

THE DIFFERENTIAL EFFECTS OF EMPATHIC
REFLECTION AND EMPATHIC REFLECTION PLUS
THE GESTALT EMPTY-CHAIR DIALOGUE
ON THE ISSUE OF UNFINISHED BUSINESS

By

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ABSTRACT

The purpose of this study was to explore the specific client issue of unfinished business by comparing the differential effectiveness of empathy plus the Gestalt empty-chair technique and empathic reflection. The population consisted of 28 subjects drawn from students enrolled in the first year of a Master's Degree program in Counselling Psychology at a major university. The subjects received two counselling sessions in either the empathy plus Gestalt condition or the Empathic reflection condition. Two relationship instruments, the Empathy Scale of the Barrett-Lennard Relationship Inventory and the Task Dimension of the Working Alliance Inventory, were administered to assess the subject's perception of their therapist's behaviour and to screen for subjects who were not engaged in the process. Two outcome measures, the Target Complaint Measure and the Affective Reactions Questionnaire, were used to assess the amount of resolution subjects felt in their presenting complaint and the amount of change in their feelings toward the significant other. Two session measures, the Session Evaluation Questionnaire and the Target Complaint Discomfort Box Scale, were used to assess the current amount of discomfort regarding the presenting complaint and to evaluate the subject's perception of the sessions.

The study showed that empathy plus the Gestalt empty-chair dialogue produced significantly more tolerance in the subjects' feelings toward a significant other person as measured by the Affective Reactions Questionnaire on an issue of unfinished business than those produced by empathic reflection. The results further suggest that a greater improvement in initial target complaint as measured by the Target Complaint Measure was felt for the empathy plus Gestalt condition than for the empathic reflection condition.

The review of the literature suggests that the issue of unfinished business is an important one and the tentative results from this study suggest the need for further investigation to determine if the preliminary results are upheld in a clinical setting. The tentative results suggest that the Gestalt empty-chair dialogue in the context of an empathic relationship may make a contribution to the treatment of the issue of unfinished business.

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Chapter 1

INTRODUCTION

The issue of completing interrupted emotional expression is a common one in therapy as clients struggle to fully express and experience a variety of blocked emotions and painful feelings. When these blocked emotions and unexpressed feelings are in relation to a significant other person and when they interfere with the client's current functioning, this is considered to be unfinished business. It is only by allowing the full expression and experiencing of these interrupted feelings that the client is released to develop a more balanced view of the situation and let go of the associated negative feelings (Greenberg & Safran, 1987). Many forms of therapy including client-centered therapies and experiential therapies encourage the process of expressing previously suppressed or unexpressed emotions and of accepting the feelings associated with these emotions. However, although a number of authors (Cohn, 1970; Daldrup, Beutler & Greenberg, 1985; Enright, 1970; Greenberg & Safran, 1987; Latner, 1973; Levitsky & Perls, 1970; Perls, 1979; Perls, Hefferline & Goodman, 1951; and Polster & Polster, 1973) have written on the theoretical significance of unfinished business as an important therapeutic issue, there is a paucity of research investigating the specific issue of unfinished business and

the techniques which may be helpful in achieving resolution. It is the intent of this study to investigate the specific client issue of unfinished business by comparing the effectiveness at the end of treatment of two different therapeutic approaches, empathic reflection and empathy plus Gestalt empty-chair dialogue, in resolving the incomplete emotional experiences.

Background of the Study

Psychotherapy research has been concerned with measuring "change in the personality structure of the individual, at both surface and deeper levels in a direction which clinicians would agree means greater integration, less internal conflict, more energy utilizable for effective living" as well as change "towards behaviors regarded as mature" (Rogers, 1957, p.95). Both client-centered therapy, as explicated by Rogers (1957), and Gestalt therapy have studied the components within their approaches which lead to improvement in client functioning.

Rogers (1957) felt that certain core conditions of therapist genuineness, unconditional positive regard, and empathy offered to the client in the context of a therapeutic relationship were necessary and sufficient for therapeutic change to occur. Many researchers (Gurman,

1977; Lambert, Shapiro & Bergin, 1986; Mitchell, Bozarth & Krauft, 1977; Orlinsky & Howard, 1978, 1986; and Truax & Mitchell, 1971) agree that a relationship is important to facilitate client change and that these conditions are necessary for the relationship to develop, however few researchers are willing to support Rogers' claim of sufficiency (Carkhuff, 1969; Patterson, 1984; Truax & Carkhuff, 1967; and Truax & Wargo, 1966). Therapeutic techniques or technical considerations are considered a necessary addition to a good relationship (Bergin & Strupp, 1972; Greenberg, 1983; Greenberg & Kahn, 1979; and Strupp, 1978).

Gestalt therapy is one approach that can be used to facilitate client change by adding therapeutic techniques to the necessary relationship conditions as stated by Rogers (1957), Truax and Wargo (1966), Truax and Carkhuff (1967), and Carkhuff (1969). Gestalt therapy is an experiential therapy whose major goal is the restoration of awareness. The main technique of the Gestalt approach is the experiment which is designed to promote awareness and contact. However, the experiment must take place within a trusting relationship and a good working alliance (Greenberg, 1983).

One of the techniques used by Gestalt therapists is the two-chair experiment which was developed to work with client-presented intrapsychic conflicts or splits. In a

number of studies (Bohart, 1977; Greenberg & Clarke, 1979, 1984; Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980; Greenberg & Rice, 1981; and Greenberg & Webster, 1982) Gestalt two-chair dialogue was shown to produce significantly greater changes in the variable being studied when compared with a variety of other approaches including empathic reflection.

A further refinement of this technique is the empty-chair dialogue which has evolved as a means of dealing with client-presented interpersonal conflicts. These conflicts often emerge as issues of unfinished business with a significant other person in the client's present life or distant past.

Unfinished business has been conceptualized as the blocking of unexpressed emotion in relation to another person. To evaluate the importance of resolving incomplete experiences it is important to determine the role that emotion plays in an individual's life and to explore the effects of inhibiting emotional expression. Greenberg and Safran (1987) have investigated the role of emotion in psychotherapy and conceptualized emotion as potentially adaptive and therefore as an ally in the change process. They further suggest that "psychological problems are often the result of blocking or avoiding potentially adaptive emotional experience" and that "the complete processing of a

specific emotional experience leads to a shift in the nature of the emotional experience" (p.7) thus allowing a new adaptive response to emerge. Gestalt therapy maintains that it is the blocking of emotions, often before they enter awareness, that leads to underlying conflict and unfinished business. Therapy must "help the person enter the situations in which they previously experienced the unwanted emotions or excitement" (Greenberg & Safran, 1987, p.52). These experiences are called unfinished business and prevent people from fully experiencing similar situations in the present.

Purpose of this study

The purpose of this study was to explore the specific client issue of unfinished business through the use of clearly defined therapeutic procedures. Empathic reflection was chosen as one treatment as it represents the core conditions considered necessary to facilitate client change. Empathy plus the Gestalt empty-chair dialogue was chosen as the second treatment as this intervention employs an active technique in the context of a good working relationship and therapeutic alliance between client and therapist. This study is not testing the general effectiveness of Gestalt therapy versus client-centered therapy but rather it is

investigating the usefulness of particular interventions deriving from these approaches on a specific client issue.

Definition of Terms

Empathic Reflection

Empathic reflection is a therapeutic technique through which a therapist expresses understanding of what the client is feeling and experiencing. Accurate empathy has been described by Mitchell, Bozarth and Krauft (1977) as the extent to which the therapist

1. is sensitive to the current feelings and thoughts of the helpee (both in and out of awareness),
2. has the ability to communicate his understanding of his client's feelings and thinking, and
3. has the ability to use language attuned to that of the client. (p.483)

In being empathic the therapist senses the client's feelings 'as if' they were his/her own while at the same time maintaining an objectivity which allows the client to fully experience these feelings. A further essential ingredient is that the client must perceive the therapist's empathic understanding for change to occur.

Carkhuff (1969) devised a five-point scale for measuring empathic understanding. Level 1 and Level 2 are

considered detrimental in that they subtract noticeably from the client's statement. Level 3 is considered to be neutral in that this level allows the client to maintain the same level of understanding but does not deepen affect or meaning. Level 4 and 5 are considered additive in that they help the client's self-exploration at deeper levels of affect and meaning. Carkhuff (1969) described these levels as follows:

- Level 3: The expression of the helper in response to the expressions of the helpee(s) are essentially interchangeable with those of the helpee in that they express essentially the same affect and meaning.
- Level 4: The responses of the helper add noticeably to the expressions of the helpee(s) in such a way as to express feelings at a level deeper than the helpee was able to express himself.
- Level 5: The helper's responses add significantly to the feeling and meaning of the expressions of the helpee(s) in such a way as to accurately express feeling levels below what the helpee himself was able to express or, in the event of ongoing, deep self-exploration on the helpee's part, to be fully with him in his deepest moments. (p. 174-5)

In this study therapists were instructed to respond with a Level 3, 4 or 5 empathic reflection when clients presented an issue of unfinished business.

Gestalt Empty-Chair Dialogue

The Gestalt empty-chair dialogue is a technique requiring the client to express interrupted feelings to a significant other person who is imagined to be present in an empty chair. The client sometimes takes on the role of this other person. During the session a client may say "I am angry at _____ (a significant other) for not helping me enough" at which point the therapist will assist the client to visualize this person as being in the empty chair. The therapist will then act as a guide in a dialogue between the client and the significant other. The client will take on, from the self chair, the "I am angry ..." or "I am hurt ..." position and will speak to the empty chair in which he/she was asked to visualize the significant other. The majority of the dialogue particularly in the early part of the work is from the self chair with the empty chair serving primarily as a stimulus. As the work progresses the client will move to the empty chair and respond to the statements made from the self chair. There is some movement as the client alternates position but this work is primarily focused on the client in the self chair.

The empty-chair technique is somewhat different from the work described by Greenberg (1979) in training therapists in the use of the two-chair technique in that two-chair work involves an active and alternating dialogue

between two parts of the client in an intrapersonal conflict.

Unfinished Business

Greenberg and Safran (1987) have identified a collection of markers which taken together constitute an indication of unfinished business which needs to be completed. These components are:

1. Clients exhibit a 'hanging onto' reaction, a holding on to old resentments, hurts, frustrations, guilt, grief, or even unexpressed feelings of love and appreciation.
2. This often results in a self-pitying attitude, or a blaming or complaining attitude, or a feeling of hurt, resignation and hopelessness.
3. The expression of this lingering unresolved feeling is related to a significant other.
4. The experience and expression is currently being inhibited.
5. The experience of the feeling and its interruption is problematic for the client as indicated by direct verbal statements such as "If only" statements or self-statements such as "If only I had been a nicer, better mother, spouse, and so forth." Non-verbal signs of bodily tension may be present.

(Greenberg & Safran, 1987)

Statement of Problem and Hypotheses

The importance of therapy occurring in the atmosphere of a positive relationship and a good working alliance has been extensively documented (Barrett-Lennard, 1962, 1982, 1986; Carkhuff, 1969; Greenberg, 1981, 1982; Gurman, 1977; Horvath & Greenberg, 1986; Mitchell, Bozarth & Krauft, 1977; Truax & Carkhuff, 1967; Truax & Wargo, 1966; and Orlinsky & Howard, 1978, 1986). Barrett-Lennard's Relationship Inventory (1964) was designed to measure the client's perception of the therapist's warmth, congruence, empathy and positive regard. The empathy scale of the Relationship Inventory was administered to the subjects to assess their perception of their therapists' empathy.

Horvath (1982) designed the Working Alliance Inventory to measure the working alliance along three dimensions: task, goal and bond. The task dimension of the Working Alliance Inventory was administered to assess the subjects' perceptions of their therapists' ability to stay focused on the task presented.

Both the Relationship Inventory and the Working Alliance Inventory are descriptive measures which were used to determine if the therapeutic interventions were conducted in the context of an empathic relationship and an

environment in which the subjects perceived their therapists to be engaged in task-relevant activities.

Hypothesis 1

In choosing an issue of unfinished business to work on the subjects focused on a specific issue of importance in regard to a significant other person. Battle et al (1966) designed the Target Complaint Measure to measure changes on target complaints as identified by the clients. In this study before treatment began the subjects were asked to identify only one complaint as opposed to the three complaints originally suggested by Battle et al. The subjects rated changes on this complaint at termination and again at follow-up. Hypothesis 1 states:

Empathy plus the Gestalt empty-chair dialogue, when used with an issue of unfinished business, will result in significantly greater improvement on the presenting target complaint as measured after treatment and at follow-up by the Target Complaint Measure, than that produced by the use of Empathic Reflection.

Hypothesis 2

Client-centered therapies encourage clients to be more aware of their feelings both as these feelings relate to their own inner world and as they relate to persons and situations they contact in their life. In this study

clients were asked to discuss an issue of unfinished business relating to a significant other person. It is important therefore to measure how these feelings change over treatment. The Affective Reactions Questionnaire (1984) was designed to capture a person's feelings towards a significant other person and was used in this study to measure change in the subject's feelings towards a significant other person. Hypothesis 2 states:

Empathy plus the Gestalt empty-chair dialogue when used with an issue of unfinished business, will produce significantly higher means on the Confident dimension and significantly lower means on the Superior, Intolerant and Discouraged dimensions as measured after treatment and at follow-up by the Affective Reactions Questionnaire than those produced by the use of Empathic Reflection.

Hypothesis 3

The Target Complaint Measure was used to measure global changes in the presenting complaint. It was also important to measure smaller units of change over the course of treatment. The Target Complaint Discomfort Box Scale was administered to the subjects before and after each session to assess the amount of discomfort currently being felt regarding the presenting complaint. Hypothesis 3 states:

Empathy plus the Gestalt empty-chair dialogue when used with an issue of unfinished business, will produce significantly less discomfort before and after each session as measured by the Target Complaint Discomfort Box Scale than that produced by the use of Empathic Reflection.

Hypothesis 4

Stiles and his colleagues (Stiles, 1980; Stiles & Snow, 1984a, 1984b; and Stiles, Tupler & Carpenter, 1982) have discussed the importance of assessing the immediate impact of the session. The Session Evaluation Questionnaire was designed to assess this impact from both the therapist's and subject's perspective. This measure was administered to the participants in the study in an attempt to capture the feelings aroused in the session and their feelings immediately on concluding the session. Hypothesis 4 states:

Empathy plus the Gestalt empty-chair dialogue when used with an issue of unfinished business, will produce significantly higher means for the Positivity, Depth and Arousal dimensions and significantly lower means for the Smoothness dimension for the subjects at the end of the sessions as measured by the Session Evaluation Questionnaire than those produced by the use of Empathic Reflection.

Chapter 11

LITERATURE REVIEW

A review of the literature pertinent to this study will focus on five areas: discussion of unfinished business in psychotherapy; research in the use of Gestalt techniques in therapy; research on the Gestalt treatment approach with the issue of unfinished business; research in the use of empathic reflection in psychotherapy; and psychotherapy research relating to outcome.

Unfinished Business in Psychotherapy

Unfinished business is a term derived from Gestalt theory which refers to the blocking of emotional experience thus preventing the full awareness of our emotions and inhibiting our responsiveness to the actions towards which our emotions prompt us. At the core of the blocking is the desire not only to avoid the painful feelings associated with these emotions and but also to avoid experiencing the negative emotions themselves. Although the term unfinished business is from Gestalt theory the issue of unfinished situations is common and one that arises repeatedly in therapeutic situations. Greenberg and Safran (1987) have suggested that the grieving process is one form of

interrupted emotional expression but state that the area of unfinished business extends well beyond this to a variety of other blocked processes including blocked expression of anger, resentment, rage, hatred, pain, and fear of abandonment. The inability of the person to complete these unfinished situations inhibits the full integration and restructuring of these blocked emotions into one's world view. The current discussion of unfinished business will draw primarily from the writings of Gestalt theorists as unfinished business is one of the core concepts of Gestalt theory. This discussion will begin with a general introduction to Gestalt theory to place the discussion of unfinished business within its theoretical context.

Gestalt therapy is a form of existential therapy based on the premise that individuals are capable of effectively guiding their own course through life and of accepting personal responsibility for their life choices. An underlying assumption is that humans perceive their environment as a unified whole, rather than as a series of unrelated, isolated events. In this approach individuals are seen as organizers of themselves, as organisms, vis-a-vis their environment, thereby forming a continuous series of Gestalts at the point where the organism contacts the environment.

Greenberg and Safran (1987) suggest that emotion plays a major role in this organizational process by continually guiding the adaptive action of the organism. They further state that emotions are what allow us to become aware of our concerns or needs and that emotions "need to be allowed to undergo natural development and differentiation in order to act as clear guides to action." (p. 51).

The first step in the process of Gestalt formation is that a need or concern comes to awareness and both energizes and organizes behaviour. This takes place on both the subjective perceptual level and the objective motor level. When this need has been satisfied the Gestalt is complete and that need organization recedes into the background thus allowing a new Gestalt to form.

However, a person often interferes with this process of sequential Gestalt formation with the important result that "the needs of the organism are not fully satisfied and the Gestalt does not close" (Greenberg, 1983). This need may recede into the background but the Gestalt is not complete. Perls, Hefferline, and Goodman (1951) have labelled this residue of tension "unfinished business". Perls (1970) feels that we continue to be controlled by this need and that the pressure of unfinished business will continue to interfere with our ability to respond to new situations and interfere with our ability to form new Gestalts until these

unfinished situations are completed. These emotional reactions may remain incomplete or unfinished through rationalization, intellectualized judgments, analyzing or denial (Daldrup et al, 1985). Daldrup et al (1985) further suggest that these unfinished emotions usually involve anger and/or hurt. Levitsky and Perls (1970) contend that resentments constitute the most common and important form of unfinished business. Cohn (1970) states that the unfinished business may encompass any of the range of human emotions including pain, rage, anxiety, mourning, etc. Enright (1970) and Greenberg and Safran (1987) support this view of unfinished business as a major consequence of blocked awareness where experience remains incomplete and excitement is unchanneled. Greenberg and Safran (1987) go beyond Cohn in stating that the core of the blocking of these emotions is the avoidance of painful feelings and the fear of unwanted emotion. The individual becomes stuck on the unexpressed, slowing life into boredom and despair with a lack of spontaneity, autonomy and intimacy (Enright, 1970).

The concept of unfinished business is one of the cornerstones of Gestalt theory and practice. Cohn (1970) views unfinished business and avoidance as Perls' core concepts. She characterized unfinished business as the emotions, events and memories which linger unexpressed and avoidance as the mechanism whereby the individual keeps away from completing these unfinished situations. These

unfinished situations must be completed (Perls, 1978) and if powerful enough will continue to present themselves until resolution is achieved (Polster & Polster, 1973). When they become powerful enough "the individual is beset with preoccupation, compulsive behavior, wariness, oppressive energy and much self-defeating energy" (Polster & Polster, 1973, p.36). Perls et al (1951) talk about this cyclical pressure as a neurotic compulsion to repeat until the unfinished situation is completed. This may take the form of returning to the old business or it may relate to parallel circumstances in the present. Latner (1973) suggests that the urges for completion cannot be repressed, only their expression can. In Gestalt therapy these blocked expressions emerge as symptoms which are viewed as attempts by the individual to satisfy the need to bring closure to unfinished situations. Without this completion the individual can not move on to create new Gestalts in new situations but rather compulsively repeats old solutions in an attempt to complete the past before a full awareness of the present can be enjoyed.

Greenberg and Safran (1987) have identified finishing incomplete experiences as one of the affective change events that recur in therapy across a variety of situations and a variety of clients. An event begins with a marker which acts as a guide to the therapist to indicate the type of intervention likely to be most effective in inducing a

particular client problem-solving approach. The markers for unfinished business have been described above and primarily refer to a lingering bad feeling towards a significant other person which is presently alive for the client and which is interfering with the client's current functioning. When the unexpressed feelings of anger, resentment, rage, hatred, pain or fear of abandonment are allowed full expression the person seems to be relieved of an internal burden and is freed to fully differentiate all the feelings involved in the original situation. Anger is one of the most common unexpressed emotions and is often one of the most damaging. The feelings associated with the incompletely processed emotions are often carried around as bodily states of tension of which the person may be unaware. This tension can be released through arousal and expression and this release allows new meanings to emerge. The important change mechanism is "the expression of emotions to their natural completion and the reprocessing of the experience in order to bring about a cognitive reorganization or reevaluation of the experience" (Greenberg & Safran, 1987, p. 222). If this change mechanism doesn't take place the memories and fantasies associated with the original interrupted feeling continue to affect current functioning and to influence and inhibit current behaviour.

Research on the Use of Gestalt Techniques in Therapy

A number of research studies have been conducted over the last ten years on the efficacy of Gestalt therapy with a particular emphasis on the two-chair dialogue technique. This technique is used primarily when working with splits, in which "two parts of the self are presented as being in opposition in a live or poignant manner" (Greenberg, 1980a, p.143).

Greenberg (1980a) described an intensive analysis of nine events in which three clients were working on resolving splits using the Gestalt two-chair method. In this study Greenberg delineated the process by which resolution occurs in two-chair work and indicated ways in which therapists can utilize this information.

Greenberg (1983) performed an in-depth analysis of the process of conflict resolution performances compared with fourteen non-resolution performances. From this analysis Greenberg presented a three-stage sequential model of conflict resolution. Greenberg (1980a, 1983) adds immeasurably to our understanding of the process facilitating change when the Gestalt two-chair dialogue is performed.

Bohart (1977) reported the results of an analogue study with 80 subjects who were attempting to resolve personal anger conflicts. Gestalt two-chair role play was more effective in reducing anger, hostile attitudes and behavioural aggression than were intellectual analysis or emotional discharge techniques.

Clarke (1977) and Greenberg and Clarke (1979) reported on an analogue study using 16 subjects comparing the differential effects of a Gestalt two-chair intervention and empathic reflection. Depth of experiencing and change in awareness were significantly greater following the Gestalt operation when the clients were working on a split.

In an analogue study of 28 subjects Greenberg and Higgins (1980) extended the Greenberg and Clarke (1979) study by examining the effect of the dialogue component of the Gestalt two-chair method with the focusing technique at a subject presented split. Two-chair dialogue produced significantly more depth of experiencing than did focusing plus empathic reflection.

Dompierre (1979) and Greenberg and Dompierre (1981) studied 16 clients in ongoing counselling. Results showed that depth of experiencing, shifts in awareness and reported conflict resolution were greater following the Gestalt two-chair dialogue than with empathic reflection.

Greenberg and Rice (1981) reported on an in-depth study of three clients in which the Gestalt two-chair operation was compared with an active empathy operation. Depth of experiencing was significantly higher following the Gestalt two-chair operation.

Clarke (1981) and Clarke and Greenberg (1984) reported on a study involving forty-eight subjects in which Gestalt two-chair dialogue was compared with a cognitive problem-solving intervention when subjects were attempting to resolve interpersonal conflict related to a decision. Gestalt two-chair dialogue was found to be more effective on reducing indecision than a cognitive intervention.

Rogers (1983) examined the function of retroflection in the emergence of psychogenic pain from a Gestalt therapy perspective which included two-chair work as well as a variety of other Gestalt methods. In a single case study report, the patient's pain ceased after four weeks and did not return throughout the course of an additional ten month therapy designed to reintegrate polarities and enhance a greater capacity for self-sufficiency.

Serok and Zemet (1983) describe an experimental study of group therapy using Gestalt principles and methods with schizophrenic patients. Results show a significant increase

in reality perception and differentiation in the Gestalt experimental group.

It would appear that the Gestalt method and in particular the two-chair dialogue is effective in facilitating client change both individually and in group settings when compared with a number of other therapeutic interventions on a variety of client issues. However it is also apparent that the research in this area is sparse and that more investigation needs to be conducted to determine the effectiveness of particular Gestalt techniques with specific client issues. It is also apparent that no research has been reported which indicates results using the empty-chair technique. Further research is therefore needed in all areas of Gestalt research.

Gestalt Treatment Approach on the Issue of Unfinished Business

In resolving issues of unfinished business the client is working on issues relating to interpersonal relationships and it is therefore necessary to evoke not only the memory of particular episodes but also to activate the memory structure of the relationship with the significant other person. Once this memory structure is activated it becomes necessary in therapy to destructure this memory and reform

it. What seems to happen in this process is "that by breaking the emotional structure into components and bringing all the components to awareness, one can prevent them from automatically reintegrating into the same network" (Greenberg & Safran, 1987, p. 281). Greenberg and Safran (1987) further suggest that activation of these emotional memories in the therapeutic environment greatly facilitates the formation of new emotional schema. They speculate that this reformulation is possible in this situation because the client is no longer involved in the original situation and because the client has acquired other experiences with this significant person and potentially has a greater range of support currently available than was originally available.

Unfinished business work becomes the focus of therapy because it is often the only route back to the original situation. The person involved may simply no longer be available through death, a move or alienation. Or if time and space are not problematic, a confrontation with the significant other person may be too frightening to engage in or the time may long since have passed to discuss earlier events (Polster & Polster, 1973).

In unfinished business work the therapist makes a number of assumptions regarding how the client changes during this process. The first of these is that the therapist assumes that the client is often unaware of the

specific influence of past unfinished situations on her/his current functioning (Daldrup et al, 1985; and Greenberg & Safran, 1987). It is because of this assumption that Gestalt therapy places a central focus on the process of awareness - awareness of what is occurring now and more importantly how this censoring process occurs as the organism interacts with the environment at what Gestaltists call the contact boundary. Awareness of emotion then is an important therapeutic tool since "renewed awareness of momentary experience leads not only to the expression of old hurts, but also to fresh and surprising perspectives and enhanced perception" (Greenberg & Safran, 1987, p. 53). Because primary emotions are viewed as adaptive responses to specific situations value is placed on what is done with emotions and the ultimate goal is not to be rid of emotions but to "undo the interruptive process and to become aware of and responsive to the actions toward which feelings prompt us" (Greenberg & Safran, 1987, p. 53).

Anger is often one of the primary emotions involved in unfinished business. Daldrup et al (1985) suggest that once anger is aroused and expressed "there is release of physical tension and the opportunity for a reprocessing of experience" (p. 4). If the anger remains unexpressed, it not only inhibits the flow of other emotions but also is re-activated in situations where it is not appropriate or clearly unproductive. It is further assumed by Gestalt

therapists that clients can best rediscover their emotional experience by being actively involved in the relearning process. It is through the 'experiment' that the client is able to experience in the present the denied or disowned emotions and thus allow a reintegration of these emotions into his/her internal structuring schema.

Daldrup et al (1985) have suggested a series of phases of experience that a client may go through in the process of unfinished business work. The phases coincide with what Perls (1970) has called the five layers of neurosis.

1. Disowning - initially the client enters therapy disowning the strong problematic emotions, such as anger or hurt, or at least denying the impact these emotions are currently having on the client. This may involve minimizing, denial or attributing one's anger to another.
2. Phobic Reaction - As the client recognizes the availability and significance of the leftover emotions there is often a phobic reaction where catastrophic results are predicted if this emotion is allowed expression.
3. Implosive Stage - At this point the client appears to reach an impasse and he/she feels numb, dead and without awareness of emotion.
4. Explosive Stage - Clients here begin to express spontaneously all thoughts, feelings and sensations associated with the interrupted experience. Perls (1970) has identified four types of explosion: explosion into joy, into grief, into orgasm, and into anger.
5. Completion Stage - Spontaneous expression takes a more integrated form and there is a marked diminution of hostile feelings.

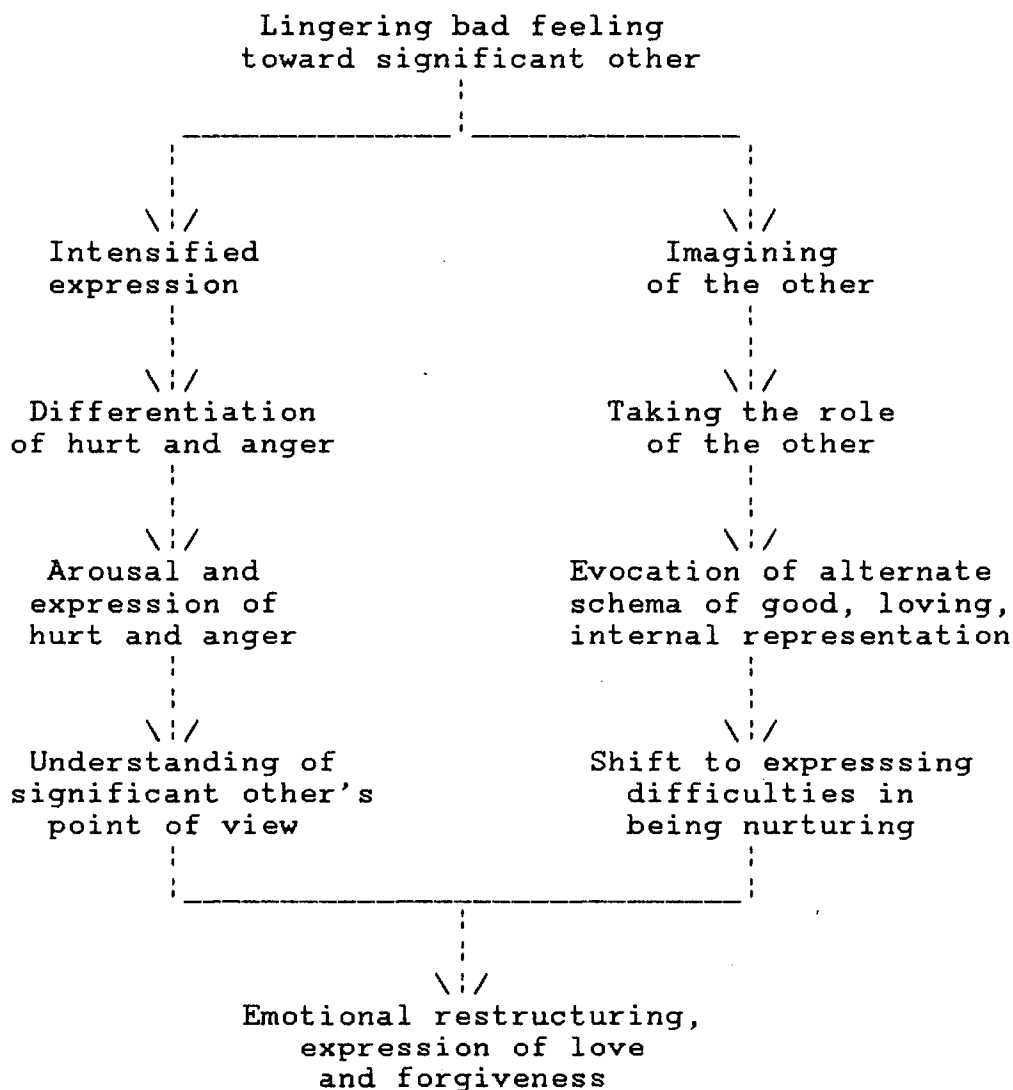
The process of Gestalt therapy with the issue of unfinished business consists of five stages (Daldrup et al, 1985). First a focus for the work must be established followed by a commitment to work. The work stage involves the use of the empty-chair technique. In this process the bulk of the work takes place in the "self chair". It is in this position that the client begins to express the denied and disowned emotions. The empty chair is only used as a stimulus object so that the emotions may be heightened in the self chair. Expression is close to completion when there is a letting go; a realization that the client did not get what he/she wanted followed by a gradual letting go of this expectation. If resolution occurs there is a softening of feeling towards the significant other accompanied by forgiveness. Often, however, an impasse is reached with no resolution or softening of feeling. In either case it is important to say goodbye (O'Connell, 1970) either literally as the concluding part of the work or by connecting the work within the session to potential future work. The fourth stage is an assessment phase in which the goal is to integrate and assess the results of the work just completed. This is a cognitive stage which focuses on reintegration of the current experience. Out of this stage the final stage emerges in which future plans are made.

Although it is not yet clearly understood how resolution occurs, Greenberg and Safran (1987) have

developed a preliminary empirical model of the process of finishing incomplete experience. Figure 1 shows this model. This model suggests that the event begins with the client identifying an issue of unfinished business with a significant other person accompanied by the associated lingering negative feelings. This is followed by intensified expression by the client and a request by the therapist that the client visualize the significant other person in the empty chair. These two activities bring about an aroused affective state. In this state the client is often aware of a variety of feelings simultaneously. The two that are often most alive are hurt and anger which may alternate or may appear undifferentiated as a complaint. It is important in unfinished business work to separate the complaint into its component parts of hurt and anger and allow the full expression of each emotion separately. When these emotions of hurt and anger have been differentiated and each allowed their full expression, the client is then able to work towards resolution. Part of this resolution process seems to be in activating the harsh, rejecting person (often a parent) followed by the activation of the more human, compassionate person. These two components seem to be essential to resolution in which the client is able to understand the significant other's point of view and to accept that view. It seems that "the expression of intense negative affect toward the rejecting object and the subsequent identification with the rejecting object produce

FIGURE 1

PRELIMINARY EMPIRICAL MODEL OF
FINISHING INCOMPLETE EXPERIENCE



Note. From Emotion in Psychotherapy (p. 289) by
L.S. Greenberg and J.D. Safran, 1987, N.Y.: Guilford Press.

sufficient cues to activate an alternate schema of the more compassionate other" (Greenberg & Safran, 1987, p. 290). This leads to an emotional restructuring which may be marked by feelings of acceptance or of forgiveness. Greenberg and Safran (1987) further suggest that what seems to take place in this process is that "by breaking the emotional structure into components and bringing all the components to awareness" (p. 281) the client is able to reintegrate the emotional memories into a new schema. They postulate that the current lack of threat inherent in the therapeutic environment combined with the different feelings and perspectives the client brings to the current experience facilitate restructuring on three levels: expressive motor components; schematic memory structure; and conceptual and symbolic aspects. Greenberg and Safran (1987) further suggest that

"the activation of an alternate, more positive internal object schema and/or the activation of a more positive self-schema and a sense of self-worth is brought about by the arousal of the negative affect involved in the unfinished experience and the carrying forward to completion of this previously interrupted expression." (p. 290).

Because Gestalt techniques can be very powerful, the importance of the therapist-client relationship is becoming of increasing prominence (Greenberg, 1983). It is essential that the techniques emerge out of the ongoing dialogue of the therapeutic encounter. A good relationship is not seen

as sufficient for therapeutic change but a trusting relationship and good working alliance are assumed to be preconditions for effective Gestalt work.

Research on the Use of Empathic Reflection in Therapy

Rogers (1957) in a landmark paper outlined what he considered to be the necessary and sufficient conditions for constructive personality change to occur. One of these conditions he defined as empathic understanding which must be at least minimally communicated to the client. Empathic understanding involved sensing the clients world "as if" it were your own without becoming part of this world. Truax and Mitchell (1971) and Gladstein (1983) also stressed the fine balance between over-identification with the client and maintaining objectivity as a therapist. Rogers (1957) further stressed that the client must perceive the therapist's understanding of the client's world for empathy to be deemed to occur. This position has initiated three decades of research designed to investigate Rogers' claims.

Truax and Carkhuff (1967) further specified the concept of empathy and stated that "accurate empathy involves both the therapists sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the clients current feelings" (p. 46).

This position is supported by Gurman (1977). Truax and Carkhuff (1967) felt that empathy grew out of a warmth and respect for the client and provided the function of an emotional mirror to reflect the feelings of the client rather than the content expressed. They developed a tentative nine-stage scale for the measurement of accurate empathy which Carkhuff (1969) subsequently revised in his training model for therapists to the five-point scale used in this study. A further condition in communicating accurate empathy involves using language attuned to the clients feelings and which reflects the clients own language (Mitchell, Bozarth & Krauft, 1977; Truax & Carkhuff, 1967; and Truax & Wargo, 1966).

As a result of Rogers' (1957) work, Barrett-Lennard (1962) designed the Relationship Inventory to assess the client's experience of the conditions postulated by Rogers as being necessary and sufficient for client change. Barrett-Lennard's (1962) basic assumption was that the "client's experience of his therapists' response is the primary locus of therapeutic influence in their relationship" (p. 2). This viewpoint is supported by Gurman (1977), Orlinsky and Howard (1978, 1986), Barrett-Lennard (1981, 1986) and Greenberg (1982). Barrett-Lennard (1962) initially conceptualized empathic understanding as encompassing two aspects: empathic recognition of the perceptions and feelings directly communicated by the client

and empathic inference which involves sensing that which is merely implied or indirectly expressed. In his most recent writings, Barrett-Lennard (1981, 1986) has expanded his conceptualization of empathic understanding to a three-stage cyclical process. These three phases are: Phase 1 - empathic resonance by the therapist to expressed or implied experience of the client (thus incorporating the two stages of his earlier work); Phase 2 - communicative expression of this understanding by the therapist; and Phase 3 - received empathy which incorporates the client's perception of the therapist's position. This third stage and the results generated from the form measuring received empathy "should be most strongly related to client change" (p. 448).

Carkhuff (1969) has suggested that the function of empathic understanding is to assist the client to "expand and clarify his own self-understanding as well as his understanding of others" (p. 202). He further states that empathy is the key ingredient of helping and is critically important especially during the early phases of helping. The question remains, however, if these conditions, including empathic reflection are sufficient for client change. An extensive quantity of research has been conducted in an attempt to answer this question. This research has been reviewed and summarized by a number of authors including Truax and Mitchell (1971); Gurman (1977); Orlinsky and Howard (1978, 1986); Patterson (1984); and

Lambert, Shapiro and Bergin (1986). Truax and Mitchell (1971) feel that the evidence is convincing that empathic responses play an important role. Orlinsky and Howard (1978) suggest that empathy is a highly desirable quality but stop short of stating that warmth and empathy are necessary and sufficient conditions of good outcome. Gurman (1977) goes so far as to state that these conditions are necessary as preconditions for therapeutic change but are rarely sufficient for constructive personality or behaviour change. Orlinsky and Howard (1986) concluded that there was strong evidence supporting therapist empathy as making an important contribution when empathy was measured as perceived by the client. Lambert, Shapiro and Bergin (1986) stress that relationship factors are important but question how these factors relate to therapist technique. Patterson (1984) in a strongly worded criticism of the literature which he reviewed suggests these reviewers were biased in a number of ways. He reaches far different conclusions and states "the evidence for the necessity, if not sufficiency, of the therapist conditions of accurate empathy, respect, or warmth, and genuineness is incontrovertible" (p. 437). He further states that the "effectiveness of all methods of counseling or psychotherapy may be due to the presence of a therapeutic relationship" (p. 437).

The evidence strongly supports the conclusion that empathic understanding is a necessary component of

therapeutic change yet is mixed in stating whether empathy plus Rogers' (1957) other core conditions are sufficient for therapeutic change.

Psychotherapy Research Relating to Outcome

Orlinsky and Howard (1978) have defined psychotherapy as "a relation among persons, engaged in by one or more individuals defined as needing special assistance to improve their functioning as persons, together with one or more individuals defined as able to render such special help" (p.285). This definition implies that to investigate the effectiveness of psychotherapy the researcher must determine that demonstrably better changes have occurred in the life of the client. These changes are also considered to take place within a therapeutic relationship (Orlinsky & Howard, 1978, 1986). However to consider only outcome without also specifying what it was that worked and how it worked undermines the replicability of scientific research and is ultimately of limited value (Bergin & Lambert, 1978; Greenberg & Pinsof, 1986). The study of change must link process to outcome in psychotherapy research, should explain how the change came about and should result in practically important improvements in the life of the client (Greenberg, 1986; Lambert, Shapiro & Bergin, 1986). Strupp and Bergin (1969) have stated the basic question of psychotherapy

research as "What specific interventions produce specific changes in specific patients under specific conditions?" (p.20). Strupp and Bergin (1969) also suggest that the "isolation and manipulation of single variables is essential for advancing knowledge concerning the process of therapeutic change" (p.25). The study of change thus becomes a focused investigation of a single therapeutic issue and the problem becomes that of choosing the most effective research design to explore this isolated variable.

Kazdin (1986) in his review of research design and methodology supports the position that the effects of therapy need to be evaluated in relation to specific clinical problems and discusses a variety of treatment evaluation strategies. One approach is the comparative treatment strategy which is familiar to researchers because of the desire to determine which specific treatment approaches are most successful with particular clients and particular issues so that outcome may be predicted. Two of these approaches are Gestalt therapy and empathic reflection which has evolved out of Rogers' (1957) work and represents the client-centered approach. Differential treatment studies have been used in investigating both Gestalt therapy (Bohart, 1977; Clarke, 1977, 1981; Clarke & Greenberg, 1984; Dompierre, 1979; Greenberg & Clarke, 1979; Greenberg & Dompierre, 1981; Greenberg & Higgins, 1980; Greenberg & Webster, 1982; and Webster, 1981) and the role of empathy in

facilitating client change (Orlinsky & Howard 1978, 1986; Patterson 1984; Truax & Mitchell, 1971; and Truax & Wargo, 1966).

Although comparative research presents a number of unique problems in keeping the techniques distinct Kazdin (1986) stresses that "comparisons are essential to determine which technique should be applied to a given problem" (p.29). Kazdin (1986) further states that comparative research makes an important contribution in characterizing alternative approaches empirically. Rice and Greenberg (1984) point out that often research on differential treatment effects has failed to yield conclusive results and suggest that the lack of demonstrated differential effects may be due to an imprecise understanding of the active components in the techniques being compared. To help control for this difficulty Greenberg (1986b) suggests examining smaller research units. It is also important that the techniques under study should be systematically altered to provide evidence on what techniques are effective with specific problem states resulting in specific rather than global improvement indices (Bergin, 1971; Bergin & Lambert, 1978; and Lambert, Shapiro, & Bergin, 1986). The research supports the comparative use of specific, clearly delineated techniques as they apply to specific therapeutic issues. Rice and Greenberg (1984), Gottman and Markman (1978) and Kazdin (1986) state the importance of ensuring that the

treatments were administered, including specifying therapist behaviours and checking to ensure they occurred. This strengthens the differential effects design. A further issue in the use of differential design studies is whether or not to include the use of a control group as a comparison with the treatments being studied or as a substitute for the use of a second treatment group.

Control groups have frequently been considered as an alternative to differential effects studies. However, Bergin (1971), Gottman and Markman (1978), and Lambert, Shapiro and Bergin (1986) state that true no-treatment control groups are impossible to set up. They state that distressed persons act to relieve their distress and if this relief is not forthcoming in a therapeutic environment then help will be sought elsewhere, such as through self-help groups or non-professional assistance in the form of friends, clergy or relatives or through other professional services. Lambert, Shapiro and Bergin (1986) state that "it appears that the various control group methods that have been designed are inadequate, that they do not provide fair tests of therapy effects, and that often effect sizes for therapy would be larger if they were not reduced in magnitude by subtracting the effect sizes of so-called control groups" (p. 181).

Treatment strategy is but one aspect of psychotherapy research. Another important component of the research design involves the setting in which the study will be conducted and the degree to which that setting will approximate those conditions found in a clinical environment. Analogue studies conduct research in situations and under circumstances analogous to those found in the clinical setting and are used to begin investigation of techniques and to begin testing their effectiveness in specific situations. The analogue study has been found to be a way of clarifying complex and stimulating ideas for further research (Bergin, 1971). Bohart (1977) and Bergin and Strupp (1972) suggest a single variable may be productively investigated in an analogue situation as a way to further our understanding of the change process. Kazdin (1986) suggests that the major advantage of the analogue study is its "capacity to surmount many of the methodological, practical and ethical issues associated with conducting research in clinical settings" (p.33). The priority is the experimental question and the analogue study provides the opportunity to look at the basic elements of treatment and the contributions of these elements to therapeutic change and to control multiple conditions thereby minimizing their variability. Analogue research represents one end point of the continuum of research designs with clinical trials representing the other end. The obvious concern of this design is the ability to

generalize from this controlled situation to the clinical setting.

A large body of psychotherapy research has been conducted using a variety of treatment strategies and research designs. For the purposes of the current study research relating process to outcome will be discussed. Orlinsky and Howard (1986) reported on their extensive review of the literature relating process to outcome in psychotherapy research. They organized this review into five conceptual elements: (1) Therapeutic contract which defines the purpose, format, terms and limits of the encounter and forms the plan not the substance of therapy; (2) Therapeutic interventions which are generally considered to be the techniques used by the therapist in response to the client's presenting difficulty; (3) Therapeutic bond which refers to the relationship that forms between the client and therapist; (4) Patient self-relatedness which refers to aspects of the client's functioning and is often formulated in terms of "openness" versus "defensiveness"; (5) Therapeutic realizations which refers to the effect of the therapeutic interventions and bond and should be demonstrable in the client's life outside therapy. These five categories may include non-participant observations or participant observations by either the therapist or the client. This framework outlined by Orlinsky and Howard

(1986) will be used to organize and summarize the psychotherapy research literature relating to outcome.

The first element described by Orlinsky and Howard (1986) is the therapeutic contract which consists of defining the limits of the therapy experience including the timing of the sessions and the length of the contract. Orlinsky and Howard (1986) found "good evidence to believe that number of sessions is strongly related to outcome" (p.315). They also concluded that preparing clients for the therapeutic role of client had a positive and significant result on therapeutic outcome. These components of the contract have relevance to the present study however the therapeutic contract relates primarily to clinical settings rather than to analogue studies and is therefore of minimal importance to the current research.

The second element discussed by Orlinsky and Howard (1986) is that of the therapeutic interventions which delineate the major differences between therapies and determine the course of the therapy. Of particular importance is the necessity of being specific about the techniques used. Strupp (1978) stresses the growing emphasis on developing "more clearly defineable techniques geared to the treatment of particular patient problems" (p.17). Therapeutic techniques relating to specific client problems have been delineated regarding a variety of client

issues including dealing with suppressed, unfinished emotional reactions (Daldrup, Beutler, & Greenberg, 1985); resolving splits (Greenberg, 1979, 1980a); resolving conflicts (Greenberg, 1983b); and training counsellors in Gestalt methods (Greenberg, 1980b). Kazdin (1986) also stresses the importance of specifying concrete procedures and of specifying the connection between treatment techniques and the specific dysfunction to be treated. The specific treatment techniques used in this study will be described in Chapter Three.

As has been pointed out (Kazdin, 1986; Orlinsky & Howard, 1986; and Strupp, 1978) these techniques must be related to a specific client problem. Battle et al (1966) have developed a means of identifying the specific problem or problems and measuring change in these complaints. The Target Complaint Measure (Battle et al, 1966) allows clients to identify their core concerns and to evaluate their improvement at the completion of treatment. Bergin and Lambert (1978) and Lambert, Shapiro and Bergin (1986) support the inclusion of this kind of global measure of client change in assessing therapeutic outcome.

Therapeutic interventions which add to the client's arousal are important to facilitate therapeutic change. Outcome is therefore optimized when clients are actively involved in the therapeutic process. Affective immediacy or

arousal seems to be significantly important in attaining benefits from the therapeutic involvement and those clients who experience affective discharge and "greater immediacy of affective expression tended quite consistently to experience better outcomes" (Orlinsky & Howard, 1986, p. 365). Stiles (1980, 1986), Stiles and Snow (1984a, 1984b) and Stiles, Tupler and Carpenter (1982) have explored the issue of client arousal and have developed the Session Evaluation Questionnaire (Stiles, 1984) to identify the client's perceptions of the session. The clients rate the smoothness and depth of the session and they also rate their mood along the dimensions of positivity and arousal. This measure allows clients to quantify their level of arousal and taps the issue of client arousal as an important element in facilitating client change.

Another component of therapeutic interventions identified by Orlinsky and Howard (1986) is that of treatment integrity, or the extent to which treatment has been carried out as intended. This needs to be distinguished from differentiation of one treatment from another (Kazdin, 1986). Once the treatment techniques have been clearly delineated it is important to be able to determine not only that they occurred but also to measure to what extent they were carried out. In this study two interventions were used and were measured with scales specifically designed for this purpose. Carkhuff (1969)

devised a five-point scale to measure the extent to which empathic reflection was carried out. A five-point scale has also been devised to rate the occurrence of the Gestalt empty-chair dialogue. Both were used to establish treatment integrity.

The third element identified by Orlinsky and Howard (1986) is that of the therapeutic bond. The importance of the therapeutic relationship or bond has been extensively documented (Barrett-Lennard, 1962, 1982, 1986; Carkhuff, 1969; Greenberg, 1981, 1982; Gurman, 1977; Horvath & Greenberg, 1986; Mitchell, Bozarth & Krauft, 1977; Truax & Carkhuff, 1967; Truax & Wargo, 1966). Orlinsky and Howard (1986) describe this bond as feeling solid, resonant and warm to both therapist and client and conclude that the quality of this bond is an extremely important factor in client outcome. One of the most important aspects of this bond is therapist empathy which has been discussed in detail elsewhere in this review. It is important to note that there is "very strong evidence indicating that therapist empathy makes an important contribution to patient benefit when empathy is measured as perceived by patients" (Orlinsky & Howard, 1986, p.344). This position is also supported by Barrett-Lennard (1962, 1982, 1986), Greenberg and Pinsof (1986), and Orlinsky and Howard (1978). Barrett-Lennard (1964) designed the Relationship Inventory to assess the various components of the client-therapist relationship

including therapist empathy as perceived by the client. Support for the importance of the therapeutic relationship is reported by Lambert, Shapiro and Bergin (1986) to apply to behavioural therapists as well.

In addition to the importance of the relationship is the issue of the working alliance that exists between client and therapist. Bordin (1979) identified the three components of this alliance as task, bond and goal. Horvath and Greenberg (1986) describe the development of a measure, the Working Alliance Inventory, which was designed to assess these components of the therapeutic relationship and they stated that the task dimension seems to be most predictive of outcome. The concept of the working alliance is one which adds to our understanding of the therapeutic relationship and one which is seen to enhance the client-therapist bond. The positive quality of the bond between therapist and client is considered to be an "extremely important factor in patient outcome" (Orlinsky & Howard, 1986, p. 357).

The fourth element described by Orlinsky and Howard (1986) which has an important bearing on therapeutic outcome is the concept of patient self-relatedness or the ability of clients to be open to their feelings. Client-centered therapies encourage clients to be more open to their feelings and to be more aware of their thoughts and wishes.

From the viewpoint of client-centered therapies "experience and acceptance of previously denied feelings ... appears to be the major mechanism of change" (Greenberg & Safran, 1987, p. 46). Gestalt theory views emotion as a biologically adaptive orientation system that continually informs us of our experience in the world (Greenberg & Safran, 1987). Awareness of emotions is essential and the Gestalt approach states that it is often the blocking of emotions before they enter awareness that leads to incomplete experience and unfinished business. It is by re-entering the painful feelings and re-experiencing the blocked emotions that clients change. Greenberg (1979, 1980a, 1982, 1983b) concluded in his writings on the resolution following two-chair Gestalt work that a critical aspect of resolution and client change was the "softening" of the harsh external critic and the adoption of a more internally focused stance.

Feelings are a valued part of our experience and it is important to become aware of and responsive toward the actions inherent in these feelings. Often these feelings are in relationship to a significant person in our lives and it is by acknowledging these feelings and allowing their expression that change may occur. Although this expression does not necessarily need to occur in the presence of the other person, it may be necessary to be able to assess the change in these feelings. Wiggins (1979, 1980, 1982) and Wiggins and Broughton (1985) have investigated the realm of

interpersonal behaviour and have explored ways to detect changes in feelings toward another person. Wiggins (1982) reviewed the development of circumplex models of interpersonal behaviour which have been designed to describe the universe of content of interpersonal behaviour. Wiggins (1980) suggests that the circumplex model is "particularly well-suited for representing the fuzzy boundaries and continuous ... class membership of adjectives describing interpersonal qualities" (p. 269). Wiggins (1979, 1982) and Wiggins and Broughton (1985) also feel that this format would prove useful in the study of interpersonal perception and personality research and they have developed two adjective scales using this format. One such scale is the Affective Reactions Questionnaire (1984) which is designed to capture an individuals' feelings towards a significant or target person. This scale facilitates the sampling of these specific feelings at varying points in the therapeutic process and provides a measurement of change in these feelings at the conclusion of therapy.

The last element discussed by Orlinsky and Howard (1986) is that of therapeutic realization which they limit to those signs within the therapeutic process that indicate that therapy is making a positive impact. Stiles (1980), Stiles and Snow (1984a, 1984b), and Stiles, Tupler and Carpenter (1982) in their research have focused on the immediate impact of therapy as rated by both the client and

the therapist. The mood dimension of the Session Evaluation Questionnaire measures post-session mood and provides a method of capturing the immediate impact of each session. Greenberg's (1979, 1980a, 1982, 1983b) description of the "softening" of the harsh critic is a further indication of therapeutic impact. This softening may also reflect a shift in feeling towards a significant other person in the client's life.

This overview of outcome research highlights the multiplicity of factors that need to be considered when conducting psychotherapy research. A consistent finding is the importance of clearly delineating the differential treatments to be used and of specifying the client issue to be examined. It is also apparent that these treatments must take place within an empathic relationship and that the interventions used are additive to that relationship. In the current study two treatments were used: empathic reflection and empathy plus the Gestalt empty-chair technique. The client issue that was investigated was that of unfinished business.

Chapter III

METHODOLOGY

This chapter will present the instruments used in the study and briefly discuss their composition and reliability. The design, population, sampling and data collection and analysis will be described and the therapists and raters will be characterized. A description of the treatments used will be included.

Participants in the Study

Subjects

Subjects were solicited from students enrolled in the first year of a Master's Degree program in Counselling Psychology at the University of British Columbia. They were told that the study was an investigation of unfinished business and were asked to think of a personally meaningful issue to discuss. The subjects were not informed of any of the variables under consideration. The amount of time and the activities were described in superficial terms (ie. complete a number of pencil and paper measures, participate in two counselling sessions as a client, etc.). A pool of 41 volunteers was solicited from eight different classes containing between 10 and 20 students each. Twenty-eight

subjects were randomly selected from this pool of volunteers.

The subjects ranged in age from 24 to 52 years and included 7 men and 21 women. Some of the subjects had taken only one introductory course in the program and others had completed seven courses. The subjects were asked to rate the amount of change they felt they had experienced during the past year on a rating scale ranging from "1" - "no change"; through "3" - "somewhat"; to "5" - "maximum". The scores in both groups ranged from "2" to "5" with the mean for the Gestalt group being 3.6 and the mean for the Empathy being 3.5. Both groups, therefore, showed diversity in the experience they brought to the study and in their self-perceptions of change throughout the past year.

The selected volunteers were randomly assigned to either the Gestalt empty-chair condition or the empathic reflection group. After the subjects were randomly assigned each subject was individually given a brief introduction to the issue of unfinished business and then presented with a rationale for the use of the form of therapy each was to experience.

Therapists

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

Each therapist saw four clients, two using the Gestalt empty-chair technique and two using Empathic reflection. Therapists were randomly assigned treatment modalities insuring that half the therapists used Gestalt empty-chair technique with their first subject and half used empathic reflection with their first subject.

Raters

Two raters were used to ensure that the therapists used the assigned operation in both the empathic reflection sessions and the sessions in which the Gestalt empty-chair technique was used. The raters were graduating students in the Masters program in Counselling Psychology at the University of British Columbia. The raters had a minimum of 100 hours of training in the Egan model and at least 100

hours of training in Gestalt therapy including training in the Gestalt empty-chair procedure.

The videotapes from the empathic reflection sessions were submitted to two raters who rated therapist responses from Level 1 to Level 5 on the Carkhuff Scale (Carkhuff, 1969) in which Level 3 is considered to be minimally facilitative. The raters listened to two five-minute segments taken at approximately the 15 minute mark and the 35 minute mark in each session and determined whether each segment was at least minimally facilitative on the Carkhuff scale. None of the segments warranted a rating of less than 3.0. Therefore all sessions were retained.

Videotapes of the Gestalt empty-chair sessions were submitted to two raters to ensure that the Gestalt empty-chair dialogue occurred. A five point scale ranging from "Not at all", through "A little", "Somewhat" and "Mostly" to "All the time" was used. The raters used clinical judgement to determine where on the scale the segments were placed. The raters were to determine that at least the middle rating of "Somewhat" occurred.

A ten-minute segment was selected and given a combined rating. The rating scale described above was used to determine to what extent the Gestalt empty-chair technique occurred. Clinical judgement was used to determine that the

operation was performed adequately. Both raters confirmed the occurrence of the Gestalt empty-chair dialogue in all Gestalt sessions. Both raters also confirmed that a minimum rating of "Somewhat" occurred in all Gestalt sessions. Therefore, all sessions were retained.

Measuring Instruments

Overview

The measuring instruments in this study served a number of purposes. Subject description instruments were used to describe the subjects and to gain client information. Relationship instruments were used to determine those clients who were engaged in the therapeutic process and those who were not. Outcome instruments were used to measure the dependent variables of target complaints and emotional reaction to the significant other. Session instruments were used to measure the amount of discomfort associated with the presenting complaint and to measure the client's perception of the session and post-session mood.

Subject Description Instruments

The Sixteen Personality Factor Questionnaire (16-PF)

The Sixteen Personality Factor Questionnaire (Cattell, Eber, & Taksuoka, 1970) was chosen to describe the subjects. Two factors, Factor C and Factor Q4, were administered to all the subjects prior to the first experimental session. Factor C, a measure of ego strength, was the first primary source trait selected as it was felt that a low score on this factor would negatively impact on the counselling sessions. Factor Q4, considered a measure of general frustration, and ranging from relaxed, tranquil, torpid, and unfrustrated to tense, frustrated, driven and overwrought was the second primary source trait selected.

The 16-PF is a standardized objectively scored personality test which independently measures sixteen factor-analytically determined personality variables and four secondary dimensions incorporating broader personality traits. These factors rest within the context of a general theory of personality and are based on a population of normal and clinical subjects.

A comprehensive review of the 16-PF is available in the Handbook for the 16-PF (Cattell, Eber, & Taksuoka, 1970). The validity and reliability of the 16-PF have been extensively researched. Test-retest reliability are from

(.58) to (.92) for each source trait on the test with a 2 to 7 day interval and from (.36) to (.88) with a 2 to 48 month interval. Direct validities range from (.44) to (.92) and indirect validities from (.63) to (.96).

Subjective Client Information

Three client report forms (Questionnaire A, Questionnaire B and Questionnaire C) were administered to all subjects to gain subjective information about the subject's involvement in therapy and to assess their perception of change in their reaction to the significant other. It was also important to determine if any unusual occurrences had taken place between the two experimental sessions which may have had an impact on the outcome of these sessions and which might have been more responsible for change than the treatment sessions.

Relationship Instruments

Barrett-Lennard Relationship Inventory (RI)

The Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1964) was designed to measure the client's perception of the counsellor's warmth, congruence, empathy and positive regard. The RI is based on Roger's statement that "it is the quality of the interpersonal encounter with the client which is the most significant element in

determining effectiveness" (Rogers, 1971, p. 85) and on Rogers' belief that the client must perceive these qualities for change in behaviour to occur. For the purposes of this research only the sixteen items comprising the empathy subscale were used to measure the subject's perception of the therapist's understanding. The items range from "Yes, I strongly feel that it is true" through four intermediate stages to "No, I strongly feel that it is not true". There is no neutral or midpoint category to ensure that subjects make a selection in the "yes" or "no" direction, however tentative this choice may be. The empathy scale of the RI was administered after the completion of the second experimental session.

Barrett-Lennard (1962) reported split-half reliability coefficients for empathic understanding of (.86). Gurman (1977) confirmed the stability of these findings in a review of fourteen studies of internal reliability and ten studies of test-retest reliability. He found internal reliabilities across the 24 studies for empathy to be (.84) and test-retest reliabilities for empathy of (.85). Barrett-Lennard (1986) stated that there was evidence of content validity and "extensive and strong evidence of (predictive) construct validation" (p. 459).

Barrett-Lennard (1981) delineated a sequence of three distinct stages involved in the process of empathic

interaction: empathic resonance by the therapist to the expression of the client; the therapist's communicative expression or expressed empathy; and received empathy as perceived by the client. In 1986 he reviewed the theory, method and uses of the RI over its 25 year history. In both articles he stressed that the OS form of the RI taps the receiving person's description of the other's response within the relationship or Phase 3 empathy. In this study the OS Form of the RI was used to assess the subject's perception of received empathy.

Working Alliance Inventory (WAI)

The Working Alliance Inventory (Horvath, 1982) is a 36-item self-report instrument designed to assess the relationship of the working alliance to outcome along three dimensions: Task, Bond and Goal. This instrument was designed to sample the therapeutic alliance in the early stages of the relationship. For each item the subjects rate their perceptions of their therapist along a fully anchored seven-point Likert scale ranging from "never" through "sometimes" to "always".

Horvath and Greenberg (1986) reported research on the Revised WAI which yielded the following coefficients of reliability: Goal (.89), Task (.92), and Bond (.92). They suggest that the Task dimension of the WAI seems to be the most useful predictor of all aspects of therapy outcome and

that this dimension "may be a critical component in psychotherapy process across a variety of intervention strategies" (p. 553). In the present study only the Task dimension of the WAI was administered in order to measure the subject's engagement in therapy in both experimental situations. This dimension was administered after the completion of the second experimental session.

Outcome Measures

Target Complaints Measure (TC)

The Target Complaints Measure (Battle, Imber, Hoehn-Saric, Stone, Nash, & Frank, 1966) is an instrument designed to enable the client to identify the primary problems causing distress before beginning treatment. Following treatment the client is asked to rate changes in each complaint on a five-point scale ranging from "Worse" to "No change" to "A little better" to "Somewhat better" to "A lot better".

Battle et al (1966) reported highly reliable severity ratings of pre-session and post-session complaints. They developed the Target Complaint Discomfort Box Scale to assess the degree of discomfort caused by each complaint and to gauge the reliability of target complaint severity. This instrument is detailed in the section describing session measures.

Battle et al (1966) cite evidence for the validity of the TC measure by analyzing and comparing its mean target complaint improvement scores with the results of four other outcome measures. The TC correlated to a significant degree with all four measures.

In this study subjects were asked to identify their one core complaint regarding the significant other before the experimental sessions began and to rate changes in this complaint following the second experimental session and again one week later.

Affective Reactions Questionnaire (ARQ)

The Affective Reactions Questionnaire was designed by Wiggins (1984) to measure an individuals emotional reaction to another person. The ARQ is a two-dimensional circumplex model of interpersonal feelings consisting of eight four-item single adjective scales with each end representing semantically bipolar opposite variables. The eight dimensions were collapsed into four scales by reversing the weighting on one end of the bipolar pairs and combining the scores. The resulting scales were titled Confident, Superior, Intolerant and Discouraged.

Subjects are asked to indicate how accurately an adjective described their current feelings towards a significant other on an eight-place Likert scale ranging

from "1" - extremely inaccurate, through "4" - slightly inaccurate, to "8" - extremely accurate. The ARQ was administered three times; before the first and after the second experimental session and one week after the second session.

Session Measures

Session Evaluation Questionnaire (SEQ)

Stiles' Session Evaluation Questionnaire (1984) consists of twenty-four bipolar adjective scales presented in a seven-point semantic differential format and is designed to measure session impact. The subjects were asked to place an "X" on the line for each of twelve adjective pairs responding to the phrase "This session was....." and for each of twelve different adjective pairs responding to the phrase "Right now I feel.....". The SEQ yields results along two dimensions of participants' perceptions of therapy sessions; Smoothness and Depth; and along two dimensions of post-session mood; Positivity and Arousal.

Stiles and Snow (1984b) reported inter-correlations for client level comparisons with therapist variance removed as follows: Depth (.84 to .89); Smoothness (.79 to .91); Positivity (.76 to .92); and Arousal (.61 to .84) and inter-correlations across sessions with the effects of therapist-client pairs removed as follows: Depth (.74 to

.82); Smoothness (.77 to .87); Positivity (.76 to .85); and Arousal (.54 to .79). Stiles and Snow (1984a) estimated that three to six sessions would be needed to attain a test-retest reliability of (.80) to obtain a reliable differentiation among dyads on each index.

The SEQ was administered after each experimental session to both the subjects and the therapists independently.

Target Complaints Discomfort Box Scale (TCDBS)

The subjects used the Target Complaints Discomfort Box Scale to rate the amount of discomfort associated with the presenting target complaint as identified by the Target Complaint Measure described above. Battle et al (1966) devised the TCDBS as a vertical column divided into thirteen boxes. The words "not at all" are printed beside the bottom box; "a little" by the fourth box from the bottom; "pretty much" by the seventh box; and "couldn't be worse" by the top or thirteenth box.

In a reliability study Battle et al (1966) found the correlation between the pre-session ranks for the original prior complaints was (.68). The severity ratings of the target complaints did not change to a significant degree leading the authors to conclude that the TCDBS produced reliable results.

The instrument was used to rate the subjects' discomfort regarding the target complaint before and after each experimental session for a total of four ratings.

Therapist Questionnaire (TQ)

The TQ was administered after each session to determine the therapist's perception of the intervention performed and to assess the therapist's view of the resolution achieved by the subject.

Description of Treatments

Gestalt Empty-Chair Dialogue

The Gestalt empty-chair dialogue is an active technique designed to access unexpressed emotions and facilitate their full expression and integration into the individual's emotional schema. Three processes seem to be involved in this work: arousal; expression; and recovery and completion (Greenberg, 1986a).

In the arousal stage the client is asked to imagine the significant other person in the empty chair and to make contact. This will involve the client's preferred sense modality - perhaps visualizing this person or imagining hearing the person's voice. The focus is on intensifying the image so that emotional arousal is experienced by the client.

The central part of the process is expression. Once the client has imagined the other person in the empty chair the client is then asked what he/she is experiencing. Initially this experience may be expressed as a complaint which is viewed as confluent anger and hurt which must be separated and allowed independent expression. This expression is intensified through the use of a variety of techniques including repetition of phrases or actions; feeding sentences; highlighting non-verbal activity; and the use of reversals, such as supporting a client's resistance to crying by having them say "I don't want to cry". The majority of the time is spent in the self chair with the empty-chair serving as a stimulus object to intensify the experience of the client. The intent is not to develop a dialogue which would decrease the affective expression.

The process involved seems to involve a regression of the client back to childhood when the original blocking of emotional expression first occurred. It is important to allow the resentments about what was not available to be clearly stated. Following the statement of resentments it is crucial to express the demand for what was really needed. With this demand and expression of need the grieving cycle can be initiated and the sadness at the loss can be expressed. There are two components to the loss: what was needed as a child and not received; and what is lost by giving up the resentments.

Expression is close to completion when there is a letting go from the client. This usually involves a recognition that what was desired will not take place accompanied by a letting go of the expectation of having this need fulfilled. There is a sense of no longer trying to make it different. Completion may take a number of forms: forgiveness - a signal of softening and a sign that the client has completed the unfinished business; an action tendency may emerge - a decision may be made to talk to the significant other; a temporary goodbye - the client may not yet feel finished or the client may not want to let go of an emerging positive feeling towards the significant other; or an impasse may emerge - this may involve resignation that the situation hasn't changed or may involve a statement that forgiveness is impossible.

Resolution involves a sense of closure, of saying what had not been previously expressed by both the client and the significant other. This often involves a statement of needs followed by a statement of caring. A final step in completing unfinished business work involves creating a meaning bridge by linking the work to the client's current life experience.

Empathic Reflection

Carkhuff (1969) developed eight training guidelines for the communication of empathy. These are designed to communicate to the client a depth of understanding of his/her difficulties so that the client may clarify self-understanding and the understanding of others. Carkhuff (1969) states that the helper will find most effectiveness in communicating empathic understanding when

1. concentrating intensely upon the helpee's expressions, both verbal and nonverbal,
2. concentrating upon responses that are interchangeable with those of the helpee,
3. formulating responses in language that is most attuned to the helpee,
4. responding in a feeling tone similar to that communicated by the helpee,
5. communicating empathic understanding when he (the helpee) is most responsive,
6. moving tentatively toward expanding and clarifying the helpee's experiences at higher levels,
7. concentrating upon what is not being expressed by the helpee,
8. employing the helpee's behavior as the best guideline to assess the effectiveness of his (the helper's) responses.

(p. 202-204)

Procedure

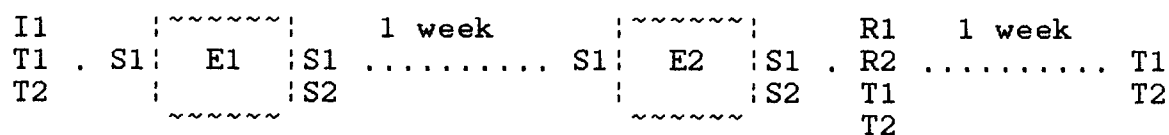
Before the first session subjects were asked to complete the abbreviated form of the 16-PF, and the Affective Reactions Questionnaire (ARQ) and they were asked to identify their core complaint using the Target Complaint (TC) Measure. Following a short break the subjects participated in an individual induction session. They were briefed on the form of therapy they were to receive and a rationale was presented for its use in the resolution of unfinished business. The subjects then completed Questionnaire A before beginning their first counselling session. Following the session the subjects completed the Session Evaluation Questionnaire (SEQ) and Questionnaire B.

A week later the subjects returned for their second session. Before this session subjects completed Questionnaire C. After the session the subjects completed the SEQ, Questionnaire B, the Task dimension of the Working Alliance Inventory and the Empathy scale of the Barrett-Lennard Relationship Inventory. The subjects then completed the ARQ and the TC Measure.

The subjects took home a packet containing the ARQ and the TC Measure to be completed one week following the second session and to be returned in an enclosed addressed

FIGURE 2

ORDER OF ADMINISTRATION OF
MEASURING INSTRUMENTS



I1 16-FF: Factor C and Factor Q4

T1 Target Complaint Measure (TC)

T2 Affective Reactions Questionnaire (ARQ)

S1 Target Complaint Discomfort Box Scale (TCDBS)

S2 Session Evaluation Questionnaire (SEQ)

R1 Barrett-Lennard Relationship Inventory (RI)
 - Empathy Scale

R2 Working Alliance Inventory (WAI)
 - Task Dimension

E1 First Experimental Session

E2 Second Experimental Session

stamped envelope. Figure 2 shows a summary of the measures administered.

Follow-up phone calls were made to the subjects on the day the take-home measures were to be completed. Two subjects failed to return the forms. Their data were treated as if their follow-up responses were identical to those made following the second session.

Prior to administering any of the measures signed permission was obtained from each subject to audiotape and videotape the sessions. All counselling sessions were audiotaped and videotaped with the exception of one subject who withheld permission to videotape the sessions. In the case of this subject the audiotapes were used by the raters to determine if the therapeutic intervention had occurred. Following each session the therapists completed the Therapist Questionnaire and the SEQ.

Scoring

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

Design and Analysis

The design employed in this study was a modification of the Pretest-Posttest-Control Group Design (Borg and Gall, 1982) employing two different experimental treatments rather than an experimental and a control group. A counterbalanced design was used in which all therapists used both treatment techniques and the order of administering was varied so that half the therapists began with empathic reflection and half began with empathy plus the Gestalt empty-chair technique. This design was used to eliminate the potential confounding effects between the therapists characteristics and treatment differences.

The major analysis used to measure treatment effect was a multivariate analysis of variance with repeated measures on the Affective Reactions Questionnaire. An analysis of variance with repeated measures was used to analyze the Target Complaint Measure which measured self-reported change as a result of treatment.

The session data were analyzed using an analysis of variance with repeated measures on the Target Complaint Discomfort Box Scale which measured session change and a multivariate analysis of variance with repeated measures was used to analyze the Session Evaluation Questionnaire which measured session effect and post-session mood.

The Working Alliance Inventory and the Barrett-Lennard Relationship Inventory were analyzed using a t-test to assess the subject-therapist relationship and to control for the effect of non-engagement on the treatment outcome.

Chapter IV

RESULTS

This chapter presents the results of the statistical analyses performed on the treatment and session outcome measures. The results of analysis of variance with repeated measures were used to determine the differential effects of empathic reflection and empathy plus the Gestalt empty-chair dialogue on one outcome measure - the Target Complaint Measure (Battle et al, 1966) and one session measure - the Target Complaint Discomfort Box Scale (Battle et al, 1966). A multivariate analysis of variance with repeated measures was performed on the second outcome measure - the Affective Reactions Questionnaire (Wiggins, 1984) and the second session measure - the Session Evaluation Questionnaire (Stiles, 1984). T-tests were used to analyze the relationship instruments; the Empathy scale of the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1964) and the Task dimension of the Working Alliance Inventory (Horvath, 1982).

Subject Description Instruments

The Sixteen Personality Factor Questionnaire

A t-test was used to determine if there was a difference between the two groups on Factor C, the measure of ego strength. A t-value of 1.07 was found which indicated that no significant difference ($p=.295$) existed between the two conditions at the $\alpha=.05$ confidence level. Both groups scored sten 4 or above on Factor C with the means for each group falling within the 'average' range as defined by Cattell, Eber, and Taksuoka (1970).

A t-test was used to determine if there was a difference between the two groups on Factor Q4, a measure of general frustration. A t-value of -0.32 was found which indicated that no significant difference ($p=.750$) existed between the two conditions at the $\alpha=.05$ confidence level. The scores for both groups fell between sten 3 and sten 8 with the mean for each group falling within the 'average' range as defined by Cattell, Eber, and Taksuoka (1970).

Subjective Client Information

The subjective measures indicated that all subjects felt they were involved in the therapeutic process. No significant events occurred for any of the subjects during the period between the two sessions which were considered to have had a significant effect on the therapy.

Relationship Instruments

Barrett-Lennard Relationship Inventory (RI)

The subjects' perception of their therapist's empathy was determined according to the empathy scale of the Barrett-Lennard Relationship Inventory. In order to be perceived as minimally facilitative, therapists had to obtain a minimum score of 16 on the scale, out of a possible maximum of 48. Four subjects, two from the Gestalt condition and two from the empathic condition, rated their therapists lower than 16 on the empathy scale of the RI. These subjects were removed from the study because they did not perceive their therapists as being minimally empathic. As a result 24 subjects were considered to have participated in the study, 12 in the Gestalt condition and 12 in the empathic condition. The mean score for the therapists remaining in the study was 34.26, with a standard deviation of 7.66.

A t-test was used to determine if there was a difference between the two groups in perceived empathy of the therapists. A t-value of 1.23 was found which indicated that no significant difference ($p=.231$) existed between the two conditions at the $\alpha=.05$ confidence level. The means and standard deviations of the two groups may be found in Table 1 and indicate that the mean for the empathy plus Gestalt group (32.18) was lower than that for the empathic reflection group (36.17).

TABLE 1

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

TREATMENT GROUP	MEAN	STANDARD DEVIATION
Empathy plus Gestalt Empty-Chair Dialogue	32.1818	7.653
Empathic Reflection	36.1667	7.826

* Administered after the second session.

TABLE 2

MEANS AND STANDARD DEVIATIONS OF
THE WORKING ALLIANCE INVENTORY
TASK DIMENSION SCORES *

TREATMENT GROUP	MEAN	STANDARD DEVIATION
Empathy plus Gestalt Empty-Chair Dialogue	49.4167	3.343
Empathic Reflection	47.4167	4.274

* Administered after the second session.

Working Alliance Inventory (WAI)

A t-test was used to analyze the Task dimension of the WAI to determine if there was a difference in the subjects' perception of their therapists' ability to stay on task. A t-value of -1.28 was found which was not significant ($p=.22$) at the $\alpha=.05$ confidence level. The means and standard deviations for the two groups may be found in Table 2 and indicate that the mean (49.42) for the empathy plus Gestalt group was slightly higher than the mean (47.42) for the empathic reflection group.

Outcome Measures

Target Complaint Measure (TC)

An analysis of variance with repeated measures was performed on the TC Measure because this instrument was administered twice - immediately following the completion of the second experimental session (Score 1) and again one-week later (Score 2).

Analysis of variance of these results (Table 3) revealed that there was no significant difference at the $\alpha=.05$ confidence level although there was significance at the $\alpha=.10$ confidence level between the two groups when the effect of time and therapy were combined ($p=.067$). Those receiving the empathy plus Gestalt condition showed more

TABLE 3
ANALYSIS OF VARIANCE WITH REPEATED MEASURES OF
TARGET COMPLAINT MEASURE SCORES

SOURCE	SUM OF SQUARES	DEGREES OF FREEDOM	MEAN SQUARES	F RATIO	PROBABILITY
Between Therapies	1.333	1	1.333	0.630	0.436
S-within therapies	46.583	22	2.117		
Between Time	0.750	1	0.750	2.084	0.163
S-interacting with time	7.917	22	0.360		
Therapies X Time	1.333	1	1.333	3.705	0.067

TABLE 4
MEANS AND STANDARD DEVIATIONS OF
TARGET COMPLAINT MEASURE SCORES

<u>TIME</u>	<u>MEANS</u>		<u>STANDARD DEVIATIONS</u>	
	<u>GESTALT</u>	<u>EMPATHY</u>	<u>GESTALT</u>	<u>EMPATHY</u>
Post- Session 2	3.667	3.667	0.985	0.985
Follow-up	3.750	3.083	0.662	1.621

change at follow-up on their presenting target complaint at the $\alpha=.10$ level than those receiving empathic reflection.

The means (Table 4) for Score 1 were the same (3.67) for both the empathy plus Gestalt empty-chair condition and for the empathic reflection group. This value rests between "A little better" and "Somewhat better".

The means for Score 2 differed with the empathy plus Gestalt empty-chair group increasing the amount of perceived change slightly to a mean of 3.75 and the empathic reflection group decreasing the amount of felt change to a mean of 3.08.

Affective Reactions Questionnaire (ARQ)

A multivariate analysis of variance was performed on the Affective Reactions Questionnaire to take into account the four combined dimensions of this measure as well as accounting for it being administered on three occasions: Time 1 - before treatment; Time 2 - after treatment; Time 3 - one week after termination.

The Affective Reactions Questionnaire yields eight scales measuring interpersonal feelings toward a significant other on the following dimensions: PA - Confident; BC - Superior; DE - Intolerant; FG - Discouraged; HI - Insecure; JK - Humble; LM - Receptive; NO - Enthusiastic.

The PA and HI dimensions were combined to form the Confident dimension: the BC and JK dimensions were combined to form the Superior dimension: the DE and LM dimensions were combined to form the Intolerant dimension: and the FG and NO dimensions were combined to form the Discouraged dimension.

An item analysis (Table 5) was conducted on the combined dimensions which yielded the following results. The inter-item internal consistency reliability coefficients were as follows: scores for the Confident dimension averaged 0.73; scores for the Superior dimension averaged 0.59 with a low of 0.43 at post-therapy administration; scores for the Intolerant dimension averaged 0.82; and scores for the Discouraged dimension averaged 0.87. These results indicated that the Confident, Intolerant and Discouraged dimensions measure discrete variables. However the Superior dimension does not display reliability over time and it does not appear to measure a discrete variable. It appears that the data generated in this study don't adequately measure the Superior dimension and it was therefore eliminated from the multivariate analysis of variance.

The subtest intercorrelations (Tables 6 and 7) are all low except for the correlation of .77 between Intolerant and Discouraged on the pre-therapy administration; a

correlation of .67 on post-therapy administration; and a correlation of .61 between the same dimensions at follow-up.

The results of the multivariate analysis of variance are displayed in Table 8 which summarizes the results of the Hotellings multivariate analysis of variance. Only the terms tested for significance are displayed. A significant difference ($p=.045$) was found at the $\alpha=.05$ confidence level between the two groups when the effect of time and therapy were combined. The univariate results (Table 9) show that there was a significant difference at the $\alpha=.05$ confidence level on the Intolerant dimension ($p=.042$). An examination of the means of the Intolerant dimension (Table 11) indicates that the empathy plus Gestalt group decreased their level of intolerance from 40.25 at pre-therapy to 35.92 at follow-up and the empathic reflection group increased from 38.42 at pre-therapy to a high of 41.67 at post-therapy back to 38.00 at follow-up. The univariate results (Table 9) also indicate a significant difference at the $\alpha=.10$ confidence level on the Confident dimension ($p=.064$). The means for the Confident dimension (Table 10) indicate that the empathy plus Gestalt group increased their level of confidence from 34.75 at pre-therapy to 40.08 at follow-up while the empathic reflection group decreased from 38.25 at pre-therapy to a low of 35.83 at post-therapy to 37.33 at follow-up. The means for the Discouraged dimension are reported in Table 12 and indicate no

TABLE 5

ITEM ANALYSIS FOR AFFECTIVE REACTIONS QUESTIONNAIRE *

	OCCASION			DIMENSION MEANS
	PRE- TREATMENT	POST- TREATMENT	FOLLOW-UP	
Confident	0.51	0.81	0.88	0.73
Superior	0.60	0.43	0.74	0.59
Intolerant	0.68	0.91	0.86	0.82
Discouraged	0.82	0.89	0.91	0.87
<u>Totals</u>	0.75	0.80	0.87	

* internal consistency reliability coefficients

TABLE 6

SUBTEST INTERCORRELATIONS FOR
AFFECTIVE REACTIONS QUESTIONNAIRE *

	Con	Sup	Int	Dis
Confident	-----	0.157	-0.067	0.006
Superior	0.286	-----	-0.029	-0.028
Intolerant	-0.370	0.180	-----	0.774
Discouraged	-0.399	0.195	0.671	-----

* Entries above diagonal are for pre-therapy administration.
 Those below are for post-therapy administration.

TABLE 7
SUBTEST INTERCORRELATIONS FOR
AFFECTIVE REACTIONS QUESTIONNAIRE - FOLLOW-UP

	Con	Sup	Int	Dis
Confident	-----	0.525	0.095	-0.222
Superior		-----	0.259	0.016
Intolerant			-----	0.614
Discouraged				-----

TABLE 8
MULTIVARIATE ANALYSIS OF VARIANCE *
AFFECTIVE REACTIONS QUESTIONNAIRE

SOURCE	DEGREES OF FREEDOM	F RATIO	PROBABILITY
Between Subjects Therapies	1, 22	0.173	0.914
Within Subjects Time	2, 22	0.962	0.456
Therapies X Time	2, 22	2.264	0.045

* Hotellings multivariate analysis of variance

TABLE 9

UNIVARIATE RESULTS: THERAPY INTERACTING WITH TIMEAFFECTIVE REACTIONS QUESTIONNAIRE

VARIABLE	F RATIO	PROBABILITY
Confident	2.92082	0.064
Intolerant	3.39897	0.042
Discouraged	2.10284	0.134

TABLE 10

MEANS - CONFIDENT DIMENSIONAFFECTIVE REACTIONS QUESTIONNAIRE

	OCCASION			
	PRE	POST	FOLLOW-UP	TREATMENT MEANS
Gestalt	34.750	37.583	40.083	37.472
Empathy	38.250	35.833	37.333	37.139
Occasion Means	36.500	36.708	38.708	37.305

TABLE 11
MEANS - INTOLERANT DIMENSION
AFFECTIVE REACTIONS QUESTIONNAIRE

	OCCASION			
	PRE	POST	FOLLOW-UP	TREATMENT MEANS
Gestalt	40.250	35.917	35.917	37.361
Empathy	38.417	41.667	38.000	39.361
Occasion Means	39.334	38.792	36.956	38.361

TABLE 12
MEANS - DISCOURAGED DIMENSION
AFFECTIVE REACTIONS QUESTIONNAIRE

	OCCASION			
	PRE	POST	FOLLOW-UP	TREATMENT MEANS
Gestalt	44.833	41.417	40.417	42.222
Empathy	42.333	42.667	45.167	43.389
Occasion Means	43.583	42.042	42.792	42.806

significant differences between the two groups at the $\alpha=.05$ confidence level. The empathy plus Gestalt group significantly decreased their feelings of intolerance and increased their feelings of confidence in relation to the significant other as compared to the empathic reflection group which showed little change over the course of treatment in their feelings of intolerance and their feelings of confidence towards the significant other.

Session Measures

Target Complaint Discomfort Box Scale (TCDBS)

An analysis of variance with repeated measures was performed on the TCDBS because this instrument was administered on four occasions: Time 1 - before the first experimental session; Time 2 - after the first session; Time 3 - before the second experimental session; Time 4 - after the second session.

Analysis of variance of these results (Table 13) reveal that there was no significant difference between the two groups at the $\alpha=.05$ confidence level due to therapy alone ($p=.607$) or the when the effect of therapy and time were combined ($p=.211$). A significant difference ($p=.001$) was found between the four measurement occasions.

TABLE 13
ANALYSIS OF VARIANCE WITH REPEATED MEASURES OF
TARGET COMPLAINT DISCOMFORT BOX SCALE SCORES

SOURCE	SUM OF SQUARES	DEGREES OF FREEDOM	MEAN SQUARES	F RATIO	PROBABILITY
Between Therapies	3.762	1	3.762	0.273	0.607
S-within therapies	303.148	22	13.779		
Between Time	133.617	3	44.539	11.888	0.001
S-interacting with time	247.270	66	3.747		
Therapies X Time	17.361	3	5.787	1.545	0.211

TABLE 14
MEANS AND STANDARD DEVIATIONS OF
TARGET COMPLAINT DISCOMFORT BOX SCALE ANALYSIS

<u>TIME</u>	<u>MEANS</u>			<u>STANDARD DEVIATIONS</u>	
	<u>GESTALT</u>	<u>EMPATHY</u>	<u>COMBINED</u>	<u>GESTALT</u>	<u>EMPATHY</u>
1	8.667	7.583	8.125	2.188	2.539
2	7.833	6.500	7.167	2.209	3.119
3	5.750	6.500	6.125	2.379	3.261
4	4.917	5.000	4.959	1.505	2.374
<u>Occasion Means</u>	6.292	6.792	6.594		

The means and standard deviations of the TCDBS may be found in Table 14. The means reveal that both groups experienced a decrease in the discomfort caused by their target complaint. The mean for the Gestalt empty-chair condition dropped a total of 3.75 from 8.67 to 4.92 over the four occasions. The mean for the empathic reflection condition dropped a total of 2.58 from 7.58 to 5.00.

Session Evaluation Questionnaire (SEQ)

An multivariate analysis of variance was performed on the SEQ to account for the four dimensions of the instrument which was administered on two occasions: after each experimental session. This instrument was given to both the subjects and the therapists at each occasion.

The SEQ examines two dimensions of participants' perceptions of therapy sessions: Smoothness and Depth; and two dimensions of post-session mood: Positivity and Arousal. The subject data will be presented first. An item analysis (Table 15) was conducted which yielded inter-item internal consistency reliability coefficients ranging from 0.49 to 0.82 for the four dimensions over the two sessions. Total reliability coefficient for Session 1 was 0.81 and for Session 2 was 0.83. The subtest intercorrelations (Table 16) were all below 0.60. These results suggest that the dimensions measure discrete variables and warrant the use of a multivariate analysis of variance.

The results of the multivariate analysis of variance are reported in Table 17 which displays the Hotellings multivariate analysis of variance results. Only the items tested for significance are displayed. No significant differences were found between the two groups on any variable at the $\alpha=.05$ confidence level. The means for the Smoothness dimension are reported in Table 19; for the Depth dimension in Table 20; for the Positivity dimension in Table 21; and for the Arousal dimension in Table 22.

An item analysis was also conducted for the therapist results and the inter-item internal consistency reliability coefficients are reported in Table 23. The inter-item reliability coefficients ranged from 0.61 to 0.92 for the four dimensions over the two sessions. The total for Session 1 was 0.86 and for Session 2 was 0.85. Subtest intercorrelations (Table 24) show that all values were below 0.60. This suggests that each scale measures discrete variables and that the use of a multivariate analysis of variance is warranted.

The multivariate analysis of variance is reported in Table 25 which displays the Hotellings multivariate analysis of variance results. Only the items tested for significance are displayed. A significant difference was found between the two groups at the $\alpha=.05$ confidence level on the effect of therapy ($p=.044$). The univariate results (Table 26)

indicate that there is a significant difference ($p=.008$) between the two groups on the Smoothness dimension with the therapists rating the empathic reflection sessions as smoother than the empathy plus Gestalt sessions. The mean for the empathy plus Gestalt group for the two sessions was 21.25 and the mean for empathic reflection group for the two sessions was 25.83. The means for the two groups may be found in Table 27.

TABLE 15
ITEM ANALYSIS OF
SESSION EVALUATION QUESTIONNAIRE - SUBJECT DATA *

SUBTEST	OCCASION	
	SESSION 1	SESSION 2
Smoothness	0.65	0.79
Depth	0.82	0.78
Positivity	0.61	0.71
Arousal	0.49	0.67
<u>Totals</u>	0.81	0.83

* internal consistency reliability coefficients

TABLE 16
SUBTEST INTERCORRELATIONS
SESSION EVALUATION QUESTIONNAIRE - SUBJECT DATA *

	Smoothness	Depth	Positivity	Arousal
Smoothness	-----	0.435	0.562	0.048
Depth	0.242	-----	0.210	0.324
Positivity	0.547	0.472	-----	0.354
Arousal	0.025	0.168	0.300	-----

* Entries above the diagonal are for Session 1.
 Entries below the diagonal are for Session 2.

TABLE 17

MULTIVARIATE ANALYSIS OF VARIANCE* FOR
SESSION EVALUATION QUESTIONNAIRE - SUBJECT DATA

SOURCE	DEGREES OF FREEDOM	F RATIO	PROBABILITY
Between Subjects Therapies	1, 22	2.10295	0.120
Within Subjects Time	1, 22	0.71086	0.595
Therapies X Time	1, 22	0.59542	0.670

* Hotellings multivariate analysis of variance

TABLE 18

UNIVARIATE RESULTS: THERAPY MAIN EFFECT
SESSION EVALUATION QUESTIONNAIRE - SUBJECT DATA

VARIABLE	F RATIO	PROBABILITY
Smoothness	3.99765	0.058
Depth	2.54752	0.125
Positivity	0.48063	0.495
Arousal	1.36710	0.255

TABLE 19
MEANS - SMOOTHNESS DIMENSION
SESSION EVALUATION QUESTIONNAIRE - SUBJECT DATA

	OCCASION		
	SESSION 1	SESSION 2	TREATMENT MEANS
Gestalt	23.167	21.250	22.209
Empathy	23.167	24.500	23.834
Occasion Means	23.167	22.875	23.021

TABLE 20
MEANS - DEPTH DIMENSION
SESSION EVALUATION QUESTIONNAIRE - SUBJECT DATA

	OCCASION		
	SESSION 1	SESSION 2	TREATMENT MEANS
Gestalt	29.083	29.667	29.375
Empathy	26.250	27.417	26.834
Occasion Means	27.667	28.542	28.104

TABLE 21
MEANS - POSITIVITY DIMENSION
SESSION EVALUATION QUESTIONNAIRE - SUBJECT DATA

OCCASION			
	SESSION 1	SESSION 2	TREATMENT MEANS
Gestalt	21.417	22.333	21.875
Empathy	21.750	23.917	22.834
Occasion Means	21.584	23.125	22.354

TABLE 22
MEANS - AROUSAL DIMENSION
SESSION EVALUATION QUESTIONNAIRE - SUBJECT DATA

OCCASION			
	SESSION 1	SESSION 2	TREATMENT MEANS
Gestalt	15.250	14.500	14.875
Empathy	15.583	18.250	16.917
Occasion Means	15.417	16.375	15.896

TABLE 23
ITEM ANALYSIS FOR
SESSION EVALUATION QUESTIONNAIRE - THERAPIST DATA *

SUBTEST	OCCASION	
	SESSION 1	SESSION 2
Smoothness	0.73	0.81
Depth	0.92	0.85
Positivity	0.61	0.77
Arousal	0.65	0.61
<u>Totals</u>	0.86	0.85

* internal consistency reliability coefficients

TABLE 24
SUBTEST INTERCORRELATIONS FOR
SESSION EVALUATION QUESTIONNAIRE - THERAPIST DATA *

	Smoothness	Depth	Positivity	Arousal
Smoothness	-----	0.498	0.407	0.089
Depth	0.061	-----	0.550	0.134
Positivity	0.313	0.503	-----	0.334
Arousal	0.079	0.368	0.566	-----

* Entries above the diagonal are for Session 1.
 Entries below the diagonal are for Session 2.

TABLE 25

MULTIVARIATE ANALYSIS OF VARIANCE* FOR
SESSION EVALUATION QUESTIONNAIRE - THERAPIST DATA

SOURCE	DEGREES OF FREEDOM	F RATIO	PROBABILITY
Between Subjects Therapies	1, 22	3.02121	0.044
Within Subjects Time	1, 22	1.15119	0.363
Therapies X Time	1, 22	1.14872	0.364

* Hotellings multivariate analysis of variance

TABLE 26

UNIVARIATE RESULTS: THERAPY MAIN EFFECT
SESSION EVALUATION QUESTIONNAIRE - THERAPIST DATA

VARIABLE	F RATIO	PROBABILITY
Smoothness	8.39218	0.008
Depth	0.85443	0.365
Positivity	1.96770	0.175
Arousal	0.02466	0.877

TABLE 27

MEANS - SMOOTHNESS DIMENSIONSESSION EVALUATION QUESTIONNAIRE - THERAPIST DATA

	OCCASION		
	SESSION 1	SESSION 2	TREATMENT MEANS
Gestalt	20.083	22.417	21.250
Empathy	24.750	26.917	25.833
Occasion Means	22.417	24.667	23.542

Chapter V

DISCUSSION

The purpose of this study was to investigate the specific client issue of unfinished business, and to compare the effectiveness of empathic reflection and empathic reflection plus the Gestalt empty-chair technique on resolution. The analogue format was chosen to assess the differential effects of these two treatments on the subject's feelings toward the significant other and their perception of felt change towards their initial complaint.

The investigator measured the differential treatment effects using two treatment outcome measures: the Target Complaint Measure and the Affective Reactions Questionnaire. Differential session effects were measured using the Target Complaint Discomfort Box Scale and the Session Evaluation Questionnaire. Subject's perception of their therapist's empathy was measured using the Barrett-Lennard Relationship Inventory, and the Working Alliance Inventory was used to measure the subject's perception of the therapist's on-task behaviour.

Interpretation of Findings

The research supports the importance of therapy taking place within the context of a good working relationship and stresses the necessity of an empathic relationship to facilitate client change (Carkhuff, 1969; Greenberg, 1983; Gurman, 1977; Lambert, Shapiro & Bergin, 1986; Mitchell, Bozarth & Krauft, 1977; Orlinsky & Howard, 1978, 1986; Patterson, 1984; Rogers, 1957; Truax & Carkhuff, 1967; Truax & Mitchell, 1971; and Truax & Wargo, 1966). The empathy scale of the Barrett-Lennard Relationship Inventory was administered to assess the subjects' perception of their therapists' empathy. The results indicated there was not a significant difference between the two groups and therefore that both groups perceived their therapists to be empathic. This then established the environment considered necessary for therapeutic change to occur.

The empathic reflection group however perceived their therapists as somewhat more empathic than did the Gestalt group. This is not surprising since the Gestalt group added an active technique to the core technique of empathic reflection and since Gestalt therapists traditionally "deemphasize the relationship with the therapist in favor of developing a closer relationship between the person and bodily feelings, and between different parts of the personality" (Greenberg, 1983, p.135). However these

findings suggest that Gestalt therapists must consider the importance of the therapist-client relationship and must ensure that Gestalt techniques take place within the context of an empathic relationship.

Another component of the therapeutic environment found to positively influence client change is the quality of the therapeutic bond and the working alliance established between the therapist and client (Horvath & Greenberg, 1986; and Orlinsky & Howard, 1978, 1986). The task dimension of the Working Alliance Inventory was administered to assess the subjects' perception of their therapists' ability to stay on task. Horvath and Greenberg (1986) have suggested that the task dimension of the Working Alliance Inventory "may be a critical component in psychotherapy process across a variety of intervention strategies" (p.553). The results indicated that there was not a significant difference between the two groups and that the subjects perceived their therapist to be engaging in on-task behaviour. The therapists then may be considered to have established at least minimal levels of on-task behaviour considered important to facilitate client change.

The mean for the empathy plus Gestalt group was slightly higher than the mean for the empathic reflection group. This is not surprising because of the emphasis that the Gestalt therapist places on the 'experiment' and the

emphasis on the role of the therapist "as a collaborator who assumes the responsibility of guide" and who "provides a focus and direction to the process" (Daldrup et al, 1985, p.8). This more active role of Gestalt therapists may be perceived to be more on task than the less active, supportive stance of client-centered therapists. The importance of client perception of on-task behaviour needs to be considered however by client-centered therapists who may be viewed by their clients as moving too slowly or of not providing a focus to the treatment.

Taken together the results of the empathy dimension of the Relationship Inventory and the task dimension of the Working Alliance Inventory suggest that regardless of the condition all therapy occurred within the context of an empathic relationship and task-oriented environment.

Hypothesis 1

The Target Complaint Measure was administered to assess the change in the presenting complaint over the course of treatment and at follow-up. The analysis of variance results showed no significant difference between the groups at either occasion. This does not support research Hypothesis 1 that states:

Empathy plus the Gestalt empty-chair dialogue, when used with an issue of unfinished business, will result in significantly greater improvement on the presenting target complaint as measured after treatment and at follow-up by the Target Complaint Measure than that produced by the use of Empathic Reflection.

Since the results of the data showed no significant difference in the means when considering the effect of therapy interacting with time, the null hypothesis was retained. This suggests that when working with an issue of unfinished business neither group yielded significantly greater improvement on presenting complaint over the course of two treatment sessions and one week after.

However on examination of the data an important difference between the two groups is suggested. At termination of treatment the means were identical for both groups. However after one week the empathy plus Gestalt group had not only continued to feel improvement on their presenting complaint but had increased slightly in their positive feelings. The empathic reflection group on the other hand, after only one week, had decreased their felt change. This suggests that the improvement felt after the sessions did not hold as strongly with those receiving the empathic reflection treatment while the improvement not only held but also increased slightly for those receiving the empathy plus Gestalt empty-chair dialogue treatment. This

may present important information for practicing therapists who encounter issues of unfinished business in their practice since the present study suggests that the addition of the Gestalt empty-chair technique may facilitate more lasting change in the client's presenting complaint than the use of empathic reflection alone. It must be remembered however that the current study is a preliminary one and further research is needed to draw more definitive conclusions.

Hypothesis 2

The Affective Reactions Questionnaire was administered to assess the subjects' feelings toward the significant other and to measure how these feelings changed as a result of treatment. The multivariate analysis of variance resulted in a significant difference between the two groups when the effect of time and therapy were combined. These results support research Hypothesis 2 that states:

Empathy plus the Gestalt empty-chair dialogue when used with an issue of unfinished business, will produce significantly higher means on the Confident dimension and significantly lower means on the Superior, Intolerant and Discouraged dimensions as measured after treatment and at follow-up by the Affective Reactions Questionnaire than those produced by the use of Empathic Reflection.

Since the results of the multivariate analysis of variance showed a significant difference between the two groups in the main effect of treatment over time, the hypothesis was retained. The use of empathy plus the Gestalt empty-chair dialogue was found to be more effective in facilitating changes in how subjects felt about the significant other than empathic reflection alone. In particular, the Gestalt group felt significantly more tolerant and somewhat more confident and somewhat less discouraged than the empathic reflection group.

It has been hypothesized by Greenberg and Safran (1987) that the resolution of unfinished business will lead to enhanced understanding and tolerance of the significant other. In addition they have suggested that individuals will develop a more balanced perspective not only of this person but they also will have an enhanced self-esteem and a more positive sense of self-worth. Daldrup et al (1985) and Greenberg and Safran (1986) have also stated that resolving unfinished situations or releasing blocked emotional expression will result in the individual feeling empowered and competent to act in the world. The results of the Affective Reactions Questionnaire lend support to this hypothesis. The empathy plus Gestalt group felt significantly more tolerant of the significant other as a result of the treatment than the empathic reflection group. The Gestalt group felt more confident in relation to the

significant other after treatment and this level of confidence increased over the ensuing week whereas the empathic reflection group showed a decrease in confidence over the course of treatment. The empathy plus Gestalt group also felt more encouraged whereas the empathic reflection group felt more discouraged. Taken together the findings tentatively suggest that the Gestalt empty-chair dialogue in the context of an empathic relationship is helpful in facilitating client change in the direction hypothesized. This result supports Daldrup et al (1985) who suggest that once a person has allowed the full expression of his/her denied and disowned emotions the person will create a "schematic restructuring and an overall reformulation of the assumptive stance" (p.7). It is further postulated that in the change process individuals move to a more spontaneous and flexible posture in dealing with the world and that they will move "to experience themselves as active creators of their own experiences" (p.11). Through this process individuals feel more in charge of themselves and in control of their emotional reactions. The results of this preliminary study suggest that the subjects may have achieved a greater understanding of the significant other which could lead to an enhanced sense of confidence in themselves, a renewed sense of encouragement in the ability to take charge, and more tolerance of others. This result may have significance to therapists outside the experimental environment who may find

the Gestalt approach useful in assisting clients to resolve unfinished emotional experiences.

A correlation was found between the Intolerance and Discouraged dimensions. This finding is not surprising as it is to be expected that if an individual felt intolerant of a significant other person in his/her life this would result in feeling discouraged about the relationship particularly when there were hopes for an improvement in the feelings toward the significant other.

Hypothesis 3

The Target Complaint Discomfort Box Scale was administered to measure the amount of discomfort felt by the subjects before and after each session in relation to their presenting complaint. An analysis of variance with repeated measures resulted in a significant difference between the two groups over the four measurement occasions. This result however does not relate to the combined effect of treatment interacting with time and therefore does not support research Hypothesis 3 that states:

Empathy plus the Gestalt empty-chair dialogue when used with an issue of unfinished business, will produce significantly less discomfort before and after each session as measured by the Target Complaint Discomfort Box Scale than that produced by the use of Empathic Reflection.

The results of the data showed a significant difference in the means of the scores for the two groups over time, thus indicating that when the groups were combined significance was found at different sampling occasions. This however says nothing about the effect of specific treatments on each group or the effect of treatment over time and suggests that this measure was not sensitive enough to detect overall treatment effects. Therefore the null hypothesis was retained and it was concluded that therapy made no difference in the amount of discomfort felt by the subjects in relation to their presenting complaint.

Hypothesis 4

The Session Evaluation Questionnaire was analyzed using a multivariate analysis of variance. The results of the analysis of the subject data revealed no significant differences between the two groups on any of the variables. This does not support research Hypothesis 4 that states:

Empathy plus the Gestalt empty-chair dialogue when used with an issue of unfinished business, will produce significantly higher means for the Positivity, Depth and Arousal dimensions and significantly lower means for the Smoothness dimension for the subjects at the end of the sessions as measured by the Session Evaluation Questionnaire than those produced by the use of Empathic Reflection.

Since the results of the multivariate analysis of variance showed no significant difference between the two treatment groups, the null hypothesis was retained. This indicates that both the empathic reflection group and the empathy plus Gestalt group felt similar reactions to the sessions, as indicated by the Smoothness and Depth dimensions, and had similar moods following the sessions, as indicated by the Positivity and Arousal dimensions.

An analysis of the subject data revealed no significant differences between the two groups on any of the variables. However closer inspection of the effect of therapy data revealed a difference approaching significance between the two groups on the Smoothness dimension. Of interest here is that the Gestalt group perceived the first session to be smoother than the second session. The empathic group showed the opposite shift in considering the second session smoother than the first session. The results for the therapists show the same distinction and indicate that the therapists felt that the empathic reflection sessions were significantly smoother than the empathy plus Gestalt sessions. For both sessions the Gestalt subjects felt the therapy to be reaching somewhat deeper levels of feeling than the empathy group. This tentatively suggests that as Gestalt subjects move more deeply into the therapeutic process this active intervention allows more vivid contact with unexpressed emotions and facilitates more dramatic

expression of these feelings. The subjects are likely to perceive the work as more difficult whereas those in the empathic reflection group tend not to reach such deep levels and tend to perceive the work as smoother. This supports the position of Daldrup et al (1985) and Greenberg and Safran (1987) who suggest that magnifying and intensifying current feelings will facilitate a flow of emotion and a deeper exploration of blocked emotions in resolving the unfinished situations.

Limitations of the Study

A major limitation of this study is that it was an analogue study and is therefore only able to approximate conditions found in a clinical setting. Kazdin (1986) compared these two settings on nine dimensions and suggested ways in which the analogue study may vary in the degree of resemblance to the clinical setting. The problems presented in an analogue study are viewed as similar to those observed in the clinic setting but are probably less severe. In this study the subjects did enter the study with a pre-selected problem which was worked on in a meaningful way however, this unfinished business had not reached the point where the subjects were choosing to enter therapy and therefore the problem may have indeed been less severe.

The subjects were randomly assigned to treatment groups to maintain the experimental design without regard to their personal preferences. On two occasions subjects spontaneously indicated their disappointment about the group to which they had been assigned. There may have been other subjects who felt the same way who chose to remain silent. This preference for treatment method and the subsequent reaction to the group assigned may have influenced the subjects involvement in the study.

The subjects were solicited from the first year of a masters program in counselling psychology at a major university in a large urban area and volunteered to participate in the study with minimal information regarding the nature of study. These students had all experienced some therapy experience as both a client and a therapist. Therefore, the results may be generalizable only to people who have been in counselling before, who are knowledgeable about the counselling process and who are supportive of the therapeutic process. The subjects in this study may not represent clients who typically chose to seek help in a clinical setting and therefore the results of this study may be considered to apply only to a similar population.

The number of sessions was minimal and does not represent what is normal for a clinic setting. Therefore, the results found in this study may be considered to apply

only to individuals in the early stages of therapy and may not be applicable to those who have been involved in a longer course of therapy.

The number of subjects in each experimental condition ($n=12$) was small due to the exploratory nature of the study. However this is a minimal requirement for statistical analysis and greatly increased the risk of making a Type 2 error (incorrectly concluding that the hypothesis is true when it is false) and presented a major limitation in analyzing the data.

A number of measures were administered to the subjects which may have been therapeutic in and of themselves and which may have increased the possibility of incorrectly concluding that the hypotheses were false by affecting the results of treatment. This difficulty could have been reduced by decreasing the number of measures given and increasing the number of sessions.

The therapists were given a model of the Gestalt approach to completing unfinished business. A comparable model was not available for the resolution of incomplete experience using empathic reflection. The lack of a clear model for both forms of treatment may have influenced the therapists in favour of the Gestalt treatment which had a clearly delineated outline of the resolution process.

Implications and Future Research Suggestions

There are a number of implications for researchers interested in pursuing exploration of the issue of unfinished business.

The differential effects design has relevance when specific techniques are applied to the investigation of specific issues. In this study the subjects were assigned to either the empathic reflection condition or the empathy plus Gestalt condition and received this form of therapy for both sessions. A further study could devote the first session to the use of empathic reflection only so as to build the necessary therapeutic relationship before the application of the specific techniques. The subjects would then be assigned to either the empathic reflection or empathy plus Gestalt condition. This would prevent the subjects from reacting against the use of the empty-chair technique before they felt a relationship had been established with their therapist.

The numbers in each experimental condition were low and further studies would possibly yield significant results if there were at least 20 subjects in each group. This would also eliminate the possibility of incorrectly retaining the null hypothesis.

The issue of unfinished business is considered by Gestalt therapists to be one of the core issues of therapy and therefore is one which will be expected to arise in the course of therapy in other than the experimental environment. Although this is a preliminary study the results lend tentative support to the use of the Gestalt empty-chair technique in the context of an empathic relationship when dealing with an issue of unfinished business. Although this study in no way concludes that the use of Gestalt empty-chair dialogue is more effective than the use of empathic reflection with the issue of unfinished business, it does suggest that further research could be conducted. This research could further investigate the preliminary findings suggested here to determine if therapists could incorporate the use of this technique into their ongoing work with clients whenever an issue of unfinished business arises.

Only two experimental sessions were offered to the subjects which is less than that normally encountered in the clinical setting. A further study could offer a course of 10 to 12 sessions in which therapists would be instructed to deal with issues of unfinished business as they naturally arise with the Gestalt empty-chair technique and compare this with another active technique. These two conditions would be offered within a climate of an empathic

relationship and a working alliance perceived to be task related.

Conclusion

In conclusion, this study has shown that empathy plus the Gestalt empty-chair dialogue produced significantly more tolerance in the subjects' feelings toward a significant other person as measured by the Affective Reactions Questionnaire on an issue of unfinished business than those produced by empathic reflection. The results further suggest that a greater improvement in initial target complaint as measured by the Target Complaint Measure was felt for the empathy plus Gestalt condition than for the empathic reflection condition. These are preliminary results which suggest the need for further investigation in the clinical setting to determine if one form of treatment is more helpful in facilitating client change when dealing with an issue of unfinished business. The resolution of unfinished business is an important therapeutic issue and one that merits further study. The tentative results suggest that the Gestalt empty-chair dialogue in the context of an empathic relationship may make a contribution to the treatment of the issue of unfinished business.

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APPENDIX A

Consent Form

Sharron King and Vera Maslove are conducting a study on Unfinished Business under the supervision of Dr. Les Greenberg of the Department of Counselling Psychology, U.B.C. Subjects will be asked to be clients in 2 one-hour counselling sessions. Subjects will be asked to bring Unfinished Business to work on in the counselling sessions. Total time commitment will be approximately 4 hours. This will include an orientation, 2 counselling sessions and questionnaire completion. Tapes will be made of the counselling sessions for research purposes only. No one outside of the research team will have access to the research materials. Subjects will be free to withdraw at any time from the study for any reason without jeopardy to class standing.

If you have any questions regarding the study, please contact Vera Maslove or Sharron King through the Counselling Psychology Department.

I have read and understood the above, and I agree to participate in the above study.

Signature

Date

APPENDIX B

Client Information Form

Name: _____ Client # _____

Address: _____ Age: _____

Phone: Home: _____ Work: _____

Courses taken: _____

How much change do you feel you've undergone this year?

1	2	3	4	5
no change		somewhat		maximum

APPENDIX C

Abbreviated 16-PF Interest Questionnaire

On the following pages are some questions to see what interests you have and how you feel about things. On most items there are no "right" or "wrong" answers because people have the right to their own views. All you have to do is answer what is true for you.

Don't spend too much time thinking over each question. Give the first, natural answer as it comes to you. Of course, the questions are too short to give you all the information you might like, but give the best answer you can under the circumstances.

Please answer every question one way or the other. You should mark the 'a' or 'c' answer most of the time. Mark the middle 'b' answer only when you feel you have to, because neither 'a' nor 'c' seems to be right for you.

1. When I'm in a small, cramped space (as on a crowded elevator), I have an uncomfortable feeling of being "shut in".
a. never, b. rarely, c. occasionally.
2. I find myself thinking over quite trivial troubles again and again and have to make a real effort to put them out of my mind.
a. yes (true),
b. occasionally,
c. no (false).
3. I feel restless as if I want something but do not know what.
a. very rarely, b. occasionally, c. often.
4. If I had my life to live over again, I would:
a. plan it differently,
b. uncertain,
c. want it much the same.
5. In making decisions in my life and work, I was never troubled by lack of understanding on the part of my family.
a. true, b. in between, c. false.
6. My nerves get on edge, so that certain sounds, for example, a screechy hinge, are unbearable and give me the "shivers".
a. often, b. sometimes, c. never.
7. I often feel quite tired when I get up in the morning.
a. yes, b. in between, c. no.
8. Changes in weather don't usually affect my efficiency and mood.
a. true, b. in between, c. false.

9. I sometimes find quite useless thoughts and memories straying through my mind.
- a. yes, b. in between, c. no.
10. I never find myself so annoyed in discussions that I can't control my voice.
- a. true, b. uncertain, c. false.
11. I find it hard to "take 'no' for an answer," even when I know I'm asking the impossible.
- a. true, b. in between, c. false.
12. I am often hurt more by the way people say things than by what they say.
- a. true, b. in between, c. false.
13. In some moods I'm easily kept from working by distractions and daydreams.
- a. yes, b. in between, c. no.
14. I don't form immediate likes and dislikes for people I have just met.
- a. true, b. uncertain, c. false.
15. I cross the street to avoid meeting people I don't feel like seeing.
- a. never, b. seldom, c. sometimes.
16. In an average day, the number of problems I meet that I can't solve on my own is:
- a. hardly one,
b. in between,
c. more than half a dozen.

17. When pushed and overworked, I suffer from indigestion or constipation.
- a. occasionally, b. hardly ever, c. never.
18. If someone annoys me, I:
- a. can keep it to myself,
b. in between,
c. must speak to someone else "to let off steam".
19. Modern life has too many annoying frustrations and restrictions.
- a. true, b. in between, c. false.
20. I feel ready for life and its demands.
- a. always, b. sometimes, c. hardly ever.
21. A near-accident, or even a lively argument, sometimes leaves me shaky and exhausted, so that I can't settle down to what I was doing.
- a. true, b. in between, c. false.
22. I find my feelings boiling up inside:
- a. rarely, b. occasionally, c. quite often.
23. I have difficulty in following what some people are trying to say because of their odd use of common words.
- a. yes, b. in between, c. no.
24. On occasions, my emotions and feelings "run away with me".
- a. true, b. uncertain, c. false.

25. I feel so furious I want to slam a door, and maybe break a window:

- a. very rarely,
- b. occasionally,
- c. fairly frequently.

26. I would prefer to lead:

- a. the same kind of life I now lead,
- b. uncertain,
- c. a more sheltered life, with fewer difficulties to face.

APPENDIX D

(Barrett-Lennard) Relationship Inventory - Form OS - 64Empathy Scale

Date; _____

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each numbered statement with reference to your present relationship with your counsellor, mentally adding his or her name in the space provided. For example, if the other person's name was John, you would read statement #1, as 'John respects me as a person'.

Mark each statement in the answer column on the right, according to how strongly you feel that it is true, or not true, in this relationship. Please be sure to mark every one. Write in +3, +2, +1, -1, -2, -3, to stand for the following answers:

- | | |
|---|--|
| +3: Yes, I strongly feel
that it is true, | -1: No, I feel that it is
probably untrue, or more
untrue than true. |
| +2: Yes, I feel it is true. | -2: No, I feel it is not true. |
| +1: Yes, I feel that it is
probably true, or more
true than untrue. | -3: No, I strongly feel that
it is not true. |

ANSWER

-
1. _____ wants to understand how I see things..... _____
 2. _____ may understand my words but he/she does
not see the way I feel..... _____
 3. _____ nearly always knows exactly what I mean... _____
 4. _____ looks at what I do from his/her own point
of view..... _____
 5. _____ usually senses or realises what I am
feeling..... _____

6. _____ 's own attitudes toward some of the things
I do or say prevent him/her from
understanding me..... _____
7. Sometimes _____ thinks that I feel a certain way,
because that's the way he/she feels..... _____
8. _____ realises what I mean even when I have
difficulty in saying it..... _____
9. _____ usually understands the whole of what I
mean..... _____
10. _____ just takes no notice of some things that I
think or feel..... _____
11. _____ appreciates exactly how the things I
experience feel to me..... _____
12. At time _____ thinks that I feel a lot more strongly
about a particular thing than I really do..... _____
13. _____ does not realize how sensitive I am about
some of the things we discuss..... _____
14. _____ understands me..... _____
15. _____ 's response to me is usually so fixed and
automatic that I don't really get through
to him/her..... _____
16. When I am hurt or upset _____ can recognize my
feelings exactly, without becoming upset too.... _____

APPENDIX E

Working Alliance Inventory - Task Dimension

On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her therapist (counsellor). As you read the sentences, mentally insert the name of your therapist (counsellor) in place of _____ in the text.

Below each statement inside, there is a seven-point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

If the statement describes the way you always feel (or think), circle the number '7'; if it never applies to you, circle the number '1'. Use the numbers in between to describe the variations between these extremes.

This questionnaire is CONFIDENTIAL;

neither your therapist nor the agency will see your answers.

Work fast; your first impressions are the ones we would like to see. (PLEASE DON'T FORGET TO RESPOND TO EVERY ITEM).

Thank you for your cooperation.

Copyright A.O. Horvath, 1981, 1982.

1. _____ and I agree about the things I will need to do in therapy to help improve my situation.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

2. What I am doing in therapy gives me new ways of looking at my problem.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

3. I find what I am doing in therapy confusing.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

4. I believe the time _____ and I are spending together is not spent efficiently.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

5. I am clear on what my responsibilities are in therapy.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

6. I find what _____ and I are doing in therapy is unrelated to my concerns.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

7. I feel that the things I do in therapy will help me to accomplish the changes that I want.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

8. I am clear as to what _____ wants me to do in these sessions.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

9. We agree on what is important for me to work on.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

10. I am frustrated by the things I am doing in therapy.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

11. The things that _____ is asking me to do don't make sense.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

12. I believe the way we are working with my problem is correct.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

Name: _____

Date: _____

APPENDIX F

Target Complaint Measure

Date: _____

Name: _____

Please name the main concern that you want to work on
in this counselling:

Client #_____ Sex: F___ M___ Session #_____ Date:_____

Target Complaints

We are interested in how much the following conflict of yours has changed since the last session. Please circle the words that describe your position.

worse..... same..... slightly..... somewhat..... a lot

better better better

APPENDIX G

Affective Reactions Questionnaire

Target Person _____ Name _____

_____ Male _____ Female

_____ Age

On the next page you will find a list of words that describe the feelings or emotional reactions people experience when they interact with others. Please imagine that you are in the presence of the target person and that you are interacting with him or her. Then, focus on the feelings you experience while interacting with the target person. For each word in the list, indicate how accurately the word describes your feelings. The accuracy with which a word describes your feelings is to be judged on the following scale:

- | | |
|-------------------------------|-----------------------------|
| <u>1</u> Extremely inaccurate | <u>5</u> Slightly accurate |
| <u>2</u> Very inaccurate | <u>6</u> Quite accurate |
| <u>3</u> Quite inaccurate | <u>7</u> Very accurate |
| <u>4</u> Slightly inaccurate | <u>8</u> Extremely accurate |

Consider the word EXCITED. How accurately does that word describe how you feel when interacting with the target person? If you think that this word is a quite accurate description of your feelings, write the number "6" to the left of the item:

6 EXCITED

If you think that this word is a slightly inaccurate description of your feelings, write the number "4" next to it, if it is very inaccurate, write the number "2", etc.

Target Person _____ makes me feel:

1 Extremely inaccurate

2 Very inaccurate

3 Quite inaccurate

4 Slightly inaccurate

5 Slightly accurate

6 Quite accurate

7 Very accurate

8 Extremely accurate

___(01) Daring

___(02) Confident

___(03) Adventurous

___(04) Strong

___(05) Smug

___(06) Arrogant

___(07) Cocky

___(08) Superior

___(09) Antagonistic

___(10) Intolerant

___(11) Aggressive

___(12) Demanding

___(13) Discouraged

___(14) Disappointed

___(15) Dissatisfied

___(16) Resentful

___(17) Afraid

___(18) Timid

___(19) Weak

___(20) Insecure

___(21) Unaggressive

___(22) Modest

___(23) Humble

___(24) Obliging

___(25) Receptive

___(26) Cooperative

___(27) Agreeable

___(28) Tolerant

___(29) Enthusiastic

___(30) Joyful

___(31) Delighted

___(32) Happy

APPENDIX H

Session Evaluation Questionnaire - Form 4

Circle one: Therapist Client

T # _____

Today's date: ____/____/____
 month day year

C # _____

Directions: Please place an "X" on each line to show how you feel about this session.

This session was:

BAD ____:____:____:____:____:____:____

GOOD

SAFE ____:____:____:____:____:____:____

DANGEROUS

DIFFICULT ____:____:____:____:____:____:____

EASY

VALUABLE ____:____:____:____:____:____:____

WORTHLESS

SHALLOW ____:____:____:____:____:____:____

DEEP

RELAXED ____:____:____:____:____:____:____

TENSE

UNPLEASANT ____:____:____:____:____:____:____

PLEASANT

FULL ____:____:____:____:____:____:____

EMPTY

WEAK ____:____:____:____:____:____:____

POWERFUL

SPECIAL ____:____:____:____:____:____:____

ORDINARY

ROUGH ____:____:____:____:____:____:____

SMOOTH

COMFORTABLE ____:____:____:____:____:____:____

UNCOMFORTABLE

Right now I feel:

HAPPY	_____ : _____ : _____ : _____ : _____ : _____ : _____	SAD
ANGRY	_____ : _____ : _____ : _____ : _____ : _____ : _____	PLEASED
MOVING	_____ : _____ : _____ : _____ : _____ : _____ : _____	STILL
UNCERTAIN	_____ : _____ : _____ : _____ : _____ : _____ : _____	DEFINITE
CALM	_____ : _____ : _____ : _____ : _____ : _____ : _____	EXCITED
CONFIDENT	_____ : _____ : _____ : _____ : _____ : _____ : _____	AFRAID
WAKEFUL	_____ : _____ : _____ : _____ : _____ : _____ : _____	SLEEPY
FRIENDLY	_____ : _____ : _____ : _____ : _____ : _____ : _____	UNFRIENDLY
SLOW	_____ : _____ : _____ : _____ : _____ : _____ : _____	FAST
ENERGETIC	_____ : _____ : _____ : _____ : _____ : _____ : _____	PEACEFUL
INVOLVED	_____ : _____ : _____ : _____ : _____ : _____ : _____	DETACHED
QUIET	_____ : _____ : _____ : _____ : _____ : _____ : _____	AROUSED

APPENDIX I

Questionnaire A

Date: _____

Name: _____

1. Briefly describe the issue that you wish to work on.

2. Please indicate, by checking one of the boxes below, how much this issue 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"/>	
<input type="checkbox"/>	Pretty much
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	A little
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Not at all

APPENDIX J

Questionnaire B

Date: _____

Name: _____

Session #: _____

1. Was the issue that you worked on during the hour the same or similar to the issue that you brought in?
(Circle one)

Very different	Different	Related	Similar	Same
1	2	3	4	5

2. Please indicate, by checking one of the boxes below, how much the issue which you identified before the hour 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

3. How do you feel about the hour which you have just completed? (Circle one)

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

APPENDIX K

Questionnaire C

Date: _____

Name: _____

1. Briefly describe the issue that you identified before the last session.

2. Please indicate, by checking one of the boxes below, how much this issue 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"/>	
<input type="checkbox"/>	Pretty much
<input type="checkbox"/>	
<input type="checkbox"/>	A little
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Not at all

3. During the past week, have you experienced a change in yourself which you attribute to the counselling session?
(Circle one)

1	2	3	4	5
Definitely no	Don't think so	Unsure	Think so	Definitely yes

4. How much progress do you feel you made in dealing with your issue 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. If you answered positively to questions 3 or 4 above, please describe the changes or progress which you feel occurred.
6. Has anything unusual happened during the week other than the session to which you attribute any change you have reported? If so, what?

APPENDIX L

Therapist Questionnaire

Date: _____

Name: _____

Client: _____

1. How many sessions have you had with this client? _____

2. Did the client present an issue of unfinished business during this session? (Circle one)

1	2	3	4	5
Definitely no	Don't think so	Unsure	Yes	Very Definitely

3. If so, what was the unfinished business?

4. What intervention were you planning to perform?

1	2
Empathy	Empty Chair

5. Were you able to perform the experimental intervention?

1	2	3	4	5
Definitely yes	Yes	Somewhat	Don't think so	Definitely no

6. During this session,
 1. I understood exactly how my client thought and felt.
 2. I understood very well how my client thought and felt.
 3. I understood my client pretty well, but there were certain things I didn't seem to grasp.
 4. I didn't understand too well how my client thought and felt.
 5. I misunderstood how my client thought and felt.
7. Did anything significant happen in this session?
8. Is there anything special about this case that we should know? (eg. An external event influencing the resolution of the unfinished business.)