

THE EFFECTS OF COUNSELLING METHODS
ON PROCESS AND OUTCOME

by

Heather Marie Higgins

B.Sc., Mount Allison University, 1974

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES
(Department of Counselling Psychology)

We accept this thesis as conforming
to the required standard

UNIVERSITY OF BRITISH COLUMBIA

April, 1979

© Heather Marie Higgins, 1979

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the Head of my Department or by his representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Counselling Psychology

The University of British Columbia
2075 Wesbrook Place
Vancouver, Canada
V6T 1W5

Date April 25, 1979

ABSTRACT

The differential effects of counselling methods applied to a conflict split were examined in an analogue study using forty two subjects, students in a graduate counselling programme, and seven therapists. The methods included Two Chair Role Playing; a therapeutic intervention drawn from Gestalt therapy, Focusing instructions followed by Empathic responses; and a Control, involving no therapy.

Depth of Experiencing (Klein et al., 1969) was the process dependent variable used to compare the differential effects of the two therapy conditions. Outcome measures, given to all subjects, included the Target Complaints Box Scale (Battle et al., 1966), awareness questions, a modified goal attainment scale, and subjective client reports.

Fourteen subjects were randomly assigned to each of the three treatment conditions; subjects who received counselling sessions were randomly assigned to therapists with whom they engaged in a therapy session. The seven therapists each saw four clients. Two clients received Two Chair Role Playing sessions and two received sessions involving Focusing. The order of treatment presentation was counter balanced in order to eliminate any bias or practice effect.

Because the Control subjects were not assigned to therapists, it was not possible to employ a fully crossed 7×3 (therapist-by-treatment) design. Two of the dependent variables were measured on more than one occasion, yielding a third repeated measures factor. Preliminary analysis using a $7 \times 2 \times r$ (therapist-by-treatment-by-occasion) fixed effects

analysis of variance was performed. Results showed that sources of variance associated with therapists could be pooled at a level of significance of .25. Therefore, a 3 X r (treatment-by-occasion) design was employed. A fixed effects repeated measures analysis of variance was used where the trial factor was greater than one, and a one factor analysis of variance was performed when the dependent variable was measured on one occasion. The level of significance used was .05.

Results showed Two Chair Role Playing to be more effective than Focusing in producing a greater number of peak, depth of experiencing scores, but there was no significant difference between the two groups on frequency of mode scores and on proportion mode and peak scores. There was no significant difference between Two Chair Role Playing and Focusing on any of the outcome measures. These two treatment groups did not differ from the Control on the Target Complaints Box Scale, or on the modified goal attainment scale. There was, however, a significant difference between each of these two groups and the Control on awareness questions and subjective client reports concerning the non-specific effects of counselling. These non-specific effects of counselling may be valuable indicators of what ingredients are necessary and effective in therapy. If clients deepen experiencing and achieve new awareness and self understanding, they may be then freed to put their energies into more creative living.

TABLE OF CONTENTS

	<u>Page</u>
List of Tables	v
List of Figures	vi
Acknowledgments	vii
<u>CHAPTER</u>	
I INTRODUCTION	1
Background of the Problem	1
The Problem	2
Definition of Terms Used	3
Focusing	3
Two Chair Role Playing Operation	4
Depth of Experiencing	4
The Split	5
Conflict Split	5
Split Resolution	6
Awareness	6
Shift in Awareness	6
Behaviour Change	7
Hypotheses	7
Rationale of Hypotheses	10
Delimitation of the Study	11
Assumptions of the Study	11
Justification of the Study	12
II LITERATURE REVIEW	14
Developments in Research Methodology	14
The Role of Awareness in Psychotherapy Research	16
The Role of Splits in Psychotherapy Research	17
The Roles of Two Chair Role Playing and Focusing Techniques in Psychotherapy Research	19

TABLE OF CONTENTS
(cont'd)

	<u>Page</u>
III METHODOLOGY	21
Instruments	21
For Subject Description	21
For Dependent Variables	22
For Subjective Client Information	25
Subject Selection and Preparation	26
Population	28
Therapists	28
Raters	29
Data Collection	30
Scoring Procedure	31
Design and Analyses	37
IV RESULTS	42
Comparison of Depth of Experience Under Two Chair Role Playing and Focusing Treatments	42
Comparison of Target Complaints Box Scale Ratings Under Two Chair Role Playing, Focusing and Control Conditions	44
Comparison of Shift in Awareness Ratings Under Two Chair Role Playing, Focusing and Control Conditions	47
Comparison of Change in Behaviour Under Two Chair Role Playing, Focusing and Control Conditions	49
Comparison of Subjective Client Report Ratings Under Two Chair Role Playing, Focusing and Control Conditions	50
V DISCUSSION	58
Process Measures	58
Outcome Variables	60
Recommendations	66
Implications	68
References	70
Appendices	74

LIST OF TABLES

<u>Table</u>		<u>Page</u>
I	Order of Tests with Respect to Treatments	38
II	Time Sequence of Training, Therapy and Testing	32
III	Mean Empathy Ratings for Empathy Sessions	33
IV	Number of Ratings Greater Than or Equal to Five for Mode and Peak Scores	36
V	Means and Standard Deviations for Frequency and Proportion of Mode and Peak Ratings	45
VI	Analysis of Variance for Frequency and Proportion of Mode and Peak Ratings	45
VII	Means and Standard Deviations of Scores of the Target Complaints Box Scale	46
VIII	Analysis of Variance for Change Scores of Target Complaints Box Scale	46
VIX	Means, Standard Deviations, and Marginal Means for Shifts in Awareness Question	48
X	Analysis of Variance for Awareness Questions	48
XI	Means and Standard Deviations for Goal Attainment Scores	51
XII	Analysis of Variance for Goal Attainment Scores	51
XIII	Means and Standard Deviations for Behaviour Change Score	52
XIV	Analysis of Variance for Behaviour Change Score	52
XV	Means and Standard Deviations of Questions From the Therapy Session Report	54
XVI	Analysis of Variance for Questions From the Therapy Session Report	55
XVII	Means and Standard Deviations for Progress Question	56
XVIII	Analysis of Variance for Progress Question	56
XIX	Summary of Results of Outcome Variables for Subjects in Two Chair Role Playing, Focusing, and Control Groups	64

LIST OF FIGURES

<u>Figure</u>		<u>Page</u>
1	An example of Mode and Peak Scores for two clients, A and B, after 24 and 16 minutes of therapy respectively	36
2	Experimental Design	40

ACKNOWLEDGMENTS

I wish to extend appreciation to:

LES GREENBERG, my teacher, colleague, and friend, for his caring, and with whom working through a relationship was as valuable an experience as preparing this thesis.

TODD ROGERS, for his guidance, energy and interest in this project, and for helping me to deepen my understanding of research design and statistical analysis.

NORM AMUNDSON, for his sense of humour and considerate manner in which he presented his valuable ideas.

DWIGHT HARLEY, for his patience and willingness to see the computer programming and analysis through to completion.

BRENDA GREENBERG, SYLVIA McGILP, SHARON KAHN, DANIEL NAEGELI, LIN TAYLOR, RAY PENNER, ARTHUR RIDGEWAY and NANCY JOHNSON, who so graciously acted as therapists and raters.

BILL NICKERSON, SYLVIA McGILP, LYSE DOMPIERRE, JOAN RICHARDT, LIN TAYLOR, and DOUG WILLMS for their sensitivity and support they offered me throughout the course of preparation of this thesis.

ACKNOWLEDGMENTS
(cont'd)

This thesis marks the conclusion of one important phase of my life.
Upon leaving, reflections of my pursuit, and love I have of the Counselling
Psychology profession are best expressed in this poem:

Kiss today good-bye
The sweetness and the sorrow
We did what we had to do
And I can't regret what I did for love
What I did for love

Look, my eyes are dry
The gift was ours to borrow
It's as if we always knew
But I won't forget what I did for love
What I did for love

Gone
Love is never gone
As we travel on
Love's what we'll remember

Kiss today good-bye
And point me t'ward tomorrow
Wish me luck, the same to you
Won't forget
Can't regret
What I did for love.

from "What I did for Love"
by Marvin Hamlisch and Edward Kleban

CHAPTER I

INTRODUCTION

BACKGROUND OF THE PROBLEM

Research on psychotherapeutic process to date has provided little information on the differential effects of various treatments and therapeutic interventions. Many difficulties in conducting disciplined inquiry have retarded advancement in this field. Butcher and Koss (1978) address such problems:

The research on outcome of brief psychotherapy has been plagued with difficulty. The inclusion of 'real' control groups in empirical studies has not been resolved in any of the studies reported. Most outcome studies that have reported substantial improvement rates may still be considered to be a replication of the Hawthorne effect — demonstrating that most anything done to a patient results in measured improvement as long as he knows you're thinking of him and checking on him every so often. Comparisons of various different psychological treatments may be the only ethical way to approach controlled investigations now (pp. 68-69).

Knowledge in this area, then, can be advanced only with careful and critical experimentation.

To date, many studies dealing with psychotherapy research have taken a global approach by examining the whole therapeutic relationship. True, the relationship which takes place between the therapist and the client, as well as the process which occurs within the client over the whole therapy is important and vital in research. However, Greenberg (1975) suggests that this global level of analysis is inappropriate if insight is to be gained into what the components are in a particular hour which are responsible for change. Rather a more microscopic investigation should be taken to identify the ingredients which promote good process and in turn facilitate change in both affect and overt behaviour.

A detailed examination of the process during therapy and highly specific client report measures before and after the therapy hour are needed in order to have an understanding of what happens during, and as a result of the therapy. According to Butcher and Koss (1978) many researchers are attempting to:

ascertain what scientific basis has been established for the processes that we 'know' clinically are important to bringing about behavioural change in patients hard facts are scarce, largely because such processes are exceedingly difficult to carve up into objectively measurable quantities. The published literature is indeed scarce, and often inconclusive on these issues (p. 67).

Bergin and Suinn (1975) concluded that change results, not because of the therapeutic technique or of the therapeutic relationship, but rather as a result of the client's experience in counselling. This present study attempts to understand change not only by examining process variables such as level of client experiencing during the hour, but also by examining reports of internal states and by behavioural reports of change in the week following the session. The comparison of levels of experiencing with the client's reports of what occurs during the hour in the different therapies may provide insight into the active ingredients of the mechanism of change.

PROBLEM

This study was concerned with aspects of process which enhance a client's level of experiencing during a counselling session. In addition, outcome measures indicating factors which operate in a client to promote change was a second major issue. More specifically, this thesis was designed to answer the following questions:

- 1) Is there a differential treatment effect between Focusing and Two Chair Role Playing with regard to Depth of Experiencing?
- 2) Is there a differential treatment effect between Focusing, Two Chair Role Playing, and Control with regard to shift in awareness, behaviour change, and conflict resolution?

DEFINITION OF TERMS USED

FOCUSING:

The Focusing operation developed by Gendlin (1969) is a technique whereby the client is instructed to experience the present situation of a chosen problem. The client is asked to focus on bodily feelings, and to listen to feelings from within. The instructions direct the client to pay attention to "that part of you where you usually feel glad or sad, or scared", and to choose a major personal problem on which to focus. If a newer feeling comes up, it should be followed and words and images allowed to develop and used to heighten the client's present experiencing of the problem. Kantor and Zimring (1976) suggest that the active technique of focusing operates in such a manner as to supply new possibilities for the client's consideration which leads to a redefinition of the problem.

TWO CHAIR ROLE PLAYING OPERATION

Two Chair Role Playing is described by Bohart (1977):

Role playing, as used in Gestalt therapy and other forms of counselling, consists of having a client act out various aspects of a conflict situation. If the conflict involves another person, the client constructs a dialogue between himself or herself, and the other person. The client plays himself or herself, and then switches roles (and usually chairs) and plays the other (p.214).

This Two Chair Role Playing operation has been defined by Greenberg (1975) as follows:

(the) operation is a series of suggestions and observations made by a therapist or facilitator to clearly separate two aspects or partial tendencies of the self process and to facilitate direct communication between these. The purpose of the experiment is to maintain a process of separation and contact between these parts (p. 197).

Greenberg (1979, in press) has presented five principles which constitute the main structure of the operation. They are:

1. Maintenance of a contact boundary: Maintaining clear separation and contact between the partial aspect of the self.
2. Responsibility: Directing the person to use his or her abilities to respond in accordance with the true nature of his or her experience.
3. Attending: Directing the person's attention to particular aspects of his or her present functioning.
4. Heightening: Highlighting aspects of experience by increasing the level of arousal.
5. Expressing: Making actual and specific that which is intellectual or abstract. Particularizing experience by moving from theory to practice.

DEPTH OF EXPERIENCING

Experiencing, according to Klein, et al. (1969) refers to the quality of a person's experiencing of himself/herself. It is the extent to which this experiencing is integrated with the person's action and thought. At a low level of experiencing, there may be no description of feelings, and discourse may be superficial and impersonal. At a moderate depth of experiencing the person may describe and elaborate his/her feelings. The greatest depths of experiencing are those in which the client explores his/her feelings which in turn leads to problem resolution, and self-understanding. Thus, Depth of Experiencing refers to the quality of the content of a client's words in therapy.

THE SPLIT

The split has been defined by Greenberg (1975):

The split is a verbal performance pattern manifested by one person (client) in interaction with another (therapist). The client here is conceptualized as being in process, and the split is an observable process form characterized by a division of the self process into two partial aspects of the self are related to each other in different ways and the different relationships between the tendencies define different types of splits. Four discriminative features of this process form are to be found in the client's behavioural productions. The four features are: part one of the split; part two of the split; a relational feature; a qualitative feature. Together they constitute the marker of the split (p. 17).

CONFLICT SPLIT

Greenberg (1975) has identified three types of splits: conflict splits, subject/object splits, and attribution splits. This thesis will require subjects to present conflict splits only. A conflict split is characterized by the two partial aspects of the self being in opposition with each other. The relational feature is a word or words which indicate that the two parts are being set against each other such as "but-yet". The persons subjective experience of this type of split is one of struggle indicated by some process or content cue that the person is involved in some form of inner struggle or coercion such as "should-want". Some examples of conflict splits might be:

- a) On the one side, I don't want to tie myself down. On the other side however, I want the security offered me by marriage. I just don't know what to do; or
- b) I want to spend my free time with my family, but I also want to spend more time with my work. I just don't know what to do.

SPLIT RESOLUTION

This concept refers to the ability of the client to cope with his/her pressing issue. It does not mean that the conflict split is completely eliminated or is no longer an issue. Rather, split resolution refers to the fact that a person puts less emotional energy into his/her problem and is less bothered by the issue after a passage of time.

AWARENESS

The term awareness, defined in the sense that it is used in this thesis, refers to the act of being conscious of the sensations coming from one's internal bodily environment as well as those coming from the external worldly environment. It is an ongoing process readily available at all times, and is a continuous means for keeping up to date with one's self (Yonteff, 1969). Polster and Polster (1973) outline four main areas of human experience where awareness can be focused. They include awareness of sensations and actions, awareness of feelings, awareness of wants, and awareness of values and assessments.

SHIFT IN AWARENESS

Dysfunction may be thought of as occurring due to the fact that people are unaware of their sensations, feelings, wants and values, and so they alienate parts of their self-functioning (Polster and Polster, 1973). Mental imbalance occurs, then, when there is an interruption in the flow of awareness. The purpose of counselling is to help a client to take away any barriers which prevent awareness from coming into consciousness. A shift might occur leading to greater integration of the opposing parts, or to a change of perspective by reframing of the

issue. For example, with regard to the two examples of the splits presented earlier, a shift in awareness might lead to the following underlying issues being exposed:

1. I thought my major concern was whether to get married or not. Now I realize that the main reason for my anxiety is that I don't take enough time to do the things I like to do.
2. I was originally torn between spending time on my research or with my family, and now I realize that my real concern is that I am angry at my wife and feel unsure of my relationship.

BEHAVIOUR CHANGE

Change in this thesis refers to an overt or covert change in a person's behaviour over a week long period. It will be measured by a modified goal attainment scale. The goal or desired change will be set following the experience in therapy and will be rated a week following the session. For example, the client presenting the first conflict split in the above examples may decide that he/she wants to spend more time getting physical exercise, and the second client might conclude that he will discuss his feelings with his wife. These goals would be set after the therapy hour and followed up after a week to measure if a change in behaviour had occurred as well as how well these goals were attained.

HYPOTHESES

H_{O1} The Two Chair Role Playing operation applied to a conflict split will not lead to levels of Experiencing which are significantly different from levels of Experiencing, resulting from exploration of a conflict split using the Focusing Technique in the population used in this study.

- H₁₁ The Two Chair Role Playing operation applied to a conflict split will lead to levels of Experiencing which are significantly different from levels of Experiencing resulting from exploration of a conflict split using the Focusing technique in the population used in this study.
- H_{O2} The Two Chair operation applied to a conflict split will not lead to reports of conflict resolution which are significantly different from reports of conflict resolution resulting from exploration of a conflict split using the Focusing technique, and reports of conflict resolution resulting from these two techniques will not be significantly different from reports of conflict resolution resulting from the control group in the population used in this study.
- H₁₂ The Two Chair operation applied to a conflict split will lead to reports of conflict resolution which are significantly different from reports of conflict resolution resulting from exploration of a conflict split using the Focusing technique, and the reports of conflict resolution resulting from these two techniques will be significantly different from reports of conflict resolution resulting from the Control group in the population used in this study.
- H_{O3} The Two Chair operation applied to a conflict split will not lead to reports of change in awareness which are significantly different from reports of change in awareness resulting from exploration of a conflict split using the Focusing technique, and the reports of change in awareness resulting from these two techniques will not

be significantly different from reports of change in awareness resulting from the control group in the population used in this study.

H₁₃ The Two Chair operation applied to a conflict split will lead to reports of change in awareness which are significantly different from reports of change in awareness resulting from exploration of a conflict split using the Focusing technique, and the reports of change in awareness resulting from these two techniques will be significantly different from reports of change in awareness resulting from the control group in the population used in this study.

H₀₄ The Two Chair operation applied to a conflict split will not lead to reports of change after one week which are significantly different from reports of change after one week resulting from exploration of a conflict split using the Focusing technique, and reports of change resulting from these two techniques will not be significantly different from reports of change resulting from the Control group in the population used in this study.

H₁₄ The Two Chair operation applied to a conflict split will lead to reports of change after one week which are significantly different from reports of change after one week resulting from exploration of a conflict split using the Focusing technique, and the reports of change resulting from these two techniques will be significantly different from reports of change resulting from the control group in the population used in this study.

- H₀₅ There will be no significant interaction between the therapist factor and the treatment factor on measures of Depth of Experiencing, conflict resolution, shift in awareness, and behaviour change for the two treatment groups.
- H₁₅ There will be a significant interaction between the therapist factor and the treatment factor on measures of Depth of Experiencing, conflict resolution, shift in awareness, and behaviour change for the two treatment groups.

RATIONALE OF HYPOTHESES

Previous research has suggested that the Two Chair Role Playing operation applied to a conflict split will lead to specific levels of experiencing which are significantly different from those produced by the application of active empathy to a conflict split in clients of specified characteristics (Greenberg, 1975; Greenberg and Clarke, 1979). This effect could possibly be explained as an interest or Hawthorne effect in that the counsellor is more active in giving directions and suggestions in the Two Chair Role Playing method, and empathy is essentially non-directive. What is required is the comparison of the effectiveness of the Two Chair Role Playing method at a split with a more active method of intervention. The Focusing operation is active and is the method that Gendlin posits as optimal for deepening experiencing in counselling and psychotherapy. If the Two Chair Role Playing method leads to deeper levels of Experiencing at a split than Focusing, then considerable weight will be added to the claim that the Two Chair Role Playing operation is the method of choice for working with splits.

Gestalt therapists believe that deep levels of experiencing are

followed by awareness (Kempler, 1973). Furthermore, Perls believed that the single most important prerequisite for change was awareness (Perls, 1951). This shift in awareness may lead to resolution, or to exposition of an underlying issue which is more important, so that a certain amount of conflict resolution may occur. This thesis will investigate whether changes in experiencing, shifts in awareness, behaviour change, and conflict resolution occur significantly more frequently for clients who received Two Chair Role Playing during a therapy session, than for those clients who received either Focusing or no therapeutic interaction.

DELIMITATION OF THE STUDY

This study was done with subjects who scored in the normal range on the California Test of Personality. It appears, then, that the results may be generalized to those persons who are socially and personally adjusted as measured by the California Test of Personality.

This study was also done with therapists who were specifically trained in an intensive Gestalt course in a group setting to direct the Two Chair Role Playing technique. All therapists were also trained in the Empathy technique, using the Carkhuff method (1969). Thus the results may be generalized to the Two Chair Role Playing and Empathy methods in which these therapists were trained.

ASSUMPTIONS

It is assumed that the splits produced by the clients in this study will be valid material for research in counselling. This assumption is based on the belief that everyone experiences two opposing forces struggling for integration in many ongoing resolutions of issues in

their lives (Perls, 1969). Since it is optimal to examine the best events possible, client training was undertaken before the counselling sessions to ensure that the clients presented real or meaningful splits, and that there was personal investment on the part of the client in resolving the splits which they presented. This primed the clients for good counselling process. Butcher and Koss (1978) report that "most investigators accept the view that the patient's pre-therapy attitudes have an important bearing upon the therapy itself" (p. 49).

JUSTIFICATION OF THE STUDY

Literature in the area of psychotherapy demands that more vigorous attempts be made to understand process and outcome in therapy (Butcher and Koss, 1978). Both process and outcome for subjects in this thesis were examined. Depth of Experiencing was used to examine the counselling process in this study because it is an important construct for therapies in which self awareness and self understanding are major goals. Klein, et al. (1969) suggests that if a particular process in therapy can enhance a client's Depth of Experiencing, he/she may then benefit from the psychotherapy.

The examination of outcome after a counselling session is important in order to try to capture the ingredients of psychological and behavioural change in a person. Shift in awareness was examined in this study because it is an important goal of many therapies. Polanyi (1959) speaks of the importance of awareness in daily lives:

To be aware of our body in terms of the things we know and do, is to feel alive. This awareness is an essential part of our existences as sensuous active persons (p. 207).

In addition, other subjective client reports concerning split resolution, in-therapy experience, and behaviour change were used in order to suggest what factors are operating in the client which promote change.

CHAPTER II

LITERATURE REVIEW

DEVELOPMENTS IN RESEARCH METHODOLOGY

Recent research is showing that new trends are emerging in the field of psychotherapeutic outcome studies. Many researchers in this area maintain that approaches are too macroscopic and that more process analysis is required (Rice, 1967; Greenberg, 1975; Strupp, 1973, Greenberg and Clarke, 1979). Greenberg (1979) suggests moving away from an examination of the total therapeutic interaction toward an emphasis on particular events within the therapy hour in order to examine how in-therapy experience relates to subsequent change in the client as a result of therapy.

In the early 1960's much interest was shown in the area of process research in a period coined by Hock and Zubin (1964) as "flight into process". People in the field of psychotherapeutic research began to show heightened interest in examining variables within the interview rather than the events occurring before or as a result of the session. Kiesler (1966) points out that this distinction between outcome and process studies, which persists to this day, led to an unnecessary and unfortunate polarity in the manner in which measures of behaviour change were taken. It seems that process research concerned itself with patient changes during the course of therapy without regard for outcome, while outcome research was concerned only with pre-post measures outside the therapeutic situation (Kiesler, 1966). This reluctance to relate process variables to outcome stunted the progress of examining psychotherapeutic effectiveness and led to a decline of process research (Bergin and Strupp

1972). However, recent studies in outcome research have proven that all therapies examined to this date appear to be equally effective (Malan, 1973; Cristol, 1972; Kubie, 1973; Mullen and Dumpson, 1972; Schwartz and Myers, 1973; Bergin, 1971, Duborsky, 1973; Bergin and Lambert, 1978). This has led to a call for studies of process related to outcome to help identify therapeutic processes that work (Orlinsky and Howard, 1978; Parloff and Waskow, 1978). The present study included aspects of both process and outcome research in an attempt to examine pre-therapy events, therapeutic process, and subsequent psychological and behavioural change.

There is much debate in this area of research concerning the most suitable method to be used to study process and outcome in psychotherapy. There are proponents of both the single case studies as well as the group approach (Kejcie and Morgan, 1970). In the 1960's an issue which concerned researchers was whether one could generalize analogue methods to actual counselling settings (Bordin, 1965). However, in a review of counselling analogue research methods, Munley (1974) argued that the analogue need not always closely approximate the natural setting. Strong (1971) points out that results of analogue studies may be directly applicable to counselling, or at least the research may have implications for counselling practise.

Greenberg and Clarke (1979) who conducted an analogue study comparing Two Chair Role Playing with Empathic reflection pointed out that the clients who participated in the procedures were shown to be fully involved in the process, their sessions and issues were not greatly dissimilar from those in actual counselling situations, and it was concluded that results

from this analogue should apply to people engaged in counselling.

Bohart (1977) also concluded from his research in the area that the process of change resulting from the experience in therapy is the same for persons who have participated in a counselling analogue as for those clients who have sought "real" therapy. Furthermore, Bergin and Strupp in their excellent review and analysis in the literature in this field (1970) suggest that the experimental case study and the experimental analogue approaches appear to be the only strategies which offer hope in the area of isolating the mechanism of change as a result of therapy. Thus, research and practise may be brought closer together.

THE ROLE OF AWARENESS IN PSYCHOTHERAPY RESEARCH

Awareness is one of the two most important principles of Gestalt therapy (Perls, 1966). This principle relates to Perls (1951) notion that the self is a system of responses or contacts of the organism with the environment at any given moment. Awareness is important in the area of individual change due to the fact that before a person can alter his/her behaviour, he/she must first encompass the sensations and feelings which go along with his/her behaviour (Polster and Polster, 1973). To be ~~in~~ awareness, then, is to be in touch with one's self.

Dysfunction or psychopathology occurs when a person loses awareness of the self which is doing the feeling, sensing, and thinking. This unawareness is maintained by restricting the organisms experiencing, and new gestalten become blocked by unmet needs that form incomplete gestalten (Polster and Polster, 1973; Perls, 1951). The task in therapy, then, is to get a person to experience himself/herself, and to become fully aware "in the here and now". Yontef (1969) maintains that only an aware

gestalt leads to change and this stems from Perl's (1951, 1969) original notion that "awareness per se — by and of itself — can be curative".

Experience and awareness appear to be interrelated and many believe awareness follows experiencing (Corsini, 1973). To restrict either will result in incomplete gestalten and psychopathology; to fully experience and become fully aware facilitates the natural processes of need discrimination and need fulfillment which leads to healthy functioning (Perls, 1969). Polster and Polster (1973) suggest that a person moves continuously between an already synthesized experience and the awareness of the pieces that make up his existence in a continually self-renewing cycle. Therefore, it may be suggested that if a person experiences deeply, this will lead to greater awareness during or after therapy, which may in turn result in behaviour change.

THE ROLE OF SPLITS IN PSYCHOTHERAPY RESEARCH

Many theorists have stressed the importance of polarities and splits in human functioning (Jung, 1966; Rank, 1945; Perls, 1951). Dysfunction resulting from a division or split in a person's functioning is at the basis of Gestalt therapy. A split, as defined by Greenberg, is a verbal performance pattern in which a client reports a division of the self into partial aspects of the self. He argues that a split or fragmentation in a person's functioning can be easily identified from a client's own verbalization about their experience (Greenberg, 1979).

The goal of Gestalt therapy is to achieve strong gestalts (Perls, 1951). Polster and Polster (1973) maintain that psychopathology is a result of the discrepancy between feeling one thing, but being unaware

of it, and thus doing another. Awareness may help a person to get in touch with his/her feelings when doing one thing and feeling another. The resulting behaviour following the awareness would integrate feelings and behaviour and thus void the discrepancy between the two. Polster and Polster report:

and so, the fact is that people who are lonely sometimes eat, and those who are sexually aroused make speeches ... Before he can alter his behaviour in any way the individual must first encompass the sensations and feelings which go along with it. Recovery of the acceptability of awareness — no matter what it may reveal — is a crucial step on the road to the development of new behaviour ... Though at the moment the primary emphasis is on the individual's sensation, expression emerges from this awareness and together they form a united experience (p. 214).

Greenberg (1979) argues that if people become aware of the two parts of their conflict and make contact between them, they may discover the path to resolution. Perls (1970) speaks of conflict resolution as "the reconciliation of opposites so that they no longer waste energy in useless struggle with each other but can join in productive combination and interplay".

One area of concern of this thesis is exploration of the effect of different interventions on the resolution of the conflict split. The active ingredients involved in changing in order to become more integrated may include personal awareness which leads to increased choices and subsequent behavioural change. These are general processes applicable to the clients total being-in-the-world and life style. In addition, the resolution of splits may be related to increase in awareness. In this thesis, both changes in general awareness and resolution of specific splits for clients in the three treatments will be investigated.

THE ROLES OF TWO CHAIR ROLE PLAYING AND
FOCUSING TECHNIQUES IN PSYCHOTHERAPY RESEARCH

The Two Chair Role Playing technique stems from Gestalt therapy which is used by many counsellors to deepen experience and increase awareness (Fagan, 1975; Bohart, 1977; Greenberg, 1975; Greenberg and Clarke, 1979). Bohart (1977) found that Gestalt Two Chair Role Playing was more effective in reducing anger, hostile attitudes, and behavioural aggression than were intellectual analysis or emotional discharge techniques. Greenberg (1975) specifically defined the principles of the "two chair" treatment and states that the point where it is most applicable is at a split. He found that the "two chair" procedure at a split led repeatedly in three single cases to significantly deeper levels of experiencing than did Empathic responses. Kipper and Giladi (1978) showed that the psychodramatic use of the two chair method led to an equivalent reduction of test anxiety as with systematic desensitization procedures.

Greenberg and Clarke (1979) found that the two chair technique is more effective than Empathic Reflection in deepening experiencing and bringing about changes in awareness when the client is working on a split. However, one possibility for this difference may be the fact that the two chair technique is relatively active as compared with empathy. As stated by Yontef (1969):

In Gestalt therapy the therapist is not passive, as in older Rogerian therapy, but is quite active. Attending to behaviour not mentalisms, to awareness not speculative questions, here and now and not there and then, all necessitate action and assertiveness on the part of the therapist (p. 220).

What is needed, therefore, to investigate the speculation that it is the activity component of the two chair method that accounts for its

effectiveness, is to compare the two chair technique to another intervention in which the client and therapist are both active. Focusing is a technique in which, as in the two chair operation, clients must make contact with their present experience through their senses. Both techniques attempt to increase awareness on the part of the client as well as to confront feelings and other internal aspects of his/her problem. Kantor (1976) in attempts to expose the ingredients of the process of Focusing and show how it operates, concluded that it brings about a redefinition of the problem rather than revealing hidden aspects of the issue. The client then receives new possibilities for further consideration in working through his/her issue. Thus, both Focusing and the Two Chair Role Playing technique may provide the client with new awarenesses not previously entertained and behaviour change and conflict resolution may then follow.

CHAPTER III

METHODOLOGY

In this chapter a description of the measuring instruments for the dependent variables used in this study is presented. Also included are descriptions of the subjects, therapists and raters, an outline of the data collection and scoring procedures, as well as methods involved in the design and statistical analyses.

INSTRUMENTS

The instruments used in this study served to describe the subjects, to measure the four dependent variables, and to gain subjective client information.

FOR SUBJECT DESCRIPTION

In order to describe subjects used in this study, the California Test of Personality (Thorpe, Clark and Tiegs, 1953) was administered to all subjects before the therapy session. This test has the aim of identifying certain important factors in personal and social adjustment. Personality in this test refers to the manner and effectiveness with which the whole individual meets his/her personal and social problems, and indirectly the manner in which he/she impresses other persons. Personal adjustment is assumed to be based on feelings of personal security and social adjustment based on feelings of social security. Half of the items on the test are designed to measure six components of social security, and the other half of the items measure six components of personal security.

Reliability coefficients computed using the Kuder-Richardson formula have been computed by the designers of the test using results from 201 adults. The results show an r of .97 with a standard error of measurement of 9.34.

Validity of the test has been established by many researchers. Syracuse University (1953) found that the California Test of Personality correlated more closely with clinical findings than any other personality test. The test has also proven to be a valuable instrument of research. Summary of Investigations Number One (1953) published by the California Test Bureau lists and briefly describes ninety such studies.

FOR DEPENDENT VARIABLES

1. THE EXPERIENCING SCALE

The Experiencing Scale (Klein, et al., 1969) measured the dependent variable, Depth of Experiencing. This scale was developed

. . . for evaluating the quality of a patient's self-involvement in psychotherapy directly from tape-recordings or transcripts of the same session (Klein, et al., 1969, p. 1)

This scale is a seven point rating device which is sensitive to shifts in patient involvement. The lowest levels of the scale rate superficial client discourse, the central levels of the scale mark simple description of feelings, while at high levels of experiencing, exploration of feelings may lead to problem solving and client self understanding (see appendix A).

Several studies have employed the Experiencing Scale and have determined interrater reliability. Ebel's (1951) intra class method was used to determine reliability of the means of the judges' ratings (r_{kk}), and an estimate of the average intercorrelation of all possible judge pairs

(r_{11}). The r values obtained in the various studies have ranged from 0.44 to 0.67, while the crucial r_{kk} coefficients vary from 0.76 to 0.91 (see Klein et al., 1969, p. 45).

2. TARGET COMPLAINT BOX SCALE

This measure was designed by Battle, et al. (1966) to determine the degree of discomfort of disturbed patients before and after psychotherapy. Patients were asked to state and then rank their problems by rating their discomfort on a box scale, which was a column divided into thirteen boxes. The words "not at all" were printed beside the bottom box, "a little" by the fourth box, "pretty much" by the seventh box, "very much" by the tenth box, and "couldn't be worse" by the top box. Patients were asked to rate their discomfort in both pre and post interviews. The scores were analyzed and compared with the results of the four other outcome measures:

- a) Patient's rating of overall improvement
- b) Therapist's rating of patient's overall improvement
- c) Social Ineffectiveness Scale
- d) Discomfort Scale

It was found by Battle, et al. (1966) that the target complaints scores correlated to a significant degree with these other four outcome measures, which provides some evidence for its validity. The Target Complaint Box Scale (see appendices B - E) was used as one repeated pre-post measure in the present study to help determine therapy effectiveness and was used as an indicator of conflict resolution.

3. AWARENESS QUESTION

A measure of shift in awareness was designed by the researcher specifically for this study. The measure consists of two questions: one asking the client if he/she had a shift in awareness, the other asking if he/she increased his/her awareness of himself/herself. A five point scale was used for client rating of both questions. Both questions were asked immediately after the hour as well as twenty four hours after the hour (see appendices C and D) and were treated as repeated measures in the analysis.

4. BEHAVIOUR CHANGE

A modified goal attainment scale was designed by the researcher in order to capture any change which occurred as result of client experiencing during the session.

Twenty four hours after the session, during which time clients would have been able to integrate their subjective experience in therapy during the session, and during which time any shift in awareness or conflict resolution would have had time to occur, clients were asked if this led to them wanting to change any particular feeling or behaviour in the coming week. They were then asked how often they were presently feeling or behaving in that way (present behaviour baseline), and how often they would like to feel or behave in that way during the coming week (goal setting). At the end of a week the clients were then asked how often they were, in fact, feeling or behaving that way at that time (goal attainment). Behaviour change was measured by the difference between the goal attainment score and the present behaviour score, and goal attainment was measured by the difference between the goal

attainment score and the goal setting score. All ratings were done on a seven point scale with descriptors on each number (see appendix D, question 5 and appendix E, question 3).

FOR SUBJECTIVE CLIENT INFORMATION

1. THERAPY SESSION REPORT

The Therapy Session Report was designed by Orlinsky and Howard in 1966. These researchers were interested in studying the development of the therapy session and believed that psychotherapeutic experiences can be used for systematic empirical inquiry. The report is a questionnaire which gathers information from the client concerning four aspects of the therapeutic experience namely dialogue, relationship, feeling process, and exchange.

After the questionnaire was designed, it was given to sixty patients who filled it out after each of fifteen sessions, making a total of eight hundred and ninety sessions. Item analysis and factor analysis on these initial forms from these patients resulted in the definition of eleven dimensions of patient global experience.

The Therapy Session Report, then, has the aim of taking a systematic and empirical view of the variety of experiences a client may have in psychotherapy. They are intended to be filled out as soon as possible after each therapy session. Questions of the Therapy Session Report were given to clients in this study immediately following therapy with the aim of gaining insight into their subjective therapeutic experience, as well as to capture the ingredients of "good" therapy (see appendix C, question 6).

2. REPORTS OF PROGRESS

One week after the therapeutic experience, clients were asked how much progress they felt they had made in dealing with their issues since the hour. This question was measured by rating on a five point scale, with descriptors at each point, and had the aim of checking to see how effective were the therapeutic techniques (see appendix E, question 4).

3. PERCEIVED UNDERSTANDING

Immediately after the hour, all subjects who received one of the two therapy sessions completed two questions indicating whether they perceived their therapists as understanding and helpful. They rated their responses on a five point scale with descriptors at each level (see appendix C, questions 7 and 8). This report was included as a check to confirm whether a very important ingredient of therapy, trust, as measured by these two questions was present.

4. UNUSUAL EVENT QUESTIONS

One week after the hour, following the rating on the modified goal attainment scale, all clients were asked whether anything unusual happened during the week, other than the hour, to which they would attribute any change (see appendix E, question 5). This allowed subjects to report life events which may have been more responsible than the hour in producing behaviour change.

SUBJECT SELECTION AND PREPARATION

Subjects for this study consisted of volunteers from the masters degree program in Counselling Psychology at the University of British Columbia. They were told that the thesis was focused on the study of

conflict splits, one of which they would be asked to define. When the initial request was made, the activities involved were described in superficial, behavioural terms. They were also told that they would be required to fill out four questionnaires concerning their split, as well as complete a paper and pencil test. None of the subjects were informed of any of the variables under consideration. Fifty-one persons originally volunteered to participate in this study. However, forty-two persons were available for the orientation interview when a follow up request was made. The volunteers were then randomly assigned to one of the two treatment groups or the Control. Randomization was done at this point as the detailed explanation of involvement at the orientation interview differed slightly for the treatment and Control groups.

At an initial orientation interview, in sessions with one to four other clients, the subjects received an explanation of split definition. They were asked to present an emotional "felt" conflict split (see Appendix F for description and examples presented). The difference in training between the subjects who were assigned to therapy than those who received no therapy is the former were told they would receive a counselling session with a therapist, whereas persons in the Control group were told to do whatever they would normally do in the hour between filling out the pre and post questionnaires. All subjects were then requested to complete the California Test of Personality. The subjects used in the study then could be characterized, according to the California Test of Personality, as being well adjusted both personally and socially. No subject showed a particularly low profile on this test. The means for social adjustment for the sample was 70.26 (within percentile range \pm 70) with a standard deviation of 13.44. The mean for total

adjustment for the sample was 145.84 (within percentile range = 70) with a standard deviation of 10.36. The subjects who were told they would receive therapy sessions were then randomly assigned to therapists, then randomly assigned to one of the two therapy techniques.

POPULATION

The subjects for this study consisted of forty-two volunteers from the population of persons in a graduate course in Counselling Psychology, at a large, public University. This population consists of approximately two hundred people between 24 and 50 years of age, with at least four years of university education, and a variety of counselling related professional backgrounds. These persons acted as counsellors and clients during their training, and were not requesting therapy, but rather volunteered to experience therapy for this analogue study.

It is assumed that the results of this study can be generalized to processes occurring in "actual" counselling with "normal" and "mildly neurotic" clients. Because of differences in reactions to therapy between "neurotic" and "psychotic" patients (Kiesler, 1971), these results will not apply to an extremely distressed client population.

THERAPISTS

Seven therapists, four women and three men, were used in this study. All therapists who administered the Two Chair Role Playing technique had all received at least fifty hours of training in this operation. This training is described in a paper by the director of the training group (see Greenberg, in press). Included in the course of twenty weekly three hour training sessions are explanations and examples of the five principles of Two Chair Role Playing as reported in Chapter I of this thesis. Discussion and feedback follow practise during the course of

training by therapists who participate as both clients and counsellors.

All therapists have learned and used the Focusing instructions (see Appendix G), and have all received at least fifty hours instruction in empathic reflection which they used in the Focusing interviews after the Focusing directions were given.

All therapists had varying post M.A. work experience ranging from two to seven years.

Therapists were randomly assigned four clients. Two clients received Two Chair Role Playing sessions and two received sessions involving Focusing. The therapists staggered the order of treatment presentation in order to eliminate any bias or practise effect. Therapists were assigned a treatment sequence by the researcher and treatment methods were randomly assigned to subjects.

RATERS

The Focusing sessions were rated by two graduate students in a Counselling Psychology program. Both raters had experience using the Focusing instructions as well as two hundred hours experience using the Carkhuff Scale which was used to rate therapists empathic responses which followed the Focusing instructions.

The Two Chair Role Playing technique was rated as occurring or not occurring by the person who originally defined the operation and who trained all the therapists, along with a graduate student who also had training in the operation.

The Experiencing Scale rating was done by two Masters candidates in Counselling Psychology. They were trained in the Experiencing Scale

Training Manual (Klein, et al., 1969) by a professor in Counselling Psychology. This involved approximately forty eight hours of training and practise. These raters were both familiar with the Focusing and Two Chair Role Playing operations used in this study. However, neither was aware of the experimental hypotheses.

DATA COLLECTION

Immediately before the therapy session each client completed a questionnaire in order to identify his/her split, and indicated their subjective feelings toward this split. These feelings were indicated on the Target Complaint Discomfort Box Scale. The client in the treatment groups then began the therapy hour with the therapist who directed the interview according to the assigned method of therapy. Examples of actual splits presented by persons in the three groups can be found in Appendix F. Clients in the Control group proceeded to do whatever they had normally planned. The variety of activities persons in this group reported included reading, watching television, preparing supper, thinking about issues, bathing, studying, relaxing, and housecleaning. Immediately after the hour, all clients once again completed the Target Complaint Discomfort Box Scale, indicating their feelings toward their split.

Upon completing these outcome measures, all clients were asked to complete the Therapy Session Report in order to gather subjective client information concerning their experience as a result of the hour. The indicator of conflict resolution, the Target Complaints Box Scale was also administered 24 hours, as well as one week following the hour. The twenty-four hour time period was used as the client will have had sufficient time to reflect upon the session, and one week traditionally has been the time period between therapy sessions.

In order to investigate whether the client perceived a shift in awareness occurring as a result of the hour, he/she was requested to complete a client report which included awareness questions after twenty four hours, and one week after the initial session. In order to determine whether any behaviour change occurred a modified goal attainment scale was administered twenty four hours after the therapy in order to define the desired behaviour to be changed, as well as one week following therapy in order to investigate whether the desired level of change had been attained (see appendices B - E for these pre and post measures).

The sequence of training, therapy, and testing for any client can be seen in Table II.

SCORING PROCEDURE

Scoring occurred in two stages — first a check was done to ensure that the therapeutic operations were correctly conducted by the therapists; then after the tapes of the interviews were collected, ratings on the process were done using the Depth of Experiencing Scale.

In order to ensure that the Two Chair Role Playing operation occurred, the tapes of the interviews were rated as occurring if the five principles of the operation, outlined in Chapter I, were correctly included in the process. This method of rating Two Chair Role Playing is clearly subject to bias. A scale is being developed to operationally define and rate Two Chair Role Playing. Until such a scale is available, this type of clinical judgement must suffice. All Two Chair Role Playing sessions were rated as acceptable as the technique had been correctly directed by the seven therapists.

TABLE II

TIME SEQUENCE OF TRAINING, THERAPY AND TESTING

INITIAL SESSION	IMMEDIATELY PRE THERAPY	THERAPY SESSION	IMMEDIATELY POST THERAPY	TWENTY FOUR HOURS POST THERAPY	ONE WEEK THERAPY
Split Training					
California Test of Personality	Target Complaints Box Scale	Therapeutic Intervention (One of Two Chair Role Playing, Focusing, or Control)	Target Complaints Box Scale	Target Complaints Box Scale	Target Complaints Box Scale
			Therapy Session Report Questions	Awareness Questions	Goal Attainment Question
			Awareness Questions	Goal Setting Questions (Present behaviour and goal setting)	Progress Question
			Perceived Understanding Questions (treatment groups only)		Unusual Event Question

The Focusing interviews were rated as occurring if the Focusing Instructions (see Appendix G) were followed and the empathic reflection following the instructions were at least minimally facilitative according to the Carkhuff Scale. The two raters listened to three five minute segments from each empathic interview, the first five minutes, the middle five minutes and the last five minute segments. The raters gave each segment a rating between one and five according to the criteria of the Carkhuff Scale. The resulting forty two ratings of each rater were tested. The interrater reliability expressed as a Pearson-Product moment correlation coefficient across the forty two pairs of ratings was .89 (Glass and Stanley, 1970). The raters agreed on the 79 percent of the ratings and within a half step of the scale on one hundred percent of the ratings (eg.: Rater 1 = 3.5 Rater 2 = 4.0). In none of the segments was the rating lower than 3.0.

The three intra-session ratings were then averaged to obtain, for each rater, a mean empathy rating for each session. The two judges' mean ratings were then averaged to obtain a mean empathy rating for each session. Table III presents the results of this rating procedure.

TABLE III

MEAN EMPATHY RATINGS FOR EACH EMPATHY SESSION

SESSION (Therapist)(Client)	MEAN EMPATHY RATING
11	4.0
12	3.0
21	3.5
22	4.0
31	3.5
32	4.0
41	4.0
42	4.0
51	4.0
52	4.0
61	3.0
62	3.5
71	3.5
72	3.5

It is concluded from these ratings that all empathic responses in the Focusing sessions were at least minimally facilitative by Carkhuff's (1969) criterion that a facilitative response is a rating of three or above. Therefore, none of the Focusing interviews were repeated because the technique was not conducted properly. However, one Focusing session had to be repeated with another volunteer from the population due to an inaudible tape recording.

The resulting twenty eight tapes (14 Two Chair Role Playing and 14 Focusing) were then submitted to raters to be rated on the Experiencing Scale (Klein et al., 1969). Each rater rated two thirds of the tapes. This provided one third of the tapes for an interrater check. Raters rated randomized four minute segments, assigning each segment two ratings from one to seven inclusive, indicating the client's mode and peak Depth of Experiencing as defined on the Experiencing Scale. There were a total of 166 four minute segments of Two Chair Role Playing process, and a total of 130 four minute segments on the tapes of Focusing.

Three raters were trained at the same time before the data was collected. The two raters chosen to rate the tapes rated a series of randomized segments at the end of their training. The correlation of their scores was .79. They agreed on seventy percent of the ratings, and within one half step of the scores on one hundred percent of the ratings. Both raters then rated the overlapping material which was one third of the actual therapy tapes. However, due to the passage of five months, rater drift occurred and the reliability of the raters' scores decreased ($r = .42$). Therefore, the third rater, who was also trained at the same time as these initial raters also rated the one third of the

overlapping material. The interrater reliability between this third rater and the first rater was greater ($r = .83$) than the interrater reliability between the second and third raters. The first rater therefore rated the remaining one third of the tapes and all ratings of the first rater were used for the analysis.

For each interview the frequency of segments as well as the proportion of segments assigned a rating equal to, or greater than five was calculated. Scores rated as five represent a client's presentation and exploration of a personal problem, and stages 6 and 7 indicate resolution of personally significant issues. The stages were selected as criteria for "deeper experiencing" comparisons.

For each four minute segment running scores were obtained according to the number and depth of the client's responses. One most common score (mode) and one highest score (peak) was calculated for each four minute segment. Frequency counts were taken for all Focusing and Two Chair Role Playing interviews as well as proportion scores for both mode and peak. In the first method of data collection (use of frequency) time was considered an irrelevant variable and emphasis was placed on obtaining high Depth of Experiencing scores regardless of time in therapy, whereas in the second method (use of proportion) time was considered to be a main element in obtaining scores. For example, Client A in one of the therapy sessions may have a section of therapy 24 minutes in length, whereas Client B may have a section of therapy 16 minutes in length. The mode and peak score for each four minute segment may be represented in the following figure:

FOUR MINUTE SEGMENTS

CLIENT

A	*3, **3	3, 4	4, 5	5, 5	4, 6	6, 6
B	*4, **5	5, 5	4, 6	6, 6		

* 1st Score = mode

** 2nd Score = peak

(Figure 1: An example of mode and peak scores for two clients, A and B, after 24 and 16 minutes of therapy respectively.)

Frequency scores for both clients, as shown in Table IV would be 2 and 4 for mode and peak respectively, whereas proportion scores for mode would be .33 and .50, and for peak, .66 and 1.00 for Clients A and B respectively.

TABLE IV

NUMBER OF RATINGS GREATER THAN OR EQUAL TO
FIVE FOR MODE AND PEAK SCORES

NUMBER OF SCORES = 5

<u>Client</u>	<u>Mode</u>	<u>Peak</u>
A	2	4
B	2	4

Both scores, frequency and proportion, for the two treatment groups were analysed to provide information regarding the depth of experiencing in the sessions. Thus, this variable was treated as a unit of analysis

both independent of time, and as a unit in which time was important.

There were 166 segments of Two Chair Role Playing process and 158 segments of therapy for the Focusing group. However, the first two segments for each person in Focusing were spent in silence making a total of 130 segments. Therefore, the ratings for the first two segments of Two Chair Role Playing were deleted, making a total of 138 segments rated. The number of segments were then approximately equal so that frequency is a more acceptable measure. The amount of time for Depth of Experiencing to occur may be dependent upon many variables such as the issue presented, the personalities of therapist and client, and the relationship between them. Therefore, it may be argued that what is important in therapy is that clients experience deeply regardless of the time involved. These facts led to the inclusion of both frequency and proportion scores for examination.

DESIGN AND ANALYSES

This study did not employ a basic design and discussion of this dilemma and attempts to explain the actual design used will now be made. Subjects were randomly assigned to each of three treatment conditions: Two Chair Role Playing, Focusing and Control. There were fourteen subjects in each group. Subjects in the first two treatment conditions were randomly assigned to therapists with whom they engaged in a therapy session. Control group subjects received no therapeutic intervention, although they identified a conflict split and completed all measures as did subjects in the treatment conditions. Because the Control subjects were not assigned to therapists, it was not possible to employ a fully

crossed 7 X 3 (therapist-by-treatment) design. It should be also noted that three of the dependent variables were measured on more than one occasion, yielding a third repeated measures factor. Table I contains a summary of the occasion at which each dependent variable was measured.

TABLE I
ORDER OF TESTS WITH RESPECT TO TREATMENTS

Dependent Variable	ORDER OF TESTING				
	Pre Therapy	During Process	Immediately Post Therapy	24 Hrs Post Therapy	1 Week Post Therapy
Depth of Experiencing		t_1			
Conflict Resolution	t_1		t_2	t_3	t_4
Shift in Awareness			t_1	t_2	
Goal Attainment & Behaviour Change				t_1	t_2

In addition to these main dependent variables, the twelve questions of the Therapy Session Report were administered immediately after the hour and a report of progress was given twenty four hours after the hour.

A two step procedure was used to resolve the difficulty associated with the 7 X 2 X r, but not fully crossed 7 X 3 X r design, where r (r = 1, 2, 3, 4) denotes the number of levels of repeated factors associated with each of the measures indicated in Table I. First, a 7 X 2 X r (therapist by treatment by occasions) fixed effects analysis of variance was performed to examine the possibility of pooling sources of variance associated with therapists. Following Winer (1971), the main effect of therapist and the interaction terms involving therapist were tested at the .25 level of significance in order to minimize the probability of a

Type II error of incorrectly concluding there was no differential therapist effect. If the corresponding test hypotheses were rejected, then the Control group data was to be disregarded, leaving a final $7 \times 2 \times r$ design.

Secondly, if the test hypotheses of no differences attributable to the therapists were not rejected at a level of significance of .25, then the corresponding sources of variance were to be pooled, thereby allowing consideration of a $3 \times r$ (treatment-by-occasions) fixed effects repeated measures design.

The preliminary analysis was done for each of the four dependent variables, the twelve questions of the Therapy Session Report, and the report of progress. These analyses showed there to be no significant therapist main effect in 17 of the 20 summary ANOVA tables. There was a significant interaction between therapist and treatment in one of the twenty summary tables. These four significant effects are well within the chance range. Thus, although therapist is considered to be a fixed factor, the corresponding sources of variance were pooled, data from the Control subjects were included, and a $3 \times r$ (treatment-by-occasion) design was employed and the experimental design used can be seen in Figure 2. Following Winer (1971), a fixed effects repeated measures analysis of variance was used where levels of the trial factor, r , was greater than one; otherwise a one-way analysis of variance was used. The computer programme used for all analyses was the Statistical Package for the Social Sciences (1975) and the programme was run at the University of British Columbia Computer Center.

Certain scores were modified in order to make them more appropriate and valid for analysis of variance. Mode and peak proportion scores were passed through an arc sine transformation (Kirk, 1968, p. 66) in order to create a relatively normal distribution of scores.

Factor B - Method

FACTOR A - THERAPIST		Two Chair Role Playing	Focusing	Control
	1			
	2			
	3			
	4			
	5			
	6			
	7			

Figure 2: Experimental Design.

Note: There are two subjects per cell in the Two Chair Role Playing and Focusing methods, and 14 subjects in the cell of the Control group method.

Conflict Resolution was operationally defined as the difference in the premeasure with each of the three subsequent post measures on the Target Complaints Box Scale. Therefore, three different change scores were computed for each subject, and these scores were analysed using a repeated measures design.

Goal attainment scores were obtained by computing the difference between ratings of actual behaviour after the week and ratings of the goal setting scale on the twenty four hour post test. Similarly, behaviour change scores were obtained by computing the difference between the ratings of actual behaviour after the week and ratings of actual behaviour on the twenty four hour post test. These two sets of scores were analysed using a one way analysis of variance design. Fixed factors A and B (treatment and occasion) were tested at a level of significance of .05. In cases where the Omnibus Test proved to be significant for the factors of interest, Tukey's Multiple Comparison Procedure (Kirk, 1968) was used to examine significant differences between all pairs of means.

CHAPTER IV

RESULTS

This chapter presents the results of the statistical analysis performed on the dependent variables and subjective client reports. Each will be presented in the order they were described in Chapter III. The results of analysis of variance used to determine the differential effects of Two Chair Role Playing and Focusing techniques on Depth of Experiencing are followed by reports on the statistical procedures used on the Target Complaints Box Scale, Shift in Awareness questions and Behaviour Change questions for the three groups. Finally, the results of the Therapy Session Report and the progress question are presented in this chapter.

COMPARISON OF DEPTH OF EXPERIENCING UNDER TWO CHAIR ROLE PLAYING AND FOCUSING TREATMENTS

FREQUENCY

There were 166 segments of Two Chair Role Playing process, and 158 segments of time in which subjects spent in therapy in the Focusing group. However, due to the nature of the Focusing technique, the first eight minutes, or two segments, were spent in silence during which time the Focusing instructions were given by the counsellor. Therefore, there were 130 segments for which Depth of Experiencing ratings could be given.

It was considered important to have an equivalent length of time in therapy for the two groups in order for frequency to be an acceptable measure. The idea of giving Depth of Experiencing ratings to the first two segments of Focusing was entertained. However, it was impossible

to know what were the subjects' level of experiencing during this time.

The number of mode and peak scores of 5 or greater for the first two segments of Two Chair Role Playing was examined. There were no mode scores of 5 or greater, and one peak score of 5. The ratings of the third and fourth segments of both counselling groups were examined. There was one mode score of 5 for the Two Chair Role Playing group, and 4 mode scores of 5 for Focusing. There were found to be four peak scores of a rating of 5 in the Two Chair Role Playing group, and six peak scores of 5 for the Focusing group. Due to the relatively fewer number of high Depth of Experiencing scores in the first and second segments as compared with the third and fourth segments of the Two Chair Role Playing, and due to the fact there was a high number of Depth of Experiencing scores in the first segments which could be rated after the Focusing instructions, the first eight minutes of therapy in both groups may be considered to be a warm up period.

In order to have an equivalent length of time in which to compare frequencies of deep levels of experiencing for the two groups, the ratings for the first two segments of Two Chair Role Playing were dropped, and the ratings used in the analyses were those which began in the ninth minute for each group. Thus frequency ratings of 5 or greater for mode and peak scores from 130 segments of Focusing process (mean = 9.29) were compared with 138 segments of Two Chair Role Playing process (mean = 9.86).

The analysis of variance revealed that there was no significant difference between the two treatments for frequency of mode scores. However, there was a significantly greater number of peak scores greater than, or equal to 5 for Two Chair Role Playing sessions as compared

with Focusing at a level of significance of .05. Table V presents the means and standard deviations for mode and peak frequency ratings, and the analysis of variance for these results are presented in Table VI.

On the basis of the analysis of frequency of mode scores, the null hypothesis is not rejected in favour of the alternate hypothesis, and it is concluded that there are no differential treatment effects between Two Chair Role Playing and Focusing in producing Depth of Experiencing. However, the significant effect resulting from the analysis of number peak scores lends support to rejection of the null hypothesis, and it is concluded that there is a significant difference between Two Chair Role Playing and Focusing in producing Depth of Experiencing. Findings on the Depth of Experiencing ratings are tentative, and replication of this study using a larger number of clients must be made before an overall conclusion concerning rejection of the first hypothesis can be clearly made.

PROPORTION

Table V presents the means and standard deviations for proportion mode and peak scores while the analysis of variance of these ratings can be seen in Table VI. On the basis of the analysis of both proportion ratings, the null hypothesis is not rejected in favour of the alternate hypothesis. From these findings there appears to be no significant difference between Two Chair Role Playing and Focusing in producing proportions of Depth of Experiencing.

COMPARISON OF TARGET COMPLAINTS BOX SCALE RATINGS UNDER TWO CHAIR ROLE PLAYING, FOCUSING AND CONTROL CONDITIONS

The means and standard deviations of change scores of the Target Complaints Box Scale may be found in Table VII. The means reveal that in

TABLE V

Means and Standard Deviations For Frequency
and Proportion of Mode and Peak Ratings

Representation of Ratings	Treatment*	Mean	Standard Deviation
Frequency	1	2.2857	1.7289
(Mode)	2	1.3571	1.1507
Frequency	1	3.7143	2.2336
(Peak)	2	2.2143	1.4769
Proportion	1	0.2200	0.1520
(Mode)	2	0.1500	0.1340
Proportion	1	0.4000	0.2010
(Peak)	2	0.2640	0.1750

* Treatment 1 : Two Chair Role Playing
Treatment 2 : Focusing

TABLE VI

Analysis of Variance For Frequency and
Proportion of Mode and Peak Ratings

Representation of Scores	MS _b	MS _w	F	P
Frequency (Mode)	6.0357	2.1566	2.799	0.1063
Frequency (Peak)	15.7500	3.5852	4.393	0.0460
Proportion (Mode)	0.2842	0.2547	1.116	0.3005
Proportion (Peak)	0.8829	0.2971	2.971	0.0966

The degrees of freedom for sources of variation presented in this table are 1 and 26 for between and within groups respectively.

TABLE VII
Means and Standard Deviations for
Target Complaints Box Scale Difference Scores

Treatment	Measure*	Mean	Standard Deviation
Two Chair Role Playing	M 1	3.143	3.085
	M 2	3.357	2.170
	M 3	3.786	2.486
Focusing	M 1	2.429	1.697
	M 2	2.571	1.910
	M 3	3.214	2.293
Control	M 1	1.214	1.424
	M 2	2.000	2.746
	M 3	2.071	2.759

* Measure 1 = Pre test - Immediate post test
Measure 2 = Pre test - 24 Hour post test
Measure 3 = Pre test - One week post test

TABLE VIII
Analysis of Variance for Change Scores
of Target Complaints Box Scale

Source	D F	M.S.	F	P
Between Groups	2	29.452	2.575	0.089
Error	39	11.436		
Measures	2	6.095	2.429	0.095
GXM	4	0.512	0.204	0.935
Error	78	2.510		

all groups the difference scores increased over the three measures. This result indicates that the amount of conflict resolution increased over the three measures for all groups. Analysis of variance of these results found in Table VIII revealed that there is no significant difference between treatments across the three measures, no significant difference between measures, and no interaction between treatments and differences scores. Thus, the null hypothesis is not rejected in favour of the alternate hypothesis, and it is concluded that there is no significant difference in the amount of conflict resolution over the three measures between the three methods.

COMPARISON OF SHIFT IN AWARENESS RATINGS UNDER
TWO CHAIR ROLE PLAYING, FOCUSING AND CONTROL CONDITIONS

The scores of the two awareness questions administered at two time intervals were similar and essentially asked the same question (see Appendices C and D). A correlation of the two scores for the two different time intervals was therefore computed. It was found that the Pearson correlation coefficient (Glass and Stanley, 1970) between the two scores administered immediately after the hour was .73, and the Pearson correlation between the scores for the two awareness questions administered twenty-four hours after the session was .80. Therefore, the two scores were added together and the resulting two sets of scores were analyzed, using a repeated measures design. The means and standard deviations can be found in Table IX, and the results of analysis of variance are located in Table X. There is significant treatment effect across the two measures but no significant difference in means between the two times the questions were administered. Also, there is no interaction between treatment and time of

TABLE IX

Means, Standard Deviations, and Marginal
Means for Shifts in Awareness Question

Treatment	Measure*	Mean	Standard Deviation	Marginal Means (M ₁ & M ₂)
Two Chair Role Playing	M 1	9.071	0.829	9.000
	M 2	8.929	0.997	
Focusing	M 1	8.929	1.269	8.607
	M 2	8.286	2.785	
Control	M 1	5.500	1.871	5.250
	M 2	5.000	1.617	

* Measure 1 = Scores of immediately post therapy Awareness questions
Measure 2 = Scores of 24 hour post therapy Awareness questions

TABLE X

Analysis of Variance for Awareness Questions

Source	D F	M.S.	F	P
Between Group	2	118.940	26.517	0.001
Error	39	4.485		
Measures	1	3.855	3.119	0.085
G X M	2	0.465	0.376	0.689
Error	39	1.236		

questionnaire administration. The three marginal means for treatments across the two measures (see Table IX) were examined using Tukeys (Kirk, 1968) pair wise multiple comparison technique. No difference in shifts in awareness occurred between Two Chair Role Playing and Focusing. However, each of these two techniques led to significantly greater shifts in awareness when compared with the Control group at a level of significance of .05.

COMPARISON OF CHANGE IN BEHAVIOUR UNDER TWO CHAIR ROLE PLAYING, FOCUSING AND CONTROL CONDITIONS

Behaviour change, as measured by the modified goal attainment scale, was examined in two ways. First, a measure of goal attainment for each subject was obtained. It was defined as the absolute value of the difference between the actual rating on the behaviour scale at the end of a week, and the goal rating which each had set twenty four hours after the session. Secondly, a measure of actual behaviour change, regardless of the goal which was set, was defined as the value of the absolute difference between the rating of the actual behaviour at the end of a week and the rating of the same behaviour twenty four hours after the session. Absolute values were used since all subjects' scores either remained the same or moved in the direction toward the goal attainment score and, depending upon the nature of the desired behaviour change, goals were set in a positive or negative direction. For instance, if a subject wished to criticize himself/herself less, the numerical goal rating would be less than the present behaviour, whereas if a subject wished to focus on positive aspects of himself/herself, the numerical goal rating would be more than the present behaviour. The ratings, therefore, were relative to the desired change in behaviour.

The means and standard deviations for goal attainment scores for the three treatment groups can be found in Table XI. Analysis of variance, summarized in Table XII, reveals there were no differential treatment effects in goal attainment between the three groups. Table XIII presents the means and standard deviations for behaviour change scores, while the analysis of variance between the three groups can be seen in Table XIV. Inspection of this table shows there to be no significant difference between the three groups on behaviour change over the week.

Results for both goal attainment and behaviour change led to the non-rejection of null hypothesis in favour of the alternate hypothesis at a level of significance of .05.

Approximately the same number of clients set goals in all three treatment groups — 79, 72, and 72 percent for Two Chair Role Playing, Focusing, and Control subjects respectively. However, although there was no significant difference in the number of persons who set goals in the three groups, fifty per cent of the persons in the Control group reported they attributed this change to events occurring during the week other than the hour, whereas 27 percent of the subjects in Two Chair Role Playing, and 10 percent of the subjects in Focusing attributed change to life events occurring during the week other than the therapy session.

COMPARISON OF SUBJECTIVE CLIENT REPORT RATINGS UNDER TWO CHAIR ROLE PLAYING, FOCUSING, AND CONTROL CONDITIONS

Table XV presents the means and standard deviations of the questions from the Therapy Session Reports, while the analysis of variance for each question can be found in Table XVI. The first three questions listed in the tables show no significant difference in ratings for the treatment and Control conditions. For the nine questions in which significant results

TABLE XI

Means and Standard Deviations
for Goal Attainment Scores

Treatment	Mean	Standard Deviation
Two Chair Role Playing	0.6429	0.8419
Focusing	0.5714	0.7559
Control	0.7143	0.7263

TABLE XII

Analysis of Variance for Goal Attainment Scores

Source	D F	M.S.	F	P
Between Groups	2	0.0714	0.119	0.8885
Error	39	0.6026		

TABLE XIII

Means and Standard Deviations for
Behaviour Change Scores

Treatment	Mean	Standard Deviation
Two Chair Role Playing	1.0714	1.0716
Focusing	0.7143	0.9945
Control	0.5714	0.7559

TABLE XIV

Analysis of Variance for Behaviour Change Scores

Source	D.F.	M.S.	F	P
Between Groups	2	0.9286	1.028	0.3671
Error	39	0.9029		

occurred, Tukey's Multiple Comparison Technique was used to examine pair wise differences between the means. It was found that, in all nine questions, there was no difference between Two Chair Role Playing and Focusing. However, there were significant differences between all means of Focusing and the Control group, and significant differences between all means of Two Chair Role Playing and Control with one exception (see Question 6)

Clients in the Focusing treatment felt they received significantly more reassurance and encouragement from the hour than did subjects in the Control condition; however, there was no significant difference between the amount of reassurance and encouragement received by subjects in either the Two Chair Role Playing or Control conditions.

Thus, all subjects under the three conditions reported they received an equivalent amount of relief from tensions, better self-control over their moods and actions, and all subjects felt they received something from the hour after defining and rating a conflict split.

However, compared with subjects in the Control group, subjects in both the Two Chair Role Playing and Focusing conditions reported receiving significantly more hope, confidence, help in talking about what was really troubling them, chances to let go and get things off their chest, ability to experience their feelings, understanding of the reasons behind their behaviour and feelings, ideas for dealing with people and their problems, and more realistic evaluations of their thoughts and feelings.

The means and standard deviations of the scores on the progress question for the three groups are found in Table XVII. Analysis of variance, summarized in Table XVIII showed a significant difference between means at

- 54 -
TABLE XV

Means and Standard Deviations of Questions
from the Therapy Session Report

Question	Group	Means	Standard Deviation
(12)* Something	1	2.9286	0.2673
	2	2.7857	0.4258
	3	2.7857	0.4258
(10) Self Control	1	1.2857	0.6112
	2	1.4286	0.6462
	3	1.1429	0.3631
(4) Relief	1	1.8571	0.7703
	2	2.2143	0.5789
	3	1.6429	0.7449
(1) Let Go	1	2.0000	0.6794
	2	2.3571	0.4972
	3	1.2143	0.5789
(2) Hope	1	2.0714	0.8287
	2	2.4286	0.6462
	3	1.5714	0.7559
(3) Help	1	2.0714	0.7300
	2	2.5000	0.6504
	3	1.2857	0.6112
(5) Understanding	1	2.2857	0.6112
	2	2.6429	0.4972
	3	1.3571	0.6333
(6) Reassurance, Encouragement	1	1.7143	0.4688
	2	2.0714	0.8287
	3	1.3571	0.7449
(7) Confidence	1	2.0714	0.6157
	2	1.8571	0.6630
	3	1.2857	0.4688
(8) Ability to Feel	1	2.1429	0.6630
	2	2.2857	0.6112
	3	1.2143	0.4258
(9) Ideas	1	1.6429	0.6333
	2	1.9286	0.7300
	3	1.1429	0.3631
(11) Realistic Evaluation	1	2.1429	0.5345
	2	2.5000	0.6504
	3	1.5000	0.6504

* Numbers in bracket indicate original number of question.

** Group 1 = Two Chair Role Playing

Group 2 = Focusing

Group 3 = Control

TABLE XVI

Analysis of Variance for Questions
from the Therapy Session Report

Question	MS_b	MS_w	F	P
(12) Something	0.0952	0.1447	0.658	0.5234
(10) Self Control	0.2857	0.3077	0.929	0.4037
(4) Relief	1.1667	0.4945	2.359	0.1078
(1) Let Go	4.7857	0.3480	13.753	0.0000
(2) Hope	2.5952	0.5586	4.646	0.0155
(3) Help	5.3096	0.4432	11.979	0.0001
(5) Understanding	6.1667	0.3407	18.102	0.0000
(6) Reassurance, Encouragement	1.7857	0.4872	3.665	0.0348
(7) Confidence	2.3095	0.3462	6.672	0.0032
(8) Ability to Feel	4.7381	0.3315	14.293	0.0000
(9) Ideas	2.2143	0.3553	6.232	0.0045
(11) Realistic Evaluation	3.5952	0.3773	9.529	0.0004

Degrees of freedom for sources of variation presented in this table are 2 and 39 for between and within groups respectively.

TABLE XVII

Means and Standard Deviations
for Progress Question

Treatment*	Mean	Standard Deviation
1	3.0714	0.9169
2	2.8571	0.8644
3	3.9286	0.9169

* Treatment 1 = Two Chair Role Playing
Treatment 2 = Focusing
Treatment 3 = Control

TABLE XVIII

Analysis of Variance for Progress Question

Source	M S	D F	F	P
Between Groups	4.5000	2	5.559	0.0075
Within Groups	0.8095	39		

an alpha level of .05. Tukey's multiple comparison technique revealed there to be no difference between means of the two treatment groups; however, subjects in each of these two conditions reported they had made significantly more progress in dealing with their issues over the week than did subjects in the Control group.

One hundred percent of the persons who received counselling sessions perceived their therapists as both understanding and helpful. It appears then, that all subjects in both Two Chair Role Playing and Focusing conditions had an optimal amount of trust in their counsellors.

CHAPTER V

DISCUSSION

In this chapter, a discussion of the findings of the process and outcome measures are presented. Discussion of the differential effects of Two Chair Role Playing and Focusing on Depth of Experiencing is followed by interpretation of the differential effects of the two treatment conditions and Control on Conflict Resolution, shift in awareness, behaviour change, goal attainment and subjective client information. General conclusions will be drawn concerning some of the non-specific effects of counselling. Finally, some recommendations and implications for the research and practise of counselling, as a result of findings from this study are made.

PROCESS MEASURES

The analysis of the frequency scores on modal Depth of Experiencing reveals that there are no differential effects between Two Chair Role Playing and Focusing techniques. Results of the frequency scores on peak experiencing however, support that Two Chair Role Playing is more effective than Focusing in producing Depth of Experiencing. This result indicates that clients in the Two Chair Role Playing sessions reached levels of experiencing greater than or equal to five more often than clients in the Focusing sessions.

Results of the proportion scores indicate no difference between Focusing and Two Chair Role Playing in producing Depth of Experiencing for both mode and peak scores. This is explained by the fact that,

significantly more peaks were reached in the Two Chair Role Playing sessions, a large number of peaks were also reached in the Focusing sessions. In addition, the variance of scores between subjects within the Two Chair Role Playing group was larger than the variance between subjects within the Focusing group.

Clearly proportion is a stronger score than frequency as it takes both frequency and time into account. However, it may be argued that it is not the percentage of time in the session that deep experiencing occurs which is important, but rather the number of times, regardless of length of the session. These results therefore, indicate that both Focusing and Two Chair Role Playing appear to be potent interventions which produce high levels of experiencing, and which can be used to deepen experiencing when a split is presented. Two Chair Role Playing, however, appears to produce significantly more occasions of deep level peak experiencing when applied to a split by the therapists in this study. This finding would need to be replicated on other therapists to enable generalization beyond this study. Although this was an analogue, the high levels of Depth of Experiencing attained in both conditions on mode and peak scores indicates that the clients were exploring their issues in personally meaningful ways. This lends strength to the assumption that the analogue is representative of counselling.

OUTCOME VARIABLES

The results indicate that the amount of Conflict Resolution is the same for all treatment conditions. Thus, for the socially and personally well adjusted persons used as clients in this study, the procedure of deciding upon a meaningful issue, and periodically attending to it, by and of itself, appears to lead to reduction in the degree of distress related to the issue. It was reported by some subjects that the very act of deciding upon a concrete split and writing it down encouraged issues on both sides of the split to emerge for consideration. Perhaps, then, the process of defining and writing down a troublesome issue is one way of resolving it.

Thus, it may be suggested, since the control group subjects had the same amount of conflict resolution during the week following therapy, as did persons receiving counselling sessions, that natural life events, spontaneous remission, history, and maturation effects during the week may play an active part in reducing distress.

The Hawthorne effect may be operating with respect to this measure as well. It may be proposed that the procedure of defining and periodically commenting on subjective feelings toward a meaningful conflict split, and knowing that someone will be monitoring the ratings, may have a carthartic effect and can be classified as a method of treatment itself.

Some attention should be directed toward the validity of this measuring instrument. In this study, it was assumed that ranking how much a split bothers a subject on a box scale was a measure of Conflict Resolution. This may well not be the case. Although "bothered" was the word used by

the researchers who originally defined the measure (Battle et al., 1966), in future studies clients could rate how resolved they feel concerning their issue.

Two Chair Role Playing and Focusing appear to be techniques which are effective in producing significantly more shifts in awareness than the Control in the hour after defining the split. This may be a key ingredient of the effectiveness of therapy. A counselling session's usefulness may be explained by the fact that it provides clients with a broader understanding of their issues. In Polanyi's (1959) terms, awareness means "to feel alive" (p. 207). In terms of Polster and Polster (1973), awareness refers to becoming conscious of sensations, feelings, wants, values and assessment. Thus counselling, it seems, adds something to the quality of the subjective human experience which helps bring about a change in perspective which is not received without sharing issues with another human being in a session.

Two Chair Role Playing, Focusing and Control subjects all attained similar amounts of behaviour change and goal attainment. It was originally believed that only those clients who experienced a shift in awareness would set goals and attain them. However, this proved not to be the case. It may well be that the Hawthorne effect has an integral part to play in goal attainment and behavioural change. If a concrete behaviour, which a person wishes to change, is defined and the desired goal set, the observing of this act by another person may lead to goal attainment and behaviour change. Definition of desired behaviour change took place twenty four hours after the hour, and rating of actual behaviour change took place one week after the hour. Thus this measure may appear to be a mode of treatment in itself, quite separate from any other therapeutic process. Smith (1976) has shown

that goal attainment scaling can be used as an adjunct to treatment in producing behaviour change. Goal setting may well be a definite step toward goal attainment and behaviour change.

The questions from the Therapy Session Report show that all clients felt they received something from the hour after defining their split and commenting on how much it bothered them. The relief from tension or unpleasant feelings reported by treatments and controls suggest that a cathartic effect took place by defining and monitoring progress on the split. The fact that all treatment and controls felt they obtained better self control over moods and actions may indicate that people were able to think more objectively about their split after defining and commenting on it.

The significantly greater amounts of hope, confidence, help, understanding ideas, chance to let go, ability to experience feelings, and realistic evaluation of thoughts and feelings which were reported by persons in the two therapy groups as compared with those in the Control sessions may well be the valuable non-specific ingredients which counselling offers to a client. It may be suggested that the Hawthorne effect was in effect in the treatment groups and contributed to the significant results for the subjective client reports. However, the Hawthorne effect suggests that "anything" done to a client results in improvement. Because the persons receiving therapy showed they received more non-specific effects of counselling than those in the Control group who received interest from the researcher when filling out the questionnaires, the therapies appear to have some unique and specific effectiveness. Also, the clients in both treatment groups were experiencing deeply. This fact, it may be suggested, was more a result of the active and potent interventions than merely due to interest shown to the subject by the counsellor.

Orlinsky and Howard designed these therapy report questions with the intent of gathering information concerning the dialogue, relationship, feeling process, and exchange which takes place between therapist and client. These ingredients, then are functioning in both active counselling techniques, Two Chair Role Playing and Focusing. The fact that clients who received the Focusing operation reported more reassurance and encouragement than those in the Control group and clients who received Two Chair Role Playing did not report more reassurance and encouragement than the Control group may relate to the nature of the operations. The counsellor using the Focusing technique provides encouragement and reassurance through empathic reflection, whereas in Two Chair Role Playing the counsellor directs the client to actively dialogue between the two sides of his split in order to experience the conflict more deeply and find self support. Thus, subjects rated reassurance and encouragement as greater when it came from the interpersonal relationship with the counsellor in the Focusing condition.

It appears that subjects perceive themselves as having made significantly more progress in dealing with their issues in the week following a counselling session (Two Chair Role Playing and Focusing were equally effective) than when they had no session.

The summary of results of the outcome data can be seen in Table XIX. From examination of the data in which there was no differential treatment effect over all three conditions, it may be suggested that deciding upon a specific meaningful conflict issue and attending to it over a week long period may be a route to feeling less bothered by it. Similarly, defining and writing down a behaviour and setting a goal of the desired behaviour

TABLE XIX

SUMMARY OF RESULTS OF OUTCOME VARIABLE FOR SUBJECTS IN
TWO CHAIR ROLE PLAYING, FOCUSING, AND CONTROL GROUPS

No Differential Treatment Effects
For Two Chair Role Playing,
Focusing, or Control.

No Differential Treatment Effect
Between Two Chair Role Playing
and Focusing. Differential
Treatment Effect Between the
Two Methods and Control.

Conflict Resolution

Shift in Awareness

Goal Attainment

Progress in dealing with issue

Behaviour Change

Hope

Relief from tensions,
or unpleasant feelings

Confidence

Better self control
over moods and actions

Chance to get things off chest

Ideas

Ability to experience feelings

Understand of motivation

Realistic evaluation of
thoughts and feelings

change may, in turn produce this effect. These may both be considered concrete and separate treatments in themselves, providing that another person shows interest and monitors them, and may be recommended as adjuncts to therapy. It appears that relief from tensions or unpleasant feelings occurs an hour after a pressing issue is defined. Perhaps along with this cathartic effect a client gains a more objective perspective of their issue having identified the two sides of their issue. This feeling of self control may well be an indication of why clients report their split bothers them less over the period of a week.

The common thread that runs through the self-report outcome measures, which distinguishes the treatment from the Controls, is the significance of subjective human factors. These may well be some of the psychological ingredients which make therapy, as compared with daily life events, so rich and valuable an experience. Shifts in Awareness, progress with issues, and the other benefits as described in the Therapy Session Report questions may result in improved self concept and feelings of esteem which are the goals of many humanistic therapies.

It has been suggested by Greenberg and Kahn (1979, in press) that stimulation skills, such as Two Chair Role Playing and Focusing, activate a reorganization of a persons view of themselves by bringing new information into awareness. Like Rogers' (1957) necessary and sufficient conditions, stimulation skills help promote perceptual change. However, unlike Rogers' necessary and sufficient conditions, the use of these skills encourages the client's emotional arousal to be raised so that more rapid client awareness and understanding occur. Perhaps it is some of these non-specific effects of counselling which help clients to make new discoveries about themselves. Having deepened experiencing and achieved new awareness and self-understanding, clients are then freed so they can

put their energies into more creative living.

Obviously there are some benefits from therapy which can be defined in psychological rather than behavioural terms. These relate to the needs of people, as social beings, to share pressing issues with others, and they relate to needs to make contact with, and communicate with one's inner experiencing. Depth of Experiencing, according to Klein (1969) refers to the quality and extent to which people's experiencing of themselves constitutes their awareness and communications about themselves. It is an important construct for therapies in which self awareness and self-understanding are major goals. Because both Two Chair Role Playing and Focusing produced a high proportion of Depth of Experiencing during the counselling process, they were both successful in producing valuable aspects of outcome including shifts in awareness, self understanding, and perceived progress which were not gained when a shared experience in counselling with another human being had not occurred.

RECOMMENDATIONS

From the findings of this study, the following recommendations could be made:

- 1) Because of the controversy concerning the use of frequency and proportion scores, running ratings could be used for the whole therapy session rather than the convenient time based segments. Running ratings are the Depth of Experiencing scores which are continuously made by raters when they judge the quality of clients' responses during a therapy session. Although the length of sessions could still be examined, continuous running ratings could be examined, and these running ratings could indicate the path of Depth of Experiencing for the therapy session.

- 2) Given a clear understanding of what is of interest to be measured, attempts could be made to produce more valid outcome instruments for conflict resolution and behaviour change. In addition, subjects could have a Follow up interview with their counsellors at periods after the session in order to track outcome variables more closely.
- 3) The results of process and outcome variables obtained from this study proved to be true for persons who were personally and socially well adjusted. It would be of interest to investigate whether similar results occurred if the study was repeated using a population of "neurotic" and "psychotic" individuals. Similarly, it would be of interest to repeat this study using "real" clients who sought therapy rather than using volunteers who presented meaningful splits, but who participated in an analogue study.
- 4) It appears that therapist is often considered to be either a random factor or, indeed, not a factor at all in the therapeutic research. Few studies have been done to investigate the effects of regarding therapists as a fixed factor (Moos and Clemes, 1966; Moos and MacIntosh, 1970; VanderVeen, 1965). Due to the implications for statistical analysis and generalizability, it is recommended that therapists, if they are from a population of specified and limited characteristics with respect to training, be treated as a fixed factor in studies of process and outcome.
- 5) Because an individual's response to a specific counselling technique may be a stronger determinant of process and outcome than the type or technique used, it would be of interest to replicate the

study and investigate how individuals differ from themselves under different treatments. Thus, a repeated measures design could be employed and the counselling methods could be administered with sufficient times between sessions to ensure no overlap in outcome reports occur.

- 6) Klein, et al. (1969) suggest that Depth of Experiencing is positively correlated with outcome. Experience and awareness appear to be interrelated and many therapists believe awareness follows experiencing (Corsini, 1973). Therefore, further analysis on data from this study is recommended to investigate whether Depth of Experiencing is positively correlated with any of the outcome measures reported by the subjects in the two counselling groups.

IMPLICATIONS

Because both Two Chair Role Playing and Focusing appear to deepen experiencing in clients, counsellors may want to become proficient in using either or both techniques. The choice of method may depend upon the personality of the client and the counsellor, as well as the nature of the issue being presented. For instance, Two Chair Role Playing may be applied to the struggle between two sides of a conflict split when clients wish to engage in physical movement or have a high energy level. Focusing may be used when clients are stuck on the surface of their conflict and want to get in touch with the two opposing tendencies.

Counsellors may want to use the Target Complaints Box Scale in order to monitor conflict resolution over time. The modified goal attainment scale may also be used when clients wish behaviour change. Both of these

adjuncts to therapy may be used in order to give concrete indication of progress of desired psychological and behavioural change.

The non-specific effects of counselling may be valuable indicators to counsellors of what ingredients are necessary and effective in therapy. Counsellors can then direct clients toward deep levels of experiencing and awareness so that they have a broader and more dynamic understanding of themselves, and are able to function more happily and creatively in their chosen lifestyle.

REFERENCES

- Battle, C.; Imber, S.; Hoen-Saric, R.; Stone, A.; Nash, E.; and Frank, J.; Target complaints as criteria of improvement. American Journal of Psychotherapy, 1966, 20, 184-192.
- Bergin, A. E. & Garfield, S. L. (eds.) Handbook of Psychotherapy & Behaviour Change. New York: Wiley, 1971.
- Bergin, A. E. and Lambert, M. The evaluation of therapeutic outcomes. In S. Garfield and A. Bergin (Eds.), Handbook of psychotherapy and behaviour change, New York: John Wiley, 1978.
- Bergin, A. E., Strupp, H. H. Changing frontiers in the science of psychotherapy. Chicago: Aldine, 1972.
- Bergin, A. E. and Suinn, R. M. Individual psychotherapy and behaviour therapy. In M. R. Rosenzweig and L. W. Porter (ed.) Annual Review of Psychology. Palo Alto, Calif.: Annual Reviews Inc., 1975, 26 509-556.
- Bohart, A. C. Role playing & interpersonal conflict reduction. Journal of Counselling Psychology, 1977, 30, 311-18.
- Bordin, E. S., Simplification as a strategy for research in psychotherapy. Journal of Consulting Psychology, 1965, 29, 493-503.
- Butcher, J. N. and Koss, M. P. Research on brief and crisis-oriented therapies. In S. Garfield and A. Bergin (Eds.) Handbook of psychotherapy and behaviour change. New York: John Wiley, 1978.
- Carkhuff, R. R. Helping and human relations (Vol. 1) New York: Holt, Rinehart and Winston, Inc., 1969.
- Corsini, R. Current psychotherapies, Illinois: Peacock, 1973.
- Cristol, A. H. Studies of outcome in psychotherapy. Comparative Psychiatry, 1972, 3, 189-200.
- Fagan, T. Critical incidents in the empty chair. The Counselling Psychologist, 1976, 4, 33-42
- Gendlin, E. Focusing. Psychotherapy Theory, Research & Practice, 1968, 6, 4-15
- Glass, G. V. and Stanley, J. C., Statistical methods in education and psychology. Englewood Cliffs, N. J.; Prentice-Hall, 1970.
- Greenberg, L. S. A task analytic approach to the study of psychotherapeutic events. Unpublished doctoral dissertation, York University, 1975.
- Greenberg, L. Resolving splits: The two chair technique. Psychotherapy Theory, Research and Practice, (1979, in press)

REFERENCES (cont'd)

- Greenberg, L. and Clarke, K. The differential effects of the two chair experiment and empathic reflections at a conflict marker. Journal of Counselling Psychology, 1979, 26, 1-8
- Greenberg, L. and Kahn, S. The stimulation phase in counselling. Counsellor Education and Supervision (1979, in press).
- Hock, P. H. and Zubin, J. (Eds.) The evaluation of psychiatric treatment. New York: Grune and Stratton, 1964.
- Jung, G. C., The collected works of C. C. Jung. New York: Bellinghen Foundation, 1966.
- Kantor, S. and Zimring, F. The effects of focusing on a problem. Psychotherapy: Theory, Research and Practice, 1976, 13 (3) 255-259.
- Luborsky, L., Chandler, M., Auerback, A. H., Cohen, J. and Bachrach, H. M., Factors influencing the outcome of psychotherapy; a review of quantitative research, Psychological Bulletin, 1971, 75, 145-185.
- Kejcie, V., Morgan, D. W. Determining sample size for research activities. Educational & Psychological Measurement, 1970, 30, 607-610.
- Kempler, W. Gestalt therapy. In R. Corsini (Ed.), Current psychotherapies Itasca, Ill.: Peacock, 1973.
- Kiesler, D. J. Some myths of psychotherapy research and the search for a paradigm, Psychological Bulletin, 1966, 65, 110-136.
- Kiesler, D. J. Patient experiencing and successful outcome in individual psychotherapy of schizophrenics and psychoneurotics. Journal of Consulting and Clinical Psychology, 1971, 37, 370-385
- Kipper, L. and Giladi, M. Effects of psychodrama on test anxiety. Journal of Counselling Psychology, 1978, 25, 17-22.
- Kirk, R. Experimental design; procedures for the behaviour sciences. Belmont, Calif.: Brooks/Cole, 1968.
- Klein, M. H., Mathieu, P. L., Gendlin, E. T. and Kiesler, D. J. The experiencing scale. Wisconsin Psychiatric Institute, Madison, Wisconsin, 1969.
- Kubie, L. S. The process of evaluation of therapy in psychiatry. Archives of General Psychiatry, 1973, 28, 880-884.
- Malan, D. H. The outcome problem in psychotherapy research: A historical review. Archives of General Psychiatry, 1973, 29, 719-729.

REFERENCES (cont'd)

- Mullen, E. J., Dumpson, J. R., (Eds), Evaluation of social intervention. San Francisco, Jossey-Bass, 1972.
- Munley, P. A review of Counselling analogue research methods. Journal of Counselling Psychology, 1974, 21, (4), 320-330.
- Moos, R. H. and Clemes, S. R. Multivariate study of the patient-therapist system. Journal of Consulting Psychology, 1967, 31, 119-130.
- Moos, R. H. and MacIntosh, S. Multivariate study of the patient-therapist system: a replication and extension, Journal of Consulting and Clinical Psychology, 1970, 35, 298-307.
- Nie, N. H., Hall, C. H., Jenkins, J. G., Steinbrenner, K. and Bent, D. H. Statistical Package for the Social Sciences; New York: McGraw-Hill, 1975.
- Orlinsky, D. and Howard, K. The relation of process to outcome in psychotherapy. In S. L. Garfield and A. E. Bergin (Eds) Handbook of Psychotherapy and Behaviour Change (2nd Ed.) New York: Wiley, 1978.
- Orlinsky, D. and Howard, K. Therapy Session Report Illinois: Psychotherapy Session Project, 1966.
- Parloff, M. and Waskow, I. Research on therapist variables in relation to process and outcome. In S. L. Garfield and A. E. Bergin (Eds.), Handbook of psychotherapy and behaviour change (2nd ed.) New York: Wiley, 1978.
- Perls, F. Hefferline, J., Goodman, P. Gestalt therapy New York: Julian Press, 1951.
- Perls, F. S. In and out the garbage pail. Lafayette, Calif.: Real People Press, 1969
- Perls, F. S. Gestalt therapy verbatim. Lafayette, Calif.: Real People Press, 1969.
- Perls, F. S. The Gestalt Approach, New York: Science and behaviour books, 1973
- Polanyi, M. Personal knowledge. University of New York: Harper & Row, 1958.
- Polster, E., Polster, M. Gestalt therapy integrated. New York: Brunner/Mazel, 1973.
- Rice, L., Wagstaff, A. Client voice quality and expressive style as indexes of productive psychotherapy. Journal of Consulting Psychology, 1967, 31, 556-563.

REFERENCES

(cont'd)

- Rogers, C. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 1957, 21, 95-103.
- Schwartz, C. C., Myers, J. K. and Astrachan, B. M. The outcome study in psychiatric evaluation research. Archives of General Psychiatry, 29, (1973), 756-759.
- Strong, S. Social psychological approach to psychotherapy research. In S. L. Garfield and A. E. Bergin (Eds) Handbook of psychotherapy (revised edition) New York: John Wiley, 1971.
- Strupp, H. H. On the basic ingredients of psychotherapy. Journal of Consulting & Clinical Psychology, 1973, 41, 1-8.
- Summary of Investigations Number One, Enlarged edition, California Test of Personality, Los Angeles, Calif. Test Bureau, 1949, p. 5.
- Thorpe, L. Clark, W. & Tiegs, E. Manual California Test of Personality Los Angeles, California: California Test Bureau, 1953.
- VanderVeen, F. Effects of the therapist and the patient on each other's therapeutic behaviour. Journal of Consulting Psychology, 1965, 29, 19-26.
- Winer, B. J. Statistical principles in experimental design (2nd Edition), New York: McGraw-Hill, 1971.

APPENDIX A

SHORT FORM OF EXPERIENCING SCALE

<u>Stage</u>	<u>Content</u>	<u>Treatment</u>
1	External events; refusal to participate	Impersonal, detached
2	External events; behavioural or intellectual self-description	Interested, personal, self-participation
3	Personal reactions to external events; limited self-descriptions; behavioural descriptions of feelings	Reactive, emotionally involved
4	Descriptions of feelings and personal experiences	Self-descriptive; associative
5	Problems or propositions about feelings and personal experiences	Exploratory, elaborative, hypothetical
6	Synthesis of readily accessible feelings and experiences to resolve personally significant issues	Feelings vividly expressed, integrative, conclusive or affirmative
7	Full, easy presentation of experiencing; all elements confidently integrated	Expansive, illuminating, confident, buoyant

Reference:

Klein, M. H., Mathieu, P. L., Gendlin, E. T. and Kiesler, D. J.
The experiencing scale. Madison, Wisconsin: Wisconsin
Psychiatric Institute, 1969, p. 42.

APPENDIX B

QUESTIONNAIRE

Briefly describe the split that you wish to work on.

Please indicate, by checking one of the boxes below, how much this split bothers you now.

couldn't be worse

very much

pretty much

a little

not at all

APPENDIX C

QUESTIONNAIRE

1. Please indicate, by checking one of the boxes below, how much the split which you just worked on, bothers you now.

<input type="checkbox"/>	couldn't be worse
<input type="checkbox"/>	
<input type="checkbox"/>	very much
<input type="checkbox"/>	
<input type="checkbox"/>	pretty much
<input type="checkbox"/>	
<input type="checkbox"/>	a little
<input type="checkbox"/>	
<input type="checkbox"/>	not at all
<input type="checkbox"/>	

2. Did you increase your awareness of yourself?

1	2	3	4	5
definitely no	don't think so	unsure	think so	definitely yes

3. Did something shift for you in the hour? (Possible examples: maybe you saw something differently, experienced something freshly, made some discovery about yourself, or became aware of new choices.)

1	2	3	4	5
definitely no	don't think so	unsure	think so	definitely yes

4. If so, what was the shift? Please describe what happened and how you see yourself or the world differently.

5. How do you feel about the hour which you have just completed?
(Please circle the one answer which best applies.)

1. Perfect
2. Excellent
3. Very good
4. Pretty good
5. Fair
6. Pretty poor
7. Very poor

6. What do you feel that you got out of the hour?
(For each item, circle the answer which best applies.)

<u>I feel that I got:</u>	No	Some	A lot
1. A chance to let go and get things off my chest.	1	2	3
2. Hope: A feeling that things can work out for me.	1	2	3
3. Help in talking about what was really troubling me.	1	2	3
4. Relief from tensions or unpleasant feelings.	1	2	3
5. More understanding of the reasons behind my behaviour and feelings.	1	2	3
6. Reassurance and encouragement about how I'm doing.	1	2	3
7. Confidence to try to do things differently.	1	2	3
8. More ability to feel my feelings, to know what I really want.	1	2	3
9. Ideas for better ways of dealing with people and problems.	1	2	3
10. Better self control over my moods and actions.	1	2	3
11. A more realistic evaluation of my thoughts and feelings.	1	2	3
12. Nothing in particular: I feel the same as I did before the hour.	3	2	1

13-17. Other _____

7. How well did your therapist seem to understand what you were feeling and thinking this session?

My therapist:

1. Understood exactly how I thought and felt.
2. Understood very well how I thought and felt.
3. Understood pretty well, but there were some things he (she) didn't seem to grasp.
4. Didn't understand too well how I thought and felt.
5. Misunderstood how I thought and felt.

8. How helpful do you feel your therapist was to you this session?

1. Completely helpful
2. Very helpful
3. Pretty helpful
4. Somewhat helpful
5. Slightly helpful
6. Not at all helpful

APPENDIX D

QUESTIONNAIRE

Yesterday, you identified a split which was of concern to you. Please indicate, by checking one of the boxes below, how much this split bothers you now.

<input type="checkbox"/>	couldn't be worse
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	very much
<input type="checkbox"/>	
<input type="checkbox"/>	pretty much
<input type="checkbox"/>	
<input type="checkbox"/>	a little
<input type="checkbox"/>	
<input type="checkbox"/>	not at all
<input type="checkbox"/>	

1. Did you increase your awareness of yourself?

1	2	3	4	5
definitely no	don't think so	unsure	think so	definitely yes

2. Did something shift for you in the hour? (Examples: Maybe you saw something differently, experienced something freshly, made some discovery or became aware of new choices.)

1	2	3	4	5
definitely no	don't think so	unsure	think so	definitely yes

3. If so, what was the shift? Please describe what happened and how you see yourself or the world differently.

4. From this new perspective, are there any general things about yourself or your life that you would like to change?

5. (a) From this general perspective, what specific feeling or behaviour would you hope would change in the coming week? (For example, criticize myself less, spend more time with my family, discuss my feelings with my boyfriend, or assert myself more.)

(b) How often have you been experiencing yourself or behaving in this way in the last while?

1	2	3	4	5	6	7
not at all	hardly ever	seldom	sometimes	frequently	most of the time	all of the time

(c) How often would you like to see this experience or behaviour occurring in the coming week?

1	2	3	4	5	6	7
not at all	hardly ever	seldom	sometimes	frequently	most of the time	all of the time

APPENDIX E

QUESTIONNAIRE

1. Last week, you identified the following split which was of concern to you.

Please indicate, by checking one of the boxes below, how much this split bothers you now.

couldn't be worse

very much

pretty much

a little

not at all

2. Have you experienced a change in yourself during the past week since the hour?

1	2	3	4	5
definitely no	don't think so	unsure	think so	definitely yes

3. After the last hour you indicated that you hoped that the following feeling or behaviour would change during the week

How often are you experiencing yourself or behaving in this way now?

1	2	3	4	5	6	7
not at all	hardly ever	seldom	sometimes	frequently	most of the time	all of the time

4. How much progress do you feel you made in dealing with your issues since the last hour? (Please circle the item which best applies)
 1. A great deal of progress
 2. Considerable progress
 3. Moderate progress
 4. Some progress
 5. Didn't get anywhere
5. Has anything unusual happened during the week other than the hour to which you attribute any change you have reported? If so, what?

APPENDIX F

SPLIT TRAINING

Thank you for your willingness to participate in my thesis project. Dr. Les Greenberg and I are working together, and we are studying conflict splits. I will explain what a conflict split is, and will give you instructions concerning your involvement in the project.

First of all, I would ask you to think of a conflict split which is an issue you are dealing with at the present time - a real issue that is of importance to you, in which two sides of you are struggling for some type of compromise. I will play a tape recording giving three examples of conflict splits for you now:

- 1) I want to get involved in more intimate relationships, but I'm afraid to let anyone get too close. I just don't seem to be able to do anything about it.
- 2) Sometimes I feel that I should stay in the programme. Other times I want to quit and go back to work full time. It's a struggle for me to know just what's best to do.
- 3) On one hand, I want the security offered to me by marriage, but on the other hand I don't want to be tied down. I just don't know what to do.

I would ask you not to identify a totally behavioural split such as "I don't know whether to go to California or New York for my vacation", but rather to choose one in which you have invested some emotional energy.

You will be contacted by a counsellor with whom you will arrange

a time to meet when it is convenient for you both. Please present your conflict split at this session. You will be asked to define your issue before the hour, and will be required to fill out forms during the next week concerning your split and your experience in the hour. There are no "best" answers, and please report your feelings as accurately as you can.

The sessions will be audio taped and will be heard by myself and two raters. The questionnaires will be seen by myself and Les. Both the tapes and the questionnaires will be treated with professional confidence.

Do you have any questions?

Once again, I thank you for your time and participation.

APPENDIX G

FOCUSING TECHNIQUE

First identify the split that clients wish to work on. Then begin with: "I don't know if you have ever had a focusing experience before, but that is what we will do for the first few minutes of this session. It is a silent technique, so I would ask you to relax, close your eyes and breathe." (5 seconds)

"This is going to be just to yourself. What I will ask you to do will be silent, just to yourself. Take a moment just to relax 5 seconds. All right now, just to yourself, inside you, I would like you to pay attention to a very special part of you Pay attention to that part where you usually feel sad, glad or scared. 5 seconds. Pay attention to that area in you and see how you are now. See what comes to you when you ask yourself, "How am I now?" "How do I feel?" "What is the main thing for me right now?"

(30 seconds)

Focus your attention on the split which you have just identified, and see what comes to you.

(10 seconds)

1. Of course, there are many parts to that split you are thinking about — too many to think of each one alone. But, you can feel all of those things together. Pay attention there where you usually feel things, and in there you can get a sense of what all of the split feels like. Let yourself feel all of that.

(30 seconds or less)

2. As you pay attention to the whole feeling of it, you may find that one special feeling comes up. Let yourself pay attention to that one feeling.

(1 minute)

3. Keep following one feeling. Don't let it be just words or pictures — wait and let words or pictures come from the feeling.

(1 minute)

4. If this one feeling changes, or moves, let it do that. Whatever it does, follow the feeling and pay attention to it.

(1 minute)

5. Now, take what is fresh, or new, in the feel of it now and go very easy.

Just as you feel it, try to find some new words or pictures to capture what your present feeling is all about. There doesn't have to be anything that you didn't know before. New words are best but old words might fit just as well. As long as you now find words or pictures to say what is fresh to you now.

(1 minute)

6. If the words or pictures that you now have make some fresh difference, see what that is. Let the words or pictures change until they feel just right in capturing your feelings.

(1 minute)

When you're ready, open your eyes and come back.

Where are you now? What happened?

(Please note — it is important that you and your clients explore what happened as a result of the focusing experience, and not just talk about what they had experienced. It is a take-off point.)

APPENDIX F

EXAMPLES OF SPLITS PRESENTED

Examples of the splits which persons in each group defined included the following:

TWO CHAIR ROLE PLAYING:

- 1) On the one hand I'd like to have another child, but on the other hand I'm afraid I'll lose my freedom.
- 2) On the one hand I would like to try some different occupation, but on the other hand, I feel very secure and comfortable in Education. I just don't know what's best to do.
- 3) On the one hand, I want to be assertive with this person, but on the other hand, I want to be submissive. I'm struggling with this issue.

FOCUSING

- 1) I have a job offer here in Vancouver, but I don't want to live here. I don't know what's best to do.
- 2) On the one hand, I want to stay in the relationship with my fiancé, but on the other hand, I want to break up with him. I just don't know what to do.
- 3) I have an opportunity to have a full time job, but I also can stay at home with my baby. I don't know what decision to make.

CONTROL

- 1) I want to have the closeness of a continuing relationship, but I'm really afraid of being stuck with a helpless person. I don't know what to do.

- 2) One part of me wants to get more serious about my career and move into administrative positions, while another part of me wants to stop awhile, relax, and enjoy life. Its a struggle to know what's best to do.
- 3) I think I want to have children, but I'm afraid of the time, responsibility and loss of freedom that it will bring. I don't know what to do.