Resolving Decisional Conflict by Gestalt Two-Chair Dialogue: Relating Process to Outcome

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Thirty-one clients completed a six-week program using Gestalt two-chair dialogue to work on intrapsychic conflict related to the making of a decision. The clients were classified as resolvers or nonresolvers based on a pattern of in-ses-sion process indicators. The resolvers were identified as clients who had man-ifested three components of a proposed model of conflict resolution: the expression of criticism by one part of the personality, the expression of feeling and wants by another, and the softening in attitude of the "critic." These attributes were measured in terms of voice quality, depth of experience, and structural analysis of social behavior. Resolvers were found to be significantly less undecided and less anxious after treatment; they also reported greater im-provement on target complaints and behavior change. In addition, after the session in which the "critic" softened, resolvers reported greater conflict reso-lution, less discomfort, greater mood change, and greater goal attainment than nonresolvers.

The centrality of decision making to the counseling process has recently been de-scribed by a number of authors (Horan, 1979; Ivey, 1980) and is seen by many as a primary goal of counseling (Ivey 1980; Schlossberg, Troll, & Leibowitz 1978). Re-cently Janis and Mann (1977) highlighted the importance of decisional conflict in human decision making. They described decisional conflict as "occurring when there are simultaneous opposing tendencies within the individual to accept and reject a given course of action" (p. 42) and stressed that people often avoided making decisions because of the pain experienced in dealing with decisional conflict.

Greenberg (1979), describing splits as the most appropriate context for Gestalt two-chair dialogue interventions, described conflict splits as client statements made in counseling that indicate a struggle between two aspects of the self that are in opposition. This description is highly similar to, although broader than, Janis and Mann's de-scription of decisional conflict. Little has been written in Gestalt therapy on decision making per se, but from the gestalt per-spective, situations in which people en-counter blocks in carrying out tasks that they have set for themselves are conflict situ-a-tions in which the conflict is between two parts of the personality.

This situation of conflict between parts of the personality comes vividly into play in the process of decision making and choice. In-spection of Tiedeman and O'Hara's (1963) two-stage model of decision making reveals that conflict plays an important role in the anticipatory stages of decision making and can impede completion of the crystallization, choice, and clarification substages. In the crystallization subroutine, in which alternatives are evaluated, conflict can prevent the person from choosing one of the alternatives, whereas in the clarification subroutine, conflicts and doubts related to the newly made choice must be resolved before decision making can move to the implementation stage. Counselors who are able to promote the integration of conflicting aspects of clients' experiences in order to relieve the underlying struggle in these stages can help them crystallize their choices, clarify their doubts, and pass from the anticipatory to the implementation stage of decision making.

A method shown to be effective in the
reconciliation of opposites in the personality is the Gestalt two-chair operation (Greenberg, 1979; Greenberg & Clarke, 1979; Greenberg & Dompierre, 1981; Greenberg & Rice, 1981). This procedure facilitates a dialogue between the two sides in order to bring the opposing parts into contact. Resolution is achieved through a dialectical process that integrates the opposing parts into a new set of responses to the situation (Perls, 1970).

Task analyses of two-chair dialogue conflict resolution performances have resulted in the construction of a model of successful performance (Rice & Greenberg, 1982) and the delineation of some of the essential components of these performances (Greenberg 1982a, 1982b, Greenberg, in press). Initial intensive analysis (Greenberg, 1980) revealed that conflict resolution occurred when the previously harsh critical side in the dialogue, referred to as the "other chair," softened its stance toward the side that expressed the experiencing self. This softening was shown by a deepening in the level of experiencing of the critic, a change in its voice quality from a "lecturing at" to an "internally focused" voice, and an increase in its affiliative behavior. This model of the critic becoming more accepting of previously disavowed feelings has been shown in previous studies to discriminate between successful and unsuccessful conflict resolution performances (Greenberg, in press).

Further intensive analyses (Greenberg 1982b) that used the methods of task analysis produced a model of intrapsychic conflict resolution in two-chair dialogue composed of six primary resolution components. The harsh critical side in successful dialogues was found to go through a sequence of blaming the self, then expressing its standards and values, and finally softening its attitude towards the self. The experiencing self in all successful performances was found to express its feelings and to follow these with an expression of wants. The presence of these components almost inevitably led to the final component of successful performance, a negotiation between the two sides that resulted in an integration of the two sides.

For the purpose of this study, in order to relate process to outcome, three essential components of resolution were constructed from the above six-component model. The first component regarded as essential to resolution is criticism in the other chair. This component integrates blaming and standards and values of the above model and ensures that the client has truly engaged in the dialogue by expressing the opposition of one side to the other. The second essential component is the expression of felt wants in the experiencing chair. This component integrates the feelings and wants components of the above model into a component that requires that the client express, from the experiencing chair, wants in the context of feeling. This ensures that the client is deeply experiencing this side of the polarity. The final essential component is a softening in the other chair in which the previously harsh critic softens in its attitude toward the experiencing part.

It was the purpose of this study to relate the process of intrapsychic conflict resolution in resolving decisional conflicts to decision making outcome. This was done by comparing treatment outcome effects of in-session resolvers and nonresolvers. Resolvers were defined as those clients who manifested all three of the essential components in the sessions. Specifically, it was hypothesized that the occurrence of the three critical components of criticism, felt-wants, and softening in two-chair dialogue sessions would relate to treatment effects. These effects were measured in the form of the immediate effects of the session in which the final resolution component, softening, was expressed; the prolonged effects of this resolution session; and the final treatment effects at termination and follow-up.

Method

Subjects

The clients were urban adults, 31 women and 5 men, ranging in age from 17 to 65 years (M = 34.72, SD = 12.38) seeking counseling for their difficulties in making a decision. The sample was fairly well educated; of 36 participants, 34 had graduated from high school and 19 had some university education. Acceptance was based on Malan's (1976) criteria for brief analytic treatment. Only persons who were relatively well functioning and were experiencing a decisional conflict were accepted for the treatment. Six counselors (three men and three
women) were used in the study. All had a minimum of 100 hours of training in the Carkhuff/Egan model of counseling. In addition all had at least 96 hours of training in the gestalt two-chair method. The counselors' experience with the method ranged from 2 to 7 years.

Measures

Process instruments. The in-session level of experiencing in the dialogue was measured on the Experiencing Scale (ES) (Klein, Mathieu, Kiesler, & Gendlin, 1969). This scale has been shown to be a highly reliable measure of client involvement or "experiencing" in counseling. As one moves up the scale there is a progression from limited, impersonal references to an inner description of feelings to a synthesis of newly emerged feelings to solve problems.

The degree of affiliation and interdependence in the sides of the conflict was measured by Benjamin's (1979) circumplex model, called the Structural Analysis of Social Behavior (SASB). This system has shown high interjudge reliabilities and has been extensively validated. In this system, each statement is characterized as belonging to one of 36 categories that belong to one of four quadrants on one of two grids. Affiliation (measured along the horizontal axis) intersects with interdependence (measured along the vertical axis), forming the four quadrants of the circumplex. The grid is determined by whether the focus of the statement is on the speaker or the receiver of the statement.

The Client Vocal Quality system (CVQ; Rice, Koke, Greenberg, & Wagstaff, 1979) was used to measure the vocal quality of the statements from each chair. This system contains four mutually exclusive voice patterns: focused, emotional, externalized, and limited. Focused voice indicates inward deployment of attention. The CVQ has been shown to possess satisfactory interjudge agreement, and focused voice has been shown to be an index of good process in client-centered counseling.

Raters. Two raters and one judge, all unaware of the hypothesis to be tested, rated the process data. The raters and the judge had 4 hours of training on the conflict split resolution model, 16 hours of training on the ES, 16 hours of training on the CVQ, and 13 hours of training on the SAB. Interrater reliability at the end of training yielded a Pearson product-moment correlation of .86 for experiencing, and Cohen's Kappas of .89 on SAB and .50 on CVQ. Both Kappas were shown to be statistically significant. In addition the raters were checked on their identification of the two chairs and showed a 100% agreement on chair identification.

Relationship instruments. The task subscale of the Working Alliance Inventory (WAI; Horvath, 1981, Horvath & Greenberg, in press), based on Borduin's (1979) ideas on the components of the working alliance, was used to establish if clients perceived the two-chair process as relevant to their goals. In addition, one subscale from Barrett-Lennard's (1952) Relationship Inventory (BLRI) was used to ensure that clients perceived their counselor as empathic.

Treatment outcome instruments. The Scale of Vocational Indecision (Osipow, Carney, & Barak, 1976) was adapted to suit the purposes of the present study. The scale consists of eighteen items to be rated on a 4-point scale from 1 (not at all like me), to 4 (exactly like me). A high score reflects indecision; a low score reflects decidedness. Since most of the items on the scale were particular to educational and/or vocational indecision some revision of wording was necessary to make it appropriate for this study. The essential meaning of each item was maintained, however.

In order to verify that these changes had not adversely affected the validity and reliability of the scale, the adapted form was administered to 136 graduate students in a pilot study. The students responded to the questionnaire in terms of a current decision. A Hoyt's analysis of variance (ANOVA) internal consistency reliability of .85 indicated that the revised items were consistent with the other items in the test.

The State form of the State-Trait Anxiety Inventory (STAI) was used to measure state anxiety. This form has been shown to be a valid and reliable index of current anxiety. It contains 20 brief items which assess how "you feel right now, that is at this moment" and has been shown to measure change in anxiety (Spielberger, Gorsuch, & Lushene, 1970). It has been shown that decisional conflict and anxiety are related and it was assumed that resolving decisional conflict would lead to anxiety reduction (Janis & Mann, 1977).

The Target Complaints (TC) measure (Battle, et al., 1966), recommended in Waskow & Parloff (1975) as a core battery instrument for use in outcome research, consists of five-point scales on which the client is asked to rate the amount of change on up to three different complaints selected by the client. The scales range from "worse" through "a little better" to "a lot better." The validity of this measure has been shown by its high correlations with four other outcome measures while pre- and postsession severity and content ratings have been shown to be highly reliable (Battle et al., 1966).

An intensive personalized measure of symptom severity based on the work of Shapiro (1961) and extended by Phillips (1970) was used to follow, session by session, each client's conflict-related symptom. This instrument, the Phillips Personalized Questionnaire (PFQ), elicits a symptom statement from each client, and a set of five statements representing different levels of the symptom are drawn up. On each administration of the individualized instrument, the client compares the present intensity of his or her symptom with each level of the scale. This provides for a consistency measure on each of the individualized measures.

A Behavioral Report (BR) questionnaire was devised for this study to assess the degree to which a decision had been implemented. The questionnaire was based on Tiedeman and O'Hara's (1965) decision making model, and consisted of six sets of questions administered in a follow-up interview. Each set of questions was tied to one of the last six stages of the Tiedeman and O'Hara model: exploration, crystallization, choice, clarification, induction, reformulation, or integration. The interviewer scored each stage (either 1 for yes, or 0 for no), interpreting the clients' answers to questions.

1 This scale is available from the first author at the Department of Counselling Psychology, University of British Columbia, Vancouver, British Columbia, Canada V6T 1Z5.
to assess if they had attained that stage. This measure possesses only face validity.

Session outcome instruments. Session outcome instruments fall into two categories, immediate effects instruments and prolonged effects instruments.

- Immediate effects instruments. The Conflict Resolution Scale (CRS) consisted of a seven-point box scale on which clients indicated their feelings of resolution regarding the issue they identified as their conflict in the session. The first box (starting from the bottom) is labeled “not at all resolved”; the seventh box, “totally resolved.” The instrument has been shown to successfully discriminate between more and less resolved sessions in a study, comparing the effects of two chair dialogue and empathic reflections on conflict resolution (Greenberg & Dompiere, 1981). The CRS was used in this study to track clients’ feelings of resolution after every session.

Clients completed the Target Complaints Discomfort Box Scale (TCDBS) before and after each session. The initial discomfort rating was made on a column divided into thirteen boxes. The words “not at all” were printed beside the bottom box; “a little” by the fourth box from the bottom; “pretty much” by the seventh box; and “couldn’t be worse” by the top (or thirteenth) box. The scale has shown satisfactory pre-post session reliability (Battle et al., 1986).

Epstein’s Prevailing Mood Scale (EPMS; Epstein, 1979) was used to measure mood. Clients indicate which side of the nine-point scale best describes their feeling “right now, this very moment.” Each side of the scale is identified by an opposing cluster of two or three adjectives that were determined by factor analyses of adjective checklists (Epstein, 1976). Satisfactory temporal reliabilities over a 7-day period have been reported (Epstein, 1979). In this study, attention was focused on three of the scales of the EPMS that were perceived to be theoretically linked to intrapsychic conflict. These scales were (a) Pleased With Self-Ashamed (PWS), (b) Integrated—Disorganized (INT), and (c) Powerful—Weak (POW). It was assumed that after resolution, clients would feel more pleased with and accepting of themselves and would feel more integrated and more powerful.

- Prolonged effects instruments. The Goal Attainment Scale (GAS) is a measure that facilitates goal setting and goal measurement and has been shown to be a reliable and valid instrument (Kiresuk & Sherman, 1968). It is a method for obtaining specific observable goals and for providing a common measure for individuals’ goals. The goal outcomes range from much worse than expected (−2) through expected (0) to much better than expected (+2), with each outcome level defined by an observable behavior.

The Post Resolution Session Questionnaire (PCSQ) is an instrument constructed by the authors for this study to measure attitude change related to conflict. The instrument contained five questions asking the client to identify the “core issue” and related attitudes that he or she had worked on in the session. The instrument also obtained later reports on whether the specified attitudes around this issue had changed as a result of the session. Two five-point Likert scales on the instrument were used to derive the PCSQ attitude change score. These scales ranged from “no change” through “somewhat” to “very greatly changed.” The two scales showed a high correlation and were grouped together to form a single score. This instrument possesses only face validity.

Procedure

Announcements in the local media described a brief free program for people experiencing difficulty in making a decision. In an induction session the clients were briefly introduced to the Gestalt theory of intrapsychic conflict (as opposition between parts of the personality) and the two-chair technique; they also engaged in an exercise designed to create an awareness of each client’s own “top dog” and “underdog.” This was done to facilitate ease of entry into treatment.

Instrumentation. At the end of the induction session the clients constructed the Target Complaints measure and the Phillips Personalized Questionnaire and completed the first administration of the latter. They were given the Scale of Indecision and the State–Trait Anxiety Inventory to take home with instructions to complete both instruments the night before their first counseling session. The repeated measure, the Phillips Personalized Questionnaire, was administered before each session and at termination and follow-up. The Conflict Resolution Scale, the Target Complaints Discomfort Box Scale, and Epstein’s Prevailing Mood Scale were administered in that order before and after each session and at termination and follow-up.

The resolution session test administrations differed from a regular interview by the addition after the session of the Post Critical Session Questionnaire and the Goal Attainment Scale. Clients were also given six copies of Epstein’s Prevailing Mood Scale with the instruction to complete one at the same time each day until the next session (termination) one week away.

At termination and follow-up, clients completed the six session instruments already mentioned plus the three treatment outcome measures, Target Complaints, the Scale of Indecision, and the State–Trait Anxiety Inventory. During the one-month follow-up, clients completed the Behavior Report Questionnaire interview.

At the conclusion of the second session the task and empathy scales from the WAI and RI were given to the clients who filled them out at home and returned them, sealed in the provided envelope, at the next session. The data generated by these instruments would permit the division of the clients into engagers and nonengagers, so that any differences between resolvers and nonresolvers could not be attributed to the nonengagement of the nonresolvers. All of the 51 clients who completed the project were, however, identified as engagers due to their attainment of a criterion score of 36 on perceived task relevance and 16 on perceived empathy. The 6 female clients who dropped out were low on perceived task relevance scores.

Determining the resolution session. The clients

2 This scale is available from the first author at the Department of Counselling Psychology, University of British Columbia, Vancouver, British Columbia, Canada V6T 1Z5.
were seen once a week for six weeks or until they re-
solved their conflict (whichever came first). All coun-
seling sessions were audiotaped. When in the coun-
selor's judgement the client had resolved (that is, the
three essential elements had occurred: an expression
of criticism, felt wants, and a softening), the session in
which softening occurred was defined as the counselor
judged resolution session. If a client failed to manifest
the essential elements, the fifth session was declared the
resolution control session. At these resolution sessions both those who had manifested the resolution elements
and those who had not were reminded that the next
session was the termination session. Fifteen clients
were identified by the counselors as "softening." The
modal number of sessions for resolution was 4, with a
range of 1. All clients reported one month after the
termination session for a follow-up interview.

Identification of resolvers. In order to be classified
as a resolver, clients had to manifest the three compo-
nents: criticism, felt wants, and softening. Resolvers
were determined by the following procedure devised for
this study:

- Counselor identified components. The tapes of
potential resolution sessions were identified by having
the counselor indicate on a questionnaire, following each
session, the occurrence of any resolution components.
At the end of treatment, the counselors were asked to
return to the session audiotapes marked as containing
the most advanced component and to indicate the best
element of each of the components that had occurred
during the hour. The experimenter used the indicated
component as a midpoint for an 8-minute segment.
That is, the segment was composed of the 4 minutes
before the indicated component plus the following 4
minutes including the component. This 8-minute
segment was regarded as the critical episode and was
presented to the two trained raters. It was possible for
one, two, or three of the essential components to be
present in a single episode. If only softening was
present and the other two elements necessary to qualify
the segment as a resolution episode were not present in
a single segment, the necessary number of preceding
critical episodes (tape segments) were presented to the
raters to establish if the other two components were
present. The critical episodes were presented randomly
to the raters.

To identify the possible presence of a softening in the
nonresolvers, the experimenter selected for each client
the session that the counselor had indicated contained
the most advanced component. In addition to the
counselor-indicated session, the experimenter selected
the session in which the client reported being most re-
solved on the Conflict Resolution Scale. These tapes
were broken into 8-minute segments using the begin-
ing of the two-chair dialogue as an entry point. These
segments were presented in random order to the raters
to determine if a possible softening had occurred in any
of the nonresolvers.

The remaining unused tapes from the nonresolvers and
several sessions from resolvers already rated as
containing a softening component were sent to a judge
(who was trained in the model and unaware of the hy-
potheses of the study) to be scanned for the occurrence
of a softening component in the nonresolvers that might
have been overlooked by the counselors. If any addi-
tional softening components were identified—which did
not occur—the tape in question would have been seg-
mented in the manner described above and sent to the
raters.

- Rater identification of resolvers. The raters first
decided which "chair" was speaking in the dialogue and
then rated each segment for softening and/or criticisms
if it was the other chair and felt wants if it was the ex-
periencing chair. The basic unit for these ratings was
the client statement. The ratings of the essential
components were based on ratings of the experiencing,
voice quality, and structural analysis of social behavior
of each chair. In the case of any disagreement between
raters the segment was given to the judge.

Using the above procedure, the session was deemed
a resolution session if it contained a softening that had
been preceded in that session or previous ones by the
other two components. Two of the counselor-deter-
mined resolvers were found not to meet the criteria.
Thirteen resolvers and eighteen nonresolvers were
identified by the raters. The following criteria (based
on our knowledge of the nature of the phenomenon from
the intensive analysis; Greenberg, 1982b) were used for
identifying the components:

**Softening**

1. At least two consecutive client statements from the
other chair had to be rated as affiliative on SASB,
that is, in Quadrants 1 or 4. (A client statement
was defined as everything occurring between two
counselor statements.)

2. At least one client statement in focused voice had
to be coincident with the above SASB rating (i.e.,
one of the two consecutive SASB statements).

3. At least one statement in the other chair must have
reached Level 4 or above on the Experiencing Scale:
"Description of feelings and personal experiences"
(Klein et al., 1969, p. 64). Level 4 was used rather
than Level 5, as in previous studies, because of the
smaller unit (i.e., one statement).

**Felt Wants**

1. At least one client statement in the experiencing
chair on SASB had to be rated in Categories 243
(Ask, trust, count on); 217 (Assert on own); or 216
(Put cards on table).

2. At least one client statement had to have reached
Level 4 on the Experiencing Scale. A secondary
judgment was made on whether there was only one
or more than one statement at Level 4. One
statement at Level 4 satisfied the criterion, and
more than one provided a stronger statement of
experiencing.

3. At least one client statement coincident with the
SASB statement had to be in focused voice.

4. The client must have met the semantic criterion of
expressing directly to the other chair a desire, for
example, "I want...", "I need...", or "I’d like..." or some other equivalent statement of want.

Criticisms
1. At least two client statements in the other chair had to be rated as hostile, that is, in either Quadrant 2 or 3 of the Other grid on the SASB.
2. At least two client statements had to be rated as being in external voice on Client Vocal Quality.

The identification process yielded 158 8-minute segments. The raters independently rated two-thirds of the total number of segments providing a one-third overlap for a reliability check. These overlapping segments were designed to contain all the counselor-indicated softenings. To determine the extent of agreement between the raters, Cohen’s Kappa (Cohen, 1960), a procedure that yields a coefficient of agreement for nominal scales, was used. The coefficient of agreement for these data was .925, indicating very high agreement between raters on the identification of the resolution components. This suggested that the criteria were clear, independent, and mutually exclusive with respect to the defining of resolvers and nonresolvers.

Results
Due to the unequal sample size of 13 resolvers and 18 nonresolvers, tests for homogeneity of variance were conducted using the Bartlett-Box Homogeneity of Dispersion Test (Kirk, 1968) on the Scale of Indecision, A-State, Target Complaints and Goal Attainment. The failure to attain statistical significance between the two groups on the Scale of Indecision and A State led to the acceptance of the assumption of homogeneity and made only these two measures eligible for analysis by parametric statistical procedures. The data from these two measures were tested for equality of variance-covariance matrices in tests suggested by Box (1950). The results revealed that the data on both measures exhibited matrices equal for both groups and fulfilled the symmetry conditions necessary for parametric statistical procedures. The remaining measures, because of the ordinal and quasi-interval nature of their scales, were deemed appropriate for nonparametric analysis. The hypothesis of homogeneity of variance on these measures was checked on Hartley’s $F_{\text{max}}$ and rejected for all.

Symptom Reduction
The repeated measures on the Phillips Personalized Questionnaire of each client were analyzed using a two-way ANOVA to establish an estimate of reliability (Phillips, 1970). Reliable symptom measures were obtained for only 12 resolvers and 14 nonresolvers. Trend analyses were then performed on the symptom data for each of the clients. Of the 12 resolvers, 11 had a significant positive linear trend (which indicated overall symptom improvement). The resolver who failed to attain a significant positive linear trend manifested significance on a quadratic trend (which indicated a pattern of improvement followed by worsening in the symptom). Of the 14 nonresolvers 9 had a significant positive linear
Table 1
Means and Standard Deviations for Resolvers and Nonresolvers on Scale of Indecision, State Anxiety, Target Complaints, Behavioral Report, Goal Attainment, and Post Critical Session Attitude

<table>
<thead>
<tr>
<th>Occasion</th>
<th>Indecision</th>
<th>State Anxiety</th>
<th>Target Complaints</th>
<th>Behavioral Report</th>
<th>Goal Attainment</th>
<th>Post critical session attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Pretest</td>
<td>36.69</td>
<td>4.97</td>
<td>46.61</td>
<td>10.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Termination</td>
<td>24.46</td>
<td>6.02</td>
<td>31.54</td>
<td>8.25</td>
<td>4.69</td>
<td>.63</td>
</tr>
<tr>
<td>Follow-up</td>
<td>24.38</td>
<td>5.09</td>
<td>29.08</td>
<td>5.94</td>
<td>4.85</td>
<td>.38</td>
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</table>

Resolvers

<table>
<thead>
<tr>
<th>Occasion</th>
<th>Conflict Resolution</th>
<th>Target Complaints</th>
<th>Discomfort Box Scale</th>
<th>Pleased with self</th>
<th>Integrated</th>
<th>Powerful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Presession</td>
<td>4.91</td>
<td>1.5</td>
<td>9.85</td>
<td>2.27</td>
<td>6.46</td>
<td>1.51</td>
</tr>
<tr>
<td>Postsession</td>
<td>6.46</td>
<td>.66</td>
<td>11.92</td>
<td>1.11</td>
<td>7.61</td>
<td>.77</td>
</tr>
<tr>
<td>Mean score over following week</td>
<td>6.95</td>
<td>1.15</td>
<td>6.74</td>
<td>1.25</td>
<td>6.88</td>
<td>.964</td>
</tr>
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</table>

Nonresolvers

<table>
<thead>
<tr>
<th>Occasion</th>
<th>Conflict Resolution</th>
<th>Target Complaints</th>
<th>Discomfort Box Scale</th>
<th>Pleased with self</th>
<th>Integrated</th>
<th>Powerful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Presession</td>
<td>5.0</td>
<td>1.61</td>
<td>9.22</td>
<td>2.86</td>
<td>6.55</td>
<td>1.2</td>
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<tr>
<td>Postsession</td>
<td>4.94</td>
<td>1.73</td>
<td>10.05</td>
<td>3.08</td>
<td>6.55</td>
<td>1.38</td>
</tr>
<tr>
<td>Mean score over following week</td>
<td>5.85</td>
<td>1.36</td>
<td>5.85</td>
<td>1.33</td>
<td>5.93</td>
<td>1.15</td>
</tr>
</tbody>
</table>

Three clients manifested significant quadratic trends, and 2 clients produced significant negative linear trends (an overall worsening of the symptom). Fisher's test of exact proportions showed that the two groups did not differ significantly (p = .10) on the proportion of resolvers and nonresolvers who showed a positive trend. It was concluded therefore that the groups were not significantly different on symptom relief over the length of the study as assessed on the PPQ.

Resolution Session Measures

Wilcoxon rank sum tests (two-tailed) were
performed on the pretest and posttest resolution session scores. The groups were not significantly different on the presession scores on the five measures. The groups were found to be significantly different on all five postsession measures \(Z = 2.47, p < .05\) for CRS; \(Z = 1.97, p < .05\) for TCDBS; \(Z = 2.19, p < .05\) for PWS; \(Z = 3.04, p < .01\) for INT; and \(Z = 2.03, p < .05\) for POW). The means and standard deviations are shown in Table 2. Inspection of the means indicated that differences were in the direction of improved scores of resolvers.

A Wilcoxon rank sum nondirectional test indicated that the groups were significantly different at the .05 level on the mood scales, PWS, INT, and POW over the week following the resolution session. An inspection of the group’s means on the three scales for the week indicated that this difference was in the direction of improved scores for the resolvers, reflecting increased self acceptance, integration, and feelings of power. Means and standard deviations of the groups are shown in Table 2. It was found (Wilcoxon test) that the groups were significantly different at the .05 level on GAS and PCSQ at the termination and follow-up sessions. An inspection of the groups’ means at termination and follow-up indicated that differences were in the direction of higher scores for resolvers, reflecting greater success at goal attainment and attitude change. Means and standard deviations are shown in Table 1.

Discussion

The analyses revealed a consistent pattern of statistically significant differences between resolvers and nonresolvers. The resolvers were significantly less undecided at termination and follow-up and significantly less anxious at follow-up than the nonresolvers. The resolvers, in addition, were significantly more improved on their target complaints at termination and follow-up and on a report of behavior change at follow-up. Over the resolution session the resolvers revealed a significantly greater sense of conflict resolution, less target complaint discomfort, a greater sense of self acceptance, greater integration and greater feelings of power. The mood changes endured for the resolvers during the week following the resolution session, and resolvers showed superior goal attainment and attitude change at both termination and follow-up.

In light of these findings it appears that the ability of the resolvers to resolve an intrapsychic conflict in the session according to the specified process criteria was suggestive of differential outcome. The in-session process of criticizing the self from one side of the conflict, expressing a desire embedded in a feeling context from the opposite side, and expressing a softening in the attitude of the critic toward the self appears to be related in this sample, to positive outcome in Gestalt two-chair work.

It remains possible that some variable other than the in-session performance of the resolution components could explain the relationship between group membership and outcome. However, even if a third variable such as an individual difference variable or a relationship factor accounted for a greater degree of the variance than the process indicators, it would be unlikely that the performance pattern in the two chairs was a chance correlation that did not possess any explanatory power regarding the mechanisms of change (Rice & Greenberg, 1982) in the process of Gestalt dialogue.

It appears that the nonspecific or general benefits of treatment experienced by the nonresolvers were enough to result in relief of symptoms such as tension, anger, loss of appetite, insomnia, and discouragement that were associated with indecision. Having the opportunity to experience the persecution of their critic, and to realize they were doing this to themselves, or to express their feelings and wants to their critics (as did nine of the nonresolvers), and to do this in an accepting and understanding atmosphere may have been enough to have some impact on the nonresolvers’ symptoms, even though they failed to attain resolution. This repeated measure instrument, however, is most suited to the study of individual change over time; with the loss of data from five clients (due to instability of the measures), the group proportion scores were not a good measure of group differences.

Findings on the session measures suggested that for resolvers, softening was the key component. When the critic softened,
the underlying sense of struggle was relieved, the person felt less discomfort, and felt more self-accepting and in control. Intrapsychic conflict resolution in the session, in addition, appeared to promote the attainment of a specific goal related to the resolution of the conflict. Nonresolvers, who also set a goal at the end of their fifth session as to what behavior they would like to change, did not attain their goal as well as the resolvers.

Inspection of the session content in conjunction with the process analysis suggests that the obstacle to making a decision and implementing it was an underlying conflict between the person’s standards and values and his or her needs and wants. When these came “face to face” and a process of reevaluation and softening by the critic took place, the conflict was resolved, and the person was free to decide. It appears that individuals who possessed crystallized alternatives but were unable to make a choice were able to do so after resolving an internal conflict. Examples of this process are given below:

A middle-aged divorced woman with college-bound children was unable to decide whether to return to her native country or not. Conflicts about her mothering role appeared in the first session. On the one hand she wanted to “do something for herself” and on the other she felt “a good mother should always put her children above herself.” The resolution of this conflict came when her critic no longer made her feel guilty and was more understanding and accepting of her desire to “do something for me for a change, before I’m too old.” Having resolved her conflict she decided to return to her native country and at follow-up had spoken to her children about their options, put her house up for sale, and purchased a plane ticket.

Another client, a younger woman, was undecided about whether to return to university to complete her studies or travel. The initial conflict revealed in the session was between a harsh critic, “You’ve wasted four years of your life,” and her underdog response, “I can’t seem to get motivated.” The client, having moved through feelings of hopelessness in response to the criticisms of being a failure, began to fight for herself. She asserted that she had done a menial job because she had not been ready for anything else after dropping out of university, but that now she was ready, and going to school was what she wanted. The resolution of the conflict came when her critic changed from a persecuting stance to one in which support was expressed for her newly emerged sense of direction. She improved on the measuring instruments from being initially undecided, anxious, uncomfortable, and minimally self accepting to feeling good, and deciding to return to school. At follow-up she was making preparations to return to school.

The results of this study, relating process to outcome, provided support for the validity of the intrapersonal conflict resolution performance model proposed by Greenberg (1982b, in press)—that in the context of a good working alliance, conflict resolution performances follow a particular path. This path is characterized by an initial expression by one part of the personality of criticism toward another part, followed by a deepening of experiencing and an assertion of desires in the previously unaccepted part. The final necessary component of resolution performance is a softening in attitude of the critic. This results in a resolution of conflict through some form of integration of the two aspects of the personality.

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Received October 23, 1981
Revision received March 4, 1982