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Significant client disclosures in therapy:

Context, process and effects

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Copyright statement

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Abstract

Aims: The aims of this research were to explore significant client-identified disclosures that occurred in therapy; specifically, (a) to understand the context, or the factors that contributed to the disclosures, (b) to investigate the process of the disclosure event itself and (c) to track the effects of the disclosure to the end of therapy and beyond. *Method:* This investigation consisted of a pilot study and a principal study, consisting of six clients who were each interviewed about one significant disclosure that they identified in a session of therapy. The data from both studies were analysed using Comprehensive Process Analysis (CPA), a discovery-oriented, interpretive method. A cross-analysis was then carried out to identify themes, followed by a frequency analysis; finally, an expectancy analysis was carried out to investigate the possible effects of researcher bias. *Results:* All the clients in the principal study planned to disclose in advance. Although the alliance was a factor, significant disclosures were not necessarily associated with the presence of a warm, close bond with the therapist. Female clients, older than the therapist, disclosed despite doubts. Important disclosures were generally marked by the client's hesitant, tentative speech and a deepening of experience at one minute after the event. Clients experienced disclosing as helpful, especially when this was recognised by the therapist, as it was the first step to assimilating puzzling and painful material; discussion of the significance of the disclosed material helped progress in therapy. The significance and helpfulness of the disclosures appeared to last over time. *Implications for practice:* This study provides initial evidence that clients are active in planning disclosures in therapy; therapists may facilitate such disclosures by an awareness of discourse markers, such as hesitant speech, and by attending to covert processes, as well as recognising and acknowledging when a client makes a significant disclosure.

Chapter 1: Introduction

This chapter introduces the concept of client disclosure with a brief outline of previous research (elaborated on in Chapters 2 and 3), and explains how disclosure is defined in this study. The approach of studying significant events in therapy (Significant Events Research; SER) is also introduced; this is described in more detail in Chapters 4 and 6. The structure and aims of the study are set out and the researcher's interest in the topic is explained. (In this study, the terms counsellor and therapist are used interchangeably.)

1.1 Background

The act of disclosing in therapy has been described as 'a *giant* step in moving out of a frozen pattern' (Shlien, 1984, p.397; italics in original text). For therapeutic healing to take place, a client needs to talk about thoughts, feelings and events so that the therapist may respond appropriately, following the orientation of the counselling (Farber, 2006; Hill, 2005). The therapeutic context aims to allow clients to disclose without being hindered by a lack of social skills or other constraints that might apply in social relationships (Stiles, 1987). By voicing his or her troubling thoughts and feelings, the client enables the therapist to facilitate the exploration of the psychological material and begin the process of change that leads to healing.

How well has this phenomenon been researched? Contemporary research into client disclosure began with Sidney Jourard (1964; 1968; 1971) in the 1960s and 70s. Most

research into client disclosure in therapy, however, has been carried out post 1990 (Farber, 2006). This delay is somewhat surprising, given that the central position of client disclosure in therapy has long been acknowledged by researchers and practitioners (Freud, 1913/1958; Rogers, 1961; Truax & Carkhuff, 1963; Johnson & Noonan, 1972; Jourard, 1968), and as will be discussed in more detail in Chapter 2, there has also been a considerable amount of research into the phenomenon of disclosure by social psychologists (Altman & Taylor, 1973; Goodman & Esterly, 1988; Omarzu, 2000; Greene, Derlega & Mathews, 2006).

Since 1990, research into client disclosure in therapy has focused on different aspects of the phenomenon. For example, what clients withhold in therapy (Hill, Thompson, Cogar, & Denman, 1993); the relationship between distress and disclosure (Stiles, 1995) and the types of issues which clients disclose and keep secret (Farber & Hall, 2002). There has also been debate over whether disclosure or non-disclosure is more beneficial to clients (Kelly, 1998; 2000) and whether disclosure is related to outcome (Farber, 2003b; Hill et al, 2000). (See Chapters 2 and 3.)

What has been lacking in the body of research, however, are clients' accounts of significant disclosure events (Farber, Berano & Capobianco (2004). Although Farber et al (2004, 2006) addressed the issue in some measure by adding interview questions to their studies, there is still a lack of research into specific disclosures which occur in a session and which a client identifies as significant. The background to such disclosures and the extent to which such disclosures may have lasting effects on therapy have also been under-researched.

1.2 Definition of disclosure

As Stiles (1995) reported, there are many meanings of disclosure (p.72). Following a linguistic definition, disclosure is a particular type of speech act, or action a person has performed by speaking (Russell & Stiles, 1979). *The Shorter Oxford English Dictionary* (1967) defines disclosure as 'the action of making known, revealing'; viewed subjectively, the number of possible disclosures in a therapy session could therefore be very high. Indeed, Stiles (1995) judged that around half of all client utterances were disclosures.

In order to address this in the current study, the client him- or herself was asked to identify an *important disclosure* in the session that had just been completed. In keeping with the discovery-oriented, hermeneutic philosophy underpinning this research, this allowed the study to focus on the client's own 'lived experience' (Dilthey, 1914/1974) of a disclosure that had particular significance. I hoped that, by not imposing an externally-generated definition of disclosure on the clients, their responses would yield rich personal accounts of the phenomenon.

The aim of the current study, therefore, was not to attempt to completely describe the phenomenon of disclosure as it is unlikely that seven cases would reach saturation (Strauss & Corbin, 1990). Instead, clients themselves defined and described significant moments of disclosure and these case studies were then used to construct a possible model of client disclosure, with implications for practice.

1.3 Disclosures as significant events

In this study, client disclosures have been approached as a type of event that the client experienced as significant, and that may be helpful for the client in future sessions in therapy.

This focus on client-identified significant events, or significant events research (SER), was developed in the mid 1980s (Elliott, James, Reimschuessel, & Sack, 1985) and is defined by Timulak (2010) as representing 'a specific approach to studying client-identified important moments in therapy process' (p.421). The rationale behind this approach is that it is possible to gain a greater understanding of the therapeutic process by studying important events at a micro-level (Elliott, 2010; Timulak, 2007). (See Chapter 4.)

1.4 Areas of investigation

This study was a qualitative exploration of significant client disclosures in therapy. The research focused on the following areas:

a. The client's process of disclosure: the key, or peak, speaking turns

Clients were asked to identify a significant disclosure event after a session of therapy. The exact moment in the recording where the disclosure occurred was identified by the client for closer analysis.

b. The effects of the disclosure

The effects of having made the disclosure were considered. Clients were asked if they experienced any effects from having disclosed, either immediately afterwards or

later in the session. Clients were also asked about any effects in subsequent sessions at regular intervals throughout their therapy and then again at follow-up meetings.

c. The context of the disclosure

Starting with the client-identified event and working backwards, the context of the disclosure was examined. Were there any wider, background factors that appeared in the context and were related to the disclosure?

1.5 Aims of study and research questions

This study thus set out to explore a previously little-investigated phenomenon, that of client disclosure, and to investigate the phenomenon from a number of perspectives: client, therapist, researcher and auditor (Hill et al, 2005). The aims were to understand more fully the process of clients' disclosures, how the point of disclosure was reached and what effects flowed from the disclosure.

An increased understanding of significant disclosures in therapy has possible implications for practice. For example, practitioners could become more aware of the covert process, of clients actively making decisions about disclosing and withholding based on certain factors. Identifying these factors and then creating an environment in therapy that is conducive to disclosing could be helpful for clients and facilitate healing. Greene, Derlega and Mathews (2006) highlighted the fact that people are often unsure how to express important things they want to say, and lack 'disclosure skills'. Therapy provides a relatively unthreatening arena in which to develop this interpersonal skill to enrich other relationships.

Farber et al (2004) stated that 'the entire process [of disclosure] must be seen as occurring within a powerful and complex interpersonal matrix' (p.344). Given that it holds such a central position in therapy, disclosure is a potentially rich and rewarding area, which this study aimed to explore in depth.

The research questions were:

1. What happens during the significant disclosure itself?
2. What immediate and later effects do the disclosure events have on the clients and the therapy? How helpful are such events?
3. What is the context in which the significant disclosure events occur? Are there any wider, background factors that are related to the disclosure?

1.6 Dissemination of findings

During this research the results of the following studies have been disseminated in a research paper published in *Counselling and Psychotherapy Research* (Balmforth & Elliott, 2012), and conference presentations (Conference of Scottish Counselling Agencies (COSCA) Research Conference: 2008, 2009; British Association for Counselling and Psychotherapy (BACP) Research Conference: 2010, 2011, 2012).

1.7 Researcher's interest

I now describe the development of my interest in client disclosure in recognition of the importance of researcher reflexivity to this research. As a qualitative researcher, I feel it is essential to be open about the background experiences that I have brought to this study so that readers may judge for themselves any bias or assumptions in the

work. It also feels appropriate in a study of disclosure that I reveal how I came to be fascinated by this topic, enough to undertake an in-depth investigation of it. (I outline my biases and expectations for the research study in Chapter 6: Method.)

I am a person-centred therapist, and following completion of an MSc in Counselling at the University of Strathclyde in 2006, I decided to continue my research studies at doctoral level.

My interest in disclosure started when I was studying for a Postgraduate Diploma in Counselling and read about the unspoken relationship and the covert processes of counsellor and client (Mearns & Thorne, 2007). Then while I was carrying out Master's research into clients' experiences of how a perceived difference in social class affected the therapeutic relationship (Balmforth, 2006, 2009), I was struck by how much the clients chose to conceal from their therapists and the impact this had on their therapy.

Another event that sparked my interest in disclosure occurred in my own counselling practice, when I discovered by chance that a former client had withheld a major piece of personal information during our therapeutic work together. Whether this was due to the client feeling unsafe in the relationship or that the client judged that the information was not relevant to the counselling, or some other factor, I never found out. The event stayed with me as an indicator of how fine the line can be between disclosing and withholding; both counsellor and client are covertly processing

thoughts and feelings during therapy, some of which are eventually voiced and others of which remain unspoken.

In addition, I have also reflected on my own developmental experiences of disclosure: firstly, what I learned about revealing personal issues to friends and being the recipient of other people's secrets when I was younger; and secondly, as a client in therapy, how I decided what and when to reveal to or withhold from the therapist, and the factors that influenced my decisions.

My interest in client disclosure, therefore, has been developed over many years and is the product of experiences from different areas of life: reflections on early development, counsellor training, earlier research, practice as a therapist and personal development as a client. Disclosure is fascinating because it is balanced by its 'shadow side': non-disclosure, or withholding. Both actions have their own backgrounds and consequences and my aim in this research was to uncover something of how disclosure occurs in therapy.

1.8 The chapters

This research consisted of, first, a pilot study of a disclosure event (referred to here as 'the pilot study') and second, a series of six case studies of client-identified disclosure events (referred to here as 'the principal study'). The pilot study was carried out first, in order to familiarise the researcher with the proposed method for the study, Comprehensive Process Analysis (CPA; Elliott, 1989) (see Chapter 5).

In the principal study (Chapters 6-12), a Disclosure question was added to the HAT Form, inviting clients to identify and rate a significant disclosure after each session of therapy. Six clients who had identified disclosures and rated them as greatly or extremely significant agreed to participate in Brief Structured Recall (BSR) interviews. These client-identified disclosure events were then analysed using CPA. The clients' disclosures were tracked throughout therapy and, where possible, at six and 18 month follow-up interviews; clients were asked to describe and rate any changes in the significance of the disclosure over time. The researcher's analyses were audited by the supervisor.

This Introduction is followed by two literature review chapters (Chapters 2 and 3). Chapter 2 discusses the language of disclosure and reviews the social psychology literature on disclosure. Chapter 3 reviews the literature relating to the conceptual domains used in CPA: Process (Action, Content, Style, and Quality), Effects, and Context of client disclosures.

Chapter 4 describes the methodology underlying the research study, tracing the development of qualitative research, through change process research, to significant events research and CPA.

Chapter 5 describes the pilot study of a significant disclosure. This study was carried out using archival material and therefore the method was different from the one described in Chapter 6.

Chapter 6 describes the method, including the setting, the participants (clients, therapists, researcher and auditor), the expectations of the researcher and auditor for the principal study, the measures used and the procedure and the analysis using CPA. Finally, the cross-analysis and expectancy analyses methods are described.

Chapters 7 to12 describe the results of the individual CPA analyses of the six clients who participated in the principal study, referred to as Anna, Tom, Lucy, Carrie, Maggie and Rosa.

Chapter 13 describes the cross-analysis of all seven analyses, the frequency analysis, the expectancy analysis and the model of disclosure.

Finally, Chapter 14 sets out the discussion and the conclusions of the study, acknowledges the limitations and suggests implications for practice and further research.

Chapter 2: Literature Review: Language and Social Aspects of Disclosure

This chapter introduces the language of disclosure and explores the large body of research that has been carried out by social psychologists into the phenomenon of disclosure.

2.1 Etymology

Disclosure is a fascinating and complex concept. One indication of this complexity is the intensely rich and diverse language, accumulated over hundreds of years, that exists to describe it. The verb *disclose* itself dates from 1393, while the noun *disclosure* first appeared two centuries later in 1598 (Chambers, 1999). The etymology of *disclose* stretches back through time: the prefix *dis-* derives from Latin, meaning *apart*, *away* (Partridge, 1958) while *close* came to us from Middle English, Old French and Latin, possibly deriving originally from the Indo-European root *kleu III*, meaning *shut* or *key* (Shipley, 1984).

The intervening centuries have brought great richness to the language we have available to describe the concept of disclosure. *Roget's Thesaurus* (2002) lists over 50 and 100 synonyms for the noun and verb forms respectively. Metaphors for the process of disclosure range from the mysterious 'lifting the veil' and the mechanical 'letting off steam; venting' to the more etymologically obscure 'spilling the beans' and 'letting the cat out of the bag'; 'showing one's colours' refers to a military

procedure, while ‘putting your cards on the table’ originates from gaming (Green, 1998). Primary metaphors involving disclosure, which combine a physical experience with a subjective experience, include difficulties as burdens: ‘a weight had been lifted off my chest’; the spatial: ‘it was out in the open’ and the spiritual: ‘making a clean breast of it’ (Balmforth & Elliott, 2009; Lakoff & Johnson, 1999).

The wealth of metaphor that describes the act of revealing something that was hitherto secret and unknown is matched by the deep and powerful ways in which we, as human beings, manage the phenomenon itself. Disclosure is defined as ‘opening up to the knowledge of others’ (*The Shorter Oxford English Dictionary*, 1967, p.520); the process of doing so, whether in social intercourse, therapy or another relationship, and whether planned or spontaneous, involves changing the status of the other person from ‘unknowing’ to ‘knowing’. This change may bring with it profound repercussions, positive or negative, for the discloser, the listener or all concerned. Goodman and Esterly (1988) describe how, ‘in the drama of human relationships’, disclosures both bring people together and drive them apart (p. xvi).

2.2 Disclosure in social interaction

2.2.1 Levels of intimacy

The body of research literature in the field of psychology examining disclosure is extensive. Omarzu (2000) attributes this interest in part to the great flexibility of disclosure as a behaviour in that we can regulate how much we disclose, to whom and when; we can also adjust the register of our disclosures to varying degrees of formality or emotion as an occasion demands.

In everyday conversation many statements may be said to disclose information to others: 'I like toast' is as much a disclosure as 'I feel very down'. Where these disclosures differ, however, is in their level of intimacy. According to social exchange theories, people make decisions about the depth, breadth and duration of their disclosures based to a great extent on the perceived risks and rewards (or costs and benefits) to themselves and the recipients (Greene, Derlega & Mathews, 2006; Omarzu, 2000; Taylor, Altman & Sorrentino, 1969).

Reciprocal or 'me-too' disclosures that indicate a similar experience to the other speaker may serve as indications of liking and create greater intimacy in the relationship (Altman & Taylor, 1973; Miller, Berg & Archer, 1983; Worthy, Gary & Kahn, 1969). Jourard (1971) referred to the reciprocating nature of disclosure as the 'dyadic effect', and 'me-too' disclosures invite a shared sense of life's difficulties and serve to soothe the other's anxiety and sense of isolation with a problem (Cozby, 1972; Goodman & Dooley, 1976). This type of disclosure builds trust with the reciprocal exchanges deepening intimacy as speakers shed onion-like layers of psychological defence (Altman & Taylor, 1973; Goodman & Esterly, 1988; Guerin, 2003).

However, appropriateness is also indicated as an important factor in disclosure, and it appears that we have a highly developed sense of appropriate levels of disclosing behaviour, dependent on the relationship (Chelune, Sultan & Williams, 1980; Coates &Winston, 1987); thus, someone making an intimate disclosure, perhaps as an attempt at initiating a 'me-too' disclosure, but without building up to it by reciprocal

exchanges, is more likely to be disliked and dismissed as attention-seeking (Cozby, 1972; Miller, 1990). 'Flooding', or non-stop self-absorbed disclosing, may also have a negative effect on relationships; rather than feeling flattered, the listener is left feeling swamped or bored (Goodman & Esterly, 1988). Taylor (1968) found that roommates who had a high rating on self-disclosure became less popular as time went on, perhaps for a similar reason! Successfully managing the issue of appropriate disclosure may be seen as an indicator of someone who is socially well-adjusted (Chelune, 1975), whereas disclosing contrary to social codes and norms can result in social rejection and increased loneliness (Chelune et al, 1980; Cozby, 1973; Solano, Batten & Parish, 1982).

2.2.2 Risks of disclosure

As mentioned above, disclosure has inherent risks as well as benefits. Risks may be to the self, including experiencing rejection if the disclosure does not receive the desired response and feeling a loss of privacy at having revealed personal information (Coates & Winston, 1987; Derlega, Metts, Petronio, & Margulis, 1993). Alternatively, the risk may be that the other person is hurt or embarrassed by the disclosure, perhaps causing a rupture in the relationship (Greene et al, 2006; Omarzu, 2000). People may choose not to disclose for fear of burdening others or seeming inadequate (Stiles, Shuster & Harrigan, 1992). One strategy that has been noted for avoiding making a risky disclosure is the distracting or 'decoy' disclosure. This phenomenon may occur if a person finds a conversation is becoming too personal or threatening and makes a minor disclosure 'in the service of a secret' (Goodman & Esterly, 1988). A possible version of the 'decoy disclosure' has also been observed in

therapy. Rennie (2000) described how a client disclosed a dream she had had in order to avoid having to talk about homework set by the therapist.

2.2.3 Disclosure and health

So, overall, is disclosure healthy in social relationships? There is some evidence to suggest that there is a connection between personal disclosure and mental well-being (Omarzu, 2000). Jourard (1964, 1971), who pioneered much of the early research into disclosure, found that revealing personal information in at least one important area of life was beneficial for mental health. Sharing positive personal information with partners and friends has been found to increase feelings of well-being (Gable, Rice, Impett, & Asher, 2004). In terms of support at difficult times, spouses of suicide victims found that talking to friends helped with the recovery process (Pennebaker & O'Heeron, 1984). People have reported benefits from expressing emotion, for example feeling understood or comforted (Kennedy-Moore & Watson, 2001; Pennebaker, 1995). This may, however, be unrelated to emotional recovery; emotion regulation theory holds that recovery requires something more lasting, such as gaining insight or re-evaluating emotional situations (Zech & Rimé, 2005).

Research has also shown that not disclosing can be harmful (Garrison & Kahn, 2010): keeping secrets may be psychologically stressful, and this in turn can cause illness (Finkenauer & Rimé, 1998; Kelly, 1998; Pennebaker, 1995); similarly, suppressing thoughts and feelings may cause an unhealthy obsession with the secret itself, leading to poor mental health (Wegner & Lane, 1995) or social isolation (Pennebaker & Graybeal, 2001). Larson and Chastain (1990) established that self-

concealment as measured by the Self-Concealment Scale (SCS; internal consistency α = .83) contributed 'significantly and uniquely to increased depression, higher anxiety and more physical symptoms' (p. 451).

2.2.4 Responding to disclosures

The response of the recipient, however, appears to be a key factor in whether the experience of disclosure contributes positively or negatively to the discloser's well-being. In an early study, Shapiro, Krauss and Truax (1969) found that individuals disclosed the most to those confidants perceived to be most therapeutic in their responses. A helpful response to a disclosure may offer new insight into a secret (Kelly & McKillop, 1996; Kelly, Klusas, von Weiss, & Kenny, 2001). However, an unsympathetic response, especially where the disclosure is about a traumatic experience, may effectively close down further disclosures (Harvey, Orbuch, Chwalisz, & Garwood, 1991; Kennedy-Moore & Watson, 1999).

2.2.5 Disclosure in wider social contexts

The act of disclosing is also present in many wider social contexts. Religions have long used disclosure in the form of confession as a way of spiritual cleansing; newspapers and other media vie for the exclusive revelations of the rich and famous (Wilby, 2007). Equally relevant in contemporary society is the popularity of social networking sites and the new dilemmas of disclosing and withholding personal information that have been created by such media (Waters & Ackerman, 2011).

2.4 Summary

The English language has many vivid ways of expressing disclosure. It also appears from the large body of research in social psychology that in general, humans have strict, unspoken codes with regard to disclosing distress in social interaction. We often appear to be torn between the urge to disclose and the fear of upsetting the listener.

Disclosure in therapy, however, has been less well-researched. The next chapter considers research findings in relation to the process, effects and context of disclosures in therapy, and aims to provide an overview of the literature upon which to base the current study.

Chapter 3: Literature Review: Process, Effects and Context

This review of the literature examines research into disclosure taking as a structure three domains of disclosure: process, effects and context. This is the structure of the Comprehensive Process Analysis method (CPA; Elliott, 1989) which I used to analyse the disclosure events for this study, and which is described in the next chapter. By organising the Literature Review in this way, my aim is to make it easier to compare existing research with my findings from the data analysis.

The domains are discussed in order of analysis. Thus, research into the process of disclosure is explored first, focusing on the four sub-domains of a. Action, disclosure as a Response Mode; b. Content, what clients disclose and also what they tend to withhold; c. Style and State, how clients disclose: the outward observable style, or manner, and the inner, private state; and d. Quality, how well clients are judged to be working, for example, in terms of depth (Elliott, 1993).

Second, the chapter considers research into the immediate and longer term effects of disclosure that clients have identified, including assessing the correlation between disclosure and the outcome of therapy.

Third, the chapter examines research into the context of disclosure: the background of variables that may influence a significant disclosure, and finally, identifies how this study aims to add to the existing research.

3.1 The process of client disclosure

Despite Stiles' assertion that disclosure is 'at the heart of psychotherapy' (1995, p.71), previous research into the process of disclosure in therapy is surprisingly scant. In addition to the sparseness of the literature is the difficulty of separating out the findings into the different discrete domains of process, effects and context. Previous studies have tended to group these three domains into a single, inclusive domain, which does not easily permit a finer-grained examination of the client's experience. Few studies have interviewed clients about their disclosures, although Farber included face to face interviews with clients in one study (Farber et al, 2006).

The imprecise use of language in previous studies sometimes obfuscates what exactly is being explored. For example, Farber and Hall (2001) at times use the words *disclose* and *discuss* interchangeably in their analysis. In fact, the words have very different meanings: *The Shorter Oxford English Dictionary* (1967) defines *discuss* as *debate*, *investigate by argument;* this implies that a topic needs to be disclosed, before it can be discussed.

In addition, previous research into client disclosure has generally been carried out using questionnaires, for example Jourard and Lasakow's Self Disclosure Questionnaire (SDQ, 1958) and more recently, the Disclosure to Therapist Inventory-IV (DTI-IV; Pattee & Farber, 2004); or global questions about disclosures once therapy has finished (e.g. the Things Left Unsaid Inventory; Regan & Hill, 1992). While these methods produce intriguing findings, they are generally not fine-grained enough to reveal the micro-processes in therapy.

Farber et al (2006) describe how 'there is virtually no research on the process itself, that is, on the temporal sequence of affects, thoughts and behaviours that occur from the time that disclosure is a nascent possibility to the time of disclosure itself to the period after the disclosure' (p. 463). Clients' own subjective experiences of disclosure have been particularly neglected (Farber et al, 2004).

3.1.1 Action

There is very little research into disclosure as a Response Mode by clients in therapy. Hill (1986) did not include disclosure as a category in her development of Client Verbal Response Modes Category System, although Self-disclosure was included for the version for counsellors. Hill's client categories of Description, Experiencing and Insight could all include disclosures; as Hill acknowledges, there is already overlap between these three categories.

By contrast, Stiles (1986) identified Disclosure as a Verbal Response Mode (VRM), and defined it grammatically as using the first person singular (or plural) speaker's internal frame of reference. Disclosure uses the speaker's internal frame of reference, so a person would need to be inside the speaker's head to verify the truth of the disclosure. VRMs are classified for grammatical form and for intent. The reliability of the VRM coding of Disclosure is good: using Cohen's Kappa, Disclosure was rated as .95 for form and .74 for intent. Stiles' findings point to the significance of Disclosure, as 60-80% of client utterances involve Disclosure as a response.

3.1.2 Content

What do clients disclose and withhold in therapy? This section will consider both issues that clients disclose and issues that they tend to withhold. Including material that clients withhold is considered to be relevant here as withholding is the state that clients enter prior to disclosing; there has also arguably been more research into what clients withhold than into client disclosure itself.

3.1.2.1What clients disclose

In his 'fundamental rule' of psychoanalysis Freud (1913/1958) advised therapists to encourage clients to reveal everything going through their minds and hold nothing back, as though:

> 'you were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside. Be absolutely honest and never leave anything out because…it is unpleasant to tell it' (Freud/Strachey, 1913/1958, p.135).

This view was shared by Jourard (1968) and Rogers (1961), although social psychologists (e.g. Kelly, 2000) put forward a more critical view some 40 years later (see Section 3.2.2.1).

However, while views may differ among therapists about following Freud in exhorting clients in this way, it is also apparent that clients do not adhere to the rule to hold nothing back and that they select, filter and change their minds about what to disclose and when to disclose it (Farber & Hall, 2002; Hill et al, 1993; Kelly, 2000).

Clients appear to evaluate the costs and benefits of disclosing in their relationship with the therapist in the same way that this occurs in social relationships (Derlega, Hendrick, Winstead, & Berg, 1992).

Jourard's (1971) sixty item questionnaire, the Self-Disclosure Questionnaire (SDQ), found that the topics that college students found easiest to disclose were about their tastes, interests and opinions; the items they identified as most difficult were those which asked for information about their personality, bodies or money.

Building on Jourard's early investigation, Hall and Farber (2001) and Farber and Hall (2002) developed a questionnaire of eighty items based on the Jourard SDQ (the Disclosure-to-Therapist Inventory-Revised (DTI-R; Farber and Hall, 1992). Clients gave the highest mean disclosure scores to items that stated feeling rage and anger towards parents, spouse or partner and aspects of their own, or their parents' personalities that they disliked. Also highly rated was the item: 'feelings of desperation, depression or despair' (Hall & Farber, 2001). Farber (2003) concluded that clients generally disclose 'extensively' on issues of 'self-worth, dysphoric feelings and the nature of their relationships with others' (p.592).

3.1.2.2 What clients withhold

There is a larger body of research about what clients withhold than what they disclose in therapy. Research into what clients withhold in therapy divides broadly into three groups (Farber, 2003): what clients withhold about the therapy sessions -

issues about the therapist or feelings about the therapy itself - things that clients leave unsaid and the secrets that clients keep from their therapists.

In both brief and long-term therapy, studies have found that the majority of things that clients withheld were negative, (Regan & Hill, 1992; Hill et al, 1993). Hill et al (1993) found that 65% of clients reported that they had left something unsaid in therapy, and many of the things left unsaid concerned the therapist's behaviour or reactions, e.g. 'Her responses were ahead of where I wanted to be' (p.285).

Clients who had completed therapy reported withholding feeling upset with the therapist or a perceived lack of progress: 'I didn't want him to think that he wasn't helping me because he was so nice' (Levitt, Butler & Hill, 2006, p.319). Another client stated: 'I didn't want to be rejected' (Hill et al, 1993, p.285) as the reason for withholding that the therapy was not helpful. It seems that clients withhold their feelings about therapy to protect themselves and also to protect the therapist and save face (Rennie, 1994).

Hill et al (1993) found that clients did not reveal issues because they felt overwhelmed by the strong emotions the disclosure aroused or they wanted to avoid the issue; again this indicates client agency, with the client being covertly active in directing the therapy (Rennie, 1998).

Clients also keep secrets from their therapists. Hill et al (1993) found that around half the clients (46%) in long-term therapy had a secret they were withholding and in

many cases the secret was of a sexual nature. Sexual issues have also featured strongly in further studies of the issues that clients do not disclose in therapy (Farber & Hall, 2002; Farber & Sohn, 2007; Hall & Farber, 2001; Kelly &Yuan, 2009; Weiner & Shuman, 1984). Clients also appear to find violence hard to speak about (Rober, Van Eesbeek & Elliott, 2006) or they withhold violent thoughts or actions altogether (Farber & Hall, 2002; Wiener & Shuman, 1984).

Shame and embarrassment were the main reasons the clients gave for keeping these issues secret and it appears that sexual issues are still difficult for many clients to discuss. This may be heightened still further for clients who have suffered childhood sexual abuse (Farber, Khurgin-Bott & Feldman, 2009; Swan & Andrews, 2003.) Shame has also been given as a reason for clients with eating disorders withholding issues from their therapists (Hook & Andrews, 2005). However, other studies have shown conversely, that shame was not found to be related to disclosure (Farber & Hall, 2002; Hall & Farber, 2001), which seems to support the theory that while clients may feel some degree of shame about disclosing, they may also succeed in overcoming it (Hall & Farber, 2001, Farber & Hall, 2002, Farber et al, 2006).

There is thus evidence to show that clients do withhold some things in therapy, although they do not appear to withhold a great number (Hill et al, 2000). Regan and Hill (1992) and Hill et al (1993) found that clients reported withholding on average only one thing from the therapist and 35% did not report withholding anything at all.

In summary, clients find some issues difficult to disclose but overall have a greater tendency to disclose than to withhold (Farber et al, 2004; Farber et al, 2006; Hill et al, 2000). Clients appear to disclose issues about most aspects of their lives to the therapist, including their feelings of depression and despair, and anger towards parents or partner; while they may temporarily withhold some issues, they are likely to disclose these later in the therapy.

3.1.3 Style and State: observable and private aspects of how clients disclose

Previous studies have found that clients experienced strong emotions as they disclosed personal information in therapy. Using the Disclosure-to-Therapist Protocol (DTAP; Farber et al, 2001), Farber et al, (2004, 2006), found that when asked about their feelings while disclosing, 12 out of 21 clients described feeling vulnerable or in pain and five talked about feeling shame and embarrassment. It is not known to what extent these feelings were observable by the therapists, or whether the clients experienced them privately.

In a quantitative study of long-term clients, Pattee and Farber (2008) found that, in general, clients experienced 'low to moderate levels of distress' when disclosing (p. 311). However, female clients working with female therapists were found to experience greater distress when disclosing than male clients working with female therapists or female clients who had male therapists (p.312). The reasons for this phenomenon are not yet well-understood.

In a study of the emergence of warded-off contents, Gassner, Sampson, Weiss and Brumer (1982) reported that a client did not experience more anxiety while disclosing something for the first time than at other times in the therapy.

3.1.4 Quality of working

There is a lack of research into how well clients are judged to be working, or avoiding working, in sessions containing significant disclosures. In one study of client-rated sessions, Regan and Hill (1992) found that when clients did not disclose behaviour or thoughts they rated sessions as more superficial and less satisfying. However, the same study found that the greater the number of things left unsaid which had emotional content, the more the session was positively related to depth and the more satisfied they were with the therapy. This result is open to different interpretations. It may indicate that clients experience disclosure as difficult and are left feeling vulnerable. Alternatively, it could mean that clients were dealing with more emotional content in those sessions, and it was the discussion of the material that they rated as making the sessions better (Farber, 2003).

Most clients appear to experience a dilemma of weighing up the benefits versus the pain of disclosing, 'What should I discuss? And how openly will I discuss it?' (Stricker, 2003; Farber, 2003; Farber, 2006). This has been described as a continuum of client disclosure, from 'no disclosure, to superficial disclosing, selective disclosing and finally open disclosing' (Ward, 2005, p.478).

Some clients in this study (Ward, 2005) used 'superficial disclosing' (p.478) which involved screening out information that might be important or relevant and deliberately disclosing less important information, without depth or many details. Elsewhere, clients have indicated that they are aware they should be talking more about certain difficult issues related to sexual abuse and feelings of inadequacy and failure, but feel reluctant to do so (Farber, 2003). Withholding issues from the therapist may also be only a temporary act; Farber at al (2004) found that most clients who admitted holding something back from therapy also believed they would eventually disclose it.

If a client discloses more in therapy is this an indication that the therapy is more beneficial for the client? Using the Client Experiencing Scale (CEXP Scale; Klein et al, 1969), and Verbal Response Modes (VRMs) Stiles, McDaniel and McGaughey (1979) reported that percentages of Disclosure utterances (as defined in Stiles & Sultan (1979) and described above) correlated strongly with the CEXP scale (.58), indicating that Disclosure may be an indication of positive therapeutic process. This finding was confirmed in a later study (McDaniel, Stiles & McGaughey, 1981), suggesting that clients' use of Disclosure indicated that they were engaging in appropriate psychotherapeutic activities, such as exploration.

As discussed above, clients appear to withhold negative thoughts and feelings about the therapist or therapeutic process for a variety of reasons. Clients apparently fear that disclosing their negative feelings could jeopardise the relationship with the therapist and mean that they would not be behaving as a 'good client' (Rennie, 1994,

p.431). It appears that clients prefer the therapist to take the initiative and enquire into their distress, similar to the clients who wished the therapist would pursue disclosures more actively (Farber et al, 2004).

Weiner and Shuman (1984) concluded that clients test out whether their therapist can be trusted by gradually revealing more of themselves. It is in this 'test phase' that they hold onto the 'not-yet-said' (Rober, 1999) and where they engage in the 'back and forth process' (Rober, 2005) of weighing up the safety of the relationship and potential risks of disclosure.

There are few quantitative studies measuring this aspect; however, Farber (2003) found that when asked 'How self-disclosing have you been?' the Mean score for clients was 5.85 on a 7 point scale; the average percentage clients said they had disclosed was 80.7 on a 1 to 100 scale. Clients also reported that they feel they disclose to a 'moderate extent' (M 3.2 on a 5-point scale).

Despite the lack of clear data on clients' quality of working, it seems that sometimes clients are aware they should be working harder and disclosing more in sessions (being task-focused), yet this is balanced by the perceived risks of disclosure, that is, clients may seek to mitigate the risks by testing the therapist with smaller disclosures.

3.2 Effects of Disclosure

3.2.1 Positive effects

Jourard (1971) asserted that disclosure to others could bring about positive change and enhance personal growth, and his early investigations resulted in the widely-used Self-Disclosure Questionnaire (Jourard & Lasakow, 1958).

Research into the effects of client disclosure, both in the short and longer term, appears to support Jourard's conviction, showing that clients generally feel positive about having disclosed: 'I felt good that I shared it with another', 'I felt relieved' (Farber et al, 2006, p.466; Farber et al 2004; Farber 2003). Clients have reported feeling relieved immediately after a significant disclosure and stating that they did not regret making the disclosure to the therapist (Farber et al, 2004; 2006). Disclosing also helps clients form a new perspective on difficulties (Paulson, Truscott & Stuart, 1999).

The approval of the therapist was another factor considered to be important (Farber et al, 2004; 2006); it seems that clients want their therapist's approval following a disclosure, and apparently felt that, in general, they received satisfactory reassurance or acknowledgement from their therapist: 'looking kindly; noting explicitly that I had done some good, hard work' (p.467).

Client disclosures about the therapeutic relationship and other aspects of therapy can be helpful when passed on to the therapist. For example, clients who did not respond as well to therapy as expected were found to have a much better outcome, both

clinically and statistically, when the therapist received feedback on issues such as the client's weekly progress and assessment of the relationship with the therapist (Cory Harmon et al, 2007). Evidence has shown that counsellors are generally unable to recognise when clients are concealing negative reactions, with consequent implications for the therapeutic relationship (Hill et al, 1993; Regan & Hill, 1992; Rennie, 1994).

A longer term effect of disclosure was that the disclosure increased the likelihood of disclosing further personal information to the therapist as well as revealing previously undisclosed information to other significant people in their lives (Farber et al, 2006). Clients have reported experiencing disclosure as the most helpful element in counselling: 'It felt good to open up to someone'; 'It eased my mind' (Paulson et al, 1999, p.320).

Disclosure of a problematic experience may also bring the client to a first stage of psychological awareness. According to the Assimilation model (Stiles et al, 1990), as a client progresses through this stage he or she becomes clearer about the content of the distress and has a greater ability to put it into words. Similarly, an effect of disclosure may also be to lead a client on to an increased self-understanding (Farber & Sohn, 2001) and a new understanding of the problems and insight into what went wrong (Kennedy-Moore &Watson, 1999; Stiles, 1987).

Using the Client Experiencing Scale (CEXP; Klein, et al, 1969; Klein, et al,1986), Gassner et al (1982) studied the effect on one client of revealing previously warded-

off material in psychoanalysis. The judges' modal and peak CEXP scores showed that the client was more involved with processing and working with the previously undisclosed statements than with other statements randomly selected from the therapy, indicating the importance of disclosure for advancing the client's therapeutic process.

Another important effect of disclosure is catharsis, or 'the relief gained by bringing repressed ideas and emotions to awareness' (Mautner, 1996, p.100). Despite being the subject of much controversy, since Freud rejected it as being too short-term in its effect (Stiles, 1987), catharsis can be understood as encapsulating a number of effects associated with disclosure.

For example, clients may display physical symptoms of shaking or crying as they disclose emotions that have been suppressed (Farber, 2006; Safran & Greenberg, 1991). The beneficial effect of the disclosure may be more closely related to the intensity of feeling that accompanies it, rather than a particular response from the listener (Stiles, 1987). Catharsis enables clients to engage in a healing process towards themselves, in which they re-engage with a part that had been previously disowned (Safran & Greenberg, 1991). However, doubts have been raised as to whether catharsis is as helpful to people as other effects of revealing secrets, such as gaining new insights into the problem (Kelly et al, 2001). The literature and discussion available on the subject of catharsis is extensive and as such, beyond the scope of the current research study.

3.2.2 Negative effects

The findings of the few studies on the effects of disclosure have been mainly positive; however, a few negative effects have been reported. A client in person-centred therapy described how: 'it was terrible to talk. I mean I wanted to talk and then I didn't want to' (Rogers, 1961). It appears that clients find it important that the disclosure is recognised. Disclosing emotions but not feeling heard by the therapist may lead to client dissatisfaction and termination of the therapy (Rhodes et al, 1994).

Kelly's research into keeping secrets counters the arguments for disclosure by suggesting that it can often be more beneficial to withhold because of the danger of rejection by the confidant (Kelly & McKillop, 1996). The debate questioning the benefits of client disclosure is described in the following sections.

3.2.2.1 Questioning the benefits of client disclosure

Clinical psychologists have traditionally followed the example set by Freud, believing that it was always better for clients to disclose, given that openness benefits the therapeutic process (Hill & O'Grady, 1985; Hill et al, 1993; Stiles, 1987). In 2000, however, Kelly (a social psychologist), questioned whether a high level of client openness was beneficial.

Kelly (2000a) interpreted earlier research findings (e.g. Hill et al, 1992; Kelly, 1998; Regan & Hill, 1992; Stiles & Shapiro, 1994) as indicating that client disclosure was related to increased depression and that clients who kept more secrets from their therapist had fewer symptoms. The explanation was that by revealing unpleasant

information about themselves in therapy, clients risked portraying themselves in a negative light to the therapist, and giving the therapist a bad impression of them. Clients would therefore be reluctant to reveal negative facts about themselves, especially to an expert audience such as the therapist (Schlenker & Trudeau, 1990). Instead, by concealing the unpleasant information, or discussing 'themes' rather than actual personal details, clients were able to present themselves in a more positive light which, in turn, gave the therapist a more positive view of them. In this self-presentational model of therapy, clients were then able to see themselves in the same positive way that the therapist viewed them, with the result that they felt less bad about themselves and were less depressed.

3.2.2.2 Affirming the benefits of disclosure

In their response, Hill et al (2000) refuted Kelly's claims that non-disclosure was positively related to successful therapy process and outcome and that clients base judgements about revealing and concealing personal information on self-presentational concerns. Hill et al (2000) put forward several counter-arguments. First, their interpretation of the literature revealed mixed results, with no overall consensus on any correlation between client withholding and successful therapy. The number of differences in study methods, understandings and definitions of concealment and measures of what is or is not disclosed, has meant that any generalised conclusions should be cautious at best.

Second, while self-presentation may indeed be a factor for some clients, Hill et al (2000) found that there were a number of other equally significant factors that caused

clients to withhold personal information (for example, the power imbalance in therapy, the client feeling that either it was wrong time to disclose or that the therapist was unable to help).

Third, the need for clients to view themselves more positively as a result of therapy is not disputed; however, rather than this being achieved by the therapist colluding with the client's possibly unrealistic view of self, clients instead need their therapists' support to increase their self-esteem by working through difficult issues, such as conditions of worth (Rogers, 1951). In this way clients may gain (amongst other benefits) the experience of feeling understood (Howe, 1983), insight into their problems (Elliott, 1985) and a more internal locus of evaluation (Rogers, 1951). Finally, as Hill et al (2000) stated, 'one of the most important things that can happen in therapy is for therapists to accept clients deeply for themselves as they are' (p.498).

3.2.2.3 Re-affirming the disadvantages of disclosure

Arkin and Hermann (2000), contributing to the debate from a social psychology perspective, agreed with Kelly (2000a) that in order to protect the self-concept, a client is wise to limit disclosure of negative personal information. They took the argument further, stating that any negative disclosures will be 'as an exception to a generally positive appraisal of oneself and one's surroundings' (p.503). This view differs sharply from a person-centred approach to therapy, in which the client is offered acceptance and understanding of his or her story *as it is* and the therapist acts as a 'bridge' to re-connect them with society (McLeod, 1999).

Kelly (2000b) disputed Hill et al's (2000) interpretation of the statistical findings and insisted that the patterns of the findings were consistent, despite the different methodologies used. In response to Hill et al's (2000) second point, Kelly deduced that they were in fact in agreement over clients' different motives for not disclosing; for the third point, Kelly explained that Hill et al's narrow definition of self-presentation created a misunderstanding over Kelly's recommendation for client disclosures. However, Kelly still recommended that clients make a judgement about disclosures 'based on their perception of the therapists' responses' (p.507) rather than trusting in the understanding and non-judgmental attitude of the therapist.

In response to Arkin and Hermann's (2000) comments, Kelly (2000b) elaborated on the dilemma experienced by clients of disclosing things that seem 'too terrible' to discuss with the therapist. Kelly suggested that clients describe general 'themes' rather than provide actual details of their undesirable behaviour. Again, Kelly appeared to view therapists as not only profoundly judgmental but apparently lacking the awareness to regulate or manage this response (for example, in clinical supervision).

Overall, Kelly concluded that because psychotherapy is conducted by humans it will inevitably be subject to the same interpersonal processes that characterise other forms of human interaction, especially issues of self-presentation.

3.2.2.4 Disclosure and attachment

As clinical psychologists, Farber and his research colleagues at first disagreed with Kelly (Farber, 2006; Farber et al, 2006). They reasoned that her argument ignored the fact that a standard task for a competent therapist is to support the client through any shame and unpleasant feelings attached to disclosures; and that in fact, these feelings dissipate on the disclosure being received in a caring way by the therapist. Later, however, Farber modified his stance; his team's research into disclosure and attachment suggested that clients with fearful attachment issues might find disclosure to the therapist especially distressing and he concluded that such clients might be advised to avoid some disclosures, at least in the short term (Saypol & Farber, 2010).

Despite the arguments offered by Kelly (2000), that clients withhold in therapy for self-presentational reasons and that the more they withhold the more successful the outcome of therapy, the evidence appears to show that the issue is more complex.

3.2.3 Disclosure and outcome

Early research into the effects of disclosure showed that it was considered to be of significant importance in the success of the therapy (Jourard, 1971; Truax & Carkhuff, 1965). In a later study, Stiles (1984) reported that one half to two thirds of client utterances in therapy have disclosure intent, regardless of the therapeutic orientation (p.266). The evidence for a correlation between disclosure and a good outcome in therapy, however, appears to be less clear than was first thought (Farber & Sohn, 2007; Hill et al, 2000; Kelly, 2000a; Stiles 1984). Stiles and Shapiro (1994) found that there was no significant process-outcome correlation between the amount

clients disclosed in psychodynamic-interpersonal and cognitive-behavioural psychotherapy and the rate of change on measures such as the Beck Depression Inventory and the Symptom Checklist -90. Regan and Hill (1992) similarly found that the number of things clients left unsaid was not related to the outcome of the therapy.

Conversely, Kahn, Achter and Shambaugh (2001) found that clients who at intake reported a specific tendency to disclose distress (as compared with Stiles' more general definition of disclosure intent) showed a greater improvement than clients who reported a tendency to conceal distress. However, actual levels of client disclosure and concealment in therapy were not measured, so it is not possible to assess whether clients who were identified as having a tendency to disclose distressing material actually did so in therapy and if so, what type of distressing material was disclosed, with what effect.

The 'paradox of distress expression' (Kennedy-Moore & Watson, 2001, p.184) is described by Stiles (1987, 1995) in his well-known *fever model* of disclosure. Disclosure, like a fever in illness, is a symptom of both illness and recovery. Highly distressed clients disclose more in an attempt to reduce their distress and therapists judge more disclosure as a sign of successful process in therapy. However, highly distressed clients tend to have worse outcomes in therapy. Stiles cites a confusion between disclosure as a sign of distress and disclosure as a means of recovery as responsible for the lack of correlation between disclosure and outcome. In fact, Stiles argues, a client will disclose just as much as is required to reduce distress, but the

disclosure will not necessarily correlate with outcome just as a fever will not necessarily predict a complete recovery from infection.

A study using non-client participants confirmed the model's expectation (Stiles et al, 1992). Kahn and Garrison (2009), however, found that (non-client) participants with higher levels of psychological distress actually disclosed less than participants with fewer symptoms.

Disclosure has been included as a factor in some studies. In a study of clients in long-term group therapy, Tschuschke and Dies (1994) used a Systematic and Multiple Level Observation of Groups method (SYMLOG; Bales & Cohen, 1979) a complex approach for evaluating group process, including self-disclosure. They found that clients with the most successful outcomes operated on a much higher level of disclosure than the least successful clients. The association between disclosure and feedback was .64 ($p < .001$) for the most successful clients and .89 ($p < .0001$) for the least successful, seeming to indicate that the group tried hard to give substantial feedback to those clients who disclosed less, as though appreciating their efforts. Self-disclosure was also highly correlated with client-reported cohesiveness in the group. Successful clients started off as high disclosers, took risks in the group and received feedback from the group at an early stage and although the intensity and frequency of disclosures declined over the course of the therapy this did not affect the outcome.

McDaniel et al (1981) found that in time-limited therapy clients who were more distressed had higher levels of disclosure (defined as subjective information) and lower levels of edifications (objective information). However, no relation was found between the percentage of disclosures and improvement in therapy although clients who were in greater distress disclosed more, and clients who talked more in general in therapy experienced greater improvement. It appears, therefore, as if the definitive evidence linking disclosure and outcome is still to be found, or that, as Farber (2003) suggests, disclosure, per se, does not affect outcome as much as discussion of important and relevant issues.

3.3 Context of Disclosure

3.3.1 Definition of context

Context has traditionally been a somewhat neglected area of psychotherapy research (Elliott, 1993; Heatherington, 1989). However, in Comprehensive Process Analysis (CPA), just as the effects of a significant disclosure are tracked onwards in therapy and at follow-up to ascertain the lasting impact of the event, so it is necessary to track backwards chronologically from the event to observe how the event emerged (see Chapter 6: Method).

In CPA, context is conceptualised as the factors which may have contributed to the peaks (the key speaking turns) (Elliott, 1993). As Heatherington (1989) points out, context is not 'unidimensional' (p.3), and needs to be considered as consisting of different levels.

In CPA, contextual factors are divided into four levels: (a) Background Context, which includes what the client and therapist bring to the therapy, e.g. history, personal characteristics; (b) Pre-session Context, which includes extra-therapy events as well as events that have occurred since the start of therapy until the current session; (c) Session Context, including client and therapist tasks and relevant events that happened earlier in the session; and (d) Episode Context, which includes client and therapist tasks and relevant events leading up to the peak. (See Chapter 6: Method.)

From previous studies there are client disclosure data relating to Background Context e.g. tendency to disclose, age, gender of clients and therapist; Pre-session Context e.g. planning in advance, testing the therapist, and Session Context e.g. client tasks, strength of the Alliance. However, previous research into client disclosure has not considered systematically how levels of context may or may not contribute to a significant disclosure.

3.3.2 Disclosure as a task

There is some evidence to support the theory that clients view disclosing thoughts, feelings and events as a task inherent in therapy (Halpern, 1977; Farber & Hall, 2002; Farber et al, 2004; Ward, 2005). Clients also seemed to feel that it was always better to disclose: 'the more you disclose, the more helpful it is' (Farber et al, 2006, p.466); clients are also aware that withholding could inhibit the process of working on important issues: 'If I don't do the work I won't learn new things about myself' (Farber et al, 2004, p. 343). A participant in Ward's (2005) study commented: 'if you

don't tell them they [counselors and social services] ain't stupid, you know, so why not be frank with them, why not tell them the truth instead of trying to hide something or tell them a lie' (p. 478).

In addition, therapy is a setting where disclosure is the norm and clients can talk freely without endangering other social relationships (Stiles, 1984). The desire to unburden and relieve the distress of holding on to painful feelings may often prompt clients to disclose, rather than feeling pressure to follow any rules of therapy (Farber et al, 2004): 'wanting to get it off my chest' (p.342), (Farber, 2006; Stiles, 1984).

3.3.3 Difficulties of disclosing

Clients may, however, need time to get used to disclosing and feeling comfortable revealing personal material (Levitt et al, 2006). Disclosing may be seen as dangerous or fear-provoking, and clients need to reassure themselves that the therapist will protect them from danger (Silberschatz & Sampson, 1991). There may also be a temptation to avoid the predicted negative emotions associated with certain disclosures by choosing a less painful disclosure: 'I might talk about marital issues as a way of avoiding talking about a transference issue' (Farber et al, 2004, p. 343). Alternatively, a client may make a decoy disclosure in order to distract the therapist from a certain topic, perhaps because it feels too painful or dangerous (Goodman & Esterley, 1988; Rober, 2005). Ward (2005) described how clients set limits on what they disclose to the counsellor in order to feel safe. 'I tell them [counsellors] everything about me. Well, sometimes I hold back what, I hear voices, right. I don't tell them what the voices say. That's the only thing I don't tell them' (p.478).

A tendency for clients to reserve important disclosures until the closing moments of sessions, or at least in the second half of the session has also been noted (Anchor and Sandler, 1976). It is not known whether this is deliberate or unconscious 'sabotage' (p.1) in order to avoid discussion of painful topics, or whether clients generally leave significant disclosures until later in the session for some other reason.

3.3.4 Helpful factors

What are the factors that help clients to disclose? Previous research has examined several variables that may affect clients' willingness to disclose, not least due to the theory that a greater understanding of these factors may contribute to therapists' awareness and skill in facilitating disclosures in therapy (Farber, 2006).

The client's relationship with the therapist has been described as essential for a successful outcome in therapy (Horvath & Bedi, 2002) and appears to be just as important to a client feeling able to disclose difficult material (Hall & Farber, 2001; Farber, 2006; Safran & Greenberg, 1991). Perhaps unsurprisingly, clients were significantly more likely to disclose to counsellors they experienced as facilitative, warm and empathic (Truax & Carkhuff, 1967; Halpern 1977).

Similarly, the therapist's skill in creating a bond of trust that facilitates disclosure was perceived by clients as being very important (Farber et al, 2004): 'It's easier to reveal when the therapist affirms that she understands your struggles, that they're normal' (p.342). Empirically, Farber and Hall (2002) found alliance was positively associated with disclosure, suggesting that clients who experience a positive and

supportive relationship with their counsellor are more likely to disclose; as they point out, however, there is also the possibility that the reverse is true, that clients who are more willing or pre-disposed to disclose find the relationship more rewarding (Khan et al, 2001). Clients may worry beforehand about feeling shame and embarrassment when they disclose and it appears that a strong and trusted therapeutic relationship helps dispel this anxiety (Farber et al, 2004; Farber et al, 2006; Levitt et al, 2006; Pattee & Farber, 2008; Safran & Greenberg, 1991).

Linked to the strength of the relationship is the length of time in therapy; perhaps somewhat surprisingly there appears to be no clear correlation between disclosure and time in therapy. Hall and Farber (2001) found length of time in therapy predicted disclosure, while a later study (Pattee & Farber, 2008) found no correlation. Pattee and Farber (2008) hypothesised that the discrepancy occurred due to differences in counselling orientation; clients in psychodynamic therapy (the majority in the earlier study) which focuses more on self-exploration may be encouraged to disclose more than CBT clients, who were the majority in the later study. So far, however, there has been no empirical research comparing counselling orientation, disclosure and outcome (Farber, 2006).

Whether therapists should be proactive in encouraging clients to disclose their secrets seems to be debatable, depending on several variables, including the strength of the alliance and the skill of the therapist (Farber, 2006). Interestingly, one of the main findings from the Farber et al (2004) study was that over half the clients expressed a

wish for therapists to pursue disclosures more actively, although this finding has not been replicated elsewhere.

3.3.5 Planning disclosures in advance

The extent to which a client may plan a disclosure beforehand or disclose spontaneously in a session is intriguing and not well researched. Farber (2003) reported that client responses were evenly divided between planning to disclose in advance and spontaneously disclosing in the session. As part of the advance planning clients may test the therapist with less risky disclosures in order to assure themselves of feeling safe enough to disclose a major issue (Farber, 2006).

Few studies have explored this phenomenon empirically, although Horowitz, Sampson, Siegelman, Wolfson, and Weiss (1975) examined how a client in psychoanalysis revealed previously unspoken, or warded-off, feelings in therapy. Horowitz et al (1975) concluded that the client tested the therapist's reaction, and when satisfied that the therapist was neutral, he or she was able to trust the therapist and disclose the previously withheld material. The researchers listened to recordings of the therapy sessions and also had access to the therapist's process notes; the conclusions were reached by a panel of judges. The clients themselves were not interviewed about their experience, which could have provided valuable qualitative data about their process of testing the therapist and subsequently feeling safe enough to disclose. The importance of obtaining clients' own perspectives of the counselling process has long been established (Elliott & James, 1989; Paulson et al, 1999).

3.3.6 Clients' tendency to disclose

A tendency to disclose in the past appears to predict disclosure in current therapy (Halpern, 1977). Thus, if a client has disclosed previously and found this to be a positive experience with a warm, accepting therapist there is a greater likelihood that he or she will disclose again. As Farber (2006) points out most clients will probably have experienced both positive and negative reactions to their disclosures and may need to process the negative experiences in therapy to regain trust and feel ready to disclose again. There is some evidence for clients drawing strength from their own social support networks, which makes them feel more inclined to disclose (Kahn et al, 2001). This study also posits that there are clients whose personality tends more towards disclosure and those for whom speaking about problems in therapy may be too difficult; therapists may need to suggest alternative modes of expression, such as writing, for this group. (Kahn et al, 2001). As yet, no qualitative research has been carried out to ascertain clients' views on different experiences of disclosure.

3.3.7 Therapist self-disclosure

Therapist disclosure may sometimes influence client disclosure, for example, by offering a model (Knox & Hill, 2003). A few clients in the Knox, Hess, Petersen and Hill (1997) study stated that a therapist disclosure had facilitated their own disclosures. Hill and Knox (2001) noted that when therapists self-disclosed *in response to* a similar client self-disclosure this was particularly effective in eliciting client disclosure (p.416, emphasis added).

According to Barrett and Berman's (2001) study, increasing the number of therapist disclosures in sessions helped clients feel better and increased their liking for their therapist; interestingly, the study did not prove Jourard's (1971) theory of disclosure begetting disclosure, as there were similar numbers of client disclosures in the sessions where therapists disclosed personal information as those where they did not.

Similarly, clients have reported that feeling a common bond with the therapist may make disclosure easier (Farber, 2004): 'It's easier to talk to someone of the same race' (p.342). One of the clients in Ward's (2005) study reported 'I really like my counsellor here because we have a lot of things in common, it's like he been where I am [past drug user], you know, you have a first-hand knowledge and that's, you know, real comfortable for me because I wasn't just talking to someone who got it from a book' (p. 478).

The effects of therapist disclosure appear to be different for each client, however, and the overall effect of therapist disclosure on client disclosure lacks consistent results (Derlega et al, 1992; Farber, 2006; Hendrick, 1987; Hill & Knox, 2001). The topic of therapist disclosure has its own substantial body of research, which it is not the task of the present study to investigate in depth.

3.3.8 The role of gender in disclosure

Research into gender as a variable affecting disclosure has also produced unexpected results. While Jourard (1971) found that women disclosed more than men, more recent studies have not replicated this result. Strassberg, Anchor, Gabel, and Cohen

(1978) found that male and female disclosures were the same in the earlier part of the session, although female clients disclosed more in the later stages. Stiles et al (1992) found no difference; Wiener and Shuman (1984) found that men disclosed more than women, and Pattee and Farber (2008), in a comprehensive study into the effects of gender and gender roles on client disclosure, found that men and women disclosed to the same extent. In addition, the Pattee and Farber study revealed that female clients found it more difficult to disclose to female therapists than either male clients to female therapists or female clients to male therapists. However, as this was a quantitative self-report study, using the DTI-IV (Farber & Pattee, 2004); no qualitative data were gathered about how clients experienced aspects of gender roles in therapy and how this affected their disposition to disclose. Clients in Farber et al's (2004) study mentioned age, race and gender as the factors most influencing disclosure to the therapist, e.g. 'I really like that we have both youth and gender in common' (p. 342).

3.4 How the present research may add to current findings

Research into client disclosure provides an insight into how clients reveal important material to the therapist (Farber, 2003; Farber et al, 2006). Findings appear to indicate that clients experience therapy as a safe place to discuss their feelings about themselves and significant others in their lives (Farber & Sohn, 2007).

However, research so far has not distinguished between the different domains of Process, Effects and Context, choosing instead to deal with disclosure in a fairly undifferentiated manner. There is a lack of in-depth research into individual clients'

process of disclosing significant material in therapy, in particular, the content, style and quality of client disclosures. More specifically, previous researchers have not focused on significant disclosure or asked clients to describe their experience at interview. Significant disclosures, as defined by the client, have not been tracked to the end of therapy or through follow-up to assess their later effects. Similarly, little research has been done into the context of disclosure: how a client experiences their disclosures as arising from the therapeutic dialogue. In other words, the personal or relational factors that may influence a client to disclose, including previous sessions, extra-therapy events and the client's history have largely been neglected in previous studies.

3.5 Summary

It appears from previous research that clients generally resolve the dilemma of what and when to disclose to the therapist, and overcome any feelings of shame connected to the disclosure. Clients may be reluctant to disclose issues about the therapy or the therapist, fearing that they risk damaging the relationship.

Clients generally feel relieved after disclosing and appreciate acknowledgement of the disclosure by the therapist. A client may become more aware of the presenting problem after disclosing, although there is debate as to whether disclosing negative aspects is helpful or hindering. The relation between disclosure and outcome is still unclear.

Clients are more likely to disclose to counsellors whom they experience as empathic and with whom they have a strong relationship. There is some evidence that clients

may test the therapist first before making a major disclosure, although the extent to which clients plan to disclose beforehand is unclear. Male and female clients appear to disclose to a similar extent, although the gender of the therapist may influence the extent of disclosure.

Chapter 4: Methodology

This chapter outlines the background of significant events research (SER) and the development of Comprehensive Process Analysis (CPA), the method used in this study. The chapter begins with the origins of counselling and psychotherapy research methodology, starting from positivism and natural science and then describes the development of human science and the rise of qualitative methodology and pluralism as an alternative to the qualitative/quantitative dichotomy. Finally, the development of Change Process Research (CPR) and Significant Events Research is described, and the CPA method is set out.

4.1 Natural science and quantitative research

Counselling and psychotherapy research has traditionally been dominated by quantitative research methods; inherited from natural science, these methods rely on numbers and established measures and theories to analyse findings (Hill & Lambert, 2004). This positivist research paradigm emphasises hypothetico-deductive methods that lead to testing hypotheses and controlling extraneous variables (Ponterotto, 2005; Sciarra, 1999).

Positivism can be traced back to philosophers of the Enlightenment period in the 17th and 18th centuries (e.g. Descartes, 1637/1968), who believed in the central importance of the individual and 'an objective, apprehendable reality' (Ponterotto, 2005). The early positivists (e.g. Mill, 1843/1906) believed that social scientists

should follow the methods of natural science to develop their fields of research, and positivism has been the 'received view' ever since (Guba and Lincoln, 1994).

At the end of the 19th and the start of the 20th century Freud and his colleagues conducted their research in the field of psycho-analysis. Freud, coming from a medical background, considered himself to be a scientist and his theories to be the result of scientific research. The various critiques of this view are too numerous to outline here; it is, however, interesting to note that Freud's assertions of the unconscious processes and irrationality of human thought ran counter to scientific certainty (Jacobs, 1992).

During the 1940s and 50s Carl Rogers and his colleagues in Chicago developed client- or person-centred therapy (PCT) which relied heavily on collaboration between clients, therapists and researchers (McLeod, 2001). Despite the essentially humanist approach of Rogers and PCT, Rogers was also a scientist and relied on quantitative methods to evaluate his findings. The effects of using a positivist approach to analyse therapeutic processes such as empathy resulted in the loss of the human aspect, and thus implications for therapists' practice were also lost (Goss & Mearns, 1997).

4.2 Human science and qualitative research

The philosophy of human science originated, among other influences, from the work of the German philosopher Wilhelm Dilthey (1906/1957; 1914/1974) on 'the human studies' and the concepts of *verstehen,* or understanding, and *erlebnis*, or lived experience. Although less well-known today than his contemporaries Marx and

Nietzsche, Dilthey's revival of hermeneutics, continuing the earlier work of Schleiermacher, contributed significantly to the future post-modern stance on psychological research. Dilthey reasoned that positivism and the philosophy of science were not sufficient to explain the whole of the human world, and that in order to understand human actions, it was necessary to achieve an 'inside understanding' (Schwandt, 2000); that is, an understanding of and empathy for people's thoughts, ideas, motivations as they went about their lives (Polkinghorne, 1988).

Writing in the latter part of the 19th and the early 20th century, Dilthey combined his study of Kant's (1881/1966) *Critique of Pure Reason* with a desire for a more practical view of the human condition: philosophy needed to be of use in understanding the world and the people who live in it. Dilthey considered that an appreciation of the inter-relatedness of different disciplines was essential in order to gain a true understanding of any aspect of one of them: psychology, sociology, history, geography, political and social factors all influenced each other and needed to be considered as having a sense of unity (Rickman, 1979). This knowledge, or understanding, informs the hermeneutic circle – we cannot understand the whole without an understanding of the parts and so we shuttle back and forth until we have achieved knowledge of both the parts and the whole, ending when we reach 'a coherent unity' (Kvale, 1996, p. 48).

Hodges (1944) describes how Dilthey included the concept of 'divination', or as it might be termed today 'insight', in the process of interpretation. Divination relates to

a quality which cannot be taught, which defies logic, cannot be proved empirically and yet goes to the heart of interpreting a work (p.28). In this sense, Dilthey's description could be said to parallel the process of a therapist or a researcher understanding and interpreting the words of a client, extracting the precise meaning and at times even understanding the client better than she understands herself.

Answering criticisms from positivists about the validity of qualitative research, Rennie (1999) quotes the work of the American philosopher, Peirce (1839-1914), who was almost an exact contemporary of Dilthey. Rennie (1999) describes how in his theory of inference, Peirce added *abduction* to the elements of induction and deduction. Abduction, or applying the best explanation to suit the evidence, uses interpretation and conjecture to reach a conclusion (Schwandt, 2007); applying this to qualitative research, Rennie demonstrates how abduction is validated internally by induction - a text is interpreted by using examples grounded in the text. Alternatively, inductions about a text may be made first, followed by an abduction; that is, selecting the hypothesis that best fits the evidence. This interdependence, according to Rennie (1999) is not only similar to the hermeneutic circle, it also demonstrates the internal validity of qualitative research (with particular reference to the grounded theory method.)

Dilthey's philosophical work influenced major figures in the field, two of whom were to have particular significance for counselling research: Husserl and Heidegger. Although Dilthey and Husserl were later to disagree on the relation between psychology and history (Makkreel, 1975), Husserl's concept of phenomenology,

which involves the researcher setting aside, or 'bracketing off', assumptions and previously understood meanings in order to reach the essence of the 'thing itself' is one of the roots of qualitative research (McLeod, 2001).

Although opinions differ as to whether Heidegger was the first philosopher to broaden the study of hermeneutics to all texts (McLeod, 2001; Rickman, 1979), as far as counselling and psychotherapy research is concerned his influence is profound. Heidegger combined both phenomenological and hermeneutic approaches to explore everyday aspects of life and how key issues, such as culture and language contributed to understanding the world (Packer, 1985).

Rennie's (1999, 2001, 2007) revised theory of methodical hermeneutics addressed the problem of the double hermeneutic that threatened to undermine the validity of qualitative research. Giddens (1984) argued that, unlike natural scientists, social science researchers first investigate the world of their participants and then interpret what they find; these interpretations may then be interpreted and adopted by the participants themselves and become part of their world that the researcher first investigated. Similarly, in research interviews the clients have interpreted their experience for the researcher, who not only interprets the clients' words from her own world view, but also re-interprets the transcript when subsequently writing about it. How can this relative view of a client's experience in therapy be accepted as truth?

Rennie proposed not only Peirce's modes of abduction and induction, referred to above, but he also stressed the importance of the researcher sharing his or her biases with the audience and thus bracketing them off, as Husserl advocated, from the study: acknowledging subjectivity to achieve objectivity. Finally, Rennie outlined three elements of rhetoric for qualitative researchers to consider: demonstrating a 'thorough and systematic' inquiry (p.10); grounding the understandings in the text; and being reflexive - again allowing the researcher to objectify the subjective. It could be argued that Rennie thus returns to the ancient philosophical subjects of hermeneutics, logic and rhetoric to find validation for a new way of doing research that is qualitative rather than quantitative.

4.3 Revolution and pluralism

As described above, natural science methods were traditionally used in counselling research. However, by the 1970s, the use of similar methods to carry out research in disciplines as diverse as Newtonian physics and counselling and psychotherapy had resulted in a body of counselling research that was not only 'a loosely conglomerated mixed bag' (Mahrer, 1988), it had, according to Goldman (1976) 'little or nothing to offer practitioners' (p. 543). Researchers and counsellors operated in separate vacuums, with little mutual communication or understanding of how the groups could usefully learn from each other (Elliott, 1983). Even further away was the concept of research being ahead of counselling practice, providing evaluated cutting-edge techniques for therapists to employ with clients (Gelso, 1979; Hill, 1982).

This period, described by Denzin and Lincoln (2000) as the 'phase of blurred genres', was a time when qualitative researchers experimented with a variety of methods; however, as more and more new methods developed independently, the lack of a coherent epistemology hampered the qualitative cause. Rather, qualitative research included different epistemologies jostling for position, and although they could not agree on what constituted qualitative research, researchers united in the fact that they rejected positivism (Schwandt, 2000).

As Kuhn (1962) describes, 'crisis simultaneously loosens the stereotypes and provides the incremental data necessary for a fundamental paradigm shift' (p.89). Calls for a revolution in the field of counselling research (Goldman, 1976) led to a re-appraisal of the philosophy of human science and the constructivist paradigm; researchers were urged to move out of the laboratory and re-engage with real life (Eisner, 2003). As Rennie commented, 'It cannot be expected that human science will be about the discovery of laws' (1994, p.236).

As an alternative to the 'paradigm war' between quantitative and qualitative approaches (Gage, 1989), many researchers suggested a pluralist approach to psychotherapy research (Elliott, 1983; Goss & Mearns, 1997; Howard, 1983; Slife & Gantt, 1999). This approach accepted that both quantitative and qualitative methods had limitations and advantages, biases and assumptions, and that rather than being evidence of incoherence, this indicated a complementary relationship (Slife & Gantt, 1999) and an acknowledgement of the different ways in which knowledge may arise (Kvale, 1992; Marecek, 2003; Ponterotto & Grieger, 1999). Underlying this

approach was a pluralist epistemology accepting that the four theories of truth: correspondence, coherence, pragmatism and consensus (Hamlyn, 1970) each had flaws and that to combine them, without giving precedence to one particular theory, was a more valuable approach to counselling research. In a philosophical stance reminiscent of Dilthey's writing one hundred years before, Gergen (1985) appealed for more dialogue between psychologists and researchers in the fields of anthropology, history and sociology.

In the 1980s and early 1990s researchers appeared to move towards more systematic methods of qualitative research: Hill called for more studies linking in-session process and outcome (Hill, 1990); Rennie worked on developing grounded theory, using Interpersonal Process Recall (IPR) (Rennie, 1990, 1992); Elliott developed CPA (Elliott, 1984) and Greenberg was developing task analysis (Greenberg, 1984; Rice & Greenberg, 1984).

By the mid 1990s, the term 'qualitative research' had become standard usage and there were calls for the elite professional journals to publish more qualitative papers (Bergin, 1997; Rennie, 1994). Given the increase in the use of qualitative methods, guidelines were published with the aims of introducing quality control and promoting the legitimisation of qualitative research (Elliott, Fischer & Rennie, 1999; Hill et al, 1997; Stiles, 1993).

Alternative ways were developed to examine and understand what happened in therapy. Discourse analysis provided a hermeneutic approach to studying client and

therapist speech, viewing the interaction from a socio-cultural point of view (Elliott, 2006; Madill & Doherty, 1994; Madill & Barkham, 1997). Building on Labov and Fanshel's (1977) early analysis, Conversation Analysis (CA) was further developed. CA examined speech in therapy turn by turn, with an emphasis on the actions that therapist and client were performing through the words they chose (Madill, Widdecombe & Barkham, 2001).

However, although a search of terms on PsycInfo related to qualitative research in the 1990s showed a sharp increase from the previous decade, the incidence was still only 0.45% of the total number of records (Rennie, Watson & Monteiro, 2002). As the authors concluded, their findings could not yet point to a 'rupture in the dominance of positivism' (p.188).

In the first years of the 21st century, interest in mixed methods research (combining qualitative and quantitative data) in psychotherapy increased and further guidance was published (Hanson, Creswell, Palno Clark, Petska, & Creswell, 2005; Madill, Jordan & Shirley, 2000). The post-modern concept of no one fixed truth gained credence amongst researchers and editors, who questioned the earlier modernist belief that fixed truths could explain everything about the human condition (Camic, Rhodes & Yardley, 2003; Hansen, 2004; Lincoln & Guba, 2000; Patton, 2002).

The client, hitherto somewhat neglected in psychotherapy research and defined only by a particular problem or diagnosis, began to take a more central role. There was a shift away from viewing the therapist and the researcher as the sole observers of

therapeutic change. Including the client in setting therapeutic goals and then working out together how to achieve them became better established (Duncan & Miller, 2000).

In this chapter I have attempted to chart the emergence of qualitative research as an accepted method in psychotherapy investigation; there are differences, however, in the ways that qualitative research has developed in North America and the UK. Rennie (2004a) described how the concept of *bricolage*, as a post-modern research method, for example, has become more accepted in the UK than in North America.

4.4 Change Process Research

The term 'change process research' (CPR), was first used in the 1980s to refer to the qualitative study of the processes that bring about change in psychotherapy. The goals of CPR have been described as:

(a) theoretical understanding of effective processes in psychotherapy and (b) applied knowledge for guiding the actions of practising psychotherapists (Elliott, 1989).

In contrast to the traditional methods described above, CPR focuses on the *nature* of the causal relationship, rather than merely establishing its existence (Elliott, 2010). The development of CPR also marked a shift away from the restricting dichotomy of process – outcome research to a wider investigation of changes at different levels throughout therapy (Greenberg, 1986; Rice & Greenberg, 1990). The aims of CPR were to increase theoretical understanding of effective processes in psychotherapy

and provide applied knowledge for practising psychotherapists (Elliott, 1989). One example was the *Assimilation model* (Stiles et al, 1990), that was developed from a taxonomy of client-identified helpful and unhelpful events (Elliott, 1985; Elliott et al, 1985), and aimed to provide client and therapist with a mechanism for classifying different aspects of problematic experiences.

The basic forms of CPR include Process-Outcome, Helpful Factors and Sequential Process analysis (Elliott, 2010). Over the last two and a half decades since CPR was first introduced, however, more complex methods have been developed combining several of these approaches and including both qualitative and quantitative data. Significant Events Research (SER) is one example of this pluralist design, as used in this study; the client indicates a specific significant event using a HAT Form (helpful factors), and Comprehensive Process Analysis (CPA), a method incorporating both sequential analysis and process-outcome analysis, is used to analyse the event.

4.5 Significant Events Research

A significant event in therapy has been defined as 'that part of a given therapy session experienced by the client as most helpful or important' (Elliott & Shapiro, 1992). Such events also 'consist of sequences of client and therapist actions which facilitate specific psychological impacts on clients' (Elliott, 1989, p. 165).

Until the 1980s, although the existence of important events in therapy (either helpful or hindering) was widely acknowledged by therapists and researchers, identification and description of these events was sparse (Elliott, 1983a).

Among the earliest studies on important events were investigations to identify significant moments in group therapy (Berzon, Pious & Farson, 1963; Bloch et al, 1979). Berzon et al (1963) point out that 'systematic attempts to identify what is therapeutically effective from the patient's point of view have been few' (p.204). Other early studies include the analysis of the first five minutes of an intake interview (Pittenger, Hockett & Danehy, 1960) and the discourse analysis of a therapy session with an anorexic client (Labov & Fanshel (1977).

These studies did not identify or analyse the therapeutic significance of any helpful or hindering events that may have occurred nor did they involve the client or therapist in the analysis, relying instead on the single perspective of an observer. However, they were early investigations into the language used in psychotherapy, foreshadowing methods such as CPA.

As Elliott (1983a) points out, the limited scope of these early studies was due to the lack of a model of measurement for the process of psychotherapy. As described above, existing methods for psychotherapy research involved quantitative methods such as statistical tests and global questionnaires which were not sufficiently fine-grained to capture the micro-processes that occur in a therapy session. There was also a gap between process research and psychotherapy practice (Elliott, 1983b), again due to a lack of relevant methods, which resulted in psychotherapy research having a limited effect on actual practice.

Researchers addressed this gap by developing a range of methods on the change process in therapy that were more closely aligned with practice. These methods also moved away from the positivist research paradigms of physical science described above towards a more humanities-based model (Elliott, 1983b); the client became an active participant in the research him/herself, with a central role, rather than being a passive 'subject' (Mearns & McLeod, 1984). A new research paradigm, the Events Paradigm (Elliott, 1983; Greenberg, 1986; Rice & Greenberg, 1986; Stiles, Shapiro & Elliott, 1986), was developed which focused on 'clinically significant change events in psychotherapy' (Elliott & Shapiro, 1988, p. 141).

The importance of researching significant moments in therapy lies in the potential to provide (a) a source of applied knowledge so that therapists gain an awareness of events that may be helpful in their clinical practice with clients (Greenberg & Safran, 1987; Mahrer & Nadler, 1986; Mahrer, Dessaulles, Nadler, Gervaize, & Sterner, 1987; Rogers, 1957; Safran & Greenberg, 1991) and (b) a more in-depth understanding of the theory of effective change processes, since change processes are considered to appear in a 'purer' form during significant therapy events (Elliott, James, Reimschuessel, Cislo, & Sack, 1985).

The analysis of significant events in therapy is essentially pluralist, incorporating both qualitative and quantitative methods. These include asking clients to identify helpful aspects of therapy, for example by completing the Helpful Aspects of Therapy (HAT) form (Llewelyn, 1988), analysing the selected event by tracking the

client's process through therapy and finally, linking the process to the outcome of the therapy (Timulak, 2010).

Two well-known methods of significant events research are *Task Analysis* (Rice & Greenberg, 1984; Safran, Greenberg & Rice, 1988), an events-based approach to studying the change process which led to the development of emotion-focused therapy (Greenberg, Rice & Elliott, 1993) and *Comprehensive Process Analysis* (CPA; Elliott, 1984, 1989; Elliott et al, 1994).

Significant events that have been studied include insight (Elliott, 1984; Elliott et al, 1994), empowerment (Timulak & Elliott, 2003) and problem clarification (Rees et al, 2001); client disclosure events have not previously been studied.

4.6 Brief Structured Recall

The technique of recording client sessions began as early as the 1930s and 40s (Orlinsky, Ronnestad &Willutzi, 2004); Carl Rogers is well-known for making video and audio recordings of sessions, for example the recordings of sessions with Gloria (Shostrum, 1965). These recordings, however, tended to be for the use of the therapist or researcher alone, rather than as a way for the client to highlight significant moments in a session.

An important development in SER, therefore, was the use of tape-assisted recall, or Interpersonal Process Recall (IPR; Elliott, 1979, 1986; Kagan, Krathwohl & Miller, 1963; Kagan, 1975). In IPR, the video or audio recording of a therapy session was

played back to clients or therapists, enabling them to identify significant moments directly from the tape and describe the thoughts and feelings they experienced.

Despite the undoubted advantages in using IPR with clients to explore the inner workings of the therapeutic process (for example, Caskey, Barker & Elliott, 1984), this method required a large investment of time from counsellor and client. A less cumbersome method, Brief Structured Recall (BSR), was therefore developed (Elliott & Shapiro, 1988) in which the researcher played the recording of a significant event that had previously been identified by the client (for example, on a HAT Form) and asked the client to point out the key or peak speaking turns. The researcher then elicited details of any covert processes, including the client's feelings and reactions to the significant event.

BSR was developed for use in Comprehensive Process Analysis (CPA) studies, as the method provides the researcher with a wealth of detail about the client's experience of an identified within-session event (Elliott et al, 2001). Such close exploration provides the researcher with additional data for the Effects and Context analyses of a significant event.

4.7 Comprehensive Process Analysis

This section provides the philosophical background to CPA, describing how it developed in the context of significant events research and change process research. Chapter 6: Method contains a formal and concrete description of the CPA method.

4.7.1 Background

Comprehensive Process Analysis (CPA) uses a discovery-oriented approach to understand important moments in therapy, and track the effects (Elliott, 1989). Developed by Elliott through the 1980s, the CPA method first emerged in an earlier quantitative version (Elliott, 1983b), which, however, delivered few results for understanding significant events. Elliott attributed the lack of meaningful results to the same cause that Goldman (1976) cited in connection with psychotherapy research: the failure of positivist research techniques to adequately represent the complexity of the therapeutic process (Elliott, 1989).

The next stage of development was the construction of a heuristic framework, setting out the basic structure of CPA: a significant event, the therapist's response, the in-session effects and context. This structure became more complex, with the addition of more layers of effect and context. The use of Brief Structured Recall (BSR; Section 4.6) provided more in-depth descriptions of covert processes during the event and opportunities to compare different perspectives of client, therapist and researcher (Elliott, 1993).

4.7.2 Philosophical basis

CPA has a phenomenological and hermeneutic basis, with an overarching critical realist epistemology. The approach aims to establish the fullest picture possible of what occurred in a significant event and how it contributed to change in therapy. CPA is based on the following assumptions:

a. that there exist significant moments/events in therapy sessions which clients experience as having a profound impact on their change process
b. that it is easier to study the process of these specific smaller events, rather than trying to study everything in a session
c. that micro-analysis of a single brief event best captures the complexity of the therapeutic process
d. that the best understanding of an event is achieved by listening to and combining the accounts of all participants: therapist, client, researcher and any observers (Elliott, 1991, 1993).

Underlying these assumptions are four truth criteria (Hamlyn, 1970; Packer & Addison, 1989): correspondence, coherence, usefulness and consensus. CPA attempts to identify three aspects of significant therapy events: key client and therapist responses; the following sequence of effects of the significant event and the contributing factors, and the context (Elliott, 1993). Within these three domains are a total of 43 sub-domains: data entered under each sub-domain need to comply with the criteria of presence (that is, present in the original data, i.e., meet the correspondence criterion); non-redundancy (that it does not appear elsewhere under a different sub-domain, i.e., coherence), relevance (that it contributes to the understanding of the event, i.e., usefulness); and agreement among researchers (i.e., consensus).

CPA draws on a range of methods for analysing events: grounded theory (Rennie, Phillips & Quartaro, 1988), conversation analysis (Madill et al, 2001; Schegloff,

2007), client and therapist response modes (Elliott et al, 1987), explicating the underlying meaning of clients' words (Labov & Fanshel, 1977). In this plurality, CPA is an example of *bricolage*, combining several different methods to achieve a full analysis (McLeod, 2001).

4.7.3 Previous CPA studies

CPA has previously been used to analyse significant events by teams of researchers (Elliott et al, 1994; Rees et al, 2001) in order to develop models of particular types of change events, based on analysing single events (e.g. Elliott, 1983; Elliott & Shapiro, 1992; Hardy et al, 1998) and a thematic analysis of insight events (Elliott et al, 1994). The studies involved therapists from different orientations: CBT, psychodynamic and experiential. The studies all used the HAT Form as an instrument to identify the significant event.

4.8 Summary

This study uses CPA, a mixed method, or *bricolage*, combining qualitative and quantitative elements. CPA was developed as a method of analysing small, client-defined significant events, using BSR, and acknowledging the central position of the client in therapy. The underpinning philosophy is hermeneutic and phenomenological, so while the method itself is comparatively new in psychotherapy research terms, it is based on long-established epistemological principles.

Chapter 5: Pilot study

In this chapter I describe the pilot study of a significant client disclosure. The pilot investigation was carried out at the start of the research study into client disclosures in order that the researcher could become familiar with Comprehensive Process Analysis (CPA) as a method to analyse significant disclosure events in therapy. As noted in the previous chapter, CPA has already been used to analyse significant insight events (Elliott et al, 1994).

As this study was carried out using an archival case, the client did not complete a specific question about disclosure, nor was it possible to conduct Brief Structured Recall (BSR) with the client. The method is fully described here as it differs slightly from the method used with the clients who were interviewed about identified significant disclosures: this method is described in Chapter 6. The results of the CPA analysis of the pilot study are set out in the same format as the main results (Chapters 7 to12) in order to facilitate comparisons across the CPA headings. The results from the pilot study are included in the Cross-analysis (Chapter 13) and in the Discussion (Chapter 14).

5.1 Method

5.1.1 Event identification

This case was selected from the archive of a Post Traumatic Stress Disorder (PTSD) study carried out at a large university in the USA in the 1990s. Clients participating in the study completed the Helpful Aspects of Therapy Form (HAT: Llewelyn, 1988)

post-session in which they were invited to describe the most helpful event in each session. For this pilot study, one event was selected as a disclosure event from data provided by the clients on the HAT Form using the following criteria: First, the (anonymised) event described by the client was identified as a disclosure event by the researcher; two raters, working independently and using the definition of disclosure provided by the researcher, also judged the description to be a disclosure. (See Appendix A for further information on this preliminary study); second, the audio tape or video tape of the session was available for transcription and analysis; and third, the case had a successful outcome, based on the therapist's case notes. (Unfortunately, the quantitative post-therapy outcome data were largely missing as the client did not attend the post-therapy interview.)

5.1.2 Participants

5.1.2.1 Client.

The client (referred to here as 'Julia') was a 19-year old female European-American; she attended therapy in a university research clinic as part of a study aimed at developing a person-centred-experiential approach to crime-related PTSD. Julia was recruited to the study via a newspaper advertisement for this study and was screened to ensure she met the diagnostic criteria for PTSD. She was suffering from moderately severe PTSD after being the victim of rape and attempted murder five years prior to starting therapy. She was affected by intense fear, which prevented her from pursuing her aims in life, especially going away to university.

5.1.2.2 Therapist

The therapist was male, older than Julia, European-American and highly experienced as a Process-Experiential therapist.

5.1.2.3 Researcher

In contrast to previous CPA analyses (Labott, Elliott & Eason, 1992; Hardy, Rees, Barkham et al, 1998; Rees, Hardy, Barkham et al, 2001) a team of judges was not used to consensualise the findings. Instead the researcher carried out the analysis, which was then audited by the research supervisor.

5.1.3 Measures

5.1. 3.1 Helpful Aspects of Therapy Form

The Helpful Aspects of Therapy (HAT) Form (Llewelyn, 1988; Elliott, Slatick & Urman, 2001) was the principal measure used in this study. The researcher used clients' HAT Forms to identify sessions where disclosure events occurred and assess how clients described them. The HAT Form is a post-session questionnaire that invites the client to identify and describe the most helpful and hindering events in the session and to rate its helpfulness on a bipolar scale of 1 (extremely hindering) to 9 (extremely helpful) (see Chapter 6).

5.1. 3.2 Session Evaluation Questionnaire; Revised Session Reaction Scale; Impact of Event Scale

In addition, the client completed the Session Evaluation Questionnaire (SEQ: Stiles, 1980) and the Revised Session Reaction Scale (RSRS) after each session. The SEQ

rates two dimensions of clients' experiencing of the session: depth-value and smoothness-ease. The RSRS is a post-session questionnaire that measures the helpful and hindering reactions that clients have to sessions (see Reeker, Elliott & Ensing, 1996 for psychometric data). The Impact of Event Scale (Horowitz, Wilner & Alvarez, 1979), a measure of post-traumatic stress difficulties (re-experiencing and avoiding), was administered to the client at the beginning of each session to obtain quantitative data on the effects of sessions and as an outcome measure.

5.1. 3.3 Client Experiencing Scale

During the analysis of the significant event, the Client Experiencing Scale (CEXP; Klein, Mathieu, Gendlin, & Kiesler, 1969; Klein, Mathieu-Coughlan & Kiesler, 1986) was also used to measure the within-session effect of the disclosure. The CEXP Scale was developed to measure the depth of client experiencing, or participation, in person-centred or experiential therapy as evidenced by the client's speech. Results on the CEXP Scale have been shown to be correlated with client experience of therapist helpfulness and good outcome (Klein et al., 1986) (See Chapter 6).

5. 1.4 Analysis

The recording of the session was first transcribed and the key speaking turns of the session that corresponded with the HAT description were identified. (See Table 5.1 for transcript of the disclosure event.) The researcher next made process notes to record key client and therapist speaking turns, themes and sub-themes in order to outline the episode structure of the session and client conflict or person schemes.

A process analysis of the event was then carried out, in which the researcher explicated the key speaking turns and then conducted a micro-analysis, describing the action, content, style and quality of the peak client speaking turn (Elliott, 1993). After that, the effects of the event were analysed, starting with the immediate experienced effects, and then moving to the within-session effects, the post-session effects, and the post-treatment effects. Finally, the researcher analysed the context of the event, moving backwards from the event in order to provide an increasingly wider understanding of its context. The context analysis began by examining the within-session episode, then the whole session, looking at client and therapist tasks. Pre-session and background context were subsequently assessed.

5.2 Results

5.2.1 Process Analysis

5.2.1.1 Event

The disclosure event took place in the sixth out of 19 sessions of Process-Experiential Therapy at 55.45 minutes of the session. The transcript of the Episode (Table 5.1) is followed by the explication and micro-analysis of the event peaks.

Table 5.1 Transcript of Pilot Study Significant Disclosure Event

[start of pre-event]

C254: ‘h And it’s like, and then I, y’know what I mean I think that (1.0) <u>my</u> life’s been so horrible ‘h and then I hear like <u>other</u> people’s lives, like other people <u>I</u> know, and I think (T: *mm hm*), ‘h well, man, my life’s <u>not</u> so horrible, ‘h so then it almost makes me more sad, like, well, if it’s not just <u>me</u>, (T: *Mm mm*) ‘h then it’s everywhere (<.5)

T254: Somehow it'd be easier to bear if it was just you (C: Right {nods agreement}) who felt so badly but =

C255: [a] But instead it's like everyone and everywhere and (T: *Mm hm*) ((sounding tearful)) always continuing (T: *hm mm*) (2.0) [b] I mean it's like 'h I think people would be surprised if they fou:nd out how many kids were molested when they were young, 'h I mean, you could probably talk to: anyone in ninety per cent of High Schoolers (<.5)

T255: Were you? (<.5)

C256*: Uh, yeah, I was, but I mean, it's like, 'h it'd be different if it was <u>me</u> but when you talk to everyone else and it's happened to everyone else (<.5)

[Disclosure]

T256: I mean, besides your rape, besides the rape (<.5)

C257: ((half sobs)) Yeah (<.5)

T257: Yeah. So some of the, 'h some of the black, tarry, icky stuff inside is about that? (<.5)

C258: Yeah (<.5)

T258: °Yeah, mm hm° (<.5)

C259: But it's like everyone, it seems like most people have been (T: °*Yeah*°) you know, and specially going to private schools when you find out 'h so many people have been, 'h (T: *Yeah*) you know, from very good families and stuff, 'h it's like it's <u>every</u>where (T: °*mm hm*°), people are just (1.0) sick. (1.0)

T259: 'hh So this comes up ((Sighs)) what do you wanna do with this? (<0.5)

C260: ((Laughs)) Nothing! (<.5)

T260: Have you worked on this in your th- in your previous therapies? (<0.5)

C260: No, I never talked about, ever ((small laugh)) (<.5) [**30 seconds after disclosure event]**

T261: And it's very hard for you to talk about it now (<.5)

C262: Hm mm {nods agreement} (<.5)

T262: °Yeah, yeah, I see that, yeah (1.0) so that 'h part of what's in there° (2.0), that's it/

C263: So what?]

T263: So part of what's in that blob (.5) it's not just the rape and the (0.5) 'h being attacked and (1.0) it =

C264: It's a lot of other stuff ((small laugh)) (<.5)

T264: It's a lot of other stuff, it's not just the things you did 'h being wild and crazy, it's also s- other stuff that's been done to you (C: *mm hm*), is that right? Yeah, and (2.0) h °it's really hard, isn't it?° (<.5)

C265: Mm mm (<.5)

T265: And it's almost like, how can I…I mean, I guess you come here and you say "well, this fear, you know, the fear's making me a prisoner in my life" and "stop making me unfree" and yet it's all connected to this other stuff, that maybe you don't wanna deal with now in your life and yet it's all interconnected. (<.5)

C266: Mm hm (<.5)

T266: So, what do you do? (<.5)

C267: I don't know I feel like it all just got mixed up so it's like (<.2)

T267 It's like that stirring and stirring (<.2)

C268: so I can't sort out what (T: *Yeah*) thing makes me angry and what thing makes me sad and (T: *uh huh*) 'cos it's all like mixed up now. And it's not just, it's not just

fear that restricts me, I mean, it's anger, anger towards people, just anger towards humans (T: *mm hm*) and just pain and everything restricts you, you know **[1 minute after disclosure event].**

Note. Transcription symbols (from Sacks, Schegloff & Jefferson, 1974) as follows: h = outbreath; 'h = in-breath; 'hh = Long in-breath; : = prolongation of sound; *Mmm* = backchannel utterances; / = beginning of interruption;] = end of interruption; ◦ = quiet speech; numbers in parentheses are timings of internal and interresponse pauses in seconds; The = symbol stands for lack of an expected pause; * = key therapist and client turns; T = therapist; C = client.

5.2.1.2 Explication

After the session Julia completed the HAT questionnaire and described the most helpful event of the session as, 'Talking to the therapist about molestation'. She then described what made the event helpful as, 'First time I'd ever talked about it with therapist and I realised its connection to my life'.

The first step in the analysis was to carry out an explication of Julia's words on the HAT Form.

1. Client's words: 'Talking to the therapist about molestation.'

Explication: 'The most helpful event in that session was talking to the therapist about the molestation I suffered.'

2. Client's words: 'First time I'd ever talked about it with therapist and I realised its connection to my life.'

Explication: (a) 'What made it helpful was that this was the first time I had ever talked with the therapist about being abused.' (b) 'By talking about it I realised how the molestation is connected to my life.'

Next, the key speaking turn, C256, was identified from the transcript. The explication of the key turn was based on Julia's description on the HAT Form, the therapist's process notes and intensive listening to the tape recording of the session and the transcript.

The key client speaking turns were divided into units and each unit was explicated (Elliott & Shapiro, 1992) to interpret their explicit and implicit meanings, including what was said 'between the lines'.

C256: 1. Uh, yeah, I was/ 2. but I mean, it's like, it'd be different if it was me/ 3. but when you talk to everyone else and it's happened to everyone else

Explication:

1. Yes, I was molested when I was young

2. If we were only talking about something that happened to me and no one else, it would not be so bad

3. But I've spoken to lots of people and they have been abused too, [and that's the most awful thing]

Explicating Julia's key speaking turn meant completing the sentence that she left unfinished (unit 3, indicated in square brackets), using clues from her speaking turns that precede and follow the key event: C254 and C259.

5.2.1.3 Micro-Analysis

Following the explication the client key speaking turn was analysed under the headings of Action, Content, Style and Quality (Table 5.2).

Table 5.2 Micro-analysis of Pilot Study Client Peak

5.2.1.3.1 Action	• Response Mode: Self-disclosure. • Response Task: Agreement with therapist's question.
5.2.1.3.2 Content	• Amplification by universalisation: reference to cultural context. • C's emotional reaction to this phenomenon.
5.2.1.3.3 Style/State	Slightly hesitant and embarrassed then regains confidence and speaks fluently.
5.2.1.3.4 Quality	7.5: working between moderately and very well.

5.2.1.3.1 Action

The Response Task of the client was judged to be agreement to disclose the previous abuse. The Response Mode was self-disclosure.

5.2.1.3.2 Content

Following this disclosure, Julia widened the cultural context by universalising her abuse: ‘when you talk to everyone else and it’s happened to everyone else…’ She returned to this theme in C259: her primary task here was to reflect on her feelings of pain about how widespread the phenomenon of abuse is in society before she was able to focus on herself.

5.2.1.3.3 Style/State

Julia spoke slightly hesitantly and broke eye contact (from video recording) as if embarrassed by the direct question; then she regained confidence and spoke more emphatically and fluently by the end of the speaking turn.

5.2.1.3.4 Quality

At this moment in the session Julia was adjudged to be working between moderately and very well. She responded to the opportunity to disclose to the therapist; she persisted on the universalisation theme until C259 ‘people are just…sick’.

5.3Effects Analysis

The Effects Analysis is summarized in tabular form (Table 5.3) and then followed by a description of each section.

Table 5.3 Effects Analysis of Pilot Study Disclosure Event

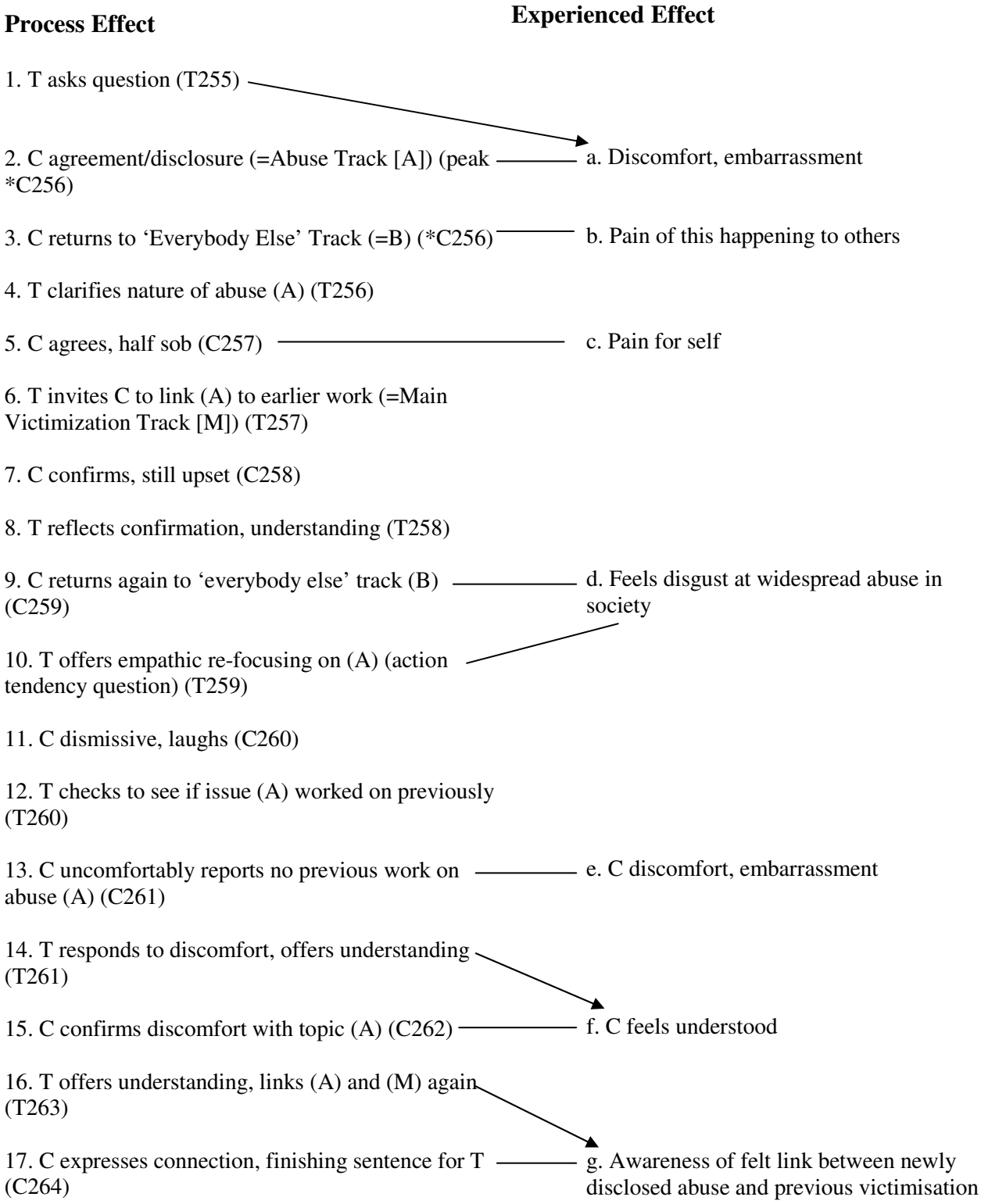
5.3.1 Immediate Effects:	See Figure 5.1
5.3.2 Within Episode Effects (Quantitative):	Within-episode effects were assessed using the CEXP Scale. See Table 5.4
5.3.3 Within Session Effects (Qualitative):	• C and T discuss the parallel processes of the two episodes of victimization; C reports insight • C goes on to reveal her anger at her mother and lack of trust in the relationship • C expresses to T her positive feeling at having disclosed abuse
5.3.4 Post-session Effects **5.3.4.1 Immediate Post-session Effects (Qualitative):**	At the end of the session C sums up her positive feelings about therapy Immediately after the session, C writes on HAT Form: 'I realized its [molestation] connection to my life'.
5.3.4.2 Immediate Post-session Effects (Quantitative):	C rates session 8.5 (between greatly and extremely helpful)
5.3.4.3 Post-session Effects (Quantitative):	Positive Indicators: Table 5.5

5.3.4.4 Brief Structured Recall (BSR):	No BSR (archive case)
5.3.4.5 Extra-therapy Effects:	In mid-session interview C reported feeling tearful when disclosing the abuse
5.3.4.6 Subsequent Sessions:	• Session 7: C states that she has successfully dealt with the abuse and resolves to focus on the main therapeutic issue of the fear (T process notes). • Mid-therapy interview (after Session 8): C mentions being upset talking about 'stuff from my childhood.' (Transcript of mid-session interview) • C continues therapy without referring to the abuse. • Session 12: C mentions the loss of childhood innocence (T process notes). • Session15: C links her fear to low self-esteem (T process notes). • Sessions 16-19: C works on self-esteem (T process notes).

5.3.5 Post-therapy Effects	
5.3.5.1 Post-therapy Effects (Qualitative):	
5.3.5.1.1 End of therapy interview:	C did not attend as she had moved away.
5.3.5.1.2 Six month follow-up interview:	Not applicable.
5.3.5.1.3 18 month follow-up interview:	Not applicable.
5.3.5.2 Post-therapy Effects (Quantitative)	
5.3.5.2.1 Outcome Effects:	See Table 5.6.

Note. C= client; T=therapist.

Figure 5.1: Immediate Effects: Pilot Study



5.3.1 Immediate Effects

In these immediate speaking turns after the disclosure three tracks were interwoven: Julia's disclosure of her own abuse (the Abuse track); her pain at the number of children who have suffered sexual abuse in society (the Everybody Else track) and the therapist's work in staying with the client, offering links to the client's previous exploration and waiting until she indicated she was ready to move on (the Main Victimisation track.)

Although Julia responded immediately to the therapist's question, disclosing that she suffered abuse as a child, she did not immediately stay with her own experience. Instead she reflected on her feeling of horror at how widespread child abuse is in society 'when you talk to everyone else and it's happened to everyone else...' Even when the therapist offered a reflection of how her experience of abuse linked to the 'black, tarry, icky stuff inside' that she had described earlier in the session, it seemed important to her to return to the theme of child abuse in society: 'it seems like most people have been [abused]' and 'it's like it's everywhere' (C259). Julia then came to the end of this track with the conclusion 'people are just...sick.'

Figure 5.1 illustrates how, later in the episode, Julia moved on from her feelings of general disgust. Although at first the client was unable to engage with the therapist's empathy, he repeated his offers of understanding (T257, T258, T259, T261), until she felt understood (C262). She then gained an insight into the connection between

the newly disclosed abuse and her previous victimisation (C264): 'it's a lot of other stuff'.

5.3.2 Within-Episode Events (Quantitative)

In order to assess the effects of the event quantitatively, we assessed the within-episode effect of the disclosure, using the Client Experiencing Scale (CEXP; Klein et al, 1969; Klein et al, 1986). See Table 5.4.

Table 5.4 CEXP ratings: Pilot study

	Mode/Peak Researcher	**Mode/Peak Auditor**	**Mode/Peak consensus**
Pre-event (C254):	4/4	3/4	**3/4**
Peak (C255):	3/3	3/3	**3/3**
30 secs post-event (C264):	4/6	2/3	**3/3**
1 minute post-event (C274):	4/5	4/5	**4/5**

Note. The Modal rating describes the overall client experiencing level in the segment; the Peak rating describes the point where the highest level of experiencing is reached in the segment, even if it is only reached momentarily. The CEXP stages range from 1 to 7; the ratings increase as clients move more deeply in touch with their feelings. Thus, Stage 1 involves impersonal, abstract accounts; Stage 2 applies to a client speaking about him or herself, but without referring to emotions and Stage 3 shows that the client may refer fleetingly to feelings or experiences. At Stage 4, the client is clearly focused on his or her feelings and how it feels to be him or her; at Stage 5 the client elaborates on the feelings: this involves both posing a problem or question about the self in relation to experiencing and then going on to explore the problem, referring to an awareness of the exploration process. Stages 6 and 7 describe the client making a shift to a new felt sense, and then achieving

mastery of being in the moment, with an ever-increasing awareness of each new experience (Klein et al, 1986).

The Client Experiencing Scale (CEXP) was used to compare Julia's depth of experiencing in a one minute segment before the event and 30 seconds and one minute segments after the event. The researcher and her supervisor rated the segments independently for the modal (average) levels and peak (highest) levels in the segments and then reached a consensus on the ratings. The inter-rater reliability (Cronbach's alpha) for these ratings and those of two similar studies measuring the client's depth of experiencing was .81, representing a good degree of consistency.

Immediately prior to the significant event the mode rating was judged to be 3, as Julia was engaged in a narrative about herself. The peak rating was 4, as she gave a clear 'presentation of her feelings' (Klein et al, 1986) as she started to approach her disclosure: 'My life's been so horrible' (C254). The disclosure itself (peak turn) was rated at 3 for mode and peak.

For the first segment of thirty seconds after Julia's disclosure there did not appear to have been any change in the CEXP. However, moving on to the segment one minute after the event, the client's attention moved from her generalisation of sexual abuse onto her own experience. In C268 she clearly engaged in 'a purposeful exploration of her feelings and experience' (Klein et al, 1986), resulting a modal rating of 4 in this segment, while exploring a problem she identified, which had sprung from her increased awareness following the significant event (peak rating of 5).

5.3.3 Within-Session Effects (Qualitative)

Later in the session, shortly after the event, Julia revealed her feelings of anger and mistrust towards her mother, stemming from the fact that the abuser was her mother's boyfriend and she believed her mother knew of the abuse and did nothing: 'I've never felt that I trusted her again because her priorities were screwed up and she would choose other people or other things, you know' (C287). Then, at the end of the session, Julia expressed her relief at having disclosed what happened: 'I'm glad that I could actually say it' (C299) because 'it just seems so completely horrible that it couldn't be talked about' (C300).

5.3.4 Post-session Effects

5.3.4.1 Immediate Post-session Effects (Qualitative)

Immediately after the session, Julia referred to the helpfulness of the session saying: 'I'm glad this program came along' *(therapist's process notes*). She also completed the HAT Form with the high rating of 8.5 and wrote her statement of insight: 'I realised its connection to my life.'

5.3.4.2 Immediate Post-session Effects (Quantitative)

Julia rated the session as 8.5: between greatly and extremely helpful.

5.3.4.3 Post-session Effects (Quantitative)

The significance indicators for quantitative assessment of effectiveness were next evaluated using the cut-offs described in Elliott (1993) (See Table 5.5). Six out of seven measures were positive, with only one neutral indicator. The mean indicator

score is +.85, suggesting this was a very helpful event and validating it as a significant event.

Table 5.5 Significance Indicators: Pilot study

Indicator	Value	Evaluation
Client Event Helpfulness	8.5	+
Client Session Helpfulness	9	+
Therapist Session Helpfulness	8	+
Client SEQ Depth	5.8	=
Client SEQ Smoothness	5.7	+
Client Task Effects (RSRS)	4.3	+
Client Experiencing Scale	5	+
Summary: 6 + indicators, 1 = indicator, 6/ 7 total indicators	.85	'Very positive' event

5.3.4.4 Brief Structured Recall (BSR)

BSR could not be carried out as the case was archival.

5.3.4.5 Extra-therapy Effects

In the mid-session interview (after session 8) Julia reported to the interviewer how she had felt she was 'holding back from crying' when she was talking about 'background stuff' which could refer to the disclosure of abuse.

5.3.4.6 Subsequent Sessions

At the start of the following session (session 7) Julia recontextualised the abuse as an issue that she had already dealt with: she told the therapist that she had exerted her power and stopped it by threatening to tell her mother (*session recording*). The therapist accepted Julia's frame of reference: 'It does not affect her like the rape/attack – she wants to focus on the fear around this' (*therapist process notes*).

In the mid-session interview at Session 8, however, Julia referred to the disclosure episode again. In response to the question: 'Have there been things in therapy that were difficult and painful, but still OK?' she told the interviewer:

> 'Um, like we got into stuff about my childhood. I figured I'd come in here and talking about the attack, and that was all I wanted to talk about, y'know? And then, but we'd be getting into stuff about my childhood, like background stuff and like, I guess I just wasn't prepared to do that. It wasn't him [therapist] at all, it was my choice, but still I didn't think I was going to. Like, that was harder for me to do then, like harder emotionally, like I was holding back from crying and stuff when usually it's like really calm. That's it.' *(Transcript of mid-session interview.)*

Julia did not refer to the disclosure in subsequent sessions. Later in the therapy (sessions 16-19) she worked on the issue of her self-esteem and her PTSD-related fear diminished.

5.3.5 Post-therapy Effects

5.3.5.1 Post-therapy Effects (Qualitative)

5.3.5.1.1 End of therapy interview

Julia was unable to attend the post-therapy follow-up interview as she moved to a new area and got a job prior to starting university (a positive outcome in itself).

5.3.5.1.2 Six month follow-up interview

Not applicable.

5.3.5.1.3 18 month follow-up interview

Not applicable.

5.3.5.2 Post-therapy Effects (Quantitative)

5.3.5.2.1 Outcome Effects

Table 5.6 shows the Outcome Effects. The table is incomplete as Julia did not attend the post-therapy interview. However, the data that were gathered do not show a very positive result, including no reliable change on the IES between pre and post therapy.

Table 5.6 Outcome Effects: Pilot study

	Assessment	Pre therapy	Mid therapy	Post therapy
Impact of event scale (IES)	29	20	26	25
Keane PTSD	17	13	25	-
SCL-90	1.73	.97	1.49	-

MCMI A	69	66	65	-

5.4 Context Analysis

The context analysis was undertaken to provide a fuller understanding of how the significant event occurred in the therapy and the factors that featured in the emergence of the event. The Context Analysis is set out under four main headings: Background Context, Pre-session Context, Session Context and Episode Context. Each section of results is summarised in a table, and followed by a narrative description. Each table includes the 'to:'s', or explanatory links, that show how each element is relevant to the Disclosure event.

5.4.1 Background Context

First, the Background Analysis is set out (Table 5.7).

Table 5.7 Background Context: Pilot study

5.4.1 Background **5.4.1.1 Client Conflicts/Schemes:**	Core Conflictual Relationship Themes (CCRTs): • C wants to feel free and independent; fears dependency, victim status (to: C Session Task). • C wants to feel safe and protected; fears significant people in her life (e.g. her mother) will choose other priorities over her. (to: Session Task, Event Content).

	• Person Schemes: • Self = powerless, feels like a 3 year old child (to C Conflict; C Problems).
5.4.1.2 Client Style/Problems:	• C is open to exploring painful feelings (to: C Peak style, Problems). • Style: Reflective, articulate, engaging (to: Alliance, C Peak Style, Quality). • Severe, crime-related PTSD limits her life and options (to: Situation, Previous Sessions).
5.4.1.3 Client Situation/History:	• Abused by mother's partner, poor relationship with mother for not protecting her (to: Event Content, C Episode Task). • Wild behaviour (sex, drugs) in early adolescence (to: Episode Relevant Events). • Victimisation: Suffered rape and attempted murder five years earlier (to: Problems). • C's life has been severely limited by PTSD, increasing depression and PTSD over previous 2 years (to: Problems).
5.4.1.4 Therapist Personal Characteristics:	• Experienced in process-experiential P-E) therapy (to: Treatment Principles).

	• Skilful at P-E therapy (to: Treatment Principles). • Able to relate to C in spite of differences in age, gender (to: Alliance).
5.4.1.5 Therapist Treatment Principles:	• Use techniques flexibly (to: Session Events, Peak Quality) • Offer understanding, empathy (to: Alliance, immediate experienced effect) • Stay attuned to C's frame of reference (to: Alliance, T Episode tasks) • Respect decisions C makes about therapy (to: Alliance, T Episode Task b, later therapy effects).

Note: C = client; T = therapist.

5.4.1.1 Client Conflicts/Schemes

The Context Analysis consisted of exploring the wider factors that the client and therapist brought to the therapy. Julia brought a basic conflict to the therapy of wanting to feel free and independent, while at the same time fearing being dependent and behaving like a victim (e.g. not wanting to go out alone at night). This conflict was related to the client's 'Powerless' self scheme - her feeling of being powerless 'like a 3 year old', rather than an adult.

5.4.1.2 Client Style/Problems

Julia's interpersonal style, as observed by the therapist and the researcher (from video), was open, reflective and articulate, as evidenced by the strong, trusting nature of the bond between therapist and client and the willingness with which Julia participated in tasks such as that described above, when she enacted her 'blob' of pain and fear.

5.4.1.3 Client Situation/History

Julia's history was characterised by sexual abuse (molestation and rape) and earlier wild behaviour (sex, drugs), violence (suffering attempted murder) and a poor relationship with her mother (due to abuse by her mother's partner).

5.4.1.4 Therapist Personal Characteristics

The therapist was very experienced in process-experiential/emotion-focused therapy, and able to relate well to Julia despite the differences of gender and age.

5.4.1.5 Therapist Treatment Principles

From analysing the event we observed that the therapist followed several treatment principles: he was flexible with process-experiential techniques and he stayed attuned to Julia's frame of reference, expressing understanding and empathy. For the analysis of this event, probably the most relevant principle the therapist followed was respecting decisions Julia made about her therapy. Julia made the decision not to work therapeutically on the sexual abuse she suffered as a child because she felt she

had dealt with it. Instead, the therapist respected her decision to focus on resolving the fear that was caused by the PTSD from the more recent attack.

5.4.2 Pre-session Context

Second, the pre-session context was analysed (Table 5.8).

Table 5.8 Pre-session Context: Pilot study

5.4.2.1 Extra-therapy Events	C reports positive experience of attending festival at night (to: T and C Session Tasks).
5.4.2.2 Previous Sessions	• C abuse not reported in pre-therapy assessment or previous sessions (to: Event Content). • In previous session C made progress with controlling fear (to: T and C Session Tasks; Alliance).

5.4.2.1 Extra-therapy Events

At the start of the session Julia described how she had attended a busy festival at night since the last session; although she had felt scared at times, she had not been overwhelmed by the feeling and had enjoyed the event.

5.4.2.2 Previous Sessions

Julia did not mention being abused in her pre-therapy assessment or earlier in the therapy. In the earlier sessions, according to the therapist process notes, Julia had recounted nightmares and situations where she had felt scared of being attacked

again. In the previous session (5) Julia reported that she had made progress as she had 'identified' her fear as 'one solid thing' (C146) and thus made it more controllable.

5.4.3 Session Context

Third, the Session Context was analysed (Table 5.9).

Table 5.9 Session Context: Pilot study

5.4.3.1 Client Session Tasks:	a. Explore impact of fear on life (to: T Session Task). b. Explore self-identity (to: T Session Task). c. Explore dealing with pain (to: C Session Event, C Episode Task, T Session Task).
5.4.3.2 Therapist Session Tasks:	a. Help C explore the fear and how to deal with it (to: T Episode Task). b. Explore nature and function of 'fear blob' (to: T Episode Tasks, Session Relevant Events).
5.4.3.3 Alliance:	Bond: Bond with T is strong. Task: C also engages well in tasks of session. (to: C, T Peak Quality; Immediate Experienced Effect).
5.4.3.4 Session relevant events:	C works on task of exploring the 'blob' of

	fear.

5.4.3.1 Client Session Tasks

5.4.3.2 Therapist Session Tasks

The client and therapist session tasks both related to the exploration of Julia's fear, which was how the PTSD manifested itself in the client and what brought her to therapy. The client session task was to get rid of her fear and the therapist session task was to explore this with the client.

5.4.3.3 Alliance

The bond with the therapist was strong: Julia trusted the therapist enough to disclose the abuse. Julia also worked well on the tasks of 'speaking as the blob' and 'responding as the blob'.

5.4.3.4 Session relevant events

Earlier in the session Julia had enacted her experience of the 'blob' of fear and pain, engaging in dialogue with and as the 'blob'. By defining the 'blob' she was able to get in touch with her feelings of 'fear, anger, pain and loneliness' (C234).

5.4.4 Episode Context

The Episode Context describes the sequence of speaking turns leading up to the first key turn of the significant event (see Table 5.10).

Table 5.10 Episode Context: Pilot study

5.4.4.1 Client Episode Tasks	a. Disclose abuse to T – offering hints about abuse to see if T will pick it up. b. Communicate her disgust at widespread nature of child abuse. (to: Peak Content).
5.4.4.2 Therapist Episode Tasks	a. Facilitate C's disclosure of abuse. b. Explore with C whether she needs to work on the newly disclosed abuse. c. Help C make connections between earlier and later victimisations. (to: Peak Content, Immediate Effects).
5.4.4.3 Episode Relevant Events	a. C describes her wild behaviour in school (C253). b. T recognises C's pain at what is inside the 'blob' (T253). c. C describes her pain at the frequency of abuse (C254, C255). (to: Local Cue).
5.4.4.4 Local Cue	T's question (T255).

5.4.4.1 Client Episode Task

The client tasks in this episode were for Julia to disclose the abuse she had suffered to the therapist and communicate her disgust at the widespread nature of child molestation in society.

5.4.4.2 Therapist Episode Tasks

The therapist tasks were to facilitate Julia's disclosure, explore with Julia whether she wanted to work on the newly disclosed abuse and help her make a connection between the earlier and later victimisations.

5.4.4.3 Episode Relevant Events

Julia moved from an examination of how she lived 'badly' (C253) and the pain she felt about her life to the pain that other people experience in their lives. This led her to voice her distress about the widespread nature of abuse, the hint that led to the therapist's question:

C255[b]: 'I think people would be surprised if they found out how many kids were molested when they were young.'

5.4.4.4 Local Cue

The therapist picked up the hint from Julia and asked the question: 'Were you [abused]?'

5.5 Summary

Carrying out the pilot study raised a number of helpful issues for the development of the research study.

First, it allowed the researcher to become familiar with CPA as a method for analysing significant events; the method permitted a very close examination of a

short, yet significant disclosure, including how the event was built up to and what happened afterwards. The method thus suited the aim of the study: to explore such events in depth.

Second, the pilot study demonstrated one possible process of disclosure in therapy: a hint from the client, followed by a direct question from the therapist that elicited the disclosure. The content of the disclosure was a traumatic, shameful event for the client that she found it hard to talk about; however, the disclosure played a supporting, rather than a central role in the client's therapy. These findings provided an initial description of a significant disclosure event.

Third, the pilot study highlighted the limitations of using an archive case to explore significant disclosures. Although I was able to rely on many sources for data (e.g. tape and video recordings, client and therapist post-session feedback), only the client herself could have provided me with an accurate account of what made her decide to disclose at that point in the session, the factors that helped her make the decision and how she felt when she disclosed the abuse. Therefore, I felt that to thoroughly research significant disclosures, I needed to speak to clients themselves about the event, and this then informed the development of the next stage of the study.

Finally, most previous CPA studies were carried out using teams of researchers, reaching decisions on the data through consensus. The pilot study was an opportunity to assess the feasibility of carrying out a CPA analysis with one researcher; the results were then audited by the supervisor. Although this method was time-

consuming, it required less time than using a team of analysts, and thus was considered to be within the time-frame of a programme of doctoral research.

Chapter 6: Method

This chapter describes the setting for the research project, the details of the participants, the expectations of the researcher and supervisor, and the instruments used. The procedure and the analysis are described fully and the chapter concludes with the researcher's reflexive summary.

6.1 Setting

6.1.1 Counselling Research Clinic

The study was conducted at the University of Strathclyde's Centre for Counselling and Psychotherapy (referred to in this study as 'the Research Clinic'), based in the Faculty of Humanities and Social Sciences. The Research Clinic was set up in 2006; Professor Robert Elliott is the Director.

The Research Clinic offers up to 40 sessions of free counselling to members of the public in return for participation in one of two major studies: specialist counselling for people experiencing Social Anxiety as part of an on-going research study into this condition and practice-based counselling for people experiencing depression, bereavement, trauma and other personal difficulties. At the time of this study, the Research Clinic has offered counselling to approximately 250 clients since its inception.

Generally, all meetings with clients took place at the Research Clinic. On two occasions, with the approval of the Director of the Research Clinic, BSR interviews

were conducted at the researcher's place of work (a Higher Education college) because this location was more convenient for the clients.

As the researcher recruited clients from the practice-based protocol, the following details of the procedure refer only to that protocol.

6.1.2 Ethos of the Research Clinic

The ethos of the Research Clinic is one of counselling practice and research, with counsellors carrying out research studies and researchers also providing counselling to clients. The environment is one of co-operation and mutual learning amongst students and staff.

At the time of this study, counselling at the Research Clinic was provided by members of teaching staff and postgraduate counselling students. The teaching staff were from the University of Strathclyde's Counselling Unit, and were from a person-centred or experiential orientation. Postgraduate student counsellors and researchers were either completing the Postgraduate Diploma in Counselling at the University of Strathclyde or enrolled on a doctoral level course. They were mainly from a person-centred counselling orientation; some counsellors had training in emotion-focused therapy and CBT. The postgraduate students were supervised by Research Clinic staff and received training in the protocols and administration of the Research Clinic. Counsellors were allocated to clients at a weekly group supervision meeting or occasionally by the clinic director or a designated member of staff.

All clients at the Research Clinic were also allocated a researcher, who was either a member of staff or a postgraduate student, as described above. The researchers were responsible for carrying out the Intake Interviews, Change Interviews and End of Therapy and Follow-up interviews with the clients, as well as having an overview of the clients' progress in therapy.

In order to recruit clients as participants for her study, the author joined the Research Clinic's team of researchers.

6.1.3 Client population

The people who attended for counselling at the Research Clinic came from the Glasgow and Lanarkshire area. They were aged between 18-60 years and predominantly of white British-European ethnicity. Of the clients who contacted the Research Clinic and were eligible for the Practice-based study, 28.9% were male, 61.6% were female, with 9.4% unrecorded. Of those who completed therapy at the Research Clinic and attended at least one follow-up session, 37.2% were male and 62.8% were female (Tashiro, personal email correspondence, 2010). Clients were all self-referred.

6.1.4 Referral

Potential clients made initial contact with the Research Clinic by e-mail or phone. The first stage was a telephone screening interview carried out by a designated member of the Research Clinic team. If appropriate, and depending on the outcome of the screening interview, the client was referred either to the Social Anxiety study

or the Practice-based study. Clients were allocated to researchers at a weekly group supervision meeting or occasionally by the clinic director. The researcher then contacted the client to invite him or her for an Intake Interview (see Section 6.4.2).

6.2 Participants

6.2.1 Clients

The author of this study was allocated clients as a researcher at the Research Clinic and remained as the researcher for the clients whether or not the clients participated in the Disclosure study. The allocation of clients was based solely on the researcher's availability; when the researcher was able to take on more clients she contacted the director and was allocated the next client on the waiting list. The clients were not pre-selected on any characteristics.

All the client participants in this study were recruited from clients who attended an intake interview at the Research Clinic between August 2008 and June 2010. All names have been anonymised (Table 6.1).

The original target number of interviews with clients was set at six. Six clients has previously been considered a practical compromise for similar studies using CPA, for example Elliott et al's (1994) study of insight and a PhD study on focusing events in experiential therapy (Clark, 1990).

It required two years of tracking clients for the researcher to carry out six interviews, as a variety of reasons made it difficult to recruit clients who were also willing to be interviewed: the researcher was studying part-time and was not based at the Research

Clinic; clients were members of the general public and travelled to the Research Clinic, often from a considerable distance using public transport; several clients agreed to participate by signing the Consent Form, but did not complete the Disclosure Question; when clients described a significant disclosure on the form they were not always willing to be interviewed about it.

Table 6.1 Client Characteristics

Name	***M/F***	***Age***	***Ethnic Origin***	***Employment status***	***Presenting issues***	***Attended therapy before***	***Video recorded sessions***
Anna	F	55	White (Scottish)	Self-employed Professional	Depression Divorce	Yes	Yes
Maggie	F	52	White (Scottish)	Full-time Professional	Depression Physical Health Relationships	Yes	No
Tom	M	31	White (English)	Full-time Professional	Anxiety Physical Health Depression	No	Yes
Carrie	F	27	White (Scottish)	Part-time Semi-professional	Depression Relationships	Yes	No
Rosa	F	39	White (Scottish)	Part-time Professional	Relationships Anxiety	Yes	No
Lucy	F	47	White (Scottish)	Part-time Professional	Depression Work Relationships	Yes	No

Disabilities

One client had an unseen physical disability and a specific learning disability.

6.2.2 Counsellors

The counsellors were all female, although one client also worked with a male therapist towards the end of her therapy (Table 6.2.). Counsellor S was the therapist for two clients who participated in the study: Anna and Maggie. All the therapists were white and were counselling students with less than five years' counselling experience. The therapists had all received training in the person-centred counselling approach; Counsellor D had also studied Cognitive Behavioural Therapy during her course.

Table 6.2 Counsellor Characteristics

Name	***Client***	***Gender***	***Age***	***Ethnic Origin***	***Counselling status***	***Counselling orientation***
Counsellor S	Anna and Maggie	Female	26	European-American	Counselling Postgraduate student	Person-centred
Counsellor D	Tom	Female	26	White Scottish	Counselling Psychology Doctoral student	Person-centred, CBT
Counsellor K	Carrie	Female	26	White Scottish	Counselling Psychology Doctoral student	Person-centred
Counsellor A	Rosa	Female	24	White European	Counselling Postgraduate student	Person-centred
Counsellor G	Rosa (after 36 sessions)	Male	26	White English	Counselling Postgraduate student	Person-centred
Counsellor H	Lucy	Female	29	White European	Counselling Postgraduate student	Person-centred

6.2.3 Researcher

The researcher is female, white, British, aged 49; she is a BACP accredited (since 2001) person-centred counsellor and works as a counsellor for HE students. She has

a BA (Hons) degree in English Language and Literature (1982; University of Durham) and a PG Diploma in Counselling (1998) and an MSc in Counselling (2006), both from the University of Strathclyde.

At the start of the research study, the researcher was aware of holding assumptions and expectations about the findings of the investigation (McLeod, 2001). The following responses describe what she anticipated discovering in answer to the research questions:

The first research question: How do clients describe what happens during the significant disclosure?

> The researcher expected that clients would disclose major traumatic events or experiences as a form of relief and the start of a process of integrating the event into their lives in a healthier way.

The second research question: What immediate and later effects do the disclosure events have on the clients and their therapy? How helpful are such events?

> The researcher expected that the response of the therapist following the disclosure would be crucial to influencing how the client processed the event. If the client received a positive response, the disclosure would be considered to be helpful and might have a major impact on the development and outcome of the therapy. The client was expected to be upset and vulnerable while making the disclosure. The researcher generally expected the importance and helpfulness of the disclosure to decrease over time for the client.

The third research question: What is the context in which the significant disclosures occur? Are there any wider, background factors that are related to the disclosure?

The researcher expected that historical issues would greatly influence the disclosures. She expected that clients might either disclose spontaneously, as the result of a therapist intervention, or that they might wish to test the therapist with smaller disclosures. In both cases, the strength of the alliance with the therapist would be a critical factor in the decision to disclose.

6.2.4 Auditor

The auditor for the analysis of the results of this study is the researcher's first supervisor. He is Professor of Counselling, European-American ethnicity. He is the developer of CPA, the analytic method used in the research. He has 35 years of experience doing intensive research using qualitative and quantitative methods. His theoretical orientation is person-centred-experiential.

The auditor's interest in the study lay in how the act of disclosure, as an act of confession, restores people and brings them relief and re-integration in the community. He expected a diverse range of disclosure events, secrets and other kinds; that disclosure events would not occur at the start of sessions (Elliott & Shapiro, 1988) and that, as Horowitz et al (1975) describe, the client would test the therapist before making a major disclosure. His expectations of the analysis were that there would be a large, elaborate context to the significant disclosure and that the effects would be feelings of relief for the client and a deepening of the relationship with the therapist.

6.3 Instruments

6.3.1 Helpful Aspects of Therapy (HAT) Form

The HAT Form was completed by all clients at the research clinic after every session; it was developed by Llewelyn (1988) and has been used extensively to identify and study significant events (Elliott, Slatick & Urman, 2001). The HAT Form elicits information about important moments in therapy using a combination of qualitative open-ended questions and quantitative rating scales. A slightly revised version of the original HAT Form was used in this study (v3.2; 05/2008) (Appendix B).

The design of the HAT Form is inherently flexible, in that questions may be added to it depending on the specific topic that is being researched. In order to elicit information about significant disclosures for this research study, the researcher added a Disclosure Question (DQ) (Appendix C) to the HAT Form specifically asking about disclosure in the session and inviting the client to rate the disclosure:

> In this session, did you reveal something important about yourself to the therapist? Yes/No
>
> a) If yes, please rate how important it was to you: slightly (1), moderately (2), greatly (3), extremely (4).
> b) If you feel OK to do so, could you please indicate generally what you revealed?

For clients participating in the researcher's study, the DQ was printed on a separate sheet so the client could hand it directly to the counsellor (See Procedure: Section 6.4).

6.3.2 Session Effectiveness Scale

The Session Effectiveness Scale (SES; Appendix D) is a post-session questionnaire that was completed with the HAT Form after every session. The SES is a hand-made measure consisting of four questions taken from several commonly used measures: The Helpfulness question was taken from the generic Helpfulness Scale (Elliott & Wexler, 1994) and the questions asking clients about their feelings and their progress in the session were taken from the Therapy Session Report questionnaire (Orlinsky & Howard, 1986).The final question asks clients about the shift in the session (Greenberg, personal communication).

The therapist indicators were also taken from the post-session Therapy Session Report questionnaire (Orlinsky & Howard, 1986).

6.3.3 Personal Questionnaire (PQ)

The PQ (Phillips, 1986) (Appendix E) is an individualised self-report client treatment measure that has high internal reliability (mean Cronbach's alpha of approximately .85) and strong convergent validity with other distress measures (Barkham et al, 1993; Wagner & Elliott, 2004). All clients in the practice-based study prepared a PQ with the researcher in the Intake interview as a baseline for tracking and identifying

change in therapy. The PQ was completed before every session, and before Change Interviews, End of Therapy interviews and Follow-up interviews.

6.3.4 Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM)

The CORE-OM (Appendix F) is a 34-item questionnaire; it was developed in 1998 and has been widely used as a robust and valid instrument for measuring outcome (Evans, Mellor-Clark et al, 2000). The CORE-OM asks clients to rate statements about themselves over the previous week in four categories: Wellbeing, Problems, Functioning and Risk. The CORE-OM was completed during intake, after every 10 sessions and at the end of therapy and at optional 6- and 18- month follow-up interviews.

6.3.5 Strathclyde Inventory

All clients completed the Strathclyde Inventory (SI) (Appendix G); the SI is a 31-item questionnaire developed by Freire, Cooper and Elliott (2007). The SI was developed from a person-centred model, according to Rogers' description of a 'fully functioning person'. It has excellent interitem-reliability (Cronbach's alpha = 0.94) and temporal consistency (0.76). Clients are asked to rate statements about themselves during the previous month to measure outcome in a person-centred framework. Clients completed the SI during intake, after every ten sessions and at the end of therapy and at optional six and 18- month follow-up interviews.

6.3.6 Change Interview

All clients participated in Change Interviews (Elliott et al, 2001) after every ten sessions, after the last session and at six and 18-month follow-up. The Change Interview is a semi-structured interview which lasts approximately 60 minutes and allows clients to identify and describe any changes they have noticed during therapy in as much detail as possible (Appendix H).

In order to track the significance of a client-identified disclosure over time, the researcher added a question to the Change Interview protocol reminding clients of the disclosure, asking them to describe their feelings about the event and rate the disclosure in terms of its current significance and helpfulness.

6.3.7 Adapted Brief Structured Recall Interviews

The researcher used an adapted version of Brief Structured Recall (BSR: Elliott and Shapiro, 1988) (Appendix I) to interview clients about their experience of significant disclosure. The researcher drew up an interview protocol to elicit information from clients about their covert process and unspoken thoughts and feelings during the disclosure event. The format of the interview was semi-structured; the researcher carried out a briefing before and a debriefing after the interview (Kvale, 1996).
The interview protocol was submitted with the application for Ethics approval. It contained the following questions not in the original BSR protocol:

- Did you think about revealing this to the therapist earlier in the session or in previous sessions? Could you say whereabouts in the session you thought about this?
- If so, why did you not do so? What influenced your decision?

- What made you decide to disclose this to the therapist at this point?
- What helped you to be able to disclose at that point?
- How did you feel just before you disclosed this to the counsellor?

6.3.8 Client Experiencing Scale

The Client Experiencing Scale (CEXP; Klein, Mathieu, Gendlin & Kiesler, 1969; Klein, Mathieu-Coughlan & Kiesler, 1986) was used by the researcher in the Effects Analysis to assess any change in the client's depth of experiencing following the significant disclosure. The CEXP was developed to measure the depth of client experiencing, or participation, in person-centred or experiential therapy as evidenced by the client's speech. Results on the CEXP have been shown to be correlated with client experience of therapist helpfulness and good outcome. Reliability for rating sessions with a variety of therapist orientations and client problems ranged from .82-.99; for ratings of individual therapy segments the reliability ranged from .61 – 93 (Klein et al, 1986).

6.4 Procedure

6.4.1 Ethics/Consent process

6.4.1.1 Ethical approval for disclosure study

The Disclosure study was approved by the Departmental Ethics Committee of the University of Strathclyde on 28 July 2008 (Appendix J). The key ethical concern about the study was that clients who participated in the BSR interviews might become distressed when they listened to their sessions. Therefore, at the end of each interview I offered the clients a referral to a counsellor (either their current therapist

at the Research Clinic or another counsellor, who agreed to act in this capacity). In the event, none of the clients wished to speak to a therapist after the interview.

6.4.1.2 Consent process for clients at Research Clinic

At the Intake Interview all clients received the Research Clinic Consent Form (Appendix K) and Information Sheet (Appendix L), and the Consent to Recording Form (Appendix M). All counselling sessions at the Research Clinic were audio recorded and clients were asked to give permission for, or opt out of, video recording. The clients were asked to complete these forms and return them to the counsellor at the first session.

6.4.1.3 Specific consent process for clients

In addition to the forms described above, the researcher provided the clients she was allocated with a Consent Form (Appendix N) and Information Sheet (Appendix O) for her Disclosure study and gave brief details about the research. Clients were asked at Intake interview to sign and return the Consent Form to the counsellor with the other forms, if they wished to participate in the research study.

6.4.2 Intake interview and PQ

The main purpose of the Intake interview was to create a Personal Questionnaire (PQ) (Phillips, 1986) with the client, as described above. Intake interviews were not audio or video recorded.

The researcher introduced herself to the client and explained the general role of researcher at the Research Clinic. The researcher provided the Consent Forms and Information Sheets to the client, including the Consent Form for the Disclosure Study. The clients were requested to take the forms away and then return the signed forms to the counsellor at the first therapy session. The researcher explained briefly the purpose of her study and the process for becoming a participant. A phone number and e-mail address were provided on the Information Sheet and these were pointed out to the client in case s/he needed clarification about the study.
The researcher then carried out the procedure for creating the PQ with the client (Appendix P).

6.4.3 Briefing counsellors

When a client was allocated to a counsellor to start therapy, the researcher contacted the designated counsellor to explain the structure and aims of the Disclosure study and practical issues, such as the location of the Consent forms and Information sheets. The researcher also explained the different format of the HAT Form to be given to clients, with the Disclosure Question (DQ) on a separate page. The researcher and counsellor agreed on the best method of communicating, either by text message or e-mail.

The researcher requested that the DQ information be passed to her as soon as possible after the session; this was because BSR interviews needed to be carried out with the clients within three days, while the session was still relatively fresh in the clients' memory.

6.4.4 Client consent to participate

The researcher requested the counsellor to check whether the client returned the researcher's Consent Form, as well as the Research Clinic Consent Forms, when s/he arrived for the first session of therapy. If the client had forgotten the form, the counsellor provided another form for the client to sign; if the client expressed a wish not to participate in the researcher's study, the counsellor noted this fact. The counsellor did not discuss the research study with the client and referred the client to the researcher if there were any questions about the study.

After the first session, the counsellor informed the researcher whether or not the client had agreed to participate (and had returned the Consent Form) so that the researcher could then start tracking the responses of the client to the Disclosure Question.

6.4.5 Disclosure Question (DQ) procedure

The information on the HAT Form and the other post-session forms was not revealed to the counsellor until the client gave specific permission at the end of the therapy. The client therefore placed the HAT Form in an envelope (together with the other post-session forms) and handed it to the counsellor after the session.
However, because the researcher needed to know the content of the Disclosure Question as soon as possible after the session, and the DQ did not contain any specific information about the counselling session, the clients gave the DQ directly to the counsellor. One client requested a separate envelope for the DQ form as well and then all clients were then offered an envelope for the DQ form.

6.4.6 Counsellors notified researcher

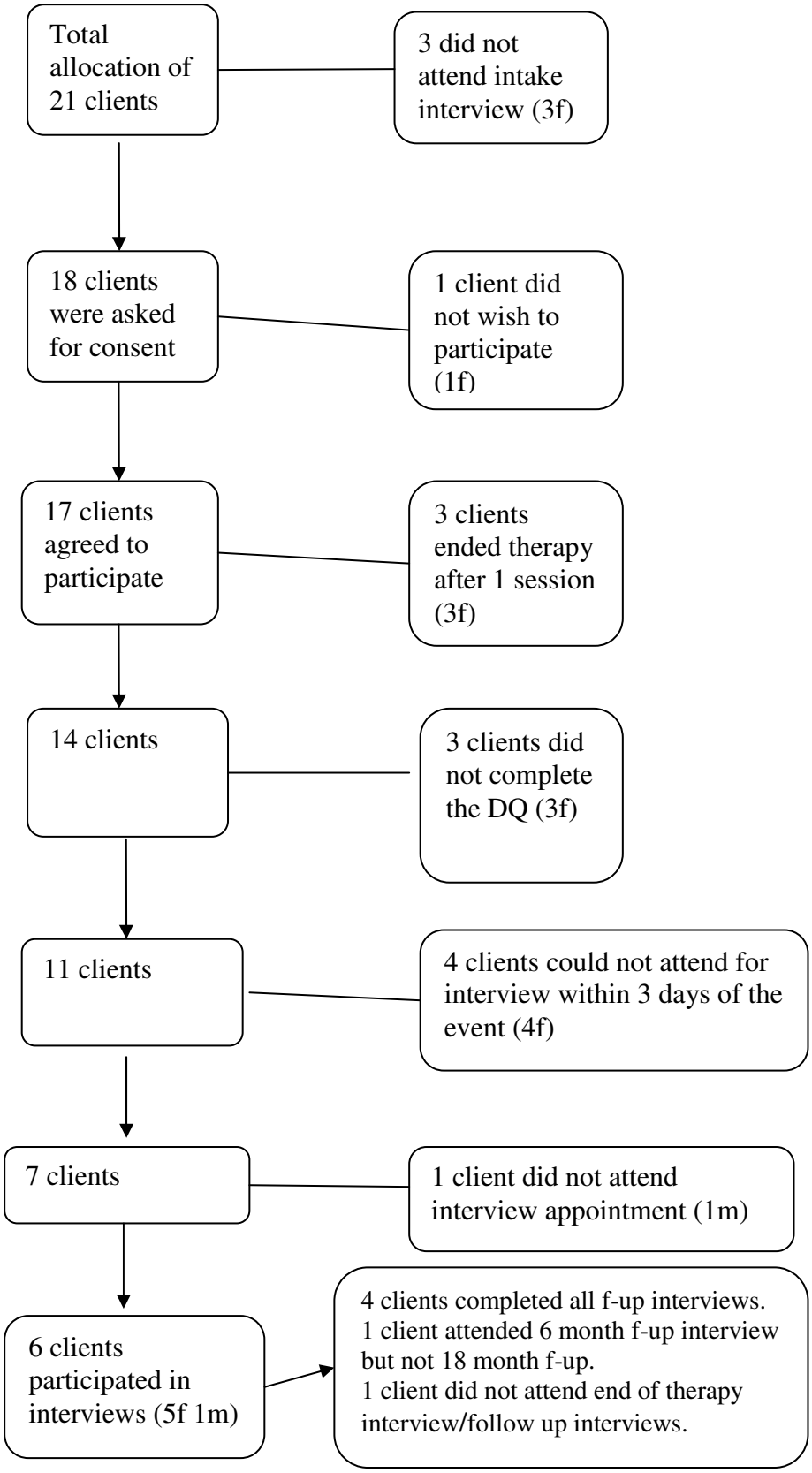
After each session, the counsellor notified the researcher by text message or e-mail of the clients' ratings on the Disclosure Question, and a summary of the description of the disclosure, if relevant. The counsellors were requested to provide this information to the researcher as soon as possible after the end of the session.

6.4.7 Researcher contacted clients

If a client rated a disclosure as 3 (greatly important) or 4 (extremely important) the researcher contacted the client by phone or e-mail to ask if s/he was willing to participate in a Brief Structured Recall (BSR) interview within three days of the session. The researcher reminded the client of the format of the BSR interview, specifically that the interview involved listening to the recording of the disclosure event that the client had identified as important on the HAT Form.

The researcher was allocated 21 clients at the Research Clinic over a two year period (August 2008-August 2010). Of these, three did not attend for an intake interview; of the remaining 18, 17 agreed to participate in the study. Of the 17 who participated, three ended therapy after one session and a further eight clients either did not write anything on the Disclosure Question (three), could not attend a BSR interview within three days (four), or did not attend the BSR interview appointment (one). Six clients attended a BSR interview (see Figure 6.1).

Figure 6.1. Number of clients participating



6.4.8 Brief Structured Recall (BSR) interview

In previous studies using BSR (Hardy et al, 1998; Rees et al, 2001), the client was interviewed immediately following the session. In this study, however, due to a combination of ethical and logistical factors it was not possible to interview the clients immediately; a limit of three days after the significant event was set for conducting the interviews. (This limit meant that, for example, any clients who disclosed on a Friday could be interviewed on the following Monday.)

Three clients attended the BSR interview the day after the session containing the significant Disclosure event, one attended two days after and two clients attended three days after the session.

The BSR interviews were conducted at the Research Clinic apart from two occasions when, at the clients' request, they were conducted at the researcher's place of work (with the clinic director's agreement.) The recording of the session was downloaded from the Research Clinic archive and played to the client on a laptop computer. The interview was audio recorded on an Olympus WS311 M digital recorder with an external microphone (Olympus ME51S). After the interview the file was uploaded onto the computer to an encrypted folder.

The researcher listened to the session recording before the BSR interview in order to have some familiarity with the session for finding the disclosure event with the client. This was intended to save time locating the event in the interview.

The BSR interviews lasted between 33 minutes and one hour 8 minutes; the mean length was 43 minutes 40 seconds.

The researcher read out to the client what s/he had written on the DQ on the HAT Form and checked that the client was willing to listen to the recording of the event. The client was told that the interview could stop at any time if s/he did not wish to continue.

The researcher asked the client to indicate roughly where the event had occurred and moved through the recording at intervals until the client was able to identify accurately the start of the important disclosure.

The interview was semi-structured as the importance for the researcher was allowing the client to describe in full any feelings, thoughts and experiences that s/he remembered from the session and the event (Kvale, 1996; Polkinghorne, 2005). The researcher explained to the client that s/he could ask for the recording to be stopped at any point if anything came to mind about the event.

The researcher followed the Interview protocol (Appendix I), playing the recording of the disclosure to the client and asking the client to identify the beginning and end of the event and the key moment. The researcher then invited the client to explore the process and experience of the disclosure, including what led up to the event (the context) and what the client experienced after the event (the effects). The client was also asked to describe his/her feelings while disclosing and the intentions and

motivation behind making the disclosure at that moment. The researcher was sensitive to the material being disclosed and care was taken to ensure that the interview did not cross the boundary into a counselling session.

After the interview the researcher and client debriefed about the experience of the interview. The researcher asked the clients if they would like any further support after the interview from their counsellor at the Research Clinic, as listening to the session and the Disclosure event again could potentially be upsetting. In the event, none of the clients wished to speak to a counsellor after the interviews.

6.4.9 Data Storage

All the interview recordings and transcripts were password protected and stored in encrypted folders on a computer hard drive to ensure that they could not be accessed by a third party. No identifying details (e.g. names, dates, places, occupations) were transcribed.

6.4.10 Change Interview

The Change Interviews (CI) were conducted after ten sessions, at the end of therapy and at 6 and 18 month follow-up. The counsellor notified the researcher after the tenth, twentieth and thirtieth session and the researcher contacted the client to carry out the CI. The interviews were audio recorded (and video recorded with the client's permission.)

If a client was interviewed about a significant disclosure before the tenth/twentieth/thirtieth session, the researcher added a question to the CI protocol (Appendix G) after Question 7. The researcher asked the client's permission to discuss the disclosure and the interview. With the client's agreement, the researcher reminded him/her about the disclosure event and the BSR interview, briefly discussing the event and asking the client to rate the helpfulness and significance of the disclosure at this point. The discussion lasted between five and ten minutes. This procedure was repeated at each subsequent CI, where applicable, until the client had completed therapy.

6.4.11 End of therapy Interview

The counsellor informed the researcher when the client had completed therapy. The researcher contacted the client and carried out the End of Therapy interview, which was recorded as for the CI. As described above, the researcher asked the client to rate the Disclosure event for helpfulness and significance.

6.4.12 Follow-up Interviews

The researcher contacted the clients six months after the end of therapy to arrange a follow-up interview. The format for this interview was the same as described above for the Change Interview. The clients were also due to be contacted again in 18 months for a further interview (Figure 6.1).

6.5 Analysis

6.5.1 Comprehensive Process Analysis (CPA)

The method used to analyse the data was Comprehensive Process Analysis (CPA; Elliott, 1989, 1993) developed by Elliott as described above (Chapter 4). The method is set out in the unpublished research manual *Understanding the Change Process in Psychotherapy: Comprehensive Process Analysis* (Elliott, 1993). As described in the manual, CPA is inherently flexible; different types of significant event generate their own movement between the levels of analysis. In the spirit of research as *bricolage*, (McLeod, 2001) the researcher used the methods as a 'set of tools' to excavate and explore the significant Disclosure events.

6.5.2 Transcribing Disclosure events

First, the researcher transcribed the whole session from the audio recording where the significant disclosure event occurred. This first transcription was carried out as a draft version, containing the words spoken and any major details.

Next, the researcher located the significant Disclosure event on the audio recording, using the client's description given in the BSR interview of the beginning and end of the episode and the peak speaking turns of the event. The researcher went back over the recording and transcribed the event in much greater detail; she also viewed the video recording, where this was available, to add information on clients' facial expressions and physical movements.

As the basis for the analysis, accurate transcriptions of the significant event were essential and were carried out with extreme care; great attention was paid to capturing the smallest details, such as timing hesitations or indicating changes in speaking volume. The symbols used in the transcriptions were taken from Sacks, Schegloff and Jefferson (1974).

The BSR interviews were transcribed and the Disclosure Question segments of the Change Interviews, End of Therapy interviews and Follow-up interviews were also transcribed.

6.5.3 Process notes

The researcher then listened to the recording again while reading the transcript and made process notes of the session. This enabled the researcher to become familiar with the session, and to start noting events that were relevant for the analysis of effects and context.

The process notes were arranged in three columns, as described in Elliott (1993). The left hand column was used to track the episode structure of the session; the wide middle column was used for notes on client and counsellor key words and responses and the right hand column contained details of themes identified in the session. These themes were either client conflicts (e.g. the client wanting to attend to her own needs but fearing rejection if she did so) (Luborsky & Crits-Christoph, 1990), or client beliefs about themselves or others (e.g. self as worthless) or therapist

interventions stemming from the therapist orientation (e.g. congruence from a person-centred therapist).

6.5.4 Episode structure

Using the session transcript and the process notes, the researcher created an episode structure of the session, highlighting when the topic or task of the session changed (Elliott, 1993). The episode structure consisted of the main episodes and subepisodes depending on the shifts that occurred within the session.

6.5.5 Micro-analysis of Disclosure event

Having carried out the tasks described above, the researcher proceeded to the analysis of the Disclosure event itself, including the peak speaking turns and the client's description on the HAT Form. This involved dividing the key episode into units and explicating the peak speaking turns within the episode, whether the peak turns were client speaking turns or both client and counsellor speaking turns.

6.5.5.1 Dividing speech into units

The researcher divided the Episode into numbered sentence units, to make the explication process more manageable. Any non-fluencies ('um', 'er' etc.) in the sentences were temporarily disregarded during this stage.

6.5.5.2 Explicating the peak (key) turns

The explication process is hermeneutic and involved the researcher carefully reading between the lines of what was actually spoken, using her familiarity with the session

as a whole. In the explication stage, the researcher was listening for any elements that might add to an understanding of what the client or therapist meant, including clear or vague references to earlier events, tones of voice or unfinished sentences (Labov & Fanshel, 1977). Each sentence in the peak turn was examined in turn for its key meanings, both what was explicitly stated and any implicit ideas. The non-fluent aspects of speech were considered at this stage to help understand any implicit meanings e.g. doubt, uncertainty. The peak turns were written out in the explicated form.

6.5.5.3 Explicating the HAT Form description of the Disclosure

The description of the significant event in the Disclosure Question on the HAT Form was also explicated, carrying out a similar procedure as described for the key speaking turns.

6.5.5.4 Micro-analysis of aspects of process

The next stage of the analysis was a micro-analysis of the four aspects of process in the key speaking turns: Action, Content, Style and Quality. This analysis of process follows one of the five dimensions of therapy process that underpins the structure of CPA (see Chapter 4: Methodology).

These four aspects were considered in turn for the client. As noted earlier, (Chapter 6) these descriptions of each aspect had to be (a) grounded in the data, (b) not duplicate another description, (c) contribute to an understanding of the effect of the event, and (d) agreed by the auditor.

6.5.5.4.1 Action

For the Action aspect of process the researcher identified the client response modes and response tasks. The response mode referred to what the client did in his/her speech e.g. disclose information. In identifying the response task, the researcher described the specific tasks or intentions that the client was expressing e.g. clarify a problem, reveal a new insight.

6.5.5.4.2 Content

Next, the Content, or what was talked about in the peak turns, was identified. For the client Content, this often involved returning to the explication stage to check the themes and ideas that had emerged at this stage.

6.5.5.4.3 Style and State

The aspect of Style was examined in an open-ended, qualitative way; the researcher studied the linguistic complexity, tone of voice, non-fluencies, gestures and facial expressions (where available on video) and interpersonal style of the clients to understand how they were feeling when they spoke. Information gained from the BSR interviews contributed to understanding clients' psychological states in the significant events. Therapist process notes were also used for clues to the clients' emotional state.

6.5.5.4.4 Quality

Finally, the aspect of Quality was assessed, or how well the client and therapist carried out their key responses according to the therapeutic approach: person-centred,

CBT, emotion-focused. Clients were assessed on how well they were working at the therapy and at the identified task (e.g. engaged or avoiding). The evaluative scale in the *CPA Handbook* (Elliott, 1993) was used to provide a quantitative rating in conjunction with qualitative criteria.

6.5.6 Effects Analysis.

After the analysis of the event itself, the effects of the event are examined. The effects start from the significant disclosure and continue spreading outward, encompassing (a) Immediate Effects (b) Within-Episode Effects (c) Within-Session Effects (in the same session) (d) Post-Session Effects (until the last therapy session) (e) Post-treatment Effects (end of therapy and after 6 and 18 months).

6.5.6.1 Immediate Effects: Process Effects and Experienced Effects

The Immediate Effects analysis began with the first key speaking turn of the significant disclosure event and continued until the end of the event (as identified by the clients in the BSR interviews). The Immediate Process Effects were described first: the researcher started with the first key speaking turn and summarised the action and content of each subsequent speaking turn in a series of 'process steps' until the end of the event. If the event consisted of one client speaking turn, the researcher divided the turn into units (roughly one unit per sentence) and proceeded to summarise each sentence as a 'process step'. Each process step was then examined for accuracy, non-redundancy with other steps and contribution to understanding the effect of the event. Successive steps that were similar were combined and steps that were not relevant to the effect of the event were discarded. This qualitative

sequential analysis produced a process effects pathway of the immediate effects of the disclosure.

Then the researcher examined the event for the Experienced Effects, or the client reactions to what was happening: the client's inner experience. This stage was informed by the Process Effects and included any nonverbal or stylistic information e.g. tears, shouting, breaks in eye contact (where video recall was available) and silences. The clients' HAT Forms and the BSR interviews sometimes provided information at this stage, for example to explain a silence. This produced a sequence of experienced effects throughout the event.

The researcher then arranged the Process Effect steps (using the speaking turn numbers) and the Experienced Effects (using a, b, c. etc) diagrammatically in separate columns. Narrative sequences in the same pathways were indicated by using 'to:'; in the diagrams, arrows were used to link across pathways where there was a causal link between a Process Effect step and an Experienced Effect step.

Parallels "||" were used to describe links between simultaneous effects, where a process effect and an experienced effect did not lead to another but occurred at the same time. In the Immediate Effect diagrams, the parallels were depicted using lines with arrow heads.

6.5.6.2 Within-Episode Effects

In order to assess any Within-Episode effects the researcher carried out a quantitative analysis using the Client Experiencing Scale (CEXP; Klein et al, 1969; 1986). This was intended to measure any change in the depth of the clients' experiencing in the session following the significant disclosure.

The researcher listened again to the recording of the significant event and marked the transcript at 30 seconds before and after the event. She then marked the transcript after a further 30 seconds (one minute after the event).

The researcher rated the mode and peak of the segment 30 seconds before the event, the event itself and then the mode and peak of the two segments at 30 seconds and one minute after the disclosure. The researcher asked her supervisor to rate the same segments; if the ratings were different they were discussed and a consensus was reached.

6.5.6.3 Within-Session Effects

Within-Session effects consisted of any effects of the significant disclosure that occurred in the same session as the event. The researcher listened to the recording of the session again and referred to the process notes of the session and the BSR interviews to glean evidence of effects later in the session, for example, if the client referred again to the topic that was disclosed.

6.5.6.4 Post-session Effects (Quantitative and qualitative)

This stage of analysis consisted of examining: (a) the Immediate post-session effects (b) Extra therapy post-session events and (c) Subsequent session effects.

(a) Immediate Post-session effects. The researcher reviewed the final moments of the session where the disclosure event occurred for any final comments by the client on the effect of disclosing. The clients completed the HAT Form immediately after the session. The HAT Form contained the DQ itself and the other answers on the HAT Form, as well as responses on the Session Effectiveness Scale (SES: Appendix D) were examined for evidence of immediate effects of the disclosure.

The clients' ratings for the disclosure event, client and therapist helpfulness ratings for the session and the clients' PQ scores for the session were also collected. The clients' scores were assessed against the recommended cut-off values to judge whether they were above or below the cut-off values and then a mean indicator score was calculated which showed how helpful/significant the event was overall.

(b) Extra therapy post-session effects. The BSR was studied for information about extra-therapy post-session events as the interview was carried out between one and three days after the disclosure event. The researcher also listened to recordings and reviewed the therapists' process notes of the two sessions following the event for comments by the client on the effects of the disclosure between sessions.

(c) Subsequent Session effects. If the client attended fewer than 20 sessions, the researcher listened to the recordings of all the subsequent sessions following the disclosure event (until the therapy finished) and took note of any references to the disclosure. If the client attended more than 20 sessions, the researcher reviewed the therapists' process notes and the clients' HAT Forms until the last session of therapy for any reference to the disclosure and listened to the recordings of any sessions where the disclosure was mentioned in the notes.

The researcher also used the Change Interviews (CI) that she carried out with the clients every ten sessions to obtain information on the effects of the disclosure. The specific question added to the CI about the event provided qualitative information as well as ratings on the significance and helpfulness of the disclosure.

6.5.6.6 Post-Therapy Effects

The final level of effects analysis to be considered was that of post-therapy, which included the clients' progress after counselling, as assessed at six months and 18 months after the end of therapy. To assess the effects of the disclosure event on the course of therapy both qualitative and quantitative data were used.

Qualitative: The researcher carried out End of Therapy interviews with the clients and as described above inserted a question asking about the effects of the disclosure over the course of the therapy and inviting the client to rate the disclosure for significance and helpfulness.

At six and 18 months after the end of therapy the clients were invited to attend follow-up interviews that followed the same format as the CI; the researcher asked the clients to describe the effects of the significant disclosure and to rate the disclosure for significance and helpfulness.

Quantitative: The clients' ratings on the three instruments described above (PQ, CORE-OM, SI) were calculated at pre-therapy, every ten sessions, end of therapy and six and 18 month follow-up in order to assess the overall effectiveness outcome of the therapy.

6.5.7 Context Analysis.

As the Effects Analysis started with the Disclosure event and moved forwards, the Context Analysis started with the event and moved backwards and outwards through the levels of Episode Context, Session Context, Pre-Session Context and finally, Background Context. Context may also be viewed as a funnel, at its widest at the level of Background Context and gradually narrowing down to the level of Episode Context and the Local Cue that prompts the Disclosure event.

6.5.7.1 Episode Context

In CPA a session of therapy is divided into episodes, each of which is a series of interactions between client and therapist defined by a task, or what each is hoping to accomplish (Hill & O'Grady, 1985).

The researcher reviewed the BSR interview for information given by the clients on the exact start and finish of the Episode containing the disclosure event. There were

four elements of the Episode Context: (a) Client Episode Task (b) Therapist Episode Task (c) Relevant Events and (d) Local Cue.

All the descriptions of context were reviewed against the original Disclosure events to ensure that they satisfied the same criteria as in the Effects Analysis: they were present in the data, different from other descriptions and relevant, in that they explained something about the Disclosure event. The explanatory links, or 'to:'s', were added to each level of context, using the relevance criterion.

(a) Client Episode Task. The researcher reviewed the transcripts of the Episode and the BSR interview to identify the tasks that the clients were trying to accomplish in the Episode. (This often links to: Episode Relevant Events and Event factors).

(b) Therapist Episode Task. In addition to the steps described for identifying the therapist Episode Task, the researcher also reviewed the therapist process notes for the session. (Link to: Episode Relevant Events, Event factors.)

(c) Relevant Events. Analysing episode relevant events was a similar process to that described for Immediate Process Effects. The main client and therapist actions in the Episode were identified and described in a narrative sequence, leading up to the Local Cue.

(d) Local Cue. The Local Cue was the speaking turn that provided the stimulus for the significant disclosure and was usually the turn that directly preceded the disclosure itself.

6.5.7.2 Session Context

The next step was to understand how session-level factors contributed to explaining the Disclosure event. In order to analyse the Session Context of the Disclosure event the researcher identified the Client and Therapist Session Tasks, the state of the therapeutic alliance and any relevant events that occurred in the session prior to the Disclosure.

(a) Client Session Task. The researcher reviewed the transcript of the entire session to identify the tasks that clients were working on. The transcript of the BSR interviews was also reviewed for any evidence of tasks in the session. (Client Session Tasks usually link to: Client Episode Task/Events; Peak events.)

(b) Therapist Session Task. The Therapist Session Task was identified using the session transcript and also the therapist process notes. (Therapist Session Tasks usually link to: Therapist Episode Task/Events.)

(c) Therapeutic Alliance. CPA highlights the importance of the therapeutic alliance at Session level. The researcher reviewed the session recording and listened for evidence of the bond (emotional connection between client and therapist) and the task (common understanding and commitment to the tasks in therapy) (Bordin, 1979)

to assess the strength of the alliance. The researcher also listened for any positive aspects or difficulties, either spoken or apparent from the recording. A formal observer-rating method was not used; evidence for the bond and task was grounded in the data. (The Therapeutic Alliance usually links to: Peak Quality of the Disclosure and alliance-related Immediate Experienced Effects.)

(d) Session Relevant Events. Session Relevant Events were events which occurred before the start of the Episode containing the significant Disclosure. These events were identified by studying the session and BSR transcripts for actions which contributed in some way to the Disclosure. (The events usually link to: Episode Task/Events, Event Content/Action.)

6.5.7.3 Pre- session Context

Pre-session Context included extra-therapy events and previous therapy sessions starting with the session immediately preceding the session containing the significant Disclosure.

(a) Extra-therapy Events. Extra-therapy events were events that happened in the clients' life outside the therapy sessions and contributed to explaining the significant Disclosure. Transcripts of the session, the HAT Form from the session and the BSR interview were reviewed. (Extra-therapy events usually link to: Session/Episode Tasks.)

(b) Previous Sessions. This aspect of Pre-session Context included not only the sessions before the Disclosure, but any other contact between client and therapist.

The researcher also considered any factors such as the phase of the therapy (e.g. near the beginning or the end), any earlier ruptures/repairs in the therapeutic alliance or problems in the therapy.

The researcher reviewed the session and BSR interview and listened to the recordings of all the sessions preceding the session containing the significant disclosure to identify any previous hints or referrals to the Disclosure. This was supplemented with reading the therapist process notes. (Previous Session events usually link to: Alliance, Session/Episode Tasks, and Events.)

6.5.7.4 Background Context

The final level of context to be analysed was Background Context. This level was the widest-ranging part of the Context Analysis. Background Context consisted of relevant characteristics that the clients brought to therapy including their history, schemes, problems and conflicts as well as therapist background factors that may have contributed to the Disclosure.

(a) Client Conflict and Person Schemes. In CPA, client schemes, or beliefs and assumptions about themselves are examined as part of the background context. Client conflict schemes are composed of clients' deep seated wishes or wants as well as fears of negative consequences (Luborsky & Crits-Christoph, 1990). Person schemes are internalised 'scripts' of how clients feel they (or others) should be and behave.

The researcher reviewed the transcript of the whole session and the process notes to identify moments where the clients mentioned conflicts or person schemes that could be inferred as having a connection to the Disclosure event. (Conflict and Person Schemes may link to: Event Content, Extra therapy Events, Session/Episode Tasks, and Alliance.)

(b) Client Style, Problems. The clients' internal characteristics: coping style and problems (or symptoms) are factors which may also contribute to understanding the significance of the Disclosure event. Style included the clients' strengths and weaknesses and Problems included difficult life issues and clinical symptoms.

The researcher reviewed the session transcript to note the client characteristics that were displayed in the session, and any evidence provided by the BSR interview about problems that were linked to the Disclosure event. The items listed in the PQ were also examined, and the clients' clinical measures on the CORE-OM and SI. (Client Style and Problems usually link to Client Situation/History, Extra therapy Events, Session Tasks, Alliance, Event Content, and Immediate Effects.)

(c) Client Situation and History. This aspect of background examined the clients' external characteristics that may have contributed to the Disclosure. Client Situation consisted of the clients' life situation at the time of the Disclosure: relationships, employment, stressful factors. Client History included relevant early events in the clients' lives, especially traumatic ones, relationships with parents, early intimate experiences.

The researcher reviewed the session transcript and the BSR interview transcript as well as notes from previous sessions and therapist process notes, considering what elements of the clients' lives were relevant to the Disclosure event. (Client Situation and History usually link to: Client Problems, Previous Sessions, Extra therapy Events, Client Session Task, and Event Content.)

(d) Therapist Background: Personal Characteristics. The final two factors to be considered in Context Analysis are the characteristics of the therapist and the principles or beliefs that the therapist brings to the counselling.

The researcher focused firstly on the demographic features of the therapists (including experience, counselling orientation) and then on the Event Factors and the Therapist Session Tasks to identify any personal characteristics that were relevant for understanding the Disclosure Event. (Therapist Personal Characteristics usually link to: Therapist Session/Episode Tasks, Alliance, and Therapist Event Style/Quality.)

(e) Therapist Background: Treatment Principles. The second of the therapist factors deals with the principles that inform the therapist's practice, including how the change process takes place and when and how to intervene and respond to clients.

The researcher reviewed the session process notes and the event transcript to identify any principles that were evident in the Disclosure event, either general beliefs about how humans function or explicit therapist beliefs about how best to work with clients. A third type of principle was contextualised principles, such as the use of

'markers' (Rice & Greenberg, 1984), where the therapist makes specific interventions at certain points in the therapy. As before, the researcher applied the rules of presence, nonredundancy and relevance to any principles that were included in the CPA. (Treatment principles may link to: Therapist Session/Episode tasks/Events, Therapist Event Task, Style, and Immediate Effects.)

6.6 Cross-Analysis

Following the analysis and audit of the pilot disclosure event (Chapter 5) and the six clients' events (Chapters 7-12), a cross-analysis was carried out of the results (see Chapter 13). The cross-analysis involved a process of open coding (Rennie et al, 1988; Elliott et al, 1994), as applied in grounded theory. Each CPA analysis was split apart into the separate headings and the different elements under each heading were studied to identify themes. Themes were classified as follows (cf. Hill et al., 2005):

General theme: theme present in all events or all except one
Typical theme: theme present in at least half of the events
Variant theme: theme present in more than one event, but fewer than half
Unique theme: theme present in only one event

6.7 Expectancy Analysis

In order to assess the analysis for bias, the researcher and auditor (supervisor) compared their expectations of the study with the themes that emerged from the cross-analysis. The Expectancy Analysis identified the discoveries of the research

study. All the themes were rated on the following scale (Clark, 1990; Elliott et al, 1994):

3 - clearly expected this theme (obvious)

2 – this theme now appears to be expectable (but was not obvious)

1 – this theme was not expected but not unexpected (somewhat surprising)

0 – this theme is unexpected or even surprising

6.8 Model of Disclosure

The general and typical themes from the analysis were then organised into a composite model of how a theoretical disclosure event might occur (Elliott, 1989; Elliott et al, 1994). This was achieved by examining the general and typical themes and developing a representative outline. (See Chapter 13: Cross-analysis.)

6.9 Researcher reflexivity

As the researcher in this study, and in keeping with the post-modern ethos of reflexivity, I conclude this chapter by reflecting on what I have brought to this study and how I experienced being the researcher (Lincoln & Guba, 2000).

The data collection for this research involved forming robust relationships with two groups of people: clients and counsellors. At the outset of the research I felt I needed to have strong relationships with all the clients for whom I was the researcher. Looking back now, I probably tried too hard with some clients who wanted to do the

therapeutic work with their counsellor and did not want the added burden of being a participant.

I was aware of having a different relationship with the participant clients, compared with the other clients I was researcher for, because I met them in a different context – my own research – as well as in the context of the Research Clinic. The participant clients offered their time and reflections to me and my research specifically, in addition to the Research Clinic in general, and this created a bond.

As someone who works as a counsellor, I imagine that it was not always easy for the counsellors to have someone else talking to their clients about therapy. For indisputable ethical reasons, access to clients is very strictly guarded and without the Research Clinic accepting my study it is difficult to think how I might have been able to carry out the research with clients in therapy.

In the following sections I offer insights into my own process as I carried out the research interviews.

6.9.1 Engaging with the counsellors

In order to carry out the BSR interviews in a timely way, I depended on the counsellors communicating the content of the Disclosure Question (DQ) to me as soon as possible after every session. The participation of the counsellors was key to the study, and was deeply appreciated. As I was not based in the Research Clinic meetings with the counsellors were rare, yet building a relationship was vital.

Although I tried to meet the counsellors of the participant clients as soon as possible to explain in person about my study, this was not always possible, and sometimes I did not meet them until after they had started working with the client. As the counsellors had their own paperwork to complete after each session, as well as busy lives, they did not always remember to pass on the information from the clients' DQ. I accepted that sometimes I needed to contact the counsellors for the information, rather than wait for them to contact me, and that sometimes this would be demanding on the patience of both of us.

I was also aware of the impact on the counsellors when their clients had taken part in a BSR interview and then continued with therapy. From listening to recordings of subsequent sessions I heard that clients referred to the interviews when they next met with the counsellor and this undoubtedly affected the therapeutic process to some extent. Two of the postgraduate student counsellors told me that they found it hard to feel they were not being implicitly criticised when they felt the session had gone well and then saw that the client wrote that s/he disclosed something only slightly or moderately important on the DQ.

In keeping with the mutually co-operative ethos of the Research Clinic I offered the counsellors any help with their own research e.g. transcribing sessions, rating data or participation in studies. I enjoyed reciprocating the support that I received by being involved and learning about other research studies.

6.9.2 Engaging with the clients

When I met clients for the first time at the Intake interview before they agreed to participate, they were understandably nervous about the appointment and focused on their reasons for attending therapy. I did not wish to spend too much time explaining about my study, yet at the same time it felt important to mention it as I was hoping for their participation.

Once the clients started therapy, I was very impatient to receive the DQ information from the counsellor, especially when I was waiting for my first BSR interview, and felt my mood turning to despair or joy depending on what the client had written. If the client had disclosed something significant I then felt extremely nervous about contacting him/her especially as the client was often at a painful moment in the therapy. However, the fact that I had met the client at the Intake interview and we had worked together on creating the PQ meant that the BSR was taking place in the context of an existing relationship. I felt that this relationship contributed in a major way to clients agreeing to attend the BSR interviews.

Clients also revealed personal motives for participating in the research study due to situations experienced by friends or family. One client mentioned a desire to 'give something back' and potentially help other people experiencing distress about a similar issue.

6.9.3 Experience of carrying out BSR interviews

At first the likelihood of clients agreeing to participate in BSR interviews felt remote. I was struck by the full force of the difference between drawing up a research method on paper and executing it in practice. However, as I became more confident in my role as a researcher at the Research Clinic and what that entailed, especially the collaborative task of drawing up the PQ, I developed confidence that clients would participate.

The nature of BSR interviews meant it was not possible to practice beforehand. Consequently, especially with the first interview, I put huge pressure on myself to 'get it right' and found the experience quite nerve-racking. As a professional counsellor, it felt strange to be working with a client in a different way, as someone who asked questions and did not follow the answers for any immediate therapeutic benefit, but for another purpose.

My training and practice as a counsellor was both helpful and hindering as a researcher. It was helpful in that I was able to listen to the clients in the BSR interview and offer empathy when they became upset without being overwhelmed. However, I sometimes found that my responses led clients away from the focus of the interview (the event itself) and I was not skilful enough in keeping the interview on track. I was conscious of the need to maintain the boundary between a research interview and a counselling session yet also aware that the clients had things they needed to say just as I had things I needed to ask them about. Although I became

better at this balance as I did more interviews, I could have been more focused and clearer with the clients about what I needed.

6.10 Summary

The method for this study involved the researcher in several stages: engaging with clients and counsellors at the Research Clinic and becoming familiar with the instruments and procedures; carrying out BSR with clients about their significant disclosures; analysing the disclosure events using the CPA method and carrying out the Frequency Analysis and the Expectancy Analysis once all the analyses had been completed and audited. The final step consisted of organising the themes into a suggested model of a disclosure event, providing a summary of the analysis.

Chapter 7: Results: Anna

Overview of Results: Chapters 7-12

Chapters 7-12 set out the results of the Comprehensive Process Analysis (CPA) for each of the six clients who identified a disclosure that was either 'greatly' or 'extremely significant' and participated in BSR. Each client is introduced by a paragraph of background information, such as age, employment, marital status, presenting problems. Background information on the therapist (T) is also provided. (All participant names have been changed).

The results for each heading of the CPA are provided first in short, tabular form and followed by a narrative description. The results are set out in order of analysis. Thus, the Process Analysis, which was carried out first, and consists of the explications of the disclosure event and the Disclosure Question, and the micro-analysis of the Peak/s, is described first. This is followed by the Effects Analysis which starts with the Immediate Effects of the disclosure and subsequently describes the Within Episode Effects, Within Session and Post-session Effects and Post-therapy Effects. Finally, the Context Analysis starts with the Background Context and moves towards the disclosure event through Pre-session, Session and lastly Episode Context.

These chapters set out the CPA results separately for each client; Chapter 13 provides a cross-analysis of the results of all six analyses and the pilot study.

7.1 Anna

Anna was 55 at the time she attended therapy. She was a white Scottish female, professional, self-employed. She presented with depression and family issues; she had recently instigated divorce proceedings against her husband after 25 years of marriage. Anna had previously had a short course of counselling (six sessions) at an agency and the therapist had suggested Anna contact the Research Clinic for further therapy.

The therapist was a female, postgraduate student in counselling, from a person-centred orientation; she was European American, aged 25.

7.2 Process Analysis

7.2.1 Event. The disclosure event took place in Session 11 of 17 sessions of person-centred therapy at 43 seconds from the start of the session.

Table 7.1 Transcript of Significant Disclosure Event: Anna

T1: Well, it's been a couple of weeks now (C: yes), um, how are you, what would you like to talk about today?

C1***(1.1)** ºum (0.4) don't knowº (0.2) been thinking about the last time (T: mm hm) we had a session, don't know what we were talking about and you said something um along the lines of 'maybe you're not the person you think you are' or or something like <u>that</u> (T: mm hm) um maybe uh something to that effect, um, which started me thinking (T: mm) afterwards and the more I thought about it the more I-I

sort of realised **(1.2) <u>I don't actually know who I am</u> (PEAK)** (T: mm) um (0.2) **(1.3)** so I've been sort of been wondering about that ever since essentially (T: mm hm) um you know, cos I realise that (0.3) I don't actually <u>do</u> anything for myself, it's all for, like other people↑, you know I don't actually take my own (0.2) wants and needs into consideration (T: mm hm) um (0.3)and I think that's why I mean I think I <u>do</u> expect too much of myself↑ (T: mm hm) **(1.4)** cos I've been trying to sort of ((sighs)) (0.4) look at myself **[30 secs after event]** and sort of think about what I really want and what really makes me happy and um the more I think about it the more I sorta think well I just do things because I think that's what I should be doing↑ (T: mm) rather than wanting to do them↑ or you know trying to do things that will make me happy↑ (T: mm) **(1.5)** so you know that was quite interesting ((laughs)) **(1.6)** so I'm still looking at that and trying to decide you know what I really want **[1 min after event]** and (T: hm mm) who I really am. **(End of Episode: 1 min 48).**

Note. Transcription symbols (from Sacks, Schegloff & Jefferson, 1974) as follows:

h = outbreath; 'h = in-breath; 'hh = Long in-breath; : = prolongation of sound; *Mmm* = backchannel utterances; / = beginning of interruption;] = end of interruption; ◦ = quiet speech; numbers in parentheses are timings of internal and interresponse pauses in seconds; The = symbol stands for lack of an expected pause; * = key therapist and client turns; T = therapist; C = client.)

7.2.2 Explication of Peak Turn and Disclosure Question

First, the researcher identified the Peak Turn that contained the Disclosure Event from the Helpful Aspects of Therapy (HAT) form and the Brief Structured Recall (BSR). The Peak was then explicated:

7.2.2.1 Explication of the Client Peak

(1.1 and 1.2)

C1***(1.1)** ºum (0.4) don't knowº (0.2) been thinking about the last time (T: mm hm) we had a session, don't know what we were talking about and you said something um along the lines of 'maybe you're not the person you think you are' or or something like <u>that</u> (T: mm hm) um maybe uh something to that effect, um, which started me thinking (T: mm) afterwards and the more I thought about it the more I-I sort of realised **(1.2) <u>I don't actually know who I am</u> (PEAK)**

Explication: 'Since our last session I've been thinking and I've realised that I don't know who I am and I need to work out who I am and what I want so I can be happy in my life.'

7.2.2.2 Explication of the Disclosure Question

After the session the client completed the Disclosure Question on the HAT Form, which she rated as 3, greatly important. She wrote that she had disclosed:

'That I didn't know who I was or what I wanted out of life.'

Explication: I disclosed something greatly significant to the therapist, that I didn't know who I was or what I wanted out of life; I need to work out who I want to be.

7.2.3 Micro-analysis of event

The event was analysed under the headings Action (Response Mode and Response Task), Content, Style and Quality. See Table 7.2.

Table 7.2 Micro-analysis of Event Peak: Anna

7.2.3.1 Action	Response Mode: Self-disclosure. Response Task: Reveal new self-understanding.

7.2.3.2 Content	New awareness; negation of previous understanding.
7.2.3.3 Style and State	Hesitantly, then more fluently. Surprised, shocked.
7.2.3.4 Quality	7.5: Working between moderately and very well.

7.2.3.1 Action: The Response Mode was judged to be self-disclosure and the client Response Task was to reveal her important new self-understanding: 'the more I thought about it the more I-I sort of realised...'

7.2.3.2 Content: this was both Anna's new awareness and also the negation of her previous understanding/knowledge: 'I don't actually know who I am.'

7.2.3.3 Style/State: From the recording Anna may be heard speaking hesitantly at first and then more fluently and confidently. She reported feeling surprised and shocked when she disclosed: 'I was kind of shocked by it' (BSR: P12).

7.2.3 4 Quality: Anna's disclosure revealed she had engaged in significant self-exploration since the previous session, thus demonstrating a good quality of participation in the therapy; she was therefore adjudged to be working between 'moderately' and 'very well' (rating 7.5).

7.3 Effects Analysis

The Effects Analysis is summarised in tabular form (see Table 7.3 below) and then followed by a narrative explaining each of the sections in more detail.

Table 7.3: Effects Analysis: Anna

7.3.1 Immediate Effects:	See Figure 7.1.
7.3.2 Within Episode Effects (Quantitative):	CEXP ratings: See Table 7.4.
7.3.3 Within-session Effects (Qualitative):	• Anna returns to theme of not knowing who she was throughout session (e.g. C5, C10). • Anna expresses her desire to find a 'balance' between her needs and those of others (e.g. C5, C17, C20). • Anna expresses her desire to change (e.g. C12, C13, C14) • Anna reports that she is too critical of herself (e.g. C27).
7.3.4 Post-session Effects	
7.3.4.1 Immediate Post-session Effects (Qualitative):	• Anna completes HAT Form and Disclosure Question.
7.3.4. 2 Immediate Post-session Effects: (Quantitative)	• Anna rates session and disclosure.
7.3.4.3 Post-Session Effects (Quantitative):	• Table 7.5. Positive Indicators.
7.3.4.4 Extra-therapy Effects:	• Anna has been 'working things out' for herself; relieved to have taken

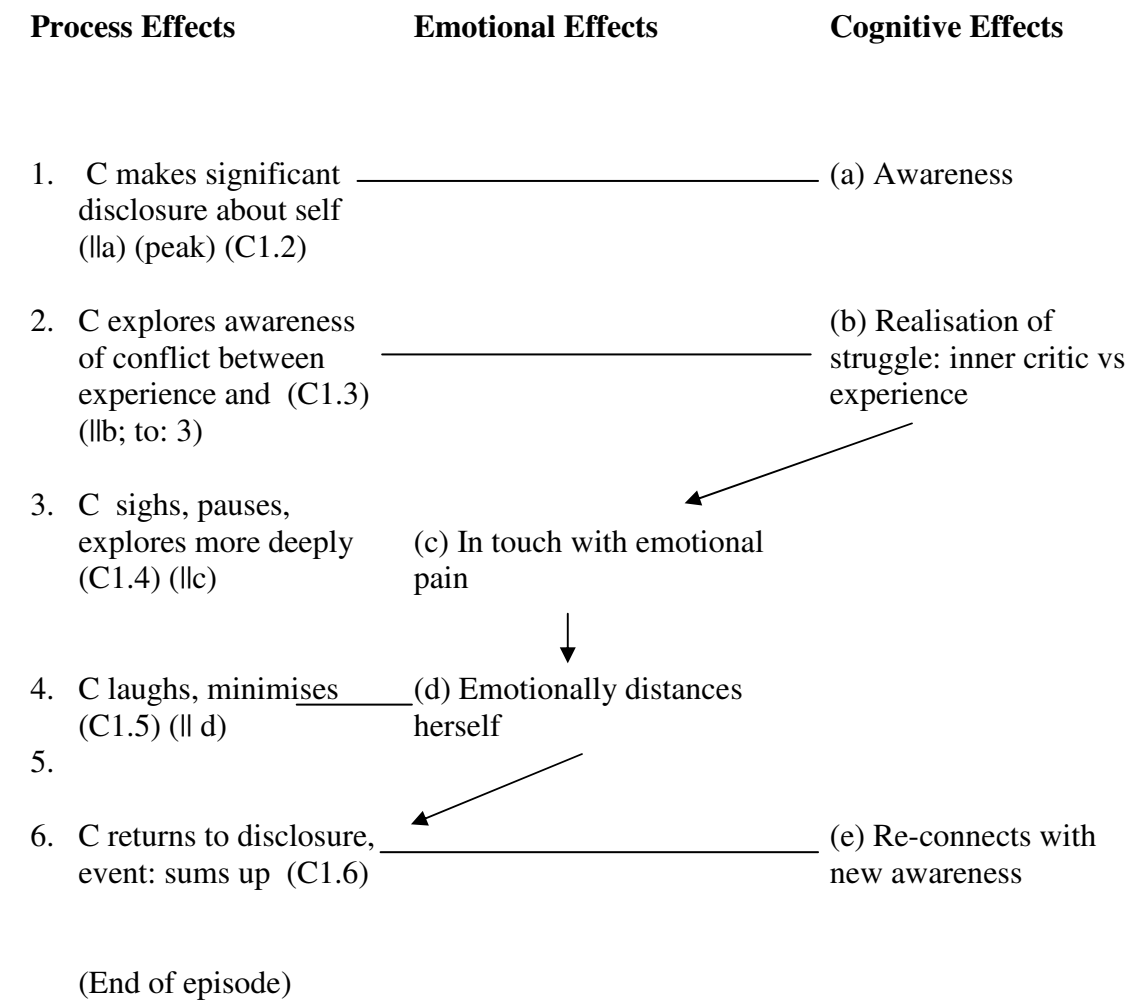
	step of disclosing (BSR).
7.3.4.5 Subsequent Sessions: **Session 12:**	• Anna describes the importance of acknowledging how the criticism has affected her life; learning to be herself.
Session 13:	• Anna feeling better, more confident about herself.
Sessions 14-15:	• Anna explores why she still criticizes herself.
Sessions 16-17:	• Ending Process.
7.3.5 Post-therapy Effects **7.3.5.1 Post-therapy Effects (Qualitative)**	
7.3.5.1.1 End of therapy Interview:	• Disclosure still significant.
7.3.5.1.2 Six month follow-up interview:	• Disclosure still significant.
7.3.5.1.3 18 month follow-up interview:	• Disclosure still significant.
7.3.5.2 Post-therapy Effects (Quantitative)	
7.3.5.2.1 Outcome Effects:	• Table 7.6: Outcome Effects
7.3.5.2.2 Client	

significance/helpfulness ratings (Quantitative):	• Table 7.7: Significance/helpfulness ratings.

7.3.1 Immediate Effects

Immediately following the disclosure Anna explored the new awareness of self: 'I realise that I don't actually do anything for myself, it's all for other people' (Transcript: 1.3) (Figure 7.1).

Figure 7.1 Immediate Effects: Anna



Immediate Effects (continued)

The conflict between Anna's past experience and her new awareness then led her to get in touch with her emotional pain and she sighed deeply: 'I've been trying to sort of ((sigh)) look at myself' (1.4). After exploring this conflict further, she summed up the situation, distancing herself from it somewhat: 'so, you know, that was quite interesting!' (1.5) before returning to the subject again (1.6) to provide the moral point of the narrative: 'so I'm still looking at that and trying to decide, you know, what I really want.'

7.3.2 Within-Episode Effects (Quantitative)

In order to assess the effects of the event quantitatively, the researcher used the Client Experiencing Scale (CEXP; Klein et al, 1986) to compare the client's depth of experiencing immediately following the disclosure event (Table 7. 4).

Table 7.4 CEXP ratings: Anna

	Researcher Mode/Peak	**Auditor Mode/Peak**	**Consensus Mode/Peak**
Disclosure Event C1.2	3/5	3/5	3/5
Post-event (30 secs)	5/5	5/5	5/5
Post-event (1 minute)	5/5	5/5	5/5
Post-event summary			5/5 +

Note: M/P: Mode and Peak ratings respectively

As the event took place at the very start of the session there was no pre-event rating. The Mode and Peak of three segments were rated independently by the researcher and her supervisor/auditor, and a consensus was reached. Firstly, the mode and peak of the event itself were rated as 3 and 5; next, the modal and peak ratings for 30 seconds after the event and one minute after the event were judged to be 5. This rating was given because in the judgement of both the researcher and the supervisor, the client defined a problem in the disclosure event: 'I don't actually know who I am', and proceeded to explore her new awareness of this, as required by the CEXP:

> 'I think I do expect too much of myself' (30 seconds after the disclosure).

> 'The more I think about it the more I sorta think, well, I just do things because I think that's what I should be doing rather than wanting to do them' (One minute after the disclosure).

The CEXP was judged to show that the Mode increased in depth from 3 to 5 following the Disclosure Event and the Peak remained at 5, indicating the strong focus of the client on the topic.

7.3.3 Within-Session Effects (Qualitative)

Anna returned to the theme of not knowing who she was several times in the session. For example:

> 'that's quite intriguing to find out that I don't even know who I am or what I want'. (C5) and 'I think it really worries me that I don't know who I am.' (C10).

Anna elaborated on how she found it difficult to make choices for herself, as if she had been 'working to another set of rules' (C13):

> 'I feel like I've got nothing to base a decision on because I don't know what my natural feelings about things are of what's good and what's not good as if I've been suppressed for years and years.' (C12).

She expressed a desire to change this and find a balance between her needs and those of others:

> 'I've got to think a bit more about me and what I want and what I need (pause of 2 mins 30 secs) I think it's finding out who you are and doing things because you want to and that must be all a question of balance. It's not totally self-centred, at the same time it's <u>not</u> just doing everything um not taking your own feelings into account' (C17).

Anna showed her awareness of her inner critic (the internalised voices of her parents and her husband):

> 'I'm far too critical of myself and I don't know why. I need to change that.
>
> 'Cos otherwise I'll probably be afraid to admit to things I want to do or like, whatever, 'cos I'll criticise myself' (C27).

7.3.4 Post-session Effects

7.3.4.1 Immediate Post-session Effects (Qualitative)

Anna described the session as 'greatly helpful' on the HAT Form; she also indicated that she felt she had made a great deal of progress and that things had shifted considerably. She described the disclosure event as above.

7.3.4.2 Immediate Post-session Effects (Quantitative)

Anna rated the session as 8 and the Disclosure as 3.

7.3.4.3 Post-session Effects (Quantitative)

Five indicators were positive, one was neutral and the total score was 1.0, indicating that this was an event that was very helpful for the client (see Table 7.5).

Table 7.5 Positive Indicators: Anna

Indicator	**Rating (positive, negative or neutral)**
Client PQ Shift Pre-post session: 4.5 to 3.83	-.67 (=)
Client Session Helpfulness	8 (+)
Therapist Session Helpfulness	8 (+)
Client felt she made a great deal of progress	6 (+)
Client felt things shifted considerably	6 (+)
Client Event Helpfulness	8 (+)
Summary: 5 + indicators, 1 = indicator / 6 total indicators	0.80 'very positive' event

7.3.4.4 Extra-therapy Effects

Anna continued to think about the issue of who she really was and 'work things out' for herself (Session 13). In BSR she reported feeling 'relieved to have gone through that step [disclosing]' (BSR: P30).

7.3.4.5 Subsequent sessions

In the next session (Session 12) Anna reflected on how the criticism she suffered from her ex partner affected her view of herself:

> 'not being able to do things I wanted, 'cos I was always put down for it or if I did things, you know, put down for it afterwards, so, and now it's, oh, it actually <u>is</u> OK to do that, you know! It doesn't matter! I'm learning to be myself.' (Session 12).

Session 13: Anna described feeling more confident:

> '[I] am feeling quite positive and in control, I feel I've worked out a few things and I've started to move on' (Session 13).

Sessions 14-15: Anna focused on how she put too much pressure on herself and how this affected her relationships with others:

> 'I need to stop criticising myself all the time and try and realise I am getting things under control' (Session 14).

Sessions 16-17: Anna moved through an ending process, describing new attachments (for example, her network of friends, Session 16) and planning for the future:

> 'I'm doing all these things, planning for the future, I've got a strategy and I feel I should be able to cope' (Session 17).

Anna and the therapist agreed that this was an appropriate time to end the therapy.

7.3.5 Post-therapy Effects

7.3.5.1 Post-therapy Effects (Qualitative)

7.3.5.1.1 End of therapy interview

In the interview at the end of therapy Anna was asked to describe the significance of the disclosure event:

> 'I think that was probably quite significant, I mean I think that was the bottom, a low point… I mean once I'd sort of realised that and accepted that I think it started to move on from there.' (End of therapy interview: 27 mins 40 secs.)

7.3.5.1.2 Six month follow-up interview

In the follow-up interview that took place six months after therapy ended Anna was asked by the researcher (R) about the significance of the disclosure:

> **'**I think it was very significant, yes, yes. I mean I think, you know, I suspect basically that was what, you know, was the root of my problem, in that, you know, I'd sort of lost myself, you know, with everything that had been going on and, you know, being told and criticised and what have you, you know, I just didn't know who I was or what I wanted to do, I think (R: mm) and I didn't know where to start, which again is maybe why I've gone back to who I used to be, you know, my previous interests, because, you know, I know that was true, that was me, (R: mm hm, yes) it's like going back and starting over again, well, that's how I feel at times, you know, I've gone back,

although I've still got the children, you know, I've gone back to who I was before.' (Six month follow-up interview: 31 mins 40 secs.)

7.3.5.1.3 Eighteen month follow-up interview

In the follow-up interview 18 months after therapy ended Anna was again asked about the significance and helpfulness of the disclosure:

'I think that was quite, quite significant (R: mm)'cos that's when I think I started to realise… well, you know, it's almost like it broke everything down and I was able to start then, start to build things up again and that's still going on, I think, it's still going on.' (18 month follow-up interview: 37 mins 21secs).

7.3.5.2 Post-therapy Effects (Quantitative)

7.3.5.2.1 Outcome Effects

The post-therapy results showed that the client improved according to all the measures used until 18 month follow-up (Table 7.6). At this point, 18 months after therapy ended, Anna's results had worsened considerably on two of the measures. In the interview, Anna explained that she had recently started therapy again and was now exploring the issues that she did not feel ready to explore in her therapy at the Research Clinic; she reported that she was coping well, but she was aware that her scores would be affected by the personal work she was undertaking.

Table 7.6 Outcome Effects: Anna

	Cut-offs	RCI (p<.2)	Intake	Change +10	End therapy	+ 6 month follow-up	+ 18 month follow-up
PQ	>3.5	**1.0**	**5.6**	3.1**	2.8**	2.3**	**4.5***
CORE O-M	>1.25	**.44**	**1.85**	**1.32***	0.52**	0.47**	**1.26***
Strathclyde Inventory (SI)	<2.45	**.40**	**1.74**	2.51**	3.38**	3.51**	3.22**

Note. *p<.2 (see Elliott, 2002. This calculates significance at 80%, or 'beyond reasonable doubt'); **p<.05; **Bold** = clinical range

7.3.5.2.2 Client event significance/helpfulness ratings

Anna was asked to rate the significance and helpfulness of the disclosure at the end of therapy interview and at the six month and 18 month follow-up interviews (Table 7.7). This was in order to provide a quantitative tracking of the significance/helpfulness of the event. A four point scale was used to rate significance and a nine point scale was used to rate helpfulness. (See Chapter 6: Method.) Anna rated the significance and helpfulness of the disclosure as 'greatly significant' and 'very helpful' throughout therapy and the follow-up interviews.

Table 7.7 Event significance/helpfulness ratings: Anna

	Significance	Helpfulness
Event (session 11)	3 (Greatly significant)	8 (very helpful)
End of therapy (session 17)	3	8
Six month follow up	3	8
18 month follow up	3	8

7.4 Context Analysis

The Context Analysis was carried out to examine contributing factors to the disclosure event and to provide a fuller understanding of how the event occurred. The Context Analysis has been set out under four main headings: Background Context, Pre-session Context, Session Context and Episode Context. Each section of results is summarised in a table, and followed by a narrative description. Each table includes the 'to:'s', or explanatory links, that show how each element is relevant to the Disclosure event.

First, the Background Analysis is set out. See Table 7.8.

Table 7.8 Context Analysis: Background: Anna

7.4.1 Background: **7.4.1.1 Client Conflicts/Schemes:**	• Client wants to know, and be, who she is but fears she will be criticized and suppressed (to: C Episode Task; previous sessions) • Balanced person scheme: Client wants to find a balance to manage her own wants and needs flexibly alongside those of other people, neither suppressing her own needs altogether nor considering them exclusively (to: C Session, Episode tasks)
7.4.1.2 Client Style:	• Reflective, articulate, intellectual, analytical (to: alliance; C Peak style,

	Quality)
7.4.1.3 Client Problems:	• Unable to think of anything she wants (to: C Episode, Session Task) • Anna does not consider own feelings, does what she thinks others think she should do (to: C Episode, Session Task, Conflicts) • She has shut all her feelings up in a 'tower' (to: previous sessions (6), C Session Task)
7.4.1.4 Client Situation:	• Divorcing ex partner - experienced him as controlling, repressive, critical and manipulative (to: C Problems, Episode Task)
7.4.1.5 Client History:	• Rebelled against strict religious upbringing (to: C Style, Problems) • Married young. (to: C Style, Problems; to: C Situation) • Worked for many years in high-powered, male-dominated environment (to: C Style, Problems)
7.4.1.6 Therapist Personal Characteristics:	• Student therapist, inexperienced, lack of life experience (to: Alliance) • Younger than client, female, person-centred (to: T treatment principles)

7.4.1.7 Therapist Treatment Principles:	• Offer space for client to develop own understanding (to: Session Task, Local Cue) • Non-directiveness (to: Session Task, Local Cue)

7.4.1 Background Context

7.4.1.1 Client Conflicts and Schemes

Anna experienced conflict between wanting to be fully who she really was, instead of doing what others thought she should do, and fear that she would be criticised for doing this. Anna wanted to become a balanced self, where she would attend to the needs of others, but not at the expense of her own wants and needs.

7.4.1.2 Client Style

Anna was reflective and articulate; she was also intellectual and quite analytical in her style.

7.4.1.3 Client Problems

Anna described how, in the last couple of years, she had puzzled over not being able to think of anything she wanted in life: 'there was nothing there, nothing came to mind' (BSR: P10). She had realised that she did not consider her own needs and feelings; she did what others thought she should do: 'I'm trying to make choices for myself but I've nothing to base my decisions on. I don't know what my natural feelings are, what's good and bad' (Session 11).

7.4.1.4 Client Situation

Anna had instigated divorce proceedings against her former husband, whom she experienced as very critical, controlling and manipulative. She was on anti-depressant medication. She was trying to support herself and the children and manage the household on her income alone.

7.4.1.5 Client History

Anna had a strict religious upbringing against which she rebelled and she then married her ex-husband when she was 19. She described this as: 'I never finished growing up.'

She experienced her ex-husband as controlling and very critical of her, and this undermined her self-confidence. Anna previously worked in high-powered male-dominated environments which had led her to shut off parts of herself in order to deal with colleagues:

> 'when I went to work ... I wasn't me, it was like a persona, somebody who was, you know, not feminine or not female or not, it was like a persona that enabled me to stand up to all these guys and all these men who were always putting over their personalities, sort of six foot four tall and, you know, alpha male type thing' (Six month follow-up Interview: C51).

7.4.1.6 Therapist Personal Characteristics

The therapist was younger than the client, a female student counsellor from a person-centred orientation. Anna revealed in the 18 month follow-up session that she had doubted whether the therapist could fully understand her problems due to what she felt was the therapist's lack of life experience.

7.4.1.7 Therapist Treatment Principles

In the tradition of classical person-centred therapy the therapist was non-directive in her approach, offering the client time and space to develop her own understanding as the therapy proceeded.

7.4.2 Pre-session Context

Second, the Pre-Session Context is presented. See Table 7.9.

Table 7.9 Pre-session Context: Anna

Extra-therapy Events	• Anna's extra-therapy process (to: Session Task, Episode task). • Anna deciding to disclose (to: Session Task, Episode Task, Peak Content).
Previous Sessions	• Anna puzzled about identity in Session 3, Session 6, Session 9, Session 10. (to: Episode task, Peak Content). • Change Interview with researcher after Session 10 – refers to identity. (to: Episode task, Peak Content).

7.4.2.1 Extra-therapy Events

At the start of Session 11, Anna referred to her extra-therapy process of thinking through the previous session: 'I've been thinking about last time... [it] started me thinking.'

She also referred to this process in BSR:

> 'I'd been thinking about it since the last time I saw her [therapist] so it was a continuation of the conversation' (BSR: P22).

7.4.2.2 Previous Sessions

This section includes therapy sessions and the Change Interview with the researcher. Following Session 10 and before Session 11 Anna attended a Change Interview at the Research Clinic and told the researcher:

> 'It was almost as if when I met him [ex husband] that I stopped existing and became, like you know, somebody else.' (Change Interview, C27.)

She described how the numbness had gone, and this was symbolised by the crumbling of the tower inside which she had shut away her emotions:

> 'I'm feeling things again. I've started now crying and the first time that happened I sat and cried and laughed at the same time ((laughs)) 'my God, I'm crying, I'm really crying! After all this time!' (Change Interview, C13.)

In the previous session (10), Anna had expressed doubt about herself: 'maybe I'm not the person I think I am.'

In earlier sessions Anna had also reflected on her identity. In Session 3 she said: 'I have to decide whether or not my perception of myself was wrong'. In Session 6 she described how the 'tower' she had built to keep herself safe from being emotionally hurt (by her ex-husband) was starting to crumble, as she allowed herself to access her feelings in therapy: 'I said to him (ex) 'look, I'm shutting you out' and that was how I saw it in my mind, I saw it as building a tower within myself because he was hurting me.' Also in Session 6 she referred explicitly to her doubts about her identity: 'I'm not quite sure who I am 'cos I've suppressed who I am for a long time so I'm trying to find that out.' The client stopped taking anti-depressant medication at around this time. Finally, in Session 9 she told the therapist: 'I'm rediscovering me, I'm no longer the person I had to be.'

7.4.3 Session Context

Third, the Session Context results are set out (Table 7.10).

Table 7.10 Session Context: Anna

7.4.3.1 Client Session Task	Explore the implications of not knowing who she is (to: C Episode Task)
7.4.3.2 Therapist Session Task	Provide empathy and space for client exploration (to: T Episode Task)
7.4.3.3 Alliance	• Alliance (to: Client, Therapist Peak Quality, Immediate Experienced

	Effect) • Good enough bond, though not warm. • Client and therapist working well together on tasks (to: Within-session effects).
7.4.3.4 Session relevant events	None

7.4.3.1 Client Session Task

At the start of the session Anna announced the problem she had identified, indicating that the she perceived her task in the session to be to explore the implications of not knowing who she was.

7.4.3.2 Therapist Session Task

The therapist's task for the session was to provide empathy and support for Anna to work through the problem.

7.4.3.3 Alliance

Anna's disclosure to the therapist showed that the bond of the alliance was strong enough, although there was no warmth evident; however, she and the therapist worked together well on their tasks for the session.

7.4.3.4 Session relevant events

There were no session relevant events as the significant disclosure took place at the start of the session.

7.4.4 Episode Context

Finally, the Episode Context results are described (Table 7.11).

Table 7.11 Episode Context: Anna

7.4.4.1 Client Episode Tasks:	• To disclose to T her awareness since previous session. • To present topic for further exploration.
7.4.4.2 Therapist Episode Task:	To stay with and show empathy, understanding of C's presentation of topic.
7.4.4.3 Episode Relevant Events:	None.
7.4.4.4 Local Cue:	Therapist opens the session.

7.4.4.1 Client Episode Tasks

Anna's Episode Task was to disclose to the therapist the new awareness that she had come to since the previous session, presenting it for further exploration.

7.4.4.2 Therapist Episode Tasks

The therapist's task for the Episode was to stay with Anna and show empathy and understanding of her presentation of the topic.

7.4.4.3 Episode Relevant Events

As the disclosure happened at the beginning of the session there were no Episode Relevant Events.

7.4.4.4 Local Cue

The Local Cue, or stimulus, for the disclosure was provided by the therapist in the act of opening the session: 'how are you, what would you like to talk about today?'

7.5 Summary

This disclosure event occurred at the start of the session; this was unexpected, as significant events have not previously been found at the start of sessions (Elliott & Shapiro, 1988). Anna made the disclosure as an announcement to the therapist of a discovery she had been thinking about in between sessions. The Peak of experiencing was at 30 seconds and one minute after the disclosure (5).

Anna revealed the discovery despite the lack of a warm bond with the therapist, and despite feeling doubtful about whether the therapist could understand her, due to the therapist being much younger. However, the significance and the helpfulness of the disclosure lasted throughout therapy and follow-up interviews.

Chapter 8: Results: Tom

8.1 Tom

At the time of attending therapy at the Research Clinic, Tom was a 31 year old white English male; he was married and worked full-time in a professional role. Tom presented with acute anxiety about being trapped in a situation over which he had no control, for example, being in a car stuck in a traffic jam or on a bus. Tom felt that the anxiety was limiting his life and he had recently been diagnosed with depression by his GP. He was referred for counselling by his GP and not had counselling before.

The therapist was a 25 year old white Scottish female; she was a doctoral student, from a person-centred counselling orientation, although her studies had also included Cognitive Behavioural Therapy (CBT).

8.2 Process Analysis

8.2.1 Event

The disclosure event took place in session eight of fifteen sessions of person-centred therapy, at 33.16 minutes from the start of the session.

Table 8.1. Transcript of Significant Disclosure Event: Tom

T54: ...like the the physical feelings (C: yeah) whether or not they're getting any worse (C: mm) and you're gonna have to know that that's happened and then be able to say 'Oh, I'm starting to feel a bit (C: off) off but I feel I managed it, it was fine, it didn't get any worse...' (<0.5)

C55: I think putting it like that kind of makes it easier (T: *mm*) to understand (T: *mm*), um, for me anyway ((laughs)) (T: *yeah*) um, perhaps I maybe <u>have</u> been thinking about it as...maybe over thinking it a little bit (T: yeah) in terms of what I'm used to and the way that I've done things in the past and it's kind of trying to find something that that suited that and I think that does it, you know, that kind of, you know**...[start of pre-event]** almost putting meself to the test a little bit cos I think it's, what's interesting about it and I think that the next thing that I kind of need to deal with is that in some respects the the driving to work thing was kind of something I could tackle on my own terms (T*: hm mm*) whereas doing this is gonna be a case of waiting until I'm feeling like that and then having the presence of mind to go 'Right, OK, go'. (<0.5)

T55: If we were gonna look down the whole kind of CBT thing (C: *mm*) then what I would maybe be asking you to do is, you know, get yourself into a situation (C: *yeah*) where you feel that way (<0.5)

C56: Mm hm (<0.5)

T56. like, that would make you feel unwell (C: *yeah*) and then see how you... and then start (C: working on it) I mean, maybe not straightaway, like you would maybe build up to this (C: *mm hm*) but you know, first of all, I mean, maybe it w-would seem more, like the next step maybe would be when you <u>have</u> one of these situations (C: *yeah*) you know, notice what your thoughts are (C: *mm hm*) and then try and think of more like helpful alternative thoughts, (C*: yeah*) so like 'Oh, I'm not feeling well' (C: *mm*) and then, what are the thoughts that would come after that and would kinda..?" (<0.5)

C57.1: (32.44) **1.** Normally I kind-kinda get actually a bit panicky in thinking 'well, if I can't get to a bathroom, what are the consequences gonna be?' **2.** and mostly kind of like embarrassment as much as anything even if I'm in the car on my own or thinking 'well, if I've got to go somewhere, if I've got to go to work and I can't get to a bathroom then what are the consequences (T: mm) of that' **3.** and (1.0) and sort of (1.0) going down that route, if you like, of of perhaps almost letting meself (1.0 sec) take it to the worst possible consequence (.5) and thinking

C57.2*: 'well, OK, what happens if I make a mess?' (PEAK) (33.16)

C57.3: you know, and thinking 'well, all right, you know.' (1.0) That's the worst possible thing that could happen because then I'd have to turn round (T: *mm*), go home (T: *mm hm*) sort myself out, explain why I wasn't in work on time or I couldn't come in or (T: *mm*) you know I couldn't make an appointment or something like that, and so there's that sort of (1.0) if you like. **(End of client-identified episode)**

C57.4: That would be the thought process (T: *mm*) that I'd be going through, not so much the physical discomfort, which would be there associated with it, **[30 secs after event]**

C57.5: but also the kind of almost applying that embarrassment and sort of ashamedness to it before anything's happened (T: *mm*) and so there would be that sort of um almost like panicky feeling, I think, for me you know, and that all those 'what ifs?' become associated with that and it's, it's not so much the 'what if I'm stuck?' because I have to appreciate the fact that if I'm sat here I'm sat here, but it's the 'what if I can't get to where I'm going?' 'What if I haven't got clothes to change into?' 'Wha-' and all those sort of things **[1 min after event]**

C57.6: where I would think tha- that would be the bit that would bother me, that would be the bit that would kind of...sort of not so much anger me but make me kind of scared of the outcome (T: *mm hm*) if you like, um (<0.5)

T57: which all of these will add to the anxiety (C: well, absolutely) and add to you feeling more unwell (C: yeah) and =

C58: you know that's kinda like that self-fuelling thing (T: yeah) because like you say it just adds to it because then it would get to the point where I would start being

quite upset about it, it would sort of... that just made me feel worse (T: mm) um and so it would kind of that's what I mean by when something would gather pace and get worse and worse and worse rather than thinking 'this is the situation, this is what I've got to deal with' (T: mm) it it wouldn't be...or rather it isn't that when it happens full-on, it's more a really kind of like visceral and emotional kind of (T: mm) 'this is what's going to happen to you' (T: mm) and I'm almost kind of in some respects telling meself that this is gonna happen and not giving myself the opportunity to succeed to get to where I'm going and just be normal, it's, instead of that it's all the the potentially bad things that might happen (T: mm) rather than the 'actually, you're just gonna be fine, don't worry about it and just get there and you'll be OK'. It isn't that, it's more the kind of looking at every possible consequence of feeling like I am (T: mm) and spending perhaps way too much time looking at them in too much detail (T: mm) um (<0.5)

T58: And the thing with that kind of anxiety (C: mm) is that, you know, it doesn't last forever (C: no) you know, it'll go up (C: mm) but then, I mean, just you would, you couldn't do it, you would be knackered, it's like pushing someone into a pool, they can only flail about for so long (C: so long, yeah) and then they stand, and if it's a fear of water then they realise 'oh, the water only comes up to here and I'm fine' (C: yeah) and you know, it doesn't go on and with the anxiety I mean, it does, it does come from that you know, primitive fight or flight (C: yeah) which does mean that, you know, one of the feelings that we have when we're feeling anxious is that urge to like go to the toilet (C: yeah) to empty our bowels (C: yeah) so that we don't have as much weight, so that we can fight or flight (C: run away) uh huh, so it's natural to feel (C: yeah) that way when you're anxious (C: mm), but the point I'm trying to make is about spiral out of control, well, it would only go up so far and then it would have to come down (C: yeah) and then maybe these feelings would =

C59: would start to subside (<0.5)

T59: start to subside, yeah.

Note. For transcription symbols: see Chapter 7, Table 1.

8.2.2 Explication of Client Peak and Disclosure Question

First, the researcher identified the Peak Turn that contained the Disclosure Event from the Helpful Aspects of Therapy (HAT) form and the Brief Structured Recall (BSR). The Peak was then explicated.

8.2.2.1 Explication of Client Peak

C57.1: 1. Normally I kind-kinda get actually a bit panicky in thinking 'well, if I can't get to a bathroom, what are the consequences gonna be?' 2. And mostly kind of like embarrassment as much as anything even if I'm in the car on my own or thinking 'well, if I've got to go somewhere, if I've got to go to work and I can't get to a bathroom then what are the consequences (T: mm) of that' 3a. And (1.0) and sort of (1.0) going down that route, if you like, of of perhaps almost letting meself (1.0) take it to the worst possible consequence (.5) and thinking

3b. C57.2*: 'well, OK, what happens if I make a mess?' (PEAK) (33.16)

Explication:

C57*: 1. My normal way of being is to feel panic, as I say to myself, 'if I can't get to a bathroom/toilet in time, what would the consequences be?'

2. I also feel embarrassed, even if I'm in the car on my own, thinking about what the worst possible consequence would be if, for example, I really had to get to work, and I couldn't get to a bathroom/toilet in time.

3. (a) It is really difficult to let myself think and speak about the worst possible consequence, (b) [Client selected Peak:] **which is making a mess (soiling myself).**

8.2.2.2 Explication of the Disclosure Question

After the session the client completed the Disclosure Question on the HAT Form, rated 3, greatly important, and wrote:

'I revealed how my thoughts are based on the fear of something happening that's had no history, that's never happened before.'

Explication: The greatly important thing that I revealed in the session was that:

(a) even though I have never made a mess (soiled myself),

(b) it is the fear of this happening that makes me feel anxious.

8.2.3 Micro-analysis of events

The Client Peak factors were analysed under the headings Action (Response Mode and Response Task), Content, Style, and Quality (Table 8.2).

Table 8.2 Micro-analysis of Client Peak: Tom

8.2.3.1 Action	Response Mode: Compliance with therapist's suggestion by revealing fearful thoughts. Response Task: Reveal worst fear.
8.2.3.2 Content	Tom's shameful fear that he might soil himself.
8.2.3.3 Style/State	Style: Tom's speech was hesitant but responsive State: Tom feels embarrassed about disclosing.
8.2.3.4 Quality	Working well: 8.

8.2.3.1 Action. The client's Response Mode was judged to be compliance with the therapist's suggestion by disclosing his fearful thoughts. The Response Task was to reveal his worst fear.

8.2.3.2 Content. This was Tom's worst possible fear: his shameful fear that he might soil himself.

8.2.3.3 Style. Tom's speech was hesitant but responsive. He commented on this in BSR:

> P39: 'See, you can hear my hesitation there, to be hon-, having listened to that short section there, I can hear my hesitation in my voice.'
>
> R40: and what is that hesitation then?
>
> P40: I think I've actually, that's probably the point when the decision was made if you like is in that couple of sentences just before...where, I- you know, you can hear that hesitation in my voice, I'm thinking 'right, OK, this is the time now to disclose exactly what it is that I'm worried about, you know, exactly sort of the thing that concerns me the most (R: mm hm) um and the sort of, the consequences of that' er, so I'm kind of quite surprised listening to that that there is that kind of (R: right) sort of...again, what I can hear meself doing is kinda coming at it from two or three different angles and just going "sod it, it's this." '

State. Embarrassed:

'It was the same kind of embarrassment, if you like, that it was a case of 'well, this should be a personal thing and therefore you know I I should keep it personal' (BSR: P17).

8.2.3.4 Quality. Tom was working very well; he made the disclosure with minimal therapist invitation (rated 8).

8.3 Effects Analysis

The Effects Analysis is summarised in tabular form (see Table 8.3 below) and then followed by a narrative explaining each of the sections in more detail.

Table 8.3 Effects Analysis of Tom Disclosure Event

8.3.1 Immediate Effects	Figure 8.1
8.3.2 Within Session Effects (Quantitative)	CEXP table (Table 8.4)
8.3.3 Within Session Effects (Qualitative)	Tom reported from BSR on session. Tom referred to disclosure topic later in session.
8.3.4 Post-session Effects **8.3.4.1 Immediate Post-session Effects (Qualitative):** **8.3.4.2 Immediate Post-session Effects (Quantitative):** **8.3.4.3 Post-session Effects**	 Tom rated session 'greatly helpful' and disclosure as 'greatly important.' Tom rated session as 8 and disclosure as 3. Table 8.5: Positive Indicators.

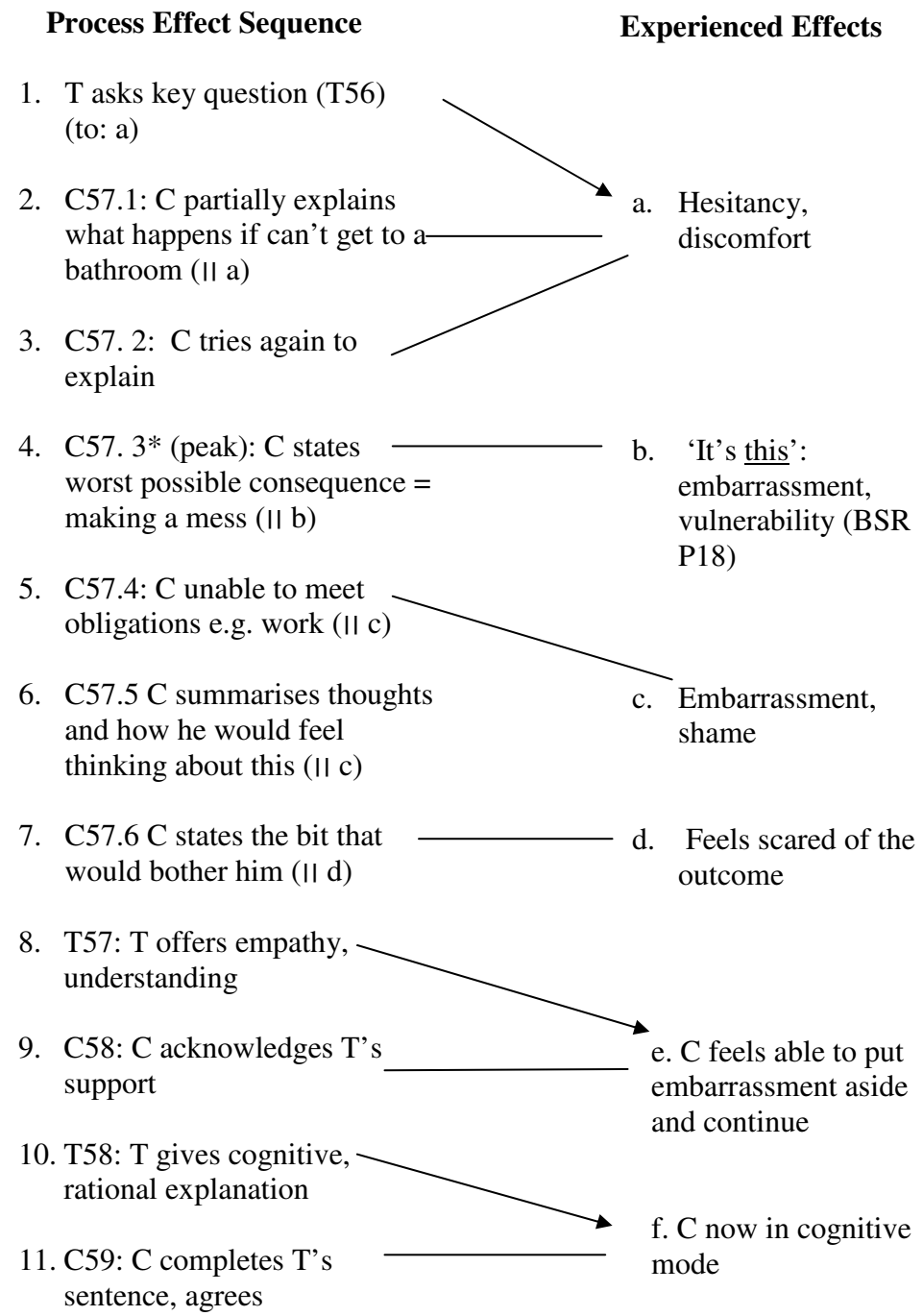
(Quantitative)	
8.3.4.4 Extra-therapy Effects:	Positive about disclosure; optimistic for future therapy.
8.3.4.5 Subsequent Sessions:	
Sessions 9-11:	Tom explored CBT techniques to deal with the anxious feelings.
Change interview (after Session 10):	Tom described Disclosure as 'greatly significant.'
Sessions 12 - 13:	Tom experienced a setback in dealing with his anxiety.
Session 14:	Tom recovered from the setback.
Session 15:	Therapy ended.
8.3.5 Post-therapy Effects	
8.3.5.1 Post-therapy Effects (Qualitative)	
8.3.5.1.1 End of therapy interview:	Tom rated the disclosure as 'greatly helpful' and 'greatly important.'
8.3.5.1.2 Six month follow-up	Tom rated the disclosure as 'extremely

interview:	helpful' and 'greatly important.'
8.3.5.1.3 18 month follow-up interview:	Tom was not available to carry out this interview.
8.3.5.2 Post-therapy Effects (Quantitative)	
8.3.5.2.1 Outcome Effects:	Table 8.6: Outcome Effects.
8.3.5.2.2 Client significance/helpfulness ratings:	Table 8.7: Significance/helpfulness ratings table.

8.3.1 Immediate Effects

Immediately following the disclosure, Tom described this (making a mess/soiling himself) as 'the worst possible thing that could happen' (C57.4) and summarised: 'I'd have to sort myself out, explain why I wasn't at work on time.' (C57.4) (Figure 8.1).

Figure 8.1 Immediate Effects: Tom



Immediate Effects (continued)

Tom expressed his feelings: 'That embarrassment and sort of ashamedness' that he felt, even though such an event had never happened (C57.5). He then described the 'panicky feeling' he would have, 'what if I can't get to where I'm going? What if I haven't got clothes to change into? That would be the bit that would bother me, that would kind of, not so much anger me but make me scared of the outcome' (C57.6).

The therapist offers support and understanding (T57) and Tom then is able to continue exploring the disclosure 'it's more a really kind of visceral and emotional 'this is what's going to happen to you' (C58). The therapist offers a rational explanation for anxiety: 'primitive fight or flight' (T58) and Tom completes the therapist's sentence and moves into a more cognitive mode.

8.3.2 Within-Episode Effects (Quantitative)

The Client Experiencing Scale (CEXP; Klein et al, 1986) was used to compare the client's depth of experiencing immediately before and following the disclosure event (Table 8.4).

Table 8.4 CEXP ratings: Tom

Turn	Researcher Mode/Peak	Auditor Mode/Peak	Consensus Mode/Peak
Pre-event (1 min before)	2/3	2/2	2/2.5
Event Peak: (C57.2)	2/3	3/3	3/3
Post-event (30	3/4	3/3	3/3.5

secs) C57.3/4			
Post-event (1 minute) C57.5	4/5	3/3	3.5/4
Post-event summary			3/5 +

Note. M= Mode and P = Peak ratings.

As the table shows, at one minute before the disclosure, Tom was clearly involved in his narrative about his medical condition. The consensus of the rating for the Peak of the pre-event was 2.5 to reflect Tom's comments on his feelings. The Peak of the Disclosure event was agreed to be 3, as the Disclosure does not describe Tom's feelings in any depth. At 30 seconds after the Disclosure, the researcher and auditor agreed that the rating was a strong 3 or 3.5, as Tom reflected on 'the physical discomfort that would be there associated with it.' At one minute after the Disclosure, the Mode and Peak rose to 3.5 and 4 respectively, as Tom described 'the embarrassment and sort of ashamedness to it before anything's happened, and that sort of almost like panicky feeling.' This indicated to the researcher and auditor that Tom's depth of experiencing had increased as he was more in touch with his feelings.

8.3.3 Within-Session Effects (Qualitative)

In BSR Tom reported that after disclosing:

> 'I think I put it to the side in some respects thinking, "Well, that's only going to make the rest of the session and subsequent sessions more valuable" (R:

> right) so I think once I'd kinda got that off my chest for once, you know, it was kinda like rather than dwelling on it (R: mm) I think the dwelling had already been done, like I said, you know I wasn't going to sit there and if you like over-analyze something that I'd said, it was easier for me just to say "that's it done" ' (BSR: P48).

Tom also reported:

> 'I think then that [disclosure] shaped probably the rest of the discussion, because then there was a clear sort of target to look at' (BSR: P50).

Tom felt supported by the therapist, who responded: 'all of these will add to the anxiety and add to you feeling unwell' (T57) and Tom felt able to put aside his embarrassment and explained how powerless he felt: 'I'm almost kind of telling myself that this is gonna happen and not giving myself the opportunity to get to where I'm going and just be normal' (C58).

Later in the session Tom told the therapist:

> 'I think, from the start I've been clear that what I need to do is replace that [anxious thoughts] with something else (T: mm) and when you talked about that, about kind of rationalising things, that struck home quite hard, to be honest, because it's kind of like, well actually, you're right, so what? First of all, so what if it <u>does</u> happen? There's nothing to base that thought on' (C72).

At the end of the session Tom decided to put himself in potentially difficult situations to test himself, see how he dealt with the anxious thoughts and 'look at some of those challenges.' (C73).

8.3.4 Post-session Effects

8.3.4.1 Immediate Post-session Effects (Qualitative)

Tom described the session as 'greatly helpful' on the HAT Form. He decided to 'look at some of those challenges' (C73).

8.3.4.2 Immediate Post-session Effects (Quantitative)

Tom rated the session as 8 and the disclosure as 3.

8.3.4.3 Post-session Effects (Quantitative)

Four out of five indicators were positive, one was neutral; the total score was 0.6, indicating that this was a moderately helpful event for the client (Table 8.5).

Table 8.5 Positive Indicators: Tom

Indicator	**Rating (positive, negative or neutral)**
Client PQ Shift Pre-post session: 3.7 to 3.7	0.00 (=)
Client Session Helpfulness	8 (+)
Therapist Session Helpfulness	8 (+)
Client felt he made moderate progress	3 (=)
Client felt things shifted considerably	6 (+)
Client Event Helpfulness	8 (+)
Summary: 4 + indicators, 2 neutral	0.6

indicators / 6 total indicators	'moderately positive' event

8.3.4.4 Extra-therapy Effects

In BSR Tom described how he felt the disclosure was positive for the rest of his therapy: 'I looked at the [HAT] form and I thought 'as far as I'm concerned, that's quite a significant thing, you know, to get to that point for me is...certainly a line in the sand to say 'yeah, all right, OK, once you've crossed that you can maybe open up other avenues to taking it one step further' (BSR: P54).

8.3.4.5 Subsequent sessions

Sessions 9-11: Tom explored using CBT techniques to change his thought patterns; he tested himself in challenging situations e.g. driving longer distances, and described the results as a 'Huge improvement'.

Change Interview (after Session 10): After ten sessions of therapy, Tom was invited to participate in Change Interview and the researcher asked him about the significance of the disclosure. Tom stated that the disclosure was still greatly significant. It was 'pivotal in sort of saying, you know, 'these are my real concerns, this is really why I'm here, this is this is what I'm aiming at.'

Sessions 12 - 13: Tom experienced a set-back in controlling his anxiety and experienced the symptoms again, although not as bad as before therapy started. 'I used that thing we talked about: 'what's the proof?' There isn't any.'

Session 14: Tom felt he recovered from the set-back and he felt better; he suggested ending the therapy. 'Now I've got the proof that I've got over the setback I can use that experience – given me a bit more faith in myself.'

Session 15: End of therapy.

8.3.5 Post-therapy Effects

8.3.5.1 Post-therapy Effects (Qualitative)

8.3.5.1.1 End of therapy interview

In the interview with the researcher (R) at the end of therapy, Tom rated the disclosure as 'very helpful' (rated 8) and 'greatly important' (rated 3). He described the disclosure:

> It's not easy to perhaps re-live something that you found stressful or difficult to do but at the same time it was good to see the same sort of reaction [from therapist], if you like, "OK, what are we doing about it?" (R: mm) rather than "oh, oh my God!" because that's how I felt inside, you know, it was that sort of revulsion, if you like, (R: mm) and so it was sort of, um, so much easier then to just face up to it and say "yeah, well, everyone knows that and you've just got to get on with it" and that's, I think that's one of the most useful parts of it (R: right) was actually just getting it out there and then it not being an issue. Or, it didn't carry the same weight, it was, you know, once it was out there it didn't really have the same effect.'

> ‘What I’d done is put everything on this really major concern that I had (R: mm) and that “well, if I felt that way [ashamed], then everybody else felt that way” and once it was sort of out there and open for discussion it didn’t carry the same sort of threat (R: mm) if you like, it wasn’t as overbearing any more, so that was good.’

8.3.5.1.2 Six month follow-up interview

In the follow-up interview that took place six months after the end of therapy, Tom rated the disclosure as ‘extremely helpful’ (rated 9) and ‘greatly important’ (rated 3). He described the disclosure:

> ‘I think it was quite significant ‘cos it kind of felt at the start of things, if you like, that was the first time, to not necessarily admit there was a problem as such, but the first time I was saying “OK, it’s the start of making things better for yourself”, so I think that was really quite significant.’

8.3.5.1.3 Eighteen month follow-up interview

The client was not able to attend for interview.

8.3.5.2 Post-therapy effects (Quantitative)

8.3.5.2.1 Outcome effects

The post-therapy results showed that the client improved according to all the measures used until 18 month follow-up. Table 8.6 provides intake, mid-, end of therapy and follow-up clinical results. (Unfortunately, due to the client’s personal

circumstances it was not possible to collect scores from all measures, so the table is incomplete.)

Table 8.6 Outcome table: Tom

	Cut-offs	RCI (p<.2)	Intake	10 sessions (Change interview)	End of Therapy	+6 month follow up	+18 months follow up
PQ	>3.5	**1.0**	**5.85**	**3.57****	1.57**	n/a	n/a
CORE	>1.25	**.44**	1.14	n/a	0.38*	n/a	n/a
SI	<2.45	**.40**	2.93	n/a	3.54**	n/a	n/a

Note. **Bold** = in clinical range *p<.2 (see Table 7.6.) **p<.05

8.3.5.2.2 Client event significance/helpfulness ratings

Tom rated the significance and helpfulness of the disclosure as 'greatly significant' and 'greatly/extremely helpful' throughout therapy and the follow-up interviews (Table 8.7).

Table 8.7 Client event significance/helpfulness ratings: Tom

	Significance	Helpfulness
Event (session 8)	3 (Greatly significant)	8 (greatly helpful)
End of therapy	3	8
Six month follow up	3	9 (extremely helpful)
18 month follow up	n/a	n/a

8.4 Context Analysis

First, the Background Analysis is set out (Table 8.8). (See Section 7.4 for further information on the structure of the Context Analysis.)

Table 8.8 Context Analysis: Background: Tom

8.4.1 Background:	
8.4.1.1 Client Conflicts/Schemes:	Core Conflictual Relationship Themes (CCRTs): • Client wants to be spontaneous, fears losing control (and making a mess/soiling himself), experiencing. shame/embarrassment (to: Episode Task, Event Content). • Client wants to be responsible, fears letting people down (to: Episode Task, Event Content). Client Self/Person Schemes: • Sees self as responsible person who meets his obligations and doesn't let people down (to: Episode Task, Event Content). • Sees self as strong person who helps/protects others and doesn't need help himself (to: C problems).

8.4.1.2 Client Style:	• Open, engaging (to: event quality; alliance). • Goal/task focused, likes to be in control (to: C Session Task).
8.4.1.3 Client Problems:	• Anxiety limits C in his life; affects his confidence and view of himself (to: Event Content, C Session Task)
8.4.1.4 Client Situation:	• Recently married, worried about effect of medical condition on relationship and starting a family (to: C Session Task) • Demanding/responsible job causes high stress levels (to: extra therapy events)
8.4.1.5 Client History:	• First time in therapy, not used to admitting/talking about problems (to: C event style)
8.4.1.6 Therapist Personal Characteristics:	• Student therapist, inexperienced (to: T Peak Style, Quality) • Female, younger than C; main orientation Person-centred therapy but recently completed CBT training (to: Treatment Principles)
8.4.1.7 Therapist Treatment Principles:	• Offer empathy, be non-judgmental (to: Event Style)

	• Offer CBT techniques – be more directive (to: T Session, Episode Tasks, Episode Relevant Events, Effects)

8.4.1 Background Context

8.4.1.1 Client Conflicts and Schemes.

Tom experienced a conflict between wanting to make spontaneous decisions in his life, but fearing he would lose control and make a mess/soil himself with the associated shame and embarrassment this would cause. He also wanted to be (and be known as) a responsible and reliable person but feared letting people down.

Tom saw himself as a responsible person who meets his obligations and does not let people down. He also saw himself as someone who was strong and helped others and did not need help himself. 'I'm very good at managing very serious stress, for example, helping some people who were in the middle of nowhere' (Session 1).

8.4.1.2 Client Style

Tom was open and engaging in discussing his issues in therapy; he described himself as 'goal-oriented': 'I see where I need to go and I can see a path' (C43: Session 8).

8.4.1.3 Client Problems

Tom's main problem was that the anxiety was severely limiting him in his life and affecting his view of himself: 'I'm disappointed and angry that it stops me doing

things I enjoy – things I can plan as well as spontaneous things' (Session 1). An item on his PQ was 'I feel I've lost a serious amount of confidence'.

8.4.1.4 Client Situation

Tom had recently got married and was worried about the effect of the anxiety on his relationship and on children once he had a family: 'If we have a family, I need to be able to respond to what a child might need' (Session 1).

Tom also had a demanding job, which was stressful and could trigger his anxiety: 'I've just been absolutely up the wall at work, it's just been absolutely crazy' (Session 8).

8.4.1.5 Client History

Tom had never spoken to a counsellor before and was not used to admitting to having problems: 'I'm a big fella, something like that shouldn't worry me' (BSR: P18).

8.4.1.6 Therapist Personal Characteristics

The therapist was a doctoral student, inexperienced as a therapist; she was five years younger than Tom. She came from a person-centred counselling orientation and had recently completed Cognitive Behavioural Therapy (CBT) training as part of her studies.

8.4.1.7 Therapist Treatment Principles

The therapist treatment principles were both to offer empathy and be non-judgmental in keeping with the person-centred tradition. The therapist also offered CBT techniques, which involved being more directive.

8.4.2 Pre-session Context

Second, the Pre-session Context was examined (Table 8.9).

Table 8.9 Pre-session Context: Tom

8.4.2.1 Extra-therapy Events:	• Tom described testing himself (to: Session Task). • Stress of job contributes to anxiety (to: Session Task).
8.4.2.2 Previous Sessions:	• Tom did not mention worst fear on PQ. • In BSR, Tom stated he was aware, even at the intake stage, of the need to disclose worst fear at some point in the therapy (to: Episode, Peak Content). • Session 1: No mention of worst fear. • Session 7: Tom said he 'wants to go a step further' (to: C Session. Episode Tasks, C Peak Content, Alliance).

8.4.2.1 Extra-therapy Events

Tom described how he had been testing himself by driving to work and assessing how anxious he felt: 'I've got over the initial hurdle of, of actually getting in the car and going where I need to go, and that sort of thing' (Session 8, C15). Tom also reported that the stress of his job could contribute to his anxious feelings.

8.4.2.2 Previous Sessions

Tom did not mention his worst fear on the PQ; however, in BSR he stated that he had decided from the initial intake interview that he would need to disclose this at some point in the therapy: 'I realised that at some point in time I was gonna need to be very frank about the way that I was feeling' (BSR: P24).

In Session 1 Tom did not mention his worst fear; in Session 7 he expressed the wish 'to go that step further' in pushing himself.

8.4.3 Session Context

Third, the Session Context was analysed (Table 8.10).

Table 8.10 Session Context: Tom

8.4.3.1 Client Session Tasks:	• Review where he feels he has got to in therapy and the work he still needs to do (to: C Episode Task). • Explore how to manage thoughts

	better and progress recovery (to: C Episode Task, Peak Content).
8.4.3.2 Therapist Session Tasks:	• Review work with Tom (to: T Other Session Tasks). • Teach Tom cognitive therapy techniques for dealing with anxious thoughts (to: T Episode Task). • Support Tom in applying techniques to change thought patterns (to: T Episode Task).
8.4.3.3 Alliance:	• Good alliance; strong, close bond: Tom trusts therapist enough to disclose fear. • Tom open to perceiving therapist as interested in him. • Task aspect: Tom feels progress so far has been excellent (to: C, T Peak Content, Quality; Immediate Experienced Effect).
8.4.3.4 Session relevant events:	• Tom and therapist discuss changing item on PQ (to: C Episode Task).

8.4.3.1 Client Session Tasks

Tom's tasks for the session were to review how far he had come with the management of his anxiety and assess the work he felt he still needed to do:

> 'I'm really pleased with how far I've come and in terms of whether or not I've achieved my goal so far is a definite 'yes', um, I'm really pleased with what I've done and I'm thinking if I can kind of use the momentum a little bit' (C18, Session 8).

Tom's other tasks were to explore how to manage his thoughts better and progress his recovery:

> 'I think I'd be really keen to look at how maybe if I <u>am</u> feeling like that [anxious] I can perhaps control my thoughts a bit better, um, rather than let meself go down this kind of like predetermined path that I've made for myself' (C36, Session 8).

8.4.3.2 Therapist Session Tasks

The therapist's tasks for the session were to review Tom's progress with him; teach him cognitive therapy techniques for dealing with the anxious thoughts and help him apply the techniques in order to change his thought patterns.

8.4.3.3 Alliance

The bond aspect of the alliance was strong; there was a warm quality to the relationship and Tom trusted the therapist enough to be able to disclose his worst

fear. Tom was open to perceiving the therapist as interested in him and his problems: 'for me it was that kind of, I guess, demonstrated interest in it made me feel safe to disclose it' (BSR: P61). Tom and the therapist worked together well on their tasks in the session; Tom was pleased with his overall progress in therapy.

8.4.3.4 Session relevant events

At the start of the session, Tom and the therapist discussed changing an item on the PQ.

8.4.4 Episode Context

Finally, the Episode Context was analysed (Table 8.11).

Table 8.11 Episode Context: Tom

8.4.4.1 Client Episode Task:	Disclose worst fear (to: C Peak Action, Content).
8.4.4.2 Therapist Episode Tasks:	• Suggest cognitive therapy strategy to Tom • Support Tom in disclosing (to: T Event Task, Peak Content, Immediate Effects).
8.4.4.3 Episode Relevant Events:	• Tom described wanting to 'put meself to the test' (C55). • Therapist suggests CBT approach. • Therapist made cognitive

	restructuring suggestion to attend to thought processes when 'unwell' (T56.1/2).
8.4.4.4 Local Cue:	• Therapist question.

8.4.4.1 Client Episode Task

Tom's task for the Episode was to disclose his worst fear, that of making a mess. In BSR Tom stated 'I've known for many sessions building up to that that's kind of on the agenda, that it was in my mind about how to perhaps do it and then I was presented with the perfect opportunity' (BSR: P20).

8.4.4.2 Therapist Episode Tasks

The therapist's Episode Tasks were to suggest a cognitive therapy strategy to Tom: to notice his thoughts next time he is 'unwell'; and to support Tom in disclosing his fear.

8.4.4.3 Episode Relevant Events

At the start of the Episode, Tom described wanting 'to put meself to the test a little bit' (C55). The therapist suggested a CBT approach: 'if we were gonna look down the whole CBT thing, what I would maybe be asking you to do is get yourself into a situation' (T55). The therapist then made a cognitive restructuring suggestion that Tom notice what his thoughts are when he feels unwell and 'try and think of more helpful alternative thoughts' (T56.1/2).

8.4.4.4 Local Cue

The Local Cue, or stimulus, for the disclosure was the therapist's question at T56: 'What are the thoughts that would come after that, and would kinda...?'

8.5 Summary

Tom had been planning to make the disclosure from the beginning of therapy. His disclosure was a delicate one and it was clear that he had a close and trusting bond with the therapist that allowed him to overcome his vulnerable feelings about the issue. The Peak of experiencing was at one minute after the disclosure (4).

Tom was waiting for an opportunity to disclose and without knowing that this was a task for Tom, the therapist provided the opportunity by asking an open question. Although the therapist was person-centred, she offered more directive CBT tasks, which Tom found helpful.

Chapter 9: Results: Lucy

9.1 Lucy

At the time of attending therapy at the Research Clinic, Lucy was a 47 year old white Scottish female. She had a partner and a young child and shared the care of her elderly mother who was unwell. Lucy worked part-time in a professional role. Lucy presented with depression linked to an eating disorder and concerns about her weight. She had previously had a short course of Cognitive Behavioural Therapy at an agency and when that ended, the therapist had suggested she contact the Research Clinic.

The therapist was a 29 year old white European female; she was a postgraduate counselling student from a person-centred therapy orientation.

9.2 Process Analysis

9.2.1 Event

The disclosure event took place in session three of eight sessions, at 5:56 minutes from the start of the session. The transcript of the Episode (Table 9.1) is followed by the explication and micro-analysis of the event.

Table 9.1 Transcript of Significant Disclosure Event: Lucy

C1: OK, em (4.0) d'you just want me to to start or (<0.5)

T1: Er, yeah, how you would (C: *yeah*) like to use today? (<0.5)

C2: Errm, now I've I've actually, er, I feel I've taken a bit of a a dip and particularly, er, I would say probably in the past couple of days, particularly today, erm, and a lot of it's to do with my, um, my confidence, my self-esteem, um, my (2.0) concern that I have about my intellect, if you like, you know, it's it's maybe sort of reflecting points 4 and 5 (C: *mm)* particularly um my weight um, I've still been doing my exercises and – although I pulled a muscle in my leg actually ((laughs)) um, jumping about, and um – but I've still been doing my exercises, I've been watching what I'm eating, I've not gone into a binge or anything like that, you know, because of this, but I'm a wee bit concerned that it could possibly lead to it (<0.5)

T2: cos of (C: *mm hm*) at that moment (C: *mm hm*) your confidence is (C: *mm hm*) knocked and therefore (C: *uh huh, but*) it's usually/

C3.1: Mm, aha,] like you know, your area of vulnerability, I suppose, you know, and I I think, I'm wondering if I need to think 'right, this is my food and the eating thing is my area of vulnerability' you know, and...rather than thinking, you know, 'can I get rid of it?' it's something I'm maybe gonna have to live with for the rest of my life, you know, that that kind of...but I I it's the the concerns that I've had as yet they've certainly not caused me to think 'right, OK, I feel I feel a complete (0.5) idiot so I'll go and have two packets of biscuits' ((small laugh)) you know, I'm I'm trying no- and I'm not fighting that, I mean, that's not happened, but I'm I'm kind of hoping it won't over the next few days. I don't, I don't think it will because I've been feeling better with doing the exercises and just watching what I've been eating really, you know, I've not been on any crash diet or anything like that, so, um, hhhh I'm just I'm just a bit concerned about that.

C3.2: Pre-event: Ach, I was I was out, um, last night, I I don't go out very often you know sort of socially, um, because, you know, I've got my son and, um, we've not really got anyone to sort of baby sit but, em, anyway, em, I went out last night with some of the girls from work, it was just, I mean, it was just for a a glass of wine and something to eat, I I wasn't drunk or any- ((laughs)) nothing like that! So, um, (2.0) and I work with ffff very strong women (T: *mm*) you know, em, who have (2.0) who have, you know, who have intellect and who talk about things that matter (T: *mm*) if that makes sense ((little laugh)) um, ah, well, things that I think matter anyway, and, em (<0.5)

T3: and who talk about it very eloquently (C: yeah) and very/

C4*: Yes, aha], yes and I feel I can, you know, I can hold my own with that up to a point, um, (1.0) and, (**start of episode**) **1/** but I-I've always had had this thing um you know, **2/** I've got a degree, you know, I got my HNC, I-I've got my degree, I've got my postgrad now, as you know, um, and **3/** h I d- I d- I don't know wh- and I feel, uh, I don't feel I'm completely, um, completely thick, right, I don't feel that but I just think are there certain (3.0) intellectual areas that I can't (2.0) function in? Um, and that that you know and and **4/** - don't, don't get me wrong, you know, they weren't, you know, trying to intimidate me, intellectually or otherwise, it's, in fact one of them really, really admires me, um, **5/** but I I d- I felt, um (2.0) I just, h, I just felt awkward and I sorta start questioning my ability, you know, so, you know, my ab- my ability to teach and and, you know, impart things and communicate with other people and all that kind of thing **6/** so I-I ca- I came away, I mean, I stayed out, you know, and um it ended up it was only two of us left, cos the others, needed, you know, needed to go and so on and um, you know, I mean, we we chatted away and, you know, and and it was fine and, um, we spoke about, you know, um, we spoke about a lot of rubbish sometimes but, em, we spoke about important things as well and...**7/** but I just came away thinking 'no,' you know 'I d- I d- uh the- **there's something lacking in me intellectually' [=disclosure]**((painful laugh)) (5 mins 56) (<0.5)

T4: sounds as if (<0.5)

C5: you know (<0.5)

T5: as if it, the the situation felt as if you had to present yourself, and as if you had to show what you can do (<.05)

C6: possibly, mm hm (<0.5)

T6: and there was a part of you (C: *mm hm*) that felt you did OK (C: *mm hm*) and it was fine (C: *mm*) and another (C: *mm yeah*) that 'no, I can't' (C: *mm hm*) (<0.5)

C7: I I don't I don't know what it is, it's it's uh (3.0) ah, I-I don't know what it is, um, (<0.5) [**30 secs after Disclosure**]

T7: °you don't know what it is that° (<0.5)

C8: that makes me feel, t- to have this sort of you know, lack of confidence in in, you know, in my ability to kind of, (1.0) I s'pose, you know, converse about about certain things; I mean, we can't all be experts in in everything and have profound conversations every two minutes, um, but it it just (<0.5) [**post event 1 min after Disclosure]**

T8: it seems as if rationally you say 'I have all these degrees (C: *mm*), I know I can do (C: *mm hm*) things, I know (C: *mm hm*) that I can't be expert at everything' (C: hm mm) but there's a feeling (C: *mm hm*) in you that you /

C9: I don't know]

T9: you don't feel (<1.0)

C10: um, I'm wondering if it's to do with my, um, ((clears throat)) [**End of client-identified episode]** I'm in this sort of strange position at work....

Note. For transcription symbols, see Chapter 7, Table 1.

9.2.2 Explication of Client Peak C4.1-4.7 and Disclosure Question

9.2.2.1 Explication of Client Peak

1. I've always had this thing

a. I have always had a psychological difficulty/stuck place about my intellectual ability

2. I've got a degree, I got my HNC, I've got my degree, I've got my postgrad now, as you know

b. As I've told you already, I've got an HNC, a first degree and a postgrad qualification

3. I don't feel I'm completely thick, but I just think are there certain intellectual areas that I can't function in?

c. I'm not sure but I don't feel that I'm completely stupid; however, I'm concerned that I don't know enough about some academic topics.

4. Don't get me wrong, they [colleagues] weren't trying to intimidate me, intellectually or otherwise, in fact one of them really really admires me

d. I don't want you to misunderstand what I am saying by thinking that my colleagues were trying to intimidate me, intellectually or in some other way; in fact I know that one of them admires me a lot.

5. But I just felt awkward, and I sorta start questioning my ability to teach and impart things and communicate with other people and all that kind of thing.

e.i. In spite of all that, I still felt awkward at this social event.

e.ii. And when that kind of thing happens, then I begin to cast doubt/feel unconfident in my general ability to teach and communicate with people

6. I stayed out, it ended up it was only two of us left 'cos the others needed to go and so on, and I mean we chatted away and it was fine and we spoke about a lot of rubbish sometimes but we spoke about important things as well

f.i. Then after everyone else left, there were just two of us left chatting

f.ii. And I want you to understand that it went well, because we talked about both unimportant things and important ones too.

7. *But I just came away thinking 'no, there's something lacking in me intellectually'.

g. In spite of how the discussions and interaction at this evening out had gone, afterwards, I was left with the thought that it had confirmed my painful belief that I lack something intellectually. **(PEAK; significant disclosure)**

9.2.2.2 Explication of Disclosure Question on HAT Form

After the session Lucy completed the Disclosure Question on the HAT Form, rated 3, greatly important:

'I disclosed that I lack confidence in my academic ability and capacity. This was important as I don't like articulating this but I felt I needed to explore this further.'

Explication: 'I disclosed that I feel I lack confidence in my academic ability and capacity. It was important for me to disclose this because (a) I don't like voicing it and (b) I felt I needed to explore this issue further with the therapist.'

9.2.3 Micro-analysis of events

The Client Peak factors were analysed (Table 9.2).

Table 9.2 Micro-analysis of Client Peak: Lucy

9.2.3.1 Action	Response Task: to reveal lack of confidence in her academic ability. Response Mode: Self-disclosure, narrative.
9.2.3.2 Content	Delicate: Shameful defect in self (to: Session, Episode Task). Recent social interaction (to: Session, Episode task).
9.2.3.3 Style/State	a. Style: Hesitant, back-tracking narrative. b. State: C finds it difficult to speak about. c. Slight laugh after significant disclosure is painful and incongruent. d. C feels emotional at the significant disclosure.
9.2.3.4 Quality	Client: working moderately well (7); she makes

	the disclosure; doesn't stay with her feelings. Therapist: slightly unskilful (4); T does not pick up on the pain/sadness in response to C. Moves away from C Session/Episode tasks.

9.2.3.1 Action

Lucy's Response Task was to reveal her lack of confidence in her own academic ability and the Response Mode was self-disclosure, through her narrative.

9.2.3.2 Content

The Content of the Peak was judged to be a *delicate* (Schegloff, 2007) because Lucy was revealing what she believed to be a shameful defect about herself: her lack of confidence in her own intellectual ability/capacity and her belief that she was 'thick'. The Content of the whole episode that contained the significant Disclosure was Lucy's story of her recent social interaction.

9.2.3.3 Style/State

Lucy recounted the night out with colleagues in a hesitant, backtracking narrative. In BSR she admitted that she found it a difficult topic to speak about: 'to say I don't have confidence in my intellect and my academic ability to me that's a lot and I find it quite embarrassing to basically say that I feel inadequate' (BSR: P24). She gave a slight laugh immediately after the disclosure that was painful and incongruent, and she also admitted feeling emotional at the disclosure: 'it's the only time in the sessions so far that I've felt quite tearful' (BSR: P23).

9.2.3.4 Quality

Lucy was judged to working moderately well (rated 7): she made the significant disclosure but did not stay with her feelings. In BSR she reported feeling embarrassed.

The therapist was judged to be slightly unskilful (rated 4): she did not pick up on Lucy's pain and sadness in the disclosure and she moved away from the client's Session and Episode tasks.

9.3 Effects Analysis

The Effects Analysis is summarised in tabular form (Table 9.3) and then followed by a narrative explaining each of the sections in more detail.

Table 9.3 Effects Analysis of Lucy Disclosure Event

9.3.1 Immediate Effects:	Figure 9.1
9.3.2 Within Episode Effects (Quantitative):	Within-episode effects were assessed using the CEXP Scale. Table 9.4.
9.3.3 Within Session Effects (Qualitative):	• Lucy reflects on being denied academic opportunities at work. • Lucy makes a link between her lack of confidence and not completing a course.

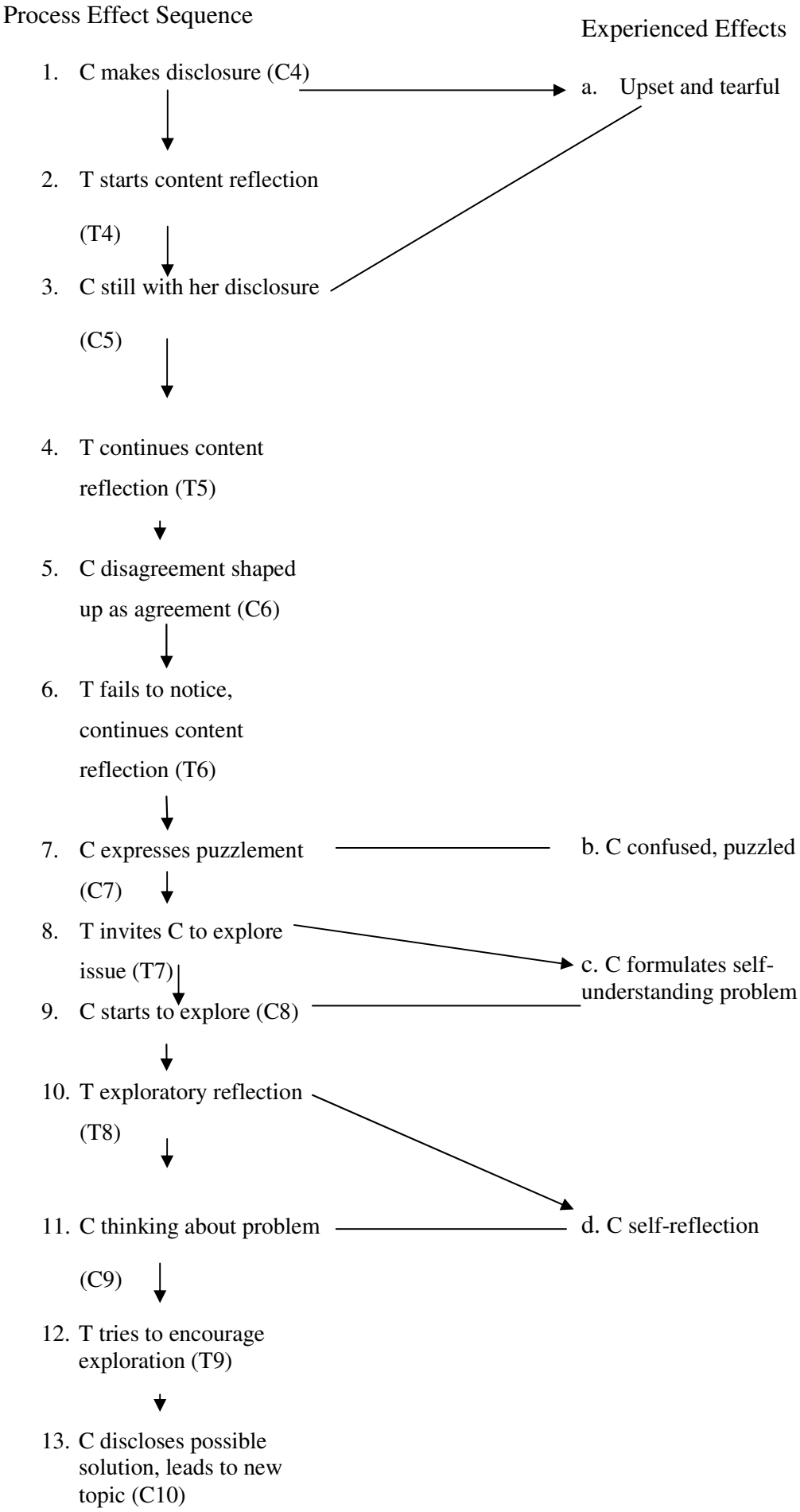
	• She wonders about the limits of her intellectual ability. • She questions helpfulness of the session, criticising the quality of her self-exploration (self-criticism split markers); also possible signs of alliance rupture.
9.3.4 Post-session Effects **9.3.4.1 Immediate Post-session Effects (Qualitative):**	• Lucy feels slight relief at making the disclosure. • Lucy describes disclosure as 'greatly important' on HAT Form. • She describes the session as 'moderately helpful'.
9.3.4.2 Immediate Post-session Effects (Quantitative):	• Lucy rates the session as 7.
9.3.4.3 Post-session Effects (Quantitative):	• Table 9.5: Positive Indicators.
9.3.4.4 Extra-therapy Effects:	• Lucy 'glad' she attended session (from BSR).

9.3.4.5 Subsequent Sessions:	• In Sessions 4-8, Lucy explores going onto further study; mentions topic again. She finishes therapy in Session 8.
9.3.5 Post-therapy Effects **9.3.5.1 Post-therapy Effects (Qualitative)**	
9.3.5.1.1 End of therapy interview:	Lucy describes the disclosure as 'greatly significant' and 'greatly helpful'.
9.3.5.1.2 Six month follow-up interview:	She describes the disclosure as 'greatly significant' and 'moderately helpful'.
9.3.5.1.3 18 month follow-up interview:	Lucy describes the disclosure as 'greatly important' and 'between moderately and greatly helpful'.
9.3.5.2 Post-therapy Effects (Quantitative)	
9.3.5.2.1 Outcome Effects:	Table 9.6: Outcome Effects.
9.3.5.2.2 Client Significance/helpfulness ratings:	Table 9.7: Significance/helpfulness ratings.

9.3.1 Immediate Effects (Qualitative)

The Immediate Effects were put into diagram form (Figure 9.1) followed by an explanatory narrative.

Figure 9.1 Immediate Effects: Lucy



Immediate Effects (continued)

C4*: ...there's something lacking in me intellectually ((painful laugh))

[C discloses her belief that she lacks intellectual ability; feels upset and tearful]

T4: sounds as if...

[T starts content reflection]

C5: you know

[C is still thinking about her disclosure]

T5: ...as if it, the the situation felt as if you had to present yourself, and as if you had to show what you can do...

[T continues content reflection]

C6: possibly, mm hm

[C is not convinced but doesn't openly disagree (disagreement shaped up as weak agreement); deferential to T]

T6: and there was a part of you (C: mm hm) that felt you did OK (C: mm hm) and it was fine (C: mm) and another (C: mm yeah) that 'no, I can't' (C: mm hm)

[T misses client deference, continues reflecting content]

C7: I I don't I don't know what it is, it's it's uh (3.0) ah, I-I don't know what it is um

[C expresses sense of puzzlement, confusion]

T7: °you don't know what it is that° ...

[T stays with C secondary emotion, invites her to explore confusion about disclosure content]

C8: that makes me feel, t- to have this sort of you know, lack of confidence in in, you know, in my ability to kind of, (1.0) I s'pose, you know, converse about about certain

things; I mean we can't all be experts in in everything and have profound conversations every two minutes, um, but it it just

[C formulates self-understanding problem, starts to explore issue]

T8: it seems as if rationally you say 'I have all these degrees (C: mm), I know I can do (C: mm hm) things, I know (C: mm hm) that I can't be expert at everything' (C: hm mm) but there's a feeling (C: mm hm) in you that you /

[T exploratory reflection, leaves open edge on problematic emotion]

C9: I don't know]

[C interrupts, still thinking about issue]

T9: you don't feel...

[T tries to encourage exploration by leaving open edge]

C10: um, I'm wondering if it's to do with my um ((clears throat)) I'm in this sort of strange position at work....

[End of episode: C discloses that she has a possible explanation and begins to unfold it in context of a work narrative, leading onto a new topic]

9.3.2 Within-Episode Effects (Quantitative)

Within-episode effects were assessed using the CEXP Scale (Table 9.4).

Table 9.4 CEXP ratings: Lucy

Turn	Researcher Mode/Peak	Auditor Mode/Peak	Consensus Mode/Peak
Pre-event (1 min before: C3.2)	2/2	2/2	2/2
Episode	3/3	2/4	2/4

Mode/Peak (C4.1-4.6			
Event: (C4.7)	4/4	4/4	4/4
Post-event (30 secs) C7	3/4	4/4	4/4
Post-event (1 minute) C8	4/4	4/5	4/5
Post-event summary			4/5 +

Note. M= Mode and P = Peak ratings.

The pre-event Mode and Peak were rated as 2, due to the quality of Lucy's narration, which did not refer to her feelings. The Peak increased to a 4 in the Episode leading up to the disclosure (C4), as Lucy became more involved in the narrative and stayed as a 4 for the disclosure event itself, as Lucy became emotionally aroused. In the Post-event segments, the Peak was judged to rise from 4 at 30 seconds post-event to 5 by one minute after the Disclosure, where Lucy was working on the problem and questioning her own confusion about the issue.

9.3.3 Within-Session Effects (Qualitative)

Later in the session, Lucy reflected on being denied academic opportunities at work as a possible source of her lack of confidence in her intellectual ability:

> C31: 'it's as if I'm being given a taste of something but I'm not allowed to and I've got a lot of ideas and then I start thinking "och, I can't do it anyway, I won't be able to do it anyway." '

Lucy made a link between her lack of confidence and not completing a course of study:

> C66: 'I just, I just don't have (2.0) confidence probably in in my own ability, in many ways and I-I wonder if it actually harks back a wee bit (1.0) I-I was, you know I told you I was, I was doing a qualification and I hated it, I hated it.'

Lucy wondered about the limits of her intellectual ability:

> C79: 'or have I put, have I put my own lid on my intellect? (3.0) I don't, I I don't know, or am I just, or do you just reach...? I mean we all can't be Einstein, let's face it (T: mm) but um
>
> T79: so the ques-
>
> C80: d-do you just reach a point that you can't intellectually, you know, you can't really go beyond? And I'm thinking, "have I reached that point?" '

Finally, Lucy questioned the helpfulness of the session, criticising the quality of her self-exploration (self-criticism split markers); also showing possible signs of alliance rupture:

> C52: 'I don't...I feel I'm talking a lot of crap, actually'
>
> C112: 'I don't know if I've really...I feel that I've just kinda rattled on.'

9.3.4 Post-session Effects

9.3.4.1 Immediate Post-session Effects (Qualitative)

Lucy described feeling slight relief at making the disclosure: 'There was a wee sense of relief' (P30: BSR interview).

Lucy described the disclosure as 'greatly important' on the HAT Form Disclosure Question.

9.3.4.2 Immediate Post-session Effects (Quantitative)

Lucy rated the session as 7 (moderately helpful). She rated the Disclosure as 3 (greatly significant).

9.3.4.3 Post-session Effects (Quantitative)

Table 9.5 shows the positive indicators of the session: two out of five indicators were positive, two were neutral; one was unavailable, making the total 0.4, or a fairly helpful event.

Table 9.5 Positive Indicators: Lucy

Indicator	**Rating (positive, negative or neutral)**
Client PQ: pre 5.00 post 4.75	-0.25 (=)
Client Session Helpfulness	7 (+)
Therapist Session Helpfulness	n/a
Client felt she made a little progress	5 (=)
Client felt things shifted very slightly	2 (=)
Client Event Helpfulness	8 (+)
Summary: 2 + indicators, 3 neutral indicators, 1 n/a, 2/ 5 total indicators.	0.4, 'fairly positive' event.

9.3.4.4 Extra-therapy Effects

In BSR, Lucy reported that she thought about the disclosure after the session: 'I was going back in the car and so on and I kind of reflected and thought "no, I'm glad I came to that session, I think that was useful because it was kind of explored and I articulated and disclosed and so on" ' (BSR: P33).

9.3.4.5 Subsequent Sessions

In subsequent sessions of therapy, Lucy repeatedly explored whether or not to apply for further training, gradually moving toward a decision to do so. She referred to the disclosure topic again in the sessions.

> **Session 4:** 'Do I need to keep doing this stuff to have a belief that I'm capable of operating and thinking at this level and being able to deliver this to students?'
>
> **Session 5:** 'It's to do with self-validation and external validation for me – I also have a feeling 'don't not do it because of eating' 'cos then I would be really, really angry.'
>
> **Session 6:** 'I've gone off the boil. This is something, there's no obligation to do this [further training] and I'm thinking 'am I putting myself in a situation, is it just going to add to all of this?' and then I think, "it's something I'd like to do, why the hell shouldn't I do it?" '
>
> **Session 7:** 'I'm thinking about this [further training] and I'm thinking "is this just stupid, am I piling pressure on myself?"...something to do for me, but

then I'm thinking "it's gonna be a hell of a lot of work"; it's catch 22, I'll be angry and resentful if I don't do it.'

Session 8: 'I'm going to apply, the other thing that's driving me is I want to do something for myself. I want to do something that isn't for my partner, isn't for my son, is for me, my own worth, my own satisfaction and to say "hey, I can do this" '.

9.3.5 Post-therapy Effects

9.3.5.1 Post-therapy Effects (Qualitative)

9.3.5.1.1 End of therapy interview (after session 8)

After the final session of therapy, Lucy was asked to reflect on the helpfulness and significance of the disclosure:

'I mean, I think [the disclosure] <u>was</u> significant, because I think when you actually put something into words and you disclose it to someone else - essentially what I'm saying is ((laughs)) I'm kinda saying "well, OK I might have these qualifications, and I might kind of talk and all the rest of it, but underneath it I'm really quite, quite scared and think I'm probably really quite thick, and, er, no I don't think that but, you know, and think um I've come to a certain point (R: mm hm) academically and I can't get beyond that point" and, you know, that, it's it's embarrassing, I suppose as well, I find it maybe a bit embarrassing.'

9.3.5.1.2 Six month follow-up interview

Six months after the end of therapy, Lucy was again asked to reflect on the significance and helpfulness of the disclosure. At first Lucy found it hard to remember what she had said when reminded by the researcher (R):

> R: 'So looking back, if you remember, we did that interview when you disclosed on your form about feeling that there was something lacking intellectually?'
>
> Lucy: 'Oh, did I say that? ((laughs)) Oh, right, yes.'

She had recently begun further study:

> 'I think [the disclosure] was significant, obviously, you know, at the time because I articulated it, obviously (R: mm hm) it it was something that was important to me and I think maybe there was something (2.0) there was obviously something I feel there at the time, maybe that knew that (2.0) I could possibly take this further, as in, you know, pursuing academic study and so on (R: mm) but I was a bit scared of it (R: right) and now I think you know, it's because, "what if I do this and maybe I've reached my kind of level, or my ceiling or whatever", and "what if I do this and I can't produce the goods", you know? and so I think there was that fear, (R: mm) there was a fear and now obviously by...I mean, I'm not suggesting I'm the best student in the class, I'm not, I think I'm more sort of on a par with everyone else really, but nevertheless I'm getting there and I'm passing and I'm doing it and I'm learning.'

Lucy found that articulating her fear was helpful:

> 'you know, whether you're sort of writing it down on paper or or sort of generally discussing it or whatever, it's um and I think that's important um

and I think um it's important obviously for me because then I I think I realised (.2) uh it was I think possibly I've pursued this, the course, not just to gain obviously extra qualifications and so on, but I think to prove something to myself that I haven't, that I'm not capped intellectually. No one else has capped me, it was just, it was me ((laughs)) you know, it was me in my own perception.

R: And so then it was you who had to take that cap off?

Lucy: Yes, yes, and I have.'

9.3.5.1.3 Eighteen month follow-up interview

When Lucy was interviewed 18 months after the therapy had ended she reported that she felt she had shown courage to admit her doubts about her ability:

'the fact that you're verbalising something in a formal situation that made it important and made me address it by disclosing it that played its part in me actually pursuing it.'

9.3.5.2 Post-therapy Effects (Quantitative)

9.3.5.2.1 Outcome Effects

The post-therapy results showed that Lucy improved according to two out of three measures used until 18 month follow-up. Table 9.6 provides intake, mid-, end of therapy and follow-up clinical results.

Table 9.6 Outcome measures: Lucy

	Cut offs	RCI (p<.2)	Intake	End Therapy	+6 month follow up	+18 month follow up
PQ	>3.5	**1.0**	**4.75**	**5.12**	**4.25**	**4.50**
CORE-OM	>1.25	**.44**	1.08	1.23	0.55*	0.79
SI	<2.45	**.40**	**1.96**	**2.09**	2.48*	2.83

Note. **Bold**=in the clinical range. *p < .2 (See Table 7.6)

9.3.5.2.2 Client event significance/helpfulness ratings

Lucy rated the significance and helpfulness of the disclosure as 'greatly significant' and 'greatly/extremely helpful' until the six month follow-up interview, when the helpfulness rating decreased slightly to 7, moderately helpful, and then increased again slightly at the 18 month follow-up interview (Table 9.7).

Table 9.7 Client event significance/helpfulness ratings: Lucy

	Significance	Helpfulness
Event (session 3)	3 (Greatly significant)	8 (greatly helpful)
End of therapy	3	8
Six month follow up	3	7 (moderately helpful)
18 month follow up	3	7.5

9.4 Context Analysis

9.4.1 Background Context.

First, the Background Context is set out (Table 9.8).

Table 9.8 Context Analysis: Background: Lucy

9.4.1 Background	
9.4.1.1 Client Conflicts/Schemes:	Core Conflictual Relationship Themes (CCRTs): • Client wants to achieve more academically, fears failure (to: Style/Problems, C Session & Episode Tasks, C Peak Content, Within Session Effects). Person Schemes: • Self as 'airhead'/'thick' (Session 1) (to: C Peak). • Self as uninteresting/boring (from BSR, P35) (to: C Peak).
9.4.1.2 Client Style:	C avoids revealing feelings, e.g. suppressed tearfulness in session (from BSR) (to: Event Content, Style & Quality, Immediate Effect) (a) Articulate; (b) perfectionist, hard on self, strong internal Critic (to: Client Situation/History; Within-Session Effects). Fear of recurrence of eating disorder, if

9.4.1.3 Client Problems:	triggered by stress and fears of failure (to: C Session Task, Within-Session Effects). Lack of confidence in intellectual ability (to: Event Content, C Session Task).
9.4.1.4 Client Situation:	Works in challenging role in education environment (to: Event Content, Within Session Effects).
9.4.1.5 Client History:	Struggles with stress of combining roles of mother to young son, carer of ill, elderly mother, wife, employee and own interest in study (to: C Problems). C had eating disorder when younger (to: Session Task, Client Problems)>
9.4.1.6 Therapist Personal Characteristics:	Returned to education as a mature student (to: Event Content, Previous Sessions, Within Session Effects, Subsequent Sessions).
9.4.1.7 Therapist Treatment Principles:	Inexperienced, student, younger than client (to: T Event Style & Quality, Alliance, Immediate Effects). Person-centred in counselling orientation (to: Treatment Principles). Offer empathy (to: T Session & Episode

	Tasks). Reflect client's experience (to: T Episode task, T Event Style & Quality, Immediate Effects).

9.4.1.1 Client Conflicts/Schemes

Lucy's Core Conflictual Relationship Theme was her desire to achieve more academically, yet being afraid of failure. Her Person Schemes were self as an 'airhead': In Session 1 she told the therapist: 'there's still that part of me that sometimes I feel pretty thick.'

Lucy's second Person Scheme was self as boring: in BSR she explained:

> 'it's something even that I've had from years ago, this, this...that I won't have anything interesting to say, I sound as if I'm a real bore' (BSR: P35).

9.4.1.2 Client Style

Lucy avoided revealing the emotion she reported feeling at the Disclosure:

> 'I could feel my tears, kind of tears welling up in my eyes and I kinda had to...' (BSR: P22). 'It's the only time so far in the sessions that I've felt quite tearful' (BSR: P23).

Lucy was articulate in therapy; she was also a perfectionist with a strong internal critic.

9.4.1.3 Client Problems

Lucy's problems were a fear of the recurrence of an eating disorder linked to doubts about her academic ability. One of the items on Lucy's PQ reflected this: 'I need to have more confidence in my own ability'.

9.4.1.4 Client Situation

Lucy worked part-time in education in a challenging role. She found it stressful and demanding to balance the demands of her young child and her ill mother (suffering from Alzheimer's) with her own needs and interest in further study.

9.4.1.5 Client History

Lucy had disordered eating when she was younger and had found this had returned. She had worked in very image-conscious roles at the start of her career before returning to education as a mature student.

9.4.1.6 Therapist Personal Characteristics

The therapist was female, younger than Lucy and a postgraduate counselling student from a person-centred orientation.

9.4.1.7 Therapist Treatment Principles

The therapist treatment principles were consistent with the person-centred approach: offer empathy to Lucy and reflect her experience.

9.4.2 Pre-session Context

Second, the Pre-session Context was analysed. See Table 9.9.

Table 9.9 Pre-session Context: Lucy

9.4.2.1 Extra-therapy Events:	• Night out with colleagues (to: Client Session Task, Client Episode Task, Peak Content). • Discuss event in therapy (to: Client Session Task, Episode Task and Peak Content).
9.4.2.2 Previous Sessions:	In session 1, Lucy expresses reasons for returning to academic study and belief about self (to: Client Session & Episode Tasks).

9.4.2.1 Extra-therapy Events

Lucy's social night out with her colleagues took place the day before the session. Lucy also decided earlier that day to discuss the event in therapy.

9.4.2.2 Previous Sessions

In session 1, C expressed her reasons for returning to academic study:

'*that* [being thought an 'airhead'] was one of the things that drove me to embark on HE – I went to college and uni and so on. I wanted to say to myself and the world in general "I have a brain and I can use it and I can use it academically and I can achieve" '

Lucy did not refer to the topic in Session 2.

9.4.3 Session Context

Next, Session Context was analysed (Table 9.10).

Table 9.10 Session Context: Lucy

9.4.3.1 Client Session Task	Tell story of puzzling recent experience ('dip') and its relation to issues about work and academic functioning (to: T Session Task, C Episode Task, Peak).
9.4.3.2 Therapist Session Tasks	• Help client explore her lack of confidence in intellectual ability, difficulties in work and academically (to: T Episode Task). • Follow client lead in session (to: Immediate & Within-Session Effects).
9.4.3.3 Alliance	Bond: Strong enough for C to disclose but no evidence of emotional closeness (to: C Episode Task, Peak Quality, Immediate Experienced Effect). Task: client and therapist stay on the

	surface, C does not go deeper into feelings; loss of focus on task may be due to T's inexperience and C's reluctance (to: Peak Style, Quality, Immediate Effect).
9.4.3.4 Session relevant events	C mentions 'dip' in confidence, connected to concerns about intellect (C3) (to: Episode Task, Event Action & Content).

9.4.3.1 Client Session Task

Lucy's task for the session was to tell the therapist about the 'dip' in confidence that she had recently experienced, and how it related to her concerns about an eating disorder and her academic ability.

9.4.3.2 Therapist Session Tasks

The therapist session tasks were to follow Lucy's lead in the session and help Lucy explore her concerns about lack of confidence in her academic ability and her problems with eating.

9.4.3.3 Alliance

The bond was strong enough for Lucy to disclose, however, there was no evidence of emotional closeness. The therapist and Lucy remained on the surface after the Disclosure and Lucy did not go deeper into the issue. The loss of focus on the task may have been due to the inexperience of the therapist or the reluctance of the client.

The therapist concluded at the end of therapy: 'I feel we did not manage to establish a trusting relationship' (Therapist Process Notes, Session 8). Lucy doubted whether the therapist could understand the issues she raised in therapy due to being younger and a lack of life experience (End of therapy interview).

9.4.3.4 Session relevant events

Lucy mentioned she had had a 'dip in confidence' connected to her self-esteem and 'concerns' about her intellectual ability (C2).

9.4.4 Episode Context

Finally the Episode Context was analysed (Table 9.11).

Table 9.11 Episode Context: Lucy

9.4.4.1 Client Episode Task:	• Disclose painful belief about herself (to: Peak Content, Action). • Explore and understand academic insecurities (to: Peak Content; Episode Relevant Events, Within Session Effects).
9.4.4.2 Therapist Episode Tasks:	• Help client explore insecurity about intellectual ability (to: Peak). • Listen empathically (to: Peak, Episode Relevant Events).
9.4.4.3 Episode Relevant Events:	Lucy tells story of night out with colleagues. (C3.2) (to: Peak).

9.4.4.4 Local Cue:	Client's story, ending in the significant disclosure.

9.4.4.1 Client Episode Task

Lucy's task for the Episode was to disclose her painful belief about herself and explore and understand her insecurities about her academic ability.

9.4.4.2 Therapist Episode Tasks

The therapist's tasks for the Episode were to help Lucy explore her insecurity and to listen empathically.

9.4.4.3 Episode Relevant Events

Lucy told the story of her night out with colleagues.

9.4.4.4 Local Cue

The Local Cue for the event was Lucy's story of her night out (C3.2) that led up to, and ended in, the significant disclosure.

9.5 Summary

In this case, Lucy had been planning to disclose the issue since the previous evening. She led up to the disclosure with a detailed narrative, and although the therapist tried to engage, Lucy was very much on her own track and did not appear to find the therapist's interventions helpful. The disclosure was a delicate issue as Lucy felt ashamed of her perceived lack of academic ability; however, she did not reveal the

depth of her feelings to the therapist and the therapist did not acknowledge the importance of the disclosure. There was little evidence of a warm bond between Lucy and the therapist and Lucy admitted she did not think the therapist could understand her issues, due to the difference in age. The Peak of experiencing was at one minute after the disclosure (5).

Although Lucy returned to the topic several times in the session, the issue was not resolved; however, she returned to it throughout the remainder of the therapy. The significance of the disclosure lasted throughout therapy and six and 18 month follow-up, although the helpfulness decreased slightly.

Chapter 10: Results: Carrie

10.1 Carrie

At the time of attending therapy at the Research Clinic, Carrie was a 27 year old white Scottish female. She was in a complex relationship with two former partners and had no children. Carrie worked full-time in a semi-professional role. She presented with depression and low-self-esteem.

The therapist was 26 years old, white, Scottish female. She was a doctoral counselling student and was from a person-centred, emotion-focused counselling orientation.

10.2 Process Analysis

10.2.1 Event

The disclosure event took place in Session eight of 40 sessions, at 24:45 minutes from the start of the session. The transcript of the Episode (Table 10.1) is followed by the explication and micro-analysis of the event.

Table 10.1 Transcript of Disclosure Event: Carrie

[Pre event: 23.31] C29: Part of me just wants to meet somebody new (T: mm) you know, 'cos like we know too much about each other's friends, we know too much about each other's past and ((sniff)) we've been each other's shoulder to cry on and sometimes too much information can be damaging. (T: mm hm) I think it could be in our case 'cos I know that he's worried about, ((sniff)) about, about sleeping with me,

he's worried that he won't like it, but I just, I feel like, ah, I don't know how to make him like it ((crying)) (T: mm) (<.5) [CEXP: 3/3.5 specific emotional reaction with some poignant generalisation]

T30: You don't know how to make him like it (<.5)

C30: What if he doesn't - that would just be so, so rejecting (T: mm) and he's worried that that'll happen too 'cos he doesn't want to reject me too, and it's just, (.5) it's just [CEXP: 3/3]

(3.0)

T31: °You're really scared about that rejection° (4.0) ((C sniffs)) °'cos it would just be awful° (<.5)

C31*: °Yep, very hurtful, h, just° (3.0) **and I don't like the way he grins, though, that's the thing [Disclosure] [Peak]** (**24.45**) [CEXP: 3/3]

T32: 'He grins'? (<.5)

C32.1: He has this (1.0) smirk, 'h, (T: mm) [CEXP: 2/2]

C32.2 when, you know, when we are intimate, he doesn't (1.0) I've noticed that he doesn't close his eyes when we kiss↑, ((sniff)) like first of all I just used to wonder why his eyes were always open first, h, (T: mm) and then I asked him and like I started to open my eyes just to see and his eyes were open, and that unsettles me, I don't know why but it does, [CEXP: 3/5: formulates a self-understanding problem]

C32.3 'hh but he has this smirk (1.0) like a-and it makes me uncomfortable and I feel bad that it makes me uncomfortable (T: mm) and he watches my face for a reaction f-for him to know that he's d- you know doing something right if if he touches me places and then he watches me and he has this fixed s-smirk and I don't like that and it's so weird [CEXP: 3/4 detailed exploration of emotions]

C32.4 and I do-, hh, I feel like saying to him 'stop smirking' ((small laugh)) (T: yeah) but I can't, that would offend him, 'h that's the thing, he's so 'h so sensitive if I was to say even the slightest thing 'h he just retracts and 'raah!', defence, you know, and (T: mm) hh I couldn't say anything like that to him and I did try and explain about how I didn't want him to touch me, like straightaway, I like things to be built up a wee bit with other touches (T: mm) and caresses and all these things, and, but he just says it sounds like hard work, h [CEXP: 2/3: description of Other] (<.5)

T33: Mmmm. And what does the smirk mean to you? (<.5)

C33: I don't know, it makes me so uncomfortable, (T: mm) it it like it puts me off. (T: mm hm) I/ (<.5) [CEXP: 3/4: reaction to specific situation]

T34: And what does], what does it look like? What does it kind of make you feel? (<.5)

C34: Like, (2.0) it's so ha- d'you know, it's so hard to put into words ((sniff)) (T: mm hm) he, like, um, he's normally h looking down on me: , like it's not very often, like when we kiss, when we're lying down kissing, he he's nor-, his head's normally above my head, 'h (T: mm) it's not very often it's the other way and then he just, I ca-I couldn't even do it if I tried, you know, (T: mm) 'h and I mean it just makes me feel like (2.0) uurgh (<.5) [CEXP: 4/4: specific elaborated emotion reaction]

T35: What's that cringe? (<.5)

C35: Yeah, it's just (1.0) I don't know, like I don't want to look, I just want to close my eyes, like, 'h not because I don't find him attractive (T: mm) cos I do, but just that smirk, it just, (1.0) I've never ever (2.0) 'h ever noticed that (T: mm) with any guy before, smiles, yeah, but it doesn't feel like a smile (<.5) [CEXP: 3/4]

T36: Yeah, would it make sense to focus on that feeling, or do you want to...? (<.5)

C36: Yeah, I could give that a go.

[End of client-identified episode]

Note. For transcription key see Chapter 7, Table 1.

10.2.2 Explication of Client Peak and Disclosure Question

10.2.2.1 Client Peak

C31: I don't like the way he grins, though, that's the thing

Explication: 'An important issue I want to say here is that I don't like the way my partner grins when we are intimate; it's something that makes me feel uncomfortable and upset.'

10.2.2.2 Disclosure Question

Disclosure rated 3, greatly important

'I explained about how I felt uncomfortable in sexual situations with my current partner. I focussed in on how he makes me feel uncomfortable the way he looks at me when we are intimate.'

Explication: 'The important disclosure I made in this session was that I feel very uncomfortable in sexual situations with my partner because of the way he looks at me when I am in intimate situations with him.'

10.2.3 Micro-analysis of events

The Client Peak factors were analysed under the headings Action (Response Mode and Response Task), Content, Style, and Quality (Table 10.2).

Table 10.2 Micro-analysis of Client Peak: Carrie

10.2.3.1 Action:	Response Mode: Self-disclosure, initiate new topic. Response Task: Reveal strong personal reaction.
10.2.3.2 Content:	a. C's strong, painful, and puzzling emotional reaction to romantic partner [=Problematic reaction point]. b. Intimate/sexual situation.
10.2.3.3 Style/State:	a. State: C reports feeling overwhelmed by mixed emotions, confusion, 'a bit silly' and physically very tense and uncomfortable (BSR). b. State: C sounds quite emotional, tearful (=under-regulated). c. Style: Fluent, vehement, emphatic ('grins' and 'thing').
10.2.3.4 Quality	C is working very well, 8. Very expressive of feelings and open.

10.2.3.1 Action

Carrie's Response Mode was judged to be self-disclosure, which introduced a new topic to the session. The Response Task was to reveal her strong personal reaction that she had noticed.

10.2.3.2 Content

The Content of the Client Peak had two parts: firstly, Carrie's strong, painful and puzzling reaction to her romantic partner (Problematic Reaction Point) and secondly, Carrie's description of the intimate/sexual situation in which this occurred.

10.2.3.3 Style and State

Style: Carrie spoke fluently and she was vehement and emphatic in her disclosure. She put added emphasis on the words 'grins' and 'thing' when she disclosed.

State: Carrie reported feeling 'a little bit sort of "I sound like an idiot making an issue out of this, 'cos I'd just been telling myself it's daft" and then there was another part of me that felt relieved to talk about it' (P36: BSR).

She felt physically very tense and uncomfortable: 'really uncomfortable, just thinking about it makes me physically uncomfortable, like I feel tense, I'm feeling tense now, my knees are...' (P44: BSR).

10.2.3.4 Quality

Carrie was very open and expressive of her feelings. Rated 8, 'working very well'.

10.3 Effects Analysis

The Effects Analysis is summarised in tabular form (Table 10.3) and then followed by a narrative explaining each of the sections in more detail.

Table 10.3 Effects Analysis: Carrie

10.3.1 Immediate Effects:	Figure 10.1
10.3.2 Within Episode Effects (Quantitative):	CEXP table (Table 10.4)
10.3.3 Within Session Effects (Qualitative):	Client and therapist agree to use focusing process to explore Carrie's physical reaction to the smirk for the rest of the session. Carrie experiences an intense physical and emotional reaction.
10.3.4 Post-session Effects	
10.3.4.1 Immediate Post-session Effects (Qualitative):	Carrie described session as 'greatly helpful' on HAT Form. Reported positive feeling to therapist.
10.3.4.2 Immediate Post-session Effects (Quantitative):	Carrie rated session as 8.
10.3.4.3 Post-session Effects (Quantitative):	See Table 10.5: Positive Indicators.
10.3.4.4 Extra-therapy Effects:	In BSR, C describes feeling 'lighter' after the session.
10.3.4.5 Subsequent Sessions:	Session 9: T suggests using an unfolding technique to explore C's reaction in Session 8. Session 10: C reveals painful experience of being blamed for childhood event

	involving consensual sexual experimentation. Change interview (after Session 10): C describes disclosure as 'very significant' but does not want to discuss it further. Session 11: C feels Session 10 finished too soon and she felt very vulnerable. C & T work to repair alliance rupture. Sessions 12-13: C feeling very bad about herself. Session 14: C had discussed smirk with Partner 1 and it was not as important, although the relationship was not going well. Sessions 15-20: C works on relationship issues. Change interview after Session 20: C is asked to return to problematic reaction, which she has been trying to distance herself from. Sessions 21-30: C does not refer to the smirk, or her reaction to it, again. Change Interview after Session 30: C becomes very upset and tearful when asked

	to consider the disclosure event. She rates the disclosure event as hindering. Sessions 31-36: C works on her trauma from a recent traffic accident. In Session 36 C reports image of self as child in bed and inappropriate behaviour by father. Sessions 37-40: C and T prepare for ending and end therapy.
10.3.5 Post-therapy Effects **10.3.5.1 Post-therapy Effects (Qualitative)** **10.3.5.1.1 End of therapy interview:** **10.3.5.1.2 Six month follow-up interview:** **10.3.5.1.3 18 month follow-up interview:** **10.3.5.2 Post-therapy Effects (Quantitative)** **10.3.5.2.1 Outcome Effects:** **10.3.5.2.2 Client Event**	 Carrie describes the disclosure as 'not very significant or helpful'. Carrie describes the disclosure as 'not very significant or helpful'. Carrie describes the disclosure as 'not significant but quite helpful'. Table 10.6: Outcome Measures.

Significance/helpfulness ratings:	Table 10.7: Significance/helpfulness ratings.

10.3.1 Immediate Effects

The Immediate Effects of the Disclosure were set out as a diagram (Figure 10.1), which is described more fully in the narrative.

C31 (Peak): I don't like the way he grins, though, that's the thing [Disclosure]

T32: 'He grins'? **[T, surprised, reflects back C's words as a question, asking for clarification]**

C32.1: He has this (1 sec) smirk, 'h, (T: mm) **[C clarifies]**

32.2 **[C elaborates with narrative of intimate encounter with partner, in three parts:]** when, you know, when we are intimate, he doesn't (1 sec) I've noticed that he doesn't close his eyes when we kiss↑, ((sniff)) like first of all I just used to wonder why his eyes were always open first, h, (T: mm) and then I asked him and like I started to open my eyes just to see and his eyes were open, and that unsettles me, I don't know why but it does [1. **C sees partner watching her] (30 secs after disclosure)**

32.3 'hh but he has this smirk (1 sec) like a-and it makes me uncomfortable and I feel bad that it makes me uncomfortable (T: mm) and he watches my face for a reaction f-for him to know that he's d- you know doing something right if if he touches me places and then he watches me and he has this fixed s-smirk and I don't

like that and it's so weird **[2. C experiences strong reaction to smirk] (1 min after event)**

32.4 and I do-, hh, I feel like saying to him 'stop smirking' ((small laugh)) (T: yeah) but I can't, that would offend him, 'h that's the thing, he's so 'h so sensitive if I was to say even the slightest thing 'h he just retracts and 'raah!' defence, you know, and (T: mm) hh I couldn't say anything like that to him and I did try and explain about how I didn't want him to touch me, like straightaway, I like things to be built up a wee bit with other touches (T: mm) and caresses and all these things, and, but he just says it sounds like hard work, h **[3. C describes barriers to discussing smirk with her partner]**

T33: Mmmm. And what does the smirk mean to you? (<.5) **[T invites exploration of meaning of smirk]**

C33: I don't know, it makes me so uncomfortable, (T: mm) it it like it puts me off. (T: mm hm) I/ **[C responds, starts to explore the discomfort]**

T34: And what does], what does it look like? What does it kind of make you feel? (<.5) **[T invites further exploration]**

C34.1: Like, (2.0) it's so ha- d'you know, it's so hard to put into words, (T: mm hm) he, like, um, he's normally h looking down on me: , like it's not very often, like when we kiss, when we're lying down kissing, he's nor-, his head's normally above my head, 'h (T: mm) it's not very often it's the other way and then he just, I ca-I couldn't even do it if I tried, you know, (T: mm) 'h and I mean it just makes me feel

like (2.0) uurgh (<.5) **[C hesitantly provides further context for smirk narrative, tries unsuccessfully to illustrate smirk, gives up and expresses physical reaction]**

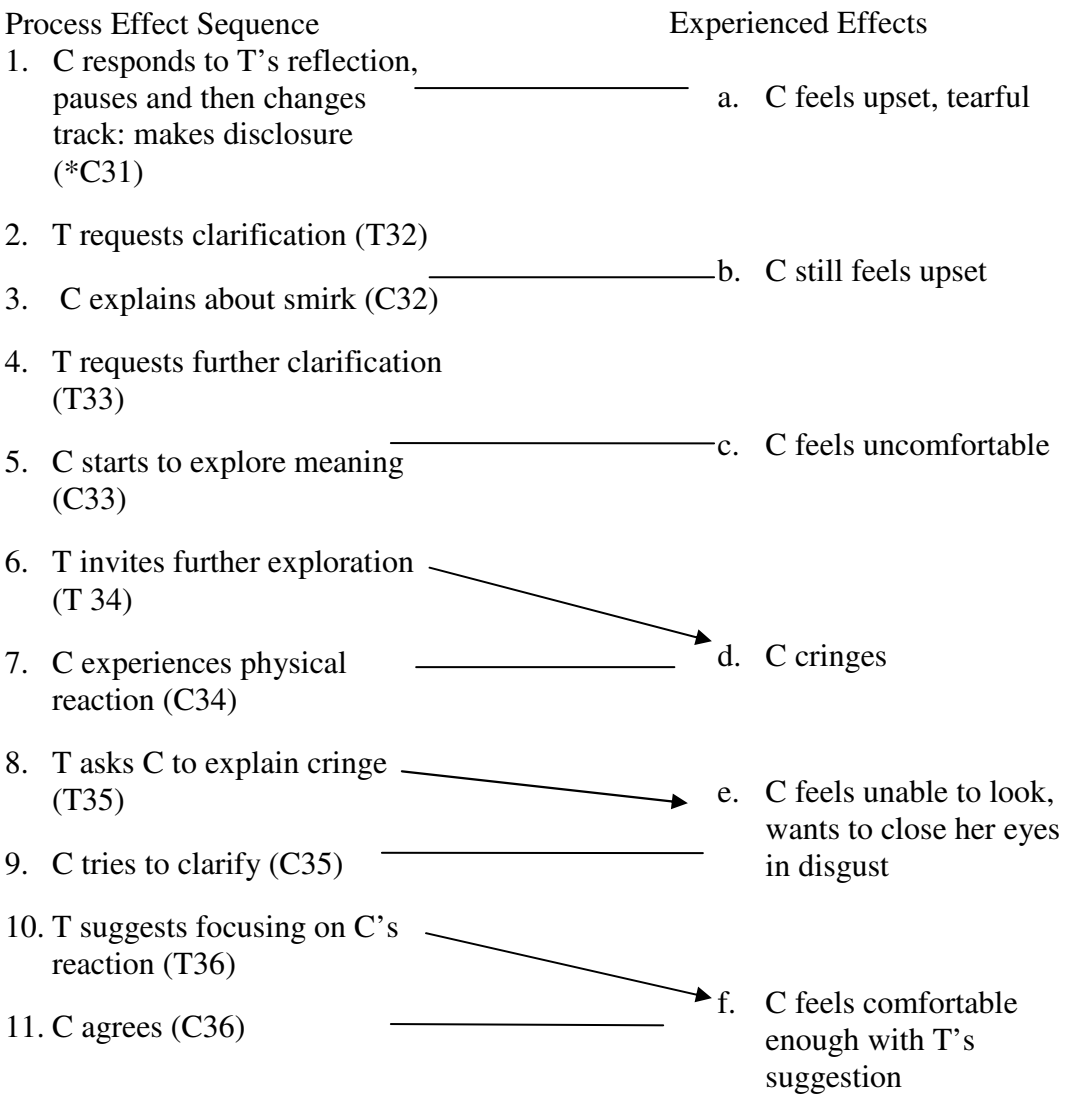
T35: What's that cringe? (<.5) **[T asks for clarification of cringe]**

C35: Yeah, it's just (1.0) I don't know, like I don't want to look, I just want to close my eyes, like, 'h not because I don't find him attractive (T: mm) 'cos I <u>do</u>, but just that smirk, it just, (1.0) I've never ever (2.0) <u>ever</u> noticed that (T: mm) with any guy before, smiles, yeah, but it doesn't <u>feel</u> like a <u>smile</u> **[C tries to clarify how unusual and uncomfortable the smirk is]**

T36: Yeah, would it make sense to focus on that feeling, or do you want to...? **[T reads previous as unclear felt sense, offers focusing on C's cringe for the next part of the session]**

C36: Yeah, I could give that a go **[C agrees] [End of Client-identified Episode]**

Figure 10.1 Immediate Effects: Carrie



10.3.2 Within-Episode Effects (Quantitative)

The Client Experiencing Scale (CEXP; Kleinet al, 1986) was used to compare the client's depth of experiencing immediately before and following the disclosure event (Table 10.4).

Table 10.4 CEXP Ratings: Carrie

	M/P Researcher	M/P Auditor	M/P consensus
Pre-event: C29 C30 Summary	 4/4 3/3	 3/3 3/3	 3/3.5 3/3 3/3.5
Disclosure: C31	3/3	3/3	3/3
Post-event: C32.1	2/2	2/2	2/2
C32.2 (30 secs after disclosure)	4/4	4/5	3/5
C32.3 (1 min after disclosure)	3/4	3/4	3/4
Post-event Summary			3/5 (+)

Note. M= Mode and P= Peak ratings.

10.3.3 Within-Session Effects (Qualitative)

C and T agree to using focusing process to explore C's physical reaction to the smirk:

C40: Aye, the more I think, the more I think (3 secs) the more I think about it the more uncomfortable it feels (T: mm) if I concentrate on it, it's like, oh, I feel totally tense, like, I don't know, it's weird (T: mm hm) uhhh...

C becomes very upset, emotionally disregulated

C57: ((sobbing)) I don't know what, I just want

(5 secs)

T58: What do you want?

C58: I just want to curl up (T: mm hm) just (28 seconds, C crying) it's starting to subside (T: mm hm) uh

C tries to understand and explain her reaction

C69: It doesn't make sense, no, it I feel like I really, like I really couldn't look at something, like I was to-totally trying to get away from something but I don't even know what I was trying to get away from (T: mm)

T70: It was like you <u>needed</u> to get away from something

C70: Yeah, it was just total, like panic and disgust and (T: mm)…..

C72: Yeah, that's just, that, it felt like that that was a really really strong reaction, (T: mm hm) I'm not sure what to, but, I felt like, like I felt bad, I felt bad but, I felt bad for [Partner] but I don't feel like that reaction was entirely, I don't feel that that reaction was entirely to do with [Partner] (T: mm) not, uh, I feel like it, like I don't know what it was a reaction to, but I feel like that can't be, I don't feel <u>that</u> strongly about the smirk of [Partner's] (T: mm); I don't like it, it makes me uncomfortable but it doesn't make me do <u>that</u> (T: mm); I can't... See

this is what I do, now I'm trying to analyse, thinking, "what's just happened to me, where's this coming from?"

C wants to understand

T90: so you sort of feel like the reaction's in the wrong place (C: aye) and you want to put it where it belongs?

C90: Yeah, it's like I want to understand where that reaction's coming from 'cos I think that, I feel it feels, my instinct is telling me that it's, uh, that's not only to do with him (T: mm hm) cos he doesn't, that doesn't normally, you know [=Primary maladaptive emotion response]

T and C sum up [=Processing]

T98: It feels like you've let go of something

C98: it does, it feels ((small laugh)) yeah, it does, it feels like a kind of, like that valve again, I always imagine it's a pressure valve's just turned again and some more pressure's been let out (T: yeah) oohhh…

C100: It was huge (4 secs) oooh, I'm glad that happened, as much as it wasn't nice, I'm glad that happened.

10.3.4 Post-session Effects

10.3.4.1 Immediate Post-session Effects (Qualitative)

Carrie described the session as 'greatly helpful' on the HAT Form. At the end of the session she told the therapist 'I'm glad that [disclosure] happened, as much as it wasn't nice, I'm glad that happened' (C100).

10.3.4.2 Immediate Post-session Effects (Quantitative)

Carrie rated the session as 8 (greatly helpful) on the HAT Form.

10.3.4.3 Post-session Effects (Quantitative)

The Positive indicators for the session (two positive and six neutral) show the event to be rated as slightly positive (Table 10.5).

Table 10.5 Positive Indicators: Carrie

Indicator	Rating (positive, negative or neutral)
PQ pre 4.75 post 5.0	+0.25 (=)
Client Session Helpfulness	8 (+)
Therapist Session Helpfulness	6 (=)
Client felt she made moderate progress	3 (=)
Client felt things shifted moderately	5 (=)
Client Event Helpfulness	3 (+)
Therapist Progress	4 (=)
T Amount C Shifted	4 (=)
Summary: 2 +, 6 = ; total 6/8	0.25 or 'slightly positive' event.

10.3.4.4 Extra-therapy Effects

In BSR Carrie reported feeling better after the session: 'And after I felt so much lighter, so much lighter, I actually was in quite a good mood, crazily, after experiencing that, painful as it was, it unlocked something' (BSR: P52).

However, the discomfort remained: 'I do feel uncomfortable still, physically, when I think about it' (BSR: P53) although Carrie was glad to have disclosed it: 'I was glad that I had said it to her (*therapist*). I feel even that it's a step forward in terms of me being even more open with (*therapist)*' (BSR: P54).

10.3.4.5 Subsequent Sessions

Session 9: Carrie told the therapist that although she felt anxious about it, she wanted to work on her reaction to the smirk in the previous session and try to understand it.

C2: 'The anxiety stems from the unknown – I don't know why I had the reaction. Was it [due to] a memory, was it made up? It's all very confusing. I *want* to find out answers, but I *don't* as well'.

T suggested using an unfolding technique which involve Carrie going back over the previous session slowly, talking about her experience in as much detail as possible (T6).

C remembered talking about her discomfort in sexual situations with her partner and feeling upset and useless. She described how 'Then I thought about "should I talk about the smirk?" I remember thinking "Yes, I I do want to raise it".' (C9)

Carrie then described her physical reaction: 'I remember feeling really tense in my knees and my stomach and that was when I got really upset, really feel the emotion

and the tears started. I could feel my head wanting to turn away – I wanted to hide from something and my whole body was sore 'cos I was so tense'. (C10)

The therapist asked if there was anything else there, and Carrie replied that there was disgust and panic and she wanted her whole body to turn away. 'Then [Partner 1] drifted away from my thoughts, it was darkness; I remember being aware that my head was turned to the side and part of me thinking, "This is ridiculous, just turn your head" but I couldn't' (C11).

Carrie was worried that she couldn't trust her feeling that her reaction to the smirk was caused by a person. 'It's just a feeling and then I think "am I just putting things into my own head?"' (C13)

Carrie experienced the same feeling of wanting to turn her head away as she talks about the previous session. (C15)

T asked, 'If you go back to the smirk, which seems to be what triggered it – what is it about that? What's that smirk like?' (T15)

C16: 'I've got one up on you' – that's what it feels like – I know that's not what [Partner] thinks when he does it, but that's what it feels like.

T16: That's what you're reacting to: 'I've got one up on you'.

C17: As if there's a part of [Partner 1] enjoying watching me squirm, and that's what's making me react. But I know that [Partner 1 doesn't]...he's not like that.

T17: So it's not about [Partner], so let's put him to the side, but there's something about this feeling that someone's watching you squirm and enjoying that.

C started crying (19:30). C told T she was feeling anxious and tense, she felt disgust, and also some anger. She remembered her cousin, when she was younger '...he's just got out of the bath and he flashed his bum and I ran away screaming, he was older than me but I don't know ...but this is not it...I don't know if I'm making inferences.' (C23)

C was crying less but was now angry as well: 'Ohh, I just feel, get it away, get it off!' (C25); she did not know what the 'it' referred to.

C30: I actually just want to say 'fuck off', not to you, but that's just what I want to say: 'Just fuck off!'

C felt angry, confused, shaking and very tense.

C then felt very sad and starts sobbing (C58)

C59: ((sobbing)) This is just ridiculous, I don't understand, for fuck's sake, I just wanna say 'fuck'.

C was still shaking and trying to tell herself to stop.

T63: Are you still feeling that sadness?

C64: Ahh...Why do I keep wanting to say 'fuck'? Ahh..((sniffs))

T64: Would that help?

C65: I don't know, I'm feeling like saying (angrily): 'Fuck off, just fuck off!'

T65: Mm hm

C66: Fuck off! (Quieter, desperately)

T66: 'Fuck off'

((C crying hard)) (28 secs pause)

A few minutes later Carrie reported that the sad and angry feelings had passed and she felt relieved; she stopped crying. (C69, C70)

Carrie then felt intense embarrassment and was unable to look at the therapist. She began to sob and linked the embarrassment to how important it was for her to remain in control in her life. She referred to the shame she felt about the hair-pulling and not being able to stop. (C90)

Carrie stopped crying and felt that she was coming back into the room. (C95)

Carrie was able to look at the therapist again (C97)

Carrie reported that participating in the research interview the previous week helped her to feel better about the recordings of the sessions. (C99)

Session 10: Carrie revealed a very painful experience of being blamed for a childhood event involving consensual sexual experimentation. Carrie wondered if there was a connection between this event and her reaction to the smirk. Carrie became deeply upset in the session, about whether the event had been her fault and voiced her shame and disgust about the event. She reported feeling very sad, scared and exposed at the end of the session, needing comfort. (Having disclosed this event in therapy, Carrie then later discussed it with her parents and was able to move on from it.)

Change Interview after session 10: After ten sessions, Carrie was invited to participate in a Change Interview and the researcher asked her about the significance of the disclosure. Carrie described the disclosure as still 'very significant', but she was 'trying not to think about it' and did not want to discuss it further.

The researcher's question caused Carrie to think about the disclosure event again and appeared to interfere with her process of dealing with the event by gaining distance

from it. This is made yet more explicit in the interviews after 20 and 30 sessions (below).

Session 11: Carrie told T how she felt the previous session (10) finished too soon and she needed more empathy and grounding before she left 'it felt like a huge wound'. Carrie and the therapist worked at repairing the alliance rupture.

Sessions 12-13: Carrie was feeling very bad about herself. The relationship with [Partner 1] was going badly.

Session 14: Carrie had discussed with Partner 1 about his smirking when they were in intimate situations and he was smirking less. It did not bother Carrie as much, although the relationship was still not working well for her.

Sessions 15-20: Carrie worked on unresolved relationship issues with Partner 1 and reported in Session 19 that the relationship had ended and she was now in a relationship with Partner 2.

Change interview after session 20:

After 20 sessions of therapy, Carrie was invited to participate in a Change Interview, during which the researcher again asked her about the significance of the disclosure.

> C: 'Well, thinking about it [the smirk], it still makes me feel uncomfortable, but it just seems to have faded away. I don't, I never really came to a

conclusion about it, but it stopped being an issue so whether I'll return to try and find out about it at a later date I don't know, I mean, when I think about it and imagine it, it still makes me feel uncomfortable, I can feel it physically within me but it never - in terms of my relationship with [Partner 1] it kind of just went away. It would be a two or a three on the scale.'

Again, Carrie was asked to return to the problematic reaction, which she had been dealing with by distancing herself from it and reducing it in significance.

Sessions 21-30: Carrie did not refer again to the smirk. The relationship with Partner 2 deteriorated and she reported ending it in Session 27 and telling the therapist that she felt 'happy and much stronger'. In other sessions she worked on the relationship with her mother and different configurations of self. In sessions 27-30, Carrie reported that she was feeling 'vibrant' and more positive about herself and her life.

Change interview after 30 sessions:

After 30 sessions, the client was invited to participate in another Change Interview; again (after requesting permission) the researcher asked Carrie to comment on the current significance of the disclosure.

C: 'I <u>don't</u> think about it [the smirk], um I, it's gone quite far to the back of my mind. Um, when I <u>do</u> think about it, like now, I'm aware that there is something there that I still maybe need to look at, but I don't feel that I <u>want</u> to at the moment. There is something there, I know I will have to go back to

one day um but it doesn't feel...I don't want to at the moment, I want to just balance everything first and then maybe go back in time 'cos I don't understand where that came from, I don't know and when I did delve into that it, it was too intense, I got too scared and it was phhhhh, no, not the right time um, even thinking about it, I feel quite emotional um ((becoming tearful)) and I can't identify if that's because, because of whatever it is or because of the thought that I will have to go...there's more to do, but it's not the right time.'

The client then became very upset and tearful, showing clearly how upsetting it was to be asked again to consider the disclosure event. She described the disclosure event as 'hindering'.

Sessions 31-36: Carrie worked on her trauma from a recent traffic accident and the relationship with her parents. In session 36, Carrie reported an image of her father laughing at her; she was angry and told him to fuck off. She then reported an image of being a child in bed and her father touching her inappropriately. Carrie became very upset at this and said she did not believe it to be true.

Sessions 37-40: Carrie and the therapist prepared for the ending and ended the therapy.

10.3.5 Post-therapy Effects

10.3.5.1 Post-therapy Effects (Qualitative)

10.3.5.1.1 End of therapy interview

Carrie indicated how far she had distanced herself from the disclosure event, although the research question again required her to return to it. She used a clear metaphor to refer to the status of the event:

> 'I still feel that there is something behind it [reaction to the smirk] that I think I'll have to return to one day to work out (R: mm) but it's not something that is intrusive, it's not something that is really affecting me just now.
> I think I've put it in a box, but I've not hidden the box (R: mm) I'm aware of its existence and I know I want to return to the box one day, but at the minute it's on the shelf, it's there but it's only a two, it's not affecting me, maybe even one and a half.'

10.3.5.1.2 Six month follow-up interview

Six months after the end of therapy, Carrie had increased her distance from the event, as shown by the different metaphor she used:

> 'That's something that, looking back, I don't, I still don't understand why...I'm aware, I know that's something that I'll probably have to look at one day but I've put that to the back of my mind, I still don't know and I, it's like looking at it through glass now.'

10.3.5.1.3 Eighteen month follow-up interview

Carrie reported that the disclosure did not feel significant, although it did feel helpful:

'It's never felt safe to explore why that happened. I still think it's something that needs explored at one point, but this isn't the right time for me. It feels exhausting the thought of going into that as well, but it brought to my attention there's something I want to look at eventually.'

10.3.5.2 Post-therapy Effects (Quantitative)

10.3.5.2.1 Outcome Effects

Table 10.6 provides intake, mid-, end of therapy and follow-up clinical results. The post-therapy results showed that the client improved according to all the measures used until six and 18 month follow-up, when she was again in the clinical range. Carrie explained that this was due to the on-going effects of PTSD from the traffic accident she had been injured in and which occurred towards the end of her therapy.

Table 10.6 Outcome Measures: Carrie

	Cut-offs	**RCI Min (p<.2)**	**Intake**	**At 10 sessions**	**At 20 sessions**	**At 30 sessions**	**End of therapy**	**+6 months follow-up**	**+18 months follow-up**
PQ	>3.5	**1.0**	**5.37**	**6.0**	**4.0* (+)**	3.12** (+)	2.25** (+)	**5.75**	**3.25** (+)**
CORE-OM	>1.25	**.44**	**2.14**	**2.47**	**1.29** (+)**	0.76** (+)	0.29	**2.35**	**1.50 * (+)**
SI	<2.45	**.40**	**1.48**	**1.41**	**2.16** (+)**	2.96 ** (+)	3.64** (+)	**1.22**	**2.29** (+)**

Note. **Bold** = in clinical range. *p<.2 (see Table 7.6); **p<.05

10.3.5.2.2 Client event significance/helpfulness ratings

Carrie was asked to rate the significance and helpfulness of the disclosure at the end of therapy interview and at the six month and 18 month follow-up interviews (Table 10.7). Carrie rated the significance and helpfulness of the disclosure as 'greatly significant' and 'moderately helpful' at the time of the event, and the ratings then decreased throughout therapy and the follow-up interviews.

Table 10.7 Client Event Helpfulness/Significance: Carrie

Stage of therapy	**Rating**
Helpfulness/Significance: At event (Session 8)	7.5(=)/ 3 (greatly significant)
Helpfulness: At Change Interview +10	7(=)
Helpfulness: At Change Interview +20	2-3 (=moderately to greatly hindering) (-)
Helpfulness: At Change Interview +30	3 (-)
Significance: At end of therapy	1.5-2 (=not very significant) (-)
Significance: At 6 months	2 (=not very significant) (-)
Significance/helpfulness: At 18 months	1 (slightly significant) (-)/7 (=)

10.4 Context Analysis

As noted previously, the Context Analysis was carried out to examine contributing factors to the disclosure event and to provide a fuller understanding of how the event occurred.

10.4.1 Background Context

First, the Background Analysis is set out (Table 10.8).

Table 10.8 Context Analysis: Background: Carrie

10.4.1 Background:	
10.4.1.1 Client Conflicts/Schemes:	Core Conflictual Relationship Themes (CCRTs): i. C wants to fulfil obligation to partner, fears letting partner down, feeling inadequate (to: C symptoms) (to: Session/Episode Tasks, Event Content). ii. C wants affection, but criticises self for needing it; fears being lonely without it. Client Self/Person Schemes: Self scheme: Self as 'useless'/inadequate (to: Session/Episode Tasks).
10.4.1.2 Client Style/Problems:	C finds trust difficult (to: situation-c). C is very open, articulate, thoughtful (to: Peak style, Quality, Alliance). C has low self-esteem (to: Client Style/Problems-a, Session Task, Event Content).
10.4.1.3 Client Situation/History:	a. C is in complex relationship (to: Session, Episode Tasks, Event).

	b. C describes 'being sexual from a young age' (age 11), wonders why (Session 6) (to: Session, Episode Tasks, Peak Event; Subsequent sessions). c. C reports unclear, puzzling memory pointing to possible sexual episode with father (Session 36) (to: Extra-therapy events, Subsequent sessions). d. C has history of unsatisfying relationships with men (to: Session, Episode Tasks, Extra- therapy Events). e. History: Parents provided material support but have never given C hugs and affection (to: Situation-b, Session, Episode Tasks).
10.4.1.4 Therapist Personal Characteristics:	a. Therapist is female, similar in age to client (to: T Session, Episode task, Alliance). b. T is experienced in person-centered, emotion-focused therapy (to: T Session, Episode task, T Event Style, Immediate Effect). c. T is very warm and empathic (to: T Session, Episode task, Alliance, T Event

10.4.1.5 Therapist Treatment Principles:	Style). a. Follow core conditions; be empathic and non-judging of C (to: T Episode task, T Event Action). b. Facilitate C exploration of relationship issues (to: T Session Task). c. Use Focusing to deepen/clarify puzzling experiences (to: within session effects).

10.4.1.1 Client Conflicts/Schemes

Core Conflictual Relationship Schemes (CCRTs):

Carrie experienced conflict between wanting to fulfil her obligations to her partner and fearing she would fail and let him down, thus making her feel inadequate:

> 'I feel quite inadequate and the more I try to feel something I can't, and when I think I am, something's blocking it and I don't understand' (C15).

Carrie also wanted affection but criticised herself for this, although she feared being lonely without it.

Self Scheme: Carrie described herself as 'useless'/inadequate.

10.4.1.2 Client Style/Problems

Style: She was very open, articulate and thoughtful in the sessions.

Carrie described herself as having low self-esteem; she had a PQ item 'I feel I have low self-esteem in appearance and intimate relationships.'

Carrie reported that she found trust difficult: 'I know that I do have a problem with trust, I do have issues with trust' (Session 8, C24).

10.4.1.3 Client Situation/History

Situation: Carrie was involved in a complex relationship with two partners and the relationship was not going well with either.

History: In Session 6, Carrie described how she was 'sexual from a young age', from about age 11:

> 'Part of me wants to explore and part is scared. There's something about my sexuality I don't understand. I wonder why I became sexually aware so early.'

In Session 36, Carrie reported an unclear, inappropriate incident that she remembered from her childhood, when her father came into her room. She became very upset when mentioning this:

> 'I don't believe it's true, I think I'm just seeing it and I'm making it up. Why am I doing that? That in itself is a huge worry. I will not believe that, it's not true, it didn't happen.'

Carrie also had a history of unsatisfactory and abusive relationships with men.

History: Carrie's parents had always provided for her materially but did not provide emotional comfort and support, especially when she was a child.

10.4.1.4 Therapist Personal Characteristics

The therapist was female, similar in age to Carrie. She was experienced in person centred, emotion-focused therapy and was extremely warm and empathic.

10.4.1.5 Therapist Treatment Principles

The Treatment Principles were: follow the core conditions and be empathic and non-judging of Carrie; facilitate Carrie's exploration of relationship issues and use focusing to deepen and clarify her puzzling experiences, for example, the 'smirk'.

10.4.2 Pre-session Context

Second, the pre-session context was analysed (Table 10.9).

Table 10.9 Pre-session Context: Carrie

10.4.2.1 Extra-therapy Events:	a. Prior to therapy, C had had a previous relationship with her current Partner 1 that ended and then began a new relationship with Partner 2, which also now ended. b. Since starting therapy, C is back 'trying things again' with the first Partner 1, while continuing involvement with Partner 2. (to: Session, Episode tasks).
10.4.2.2 Previous Sessions:	a. Sessions 1-2: C tells T of her 'huge questions from her childhood' and how

	she is dreading 'opening things up'. (to: Session Task). b. Sessions 3-5: C describes her relationships with her current partner and her ex partner. (to: Session, Episode Tasks). c. Session 6: C tells T she has a shameful secret from her childhood she wants to reveal, but does not feel ready. (This event is revealed in session 10). (to: Session Task, to Subsequent Sessions) [Screen memory]. d. C mentions difficulty in intimate situations with Partner 1 in previous session (7). (to: Session/Episode Tasks). e. C reports she thought about disclosing the issue in the previous session (7) but decided there wasn't enough time left (BSR Interview) (to: Episode Tasks, Peak Content).

10.4.2.1 Extra-therapy Events

Before starting therapy, Carrie was in a previous relationship with her current partner, Partner 1. This previous relationship ended and she began a relationship with Partner 2. This ended shortly before therapy began and she was 'trying things again'

with Partner 1. At the same time she was still meeting Partner 2, and still involved with him.

10.4.2.2 Previous Sessions

In Sessions 1-2, Carrie spoke about her 'huge questions from her childhood' and how she was dreading 'opening things up'. She also mentioned her first partner (no longer in her life) who was abusive and controlling in their relationship.

In Sessions 3-5, Carrie described her relationships with her current partner (who she connects with on many levels, but the sexual side is difficult) and her ex partner (with whom she had a good physical relationship). She was worried about 'realising how much overlap there was between my dad and [Partner 1] and how this is making me uncomfortable about entering a relationship with [Partner]' (Session 5, HAT Form).

In Session 6, Carrie told the therapist that she had a shameful secret form her childhood that she wanted to reveal, but did not feel ready. This secret was revealed in Session 10. (The researcher and auditor considered this secret might possibly be a screen memory for the event described much later in the therapy, in Session 36.)

In Session 7, Carrie mentioned the difficulties she was experiencing in her physical relationship with Partner 1: 'I have a total block with [Partner 1] on the physical side – my body just freezes' (44 mins).

In BSR Carrie reported that she thought about disclosing 'the smirk' in Session 7, but decided there was not enough time left in the session: 'I didn't want to open up something that couldn't be clo-. I was aware it would take the conversation in another direction and it was right at the end of the session' (BSR: P40).

10.4.3 Session Context

Third, the Session Context was analysed (Table 10.10).

Table 10.10 Session Context: Carrie

10.4.3.1 Client Session Tasks:	a. Explore confused feelings about intimacy with partner (to: C Episode Task, Episode Events). b. Disclose puzzling reaction to smirk (from BSR) (to: C Episode Task, Peak Content).
10.4.3.2 Therapist Session Tasks:	Help C explore confusion about intimacy with partner (to: T Episode Task, Episode Events).
10.4.3.3 Alliance:	Bond: C felt very understood; experienced T as very engaged in what she was saying (from BSR) (to: Peak Quality). Task: C, T agree on tasks, goals of therapy (e.g. C reported that T gave her space, silence to disclose; from BSR) (to: Event, Peak Quality).

10.4.3.4 Session relevant events:	C describes feeling 'block' about intimacy with Partner 1 (to: Episode Task, Events, Peak Action, Content).

10.4.3.1 Client Session Tasks

Carrie's tasks for the session were to explore her confused feelings about intimacy with her partner and disclose her puzzling reaction to the smirk.

10.4.3.2 Therapist Session Tasks

The therapist's task for the session was to help Carrie explore her confusion about intimacy with her partner.

10.4.3.3 Alliance

The Bond aspect of the alliance was very strong: Carrie felt very understood and experienced the therapist as very engaged in what she was saying. The Task element was also strong: Carrie and the therapist worked together well on their tasks for the session. In BSR Carrie reported that the therapist gave her time: 'she was giving me a lot of space and I just felt, I did feel very understood. I felt she was very engaged in what I was saying' (BSR: P41).

10.4.3.4 Session relevant events

At the start of the session Carrie described problems with her partner: 'I'm struggling with it, I don't think I've been confused about anything ever' (C11) and 'the intimacy thing, I can't do it' (C12).

10.4.4 Episode Context

Finally, the Episode Context was analysed (Table 10.11).

Table 10.11 Episode Context: Carrie

10.4.4.1 Client Episode Task:	Disclose and understand puzzling 'smirk' experience (Problematic Reaction Point).
10.4.4.2 Therapist Episode Tasks:	Help C explore her experience of the smirk (to: Immediate Effect).
10.4.4.3 Episode Relevant Events:	C upset and tearful about the difficulties of intimacy with partner (C29).
10.4.4.4 Local Cue:	Pausing at T31 & C31 offers space for C to decide to disclose.

10.4.4.1 Client Episode Task

Carrie's task for the Episode was to understand the puzzling 'smirk' experience.

10.4.4.2 Therapist Episode Tasks

The therapist's task in the Episode was to help Carrie explore her experience of the 'smirk'.

10.4.4.3 Episode Relevant Event

The Episode Relevant Event was Carrie becoming upset and tearful about the difficulties she was experiencing with her partner.

10.4.4.4 Local Cue

The pauses during T31, before C31and the three second pause in the middle of C31 give Carrie the time and space to disclose. In BSR Carrie reported that the pause in the middle of C31 was when she was thinking, 'Shall I say it? I'm just gonna say it' (BSR: P43).

10.5 Summary

Carrie had been planning to disclose the issue since running out of time in the previous session. Carrie's disclosure was a delicate one as it was connected to intimate situations with her partner. The therapist was very empathic and engaged; she gave Carrie time and space to change the topic and disclose. The Peak of experiencing was at 30 seconds after the disclosure (5).

The disclosure in this case was complex as it appeared that it was screening a further, more disturbing disclosure (abuse by Carrie's father) that Carrie did not want to explore further (warded off). The disclosure was initially helpful but became more hindering as Carrie was asked to re-visit the topic at the Change Interviews. The significance of the disclosure likewise decreased over time.

Chapter 11: Results: Maggie

11.1 Maggie

At the time of attending therapy at the Research Clinic, Maggie was a 52 year old white Scottish female. She lived with her partner, her daughter and granddaughter. Maggie had previously worked full-time in a professional role, but was currently not working. She had also been studying for a further qualification. Maggie presented with depression linked to an undiagnosed medical condition. She had previously had a short course of person-centred therapy at an agency, although this had not been helpful. A tutor on her course of study had suggested she contact the Research Clinic.

The therapist was a 26-year old European-American female; she was a postgraduate counselling student from a person-centred therapy orientation. This therapist was also the therapist for Anna.

11.2 Process Analysis

11.2.1 Event

The disclosure event took place in session two of forty sessions, at 40:31 minutes from the start of the session. This event consisted of two client peaks. The transcript of the Episode (Table 11.1) is followed by the explication and micro-analysis of the event peaks.

Table 11.1 Transcript of Significant Disclosure Event: Maggie

[Pre-event] (39:24)

C19:…[to therapist] You're shattered ((laughs)), that's a shame! 'h and I've just kept crying…(<.5)

T20: No, I'm feeling this weight (<.5)

C20: Ohh: (<.5)

T21: I think it's all, I think it's, I'm just really feeling/

C21: Oh, yeah]

T22: …for you...I don't mean to interrupt you there, but I'm just/

C22: oh, no] no, not at all (<.5)

T23: I feel this weight and I'm just… th- this is where I hold my (C: yeah) stress (<.5)

C23: Yeah, it is a weight, yeah (T: an' it's just) I'm kinda hunched forward and I know I'm doing it and I try…I was at yoga this morning and she came round and she's really nice and she just puts her hands on your shoulders and "h" you think, uh 'I must have been like that' (<.5)

T24: Yeah, 'I've been doing this' yeah (<.5)

C24: You don't really realise you're like that, you know (<.5)

T25: Just, yeah, I'm just imaginin' all this, all these things you've been going through and h' really, yeah, feeling the weigh' of it, really (<.5)

C25: yeah...it sounds kind of...d'you know, I think, er, the things that other people have to put up with and it sounds a bit, er, I don't want to put myself down by saying 'pathetic', but I kind of, that's the word that's coming up in my head and I know, 'h,

you know, y-you're supporting me and, um, but I do I think 'oh, get a grip', you know, and...'h (<.5)

T26: But (C: er...you know) is there something there about, yeah, not really valuing yourself in in that? 'h/ (<.5)

C26*: Uh huh?] **I don't know...maybe it's from before, you know, like mum and dad, ((sounds tearful)) you know. [C PEAK 1]** (40:31) (T: mm) /'t I don't know, you know (<.5)

T27: For me] if it's what you're feeling, it's what you're feeling (C: Yeah). You can only go from there (.2)

C27*: ((tearful:)) You know, my dad towards the end of his life he was just, you know... (T: °All hunched over° (<.5) **C27.1*: Yeah, hunched over and...like an old man, you know, like he was all stooped and beaten, really, he was just beaten, [C PEAK 2]**

27.2 you know, he said to my brother, um ((takes tissue)) thanks, I'll end up with make up all over the place, [.5]but, er, I think the day he retired he kinda went 'oh, well, that's that then' you know, he was 65 and, er, my brother said 'well, you know, that's you, you don't need to go to work anymore and all that' and he went 'oh, I'm just waitin' to die, that's me, I'm just waitin' to die now' and I thought 'oh, for goodness' sake', I s-, you know, I said 'he did no' say that' **[30 secs after Disclosure]** and er my brother said 'aye, he did, you werenae there, that's what he said' an'

27.3 I don't know, ((sniffs)) I think he'd a lotta things at his work as well, (1.0) you know, kinda passed over for promotion, you know, he'd be doing a job and then um he would think, you know, he'd kinda more or less be told 'well, the job's yours',

you know, when they do it in an acting capacity, (T: mm) if somebody leaves or, er, probably he was in his fifties actually, I don't really remember now, but I remember kinda bits of it, really, **[1 min after Disclosure**] my mum being really upset that this other man got this job, they brought this man in from I don't know where and ((sniffs) you know, obviously this is from my dad's point of view but I don't think the guy was very competent and he had to teach him the job and my mum said not only was a bit like rubbing salt in the wound or something, you know and he'd seemed to have a lot of disappointments in his life (T: mm). (.2)

27.4 He was really, really strict with us, you know, and er, that's just how it was, I think, you know I think, you know, like my sister'll say 'well, the way dad was' and all that, I said but a lot of men were like that then, I don't think he was unique in his behaviour, you know, that's what their role...their role was to be...I mean, we had friends that had dads tha' were like big teddy bears you know and you kinda thought 'imagine having a dad like that' but…(.2)

[42:49 End of episode]

Note. For transcription key see Chapter 7, Table 1.

11.2.2 Explication of Client Peaks 1 and 2

(C26)

C26: I don't know… Maybe it's from before, like mum and dad

Explication: I'm not sure, but I am wondering if perhaps the painful feeling of not valuing myself is caused by/comes from my parents, especially my dad, not providing emotional support for me in the past when I was sad or hurt.

Explication of Client Peak 2.

(C27 and C27.1)

C27; C27.1: My dad towards the end of his life was just hunched over like an old man, he was all stooped and beaten, just beaten, really

Explication: It's painful for me to think of how my father was towards the end of his life, after he had stopped working, because physically he was stooped over like an old man and he looked completely beaten down/defeated by life.

11.2.3 Explication of Disclosure Question.

After the session the client completed the Disclosure Question on the HAT Form, rated 3, greatly important:

'I disclosed painful parts of memories about my dad.'

Explication: The greatly important things I disclosed in the session were some of my painful memories about my dad. (These memories are: a. how he failed to support me as a child when I was sad or hurt; and b. how defeated/beaten down he looked after he retired from work.)

11.2. 4 Micro-analysis of events.

The Peak factors for the two Client peaks were analysed under the headings Action (Response Mode and Response Task), Content, Style, and Quality (Table 11.2).

Table 11.2 Micro-analysis of Client Peaks: Maggie

11.2.4.1 Action	**Peak 1** Response Mode: Self-disclosure, Insight response (making causal connection) Response Task: Reveal to self and therapist the experienced link to the past and the explanation

	for not valuing her feelings. **Peak 2** Response Mode: Self-disclosure. Response Task: Reveal memory of father's later life and open up personal emotional reaction (identification) to memory.
11.2.4.2 Content	**Peak 1:** Relationship with parents, especially father. **Peak 2:** Painful episodic memory: C's pain at remembering how her father was reduced, physically and emotionally Physical representation of psychological beaten-down-ness. Father as 'dreaded self'.
11.2.4. 3 Style/State	**Peak 1:** Style: Highly emotionally aroused: Tearful, upset. State: Tentative but expressive. **Peak 2:** Style: Fluent, open. Evocative, vivid. Sate: Painful and tearful.
11.2.4. 4 Quality	**Peak 1:** 7.5: working between moderately and very well. a. Does not dodge painful feelings. b. Makes link with mum and dad's behaviour. **Peak 2:** 8: working very well.

	a. Stays in touch with and symbolizes the painful feelings. b. Offers image of dreaded self for exploration.

11.2.4.1 Action

The Response Mode for Peak 1was self-disclosure; Maggie made a causal connection between her self-criticism and past treatment and disclosed an insight. The Response Task for Peak 1 was for Maggie to reveal to herself and the therapist the experienced link to the past and the reason she did not value her own feelings.

The Response Task for Peak 2 was for Maggie to reveal her memory of her father's later life, thus opening up a personal emotion reaction to the memory. The Response Mode was self-disclosure.

11.2.4. 2 Content

The Content (Peak 1) was Maggie's relationship with her parents, especially her father. In BSR Maggie explained:

> 'Sometimes you would be really upset about something, when you were wee as well, and he would go 'oh for God's sake!' Then you're left with this double hurt, really, I s'pose.' (BSR: P62).

At Peak 2, the Content was a painful episodic memory: Maggie's pain at remembering how her father was reduced, both physically and emotionally in later

life. Maggie described how her father's physical state represented his psychological broken down state. Her father also represented the 'dreaded self' (Koch, 2000), or a representation of what she too might become.

11.2.4. 3 Style and State

Maggie was highly emotionally aroused at Peak 1; she was tearful and upset. She spoke tentatively but also expressively. At Peak 2, Maggie was fluent and open in her description of her father, giving a vivid and evocative description of him. She was tearful and it was painful for her to voice the memory of her father.

11.2.4. 4 Quality

The Quality in Peak 1was rated 7.5; Maggie was judged to be working between moderately and very well. She did not avoid her painful feelings when they arose and she made the link with her parents' behaviour towards her as a child.

At Peak 2, Maggie was judged to be working very well (rated 8). She stayed in touch with and symbolised the painful feelings, and she offered the image of her father as the 'dreaded self' (Koch, 2000) for further exploration: 'I think it is a bit like history repeating itself.' (BSR: P76).

11.3 Effects Analysis

The Effects Analysis is summarised in tabular form (Table 11.3) and then followed by a narrative explaining each of the sections in more detail.

Table 11.3 Effects Analysis: Maggie

11.3.1 Immediate Effects:	Figure 11.1
11.3.2 Within Episode Effects (Quantitative):	Within-episode effects were assessed using the CEXP Scale. Table 11.4
11.3.3 Within Session Effects (Qualitative):	Client vividly elaborates on her relationship with her father Client continues to explore discomfort about being off work = being useless
11.3.4 Post-session Effects **11.3.4.1 Immediate Post-session Effects (Qualitative):**	At the end of the session C sums up her positive feelings. Immediately after the session, C writes on HAT Form: 'Greatly helpful' session.
11.3.4.2 Immediate Post-session Effects (Quantitative):	C rates session 8 (greatly helpful).
11.3.4.3 Post-session Effects (Quantitative):	Positive Indicators: Table 11.5
11.3.4.4 Extra-therapy Effects:	• C describes the disclosure in strongly positive terms. • C describes her immediate reaction to event.

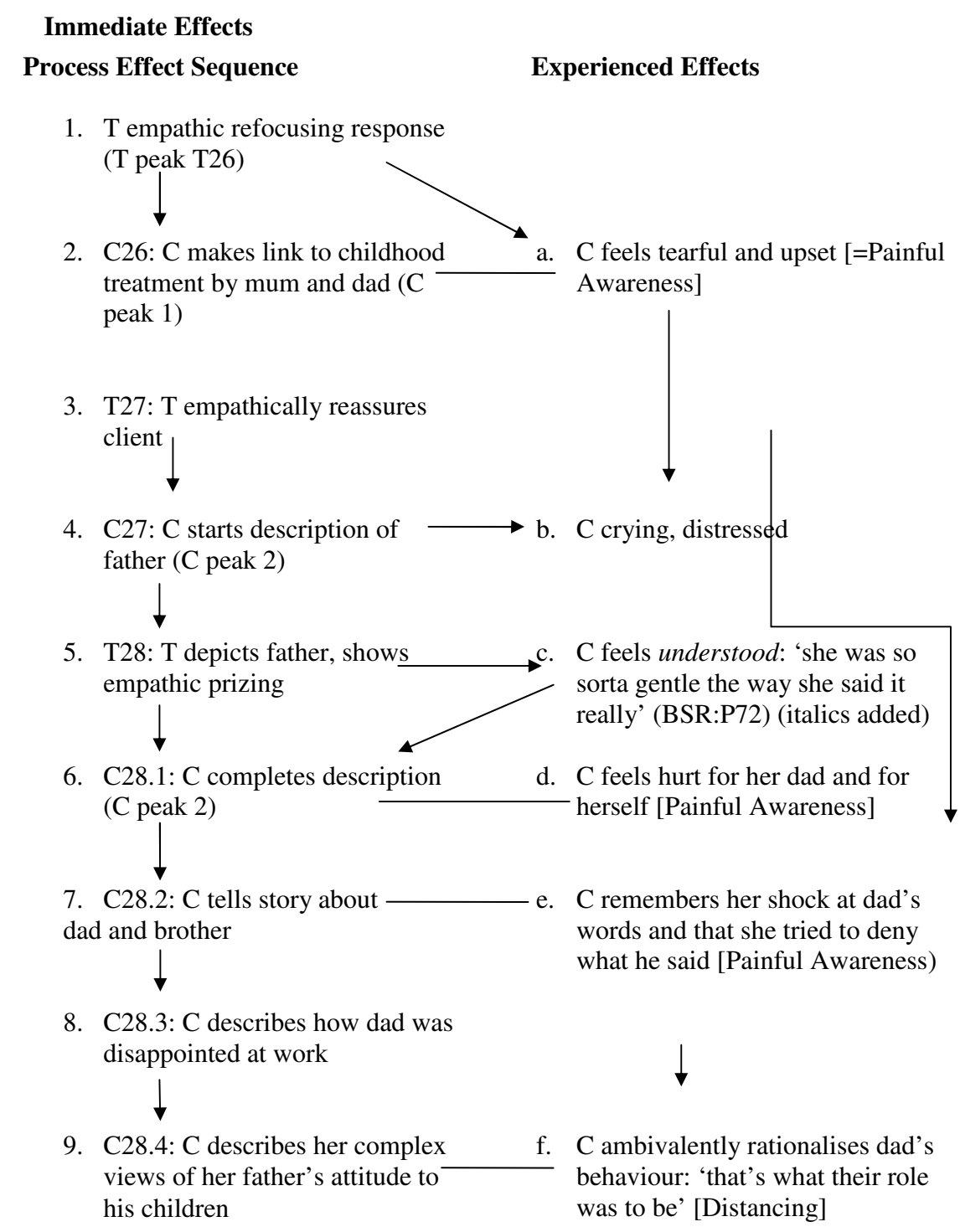
11.3.4.5 Subsequent Sessions:	• Client reports feeling guilty after talking about her parents. • Client describes delayed negative reaction to event. Session 3-7: C discloses more about her conflict with her father and the troubled relationships with her sister and daughter. Sessions 7-10: C explores her history at work. Change interview (+ 10 sessions): C rates Disclosure significant. Sessions 11-20: C explores her family history Change interview (+20 sessions): C rates Disclosure significant. Sessions 21-24: C described preparing to go back to work; also explored family dynamics and relationships in greater depth. Session 25-30: C returns to work; C feels better, starts to think about the future; still finding relationship difficult with her partner Change Interview (+30 sessions): C rates Disclosure significant.

	Sessions 31-40: C describes the conflict with her daughter and her anxiety about her granddaughter. She ends the relationship with her partner. She feels much better about herself.
11.3.5 Post-therapy Effects **11.3.5.1 Post-therapy Effects (Qualitative)** **11.3.5.1.1 End of therapy interview:** **11.3.5.1.2 Six month follow-up interview:** **11.3.5.1.3 18 month follow-up interview:** **11.3.5.2 Post-therapy Effects (Quantitative)** **11.3.5.2.1 Outcome Effects:** **11.3.5.2.2 Client Event significance/helpfulness ratings:**	 C describes Disclosure as significant C describes Disclosure as significant C describes Disclosure as significant Table 11.6 Outcome table. Table 11.7 Client Event significance/helpfulness ratings.

11.3.1 Immediate Effects

The Immediate Effects of the Disclosure are shown in a diagrammatic form (Figure 11.1); this is followed by a narrative description.

Figure 11.1 Immediate Effects: Maggie



Immediate Effects: Narrative summary

Maggie focussed on her pain at remembering her treatment in childhood by her mother and father. She was crying and distressed. The therapist was empathic and very understanding and Maggie continued to describe her father and how he ended his working life as a beaten-down man, waiting to die. She recalled her shock at hearing her brother recount her father's words 'oh, I'm just waiting to die, that's me, I'm just waiting to die now' and reflected on the disappointments he experienced in his life. Maggie then recalled her father's strict behaviour towards her when she was a child; she rationalised this behaviour, but hinted at how she would have liked a different type of father.

11.3.2 Within-Episode Effects

Within-episode effects were assessed using the CEXP Scale (Table 11.4). At 30 seconds before Peak 1 Maggie was already in touch with her feelings, and this reached a Peak level of experiencing of 5 at Peak 1. This then dropped slightly at Peak 2, and continued to decrease, as Maggie returned to a narrative about her father, with a reduced focus on her feelings.

Table 11.4 CEXP ratings: Maggie

	M/P Researcher	**M/P Auditor**	**M/P consensus**
Pre-event: C19-C25	4/4	4/4	**4/4**
Peak 1 C26	4/5	5/5	**5/5 (+)**
Peak 2 C27	4/4	4/4	**4/4**
Post-event: C28.2 (30 secs	3/3	2/3	**3/3 (-)**

after event)			
C28.3 (1 min after event)	3/3	2/3	**3/3**
Post-event summary			**4/5 (+)**

Note. M= Mode and P = Peak ratings.

11.3.3 Within-Session Effects (Qualitative)

Later in the session, Maggie vividly elaborated on her relationship with her father:

> 'My dad's upbringing, I think it was really quite hard and you wouldn't, you know, you'd go to your work ((imitates father's voice, angry)) 'what's all that, this faffing about here?!' And 'A counsellor! A counsellor!' He'd be like "what the bloody hell are you talking about? Get to your work!" you know, it's what I kind of picture' (C29). [=Awareness]

Maggie also continued to explore her discomfort about being off work, and how she equated this with being useless, and not providing for her dependents [Painful Awareness]: 'If you didn't work, you didn't put food on the table, basically, so I've got a lot of that kind of stuff (C31).

11.3.4 Post-session Effects

11.3.4.1 Immediate Post-session Effects (Qualitative)

At the end of the session Maggie summed up by saying: 'It's good though. I felt good after our last session; it's good, I think things are moving, you know.' (C45) [Relief]

Immediately after the session, Maggie wrote on HAT Form: 'Greatly helpful' session.

11.3.4.2 Immediate Post-session Effects (Quantitative)

Maggie rated the session as 8 (greatly helpful). She rated the Disclosure as 3 (greatly significant).

11.3.4.3 Post-session Effects (Quantitative)

Table 11.5 shows the positive indicators of the session: two out of five indicators were positive, two were neutral. The total score was 0.29, or slightly positive.

Table 11.5 Positive Indicators: Maggie

Measures (Session 2)	**Rating**
Client PQ Shift Pre-post session: 5.16 to 4.66	-0.5 (=)
C Session Helpfulness	8 (+)
C Progress	3 (=)
C Amount shifted	3 (=)
T Session Helpfulness	8 (+)
T Progress	3 (=)
T Amount C Shifted	5 (=)
Summary: 2 + indicators, 5 neutral indicators, 2/ 7 total indicators	0.29, 'slightly positive' event

11.3.4.4 Extra-therapy Effects

In BSR, Maggie described the disclosure in strongly positive terms, as 'a release, it's *releasing* the kind of locked-in feelings, you know, there's loads there, though, it's a bit like Mount Vesuvius; I know there's a long, long way to go with all of this but *I*

suppose it's a beginning, isn't it, um, it's a beginning.' (BSR: P83) (to: Subsequent sessions) [Relief, Positive expectations].

Maggie described her reaction to the disclosure event: feeling 'a bit euphoric' after the session, later the same day (P88) [Relief].

However, Maggie also later reported feeling guilty after talking about her parents: 'I suppose it is a lot really, you're re-living all of that and I'm guilty, I get very guilty...you don't, you know, you only keep it in the house, so I always feel disloyalty' (BSR: P91). [Painful Awareness]

Maggie described her *delayed negative reaction* to event: 'yesterday I was terrible, I'd a really bad day yesterday and I thought "Oh God, we're no' back to this again are we?" I just felt really low and I can't do anything, it was all kind of closing in, really.' (BSR: P89) [Painful Awareness; italics added] (to: Subsequent Sessions).

11.3.4.5 Subsequent Sessions

Session 3-7: Maggie disclosed more about her conflict with her father and the troubled relationships with her sister and daughter. 'My dad would binge drink every so often, he would never admit he had a problem and it was a big problem in my family all my life, really' (Session 3).

Sessions 7-10: Maggie explored her history at work.

Change Interview +10 Sessions:

After ten sessions of therapy, Maggie was invited to participate in a Change Interview and the researcher asked if she would be willing to comment on the on-going significance of the disclosure.

P8: 'I suppose it [disclosure] was a kind of *crystallization*, I don't ...because I was frightened of becoming him, really, like becoming just as beaten down and broken really and not having my work there, this kind of like solid base that's there, and thinking "is that what he felt?" you know, and watching that and I think things go in very deep and with your parents; yes, it was *really important*.' [Problem Clarification; italics added].

Sessions 11-20: Maggie explored her family history, including how her brother resembled her father and the conflict this has caused; she described the problems she was experiencing with her current partner. 'I've communication issues with him all the time, communication is really bad, I've got to guess what's going on for him' (Session 17).

Change Interview +20 Sessions:

After 20 sessions, again, the participant was invited to participate in a Change Interview and to reflect on the significance of the disclosure.

P3: 'I think it [disclosure] was a kind of *watershed*, because you know I still feel it's, yeah, it's such a, it's such a painful thing [Painful Awareness], you know, and wanting to protect my dad as well, as if he was all this kind of broken man, really (R: mm) and I-I must've had a lot of "well, I'm like my dad and I've got half his genes" and like, "is this what's gonna happen to me as well?", you know.' [Problem Clarification: self-reflective].

Sessions 21-24: Maggie described preparing to go back to work; she also explored family dynamics and relationships in greater depth.

Session 25-30: Maggie returned to work; she started feeling better and thinking about the future; she was still finding the relationship with her partner difficult.

Change Interview +30 Sessions:

After 30 sessions of therapy, Maggie was again invited to participate in a Change Interview, during which the reviewer asked her about the continuing significance of the disclosure.

> P6: 'I mean, I would maybe say it's 9 then [disclosure helpfulness rating] but I don't know, 'cos I think, you know, I think that was a kind of, what is it, *spring board* (R: mm) yeah'
>
> R7: 'spring board' for...?
>
> P7: 'for being able to talk about things, (R: mm) the *start of getting better*, really, you know.'

P8: 'I think with my mum, like really missing my mum not being on the earth any more, really, but my dad it was like, just years and years of really painful things, like his way of behaving towards us, and the kind of mixed up feeling that you would get, like you know, loving my dad but sometimes really hating him, and then the thing, the disloyalty thing.

P10: so I think if I hadn't addressed that in any way I don't think any of the other things would really start (R: mm) unravelling, you know, *unravelling or ravelling back up* again, you know what I mean' [Awareness to Insight: Awareness of Progress].

Sessions 31-40: Maggie described the conflict with her daughter and her anxiety about her granddaughter. She ended the relationship with her partner. She felt much better; she described herself as 'not so lost in the demands of others.' (T process notes, Session 40).

11.3.5 Post-therapy Effects

11.3.5.1 Post-therapy Effects (Qualitative)

After the final session of therapy, Maggie was asked to reflect on the helpfulness and significance of the disclosure:

11.3.5.1.1 End of Therapy Interview:

C2: 'Oh, still, it [disclosure] is definitely very significant. I mean, that's really what was coming into my head, you know, when he was all bent over and I kind of...'cos I wasn't at my work and I was kind of thinking my life

would, “would I be the same?” Like just become more and more beaten down as years went on and not having other, not being rounded, not having... just a disintegration of the person, really, and I thought “is that what’s in front of me?” I think *everything kind of opened up from that*, then.’

11.3.5.1.2 Six month follow-up interview

Six months after the end of therapy, Maggie was again asked to reflect on the significance and helpfulness of the disclosure:

C: ‘Yes, *that was always the key, the kind of key point* I think , And kind of, the way my dad was, at the end of his life and I think, just looking into the future and thinking “is that it?”, you know, “is that what it’s gonna be for me then?” See, I’ve always kind of thought that about the work, but it’s not, you know, where I picture that my dad felt as if he was like beaten down or something like that, you know, yeah, so it was, and it still is, very significant. I remember I got quite upset [talking about it in the BSR] I remember that, so for me it’s a lot of growth, ‘cos *I’m talking about it and I’m not upset*.’ [Mastery].

11.3.5.1.2 Eighteen month follow-up interview

Eighteen months after the end of therapy, Maggie participated in the final follow-up interview. The researcher asked her about the current significance of the disclosure.

Maggie: ‘I still remember it really clearly. It [disclosure] definitely was the start of the whole of this, really. Before the session I had drawn a picture of

myself and it had been all bent over and that reminded me of my dad and retirement and I thought "is that it for me too? Is that what life is now?" '

11.3.5.2 Post-therapy Effects (Quantitative)

11.3.5.2.1 Outcome measures

Table 11.6 provides intake, mid-, end of therapy and follow-up clinical results. At six months after the end of therapy Maggie was not feeling as well as she had done after making steady improvements through therapy, although she was not in the clinical range of any measures. Maggie was disappointed not to have made further improvements in the six months since therapy ended; however, she reported that this was a temporary phase and she felt she could continue improving in the future. At 18 months, however, Maggie had recovered; she had started a new course of study and reported that relationships with family members had improved and she was happier with herself than for a long time.

Table 11.6 Outcome measures: Maggie

	Cut-offs	**RCI (p<.2)**	**Intake**	**Change +10**	**Change +20**	**Change +30**	**End Therapy**	**+6 month follow-up**	**+18 month follow-up**
PQ	>3.5	**1.0**	**5.16**	**3.83***	**4.00***	3.33**	2.50**	3.16**	3.00**
CORE	>1.25	**.44**	**1.91**	1.20*	1.05**	0.61**	0.44**	0.85**	0.50**
SI	<2.45	**.40**	**1.93**	2.67**	2.70**	3.45**	3.64**	3.35**	3.67**

Note. **Bold =** in clinical range *p<.2 (See Table 7.6); **p<.05

11.3.5.2.2 Client event significance/helpfulness ratings

Maggie rated the significance and helpfulness of the disclosure as 'greatly helpful and significant' until the Change interview at 30 sessions, and then 'extremely

helpful and greatly significant' at the six and 18 month follow-up interviews (Table 11.7).

Table 11.7 Client event significance/helpfulness ratings: Maggie

Stage of therapy	**Rating**
At event (Session 2)	8 (greatly helpful)/ 3 (greatly significant) (+)
At Change Interview +10	8/3 (+)
At Change Interview +20	8/3 (+)
At Change Interview +30	9 (extremely/3 (+)
At end of therapy	9/3 (+)
At six months	9/3 (+)
At 18 months	9/3 **(+)**

11.4 Context Analysis

See Section 7.4 for a description of the Context Analysis structure.

11.4.1 Background Context

First, the Background Analysis is set out (Table 11.8).

Table 11.8 Context Analysis: Background: Maggie

11.4.1 Background: **11.4.1.1 Client Conflicts/Schemes:**	Core Conflictual Relationship Themes (CCRTs): • C wants to be valued as useful; fears being discarded (to: Event Content). • C wants to be listened to and accepted; fears being dismissed and criticised (to: Episode Task, Event Content). • C wants to be taken seriously; fears being dealt with superficially (to: Episode events). Client Self/Person Schemes: • C sees self as a good employee who works hard and honestly (to: Session Task). • C believes a good mother supports her dependents (to: Style/Problems).
11.4.1.2 Client Style/Problems:	C is open and engaging (to: Alliance, Event Quality). Previous counselling, knowledgeable about therapy (to: Event Style). C has low self-esteem, self-criticism: tends to diminish own problems/issues

	(to: C Session Task).
11.4.1.3 Client Situation/History:	Fears her working days may be over with loss of health, income, status (to: C Peak 2 Content, Session, Episode Task). History: C's father was very strict; C had conflicted relationship with him (to: Event Content). History: C has had a series of unsuccessful relationships, suffered domestic abuse from previous partners (to: C Situation, Style/Problems). Situation: Problems with current partner (to: C Style/Problems). C's daughter and granddaughter are very dependent on her, she is worried about supporting them (to: Style/Problems, Session Task). C had worked up to responsible position, but currently unwell and off work, due to employer (to: Event Content, C Session Task).
11.4.1.4 Therapist Personal Characteristics:	Female, younger than C (to: Alliance, Episode events) Person-centred orientation (to:

11.4.1.5 Therapist Treatment Principles:	Treatment Principles). Empathic and supportive listener (to: Treatment Principles; Alliance, T Event Style, Quality, Immediate Effect). Offer empathy, be non-judgemental (to: T Session, Episode Tasks, Event Style, Immediate Effect). Help client deepen experience by using congruent response to client (to: T Event Style, Alliance). Use gentle manner and positive language (e.g. "valuing") to express empathy for painful/difficult experiences (to: T Event Style, Quality).

11.4.1.1 Client Conflicts/Schemes

Several Core Conflictual Relationship Themes were identified. Maggie wanted to be valued as useful, but feared being discarded, in the same way that her father was. She also wanted to be listened to and accepted, but feared being criticised and dismissed, which was her experience both at work and as a child: 'away you go.' (BSR). Finally, Maggie wanted to be taken seriously, but feared being dealt with superficially: 'you're a fraud, [there's] nothing wrong with you' (Session 12).

Maggie described herself as a good employee who had worked hard and honestly for her employer; she also believed that a good mother supported her dependents, and that by being off work due to ill-health she was not fulfilling this role.

11.4.1.2 Client Style/Problems

Style: Maggie was open and engaging in therapy; she was knowledgeable about counselling.

Problems: She criticised herself and suffered from low self-esteem, putting herself and her needs last and diminishing her own problems and issues. Her fear was that her working days might be over and that this would result in the loss of her health (like her father), her income and status.

11.4.1.3 Client Situation/History

Situation: Maggie was involved with caring for her adult daughter and also her granddaughter, even though the former relationship was not an easy one. Having worked her way up to a responsible position at work, Maggie was now ill and off work and thus less able to support them financially. She was experiencing problems with her current partner.

History: Maggie's relationship with her late father had always been full of conflict, both with regard to how he treated her, and his behaviour towards her mother and her brother: 'My dad was a difficult person - he dominated my mum. He was the authority figure – we were all frightened of him' (Session 3).

Maggie had a history of unsuccessful relationships with male partners, suffering domestic violence. She had had previous experience of counselling, although this had not worked well for her.

11.4.1.4 Therapist Personal Characteristics

The therapist was female, younger than Maggie and from a person-centred counselling orientation. She was a very empathic and supportive listener.

11.4.1.5 Therapist Treatment Principles

The therapist followed person-centred therapeutic principles, offering empathy and being non-judgmental. She used a congruent response to help Maggie deepen her experience: 'I'm feeling this weight' (T20). Her manner was gentle and she used positive language (e.g. 'valuing' (T26)) to express empathy for Maggie's painful and difficult experiences.

11.4.2 Pre-session Context

Second, the pre-session context was analysed (Table 11.9).

Table 11.9 Pre-session Context: Maggie

11.4.2.1 Extra-therapy Events:	Drawing a picture of herself and noticing resemblance to father (to: C Session Task).
11.4.2.2 Previous Sessions:	Session 1: C feeling 'pulled in all directions' (T process notes) (to: C Session/Episode Tasks).

11.4.2.1 Extra-therapy Events

Maggie described having been in a class where she drew a picture of herself and the image was of her bent over and hunched. This reminded her of how her father was, after retirement, at the end of his life, beaten down and isolated.

11.4.2.2 Previous Sessions

In Session 1 the therapist noted Maggie described how she felt 'pulled in all directions'. Maggie explained how she avoided confrontation:

> 'I let it go and let it go and make excuses for people. I let things go too long, I know they wouldn't do that to anybody else so I feel demeaned and it's a downward spiral' (Session 1).

11.4.3 Session Context

Third, the Session Context was analysed (Table 11.10).

Table 11.10 Session Context: Maggie

11.4.3.1 Client Session Tasks:	Describe in depth how C was treated at work, which led to her going off work for health reasons. (to: T Session Task, C Episode Task).
11.4.3.2 Therapist Session Tasks:	To listen to and support C (to: T Episode Tasks). To develop therapeutic alliance (to:

	Alliance) Help client explore more deeply (to: Episode Task b).
11.4.3.3 Alliance:	Bond: Only Session 2, bond still developing. (to: Client Event Peak, Immediate Effects). Task: Developing: C talks in detail at length without letting T in; T allows this; then client allows process to deepen (to: Event Quality).
11.4.3.4 Session relevant events:	C talks fluently and at length about her work; T makes few interventions before T20. (to: Therapist Episode Task b).

11.4.3.1 Client Session Tasks

Maggie's task in the session was to describe in depth how she had been treated at work and how this led to her going off work for health reasons: 'I felt like an old horse, like you see these old films and they're trying to think should they take the old horse and shoot it and put it out of its misery, and that's really what I felt like' (C18).

11.4.3.2 Therapist Session Tasks

The therapist's tasks for the session were to listen to Maggie and support her; as this was only the second session the therapist's task was also to develop the alliance and to help Maggie explore her feelings.

11.4.3.3 Alliance

Bond:

In BSR, Maggie described how she wondered at first (C20, C21, C22) about the therapist using 'techniques' and whether the therapist was genuine 'Or is she almost just kind of acting out the part?' Maggie felt embarrassed at C22 and wanted to rush on: 'let's get past this wee bit, 'cos I'm not really sure you're…[genuine]' (BSR: P70). Then at T26, Maggie reported liking what the therapist said about 'valuing':

> 'I thought "yeah, that <u>is</u> right, it's like not really valuing my reactions or putting my own reactions down", and thinking "well, why do you do that? That's because you were told off [by parents], "away you go, out and play!" ' (BSR: P73).

Maggie also initially doubted the therapist's ability to understand due to the therapist being younger: 'When I first saw how young she was, I thought "oh, I'm not sure..." (End of therapy interview, 18 month follow-up interview).

Task:

The Task aspect of the Alliance was also still developing. Maggie talked fluently and at length without letting the therapist in. The therapist allowed this - her first spoken response in the session was at 13 minutes. Then the client permitted the process to deepen.

11.4.3.4 Session relevant events

Maggie spoke at length about her experiences at work and the therapist made few interventions before T20.

11.4.4 Episode Context

Finally, the Episode Context was analysed (Table 11.11).

Table 11.11 Episode Context: Maggie

11.4.4.1 Client Episode Task	a. Decide whether to trust T. b. Disclose link to the past, between C and father. c. Reveal painful memories of father at the end of his life.
11.4.4.2 Therapist Episode Tasks	a. Support C to explore link. b. Empathise deeply with C. c. Help C silence her inner critic (to: T27, immediate impact).
11.4.4.3 Episode Relevant Events	T moving, stretching in the chair (T20), reminds C of 'hunched' father. C responds to what she thinks is T yawning; T makes congruent responses (T20-T22), which client at first misunderstands (C22).
11.4.4.4 Local Cue	T gently encouraging the client to question her self-criticalness.

11.4.4.1 Client Episode Task

Maggie had several tasks in the Episode. First, she had to decide whether she could trust the therapist. Second, she disclosed the link to the past, between herself and her

parents, especially her father. Finally, her task was to reveal her painful memories of her father when he was at the end of his life.

11.4.4.2 Therapist Episode Tasks

The therapist's tasks were to support Maggie to explore the link she had made and to empathise deeply with the pain this caused her. The therapist also helped Maggie silence her inner critic: 'if it's what you're feeling, it's what you're feeling: you can only go from there' (T27).

11.4.4.3 Episode Relevant Events

Maggie saw the therapist stretching in the chair, which reminded her of her 'hunched' father (T20). Maggie interrupted her narrative at C19 when she thought the therapist was yawning: 'you're shattered, that's a shame'. The therapist made congruent responses: 'No, I'm feeling this weight' (T20, then T21, 22) and Maggie at first misunderstood these responses and wanted to move on quickly: 'oh, no, no, not at all, no' (C22). She wondered whether the therapist was being genuine 'Is it kind of what you're taught with the person-centred thing?' (BSR: P70).

11.4.4.4 Local Cue

The Local Cue for the event was the therapist gently challenging the client and encouraging her to explore her self-criticalness, reflecting back to the client (in positive language , for example, using the word 'valuing') how she put herself down.

11.5 Summary

Maggie had planned to disclose since a few days before the session, when she drew a picture depicting herself as stooped over; she remembered how beaten down her father had been and made the connection to herself. The language that the client used in this case was very vivid and evocative illustrating her despair at finding herself in a similar situation to her father.

Maggie expressed doubts about trusting the therapist, due to the difference in age and wondering whether the therapist was using 'techniques'. However, the therapist's choice of words communicated her sense of warmth and prizing towards, illustrating Maggie and the bond developed from that session. The Peak of experiencing was at the first peak of the disclosure (5).

Maggie found it helpful that the therapist acknowledged the significance of the disclosure. Although she moved back into narrative mode and did not stay with her feelings in the session, she described in detail in subsequent sessions the death of her father, and how her relationship with him had affected her life.

Chapter 12: Results: Rosa

12.1 Rosa

At the time of attending therapy at the Research Clinic, Rosa was a 39 year old white Scottish female. She lived on her own; family members lived nearby. Rosa was working part-time in a professional role. Rosa presented with anxiety linked to unresolved relationship issues and issues of loss/bereavement (the deaths of her mother and former partner, and suffering a miscarriage.) She had previously had a short course of CBT therapy, although this had not been helpful.

Rosa's first therapist (sessions 1-36) was a 24 year old European female; she was a postgraduate counselling student from a person-centred therapy orientation. The second therapist (sessions 37-43) was a 25 year old white English male; he was also a postgraduate counselling student from a person-centred therapy orientation.

12.2 Process Analysis

12.2.1 Event

The disclosure event took place in session 12 of 43 sessions, at eight minutes 36 seconds from the start of the session. The transcript of the Episode (Table 12.1) is followed by the explication and micro-analysis of the event peak.

Table 12.1 Transcript of Significant Disclosure Event: Rosa

C10:....I'm, um, just, um, just sort of trying to get things sorted and, you know, having the people who came to look at the house this morning for insulation, they

say it's gonna be too expensive to do, to sort it, so, um, it kinda leaves me, you know, it means I can't make my house habitable, you know, um, they said they would need to come in and put up scaffolding and it would be really expensive mm, so it kinda means, it kinda puts things kinda there so, um, mm mm, trying to think, um

[8 mins 06 Pre- event:]

C10.1 (5.0) yeah, so, so, yeah it was em it was em it would've been, well, [ex-partner, ex-partner] and I met like two years ago yesterday (T: mm) um and I <u>was</u> going to send him a text, you know, um, (T: mm) send him a nice text but, um, I decided in the end not to bo:ther (T: mm) so, um, that was kind of a dead cert but, erm

[8 mins 36 Peak]

C10.2'h I actually met somebody else, (T: mm hm) um, I me-, this is what changed my mind, I met somebody on Friday night when I was out with a friend, I met 'h a really nice guy and um, 'h I don't know if it's ((slight laugh)) if there's anything's gonna happen (T: mm), but (T: mm) 'h it kind of, um, (2.0)

[Client-identified end of event][8.54]

C10.3 you know, I think that um, you know with [ex-partner] there was (2.0) I mean I was, I'm I'm not saying that if he didn't, er, you know, I mean I don't, I'm not saying if [ex-partner] didn't come back to me and say this, that and the next thing, you know, (T: mm, mhm) and sorted some things out, I'm not saying I wouldn't, I-I would-, I don't know if I would have him back, I just-I think I would need to wait and see at the time, (T: mm) you know, (T: mhm)**[30 secs]**

C10.4 'cos obviously time's kinda marching on at the same time with the best will in the world, you know, last week I was saying, you know, I was quite clearly committed to him and (T: mm) and possibly, you know, you know, maybe next week I'll feel the same again, but this week I don't (T: mm) feel that way 'cos I met somebody else that was nice and I just (T: mm)

C10.5 and I kinda think that, you know, the the issues, you know, that um, you know, the the kind of **[1 min]** um all the um real er rubbish that you know [ex-partner's] has put me through, cos he's put me, he has put me through hell , literally (T: mm) you know, this isn't, ((laughs)) I've not missed that point, (T: mm) um, it's quite obvious that he's put me through (T: mm) an awful lot but I'm kind of choosing not to examine it, because I know that if I look at it too closely, there'll, I don't know if there'll be a going going-back (T: mm) I don't know what that means (T: mm).

Table Note: For transcription key, see Chapter 7, Table 1.

12.2.2 Explication of Client Peak

The researcher identified the Peak Turn, containing the Disclosure Event, using the HAT Form and the BSR. The Peak was then explicated.

(C10.2) Event: 'h I actually met somebody else (T: mm hm) um I me-, this is what changed my mind, I met somebody on Friday night when I was out with a friend, I met 'h a really nice guy and um, 'h I don't know if it's... ((slight laugh:)) if there's anything's gonna happen (T: mm), but (T: mm) 'h it kind of, um, (2.0)

Event unitised, non-fluencies removed

1. but I actually met somebody else,
2. and this is what changed my mind about contacting my ex: I met somebody on Friday night when I was out with a friend, I met a really nice guy
3. I don't know if anything's gonna happen ((slight laugh))

Explication:

1. In spite of what I said last week about committing myself to my ex, when I was out with a friend on Friday night I met a really nice guy whom I liked
2. And that explains what made me change my mind about contacting my ex
3. However, I don't know if this meeting is going to lead to a relationship.

12.2.3 Explication of Disclosure Question

After the session the client completed the Disclosure Question on the HAT Form, rated 4, extremely important.

'Just that I had met someone new and was considering a new relationship with them'

Explication:

'I don't want to be seen make too big a deal out of this, but I disclosed something to the therapist that I considered to be extremely important, which is that I had met someone new whom I liked and I was considering a new relationship with them.'

12.2.4 Micro-analysis of events

The Client Peak was analysed under the headings Action (Response Mode and Response Task), Content, Style, and Quality (Table 12.2).

Table 12.2 Micro-analysis of Client Peak: Rosa

12.2.4.1 Action:	Response Task: To reveal important recent event. Response Mode: Self-disclosure.
12.2.4.2 Content:	C's ambivalence about her former partner and future possible partner. Delicate topic re C's insecurity about her character as perceived by friends, therapist, and self. C is clear about the importance of the event.
12.2.4.3: Style/State	C's speech is hesitant. C reports feeling a bit embarrassed, silly and frivolous (BSR: P24) – gives little embarrassed laugh after disclosing.
12.2.4.4: Quality	Rated 7.5: C is working moderately well; makes important, difficult disclosure.

12.2.4.1 Action

The Response Task of the Disclosure was to reveal an important recent event (the recent meeting); the Response Mode was self-disclosure.

12.2.4.2 Content

The Content of the disclosure was Rosa's expression of her ambivalent feelings: her commitment to her former partner but also the possibility of the new meeting leading to a new future partner.

The topic could also be classed as a *delicate*, regarding Rosa's insecurity about how her character would be perceived by friends, therapist, and herself: she described herself as sounding like a 'leaf in the wind' (BSR: P61).

However, Rosa was clear about the importance of the event: 'it's top of the scale important to me, it was a really, really big thing to happen' (BSR: P24).

12.2.4.3 Style and State

Rosa's speech was hesitant: 'I was trying to work out whether I wanted to [disclose] or whether it was kind of relevant or whether it was gonna be a help or a hindrance to the overall. I was stumbling around' (BSR: P7- 8).

Rosa also reported that she felt 'a bit embarrassed' when making the Disclosure: 'I felt a bit, um, silly, I felt frivolous' (BSR: P24). She also gave an embarrassed laugh as she made the disclosure.

12.2.4.4 Quality

Rosa was adjudged to be working between moderately and very well (rated 7.5). She made the important disclosure, even though it was difficult.

12.3 Effects Analysis

The Effects Analysis is summarised in Table 12.3 and then described in fuller detail below.

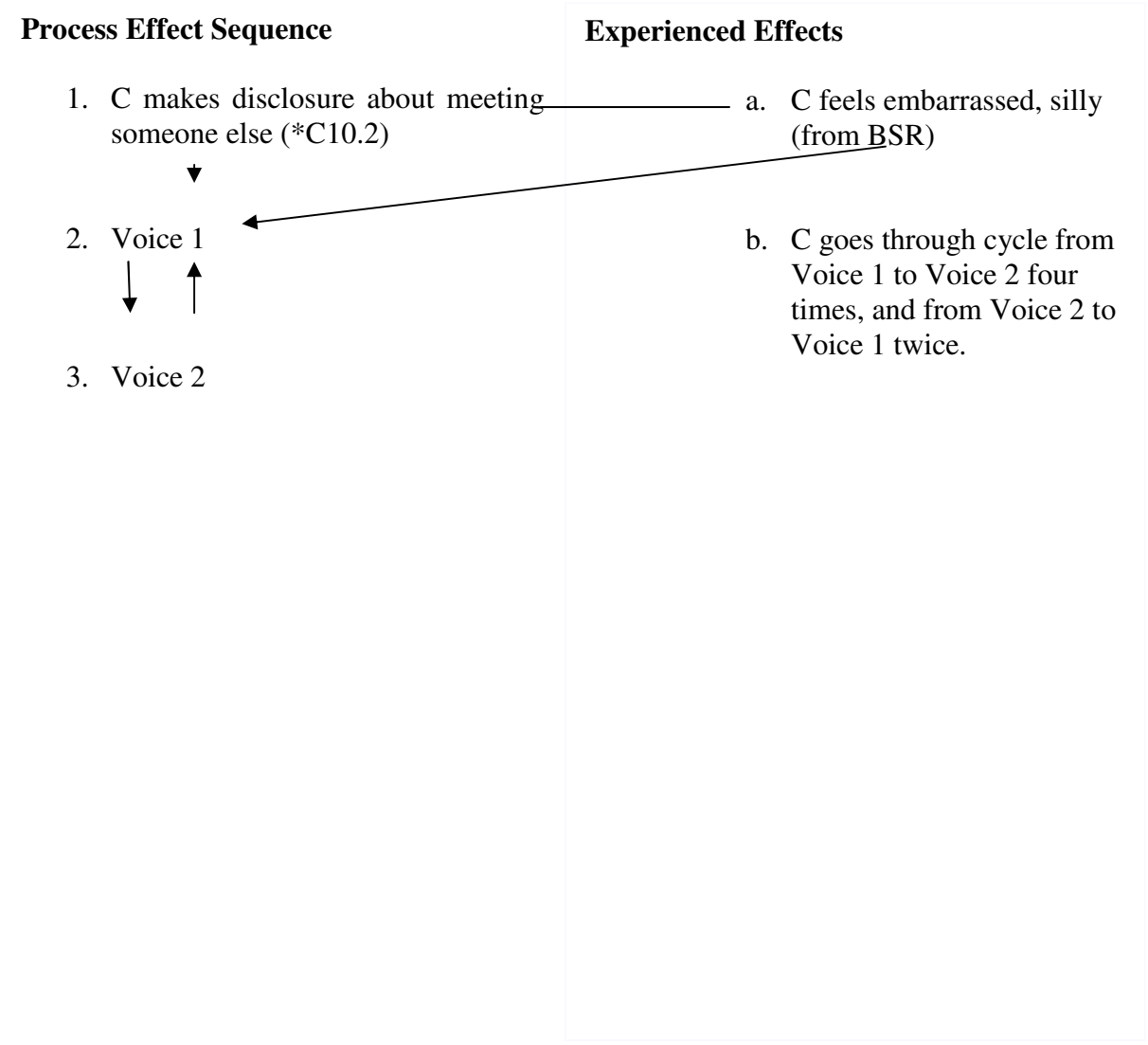
Table 12.3 Effects Analysis: Rosa

12.3.1 Immediate Effects:	Figure 12.1
12.3.2 Within Episode Effects (Quantitative):	Within-episode effects were assessed using the CEXP Scale (Table 12.4).
12.3.3 Within Session Effects (Qualitative):	C expresses her ambivalence between her former relationship and a possible new relationship. This conflict split emerged as two voices: 'Going Back Voice' and 'Moving On Voice'.
12.3.4 Post-session Effects	
12.3.4.1 Immediate Post-session Effects (Qualitative):	Immediately after the session, C writes on HAT Form: 'Slightly helpful' session.
12.3.4.2 Immediate Post-session Effects (Quantitative):	C rates session 6 ('slightly helpful').
12.3.4.3 Post-session Effects (Quantitative):	Positive Indicators: Table 12.5.
12.3.4.4 Extra-therapy Effects:	C decides she needs to explore relationship with ex (from BSR).
12.3.4.5 Subsequent Sessions:	Session 13: Client considering discussing relationship with ex in therapy; mentions

	meeting ‘new guy’. Sessions 14-16: Client uncertain whether to contact ex; mentions not hearing from ‘the new guy’. Sessions 17-20: Client contacts ex about return of personal items. Change Interview +20 sessions: Disclosure is still significant. Sessions 21-25: Client hears from ex that relationship is over Sessions 26-30: Client finding life very difficult Change Interview +30 sessions: C describes Disclosure as significant Sessions 31-33: Client feels no one understands what she has suffered Sessions 34-36: Client and therapist prepare for change of therapist Session 37: Client starts with new therapist Session 38: Therapist reports client is ‘removed’ from her feelings

	Sessions 39-40: Client struggling with unresolved grief over mother's death Change Interview + 40 sessions: C describes Disclosure as significant Sessions 41-43: C feels no one in her family has understood her experiences.
12.3.5 Post-therapy Effects **12.3.5.1 Post-therapy Effects (Qualitative)**	
12.3.5.1.1 End of therapy interview:	C did not attend end of therapy interview.
12.3.5.1.2 Six month follow-up interview:	C did not attend.
12.3.5.1.3 18 month follow-up interview:	C did not attend.
12.3.5.2 Post-therapy Effects (Quantitative)	
12.3.5.2.1 Outcome Effects:	Table 12.6 Outcome table.
12.3.5.2.2 Client Event significance/helpfulness ratings:	Table 12.7 Client Event Significance/helpfulness ratings.

Figure 12.1 Immediate Effects: Rosa



12.3.1 Immediate Effects

Immediately following the disclosure Rosa moves between two conflictual voices, indicating a conflict split. Voice 1 ('Go back') is her hope that the relationship with her ex-partner can be revived and can succeed; Voice 2 ('Move on') is her desire to end that relationship and find another, more fulfilling relationship with someone else.

C10.3 ['Go back' Voice 1:]'I'm not saying if ex-partner didn't come back to me and say this, that and the next thing, you know, (T: mm) and sorted some things out, I'm not saying I wouldn't I- I would...['**Move on' Voice 2:]** I mean I don't, I don't know if I would have him back, I-I think I would need to wait and see at the time, you know.'

C10.4 ['Go back' Voice 1:] 'last week I was saying, you know, I was quite clearly committed to him (T: mm) and and possibly, you know, maybe next week I'll feel the same again **['Move on' Voice 2:]** but this week I don't (T: mm) feel that way cos I met somebody else that was nice'

This cycle is repeated twice more before Rosa sums up the dilemma: 'so, I'm not really, not looking at it too closely at the moment, um, and just kinda waiting to see what happens, (T: mm) kinda in the future um (3.0)'

12.3.2 Within-Episode Effects (Quantitative)

Within-episode effects were assessed using the CEXP Scale (Table 12.4).

Table 12.4 CEXP Ratings: Rosa

	M/P Researcher	**M/P Auditor**	**M/P consensus**
Pre-event: C10.1	2/2	2/3	2/2
Disclosure: C10.2	3/3	3/3	3/3
Post-event (30 secs) C10.3	3/3	3/3	3/3
Post-event (1 min) C10.5	3/4	3/4	3/4

Note. M=Mode, P=Peak.

The ratings showed that one minute before the disclosure (at 10.1), Rosa was recounting a narrative about her situation. The ratings showed a deepening of experience at the disclosure itself as Rosa commented on the unexpected meeting, and 30 seconds after the disclosure she was adjudged to be at the same level of experiencing. At one minute after the disclosure event, however, Rosa shifted to a more personal consideration of her on-hold relationship and this was rated as 4 on the CEXP scale.

12.3.3 Within-Session Effects (Qualitative)

Rosa returned to the subject of the disclosure several times in the session:

a. Rosa returned to the topic of meeting the 'new guy': 'it's quite unusual for me to meet someone and like them a lot' (C11).

b. She then abruptly left the topic and started talking again about her job (C12).

c. She talked about issues in her life: her work, her course, her dog, looking for a flatmate until C22 (24mins 54) when she abruptly returned to the meeting with the 'new guy': 'I kind of am quite excited about meeting this guy' (C22).

d. Rosa discussed whether to get in touch with the 'new guy' again and described the conversation with him in the pub. She felt quite vulnerable: 'it's leaving yourself open to that level of rejection' (C29).

e. Rosa then returned to the "Go Back Voice": 'I just don't wanna be wrong again, 'cos, you know, I went and it took me a lot to trust [ex-partner], and he, you know, I still trust him despite all the, you know, probably against my better instincts, still trust him (4.0) um (2.0) where does that leave me?' (C32).

f. Then a new, more self-reflective, voice emerged: Rosa questioned herself for considering another relationship after her previous bad experience: 'how can I be thinking about even entertaining the concept of having a relationship with somebody else or starting anything after the year I've gone through with my ex?' (C36).

g. She described how the relationship with her ex 'was so awful. I've not really, I don't think I've gone into so much detail of how awful 'cos I just don't want to. I kinda want to look at that later when I'm sure it's dead' (C37).

h. She described herself as ‘an idiot’ and returned to the self-reflective voice: ‘I don’t <u>listen</u>, I just, I go and I do and I think “well, I’ll just pick up the pieces later” and obviously this time you know, um, with the last thing with my ex, (T: mm) I wasn’t able to pick up the pieces, you know, and it’s terrifying to think that I’m gonna, I could end up back there. I don’t want to, but I don’t seem to, I still seem to just throw myself into things’ (C38) ‘I just seem to, you know, like there’s a road block and I just drive through it (T: mm) and then lo and behold ((laughs)) I drive into a big crater, you know, and it’s a real mess!’(C39).

i. Rosa then embarked on self- reflection on her cherished beliefs (in italics below): ‘I did it with my ex that died, I mean we broke up for a reason, I didn’t listen, I still kept on loving, loving, loving, still loved him, still loved him, and then he died (T: mm) and then I I destroyed my twenties by going through a grief process that lasted two years and I went out with inappropriate people that further lowered my self-esteem (C39). After that, my next kind of serious guy was a guy who lived in [place name] and he went AWOL and it’s me that got back in touch, it’s me that arranged things to see him, you know, because I think I’ve got this thing about, you know, *if people tell me that they love me and are committed to me and all this, I believe them* [=Cherished belief] (T: mm) and he went a bit, off the rails a bit and then I saw this as my opportunity to show them that I cared and I stayed in there and we saw each other again and I got pregnant and then he let me down again.’

j. Rosa's self-reflective voice questioned her cherished belief: 'is everybody just thinking that I'm a fool and an idiot you know and they're not, you know, treating me well? You know, what's...? 'cos I'm committed to the things I think are right, you know, and that's what I do, *I commit myself to the things I think are right*, um, and I-I'm, I suppose what I'm saying here is, you know, *if I care for somebody I'm very, I'm very, very loyal (T: mm) to them,* you know, this is what's happened with ex partner, I mean he doesn't deserve, my ex doesn't deserve my loyalty! He doesn't! That doesn't mean to say it's not there, *but why? Why am I...you know, why am I doing that?* (6.0) and I'm sure, like all my friends are sitting there going "oh God, here's another one, she likes somebody else now and he's not shown a lot of interest and still she thinks there's something there"' (C39).

k. At the end of the session, Rosa recapitulated the 'Go back' versus 'Move on' dialogue: 'I wasn't going to talk about this guy today 'cos I just thought last week I was saying I was very clearly committed to my ex-partner (T: mm) and giving it that chance, and that's not changed, you know, it's not, it's not any different, although kind of the way I feel this week I would probably be a bit slower (T: mm) but as time goes on it's just gonna...I am reaching a cut-off point with him.' (C42).

12.3.4 Post-session Effects

12.3.4.1 Immediate Post-session Effects (Qualitative)

Rosa described the session as 'slightly helpful' and the Disclosure as 'extremely important'.

12.3.4.2 Immediate Post-session Effects (Quantitative)

Rosa rated the session as six and the Disclosure as four.

12.3.4.3 Post-session Effects (Quantitative)

Table 12.5 shows the positive indicators of the session: all seven indicators were neutral.

Table 12.5 Positive Indicators: Rosa

Measures (Session 12)	**Rating**
Client PQ Shift Pre-post session: 5.85 to 5.28	-0.57 (=)
C Session Helpfulness	6 (=)
C Progress	4 (=)
C Amount shifted	4 (=)
T Session Helpfulness	7 (=)
T Progress	4 (=)
T Amount C Shifted	4 (=)
Summary: 7 neutral indicators, / 7 total indicators	.00 'neutral' event

12.3.4.4 Extra-therapy Effects

Rosa reported in BSR that since the disclosure she was changing her mind about exploring the relationship with her ex-partner in therapy:

'I've always been dead set against going into the nitty gritty of the things that went – the things that bothered me about my previous relationship with ex-partner, and I'm getting to the point now where I think, you know, maybe it now is the time to look at it and, er, examine these things' (BSR: P34).

12.3.4.5 Subsequent Sessions

Session 13: Rosa told the therapist that she was considering discussing the relationship with her ex partner in therapy:

'I hadn't really wanted to, um, look at certain things, you know, like I hadn't really wanted to. I think possibly, you know, kind of all the way through this, I've been quite conscious not to dig in too much, to, you know, my relationship with my ex, what went wrong, because I didn't want to, um, destroy an opportunity for the future (T: mm) and, you know, now I've got to a point where I'm thinking, well, at the weekend, end of last week, particularly after I saw the Researcher, um, you know, I was thinking I should probably go th-, go into it, because, you know, it's just going to be something else that I'm not going to deal with' (C2).

She was still ambivalent about the relationship with her ex:

'Well, I just don't know any more, I just, I've just been through the wringer with it (T: mm) you know, and it's (3.0) I just don't know any more at all; I don't know whether (2.0), I mean I'm still, still in the back of my mind the answer is not "never", you know, it's...but at the same time I don't know how we'd get over this hurdle' (C11).

She reported that the guy she met that she liked has not got in touch: 'have I just met another person like my ex, who's not gonna budge?' (C25).

Sessions 14-16: Rosa was uncertain whether to contact her ex-partner or not. She did not want to do anything that would lead him to think she was ending the relationship, but she feared he had already moved on.

Sessions 17-20: Rosa contacted her ex-partner and requested that he return her possessions. She had joined a fertility forum and was hoping to meet someone new. She felt she had worked hard all her life and had nothing to show for it, in terms of a partner or settled family life.

Change Interview after 20 sessions:

After 20 sessions of therapy, Rosa was invited to participate in Change Interview and the researcher asked her about the significance of the disclosure.

> C: 'I-I can still see why, um, it felt like a disclosure at the time so, yeah, I can still, yeah, I can still see why it felt like a… 'cos it was kinda moving on, the whole thing so yeah, I can see the significance of it then.'

Sessions 21-25: Rosa spoke to her ex-partner and he confirmed that the relationship was over. She was devastated and believed that he had never loved her. She wanted to meet someone else; she joined a dating site and was still planning to have fertility treatment.

Sessions 26-30: Rosa felt that her mum's death 'stopped my life in its tracks' (Session 26). Her job was disappointing and stressful. She felt torn between trying to start a new relationship through the on-line dating site and going ahead with the fertility treatment. She had met someone on-line and was hopeful that it would lead to a relationship.

Change Interview after 30 sessions:

After 30 sessions of therapy, Rosa was again invited to participate in a Change Interview and the researcher asked her about the significance of the disclosure.

> C: 'I think it [the disclosure] probably was a bit of a breakthrough because, you know, it was a positive thing and um, you know, for me to actually find positive things for me to bring in is is good so um, you know, for it to be kind of a new thought for me, it would've needed to be something like that because, you know, there's not, um, there's not...I've been ex- I've been dealing with these feelings of like loss, I suppose and abandonment, for a long time, so to actually feel that something new's coming out.'
> 'It's probably still about an eight or something (R: mm) you know, I did feel a bit, I felt a bit silly about it you know, because there's all this other stuff going on and there's all the other stuff I'm trying to sort out, so I probably was a bit embarrassed to reveal that yeah, possibly possibly I could've... but but now so much has changed since then (R: yes) you know, my, you know, at that point I wouldn't have said my relationship with my ex was dead, it

was still, um, possible, whereas now it's like, you know, it's, you know, there's no way, it's stone dead and cremated ((laughs)) um (R: mm) and I've had the funeral and it was, um, I've had the party, you know.'

Sessions 31-33: Rosa reported feeling 'like a fish out of water' in terms of her family, her work her home. She had a feeling of 'never' about all these areas of her life. She felt no one understood what it had been like for her to experience the death of her mum, the death of her ex-partner, the miscarriage.

Sessions 34-36: Rosa and the therapist discussed and prepared for ending the therapy, before Rosa continued with a new therapist. Rosa felt she had made some progress, although there was a lot still to do.

Session 37: Rosa changed therapists to a male therapist. She told him that within two months of her mother's death, 'I changed everything I could possibly change': job, career, house, city. She felt proud of what she achieved; however, she also believed that this affected her chances of a relationship: 'I feel I missed the boat, 'cos while everyone was hooking up, I was dealing with these bereavements'. Rosa reported that she had broken up with her new partner and felt very sad about it.

Session 38: T reported that '[Rosa] seems very removed from her feelings about situations, incapable of making decisions.' (Therapist process notes, Session 38).

Sessions 39-40: Rosa was still struggling with her course and her job. Rosa felt that she was becoming more emotional when she thought or spoke about her mother. 'I mentioned my mum to a friend and I had tears in my eyes. I don't know where it's coming from, this overflow of emotion. In some ways it's good to connect with that period in my life, but it's also sad' (Session 40).

Change Interview after 40 sessions:

As Rosa wished to continue therapy beyond 40 sessions, she was invited to participate in a Change Interview after 40 sessions, and the researcher asked her about the significance of the disclosure.

> C: 'I still think it was probably quite, quite significant, in the timing that it was, because at that point my relationship with my ex hadn't really come to a complete full stop, um, so yeah, it was, I still see that as significant, yeah...'

Sessions 41-43: Rosa felt that her experiences were denied by everyone, including her family. She was still planning to go ahead with fertility treatment. T reported that 'C does not reveal her emotions and works in a very cognitive way' (T process notes, Session 42).

Rosa then broke off from therapy for three months for health reasons. She contacted the Research Clinic again to request further therapy with a female therapist. Due to the lapse of time between sessions Rosa agreed to attend a Change Interview with the

Researcher; however, she cancelled the appointment and did not attend any end of therapy or follow-up interviews

12.3.5 Post-therapy Effects

Rosa did not attend a post-therapy interview.

12.3.5.1 Post-therapy Effects (Qualitative)

Rosa did not attend a post-therapy interview.

12.3.5.2 Post-therapy Effects (Quantitative)

12.3.5.2.1 Outcome Effects.

Table 12.6 provides outcome data up to Session 40, and the PQ score from Session 43, the last session she attended. As Rosa did not attend any end of therapy interviews the data is incomplete.

Table 12.6 Outcome measures: Rosa (Session 40)

	Cut offs	**RCI (<.2)**	**Intake**	**At +10**	**At +20**	**At + 30**	**At + 40**	**End of therapy (Session 43)**	**6 month follow up**	**18 month follow up**
PQ	>3.5	**1.0**	**5.29**	**4.71**	**4.28**	**6.42 (-)**	**4.28* (+)**	**3.57** (+)**	n/a	n/a
CORE -OM	>1.25	**.44**	**1.50**	**1.52**	**1.29**	n/a	0.82** (+)	n/a	n/a	n/a
SI	<2.45	**.40**	**1.67**	**2.00**	**2.00**	n/a	3.16** (+)	n/a	n/a	n/a

Note. **Bold =** in clinical range. *p<.2 (see Table7.6); **p<.05

12.3.5.2.2 Client Event significance/helpfulness ratings.

Table 12.7 below provides the significance and helpfulness ratings of the disclosure event until Session 40. There were three positive indicators and one neutral, making the total 0.75, a positive event. No further data were available as Rosa did not attend a follow-up interview.

Table 12.7 Client significance/helpfulness ratings: Rosa

Stage of therapy	**Rating**
At event (Session 12)	No rating for helpfulness 4 (extremely significant)
At Change Interview +20	8/3
At Change Interview +30	8 /3
At Change Interview +40	7/3
At end of therapy	-
At 6 months	-
At 18 months	**-**

12.4 Context Analysis

See Section 7.4 for information about the Context Analysis structure.

12.4.1 Background Context

First, the Background Analysis is set out (Table 12.8).

Table 12.8 Context Analysis: Background: Rosa

12.4.1 Background:	
12.4.1.1 Client Conflicts/Schemes:	Core Conflictual Relationship Themes (CCRTs): C wants love, fears rejection (to: Event Content, C Episode Task) C wants respect, fears being dismissed as naive/unrealistic (to: Session task, relevant events, immediate effects) Client Self/Person Schemes: Self as 'idiot'; Self as 'very loyal person' (to: C Session/Episode Tasks)
12.4.1.2 Client Style/Problems:	C avoidance of strong feelings (to: Event Style, Immediate Effect) C is articulate, expressive (to: Event Quality, Alliance) C feels she has made poor life decisions in the past (to: C Situation/History) C is indecisive (to: C Style/Problems-a, Session Task c) C feel unhappy with most aspects of her life, especially not being in a relationship

	(to: C Session Task, Previous Sessions, Extra therapy Events)
12.4.1.3 Client Situation/History:	History: Early losses in life changed everything (to: C Problems, Session Events) History: C let down in relationships with men (to: Previous Sessions, Session Task) C lives on her own, has unsatisfying job (to: Previous Sessions, C Session Task)
12.4.1.4 Therapist Personal Characteristics:	T is female, younger than C (to: Alliance, Bond) T is a counselling student, inexperienced; person-centred orientation (to: Therapeutic Principles, Immediate Effect, Alliance task)
12.4.1.5 Therapist Treatment Principles:	Follow core conditions; be empathic, non-judging of C.

12.4.1.1 Client Conflicts/Schemes

Two Core Conflictual Relationship Themes were identified. Rosa wanted to be loved but feared being rejected. She also wanted to be respected by friends, colleagues and family but feared being dismissed as naive and unrealistic.

Rosa described herself as 'an idiot' but also as someone who was very loyal and stayed true to her commitments.

12.4.1.2 Client Style/Problems

Rosa was articulate and expressive in therapy. However, she avoided discussing strong feelings despite being aware that she experienced them: 'I can keep a lid on it, but I'm just wondering now what I'm actually doing to my future by doing that'(BSR: P29).

Rosa felt she had made poor life choices in the past (relationships, jobs) and this had affected her self-confidence and made her unable to decide on or make changes in her life currently: 'There's things I want to change but I'm scared. I'm stuck in a house I can't afford, in a boring job that doesn't pay the bills.' (Session 9). Rosa stated this indecision in an item on her Personal Questionnaire (PQ): 'I have problems taking the action which is right for me – I don't listen to me.' She was unhappy with most aspects of her life, especially not being in a stable relationship.

12.4.1.3 Client Situation/History

History: Rosa believed that the early losses in her life changed everything: the death of her mother, the death of her ex-partner and suffering a miscarriage: 'It's all been a

big mess since my mother died, I haven't settled. I'm not sure what I should be doing or how to be' (Session 1). She had a history of being let down in relationships by her male partners, including the most recent which was 'on-hold' at the start of therapy.

Situation: Rosa lived on her own (with her pet dog). She was not in a stable relationship, had no children (although she wanted to have children) and was working in an unsatisfying job. She described feeling hopeless, with nothing that she wanted in life (Session 4).

12.4.1.4 Therapist Personal Characteristics

The therapist was female and younger than Rosa; she was a counselling student, inexperienced as a therapist, and from a person-centred orientation.

12.4.1.5 Therapist Treatment Principles

The treatment principles were from the person-centred approach: be empathic and non-judging of Rosa.

12.4.2 Pre-Session Context

Second, the pre-session context was analysed (Table 12.9).

Table 12.9 Pre-session Context: Rosa

12.4.2.1 Extra-therapy Events:	C meeting 'really nice guy' (to: C Session, Episode Tasks).
12.4.2.2 Previous Sessions:	Session 1: C describes the early losses

	in her life. Sessions 2-5 C describes how lonely she feels and her distress at the way her life has turned out so far. Sessions 6-10: C talks about the difficult relationships she has with her father and sisters and also with colleagues. Session 11: C talks about her hopes for the on-hold relationship (to: C Session, Episode Tasks).

12.4.2.1 Extra-therapy Events

Rosa's meeting with the 'really nice guy' when she was out with her friend is the significant extra-therapy event. In the BSR interview she described it as 'hugely unusual for me to meet somebody that I like, not immediately, but quickly; it's huge, it never happens, never ever' (BSR: P54).

12.4.2.2 Previous Sessions

In Session 1 Rosa described the early losses in her life: the death of her mother, her (previous) ex-partner and the miscarriage. She also talked about the 'on-hold' relationship with her former partner, which is 'too precious to lose'.

Sessions 2-5: Rosa described her unhappiness and disappointment at how her life has turned out so far. She has none of the things that she had hoped for: a stable relationship, a child, a comfortable home, a rewarding job. She finds it painful to see other people who have what she would so much like to have.

Sessions 6-10: Rosa talked about the difficult relationship she has with her father and sisters and also with colleagues. She felt that they take advantage of her lack of boundaries and do not empathise with the difficulties she has faced in life.

Session 11: Rosa told the therapist about her hopes for the current on-hold relationship and how she was committed to it even if her ex-partner was not.

12.4.3 Session Context

Third, the Session Context was analysed (Table 12.10).

Table 12.10 Session Context: Rosa

12.4.3.1 Client Session Tasks:	a. Update T about job, house, life developments (to: C Session Task b). b. Reveal unexpected meeting (to: C Sessions Task c; C Episode Task). c. Explore ambivalence about her on-hold relationship (to: Within-session Effects). d. In BSR C recalls that she had been

	thinking about the disclosure event before the session. (to: C Episode Task)
12.4.3.2 Therapist Session Task:	Support C by listening (to: T Episode Task).
12.4.3.3 Alliance:	Bond: T and C have a close bond. C discloses the significant event (to: C Episode task b). C questions T's ability fully to understand the issues, given her youth. Bond: C trusts the non-judgmental approach of T (to: C Episode Tasks b, c). Task: T does not clarify with C what she wants to work on, so session is unfocused (to: Immediate Effect).
12.4.3.4 Session relevant events:	C spends first eight minutes of the session deciding whether to disclose (to: C Episode Task a).

12.4.3.1 Client Session Tasks

Rosa's first task in the session was to update the therapist about the latest developments in her job, house and her life in general. The second task was to inform the therapist about her unexpected meeting with the 'nice guy' and the third task was to explore her feelings of ambivalence about her ex-partner and the on-hold

relationship. Finally, Rosa reported in BSR that prior to attending for the session, the disclosure event 'was on my mind a lot and I wasn't sure what to do with it' (BSR: P6).

12.4.3.2 Therapist Session Task

The therapist's task for the session was to listen and support Rosa.

12.4.3.3 Alliance

Bond: Rosa and the therapist had a close bond. Rosa disclosed the meeting to the therapist even though she felt it went against what she said in the previous session about her commitment to her ex-partner, and she was worried about appearing 'flaky' (BSR: P61). Rosa trusted the non-judgemental approach of the therapist: 'it's not judged, you know' (BSR: P50), even though she had doubts about the therapist being able to understand her concerns due to her younger age.

Task: The therapist did not clarify with Rosa what she wanted to work on, so the session was unfocused; Rosa also revealed deeper feelings about herself and her relationships and these were not fully acknowledged or explored by the therapist.

12.4.3.4 Session relevant events

Without telling the therapist, Rosa spent the first eight minutes of the session privately deciding when to disclose the meeting, and providing decoy material (about her job and house) during this time.

12.4.4 Episode Context

Finally, the Episode Context was analysed (Table 12.11).

Table 12.11 Episode Context: Rosa

12.4.4.1 Client Episode Tasks:	a. Hide potential disclosure b. Disclose unexpected and exciting, but embarrassing life event c. Explore where life event might lead and ambivalence about relationship with ex partner.
12.4.4.2 Therapist Episode Tasks:	a. Follow C lead on topics presented b. Help C explore possible repercussions of meeting somebody new.
12.4.4.3 Episode Relevant Events:	C runs out of decoy material.
12.4.4.4 Local Cue:	C introduces disclosure by talking about anniversary of meeting ex partner.

12.4.4.1 Client Episode Task

Rosa's first task for the episode was to hide the potential disclosure: 'probably for the first eight minutes of the session I was trying to hide the fact [wanting to disclose] and I was trying to keep on track, because this is <u>not</u> on track' (BSR: P26).

The second task was to disclose the unexpected and exciting, yet embarrassing, event of the meeting; the final task was to explore where the event might lead, and her ambivalence about her relationship with her ex-partner.

12.4.4.2 Therapist Episode Tasks

The therapist's tasks for the episode were to follow Rosa's lead on the topics she presented and to help Rosa explore the repercussions of meeting somebody new, specifically the impact on the on-hold relationship.

12.4.4.3 Episode Relevant Events

After eight minutes of the session, Rosa ran out of decoy material: 'I just couldn't get round it, I couldn't not say it' (BSR: P14).

12.4.4.4 Local Cue

Rosa introduced the disclosure by talking about the anniversary of her meeting with her ex-partner: 'well, [ex-partner] and I met two years ago yesterday.'

12.5 Summary

Rosa had planned to disclose the meeting since the previous evening. She used the first eight minutes of the session to prepare herself for the disclosure; it was a delicate disclosure, as Rosa was worried about what the therapist would think of her. However, she trusted the therapist's non-judgmental approach, despite doubting that the therapist could understand her, due to the difference in age.

Although the therapist gave Rosa time to make the disclosure, she did not acknowledge the significance of the meeting for Rosa, and the disclosure was not explored further. Rosa's Peak of experiencing was at one minute after the disclosure. Although the disclosure was extremely significant at the time, the significance and the helpfulness decreased slightly over the course of therapy.

Chapter 13: Cross-analysis

In this chapter I set out the results of the cross-analysis of the disclosure events described in Chapter 5 (pilot study) and Chapters 7-12. In the first part of the chapter, the results are set out in analysis order: first, themes are identified in the Process Analysis, then the Effects Analysis and finally the Context Analysis.

The Cross-analysis was carried out to identify any common themes across the sub-headings of the CPA domains, with the aim of suggesting a model of a disclosure event.

As the pilot study was carried out using archival material, it was not possible to conduct BSR or follow-up interviews with the client. Therefore themes that were obtained as a result of BSR or follow-up interviews do not include the pilot study and have a total of six, rather than seven participants. (See Section 6.6 for the classification of themes.)

In the Cross-analysis, primary themes describe general or typical themes and secondary themes describe variant or unique themes. Subcategories are lower hierarchical themes from both primary and secondary themes.

The second part of the chapter consists of the Frequency Analysis, in which general and typical themes are summarised in tabular form. See Appendix Q for a list of all themes.

In the third part of the chapter, all themes are rated according to what extent the researcher expected them to be present (Elliott et al, 1993). Themes that were not expected, or were judged to be surprising, are the discoveries of the study. See Appendix R for a list of all themes and ratings.

Finally, general and typical themes are presented in a flow chart as a suggested model of a disclosure event (Figure 13.1).

13.1 Process Analysis

The themes in the Process Analysis domain are described first. The Process Analysis examines closely the features of the peak turns, divided into Action, Content, Style/State, and Quality.

13.1.1 Action.

13.1.1.1 Response Mode.

The primary theme was self-disclosure (general theme: 7/7).

Subcategories were:

(a) Response to therapist question (typical: 4/7: Anna, Julia, Tom, Maggie)

(b) Self-initiation of a new topic (variant: 3/7: Carrie, Rosa and Lucy):

13.1.1.2 Response Task

- The primary theme was to reveal something to the therapist (general theme: 7/7).
- The secondary theme was to continue on the track of 'me versus everybody else' towards clarifying her painful feelings about the abuse (unique: 1/7: Julia).

13.1.2 Content

- The primary content of the important client disclosure was a 'delicate' issue (typical: 5/7: Tom, Lucy, Carrie, Julia, Rosa).
- Secondary themes were:
  - Revealing a painful memory and opening up an emotional reaction (unique: 1/7: Maggie).
  - Revealing a new awareness (unique: 1/7: Anna).

13.1.3 Style and State

Style

- Primary theme: all clients except Carrie spoke tentatively or hesitantly while making the significant disclosure (general: 6/7: Anna, Tom, Lucy, Julia, Rosa, Maggie).

- Secondary theme: one client spoke fluently and emphatically (unique: 1/7: Carrie).

State

- Primary theme: all the clients reported feeling a range of strong emotions while disclosing (general: 7/7).

Subcategories were:

(a) Embarrassed (typical: 5/7: Lucy, Tom, Carrie, Rosa, Julia).

(b) Emotional and tearful (typical: 4/7: Maggie, Lucy, Julia, Carrie).

- Secondary themes were:

(c) Surprised (variant: 2/7: Anna, Julia).

(d) Confused (unique: 1/7: Carrie).

(e) Physically tense and uncomfortable (unique: 1/7: Carrie).

13.1.4 Quality

Primary theme: All the clients were judged to be working at least moderately well (rated 7) or better (general theme: 7/7).

13.2 Effects Analysis

The Effects domain aims to track the significance of the disclosure over time, starting with the Immediate Effects of the disclosure and then extending chronologically through Within-Episode Effects, Within-Session Effects, Post-Session, and finally, Post-Therapy Effects.

13.2.1 Immediate Effects

- Primary theme: the clients felt some form of painful emotion immediately following the disclosure (general: 7/7).

Subcategories were:

(a) Sadness (typical theme: 5/7: Carrie, Lucy, Maggie, Julia, Anna).

(b) Embarrassment, shame (variant: 3/7: Tom, Carrie, Rosa).

(c) Pain for self and others (unique: 1/7: Julia).

- A secondary theme was confusion, puzzlement (variant: 2/7: Carrie, Lucy).

- Primary theme: In cases where the therapist offered support for the disclosure the clients then felt understood and were able to put their discomfort and embarrassment aside and explore the disclosure topic (typical: 4/7: Julia, Carrie, Tom, Maggie).

- Secondary theme: When the therapist did not immediately offer support for the disclosure, or the client did not find the support helpful, the client emotionally distanced herself before returning to the topic (variant: 3/7: Lucy, Anna, Rosa).

13.2.2 Within-Episode Effects (Quantitative)

As previously described, the clients' depth of experiencing was measured using the CEXP Scale at four segments: at one minute before the significant disclosure, at the event itself and at 30 seconds and one minute following the disclosure event.

Two scores were taken of each segment: the Mode (M) and the Peak (P) ratings. The Modal rating refers to the overall level of the whole segment and the Peak rating refers to the point of greatest depth reached in the segment (Table 13.1).

Table 13.1 CEXP ratings: All clients

	Anna M/P	**Maggie M/P**	**Tom M/P**	**Carrie M/P**	**Rosa M/P**	**Lucy M/P**	**Julia M/P**	***Mean M/P***
1 min before event	n/a	4/4	2/2.5	3/3.5	2/2	2/2	3/4	*2.6/3.0*
Peak (event)	3/5	5/5	3/3	3/3	3/3	4/4	3/3	*3.4/3.7*
30 secs post event	5/5	3/3	3/3.5	3/5	3/3	4/4	3/3	*3.4/3.8*
1 min post event	5/5	3/3	3.5/4	3/4	3/4	4/5	4/5	*3.6/4.3*
Mean SD	*4.33/5.00 1.15/0*	*3.75/3.75 0.96/0.96*	*2.88/3.25 0.63/0.65*	*3.00/3.88 0.00/0.85*	*2.75/3.00 0.50/0.82*	*3.50/3.75 1.00/1.26*	*3.25/3.75 0.50/0.96*	

Note. M= Mode, P=Peak.

- Primary themes: clients' modal ratings stayed the same or rose from one minute before the disclosure to the disclosure event itself (general: 5/6) and the Peak depth of experiencing rose between one minute before the disclosure and the disclosure itself (typical: 4/6). The modal and peak depths of feeling rose or stayed the same from the event to 1 minute post-event (general: 6/7). This implies that most clients experienced at least the same overall (modal) depth of feeling from one minute before the disclosure, through the disclosure itself and then to one minute after the event.

The Means of the modes and peaks allow us to compare between different clients; they show that Anna had generally a greater depth of experiencing whilst Tom and Rosa had a lesser depth during the episode. The purpose of the Standard Deviation

scores allows a comparison of how widely the depth of clients' experiences varied between segments; however, although the variation between clients' scores was quite narrow, given the small sample sizes, limited interpretation can be made of these scores.

13.2.3 Within-Session Effects (Qualitative)

There were three secondary themes in this domain:

(a) Clients spoke about other topics and at times returned to explore the implications of the disclosure topic again throughout the session (variant: 3/7: Anna, Lucy and Rosa).

(b) The significant disclosure became the focus of the rest of the session (variant: 3/7: Tom, Carrie, Julia).

(c) One client did not return to the disclosure topic again in the session after the event (unique: 1/7: Maggie).

13.2.4 Post-session Effects

13.2.4.1 Immediate Post-session Effects (Qualitative)

- Primary theme: clients reported positive feelings about the session they had just completed, either to the therapist or to the researcher in BSR (general: 6/7).
- Secondary theme: client was worried that the therapist had thought less of her after the disclosure (unique: 1/7: Rosa).

13.2.4.2 Immediate Post-session Effects (Quantitative)

This section contains clients' ratings for the Disclosure question (on the HAT Form), which they completed immediately after the therapy session (Table 13.2). The Disclosure question asked clients to rate the importance of the disclosure on a four point scale: 1: Slightly important; 2: Moderately important; 3: Greatly important; 4: Extremely important.

At BSR, clients were asked to rate the helpfulness of the disclosure event on the following scale: 1: Extremely hindering; 2: Greatly hindering: 3: Moderately hindering; 4: Slightly hindering; 5: Neutral; 6: Slightly helpful; 7: Moderately helpful; 8: Greatly helpful; 9: Extremely helpful.

Table 13.2 Immediate Post-session Effects: All Clients

Client	**Disclosure significance rating**	**Event helpfulness rating**
Anna	3 (greatly significant)	8 (greatly helpful)
Maggie	3	8
Tom	3	8
Cassie	3	8
Rosa	4 (extremely significant)	Did not want to rate
Lucy	3	7 (moderately helpful)
Julia (pilot)	n/a	8.5 (between greatly and extremely helpful)
Mean rating	3.1	7.9

- Primary themes:

(a) All the clients rated the disclosure as 'greatly' or 'extremely significant' (general: 6/6).

(b) Clients rated the helpfulness of the event as at least 7 or 'moderately helpful' (general: 6/7).

The mean rating for the disclosure event was 'greatly significant' and the helpfulness of the event was slightly below 'greatly helpful'.

13.2.4.3 Post-session Effects (Quantitative)

The scores of the participants and therapists on the post-session SES and HAT Form are set out below (see Table 13.3). The '=', '+' and '-' indicators used in the table show how the scores relate to the cut-off values for clinical significance (Elliott, 1993). A '=' indicator shows that the score does not meet either positive or negative criteria; a '+' indicator shows that the score is at or above the recommended cut-off and a '-' indicator shows the score is in a negative direction (Elliott, 1993). The mean pre-post disclosure PQ change was -0.21, which was a slight improvement, although not significant (general: 6/6). Clients rated the session as 'moderately helpful' (7) or better (general: 7/7).

Table 13.3: Positive indicators: All Clients

	Anna	**Tom**	**Lucy**	**Carrie**	**Maggie**	**Rosa**	**Julia**	**Mean**
Client PQ shift pre-post session	-0.67 (=)	**+**0.00 (=)	-0.38 (=)	**-**0.25 (=)	+.17 (=)	-0.14 (=)	n/a	-0.21 (=)
Client session helpfulness	8 (+)	8 (+)	7 (=)	8 (+)	8 (+)	6 (=)	9 (+)	7.71 (=)
Client progress	1 (+)	3 (=)	5 (=)	3 (=)	3 (=)	4 (=)	n/a	3.16 (=)
Client amount shifted	6 (+)	6 (+)	2 (=)	5 (=)	3 (=)	4 (=)	n/a	4.3 (=)
Therapist	8 (+)	8 (+)	n/a	6 (=)	8 (+)	7 (=)	8 (+)	7.5

session helpfulness								(=)
Therapist rating of C progress	3 (=)	2 (+)	n/a	4 (=)	3 (=)	4 (=)	n/a	3.2 (=)
Therapist rating of C shift	4 (=)	7 (+)	n/a	4 (=)	5 (=)	4 (=)	n/a	4.8 (=)
% (+)	50	70	33	14	28	0	100	42

13.2.4.4 Extra-therapy Effects

- Primary theme: Most clients reported feeling unambivalently positive after the session in which they had made the significant disclosure, and said that this feeling lasted (general: 5/6).

Subcategories were:

(a) Optimistic about the course of therapy (typical: 3/6: Tom, Rosa and Carrie)

(b) Exploration of the disclosure topic (2/6: variant: Anna and Lucy).

- Secondary theme: One client reported an initial feeling of euphoria and then a delayed negative reaction, feelings of guilt (unique: 1/6: Maggie).

13.2.4.5 Subsequent Sessions

- Primary main theme: Clients discussed the disclosure in at least one subsequent session of therapy (general: 6/7).

Sub-categories:

- Clients returned to the disclosure topic pervasively throughout the rest of therapy (typical: 4/7: Anna, Maggie, Lucy and Rosa).
- Clients returned to the disclosure topic sporadically in later sessions of therapy (variant: 2/7: Julia and Carrie).

- In one case the client did not refer explicitly to the disclosure topic again, although he referred to related topics (unique: 1/7: Tom).

13.2.5 Post-Therapy Effects

13.2.5.1 Post-therapy Effects (Qualitative)

13.2.5.1.1 End of therapy interview

One client did not attend an end of therapy interview (Rosa) and the client in the pilot study was unable to attend an interview (Julia).

- Primary theme: In the end of therapy interviews, four clients described the disclosure as significant because it was the start of things opening up or moving forward (general: 4/5: Anna, Maggie, Lucy and Tom).

- Secondary theme: In one case, the client distanced herself from the disclosure, saying she would maybe return to it one day but she had 'put it in a box on the shelf' (unique: 1/5: Carrie).

13.2.5.1.2 Six month and 18 month follow-up interviews

- Primary theme: Five clients attended an interview six months after the end of therapy: Anna, Tom, Carrie, Maggie, and Lucy; four clients, Anna, Lucy, Carrie, and Maggie attended a follow-up interview 18 months after ending therapy. All except Carrie reported that the disclosure was 'still significant' and felt that the disclosure issue had been resolved (general theme: 4/5: Anna, Tom, Maggie and Lucy).

- Secondary theme: One client still wished to distance herself from the disclosure and it was unresolved for her (unique: 1/5: Carrie).

13.2.5.2 Post-therapy Effects (Quantitative)

13.2.5.2.1 Client Event significance/helpfulness ratings

Table 13.4 summarises the significance and helpfulness ratings for the client disclosure events.

- Primary theme: The Disclosure significance was rated as very or extremely significant throughout therapy (general: 5/6: Anna, Maggie, Tom, Lucy and Rosa).
- Primary theme: The Helpfulness ratings of the disclosure decreased to end of therapy (typical: 3/6: Carrie, Rosa and Lucy).

Table 13.4 Post-Therapy Effects: All Clients

	Anna		**Maggie**		**Tom**		**Carrie**		**Rosa**		**Lucy**		**Julia**		**Mean ratings**	
	Disclosure at session 11; final session was 17.		Disclosure at session 2; final session was 40.		Disclosure at session 8; final session was 15.		Disclosure at session 8; final session was 40.		Disclosure at session 12; therapy status unclear.		Disclosure at session 3; final session was 8.		Disclosure at session 6; final session was 20.			
	D	**H**	**D**	**H**	**D**	**H**	**D**	**H**	**D**	**H**	**D**	**H**	**D**	**H**	**D**	**H**
Event	3	8	3	8	3	8	3	7.5	4	*	3	8	n/a	8.5	3.16	8
+ 10	**-**	**-**	3	8	3	8	3	7	**-**	**-**	**-**	**-**	n/a	-	3	7.6
+ 20	**-**	**-**	3	8	**-**	**-**	**-**	2-3	3	8	**-**	**-**	n/a	-	3	6.3
+ 30	**-**	**-**	3	9	**-**	**-**	**-**	3	3	8	**-**	**-**	n/a	-	3	6.6
+ 40	**-**	**-**	3	9	**-**	**-**	**-**	3	3	7	**-**	**-**	n/a	-	3	6.3
End of therapy	3	8	3	9	3	8	1.5-2	3	3	7	3	8	n/a	-	2.8	6.6
6 months post	3	8	3	9	3	9	2	**-**	-	-	3	7	n/a	-	2.8	8.25
18 months post	3	8			-	-	1	7	-	-	3	7.5	n/a	-	3	8

Note. **D =** Disclosure significance rating (1: Slightly important; 2: Moderately important; 3: Greatly important; 4: Extremely important).

H = Event Helpfulness rating (1-9) (1: Extremely hindering; 2: Greatly hindering: 3: Moderately hindering; 4: Slightly hindering; 5: Neutral; 6: Slightly helpful; 7: Moderately helpful; 8: Greatly helpful; 9: Extremely helpful).

* Rosa explicitly declined to rate for helpfulness

13.2.5.2.2 Outcome Effects

The Outcome Effects are presented in separate tables for the Personal Questionnaire (PQ; Table 13.5), the CORE-OM (CORE; Table 13.6) and the Strathclyde Inventory (SI; Table 13.7).

- Primary theme: Clients reported improvements on two out of three instruments (CORE-OM and SI) between Intake and 40 sessions/End of therapy (typical: 4/6).

PQ: Tom, Maggie and Carrie improved from the clinical to the non-clinical range pre-post therapy. Anna was not in the clinical range at intake; Lucy's scores showed a deterioration between intake and end of therapy and Rosa had improved but was still within the clinical range.

CORE-OM: Anna, Maggie, Carrie and Rosa improved from the clinical to the non-clinical range pre-post therapy. Tom and Lucy were not in the clinical range at intake.

SI: Anna, Carrie, Maggie and Rosa improved from the clinical to the non-clinical range pre-post therapy. Lucy improved but was still in the clinical range. Tom was not in the clinical range at intake.

Table 13.5. PQ ratings: All Clients

	Intake	**+10**	**+20**	**+30**	**+40**	**End of therapy**	**+6 months**	**+ 18 months**
Anna	3.10	2.80	-	-	-	2.80	2.30	**4.50**
Tom	**5.85**	**3.57**	-	-	-	1.57	-	-
Lucy	**4.75**	**-**	-	-	-	**5.12**	**4.25**	**4.50**
Carrie	**5.37**	**6.0**	**4.0**	3.12	2.25	2.25	**5.75**	3.25
Maggie	**5.16**	**3.83**	**4.0**	3.33	2.50	2.50	3.16	3.00
Rosa	**5.29**	**4.71**	**4.28**	**6.42**	**4.28**	**3.50**	-	-
Mean	***4.92***	***4.18***	***4.09***	***4.29***	*3.01*	*2.84*	*3.86*	***4.08***

Note. Cut off is >3.5 Bold = in clinical range.

Table 13.6. CORE-OM ratings: All Clients

	Intake	**+10**	**+20**	**+30**	**+40**	**End of therapy**	**+6 months**	**+ 18 months**
Anna	**1.85**	**1.32**	-	-	-	0.52	0.47	**1.26**
Tom	1.14	n/a	-	-	-	0.38	-	-
Lucy	1.08	-	-	-	-	1.23	0.55	0.79
Carrie	**2.14**	**2.47**	**1.29**	0.76	0.29	0.29	**2.35**	**1.50**
Maggie	**1.91**	1.20	1.05	0.61	0.44	0.44	0.85	0.50
Rosa	**1.50**	**1.52**	**1.29**	-	0.82	0.44	-	-
Mean	***1.60***	***1.62***	*1.21*	*0.68*	*0.51*	*0.57*	*1.05*	*1.18*

Note. Cut-off is >1.25 **Bold** = in clinical range.

Table 13.7. Strathclyde Inventory: All Clients

	Intake	**+10**	**+20**	**+30**	**+40**	**End of therapy**	**+6 months**	**+ 18 months**
Anna	**1.74**	2.51	-	-	-	3.38	3.51	3.22
Tom	2.93	-	-	-	-	3.54	-	-
Lucy	**1.96**	-	-	-	-	**2.09**	2.48	2.83
Carrie	**1.48**	**1.41**	**2.16**	2.96	3.64	3.64	**1.22**	**2.29**
Maggie	**1.93**	2.67	2.70	3.45	3.64	3.64	3.35	3.67
Rosa	**1.67**	**2.0**	**2.0**	-	3.16	3.16	-	-
Mean	***1.95***	***2.14***	***2.28***	*3.20*	*3.48*	*3.25*	*2.64*	*2.78*

Note. Cut-off is <2.45; **Bold** = in clinical range.

13.3 Context Analysis

13.3.1 Background

The Background Context consists of the relevant characteristics that both client and therapist bring to therapy.

The first heading is Client Conflicts and Self-Schemes, followed by Client Style and Problems, Client Situation and History, and lastly Therapist Characteristics and Therapist Treatment Principles.

13.3.1.1 Conflicts

Client conflict schemes (from Luborsky and Crits-Cristoph's, 1990, CCRT method) consist of client's wishes and the fears that accompany these wishes.

- Primary theme: Attachment-based wishes (general: 6/7):

For example:

- Client wants acceptance, fears being criticised (Anna, Maggie and Lucy).
- Client wants affection, fears rejection (Carrie, Rosa).
- Client wants to feel safe, loved - fears important others choosing other priorities over her (Julia).

- Secondary theme: Autonomy-based wishes (variant: 3/7):

For example:

- Client wants to be responsible, fears letting people down (Tom).
- Client wants to achieve academically, fears failure (Lucy).
- Client wants to be spontaneous, fears losing control (Tom).

13.3.1.2 Self Schemes

Self-schemes are internalised models of how clients believe they are or how they should be. The clients' self-schemes were divided into positive and negative themes.

- Primary themes:

(a) Positive self schemes e.g. Self as hard-working employee (Maggie) (typical: 5/7).

(b) Negative self-schemes e.g. Self as stupid (Lucy) (typical: 4/7).

13.3.1.3 Client Style

Client Style refers to how the clients approach and deal with their problems.

- Primary theme: articulate, open and engaging (typical: 4/7: Tom, Carrie, Maggie, Julia).
- Secondary themes: Reflective, thoughtful, intellectual (variant: 2/7: Carrie, Anna); Avoid revealing feelings (variant: 2/7: Lucy and Rosa).

13.3.1.4 Client Problems

Client Problems refers to the symptoms that clients express in therapy: specific problems or clinical symptoms.

- Primary theme: All the clients experienced issues of self-confidence and self-esteem that were limiting their life (general: 7/7).

Sub-categories were:

  - Tendency to diminish own problems/needs (variant: 2/7: Anna and Maggie).
  - Indecisive: poor life decisions in the past (unique: 1/7: Rosa).

All the clients except Tom reported experiencing relationship difficulties (see Client Situation: 13.3.1.5).

- Primary theme: current health issues (typical: 4/7). Lucy (eating disorder); Julia (PTSD); Maggie (depression); Tom (anxiety).
- Primary theme: strong internal critic (typical: 4/7: Anna, Lucy, Maggie and Carrie).

13.3.1.5 Client Situation

This section includes relevant issues that clients were dealing with at the time of therapy.

- Primary theme: all the clients except Tom were experiencing difficulty in relationships with significant people in their lives (general: 6/7).

- Secondary theme: clients working in a demanding, stressful job (variant: 3/7: Tom, Anna, Maggie).

13.3.1.6 Client History

This section includes historical factors from clients' lives and, similar to the previous section, Client Situation, provides important information for understanding the disclosure.

- Primary theme: Childhood development issues e.g. lack of affection (typical: 4/7: Anna, Carrie, Maggie, Julia).

Subcategories:

- A strict upbringing and a lack of demonstrated affection from parents (variant: 3/7: Anna, Carrie, Maggie).
- Sexual abuse (variant: 2/7: Carrie and Julia).
- Earlier wild sexual behaviour; suffered rape and attempted murder (unique: 1/7: Julia).

- Primary theme: Difficulties in adulthood (general: 6/7: Carrie, Maggie, Rosa, Anna, Julia, Lucy).

Subcategories:

- A history of unsatisfactory relationships with male partners (typical: 5/7: Carrie, Maggie, Rosa, Anna, Julia).
- Worked in a difficult environment where could not be self (variant: 2/7: Anna and Lucy).

- Primary theme: Previous experience of therapy (typical: 5/7: Anna, Carrie, Lucy, Rosa, Maggie).

Subcategories:

- Previous helpful experience of therapy (typical: 4/7: Anna, Carrie, Lucy, Rosa).
- Previous unhelpful experience of therapy (unique: 1/7: Maggie).

13.3.1.7 Therapist Personal Characteristics

This section includes the important, relevant characteristics of the therapists.

- Primary theme: All the therapists except in the pilot study were female (general: 6/7).
- Primary theme: Age of therapist relevant (general: 7/7).

Subcategories:

- Four therapists were younger than their clients (typical: 4/7: Anna, Maggie, Rosa and Lucy)**.**
- Two therapists were a similar age (within 5 years) (variant: 2/7: Carrie and Tom).
- One therapist was older than the client (unique: 1/7: Julia).

- Primary theme: Experience as therapist relevant: (general: 7/7).

Subcategories:

- The majority of therapists were inexperienced (less than two years' experience) (typical: 5/7: Anna, Tom, Lucy, Maggie and Rosa).
- One therapist had four years' experience (unique: 1/7: Carrie).
- One therapist had considerable experience (unique: 1/7: Julia).

13.3.1.8 Therapist Treatment Principles

The Therapist Treatment Principles are beliefs that the therapists followed, and were guided by, for example, in making interventions in therapy.

- Primary theme: All the therapists worked generally to principles of empathic, non-judgmental and congruent person-centred therapy (general: 7/7).
- Secondary theme: therapist offering CBT techniques (unique: 1/7: Tom).

13.3.2 Pre-session context

The Pre-session Context consists of relevant events that occurred since the beginning of the clients' therapy and that contribute to an understanding of the disclosure; these events may have taken place outside therapy (Extra-therapy Events) or in previous sessions of therapy (Previous Sessions).

13.3.2.1 Extra-therapy events

The extra-therapy events, or relevant events that occurred before the session where the disclosure took place, were generally diverse:

- Secondary theme: clients had engaged in activities to test themselves (levels of fear and anxiety) (variant: 2/7: Tom and Julia).
- Secondary theme: clients had been out with friends where the events triggered the disclosure (variant: 2/7: Rosa and Lucy).
- Secondary theme: client had been thinking about the previous session (unique: 1/7: Anna).
- Secondary theme: client had drawn a picture of herself (unique: 1/7: Maggie).

13.3.2.2 Previous sessions

- Primary theme: All the clients planned in advance to make the significant disclosure (general: 6/6).

Sub-categories:

  - Disclosure planned since intake (brought to therapy) (typical: 3/6: Tom, Lucy and Maggie).
  - Disclosure planned during therapy (emergent) (typical: 3/6: Anna, Carrie and Rosa).

13.3.3 Session Context

In the Session Context, relevant elements of the session as a whole are assessed.

13.3.3.1 Client Session Task

- Primary theme: Explore issues further (typical: 5/7: Anna, Tom, Carrie, Rosa, Julia).
- Secondary theme: Describe recent life events (variant: 3/7: Maggie, Lucy and Rosa).

13.3.3.2 Therapist Session Task

- Primary theme: help the client explore issues (typical: 4/7: Julia, Carrie, Lucy and Anna).
- Secondary theme: Support the client by listening (variant: 2/7: Maggie and Rosa).

- Secondary theme: Teach CBT techniques and support the client in applying these (unique: 1/7: Tom).

13.3.3.3 Alliance

In the evaluation of the alliance, the dual aspects of Bond and Goal/Task (Bordin, 1979) are considered. The Bond aspect examines the degree of closeness between the client and therapist, and assesses the warmth and emotional connection. The Goal/Task aspect examines how well the client and therapist work together on the therapeutic goals and tasks.

Bond Aspect

- Primary theme: Clients developed a warm, close bond with the therapist (typical: 5/7: Tom, Maggie, Carrie, Julia and Rosa).
- Primary theme: However, clients also referred to the younger age of their therapist and their doubts that the therapist could understand the issues they brought to therapy (typical: 4/7: Anna, Maggie, Lucy and Rosa).

Goal/Task Aspect

- Primary theme: Clients and therapists worked well together on the Session and Episode tasks (typical theme: 5/7: Anna, Maggie, Carrie, Tom and Julia).
- Secondary theme: Clients did not go deeper into feelings (variant: 2/7: Lucy and Rosa).

13.3.3.4 Session relevant events

This section assesses events that took place before the Episode where the significant disclosure occurred.

- Primary theme: Discussed a recent problem related to the disclosure (approached disclosure via related content) (typical: 4/7: Lucy, Tom, Carrie, Julia).
- Secondary theme: Discussed unrelated topic at length (avoiding disclosure) (variant: 2/7: Maggie and Rosa).
- Secondary theme: No relevant events (unique: 1/7: Anna).

13.3.4 Episode Context

Four characteristics of Episode Context are analysed: Client and Therapist Episode Tasks, Relevant Events and Local Cue.

13.3.4.1 Client Episode Task

- Primary theme: Make the decision to disclose, then explore and understand the disclosure (general: 7/7): Maggie, Anna, Rosa, Tom, Lucy, Carrie, Julia).
- Secondary theme: Communicate feelings about a closely related topic (unique: 1/7: Julia).

13.3.4.2 Therapist Episode Task

- Primary theme: To support the client and help the client explore the disclosure (general: 7/7).
- Secondary theme: Suggest cognitive strategy (unique: 1/7: Tom).

13.3.4.3 Episode Relevant Events

The Episode Relevant Events are the key points in the Episode that refer to the significant disclosure.

- Primary theme: Client describes events external to therapy (typical: 4/7: Lucy, Carrie, Rosa and Julia).

  Secondary theme:

- Secondary theme: Within-session events related to disclosure (variant: 3/7: Maggie, Tom and Julia):
- Secondary theme: Therapist suggests CBT approach (unique: 1/7: Tom).
- Secondary theme: None, start of session (unique: 1/7: Anna).

13.3.4.4 Local Cue

The Local Cue was the speaking turn immediately before the Disclosure Event; when the disclosure occurred at the end of a client narrative, or story, the whole narrative was judged to be the Local Cue.

- Primary theme: therapist questions (typical: 4/7: Anna, Tom, Maggie, Julia).

Subcategories:

  - Therapist uses focusing questions (variant: 3/7: Tom, Maggie and Julia).
  - Therapist opens the session (unique: 1/7: Anna).

- Secondary theme: Client narratives, leading up to the Disclosure (variant: 2/7: Lucy, Rosa).
- Secondary theme: Pause that allowed the client to make the decision to disclose (unique: 1/7: Carrie).

13.4 Frequency Analysis

The following two sections describe the Frequency Analysis and the Expectancy Analysis. The results of these analyses present two sets of significant findings of the study: (a) the themes that appeared most frequently in the disclosure events and (b) the themes that were present but were not expected to occur: the discoveries of the study.

The Frequency Analysis summarises the themes according to the number of times they occurred in the events. There was a total of 121 themes: general = 28; typical = 33; variant = 27; unique = 33. For reasons of space it has not been possible to summarise all the themes in this section, therefore only general and typical themes are included. (See Appendix Q for a complete list of themes.)

Firstly, the general themes are summarised and discussed with the aim of identifying constituent themes that define a significant disclosure event. Secondly, general and typical themes are combined to produce a narrative description of a 'typical' disclosure event.

The themes are presented in temporal format, starting with the Context domain (Background, Pre-session, Session and Episode Context), then Process (Action, Content, Style/State and Quality) and finally Effects (Immediate, Within-Episode, Within-Session, Post-session and Post-therapy Effects).

13.4.1 Summary of General themes

There were 28 general themes (11 themes occurred in all events and 17 themes occurred in all events except one); these themes are considered by domain, and discussed as potential constituent features of significant client disclosure events.

13.4.1.1 General themes: Context

The clients' generally troubled history and life situation did not reveal any themes that could be regarded as specific to disclosure events, as these were themes that could apply to many clients in therapy.

The therapist was generally female, although, again, this could not be considered key to a disclosure event, as it was an accidental feature of the study, and as such a limitation (See Chapter 14).

The age of the therapist, however, appeared to be important to the clients who were older than the therapist and these seemed to be factors that clients assessed covertly (Anna, Maggie, Rosa and Lucy). In the case of therapist youth (and presumed lack of life experience) it appears to be a constituent factor that clients initially view these factors as possible barriers to developing trust in the therapeutic relationship and hence to disclosing. When the therapist was older than the client (Julia), or of a similar age (Tom and Carrie) the issue of age did not appear to be a barrier to disclosure.

A key constituent of the disclosure event appeared to be that the client planned beforehand to disclose an important issue to the therapist, and actively looked for an opportunity to carry this out. For example, Carrie waited until there was enough time in the session; Tom seized the opportunity afforded by the therapist's question; Anna had been preparing to disclose since the previous session.

A further constituent element was the clients' style of speech at disclosure: the clients' decision to disclose was generally indicated by non-fluent, hesitant speech. This hesitant style appears to mark the event: the client is saying something important and it is something that is hard to say. The client who did not speak hesitantly, Carrie, still left a pause of three seconds immediately before the disclosure and then blurted out the significant words.

13.4.1.2 General themes: Process

It appeared to be constituent that clients felt the same or increased depth of feeling from one minute before the disclosure to the disclosure itself. As the clients accomplished the task of disclosing, they were still speaking hesitantly and in an emotionally aroused state; this may be considered as constituent. Lucy described how 'it took me quite a lot to mention it'; and Maggie was in tears as she disclosed about her father.

It appears that clients need to be working at least moderately well to make significant disclosures. All the clients in this study were judged to be working at least moderately well; in other words, they articulated the disclosure clearly, and did not

avoid the issue, despite the emotional pain. They were also engaged in the therapy and open to the personal work that needed to be accomplished. It may be that making fewer disclosures or disclosures that are less significant is an indication that clients are not working well on tasks or avoiding engaging in therapy. More research is needed to assess this aspect of disclosure.

13.4.1.3 General themes: Effects

Immediately following the disclosure, clients were still emotional, and they reached the peak of this emotional experiencing at one minute after the disclosure itself; this appears to be a constituent feature of the event. Although for one client (Maggie) the peak was the disclosure itself, and the CEXP rating then decreased, it is possible that if the therapist had been more experienced, the client would have remained with the disclosure topic, rather than returning to the narrative.

The clients generally felt positive at the end of the session about having disclosed and found that this feeling lasted between the sessions; however, one client, Rosa, worried that the therapist would think less of her following her disclosure, showing that a post-session positive feeling is not a constituent of disclosure.

Clients rated the disclosure as greatly or extremely significant immediately after the session, and this was expected, as such disclosures were selected for analysis by the researcher. However, the clients generally reported that the significance lasted through to the end of therapy and follow-up and that the disclosure issue was resolved. The exception to this finding was Carrie, whose disclosure was not

resolved and remained uncompleted work after the therapy. Resolving the disclosure issue is thus not a constituent factor.

The disclosures were also rated by the clients as at least moderately helpful and this appears to be a constituent feature of the events. The sessions were also rated moderately helpful or better. However, this could have been due to other factors apart from the significant disclosures, so it could not be considered a feature of the phenomenon.

There was no significant change in the clients' Personal Questionnaire (PQ) scores pre and post the disclosure events, so this was not a feature of the events.

Clients reported feeling unambivalently positive about disclosing in the session and this feeling lasted for all clients except Maggie, who suffered delayed feelings of guilt about disclosing material about her parents the day after the session. Positive extra-therapy effects could therefore not be included as a defining feature.

Finally, clients generally reported discussing the disclosure in at least one subsequent session of therapy. The possible exception was Tom, who did not return to the disclosure topic (making a mess), but did discuss the related topic of controlling his anxious thoughts throughout later sessions. It could therefore be argued that returning to the disclosure topic or a topic closely related to it is constitutive of the phenomenon.

13.4.2 Composite outline of significant disclosure events

Tables 13.8 and 13.9 set out the general and typical themes identified in the significant disclosure events; these are the themes that appear to be key to the clients' disclosures.

These themes are then used to build a suggested composite outline of significant disclosure events. The outline is described in each CPA domain in turn: Context, Process and Effects, and the themes are italicised. (For a full list of themes including variant and unique themes, see Appendix Q.)

13.4.2.1 Context

In the CPA domain of Context a total of 69 themes were identified, including 33 themes that were identified as general or typical, of which 11 were general themes.

The data shows that a client is generally experiencing a deep-rooted *conflict*, for example, wanting to be loved but fearing rejection; while he or she may typically hold some *positive beliefs* about him or herself, there are also *many negative beliefs* as well.

The client, typically, is *articulate, open and engages well* in therapy, as well as having had a *previous positive experience* of working on issues with a therapist. She or he generally presents with a *lack of confidence and self-esteem* that limits her/him in pursuing life goals, and typically has *a health problem* as well as a *strong internal critic* that further undermines her/his self-belief.

In terms of history, a female client typically reports *childhood development issues*, followed by *difficulties in adulthood* including long-term issues of *conflictual and damaging relationships with male ex-partners*; in her current situation, she experiences difficulties in relationships *with significant members of the family*, whether a parent, child or partner. Typically, a client (of either gender) also suffers increased levels of stress and anxiety due to the *heavy demands of work*.

The female therapist generally follows the *principles of the person-centred approach*, establishing the core conditions and conveying empathy, congruence and respect for the client. However, she is *typically younger* than the client and has *less than two years' experience* as a therapist.

The client *plans the disclosure in advance*; either bringing an existing issue to therapy and waiting for a suitable moment to disclose or planning to disclose an issue during therapy that has newly emerged since therapy started. Thus, the client typically brings issues to the session that he or she wants to *explore further* and the therapist *helps the client* in the task. Underlying this mutual co-operation, however, is a more complex alliance: while there is typically a *warm, close bond* between client and therapist and they *work well together* on the session tasks, the client has *unspoken doubts* that the therapist can fully understand the issues she brings to therapy due to her younger age.

The client typically approaches the disclosure by *discussing a related issue*, earlier in the session. The client's task in the episode is to *make a decision*: this may be to

make the disclosure, or to trust the therapist, and then disclose. The therapist *supports the client* in making the disclosure and then *helps the client explore* what has been revealed. A client typically describes *relevant extra-therapy events* that are related to the disclosure.

Finally, the client disclosure is typically precipitated by a *question from the therapist*, inviting the client to focus on the issue, thus providing the client with the opportunity to carry out the planned disclosure.

13.4.2.2 Process

In the CPA domain of Process a total of 17 themes were identified, including 9 themes that were identified as general or typical, of which 5 were general themes.

A client typically self-discloses by *responding to the therapist's question* and revealing *'delicate' or sensitive information* about him or herself, speaking in a *hesitant or tentative* way while disclosing. This mode of speech relates to the client's emotional state in the moment of disclosure, which is typically *embarrassed, ashamed, emotional and tearful*. As the distress and the disclosure may indicate, the client is working at least *moderately well* at this point, in touch with feelings and responsive to the therapist.

13.4.2.3 Effects

In the CPA domain of Effects a total of 35 themes was identified, including 20 themes that were identified as general or typical, of which 12 were general themes.

The client feels a similar or greater *general depth of experiencing* from one minute before the disclosure to the disclosure itself. Immediately following the significant disclosure, the client feels *painful emotions* such as sadness or embarrassment and shame, and the deepest connection with his or her feelings is typically experienced at *one minute after the disclosure*. However, the client typically experiences *support from the therapist* for having disclosed, succeeds in overcoming the painful feelings and continues to explore the material that has been revealed.

At the end of the session, the client typically *feels positive* about the session as a whole and specifically about having disclosed to the therapist, and rates the disclosure as *greatly or extremely significant and greatly helpful*. The client also rates the whole session as at least *moderately helpful*.

After this session and before the next session, the client generally *feels positive* about having disclosed, for example, relieved to have disclosed and optimistic for the rest of his or her therapy. The client *discusses the disclosure topic again* in at least one future session of therapy, and typically *returns pervasively* to the disclosure; at the end of therapy the client *still feels that the disclosure is significant* and this feeling lasts through *six and eighteen months afterwards*, although he or she may feel that the disclosure is *slightly less helpful* than at the time it was made. The client also indicates that, typically, he or she is *less distressed* overall by the end of therapy.

13.5 Expectations Analysis

In order to address the issue of expectancy bias in this qualitative research study, the researcher carried out an analysis of expectations for the study. Following the generation of the lists of themes, all 121 themes were rated according to the extent that the researcher expected them to occur or was surprised by their presence (cf. Clark, 1990; Elliott, 1989; Elliott et al, 1994; McGlenn, 1990). The researcher's supervisor also rated the themes; the ratings were based on the expectations recorded by the researcher and supervisor in Chapter 6: Method. The correlation of the researcher and supervisor's ratings was .89. See Appendix R for a complete table of the ratings.

13.5.1 Expected and obtained themes

In order to be considered as being present, a theme needed to be either general or typical, that is, to occur in at least three of six events of the large study, or at least four of seven events, if the pilot study was included. Table 13.8 compares the themes that were expected and obtained from the study (cf. McGlenn, 1990). Chi-square analysis was carried out to show how far the expectations predicted the presence of themes.

Table 13.8 Comparison of expected and obtained themes

Themes:	Not Present (1-3 cases)	Present (4-7 cases)	Total (7 cases)
Not expected	39[d]	20[b]	59
Expected	21[c]	41[a]	62
Total	60	61	121

Note: Chi square (d.f. 1) = 12.5; $p < .01$.
[a] = Confirmed expectations; [b] = Discoveries; [c] = Disconfirmed expectations; [d] = Null findings.

Confirmed expectations (41 themes) are themes that the researcher and supervisor expected to be present in the study and that occurred in at least half of the events. For example, the researcher and supervisor expected the content of the important disclosure to be a delicate issue, and this was confirmed.

Discoveries (20 themes) are themes that were not expected but which occurred in the events. For example, the researcher did not expect the clients to plan the disclosures in advance, but all the clients reported this.

Disconfirmed expectations (21 themes) are themes that were expected to occur but were present in less than half of the events. For example, it was expected that clients would generally report feeling relieved after the disclosure, but only two clients reported this.

Null findings (39 themes) are themes that were not expected to occur and were found in only a few cases. For example, it was not expected that one client would have had an unhelpful experience of therapy, and this occurred in only one instance (unique theme).

Although elsewhere such themes have been excluded from consideration (McGlenn, 1990), in this study the researcher wished to respect the whole of the clients' experiences; these themes have therefore not been discarded. For example, it was not

expected that Tom's therapist would suggest a CBT approach to his problem (unique theme), but this was important to the success of Tom's therapy and therefore important to retain.

Table 13.9 summarises the results of the expectations ratings across the CPA domains. The largest number of themes from all categories (69) occurred in the Context domain; this had been expected, as the Context domain has the largest number of headings in order to provide an in-depth background to the event.

Table 13.9 Comparison of expectations across CPA domains

Expectations:	**Confirmed**	**Disconfirmed**	**Discoveries**	**Null**	**Total**
Context	20	11	13	25	69
Process	9	4	0	4	17
Effects	12	6	7	10	35
Total	41	21	20	39	121

Twenty themes were found that were not expected; none of these occurred in the Process domain, perhaps because the range of possible important client disclosures was so vast. For reasons of space, only the general themes will be discussed. A total of nine out of 20 were general themes: four of the themes were in the Context domain and five were in the Effects domain. These are the discoveries of the study, and are now briefly discussed:

1. Therapist Personal Characteristics: Age of the therapist (6/7).

The age of the therapist was not expected to be a factor in the significant disclosure; however, it appears that the clients were especially sensitive to noticing when the therapist was younger, which has implications for practice (see Chapter 14: Discussion). The age of the therapist appeared to be more significant to the clients than their gender, which was also surprising.

2. Therapist Personal Characteristics: Experience of the therapist (6/7).

This theme was not mentioned by clients and appears as an accident of sampling, as the majority of therapists in the Research Centre were counselling students; the clients who experienced the therapists' youth as a factor referred to their perceived lack of life experience, which may have included experience as a therapist, but was not referred to overtly.

3. Pre-session Context: Clients planned the disclosure in advance (6/6).

The researcher did not expect that this would be a general theme: the finding that all the clients planned the disclosure in advance was surprising. It had been expected that some disclosures would be made spontaneously, maybe as the result of a therapist intervention.

4. Episode Context: Client Episode task was to make a decision (6/7).

This was unexpected, as making a decision has not previously been identified as a Client Episode task, and this indicates the key role that decision-making plays in the phenomenon. Mainly, the decision was to disclose to the therapist and then explore

and understand what had been disclosed but part of the decision for one client (Maggie) was to trust the therapist first, in order to feel able to disclose.

5. Within-session Effects: Clients' CEXP modal and peak ratings stayed the same or rose from the disclosure to one minute after the disclosure (6/7).

This finding was somewhat surprising as the researcher had expected that the Disclosure would be the peak of the clients' experiencing and that then the ratings would decrease.

6. Immediate Post-session Effects: Clients reported positive feelings about the session (6/7).

This finding was somewhat surprising, as only one client (Rosa) expressed concerns about having disclosed and the other clients felt positive about the session. It was expected that more clients might have misgivings about the session after making a significant disclosure to the therapist. This counters the self-presentational theory of Kelly (2000).

7. Post-session Effects: Personal Questionnaires (PQ) pre-post scores did not change significantly (6/6).

It was expected that the pre-post scores of the clients' Personal Questionnaires might show an improvement (decrease) in the session following the important disclosure, perhaps related to a positive effect of disclosing. However, there was no significant change in the scores, showing no apparent link between the disclosure and the PQ.

8. Extra therapy Effects: Clients reported feeling unambivalently positive about the session and the feeling lasted (5/6).

It was somewhat surprising that most of the clients reported no uneasy feelings about having disclosed, and that this feeling lasted through the next few days. Only one client (Maggie) reported feeling guilty about her disclosure at recall; it was expected that more clients would have mixed feelings about disclosing.

9. Post-therapy Effects (Quantitative): Disclosure ratings stayed 'very' or 'extremely' significant throughout therapy and follow-up (5/6).

Clients were not expected to rate disclosures as very important throughout therapy and through six and 18 months after the end of therapy. It was expected that the significance of the disclosure would decrease over time, as occurred in the pilot study; however, this only happened in one case (Carrie), and the disclosure was thought to be masking a deeper, unresolved issue.

13.6 Model of Disclosure

In this section the themes are used to construct a model of a disclosure event. Due to the difficulty of representing 121 themes in one model (Elliott, 1989; McGlenn, 1990), a model of a typical experience (using only general and typical themes) is shown.

The model shows a client with a history of childhood development problems (strict, unaffectionate parents) and adult difficulties, especially for a female client (abusive relationship with male partner) who is currently suffering from low self-esteem and

self-confidence, at least partly due to work-related stress and difficulty in relationships with partner, child, parent or a combination of all three.

The client comes to therapy, generally having had a previous, positive experience of working with a counsellor; the client, typically, is open, articulate, and sometimes reflective. The client starts working with the therapist. If the therapist is younger, this may be a barrier to surmount in disclosing; however, the therapist works at establishing the core conditions and conveys empathy and non-judgment of the client, and a generally good alliance is formed. The alliance may not always consist of a warm, close bond, but the client still works well on tasks with the therapist.

The client has thought of an issue that he or she would like disclose in therapy (either recent or long-standing) and keeps this in mind for the session; the client then comes to the session bringing the task of exploring an issue, either the disclosure itself (Anna, Rosa, Lucy) or a topic that is related to the disclosure (Carrie, Tom, Maggie and possibly Julia).

The therapist typically supports the client in exploring the issue, following the principles of person-centred therapy and listening empathically and non-judgmentally.

The client begins the episode containing the significant event, sometimes by recounting relevant extra-therapy events (Lucy, Rosa, Carrie); sometimes the episode will be triggered by a relevant within-session event (Maggie, Tom, Julia).

As the client approaches the disclosure, his or her voice becomes more hesitant and the speech is more tentative, marked by dysfluencies (Anna, Tom, Maggie, Julia, Rosa, Lucy). Where video recording is available, the client is seen to lose eye contact with the therapist (Anna, Tom, Julia). This phenomenon appears to symbolise the 'stumbling around' that Rosa described: the two tracks of speech/thought that the client is pursuing simultaneously. While carrying out a dialogue with the therapist on one level, the client is also making a decision about when and how to disclose the material they have planned to reveal.

The peak of the client's depth of experiencing typically increases in the minute leading up to the disclosure, perhaps indicating the intensity of feeling building up to the event. The disclosure itself is often precipitated by a therapist question (Tom, Anna, Maggie, Julia), sometimes by the therapist giving the client space (Carrie); sometimes the client embarks on a narrative (Lucy, Rosa) that leads to the disclosure.

The client typically discloses by responding to the therapist's question: this may be a closed, "fit" question, in response to a client's hints (Julia), or it may be a question that is vaguer, more open and that the client takes as the opportunity to disclose (Tom). The therapist's empathic, refocusing question helps Maggie feel safe enough to trust the therapist and disclose and Anna discloses in an announcement in response to the therapist's standard opening question of the session.

The disclosures are typically delicate topics, often with painful connotations, and while making the disclosure, the client may be feeling tearful or embarrassed

(Maggie, Tom, Julia) although this may not always be apparent to the therapist (Lucy, Carrie, Rosa).

The client is working well, engaged with feelings and intent upon disclosing and accomplishing the task that he or she had set for the therapy.
At one minute after the disclosure, the client is typically at the highest peak of experiencing, implying he or she is in touch with the strong feelings caused by the significant disclosure; the peak shows an increase at one minute compared to thirty seconds after the disclosure, which may indicate that it takes slightly longer for clients to become fully in touch with feelings following a significant event.

When the client feels supported by the therapist in the task of disclosing, he or she is able to contain or put aside the painful feelings and engage with the therapist on exploring the issue further (Julia, Maggie, Tom, Carrie). The client reports positive feelings at the end of the session and rates the disclosure as at least greatly significant and at least moderately helpful.

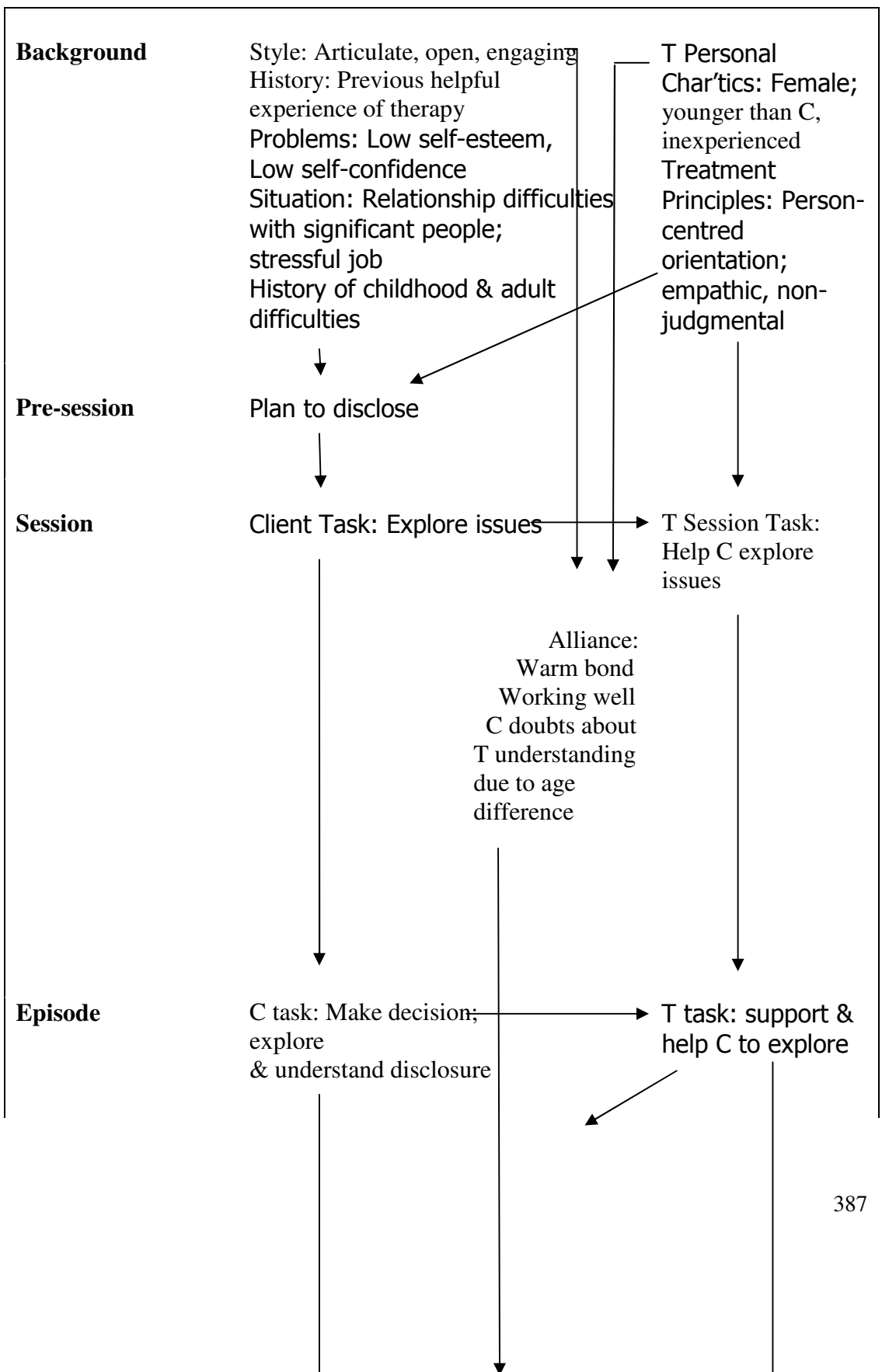
On the other hand, the scores on the client's Personal Questionnaire do not show any significant change following the disclosure; nevertheless, the client reports positive feelings about the disclosure and the session that last in the days following the session (Tom, Carrie, Lucy, Anna, Rosa).

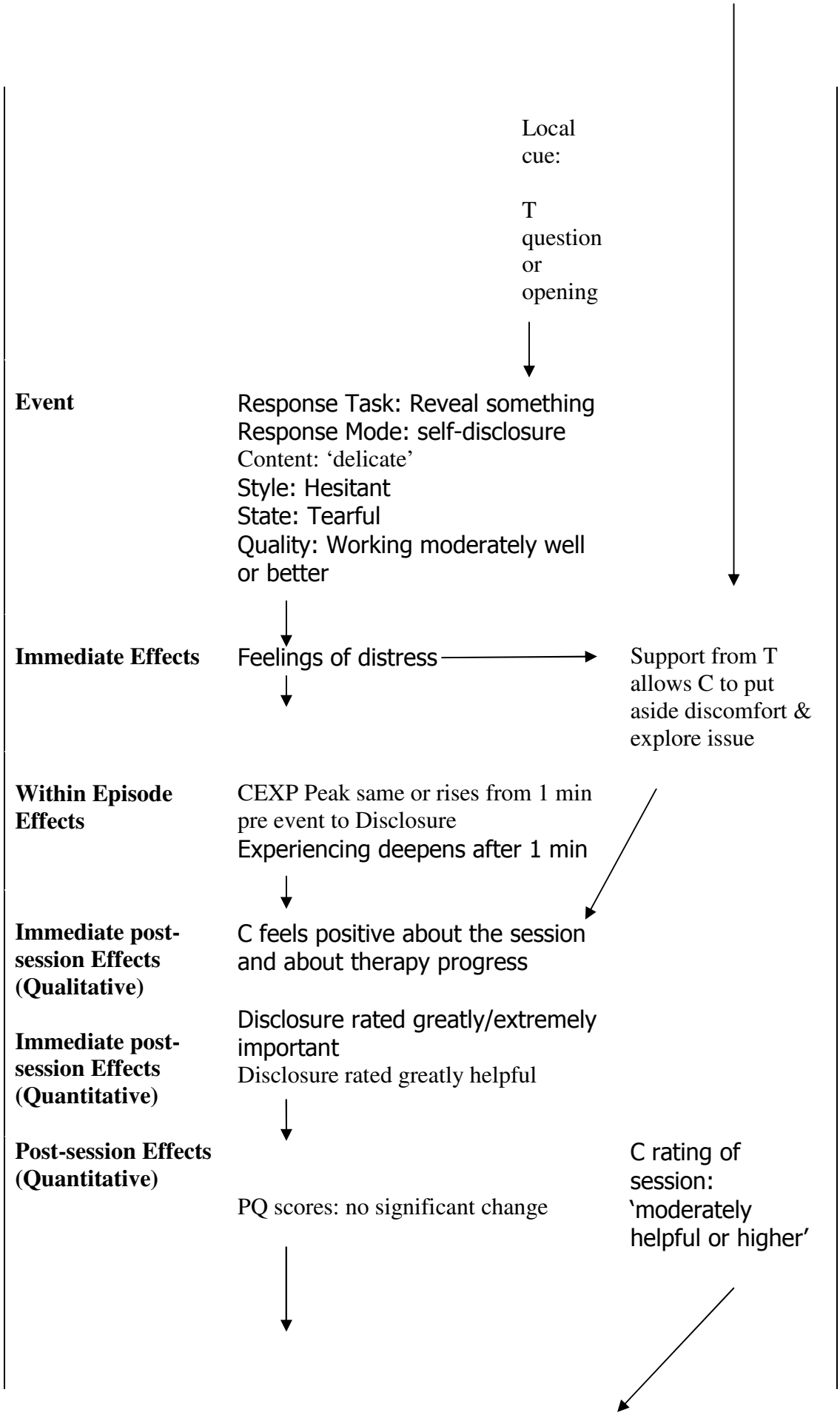
The client returns to the disclosure topic in at least one further session of therapy, and typically returns to the topic pervasively throughout therapy (Anna, Maggie, Lucy and Rosa).

At the end of therapy, the client generally reports that the disclosure is still significant and similarly at six and eighteen months after the end of therapy the disclosure is significant and the disclosure issue has been resolved (Anna, Tom, Maggie, Lucy). The client reports the disclosure as being slightly less helpful by the end of therapy and at follow-up interviews, which might be expected, as time elapses and other, more helpful factors have emerged in the client's therapy. However, the client typically reports less distress on two out of three instruments (CORE-OM and SI) by the end of therapy, indicating a good outcome overall.

Figure 13.1 General Model of Disclosure Events

Tahoma = General themes; **Times New Roman = Typical themes**




Local cue:
T question or opening
Event
Response Task: Reveal something
Response Mode: self-disclosure
Content: 'delicate'
Style: Hesitant
State: Tearful
Quality: Working moderately well or better
Immediate Effects
Feelings of distress
Support from T allows C to put aside discomfort & explore issue
Within Episode Effects
CEXP Peak same or rises from 1 min pre event to Disclosure
Experiencing deepens after 1 min
Immediate post-session Effects (Qualitative)
C feels positive about the session and about therapy progress
Immediate post-session Effects (Quantitative)
Disclosure rated greatly/extremely important
Disclosure rated greatly helpful
Post-session Effects (Quantitative)
PQ scores: no significant change
C rating of session: 'moderately helpful or higher'

Extra-therapy Effects	C feels positive about disclosure ↓
Subsequent Sessions	Disclosure discussed in at least one subsequent session ↓
Post-therapy Effects	Disclosure is still rated as important at end of therapy Helpfulness rating decreases slightly

13.7 Summary

This chapter has described the constituent themes of the disclosure events, their frequency and expectancy, and suggested a model of disclosure, derived from the general and typical themes. The next chapter discusses the key findings within each CPA domain, how the findings relate to existing research and the implications for practice. The method is discussed and finally future research possibilities are outlined.

Chapter 14: Discussion

This chapter describes and expands on the findings within each CPA domain. In this chapter, the domains are discussed in narrative order; thus, Context is addressed first, followed by Process and finally, Effects. This allows disclosure events to be set out as they occur in time. Within each domain, the main issues are identified, the key findings are set out, then the relevance to the previous literature on disclosure is discussed and finally, the implications for practice are highlighted. The final section in this chapter is an exploration of the strengths and limitations of the method and implications for further research.

14.1 Context Issues

Context Issues consist of the key findings in the wider background to the disclosures.

14.1.1 Client agency in disclosure.

14.1.1.1 Key finding.

The most striking and unexpected finding of the research occurred in the Pre-session heading of the CPA domain of Context: all the clients in the large study planned to make the significant disclosure in advance.

14.1.1.2 Relevance to previous literature.

This study did not find any disclosures occurring spontaneously in therapy; instead, clients in the principal study decided what they wanted to disclose and either opened

the session with the disclosure or waited for an appropriate moment in the session to reveal the issue.

This differs from the findings of Farber et al (2004), who reported a 'fairly even split' (p. 342) between respondents who planned the disclosure and those who indicated that they disclosed spontaneously in the session.

The finding that the clients planned to disclose certain issues provides an intriguing glimpse of the clients' process in therapy. Although the amount of prior planning varied between clients, from before therapy started (Tom, Maggie) to the day before the session (Lucy, Rosa), the clients all had a significant issue in mind that they wanted to disclose. Holding the issue in mind at the session, they then looked for an opportunity to make the disclosure.

This finding provides further evidence of how clients take an active role in therapy. Clients in this study were proactive in making their significant disclosures (Bohart & Tallman, 1999; Hubble, Duncan & Miller, 1999; Rennie, 1992, 1998). The clients were not passive recipients of the therapist's interventions or techniques but reacted to and thought about what was happening in the session (Bohart & Tallman, 1999), whether calculating the amount of time left in the session (Carrie), waiting for the therapist to ask an appropriate question (Tom) or taking the initiative at the beginning of the session (Anna, Lucy). In BSR, clients reported how they had made the decision to disclose, sometimes in a pause and more often while speaking to the therapist about a different topic. Rennie (1992) describes this as the 'reflexive

moment' (p.227), where a client contemplates an action and reaches a decision about carrying out the action, or not.

It appeared that the clients in the study followed their paths, or 'tracks' (Gendlin, 1981; Rennie, 1990, 1998), engaging in dialogue with the counsellor, while simultaneously at a deeper level considering when to disclose the important issue. Particular client speech markers appear to identify when this phenomenon occurred (see Discourse Markers below). Rennie (1998) describes how the client 'may carry on a private therapeutic discourse that is concurrent with the dialogue with the counsellor' (p.20). This deeper level is hidden and therapists are often not aware of this client process (Hill et al, 1993).

It also appeared that clients engaged in extra-therapy work (Dreier, 1998, 2008; Mackrill, 2007, 2008). In the principal study, clients took selective aspects of the therapy sessions back into their lives and worked on or thought about and then sometimes brought back again to the therapy session. For example, Anna's process of disclosure happened in this way: between sessions she thought about her realisation of not knowing who she really was, until she finally disclosed it to the therapist as an issue to work on, or as Mackrill (2008) describes, the two tracks (within-therapy and extra-therapy) connected.

No evidence of the clients testing their therapists prior to the disclosure (Horowitz et al, 1975; Sampson & Weiss, 1986) was found in this study. This may be because the disclosures, while delicate, were not perhaps as traumatic as expected. Alternatively,

it could be that as the orientation of the therapists was person-centred, rather than psychoanalytic, the therapists' empathy and adherence to the core conditions created an environment conducive to disclosure (Farber, 2006). A third possibility is that these disclosures were themselves the test, allowing the client to prepare for more traumatic disclosures later on, although this was beyond the scope of this study. Further research is required to explore this interesting area of disclosure in greater depth.

14.1.1.3 Implications for practice.

This finding demonstrates the importance of therapist awareness of client reflexivity; in other words, that there is often another therapeutic discourse that the client is attending to, while he or she is engaging in dialogue with the therapist. As Rennie (1992) points out, while a client's speech and thinking may sometimes be along the same lines, 'it appears to be generally the case that a host of things are going on that are not expressed' (p.229).

As shown in this research, clients may have decided to let the therapist know about an issue that has so far remained undisclosed, and may be looking for an opportunity in the session to do so. Sometimes giving the client space, as Carrie described, is enough to enable the client to make the disclosure, or an open question (as in Tom's case) may allow the client to interpret this as an opportunity to disclose. Possible discourse markers for such events are discussed further in the section on Style.

However, tapping into the covert world of the client may require the therapist to be more active and direct in their use of agency (Rennie, 2004). The therapist may need

to consider whether to use congruence or perhaps ask questions as a way of finding out if the client is considering making an important disclosure (Farber, 2006). Rennie (2001) highlights the importance of metacommunication as a way of ensuring the alliance is 'fine-tuned' (p.87).

Alliance factors are considered further in the next section.

14.1.2 Alliance factors.

14.1.2.1 Key findings.

While clients in the study typically experienced a warm bond with the therapist, a more complex picture of the alliance emerged overall in relation to disclosure events. A majority of clients made significant disclosures despite admitting in interviews with the researcher that they had doubts about whether their younger therapists could understand the issues they brought to therapy, due to a lack of life experience. Furthermore, clients disclosed despite the lack of a warm bond with the therapist. The difference in age appeared to be a more significant factor in the alliance than the similarity of gender.

14.1.2.2 Relevance to previous literature.

In this study, both aspects of the alliance – bond and task – were considered (Bordin, 1979). While it had been expected that clients would disclose if they experienced a warm bond with the therapist (Hall & Farber, 2001; Farber & Hall, 2002; Farber et al, 2004, Horvath & Bedi, 2002, Levitt et al, 2006) the doubts described by the

clients about their therapists' understanding revealed not only that there were sometimes barriers to disclosing that needed to be overcome, but also that clients were able to overcome them.

This finding about the alliance confirms earlier results by Rennie (1994a) and Hill et al (1993) that clients frequently do not reveal doubts they may have about the therapist or the therapy, whether because they are worried about offending the therapist or they feel it may jeopardise the therapy or for other reasons.

However, what this study also shows is that while some clients had secret doubts about their therapists, they were also capable of overcoming their misgivings and disclosing significant issues. When asked at recall interview about helpful factors in disclosing, clients reported that the therapist's empathy, non-judgmental attitude, sensitive use of language and interest in them had all contributed to helping them disclose. This is similar to Chang and Yoon's (2011) finding that differences 'receded in importance if the therapist was perceived as compassionate, unconditionally accepting' (p. 579), and Bachelor's (1988, 1995) reports that therapist empathy may facilitate disclosure.

Thus it appears that the therapeutic principles, followed by the therapists and communicated to the clients, at least to some degree, allowed the clients to overcome their doubts. The clients may have assumed from the therapist's age that she could not understand, but once the therapist had worked at establishing the core conditions

for person-centred therapy, even to a minimal degree, they realised that they would not be judged. This issue is discussed further in Implications for Practice.
Most clients and therapists therefore, worked well together on the tasks for the Session and the Episode, despite the clients' doubts; however, two clients (Lucy and Rosa) did not explore the disclosure in greater depth. This appeared to be attributable to the therapists' inexperience, neither appreciating the significance of the disclosure nor being able to keep the client on-track to explore the disclosure. This in part supports Farber et al's (2004) finding that clients liked to have their therapists' acknowledgement of their disclosure. However, another possible explanation is that the clients chose not to explore the disclosure further because it was too painful.

Another important and surprising finding concerning the link between the alliance and disclosure was that some clients disclosed without either experiencing a warm bond with the therapist or believing that the therapist could really understand them. Hall and Farber (2001) found that the therapist's skill in creating a warm bond was very important for disclosure, and in Farber et al's (2006) study, 77.8% of clients mentioned their therapist's relational skills as contributing to their ability to disclose (p. 466). However, this study appeared to show that while this was found to hold for most clients, other clients did not find a close bond was necessary for disclosure; they worked well with the therapists on tasks for the session and episode and achieved their goals without establishing any marked warmth or closeness in the relationship.

This finding, although only involving two clients (Anna and Lucy), poses intriguing questions with regard to relational factors in therapy, and specifically person-centred therapy. Rogers (1957) set out the necessary and sufficient conditions for therapeutic personality change, including the therapist's communication of empathy and unconditional positive regard to the client and the client's perception of this. However, the finding of this research appears to point to the clients perhaps focusing more on the task aspect than the bond aspect and finding that sufficient for their needs in therapy. As discussed above, this may indicate that the clients decided they did not need a warm bond with the therapist to achieve their goals.

Alternatively, this finding may indicate that clients view disclosing as an integral part of the work of therapy (Halpern, Farber & Hall, 2002), separate from the relationship with the therapist, or it may imply that clients use the therapist when they feel the therapist can be helpful in achieving their aims, otherwise they follow their own track (Rennie, 1998).

In a review of relational factors, Cooper (2008) concludes that attempting to identify 'discrete, distinguishable, relational factors' (p.101) is hugely challenging due to the complexity of the therapeutic relationship, and that a sense of being genuinely cared about (McMillan & McLeod, 2006) is perhaps more likely to be the key issue for clients.

In this study it appeared that the age of the client and therapist was a more significant factor than gender in creating a bond. The four female clients who expressed doubts

about their therapists had younger (by at least ten years), female therapists. The older male therapist in the pilot study established a warm and trusting bond with a younger female client. In the large study, the closest bond was found in the dyads of male client (Tom) and the female therapist who were relatively close in age (five years' difference), and a female client (Carrie) and her female therapist who were also similar in age (two years' difference).

This finding agrees to an extent with Pattee and Farber's (2008) quantitative investigation of gender and disclosure, which found that female clients experienced more difficulty in disclosing to female therapists. In my study, however, the difficulty emerged when there was also an age difference between the female clients and therapists, and there was no evidence to suggest it was solely because of the gender. These elements of the alliance have, however, been under researched (Bedi, Davis & Williams, 2005).

14.1.2.3 Implications for practice.

From the findings of this study, it appears that the alliance is less important as a factor affecting client disclosure than previous research has indicated (for example, Hall & Farber, 2001; Farber, 2006). Some clients expressed doubts about their therapists' ability to understand them, but they still made the significant disclosure. This suggests that for some clients, a warm bond is not necessary to perform tasks, such as disclosure, and a smaller degree of engagement indicated perhaps by a sense of therapist interest and kindness (non-judging) is sufficient.

It may be helpful for the therapist to remember that the client may be controlling the session covertly in order to achieve his or her aims and that metacommunication, or accessing the unspoken thoughts of both client and therapist reactions in the relationship, can strengthen the alliance and help define tasks (Rennie, 2001, 2004). However, client and therapist are operating from different frames of reference (Horvath, Marx & Kamann, 1990). From the client's perspective, a strong alliance may not necessarily be as important as accomplishing tasks and goals. For therapists, great emphasis is placed on establishing a strong alliance (for example, in counsellor training) and it may be helpful to bear in mind that this may not have the same importance for the client (Bachelor & Horvath, 1999).

14.1.3 Role of Therapist in Disclosure.

14.1.3.1 Key finding.

The therapist typically provided the Local Cue, or the impetus for the disclosure, whether by asking a question or by allowing the client space to make the decision to disclose.

14.1.3.2 Relevance to previous literature.

The therapist acted as a catalyst for the disclosure in providing an opportunity for the client to disclose, albeit without knowing that the client had planned to disclose and was waiting for an opportunity to do so. Farber et al (2004) state that the therapist has 'a significant role in facilitating the process of disclosure' (p.344); however, this is mainly conceptualised as providing the relational factors that will help to negate

any feelings of shame that the client may feel about disclosing, rather than through any other type of intervention.

A question from the therapist at a key moment, for example, a focusing question, may prompt the client into disclosing. Sometimes, if the client was close to making the disclosure (Tom) the therapist's question, even though it was incomplete, provided the impetus needed to disclose. The phrasing of a question, even using a certain word, may also be key, as for Maggie, when the therapist's sensitive phrasing of the question facilitated the disclosure (cf. Elliott et al, 1994). Julia introduced the topic of sexual abuse with a statement: 'I think people would be surprised if they found out how many kids were molested when they were young' and the therapist interpreted this as a hint and responded with a direct question, which triggered the disclosure. The therapist was alert to the level of the intended meaning of the client's words (Stiles, 1986b) and helped the client to access the difficult topic.

However, it appears that further research is needed in this area as the evidence is conflicting. Elliott et al (1982) found that clients did not generally rate questions as helpful responses, although Farber et al (2004) found that clients expressed a wish for therapists to actively pursue their secrets, which could involve asking questions.

A further therapist technique in facilitating disclosure appears to be leaving silence. This gives clients (for example, Carrie) the space to make the decision to disclose, and not feel rushed; in this case, the client's moment of reflexivity - a three second pause before she disclosed - was left as silence by the therapist, respecting the

client's process. This is possibly similar to the 'reflective pause' described by Levitt (2002), although thinking about disclosing is not mentioned in this study as a specific client task during silences.

Farber (2006) comments on how clients need different things from their therapists at different times (p.53) in order to disclose; further research is required on the different therapist factors that are helpful for client disclosures.

14.1.3.3 Implications for practice.

From these findings I conclude that a therapist's question may prompt a client to disclose; however, as the client's plan to disclose is not known to the therapist, it is difficult to predict which type of question may facilitate the disclosure. Focusing questions may be helpful, as may attentive silence (Levitt, 2002), but overall more research is needed into how therapists can facilitate disclosure (see Future Research). As Farber et al (2006) suggest, therapists need to learn more about how both clients and therapists manage the process of disclosure, and also how to encourage and reassure clients in making disclosures.

14.1.4 Timing of disclosures

14.1.4.1 Key finding.

Significant disclosures may occur at the start of the session: three of the seven clients (Anna, Rosa and Lucy) disclosed in the first ten minutes of the 50 minute session.

One client disclosed halfway through the session (Carrie) and three clients disclosed in the latter half of the session (Julia, Tom and Maggie).

14.1.4.2 Relevance to previous literature.

This finding is striking because previous research indicated that significant disclosures were more likely to occur towards the end of the session in both the earlier and middle phases of therapy (Anchor & Sandler, 1976). Similarly, Elliott and Shapiro (1988) found that significant events occurred 'anytime in sessions but the very beginning' (p. 150).

Of the clients who disclosed in the first ten minutes of the session, Anna and Lucy could be described as being in the mid phase of therapy (session 11 out of 17 and session 3 out of 8 respectively) whereas Rosa was in the earlier stage, session 12 of 46. These disclosures thus did not occur in line with previous research.

However, of the three clients who disclosed later in therapy, Julia and Maggie were in the earlier phase of therapy (session 6 out of 19 and 2 of 40 respectively) and Tom was in the mid stage (session 8 out of 14). Julia, who disclosed in the final five minutes, is thus the only client whose disclosure timing supports the earlier findings of Anchor and Sandler (1976), although this is not interpreted as 'sabotage' by this researcher (Chapter 5). It appears the 'door handle' disclosure may be less frequent than is often supposed, and that further research is needed into the timings of significant disclosures.

14.1.4.3 Implications for practice.

It appears that clients may make significant disclosures at any point in the session and that the therapist needs to be aware of this in order to address and support significant disclosures wherever they occur.

14.2 Process Issues

This section describes the key findings of the Process domain: the Action, Content, Style/State and Quality of the disclosures.

14.2.1 Discourse markers for disclosure.

14.2.1.1 Key finding.

The key finding of the Process domain occurred in the Style heading. All except one client (including the pilot study) spoke hesitantly while disclosing, with many pauses and dysfluencies. When asked about the hesitancy in the recall interviews, clients reported that the hesitancy marked the point when they were deciding to disclose.

Clients' hesitancy in speech at disclosure was expected by the researcher, as a natural reaction to speaking about difficult material. However, the significance of this finding lies in the indication of a possible discourse marker for disclosure events in therapy, with subsequent implications for practice.

14.2.1.2 Relevance to previous literature.

There has been no previous research that has examined clients' discourse while disclosing in therapy. Farber et al (2004, 2006) investigated clients' emotional state when they disclosed, but the investigation did not include an analysis of clients' speech, or style of disclosure.

The concept of client markers at significant moments in therapy appears in process-experiential therapy. Features such as client hesitation, or changed vocal quality are 'non-verbal micro-markers' (Elliott et al, 2003), which indicate that the client is engaging with a deeper emotional process; they thus provide cues to the therapist to offer a particular response, such as empathy.

However, that the clients' hesitant speech in this study demonstrates embarrassment is consistent with Mahl (1956) and Kasl and Mahl's (1965) findings that non-fluent speech demonstrates feelings of anxiety and emotional disturbance.

Hesitant speech also occurs when a person is leading up to a delicate matter (Lerner, in press), and wants the recipient (here, the therapist) to be aware that what is about to be said is delicate in some way. Similarly, Labov and Fanshel (1977) point out that the phrase 'you know' has a delaying function, indicating that the client is trying to make a decision, including the decision to disclose.

So, for example, the many hesitations, repetitions and conversation fillers ('if you like') in Tom's lead-up to his disclosure act as paralinguistic and linguistic markers, or cues, to warn the therapist that the client is about to say something that is important and yet also delicate (Labov & Fanshel, 1977). (See the section on content of the disclosures.)

In Lucy and Rosa's disclosure events there is a narrative, or story-telling, quality, that indicates that the client wants to relay something important to the therapist. Rennie (1994c) points out how in story-telling clients are reflexive and focusing on

‘inner disturbance’ (p.237). Here, the format of the story allowed the clients to approach a painful subject from a distance although with different motives, Lucy wanting to address the issue and Rosa wanting to avoid it.

Both Lucy and Rosa’s disclosure events started with an abrupt change of topic, and the client ‘orienting’ the therapist (Labov & Fanshell, 1977) in terms of time or place, or both:

> Lucy: ‘Ach, I was, I was out, um, last night.’
>
> Rosa: ‘it would’ve been, well, [ex-partner, ex-partner] and I met like two years ago yesterday.’

During her narrative, Lucy did not appear to require the therapist to intervene or respond. She brushed aside the therapist’s contribution as though focused on reaching the point of the story that she had been thinking about since the event the previous night. Her narrative built to the moral, or coda, of the story: the significant disclosure.

Rosa did not address the issue that her story raised, instead she remained in an undecided state. The act of telling the story and disclosing drew her into contact with the deeper issue, of painful feelings for her ex-partner, but she avoided using it as a means to go deeper with the therapist.

Lucy expressed relief at telling her story to the therapist. This is similar to Rennie's (1994c) conclusion that reaching the climax, or moral, of the story is cathartic for the client. At this point, the onus is on the listener (the therapist) to recognise that the speaker (Lucy) has reached the peak of her narrative and to respond appropriately, by correctly evaluating and interpreting what has been said (Labov & Fanshel, 1977). However, it appears that this task was not accomplished successfully and the disclosure was not acknowledged and therefore not explored further.

Lucy's disclosure also has some of the qualities of an announcement; similarly Anna and Carrie's disclosures are types of announcement to the therapist, important issues that the clients think the therapist ought to know. Anna introduced the disclosure with a signal to the therapist of a pre-announcement (Schegloff, 2007): '[I've] been thinking...' and then concluded with the announcement of the disclosure. Carrie concluded her disclosure with the phrase 'that's the thing', emphasising the importance of what she had just announced.

14.2.1.3 Implications for practice.

As referred to above, clients may be following another 'track' that is hidden from the therapist, while engaged in dialogue in a session. The clients' hesitating, tentative speech may be a possible indicator, or discourse marker.

If therapists observe this hesitant style of speech, they may wish to consider that it may indicate that the client is not fully engaged in the overt dialogue with the therapist, but is instead pursuing a covert line of thought about whether or not to

disclose. It could be helpful to ask the client gently if he or she has anything they wish to disclose.

Similarly, therapists may wish to note the hesitancy as an indicator that the client is preparing to say something significant, but difficult, and that it will be important for the client that the therapist acknowledges this.

Attention to the form of words used by the client may indicate to the therapist if the client is making an announcement or narrating an event that ends in something significant for the client and that thus requires an acknowledgement.

Clients may use story-telling as a way of approaching a difficult disclosure (Rennie, 1994c), and it may be important for therapists not to dismiss the story or interrupt but allow the client to reach the point of the story, which may be a significant disclosure. Telling the story may be the client's way of accessing deeper levels of experiencing; however, the therapist may wish to check with the client what lies behind the story if the client's reasons for telling the story are unclear.

14.2.2 Clients' emotional state during disclosures

14.2.2.1 Key finding.

Clients experienced a range of emotionally aroused states while disclosing, which was somewhat expected. Clients reported feeling embarrassed, tearful, surprised, confused and physically tense and uncomfortable.

The majority of clients revealed their emotional state to the therapist, in non-verbal cues, for example with tears or breaking eye contact due to embarrassment; one client (Lucy) laughed incongruently as she disclosed.

14.2.2.2 Relevance to previous literature.

This finding confirms Farber et al's (2006) temporal model, which found that most clients felt vulnerable and in pain and nearly 25% felt shame or embarrassment as they disclosed. Farber (2006) also highlights the importance of non-verbal cues that may point to the significance of the disclosure, and the difficulty experienced by the client in revealing the material.

14.2.2.3 Implications for practice.

Therapists need to recognise the deep and painful feelings that making a disclosure may arouse in the client. It may also be helpful to be alert to non-verbal cues (for example, sudden lack of eye contact or incongruent smiles or laughter) that indicate how the client is feeling, especially if the client is struggling to be congruent.

14.2.3 Clients' openness to disclose

14.2.3.1 Key findings.

The clients' response task was, typically, to make a disclosure about an issue that was *delicate*, that is, considered to be shameful or painful in some way. The disclosure material was also generally considered problematic or puzzling.

Clients were judged to be working at least moderately well while disclosing this significant material to the therapist. They did not appear to avoid the disclosures, rather they looked for the opportunity to disclose. However, there were also some interesting individual variations in this finding.

14.2.3.2 Relevance to previous literature.

This study found that clients' significant disclosures generally consisted of shameful or painful issues that were puzzling and confusing (See Helpfulness); these findings were similar to those of Farber and Hall (2002), who found that clients disclosed extensively on issues connected with shame and feelings they did not understand.

Apart from the pilot study, the content of the disclosures was not as overtly traumatic as had been expected. This is understandable, given that clients were asked to review the recordings of the disclosures and answer questions; engaging in this task for a more traumatic disclosure was too difficult for clients. However, the disclosures that clients agreed to be interviewed about were therefore not necessarily the most significant in the whole of their therapy and they may have been withholding other significant material (Hill et al, 1993). (See Limitations of the research.)

This study found that clients were working well at their therapeutic tasks when they disclosed, that is they did not withhold or avoid these issues, even though they were painful in some way. This indicates that the clients in this study did not appear to take self-presentational issues into account when disclosing: only one client (Rosa) feared she might appear to the therapist in a negative light, but this did not prevent

her disclosing. Kelly's (2000) theory of self-presentation, that clients benefit more from withholding shameful issues in order to present themselves in a positive light, therefore did not appear to be supported by this study. Instead, this study appears to support other research findings (Farber et al, 2004; Hill et al, 2000; Kahn et al, 2001) that clients manage to overcome their concerns about disclosing, although these investigations place greater emphasis on the strength of the alliance and other support networks than this study found.

Clients were generally found to be working at least moderately well in making the disclosures, and this was similar to Pattee and Farber's (2008) finding that clients were 'moderately open' in terms of the importance of their disclosures. Whether clients' disclosures could have been a consequence of other factors, such as biological or cultural influences to disclose or withhold distressing information (Farber, 2006; Kahn et al, 2001) was not investigated in this study; however, guilt about disclosing personal information did affect one client (Maggie), who recounted in recall how disclosing personal family issues to others went against cultural values instilled during her upbringing.

14.2.3.3 Implications for practice.

This study confirmed previous findings (Farber et al, 2004, 2006) that clients may struggle to make disclosures that they feel are shameful or personally painful, but that they also feel these disclosures are important and need to be made. Although the sample of clients in this study was small, it appears that clients also overcome these feelings and voice the difficult material. There is always the possibility, however, that clients have further disclosures to make, of which the therapist is unaware.

As described above (Alliance factors), therapists can help clients by recognising important disclosures and supporting clients in their decision to disclose. The client may be struggling with feelings of disloyalty and guilt around disclosing material about his or her family, and it may be helpful for the therapist to voice this tension.

14.3 Effects Issues

This section discusses the key findings of the Effects domain; that is, key findings under the headings of the immediate impacts of the disclosures through to assessing any lasting impacts.

14.3.1 Depth of client experiencing.

14.3.1.1 Key Findings.

(a) The clients' mean peak of depth of experiencing was 4.3, occurring at one minute after the significant disclosure, as measured using the Client Experiencing Scale (Klein et al, 1969). Most clients were rated as reaching a CEXP peak rating of at least level 4 at this point in the disclosure event.

(b) Other significant CEXP ratings showed that the modal depth of experiencing generally stayed the same or rose from one minute before the disclosure to the disclosure itself and the peak depth of experiencing typically rose between one minute before the disclosure and the disclosure itself.

14.3.1.2 Relevance to previous literature.

These findings are a new contribution to the effects of disclosure on clients; there are no previous studies that have attempted to assess clients' depth of experiencing - the degree to which the client is focused on inner referents (Klein et al, 1986) - immediately before, during and following a significant disclosure in person-centred therapy.

(a) The two areas of interest from the first finding are the level of the peak and the point at which it occurred. First, the mean peak rating was at Stage 4 of the CEXP, which indicated that the client was communicating with the therapist about his or her feelings and how it felt to be him or her (Klein et al, 1986). Stage 4 is described by Klein et al (1986) as marking a 'crucial transition... where the content and focus [of the client] shift from outside to inside' (p.39). The clients appeared to move from the disclosure through a process of turning inwards, connecting with deeper painful feelings; this is indicated, for example, by Rosa's recognition of how much she suffered in her previous relationship, Tom voicing his scared feelings about the consequences of making a mess, or Lucy's struggle to understand her feelings of inadequacy.

It appears, therefore, as if the clients' disclosures generally enabled them to reach this point where the focus turns inwards, as all the clients except Maggie reached a peak of at least level 4 at one minute after the disclosure.

Second, the time lapse after the significant disclosure was not expected. This study identified that clients are generally most focused on inner referents at one minute after the disclosure. This delay in reaching the experiencing peak implies that clients take a short time to fully focus on what they are feeling, rather than the disclosure itself being the point of greatest intensity.

The findings of the CEXP mean ratings of the disclosure event itself, rated 3.4 (mode) and 3.7 (peak), are strikingly similar to the findings of Gassner et al (1982), who investigated multiple disclosures of one client in psychoanalysis and resulted in a mode of 3.4 and a peak of 3.96. The differences between the two studies mean that it is difficult to draw firm conclusions; however, it appears that the earlier study may reinforce this study's findings of disclosure as a helpful event (see Helpfulness of Disclosure).

CEXP has also been found to have a strong relationship with disclosure discourse (Stiles, McDaniel & McGaughey, 1979), which makes it a viable instrument to consider using for further investigation of client disclosure (see Future Research).

(b) The research method employed in this study permitted a finer-grained analysis than was carried out in previous investigations of disclosure. While Farber et al (2006) established 'several identifiable stages' (p. 467) in a temporal model of disclosure, these stages were not assessed in terms of clients' micro progression of involvement with the inner focus, but rather on broader divisions of time.

Thus, by using the CEXP, it is possible to track small variations in clients' experiencing and disclosure. While clients started from different levels at one minute before the disclosure, at least half of these rose by at least one level to the disclosure itself. This implies an increase in awareness of feelings as the client arrived at the disclosure: the mean peak rose from 3 to 3.7 during this short time. More research into the micro processes of disclosure is needed to understand this area more fully.

14.3.1.3 Implications for practice.

The delay identified in arriving at the peak of experiencing appears to imply that clients require a little time to become fully focused on feelings about the self, following the disclosure. Thus, therapists need to be aware that the disclosure itself may not be the peak, and clients are still in the process of communicating the feeling associated with the disclosed material. In addition to giving clients space to reach the peak, therapists may also wish to encourage the client to progress to the next CEXP stage, if this seems appropriate, ensuring the focus remains on the client's feelings and moving into further elaboration (Klein et al, 1986).

14.3.2 Helpfulness of disclosure.

14.3.2.1 Key finding.

Clients generally found the significant disclosures to be at least moderately helpful, and the majority rated the disclosures at least greatly helpful, and described them as helpful at interview. Over the course of therapy clients rated the helpfulness of the

disclosure similarly highly, except for one client (Carrie); this exception shows how disclosures may be more complex and may screen other unrevealed issues (see section on Negative effects). The helpfulness of the disclosures appeared to be linked to the process of assimilating problematic experiences (Stiles et al, 1990). Although the ratings varied slightly through follow-up, there were fewer respondents at these points of the study so the overall picture is unclear.

14.3.2.2 Relevance to previous literature.

This study confirms previous findings that significant disclosures are generally very helpful for clients (Farber et al, 2006; Gassner et al, 1982; Paulson et al, 1999). However, there are interesting variations within this general finding.

Disclosures were considered most helpful by clients when the therapist acknowledged the importance of what had been revealed and helped the client explore it further, either immediately (Tom, Carrie, Julia, Anna), or in the next session (Maggie). This confirms previous theories, that clients find therapist approval or recognition for disclosures helpful (Farber et al, 2004; Paulson et al, 1999).

The immediate effects of disclosing reported by clients were generally painful feelings, mixed with relief; this differs from Farber et al's (2006) report of client endorsed emotions such as 'authentic', 'safe' and 'proud': these feelings did not occur in this study. (In Farber et al's (2006) study, however, respondents were asked to rate a selection of emotions, rather than to self-report in an open-ended manner).

In order to move on from the painful feelings, however, and process the disclosure in a helpful way, the therapist's response was very important (Sachse & Elliott, 2002).

When therapists did not fully recognise the significance of the disclosures (Lucy and Rosa), this appeared to be unhelpful, leading to signs of a possible alliance rupture later in the session in Lucy's case, while Rosa was unable to move out of a cycle of indecision, and chose not to rate the disclosure event for helpfulness. Contributing factors to the failure to recognise the significance of what was disclosed were probably firstly, the inexperience of the therapist and secondly, the general tendency of the clients themselves to avoid accessing or revealing deep emotions in therapy, so it was easier for therapists to miss the significance.

Somewhat surprisingly, while her overall rating for session helpfulness was only 'moderately' helpful, Lucy rated the disclosure event as 'greatly helpful'. This could imply that her sense of the disclosure's helpfulness had increased in the day between the session and the recall interview; clients may take longer to absorb what has happened in a session (Hill, Helms, Spiegel, & Tichenor, 1988). The issue of deferring to the researcher may also have affected the ratings (see Limitations of the study).

Rhodes et al (1994) reported that in unresolved cases of major misunderstanding events in therapy, at least half the cases referred to the therapist missing the importance of an issue, leading to the client experiencing negative feelings, typically about the therapist, and in some cases terminating therapy. This earlier study did not

indicate disclosures specifically, however, and while it may be deduced that the findings may also apply to disclosures, further research is needed on how unhelpful it is for clients when significant disclosures are missed in therapy.

Once the session was over, clients reported feeling relieved and happy to have disclosed, judging that the disclosure would be helpful for future sessions of therapy, whether for relational reasons (increased feelings of closeness with the therapist: Carrie) or task-based reasons (provided a clearer focus on what remained to be accomplished: Tom). Farber et al (2004) similarly found that generally clients did not regret disclosing. The researcher was somewhat surprised, however, that only one client (Rosa) reported misgivings immediately after the session and one client (Maggie) had feelings of guilt later that day, as it had been expected that more clients would express such feelings.

As discussed above, the clients' disclosures were generally about puzzling and painful material, and the helpfulness of the disclosures lay in acting as the first step towards assimilating the problematic experience and moving to potential change (Anna, Tom, Maggie, Julia).

In terms of the Assimilation of Problematic Experiences model (Stiles et al, 1990) some clients appeared to disclose material that was only partially assimilated, thus causing pain and puzzlement. The act of disclosure led to immediate therapeutic impacts (Stiles et al, 1990) for most of the clients, as they appeared to move from awareness (voicing the material) to problem clarification and insight. Julia described:

‘I realised it’s [the abuse] connection to my life’, and Maggie acknowledged: ‘Everything kind of opened up from that [disclosure]’.

For Anna, her disclosure was also a statement of the problem: ‘I don’t actually know who I am’. Acknowledging this issue led her to discuss the ‘opposing voices’ with the therapist (Brinegar, Salvi, Stiles, & Greenberg, 2006) and reach an understanding of what her needs were and her right to have them. She was able to build a ‘meaning bridge’ (Stiles, 1999) so that her problematic inner critic could be understood and accepted into her self scheme. Similarly, Maggie achieved mastery of the puzzling and painful feelings about her father: ‘I can talk about it and I’m not upset’.

However, for Carrie, the puzzling and painful feelings of the disclosure appeared to screen the unassimilated or warded off material (Stiles et al, 1990) of the episode of abuse that she experienced as too painful to address, and so discussing the disclosure at subsequent interviews became unhelpful. Carrie put the episode ‘behind glass’ as warded off thoughts (Stiles et al, 1990) and did not explore it further. Similarly, Rosa’s disclosure revealed her awareness and associated discomfort, but she did not move towards problem clarification. For these two clients it was not possible to build a ‘meaning bridge’ (Stiles, 1999) between the various voices in order to reconcile them.

Somewhat surprisingly there appeared to be no link between the helpfulness and significance of the disclosure and the PQ scores before and after the session where the disclosure occurred. Thus it appears that the helpfulness and importance of

disclosing the issue, as reported by clients, did not translate into improved scores on the clients' PQ.

The clinical significance of this finding is not easy to judge: it appears as though the disclosure may act as an initial approach to an issue that the client wants to explore, but the significance does not result in an improvement in terms of scoring the PQ.

14.3.2.3 Implications for practice.

It appears that when clients feel that their disclosures are understood and acknowledged by the therapist, they can overcome any uncomfortable feelings and find disclosures helpful. The key, therefore, is for therapists to become more practiced at recognising when clients are making significant disclosures (see previous discussion of Discourse Markers) and explicitly acknowledge what has been revealed. It has been shown that therapists cannot assume that they know everything that clients are thinking and feeling in therapy and need to check with clients in order to avoid misunderstandings (Hill et al, 1988).

However, there may be more complex disclosures that lead to areas where, implicitly, the client does not yet feel safe or ready to explore. In such cases, as Farber (2006) recommends, any reluctance of the client needs to be respected. Similarly, clients may discuss the disclosure with therapist and decide they do not need to explore it further, as described in the pilot study (Chapter 5); as in this case, however, it is important for the therapist to check goals and tasks for the therapy with the client in order to avoid a misunderstanding that might lead to an alliance rupture.

14.3.3 Negative effects of disclosure.

14.3.3.1 Key finding.

In some cases (for example, Carrie) a disclosure may lead to an event that the client is not yet ready to address.

14.3.3.2 Relevance to previous literature.

Initially, Carrie experienced the disclosure to be helpful. However, exploring the disclosure further was not helpful. This was not discussed between the client and therapist. There is a body of literature in the field of trauma counselling which deals with the importance of not re-traumatising the client; however, this is outside the scope of this study.

Carrie's case showed that sometimes disclosures can screen other undisclosed material and that exploring further is not always helpful. In task analysis terms, the disclosure in this case appeared to have become the marker for a problematic reaction point (Rice & Saperia, 1985). The therapist facilitated an evocative unfolding technique (Rice, 1974) to explore the disclosure issue, which appeared to be linked to an episode of sexual abuse; the issue remained as an unresolved problematic reaction at the end of therapy.

14.3.3.3 Implications for practice.

The helpfulness of the disclosure topic may change over time, especially if the disclosure is connected to an unclear, troubling experience, not wholly available to

awareness, and the client is experiencing conflict about whether to uncover the whole issue or not.

This case shows that it can be helpful for client and therapist to discuss and agree what the client wishes to work on. There may be some issues that the client needs to close down safely even though they are not yet resolved; explicitly recognising and supporting the client in doing this can be helpful.

14.4 Method

14.4.1 Researching client disclosure

The most significant challenge to studying client disclosure was the vast number of client utterances that could qualify as a disclosure (Stiles, 1995). Deciding on a method that would allow the researcher to obtain important client-identified disclosures for investigation, therefore, was an early challenge in the design of the project. Linked to this was the dilemma of whether to attempt to establish a definition of a significant disclosure and ask clients about their experience of this specific phenomenon, or leave the interpretation to the clients themselves.
Given the overall discovery-oriented, hermeneutic philosophy of the study it was decided to follow the clients' own interpretation of a significant disclosure while recognising that this might be different from what the researcher expected or hoped for as a disclosure.

This meant that each client was invited to interpret the question in their own way; while this was in keeping with the qualitative nature of the study, it could be argued that the lack of a single definition weakened the findings of the study.

Similar to earlier CPA studies (e.g. Elliott et al, 1994; Hardy et al, 1998) this study used the HAT Form as the method of obtaining a client-identified significant event, which could then be investigated further, using BSR. The flexibility of the HAT Form as an instrument to which questions may be added to focus on a particular topic was very important to the study.

14.4.2 Strengths and limitations of using CPA

This is the first study to investigate significant client disclosures using CPA, a discovery-oriented method, based on a hermeneutic and constructivist philosophy. Previously, CPA had been used to analyse single significant events such as awareness (Elliott, 1989), and events involving multiple clients such as insight (Elliott et al, 1994). As a method for analysing significant disclosures CPA has both strengths and limitations.

14.4.2.1 Strengths of CPA

The strengths were (a) rich, 'thick' descriptions emerged, (b) the flexibility of the method, (c) clear structure.

(a) The CPA method puts the client-identified event at the centre of the analysis; this allows a very full and rich, or 'thick' account of the background, process and effects

of the significant disclosure to emerge. The mixed method, or *bricolage,* approach of CPA, combining qualitative and quantitative measures, permitted different aspects of disclosure to appear: clients' covert planning, style of discourse and increase in experiencing, for example. A quantitative analysis of disclosure alone would probably not have revealed all the micro-processes, for example, the discourse markers.

(b) The method is flexible in several ways; first, recall interviews may be included but the method may also be used without these data. As the researcher used CPA without BSR for the pilot study and then interviewed clients for the large study she experienced the added richness that may be gained by interviewing clients about their significant disclosures. The BSR data was particularly valuable for defining the boundaries of the disclosure events, describing the immediate effects of the disclosure and reporting covert thoughts and feelings. As Clark (1990) reported, follow-up interviews also provide important data about the lasting effects of the significant events.

As described in the pilot study (Chapter 5) it was also possible to identify a significant disclosure without BSR (Elliott, 1993). In studying disclosure events, however, it was particularly important to the validity of the study to have access to the clients' own thoughts and reflections about their covert processes. For example, the finding that clients planned to disclose in advance would probably not have emerged without recall data.

Second, previous CPA studies have been usually been carried out by multiple researchers, for example Clark (1990); McGlenn (1990) and Elliott et al (1994). However, training researchers in the method and then reaching group consensus on the findings is not only time-consuming but also has implications for the vast amount of data produced (see Limitations). Alternatively, therefore, the analysis may be carried out, as in this study, by a researcher and then the CPA analyses and cross-analysis may be audited by a supervisor. While this may potentially reduce the insights into the data, or risk increased researcher bias, it ensures that the analysis may be completed within a reasonable timescale.

Third, CPA had not been used to study disclosure events before, and data under some headings needed to be adapted; for example, the Local Cue for the disclosure sometimes involved a whole client narrative, rather than a therapist question or intervention.

(c) CPA also has a clearly defined structure and systematic procedure. This helped the researcher work through the stages logically, keep track of the progress of the analysis and organise the large amounts of data that needed to be analysed.

14.4.2.2 Limitations of CPA

The main limitations of the method were (a) the amount of data produced, (b) the possibility of observer bias, and (c) the themes possibly being obtained by chance.

(a) The CPA method produces a vast amount of data, especially when used in conjunction with BSR. Analysing the data and then carrying out the audit of six or

seven CPA analyses requires a significant amount of time, even when it involves just one researcher and one auditor. This appears to make it a method more suited to a longer research study, such as doctoral research. However, more recently, an unpublished study (Shaffner, 2011) experimented with the method in a form of case study research, focusing on the domains of context, process and effects while using fewer CPA headings, which reduced the amount of data.

(b) Another limitation of CPA is that the findings may have arisen due to observer bias, or in other words, that the researcher found what she expected to find. While this cannot be completely ruled out (Elliott et al, 1994), the researcher and auditor recorded their expectations of the study beforehand (Chapter 6) and the researcher carried out an expectancy analysis on the themes to address this. The results of this analysis showed that the method was able to reveal unexpected themes and disconfirm expected themes.

(c) A third limitation is the possibility that some of the themes were the result of chance, or random processes (Elliott et al, 1994; McGlenn, 1990). This study did not use multiple judges to reach group consensus as in other studies (Clark, 1990; McGlenn, 1990) and as recommended by Hill et al (2005). As previously stated, the research was undertaken by a sole researcher and although this meant the project could be completed within a defined timescale, it entailed a possible compromise on confirmation of the findings.

For this reason, further research into disclosure is required, perhaps replicating this study, with a different researcher and auditor analysing different disclosure events.

14.4.3 General limitations of the study

The general limitations of the study were (a) small sample size, (b) homogenous nature of clients and therapists who participated, (c) method for identifying and inviting clients for BSR, (d) the difficulty of ensuring the disclosures were sufficiently significant.

(a) This study of significant disclosure events has a small sample size; however, by analysing the constituent themes, the study aimed to arrive at a suggested model of the phenomenon, and reach a better understanding of the experience (Polkinghorne, 2005).

The researcher has aimed to show how all findings are grounded in the data and meet the three criteria of presence, relevance and non-redundancy (Elliott, 1993). However, the co-construction of the recall interviews and the interpretation of the data are unique to this researcher and it is acknowledged that another researcher may have come to different conclusions from the same data. The understanding of the data described here is owned by the researcher rather than being advanced as a universal truth, and it is left to the readers to make up their minds about the case that has been presented here (Rennie, 2001).

(b) Another limitation was the homogenous nature of the clients who participated in the principal study: there was only one male, a lower proportion than the percentage of clients seen in the research clinic overall (approximately 32% male); all the clients were white, of Scottish or English ethnicity; they were professional or semi-professional, and educated to at least undergraduate level; they were all heterosexual and there was a fairly restricted age range: 27-55. The client in the pilot study was younger (19). One client disclosed a disability.

Similarly, all the therapists in the principal study were white, female and aged under 30: this reflected the demographics of the majority of therapists at the Research Clinic.

(c) The method for selecting 'live' significant disclosure events in order to carry out BSR within three days maximum of the event was challenging. A disclosure question was added to the HAT Form for all clients at the research clinic and this generated a huge amount of data, when it might have been preferable to add the question only to the questionnaires of the researcher's clients. However, at the preliminary stage of designing the method, the researcher had concerns about whether any clients would be willing to be interviewed, and the whole study therefore might have been based on the HAT Form disclosure question responses.

The method whereby the counsellors informed the researcher as soon as possible of the clients' responses to the disclosure question after each session relied a great deal on the goodwill and involvement of the counsellors. This was helped by the overall

co-operative ethos of the Research Clinic; this process would undoubtedly have been easier if the researcher had been able to be on-site, as the researcher could then have checked the Disclosure question on the HAT Form and invited the client directly for interview. However, this does not take into account that the client might have been upset following the session or had other reasons for not spending more time at the Research Clinic immediately following the session.

Clients who participated in the study were aware that the researcher was investigating significant disclosures and therefore it is possible that an element of wishing to please the researcher caused clients to rate their disclosures more highly on the scale. Conversely, when clients did not wish the researcher to contact them about a disclosure they could withhold from writing it on the HAT Form or rate it as less significant.

Furthermore, when a client rated a disclosure as 'greatly' or 'extremely' important early in the therapy, the researcher had to decide quickly whether to follow up this disclosure or wait, in the expectation that there might be more significant disclosures later on. When the researcher decided to contact the client, the client was then required to be available within three days for the recall interview and for various reasons this was not always possible. This time-gap of up to three days between the session and the recall interview also prevented the clients' experiences of the session from being as recent as ideally hoped for and therefore the clients' recollections of the disclosure might have become less clear in the interim.

Additionally, from a clinical perspective, clients' participation in the recall interviews inevitably affected their process in therapy to an extent, at least in the short term and in one case (Carrie) in the longer term. Clients were encouraged to discuss issues that arose with their therapists in the next session of therapy and most did so, however, the impact for clients of participating in BSR is still unclear (Rees et al, 2001).

(d) Another limitation is that the significant disclosures that emerged in the principal study, while described by the client as 'greatly' or 'extremely' important, were probably not the most important disclosures in the client's course of therapy. (See Future Directions for Research.) In fact, clients who participated in the study mentioned other significant disclosures they had made in therapy and remarked how it would have been too painful to be interviewed about them. This constraint means that for understandable reasons there may always be limits on what discoveries can be made about the most traumatic client disclosures.

14.4.4 Future directions for research

In order to address the issue of identifying suitable significant events to analyse, future studies might wish to change the criteria to require the client and therapist to jointly identify the disclosure as important (Clark, 1990), or the clients could be asked to keep a diary of significant disclosures for a set period of the therapy. These suggestions bring their own limitations, however, as both require a more substantial input from other participants.

However, although this study included the therapist perspective as part of the analysis, there is scope for increasing this aspect: a suggestion for future research is to compare client and therapist selections of significant disclosures in sessions or investigate whether therapists rate as equally significant those disclosures that were identified as significant by the client. This could deepen knowledge about how therapists recognise significant disclosures, and the impact of this on the therapy.

A further study (Symons, 2012) is in the early stages of building on the findings of this research, specifically the existence of possible discourse markers for client disclosures. This study will use the existing disclosure question data to identify more significant disclosures and then listen to the session recordings to try and ascertain whether the current finding about disclosure discourse markers is more widely generalisable. The therapist's role in disclosures is another area that will be explored further.

Other areas for future research include clients' reactions when a significant disclosure is not acknowledged by the therapist and whether there is a link between the number of significant disclosures and the quality of the client's engagement with therapy.

14.5 Post script

As a person-centred therapist, studying client disclosure has, perhaps inevitably, caused me to reflect on what I have learned about this phenomenon and how my own practice has changed over the last five years as a result.

Interviewing clients about their experiences in therapy provided me with hugely rich insights into their process of disclosure and the therapeutic process. It gave me the opportunity to ask clients what was happening for them, for example, in a silence or a particular word. I feel that hearing about clients' experiences and listening to many hours of therapy sessions has had an impact on my own counselling practice.

First, I have become more aware of checking with myself before and after offering a response or an intervention to a client. While I do not want to move away from responding instinctively and intuitively to the client I feel it enhances my practice to think more about what is helpful or less helpful in what I offer and to check this in reviews with clients in a more structured way.

I am also now more aware than ever both of clients' covert processes and, as a way of working, the helpfulness of what Rennie (1998) calls 'two-way metacommunication'; that is, when, as a therapist I comment on my sense of what is happening for clients in the session and invite them to reveal something of their inner world. By doing this, I feel I can work to avoid misunderstandings that may threaten to disrupt the therapy.

I have learned from this research that pauses and dysfluencies in clients' speech may have particular significance and that when clients reveal significant material, they have probably been planning when and how to say it for some time; again, by encouraging metacommunication about what they have revealed I can establish the

most helpful way of working with the clients' disclosures and be more effective as a therapist.

On a personal level, I feel that I can be more relaxed about my relationship with clients and trust that clients will probably find what they need to help them in what I offer, even if the strength of the bond varies. I do not need to struggle with trying to create a textbook ideal of a perfect alliance; clients will probably all have different expectations about what type of alliance they require to accomplish their therapeutic tasks, and I can work with each client to provide this.

Finally, during this research I have felt greatly privileged to be able to talk to clients and explore with them their significant disclosures. Carrying out this study has strengthened my belief in the powerful effects of therapy and in clients' determination, resilience and potential for change.

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