 15 minute mark and the 35 minute mark in each session and determined whether each segment was at least minimally facilitative on the Carkhuff Scale. None of the segments warranted a rating of less than 3.0. Therefore all sessions were retained. One subject did not give permission to videotape the session, so the audiotape was used for rating.
Videotapes of the Gestalt empty-chair sessions were submitted to two independent raters to ensure that the Gestalt empty-chair dialogue occurred. A five point scale ranging from "Not at all", through "A little", "Somewhat" and "Mostly" to "All the time" was used. The raters used clinical judgement to determine where on the scale the segments were placed. The raters were to determine that at least the middle rating of "Somewhat" occurred.

A ten minute segment was selected and given a combined rating. The rating scale described above was used to determine to what extent the Gestalt empty-chair dialogue occurred. Clinical judgement was used to determine that the operation was performed adequately. Both raters confirmed the occurrence of the Gestalt empty-chair dialogue in all Gestalt sessions. Both raters also confirmed that a minimum rating of "Somewhat" occurred in all Gestalt sessions. Therefore all sessions were retained. Raters were blind to the experimental hypotheses.

Experiencing Scale Raters

Transcripts of the sessions were submitted to two raters, graduate students in the Masters degree program at the University of B.C., for rating on the Experiencing Scale. These raters were different from the adherence raters. Each Experiencing Scale rater independently
rated two-thirds of the transcripts, in order to provide one-third of the tapes for an interrater reliability check. Transcripts were divided into two minute segments and presented to the raters in a random order. Segments were assigned two scores, from one to seven inclusive, indicating the peak and the modal score obtained by the subject according to the Experiencing Scale. The interrater reliability for one-third of the segments (203 segments) for modal scores was a Pearson Product Moment Correlation of .74. The interrater reliability for one-third of the segments (203 segments) for peak scores was a Pearson Product Moment Correlation of .80. Discrepancy between the two raters on ratings of the overlapping one-third of total segments was submitted to a third rater for tie-breaking and definitive scoring. This third rater was also trained in the use of the Experiencing Scale.

The raters received approximately 48 hours of training and practice according to the procedures described in the Experiencing Scale Training Manual (Klein et al., 1969).

In the training manual, explicit procedures and materials for rater training are given, including introduction of the concept, description of the scale and instructions for the rating task. The formal training program for raters is divided into 8 two hour sessions, each involving rating practice segments (10 for each
session). Practice ratings are then compared with criterion ratings and justifications-explanations are provided by the authors. Final assessment of rater reliabilities at the end of the training are done on a block of 20 segments.

Instrumentation

The Experiencing Scale

The Experiencing Scale (Klein et al., 1969) was used to measure the dependent variable, depth of experiencing. This scale was developed to evaluate the quality of a patient's self-involvement in psychotherapy. It is a seven point scale which is applied to verbal speech of the client by independent raters. The scale is "free of detail of diagnosis, specific complaint or problem, personality, style, rate, tone of speech, specific affective state, specific topic or topic sequence" (Klein et al., 1969, p.7). The concentration is on feelings and personal meanings as core content. The lowest levels of the scale rate superficial client discourse, the central levels mark simple descriptions of feelings whereas high levels of experiencing indicate exploration of feelings that may lead to problem solving and self-understanding. Wherever an individual's speech can be isolated to be rated (tape recordings or transcripts), the scale can be applied.
Reliabilities for psychotherapy session data across 15 studies range in the .80s or .90s for 12 out of 15 studies (Kiesler, Mathieu & Klein, 1964). Interrater reliabilities obtained in Experiencing Scale studies have been generally high (Kiesler, 1973). The scale is sensitive to shifts in patient involvement even within a single interview session, making it useful for microscopic process studies, for example, to evaluate the effectiveness of therapist interventions and to assess the productivity of different topics (Klein et al., 1969). As a measure of moment by moment integrated affective-cognitive change, it can be used to measure change in affective judgement in specific therapeutic contexts.

Barrett-Lennard Relationship Inventory (RI)

The Barrett-Lennard Relationship Inventory was designed to measure the client's perception of the counsellor's warmth, congruence, empathy and positive regard. The RI is based on Roger's statement "it is the quality of the interpersonal encounter with the client which is the most significant element in determining effectiveness" (Rogers, 1971, p.85). Rogers (1957) considered constructive personality change or psychotherapeutic change to occur if the therapist experienced unconditional positive regard for the client, the therapist experienced an empathic understanding of the client's
inner state and if the communication to the client of the therapist's empathic understanding and unconditional positive regard is at least minimally achieved. In other words, the client must perceive the therapist's warmth, congruence, empathy and positive regard, for change in client behavior to occur.

In this study, the 16 items comprising the empathy subscale were used to measure the subject's perception of the therapist's understanding. The items range from "yes, I strongly feel that it is true" through four intermediate stages to "no, I strongly feel that it is not true". There is no neutral or midpoint category to ensure that subjects make a selection in the "yes" or "no" direction, however tentative this choice may be. The empathy scale was administered after the completion of the sessions.

Barrett-Lennard (1962) reported split-half reliability coefficients for empathic understanding of .86. Gurman (1977) confirmed the stability of these findings in a review of fourteen studies of internal reliability and ten studies of test-retest reliability. He found internal reliabilities across the 24 studies for empathy to be .84 and test-retest reliabilities for empathy of .85. Barrett-Lennard (1986) stated that there was evidence of content validity and "extensive and strong evidence of (predictive) construct validation" (p.459).
Barrett-Lennard (1981) theorizes that there are three distinct stages that are involved in the process of empathic interaction: empathic resonance by the therapist to the expression of the client; the therapist's communicative expression or expressed empathy; and received empathy as perceived by the client. Barrett-Lennard (1981, 1986) holds that the empathy scale of the RI measures the receiving person's description of the other's response within the relationship or Phase three empathy. In this study the empathy scale of the RI was used to assess the subject's perception of received empathy.

Procedures

During the solicitation of volunteers, prospective volunteers were requested to take part in two counselling sessions, the second session one week subsequent to the first. This procedure was done as both sessions were to be potentially analysed. This procedure was also enlisted for ethical reasons, so as not to have one session and not be aware of the impact on the subject who might need further follow up or attention from the first counselling session. The second session was not analysed due to the time consuming nature of transcription and the pressing need of time to complete the study.

Before the first counselling session, subjects were asked to identify their core complaint of unfinished business. Next the subjects participated in an individual
induction session. They were briefed on the form of therapy they were to receive and a rationale was presented for its use in the resolution of unfinished business.

Signed permission was obtained from each subject to audiotape and videotape the sessions. All counselling sessions were audiotaped and videotaped with the exception of one subject who withheld permission to videotape the sessions. In the case of this subject the audiotape was used by the adherence raters to determine if the therapeutic intervention had occurred.

Videotapes and one audiotape (in the absence of a videotape) were transcribed and separated into two minute segments, which were then presented in a random order to the Experiencing Scale raters. The initial counselling session is the unit of analysis for this study.

Transcription

The following client and therapist markers were observed before transcription commenced. In the Gestalt empty-chair dialogue condition, the therapist operation of evoking the sensed presence of the significant other was initiated. In the empathic reflection condition, the therapist operation of an empathic response was initiated. In both conditions the client marker of the client's statement of unfinished business with a significant other to be the focus of work, was necessary for transcription
to begin. Transcription ended when the unfinished business was no longer the focus of interchange in the session.

Scoring

Scoring occurred in two stages. A check was first made using the Empathy Scale of the Relationship Inventory to ensure that all clients perceived their therapist as minimally empathic. Two adherence raters then rated independently the tapes to ensure that the therapists were correctly conducting both therapeutic operations as described above.

Description of Treatments

Empathic Reflection

Carkhuff (1969) lists guidelines for the formulation of empathic responses. "The ultimate purpose of the empathic response is to communicate to the helpee a depth of understanding of him and his predicament in such a manner that he can expand and clarify his own self-understanding as well as his understanding of others" (Carkhuff, 1969, p.202).

His suggested guidelines are as follows:

1. The helper will find that he is most effective in communicating an empathic understanding when he concentrates with intensity upon the helpee's expressions, both verbal and nonverbal.

2. The helper will find that initially he is most effective in communicating empathic understanding when he concentrates upon responses that are interchangeable with those of the helpee. The ability to achieve interchangeable communication provides
an accurate base from which to formulate higher-level empathic responses at a later point.

3. The helper will find that he is most effective in communicating empathic understanding when he formulates his responses in language that is most attuned to the helpee.

4. The helper will find that he is most effective in communicating empathic understanding when he responds in a feeling tone similar to that communicated by the helpee.

5. The helper will find that he is most effective in communicating empathic understanding when he is most responsive. The more frequently the helper responds to the helpee, the less likely he is to deviate from the way the helpee experiences the world or the more likely he is to be aware that he is deviating significantly from the helpee's phenomenology.

6. The helper will find that he is most effective in communicating empathic understanding when, having established an interchangeable base of communication, he moves tentatively toward expanding and clarifying the helpee's experiences at higher levels.

7. The helper will find that he is most effective in communicating empathic understanding when he concentrates upon what is not being expressed by the helpee. The deepest level of empathy, then, involves filling in what is missing rather than simply dealing with what is present.

8. The helper will find that he is most effective in communicating empathic understanding when he employs the helpee's behavior as the best guideline to assess the effectiveness of his responses. (Carkhuff, 1969, pp.202-204)

Gestalt Empty-Chair Dialogue

Therapeutic work in the empty-chair dialogue can be divided into 3 phases: arousal, expression, recovery and completion (Greenberg & Minden, 1988; Greenberg & Safran, 1987). In the arousal phase the therapist guides
the client in evoking the significant other using sensory images. The client is directed to react to the significant other and to express to the significant other what he or she is experiencing. The client is asked to speak from his own experiences, using I, not hurling accusations.

Often the client expresses a complaint. The therapist attends to the client's expression noting whether the client's expression is spontaneous or deliberate, whether the affect being expressed is primary (such as genuine anger, sadness or hurt) or instrumental (such as reactive anger, whining, defeat or helplessness). Usually, the client's complaint represents feelings which have remained undifferentiated as well as unexpressed and it is the therapist's task to help the client both differentiate and express these. (Greenberg & Minden, 1988, p.16)

The therapist may ask the client to repeat or intensify some spontaneous non-verbal expression in order to heighten arousal. The therapist also directs the client to enact the significant other in the empty chair, and instructs the client to focus on and enact both verbally and non-verbally the figural negative aspects of the significant other. Focusing on a specific situation may also be used to increase arousal. The therapist's task is to assist the client to both differentiate and express the restricted affect.

In the expression phase, the therapist facilitates the client's full differentiation and expression of emotion in relation to the significant other. The therapist directs the client to shift from portraying the significant other in the empty chair to responding as himself.
"If the client has remembered and evoked a past unfinished situation (as is often the case if a parent is involved) the therapist will encourage the client to respond to the other as himself within that situation, allowing the client the opportunity to reexperience and differentiate the full range of feelings that the client felt then" (Greenberg & Minden, 1988, p.16). Reactive-instrumental emotion (such as whining, defeat, or helplessness) is discouraged and expression of primary emotion is encouraged and validated by the therapist. Besides bringing to the client's awareness his primary adaptive emotions, the therapist also brings to the client's awareness the expressive signs of the avoidance of interrupted emotional experience and expression. The therapist assists the client to express to the significant other the unfulfilled need and expectation in regards to the significant other.

In the recovery phase, the therapist supports the client in letting go of unfulfilled expectation. This often happens spontaneously as a result of the full expression of the restricted affect. In those situations where the client does not let go of the unfulfilled expectation, the therapist assists the client to evaluate whether he may ever get his expectations met and whether the hanging on may be self-defeating. "The therapist recognizes that full expression has occurred
when a shift has occurred for the client, perhaps a softening of feeling toward the other or the articulation of a resolution by the client never to forgive the other" (Greenberg & Minden, 1988, p.17). The therapist supports the emerging positive representation of the significant other. For example, the therapist may direct the client to enact the significant other and encourage the significant other's admission of inadequacy and request for forgiveness. The therapist will assess whether further expression of need and letting go of the unfulfilled expectation is necessary. If so a temporary goodbye to the significant other is suggested and future empty-chair work prescribed. If resolution has been assessed, a final goodbye is evoked. The therapist explores and supports new meanings and understanding with the client surrounding the relationship with the significant other.

Design and Analysis

In this comparative treatment strategy, a counterbalanced design was used in which all therapists used both treatment techniques and the order of administration was varied so that half the therapist began with empathic reflection and half began with the Gestalt empty-chair dialogue. This design was used to eliminate the potential confounding effects between the therapists characteristics and treatment differences.
The session data of peak (highest attained) and modal (most often occurring) ratings for each two minute segment was analysed to discover whether there is a significant difference in the client process between the two treatment conditions. The proportion of peak ratings of 4 and above, 5 and above and 6 were calculated for each treatment condition. The proportion of modal ratings of 4 and above, 5 and above, and 6 were calculated for each treatment condition. Mean experiencing levels for the subjects in the two conditions was also compared.

Levels 4 and above have been chosen for scrutiny as there is only at levels 4 and above an internal focus and exploration of feelings that may lead to problem solving and self-understanding. "The scale may be viewed as two subscales, the first moving from external to internal referents, and the second moving from an inward focus to a process of internally focused affective problem solving" (Greenberg & Safran, 1987, p.75).

The proportion of both modal and peak scores representing the proportion of segments in each interview which were rated 4 and above were passed through an arc sin transformation in order to make them appropriate for t-test analyses (Kirk, 1968). The arc sin proportions of modal ratings of 4 and above were compared between the two treatment conditions, and the arc sin proportions of peak ratings of 4 and above were compared...
between the two treatment conditions.

Proportions of 5 and above, and 6, modal and peak ratings were analysed according to the z-test which measures "the significance of the differences of two proportions" (Zar, 1984, p. 396). Due to the frequently occurring zero counts of scores 5 and above and 6 in both modal and peak ratings for subjects, the data was insufficient to use an arc sin transformation and t-test.

Mean experiencing levels for each client were calculated and the differences in the means for the two conditions were analysed by a t-test.

Therapist interaction effects by condition were also qualitatively analysed. With limited exception, therapists outperformed themselves in the Gestalt empty-chair dialogue condition in terms of greater proportions of Level 4 and above observed for their subjects. Exception was one paired analysis for modal scores and two paired analyses for peak scores. Therapist interaction effects by condition were also statistically analysed with a two way analysis of variance. (Given the small sample size, the interpretation of these statistical results must be made with caution.)
CHAPTER IV
RESULTS

This chapter presents the results of the statistical analyses performed on the data. The OS form of the Barrett-Lennard Relationship Inventory (RI), empathy scale was administered to subjects to assess whether the treatment conditions occurred in the context of perceived therapist empathy. A t-test was used to compare the subjects in the two treatment conditions to assess for differences in perceived therapist empathy.

The differential effects of the two treatment conditions were measured by the Experiencing Scale. An arcsin transformation and t-test were used to assess the differential levels of experiencing at Level 4 and above between the two conditions. Z-tests were used to isolate statistical differences in proportions of Level 5 and above, and Level 6, for mode and peak ratings on the Experiencing Scale, between the two treatment conditions. Client mean experiencing levels were calculated and a t-test used to compare mean experiencing levels between the two treatment conditions.

A Pearson Product Moment Correlation (Hopkins & Stanley, 1981) was used to calculate the interrater reliability for the raters on the Experiencing Scale.

A two way analysis of variance was done to assess
for possible therapist/treatment condition interaction effects.

**Relationship Instrument**

**Barrett-Lennard Relationship Inventory (RI)**

The Barrett-Lennard Relationship Inventory, empathy scale, was used to measure the subject's perception of their therapist's empathy. The score of 16 is the lowest acceptable score for a therapist to be perceived as minimally facilitative, out of a possible maximum score of 48. Four subjects were deleted from the study, two from the empathic reflection condition and two from the Gestalt empty-chair dialogue condition, as they rated their therapists lower than 16 on the empathy scale. Therefore 12 subjects in each condition have been considered to have taken part in the study. The mean score of the therapists remaining in the study was 34.26, with a standard deviation of 7.66.

To determine if there was a difference between the two treatment groups in perceived empathy of the therapist, a t-test was performed. A t-value of 1.23 was found which indicated that no significant difference (p=.231) existed between the two treatment groups at the =.05 significant level. See Table 1 for the means and standard deviations of the two groups. The mean for the Gestalt empty-chair dialogue condition (32.18) was lower than that
for the empathic reflection group (36.17).

TABLE 1
MEANS AND STANDARD DEVIATIONS OF
BARRETT-LENNARD RELATIONSHIP INVENTORY
EMPATHY DIMENSION SCORES

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestalt Empty-Chair Dialogue</td>
<td>32.1818</td>
<td>7.653</td>
</tr>
<tr>
<td>Empathic Reflection</td>
<td>36.1667</td>
<td>7.826</td>
</tr>
</tbody>
</table>

Experiencing Scale Interrater Reliability

As reported in the methodology section, two raters trained in the use of the Experiencing Scale independently rated two-thirds of the totalled segmented transcripts. The raters overlapped on one-third of the segments (203 segments). A Pearson Product Moment Correlation was calculated for the two raters' modal and peak ratings of the 203 segments. The interrater reliability on the 203 randomized segments was .74 for modal ratings and .80 for peak ratings.

Comparison of Experiencing Levels for the Empathic Reflection Condition and the Gestalt Empty-Chair Dialogue Condition

Frequencies of modal and peak scores Level 4 and
above, Level 5 and above, and Level 6, for the two treatment conditions are reported in Tables 2 and 3 respectively. Proportions of modal and peak scores for Level 4, Level 5, Level 6, and Level 4 and above, are listed by client for each treatment condition, and are reported in Tables 4 and 5 respectively.

Comparison of Proportions Level 4 and Above

To make the proportions suitable for t-test analysis, the proportions of scores Level 4 and above were passed through an arc sin transformation. The means and standard deviations of the transformed modal and peak proportions of scores Level 4 and above per treatment group are reported in Tables 6 and 7. For modal scores Level 4 and above, the transformed mean for the Gestalt empty-chair dialogue condition was 1.582 and the transformed mean for the empathic reflection condition was .867. A t-value of 2.73 was found which indicated that a significant difference (p=.012) existed between the two transformed means at the $\alpha=.05$ confidence level. Therefore the hypothesis ($H_1$) was retained and the null hypothesis ($H_{01}$) rejected.

$H_1$ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce significantly more modal ratings of 4 and above on the Experiencing
TABLE 2

MODAL EXPERIENCING LEVEL FREQUENCIES PER TREATMENT CONDITION

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>4 &amp; Above</th>
<th>5 &amp; Above</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestalt Empty-Chair Dialogue</td>
<td>158</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Empathic Reflection</td>
<td>69</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

TABLE 3

PEAK EXPERIENCING LEVEL FREQUENCIES PER TREATMENT CONDITION

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>4 &amp; Above</th>
<th>5 &amp; Above</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestalt Empty-Chair Dialogue</td>
<td>200</td>
<td>38</td>
<td>18</td>
</tr>
<tr>
<td>Empathic Reflection</td>
<td>101</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
TABLE 4

PROPORTION OF SEGMENTS WITH EXPERIENCING LEVELS OF 4, 5, & 6

MODAL RATINGS

<table>
<thead>
<tr>
<th>EXPERIENCING LEVELS</th>
<th>EXPERIENCING LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>CLIENT</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>.09</td>
</tr>
<tr>
<td>6</td>
<td>.14</td>
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<td>.11</td>
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<td>.38</td>
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<td>18</td>
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</tr>
<tr>
<td>28</td>
<td>.61</td>
</tr>
<tr>
<td>22</td>
<td>.19</td>
</tr>
</tbody>
</table>
### TABLE 5

**PROPORTION OF SEGMENTS WITH EXPERIENCING LEVELS OF 4, 5, & 6**

**PEAK RATINGS**

<table>
<thead>
<tr>
<th>EXPERIENCING LEVELS</th>
<th>EMPATHIC REFLECTION</th>
<th>GESTALT EMPTY-CHAIR DIALOGUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>CLIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>.17</td>
<td>.04</td>
</tr>
<tr>
<td>6</td>
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<td>.70</td>
<td>.04</td>
</tr>
<tr>
<td>22</td>
<td>.31</td>
<td>.00</td>
</tr>
</tbody>
</table>
TABLE 6

TRANSFORMED MODAL PROPORTIONS FOR EXPERIENCING LEVEL 4 AND ABOVE

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error of the Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestalt Empty-Chair Dialogue</td>
<td>1.582</td>
<td>.603</td>
<td>.17</td>
</tr>
<tr>
<td>Empathic Reflection</td>
<td>.867</td>
<td>.675</td>
<td>.19</td>
</tr>
</tbody>
</table>

TABLE 7

TRANSFORMED PEAK PROPORTIONS FOR EXPERIENCING LEVEL 4 AND ABOVE

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error of the Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestalt Empty-Chair Dialogue</td>
<td>1.906</td>
<td>.622</td>
<td>.18</td>
</tr>
<tr>
<td>Empathic Reflection</td>
<td>1.163</td>
<td>.654</td>
<td>.19</td>
</tr>
</tbody>
</table>
Scale, than that produced by the use of empathic reflection.

For peak scores Level 4 and above, the transformed mean for the Gestalt empty-chair dialogue condition was 1.906 and the transformed mean for the empathic reflection condition was 1.163. A t-value of 2.85 was found which indicated that a significant difference (p=.0096) existed between the means at the $\alpha=.05$ confidence level. Therefore the hypothesis $(H_2)$ was retained and the null hypothesis $(H_{02})$ rejected.

$H_2$ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce significantly more peak ratings of 4 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

Comparison of Proportions Level 5 and Above

Z-tests were used to compare the proportions of modal and peak scores Level 5 and above. For the modal comparison, a z-score of 4.75 was found which indicated a significant difference between proportions as this score surpassed the critical value of 1.96 at the .05 confidence level. Therefore the hypothesis $(H_3)$ was retained and the null hypothesis $(H_{03})$ was rejected.

$H_3$ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce a sig-
nificantly greater proportion of modal ratings of 5 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

For the peak comparison, a z-score of 5.22 was found which indicated a significant difference between proportions as this score surpassed the critical value of 1.96 at the .05 confidence level. Therefore the hypothesis (H₄) was retained and the null hypothesis (H₀₄) was rejected.

H₄ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce a significantly greater proportion of peak ratings of 5 and above on the Experiencing Scale, than that produced by the use of empathic reflection.

Comparison of Proportions Level 6

Z-tests were used to compare the proportions of modal and peak scores Level 6. For the modal comparison, a z-score of .55 was found which did not indicate a significant difference between the proportions at the .05 confidence interval. Therefore the hypothesis (H₅) was rejected and the null hypothesis (H₀₅) retained.

H₀₅ The Gestalt empty-chair dialogue, when used with an issue of unfinished business will not produce a significantly greater proportion of modal ratings
of 6 on the Experiencing Scale, than that produced by the use of empathic reflection.

For the peak comparison, a z-score of 3.57 was found which indicated a significant difference between proportions as this score surpassed the critical value of 1.96 at the .05 confidence interval. Therefore the hypothesis (H_6) was retained and the null hypothesis (H_{06}) rejected.

H_6  The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce a significantly greater proportion of peak ratings of 6 on the Experiencing Scale, than that produced by the use of empathic reflection.

Comparison of Mean Experiencing Levels.

Tables 8 and 9 show the mode and peak mean experiencing level scores listed by client. Table 10 shows the modal comparison of the means and standard deviations for the two treatment conditions. The mean for the Gestalt empty-chair dialogue condition was 3.33 and the mean for the empathic reflection condition was 2.719. A t-value of 2.99 was found which indicated that a significant difference (p=.007) existed between the two group means at the \(\alpha=0.05\) confidence level. Therefore the hypothesis (H_7) was retained and the null hypothesis (H_{07}) was rejected.
H7  The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce significantly greater modal mean experiencing levels on the Experiencing Scale, than that produced by the use of empathic reflection.

Table 11 shows the peak means and standard deviations for the two treatment conditions. The mean for the Gestalt empty-chair dialogue condition was 3.777 and the mean for the empathic reflection condition was 3.17. A t-value of 3.37 was found which indicated that a significant difference (p=.0029) existed between the two group means at the \( \alpha=.05 \) confidence level. Therefore the hypothesis (H8) was rejected.

H8  The Gestalt empty-chair dialogue, when used with an issue of unfinished business will produce greater peak mean experiencing levels on the Experiencing Scale, than that produced by the use of empathic reflection.

Therapist/Treatment Condition Interaction Effects

A two-way analysis of variance was done to test for possible interaction effects of therapists and treatment condition for both modal and peak scores. See Table 12 and 13 for results. For modal scores, statistically significant main effects were obtained for therapists (F=7.859) and treatment condition (F=20.801).
but no statistically significant interaction effects were obtained (F=1.985). For peak scores, statistically significant main effects were obtained for therapists (F=11.482) and treatment condition (F=30.413) but no statistically significant interaction effects were obtained (F=2.624).
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<th>CLIENT</th>
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<th>CLIENT</th>
<th>MEAN</th>
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TABLE 9

MEAN EXPERIENCING LEVEL

PEAK SCORES

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<th>GESTALT EMPTY-CHAIR DIALOGUE</th>
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#### TABLE 10

**MEANS AND STANDARD DEVIATIONS OF MEAN EXPERIENCING LEVEL MODAL SCORES**

<table>
<thead>
<tr>
<th>Treatment Condition</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error of the Mean</th>
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<td>Gestalt Empty-Chair Dialogue</td>
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<tr>
<td>Empathic Reflection</td>
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#### TABLE 11

**MEANS AND STANDARD DEVIATIONS OF MEAN EXPERIENCING LEVEL PEAK SCORES**

<table>
<thead>
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<th>Treatment Condition</th>
<th>Mean</th>
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### TABLE 12

**ANALYSIS OF VARIANCE**

**BY MODAL SCORES/THERAPISTS/TREATMENT CONDITION**

<table>
<thead>
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<th>Source of Variation</th>
<th>Degrees of Freedom</th>
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<th>Significance of F</th>
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<td>Treatment Condition</td>
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<tr>
<td><strong>2-Way Interactions</strong></td>
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<td>Therapist/Treatment Condition</td>
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</tbody>
</table>

### TABLE 13

**ANALYSIS OF VARIANCE**

**BY PEAK SCORES/THERAPISTS/TREATMENT CONDITION**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Degrees of Freedom</th>
<th>F</th>
<th>Significance of F</th>
</tr>
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<tbody>
<tr>
<td><strong>Main Effects</strong></td>
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</tr>
<tr>
<td>Therapists</td>
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<td>.000</td>
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<td>Treatment Condition</td>
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<td>.000</td>
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<tr>
<td><strong>2-Way Interactions</strong></td>
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<tr>
<td>Therapist/Treatment Condition</td>
<td>5</td>
<td>2.624</td>
<td>.079</td>
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</table>
DISCUSSION

Overview

Research exists which attests to the facilitative effects of the Gestalt two-chair dialogue on level of experiencing in comparison with empathic reflection when used with intrapsychic conflict (Greenberg, 1975; Clarke, 1977; Dompierre, 1979; Greenberg & Clarke, 1979; Greenberg & Dompierre, 1981; Greenberg & Webster, 1981). This study is the first to address the facilitative effects of the Gestalt empty-chair dialogue on level of experiencing in comparison with empathic reflection when used with the client issue of unfinished business. This study is congruent in design with a collection of recent research efforts in pursuit of more rigorous observation and measurement of specific therapist/client behaviors in the context in which they occur. This study has focused on specifying and describing the client issue, therapist operations and the relationship context. A reliable measure was used to measure in-session client change. Such specificity contributes to a research base of comprehensive classification schemes and attempts to foster reproducability.

In this analogue format, findings were supportive that in the context of a client perceived empathic relationship, the Gestalt empty-chair dialogue leads to
significantly higher levels of experiencing than empathic reflection. There is support in the literature for the notion that depth of experiencing is positively correlated with outcome (Klein et al., 1969). Since findings suggest that the Gestalt empty-chair dialogue can enhance a client's depth of experiencing when used with an issue of unfinished business in an analogue situation, this technique may move a client closer to productive psychotherapy when addressing the issue of unfinished business.

Interpretation of Findings

The Gestalt empty-chair dialogue led to significantly higher levels of experiencing at Level 4 and above than did empathic reflection. This may be explained by the active and directive quality of the Gestalt empty-chair dialogue. Level 4 on the Experiencing Scale is described as follows:

The content is a clear presentation of the speaker's feelings, giving a personal internal perspective or account of feelings about the self. Feelings or the experiencing of events, rather than the events themselves, are the subject of the discourse requiring the speaker to attempt to hold on to inner referents. (Klein et al., 1969, p.4)

The Gestalt empty-chair dialogue encourages clients to take a personal focus by using "I" statements, and encourages clients to enact rather than talk about their emotional memories. The Gestalt technique is directive
in focusing the client back to their subjective experience, i.e. "stay with it", "say it again" (as directed by the therapist). See Appendix I for an example of these techniques. "Awareness of denied or disowned emotions can be facilitated by magnifying current emotional sensory or cognitive experiences" (Daldrup et al., 1988, p.11). With client-centered therapy (empathic reflection), the therapist responds supportively with understanding acceptance, which is qualitatively different from the Gestalt therapist responses of querying client responses, pushing the client for greater exploration and stimulating affective experience.

It appears that with unfinished business there can be a tendency for the client to talk about the significant other and to give a narrative of events rather than keep an inner focus. With the less directive technique of empathic reflection, it may have been possible for clients to remain to a larger degree more externally focused, therefore explaining in part the qualitative differences in the level of experiencing for the two groups. Lower experiencing levels for the less directive empathic reflection condition may also have occurred due to the avoidance component of unfinished business of experiencing feelings concerning the significant other. By definition unfinished business concerns
restricted affect. With the Gestalt empty-chair dialogue, the client is encouraged and directed to express directly the unexpressed emotion. With empathic reflection there may have been more latitude to talk about the significant other, possibly at a more cognitive level and with less of an immediate experience. The following is an excerpt from a client in the empathic reflection condition which may exemplify the avoidance component.

Therapist: ...feeling when you think about your father and the past situation

Client: Yeah, it's like I guess I'm a little afraid to go back and retrace some of those feelings.

Therapist: It's scarey for you to want to look at that again.

Client: Yeah, I think part of me is afraid of getting stuck back there...

The following is an excerpt from the Gestalt empty-chair dialogue condition.

Client: It's very strange. I don't want to feel angry. I try not to feel those emotions. (Therapist: Yes) They hurt too much.

Therapist: Yes, I understand. They are very pain­ful. I am inviting you here to feel some of those because eventually they built up such a pressure.

Client: I am afraid of that - afraid of that depth of emotion, (Therapist: Yeah) which is really obviously figures because he has deprived me of that kind of emotion, I guess.

Clients routinely spoke of self-imposed difficulty of expressing unfinished business such as in the following
excerpt of a Gestalt empty-chair dialogue client.

Client: I just realized that I (pause) if I could see her there I couldn't say anything to her.

A significant difference between the two treatment conditions was also found for Levels 5 and 6. Level 5 has been defined as follows.

The content is a purposeful elaboration or 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 (herself) in terms of feelings. The problem or proposition may involve the origin, sequence, or implication of feelings or relate feelings to other private processes. Second, the speaker must explore or work with the problem in a personal way. (Klein et al., 1969, p.5)

Level 6 is defined as "a synthesis of readily accessible, newly recognized or more fully realized feelings and experiences to produce personally meaningful structure or to resolve issues" (Klein et al., 1969, p.61).

Given the greater immediacy engendered by the Gestalt empty-chair dialogue, i.e. "I" statements, enactment; this approach may be considered more facilitative of a synthesis of readily accessible, newly recognized or more fully realized feelings. According to Greenberg and Safran (1987) the magnification and intensification of current feelings facilitates emotional expression and a deeper exploration of blocked emotions in resolving unfinished business. The empty-chair dialogue helps the individual differentiate feelings which can lead
to new awarenesses. Taking on the role of the other can heighten the emotional experience and lead to new awarenesses and perceptions of the other.

The level of experiencing attained and other observable measures such as affective expression and comments by clients such as the following, indicate that although this was an analogue situation the counselling session was meaningful to the client.

Client A: I didn't know it would go back this far at all my god...It's been certainly surprising since I didn't expect to get to this point at all. (empathic reflection condition)

Client B: It feels like a great relief to be able to sit and talk about it at least and uh I feel really good about it. (empathic reflection condition)

Client C: Well this is really real for me because we are going through this situation. (Gestalt empty-chair dialogue condition)

The lack of significant difference between modal scores of Level 6 for the two conditions can be explained due to the fleeting and transitory nature of this level. In addition, given this fact that only one session was the unit of analysis, dramatic shifts cannot be expected.

Limitations of the Study

Although analogue research has the advantage of providing opportunities to evaluate the mechanism of change through control of multiple conditions of the
experiment, and through minimizing variability in the data, the obvious limitation and concern with analogue research is the extent to which the results can be generalized to the clinical setting.

The degree to which the results can be generalized to a population outside of the population sampled, such as psychotherapy clients is limited. For example, subjects may differ from clients seeking counseling for unfinished business possibly in the degree to which the unfinished business was a concern. As subjects had not sought counseling for unfinished business, the concern about the unfinished business may not have been as severe.

Another limitation of the study was the low N. As with a low N there is the increased risk of making a Type II error (incorrectly concluding that the hypothesis was true when it was false). An additional limitation was the analysis of only one session. The analysis of more than one session would have the study more greatly approximate the clinical setting.

Future Research

Future research might involve a larger N and possibly the study being done in a clinical setting with psychotherapy clients. Future research might also look at the relationship between level of experiencing and outcome measures. For example, in the 1988 study
conducted by King, results suggested that the Gestalt empty-chair dialogue leads to significantly more tolerance in the subjects' feelings toward a significant other as measured by the Affective Reactions Questionnaire; when compared with empathic reflection. Researching this possible relationship may lead to a greater understanding of the process of change and to empirical observation which may support theory.
REFERENCES


Gendlin, E.T., & Zimring, F.M. (1955). The qualities or dimensions of experiencing and their change. Counselling Center Discussion Papers (Whole No. 3). University of Chicago Library.


C. Well, I resent that, that, that I was never allowed to express my emotions. I had to keep them in and be harmonious and be good, be pleasant and when I didn't feel pleasant. And yet what I felt that it was my fault and now I know that it wasn't my fault, that maybe I had something to do with it but it was the three of us together that created that situation.

T. Tell her again, it was not my fault.

C. It was not my fault.

T. Again.

C. It was not my fault.

T. More, some more, I was not

C. I was not to blame for (T. again). I was not to blame for what went on when I was a teenager (sigh) I was not to blame for all the unpleasantness and the fighting that went on at home because (pause) I was also not to blame for the coldness that, that I showed you. You thought I was a really cold person. I am not a cold person at all. I care so much that it is (crying)

T. Stay with this. Again.
C. I care very, very much. I don't think you and dad have any understanding about how much I care.

T. Tell her.

C. I think I have very, very deep feelings, deeper than any of your other children but I had to be cold to hold you off.

T. Tell her what you do care about.

C. I very much want the love of my father. (T. Mm,mm)

I don't want you love.
This research proposal was scrutinized and passed by the Behavioral Sciences Screening Committee for Research and Other Studies Involving Human Subjects. The therapists used in this study were experienced practitioners and the psychotherapeutic data gathered in this study was done so under the supervision of a clinical supervisor. Any reproduction of the techniques used in this study by untrained personnel, should not be attempted.