Task Analysis Exemplified: The Process of Resolving Unfinished Business

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The steps of a task-analytic research program designed to identify the in-session performances involved in resolving lingering bad feelings toward a significant other are described. A rational–empirical methodology of repeatedly cycling between rational conjecture and empirical observations is demonstrated as a method of developing an intervention manual and the components of client processes of resolution. A refined model of the change process developed by these procedures is validated by comparing 11 successful and 11 unsuccessful performances. Four performance components—intense expression of feeling, expression of need, shift in representation of other, and self-validation or understanding of the other—were found to discriminate between resolution and nonresolution performances. These components were measured on 4 process measures: the Structural Analysis of Social Behavior, the Experiencing Scale, the Client’s Emotional Arousal Scale, and a need scale.

In this article, we present the steps of a task-analytic research approach that promotes the development of a program of research that focuses on explaining human task performance and change. This approach is applied to the study of the psychotherapeutic change process (Greenberg 1986a, 1986b) of resolving unfinished business (Greenberg, Rice, & Elliott, 1993). A research program of this nature focuses first on understanding complex ongoing change processes and then on testing their relationship to treatment outcome. A substantial part of the research effort in this type of program is discovery oriented and is invested in observational, inductive, and postdictive strategies. The investigator makes extensive, rigorous observations of single individuals performing tasks; from these, he or she identifies the different strategies being used and the characteristics of successful performances and error strategies (Newell & Simon, 1972).

Task Analysis

Task analysis is a process research strategy that involves the detailed study of the processes that individuals actually use to perform tasks. The focus is on understanding human task performance and change. To engage in this type of research, we have suggested the use of a combined rational–empirical methodology to study change, as opposed to a purely rational or a purely empirical approach (Pascual-Leone, 1984; Pascual-Leone & Goodman, 1979; Rice & Greenberg, 1984). In our view, investigation of the complexity of process requires that the phenomena under investigation be approached within a specified theoretical framework to guide the intensive analysis of data. This approach thus takes both the cognitive map of the investigator, as well as the observation of empirical reality, as important sources of data for science (Greenberg, 1984). Recognizing that observation is theory guided, the investigators' cognitive map is used to generate rational models to guide ongoing observation of complex phenomena.

Task analysis of therapeutic change involves the intensive analysis of key in-session events to specify the processes used by clients to resolve specific types of problems in therapy. In this method, a specific type of in-therapy affective problem-solving task such as resolution of conflict (Greenberg, 1984) is selected for study. The in-session performances that indicate the occurrence of the problem are described and measures of these and of therapist interventions thought to facilitate resolution of the task are constructed. The investigator then conducts a rational task analysis in which a rationally derived range of possible strategies to solve the problem is set forth. This "thought experiment" helps the researcher to conceptualize ways in which the problem could be solved. The study of actual problem solving—empirical task analysis—is the next step.

The conduct of successive rational and empirical analyses, each building on the other, leads to a refined model of the problem-solving strategies used to solve the problem. Improved models of this type provide highly detailed descriptions of specific processes and their possible relations. The stage is then set for studies that test the models by comparing successful and unsuccessful resolutions of problems and that relate specific types of task performances to therapeutic outcomes.

This approach is exemplified on a program of research on the resolution of unfinished business, an emotional task that occurs repeatedly in treatments dealing with past relationship difficulties involving separations, abandonment, neglect, trauma, and abuse.
A Task Analysis of the Resolution of Unfinished Business: Discovery Phase

Explicating the Intuitive Map of the Expert Clinician

Informed by research on emotion, the investigators at the start of the program articulated certain general assumptions regarding human functioning related to the task of resolving unfinished business: (a) that primary emotion is understood to be a fundamentally adaptive biological response system and that awareness of feelings and needs motivates adaptive action (Frijda, 1986; Lazarus, 1993; Greenberg & Safran, 1987); (b) that accessing emotion activates a schematic structure, making it available for exploration and restructuring (Greenberg et al., 1993); (c) that expressing unexpressed feelings such as resentment and grief leads to completion and adaptive coping.

Selecting and Describing the Task and the Task Environment

Guided by Gestalt therapy, theory, and clinical experience, we selected the resolution of unfinished business by empty-chair dialogue as the task for study. (Daldrup, Beutler, Engle, & Greenberg, 1988; Greenberg & Safran, 1987; Greenberg et al., 1993; Perls, Hefferline, & Goodman, 1951). Clients in therapy often express unfinished business in the form of dissatisfaction about the nature of relationships from the past and describe feelings of disappointment, resentment, and grief associated with these relationships.

An intensive analytic approach was used initially to help discern the distinguishing features of in-session statements of unfinished business. Clinical theory and practice guided the selection of in-session statements or markers of unfinished business for this analysis. Raters were asked to describe the salient features of the clients' performances. This observational procedure (Greenberg, 1994) yielded the description of a number of visible indicators of statements of unfinished business. Markers of unfinished business were characterized by the following four indices: (a) statement of the experience of a lingering unresolved feeling such as resentment, hurt, or grief; (b) the feeling is related to a significant other; (c) the feeling is currently experienced but not fully expressed; (d) the experience is currently problematic for the client (Greenberg & Safran, 1987; Greenberg et al., 1993). For example a client may say angrily, “My father always treated me badly, I can’t forgive him, he always ignored me, he didn’t even show up at my wedding. I’m just resigned to it”.

Further research revealed that markers of unfinished business could be reliably selected from a random pool of client statements of equal length and depth of experience and that they could also be reliably discriminated from two other markers of different processing difficulties (Greenberg & Rice, 1990; Greenberg et al., 1993). Agreement between two raters, of Cohen's kappa of .78 and .86 was attained on each of these rating tasks, respectively.

Empty-chair dialogue, an intervention drawn from Gestalt therapy (Daldrup et al., 1988; Greenberg et al., 1993; Perls et al., 1951), offers the client an opportunity to confront the significant other in fantasy and to find a new way to deal with the interrupted and unfinished situation. Intensive analysis of the task and the task environment led to a detailed manual of the type of therapist operations that were most helpful at different points in the dialogue, resulting in the specification of a 14-step intervention procedure (Greenberg et al., 1993) and the construction of an adherence measure that has demonstrated good reliability (Paivio & Greenberg, 1995).

Verifying Significance of the Task to be Studied

A preliminary test of the effectiveness of the empty-chair dialogue intervention was undertaken. A two-session analogue study was conducted by Leslie S. Greenberg and his students to compare the effects of empathic reflection plus empty-chair dialogue with empathic reflection alone, on unfinished business. Twenty-eight volunteer student clients were randomly assigned to one of two treatments, empathic understanding or empathic understanding plus empty-chair dialogue (King 1988). Seven therapists saw two clients in each condition. Adherence checks on the Carkhuff (1969) empathy scale and on the empty-chair adherence scale assured that both interventions were delivered satisfactorily.

Clients completed the target complaints (Battle et al., 1966) and affective reaction questionnaires (Wiggins, 1984) at pretreatment, posttreatment and 1-week follow-up, as well as pre- and postsession evaluation measures and target complaint discomfort ratings. All sessions were audio- and videotaped. King (1988) found that, at termination, the empty-chair condition showed significantly superior effects on the affective response questionnaires. Clients who had the empty-chair intervention showed increased tolerance toward the significant other and also showed greater self-confidence and less discouragement in relation to the significant other. As well, this group showed greater improvement at 1-week follow-up on target complaints. This study provided initial evidence for the presence of active ingredients in the empty-chair dialogue task.

An adjunctive study by Maslowe (1989) investigated the effects on in-session depth of experiencing of empathic reflection plus empty-chair dialogue versus empathic reflection alone, following markers of unfinished business. The tapes of the empty-chair episode and the parallel empathic session were transcribed and divided into 2-min segments, which were rated in random order by two raters on the Experiencing Scale (EXP) (Klein, Mathieu, Kiesler, & Gendlin, 1969). The empty-chair condition was found to have significantly higher mode and peak experiencing levels. This provided further evidence of deeper emotional processing in this event. These studies provided preliminary support that it is fruitful for therapists to facilitate the arousal, reexperiencing, and expression of emotions to the significant other to process them to completion.

The Rational Analysis—Constructing Performance Diagrams of Possible Performances

A simple rational model was diagrammed (see Figure 1). This hypothesized that the client goes through the following steps: (a) A statement of a lingering unresolved feeling followed by (b) the recalling of a specific situation or interaction with the other in which schematic memory is evoked in detail. (c)
Emotional reactions in this situation are then (d) symbolized, differentiated, and expressed. This is followed by (e) the construction of a representation of the self as stronger and of the other as more responsive.

From the perspective of this framework, we inspected actual performances to determine how the actual performance fit, failed to fit, or otherwise enriched the rational model. Measurement of the different performance components was also considered.

Empirical Analysis—Description and Measurement of Actual Performance

Having developed a diagram of a possible performance and having considered how to measure some of the components, we made detailed sequential descriptions of the actual performance of a number of single individuals engaged in the resolution of unfinished business. These sequential descriptions were first purely descriptive but then moved toward the use of the following measures to describe components.

Measures

The EXP scale (Klein, Mathieu, Kiesler, & Gendlin, 1969), is a 7-point rating device that is sensitive to changes in client’s involvement in therapy within a single session. The low levels of this scale are characterized by impersonal or superficial references to the self. Moving up the scale, there is a progression from simple, limited, or externalized self-references to inwardly elaborated description of feelings. At the highest levels of experiencing, clients are involved in exploration of feelings and new awareness, leading to problem solving and greater self-understanding.

The Structural Analysis of Social Behavior (SASB; Benjamin, 1974) is a content scale comprising three two-dimensional grids, designed to describe the nature of interpersonal interaction. In the present study, SASB was used to measure the changing quality of interaction between the client and the significant other in the empty-chair dialogue. The first grid depicts communications in which the speaker focuses on the other person. The second grid describes communications in which the speaker focuses on the other. The third grid, which has an intrapsychic focus, was not used in this study.

On each of the SASB grids, the horizontal axis gives a measure of the degree of affiliation and disaffiliation of a particular communication. The vertical axis indicates amount of dependence or independence in a communication. A cluster format of SASB, in which similar points are grouped together, was used in this study. Each grid consists of 36 points, forming eight clusters. For example, cluster 2-1, called “asserting and separating,” includes on the self-focus grid those points that are both the highest indices of independence or autonomy and midway between the affiliative and the disaffiliative stances.

The Client’s Emotional Arousal Scale (EAS; Daldrup, Butler, Engle, & Greenberg, 1988), originally designed to study the expression of anger in psychotherapy, was used in the present study to rate the expression of all primary emotions. A 7-point subscale that measures the intensity or strength of the emotional arousal was used. At one end, no emotional arousal in the voice, body cues, or verbal cues are detected. At the other end of the scale, the voice, body, and language are intensely involved.

The Client Vocal Quality measure (CVQ; Rice & Kerr, 1986) is a four-category rating system that uses auditory cues to categorize the voice as focused, an inner-directed exploratory voice; external, an outer-directed, lecturing-style voice; emotional, in which the voice breaks its normal platform and expresses emotions; and limited, a low-energy, wary type of voice. This system has demonstrated good reliability and been found to predict productive engagement in client-centered and Gestalt therapy (Rice & Kerr, 1986).

Procedure

Performance diagrams of actual dialogues were made in order to refine our observations (see Figure 2). Using a diagram in which time flows from left to right and top to bottom the process was organized into some type of ordered sequences and this led to increased understanding of the process of resolution. As shown, this performance diagram depicts the experiential and interactional states in the dialogue on measures of affiliation and autonomy (SASB), depth of experiencing, vocal quality and emotional arousal. The statements from the self and other chairs are depicted as circles and squares, respectively.

In this diagram, moving from left to right and top to bottom, we see the self in State 1, is rated on SASB as blaming, speaks in an external lecturing voice, at an experiencing Level 3 (reaction to events), with moderate emotional arousal; in State 2, the self attacks in an emotional voice with both high emotional arousal and high experiencing levels (focused inward in a descriptive and associative manner); in State 3, the self sulks (whines and complains) in an external voice with low experiencing and arousal. The other chair in State 4 responds by walking off (ignoring) in a limited voice (tense, low energy quality) and low experiencing and arousal; followed, in State 5, by separating (going own separate way), in an external voice with low experiencing and low emotional arousal; in State 6, the other repeats the ignoring stance but now uses an external voice. In State 7, the self repeats the complaints. A shift occurs in the self in State 8, in which the client discloses in a focused (inner

Figure 1. Model of rational analysis.
directed and exploratory quality) and emotional (high energy, disrupted quality) voice with higher experiencing and high emotional arousal (sobs). The other in State 9 changes by disclosing and revealing in a focused voice with high experiencing (offering a proposition about the self) and moderate emotional arousal. A predominantly affiliative transaction follows and ends in State 13 with the self rated on the SASB as actively expressing love in a focused voice with high experiencing (newly synthesized feelings to solve problems) and moderate arousal. This type of fine-grained process analysis revealed more closely what the process of change involved and how the different states could be measured.

**Comparison of Actual and Possible Performances: Constructing a Specific Model**

A number of rational-empirical models of unfinished business were drawn based on intensive analyses and these represented considerable elaboration from the first rational model. The performance states entered by each side in the dialogue (self and other) were represented, and each model served as the basis for further investigation and refinement. After a number of cycles of observation, a simplified, refined model that captured the essential components of resolution was constructed (Figure 3; Foerster, 1991). In building this refined model, we were able to progressively correct, expand, and make more explicit the processes involved in resolution performances.

In this final diagram, we see that the resolution process involves the client expressing blame, complaint, or hurt to a negative other in the empty chair. The client then differentiates these feelings, often recalling and reliving a related episodic memory. Resolution involves the intense expression of a specific emotion (generally anger or sadness) and the mobilization and expression of an associated previously unmet need. In the enactment of the significant other in the empty chair, resolution performances move through the expression of specific negative aspects by the other to a shift in the expression of the other either to a more affiliative or less dominant position. Finally, resolution occurs in the self chair either by the expression of self validation and self assertion in which the other is held accountable for his or her damaging actions or by the development of a new view of the other.

Three of the measures described earlier, the EXP, the SASB, and the EAS were selected as helpful in discriminating resolution performances. A fourth measure, the need measure was constructed for this study, based on Murray (1938). This involved a categorical judgment of the presence of specific types of needs based on a set of semantic criteria. It specified that the client's expression of need must contain the words, "I want . . . ", "I need . . . ", or an equivalent term and must be rated as an interpersonal need for autonomy, affiliation, nurturance, support, recognition or inviolacy selected from Murray's categorization of needs.

These measures were used to construct a multidimensional description of each of the different hypothesized components of the resolution to specify, as precisely as possible, the unique features of each one. The configuration of scores specified on
SPECIAL SECTION: TASK ANALYSIS EXEMPLIFIED

Differentiation of feelings

Resolution
1. self validation
2. self assertion
holds other accountable
understands other's position
forgives other

Figure 3. Refined model of the resolution of unfinished business.

the process measures formed the criteria for determining the presence of a particular component. A set of criteria for the measurement of the steps of the resolution was produced that would capture the components of the existing resolution performances (see Table 1).

This procedure of establishing criteria for the measurement of the components indicates the type of constructive measurement procedure (Greenberg, 1986, 1994) used in this approach. The definition of the components and how they are measured are simultaneously constructed to represent phenomena that one wishes to capture. The refined model now acted as a hypothesis of how change occurs, and the criteria for measuring components provided a means of testing hypotheses. The next steps represent the confirmatory aspects of task analysis.

Verification Phase: Validation

Resolution and nonresolution performances were now rigorously compared to validate that specified components discriminated between resolvers and nonresolvers. More specifically, it was hypothesized from the model that "intense expression of feeling," "expression of need," "positive other," and "self-assertion, self-affirmation, or understand other," would be significantly more likely to occur in resolved than in unresolved events. In addition, it was hypothesized that the occurrence of "blame, complaint, and hurt" and "negative other" would not discriminate resolved events from unresolved events.

Method

Selection of Clinical Process Events

To obtain a sample of resolved and unresolved unfinished business events 14 therapists were asked to collect taped examples of sessions containing unfinished business work using empty-chair dialogue. Therapists selected clients from their practice and obtained their consent to participate in the study and to complete a postsession questionnaire evaluating degree of progress and resolution. Forty-six clients (5 male, 41 female) were obtained in this manner. Six therapists provided 4 clients, 6 provided 3 clients and 2 provided 2 clients. All clients were outpatients who sought therapy for a variety of concerns, including anxiety, depression, and interpersonal difficulties and were seen by therapists at various university treatment centers or in private practice. The 14 therapists (6 male, 8 female), all had training in Gestalt therapy, including empty-chair intervention. Their range of experience was between 2 and 15 years.

Two clinical judges isolated the unfinished business events on the tape and rated them for the presence of markers of unfinished business. To qualify as a marker, both judges had to agree that the four aspects of the marker were present at the beginning of each empty-chair intervention. From the initially collected group of 46 sessions, 5 were eliminated because of the absence of a marker.

In the 41 remaining sessions, therapist adherence to the empty-chair intervention was rated by one judge, who was unfamiliar with the hypotheses under investigation but trained to reliability on the empty-chair adherence measure. The judge made a global judgment on a 5-point adherence scale of the degree to which the therapist carried out empty-chair work according to the manual. Twelve sessions in which the adherence was judged as 3 or below were rated by a second rater as nonadhering and were eliminated. This left 29 adherence sessions.

Finally, resolved and unresolved events were identified as follows. Re-
solved events met three criteria: They had received a postsession rating from both client and therapist of 4 or above on the 5-point resolution scale and a rating by a clinical judge of 3 or above on a 7-point resolution scale (1 = not at all resolved; 7 = fully resolved). One clinical judge made the ratings on the basis of listening to the marker, the last 5 min of the dialogue, and the following 5 min of talk between the client and the therapist, and worked to consensus with a second judge on any of those rated as 4 and 5 on which there was any uncertainty.

These criteria represent a judgment of resolution from the three perspectives: therapist, client and rater. Unresolved sessions were those that received client and therapist ratings of 2 or less on the 5-point scale and a rating of less than 5 from the clinical judges on the 7-point scale. The final sample consisted of a total of 22 events, the 11 most resolved events, and 11 randomly selected from the 18 unresolved sample for comparison. Seven therapists were represented in the resolved group, 4 with two resolutions, and 3 with one resolution each. There were nine therapists in the fourth unresolved group, who were also contributors to the resolved group and had one unresolved group, whereas two other therapists provided two cases each and three provided one case each.

**Measures**

**Postsession resolution measures.** Five-point scales ranging from (1) not at all resolved to (5) fully resolved were completed after each session to obtain client and therapist judgments of task resolution. These resolution measures have been shown to discriminate successful and unsuccessful task-focused sessions in previous studies (Greenberg, 1984).

**Process measures.** The four instruments described earlier, the EXP, SASB, EAS, and the need measure were used to rate selected segments of therapy sessions.

**Training and reliability of raters.** Two graduate students in psychology were trained to .75 level of reliability on the EXP scale, and two were trained on the SASB. Reliability on the sample was calculated on one third of the randomized material rated by both members of each pair of raters. The Pearson product-moment correlation on the EXP scale was .71 and .73 for the mode rating and the peak rating, respectively. Cohen's weighted kappa, calculated on SASB ratings, yielded a coefficient of .76. In the case of disagreements between the two raters on the overlapping material, a third expert rater was brought in to make a decision.

Two raters were trained on the intensity subscale of the EAS. They rated expression of feeling as either "high" (5 or above) or as "not high" (4 or below). Those transcript segments which first met the EXP and SASB criteria for "blame, complaint, or hurt" or "intense expression of feeling" were rated on the EAS. This served to reduce the size of the rating task. Forty-eight segments were rated. For this and the following scale, each of the two raters independently rated two thirds of the segments, with the one third overlap used to estimate degree of interrater reliability.

The same two raters were also trained on the need measure. As this measure was constructed for rating of the component "expression of need," only those transcript segments which first met "expression of need" criteria on EXP and SASB were part of this rating task. Raters independently indicated whether a segment included the phrases, "I need . . . . . ," or "I want . . . . . ," or an equivalent term, and whether one of the needs on the scale was present. Fifty-seven segments were rated on this measure. Cohen's kappa between judges for the EAS was .58; for the need measure, it was .71.

**Selection of Transcript Segments for Rating**

The dialogue in each transcript was separated into the two chairs. Only dialogue between the self and the other chair was rated. Dialogue between the client and the therapist was not rated. Two-minute segment pieces of dialogue from the empty-chair events were selected to determine whether each component of the model was present or absent. Two judges who had familiarity with the measures and the component criteria worked together to select the 2-min segments for rating. The judges identified the talk turns they thought represented the best example of each component in that session and then formed the boundaries of a 2-min segment around this. The boundaries were formed to attempt to optimally capture the component. Each piece of dialogue given for rating was a maximum of 2 min in length. The 2-min segments were then given in random order to the different sets of raters who each independently rated the segments on one of the process measures. To reduce the size of the rating task, we used a progressive and eliminating rating strategy. Two-minute segments of dialogue from each event that were most likely to meet the respective criteria were rated first. Further segments were rated until a piece meeting the criteria of each component was found or until all the dialogue in the transcript had been rated.

**Results**

The 11 resolved and 11 unresolved events were tested on the following six components: "blame, complaint, or hurt," "intense expression of feeling," "expression of need," "negative other," "positive other," and "self-affirmation, self-assertion, or understand other." Summaries of ratings of the components in the events are given in Table 1.

The two groups were tested using Fisher's exact test. As predicted, the two groups were found to be significantly different (p < .01) with regard to presence of the following components: "intense expression of feelings," "expression of need," "positive other," and "self-validation, self-assertion, or understand other." As expected, no significant differences between the two groups were found with regard to the presence of the components "blame, complaint, or hurt" (p = .47) and "negative other." More specifically, "intense expression of feeling" was present in 10 resolved events and absent in one resolved event. Only one unresolved event had an intense feeling; in 10 unresolved events, no intense feelings were present. In the anomalous resolved event, in which no "intense expression of feeling" was present, intense feeling in the form of sobbing was present but did not meet the specified criteria. The client began to weep and sob, and in one statement, told the other that he loved her; but there were not two sequential client talk turns at high arousal and Level 4 experiencing.

The "expression of need" component was present in 10 resolved events and in only two unresolved events. In the one resolved event in which no "expression of need" was present, the therapist directed the client: "Tell your mother what you needed." The client responded by saying, "your encouragement and support." This does contain an expression of need but without sufficient explicitness and directness as required by the criteria. The component "positive other" was present in nine resolved events. No unresolved event had this component present. In one of the two resolved events that had no "positive other," the client expressed anger and resentment to her mother throughout the session and ended in a quite assertive, separated stance from her mother. No "positive other" was evoked in the event. In the other resolved event, there did seem to be positive expressions from the other that met EXP and SASB criteria, but in each case, there was only a single talk turn at a time. This did not meet the criteria of two sequential talk turns. The "self-affirmation, self-assertion, or understand other" component
Table 1
Occurrence of Components in Resolved and Unresolved Events

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Presence of component</th>
<th>Resolved</th>
<th>Unresolved</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXP ≤ 4; SASB 1-6, 2-2, 2-6; EAS ≤ 4</td>
<td>Blame, complaint, hurt</td>
<td>Present</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>EXP ≥ 4; SASB 1-7, 2-1, 2-2, 2-7; EAS ≥ 5; two talk turns</td>
<td>Intense expression of feeling</td>
<td>Present</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>EXP ≥ 4; SASB 1-2, 2-2, need statement</td>
<td>Expression of need</td>
<td>Present</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>EXP ≤ 3; SASB 1-5, to 1-8, 2-6 to 2-8</td>
<td>Negative other</td>
<td>Present</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>EXP ≥ 4; SASB 1-2 to 1-4, 2-2; two talk turns</td>
<td>Shift in other</td>
<td>Present</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>EXP ≥ 5; SASB 2-1, 2-2, 1-2, 1-3; EAS ≤ 4</td>
<td>Self-affirmation, self-assertion, or understand other</td>
<td>Present</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Absent</td>
<td>0</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Note. EXP = Experiencing Scale on which 3 = reaction to external events, 4 = focus inward, and 5 = proposition about self. EAS = Emotional Arousal Scale, on which 4 = moderate and 5 = high. SASB = Structural Analysis of Social Behavior. Scores are as follows: 1-5 = control, 1-6 = blame, 1-7 = attach, 1-8 = ignore, 1-2 = affirm, 1-3 = loving, 1-4 = trust, 2-1 = assert, 2-2 = disclose, 2-6 = sulk, 2-7 = recoil, and 2-8 = wall off.

was present in every resolved event. This component was not present in any of the unresolved events.

As expected, the frequency of "blame, complaint, or hurt" and "negative other" components in resolved and unresolved events was not significantly different. This component was present in all unresolved events. In the two resolved events without this component, talk turns which seemed to meet the "blame, complain, or hurt" criteria were present before the beginning of the dialogues, as the clients talked to the therapists. However, no piece of actual dialogue between client and significant other was found which met the criteria of the component.

The "negative other" component was absent in one resolved event and present in all unresolved events. In the resolved event with no "negative other," the client was grieving the loss of a beloved friend. Her work in the session was primarily expressing love and appreciation that, because of circumstance, she had been unable to do in a satisfactory way before he died. Her difficulty, therefore, had not been with him as a negative other, and it makes sense, in this context, that no "negative other" component was present. The results from this test of the model suggest that the refined model described key components of client performance in resolving unfinished business.

Relating Process to Outcome

In a study of the effects of empty-chair dialogue on unfinished business (Paivio & Greenberg, 1995), client process over the course of treatment was rated on a newly devised and tested Degree of Resolution of Unfinished Business measure, a 6-point scale based on the refined model of resolution. In a preliminary analysis, those patients who were rated as having resolved unfinished business showed better outcomes than those who did not (Greenberg & Hirscheimer, 1994). Differences between a group of 12 resolvers and 8 nonresolvers were significantly different at the .05 level on all seven treatment outcome measures, including the Symptom Checklist (Derogatis, Rickels, & Rock, 1976), the Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureno, & Villaseñor, 1988), and a newly devised and validated measure of unfinished business resolution (Singh, 1994). These preliminary results suggest that the refined model and the scale devised from it appear to truly capture some of the actual change process in resolving unfinished business.

Conclusion

One of the major problems with current clinical trials is that in comparing or evaluating the effects of different treatment interventions on outcome, there is a hidden, intervening variable, which is not accounted for. This variable can be thought of as absorption of the treatment by the client or activation of the change processes. A therapist may deliver the treatment, but does it take? Does it set the anticipated change processes in motion? It's all very well, for example, to suggest that a client experiment with expressing feelings to a significant other in an empty chair, but if a treatment group contains some clients who become engaged in the process, some who do so only intellectually, and others who refuse, a true test of the active ingredients...
of the treatment will not be obtained. If, however, in a specified treatment, those clients who go through the process of change in the required manner are studied to see if they change more than those who don't, the effects of the change processes are then truly being tested. The link between client change process and outcome needs to be studied and the specific effects of particular processes need to be demonstrated. To do this, rationally, empirically derived client change processes close to the level of particular processes need to be specified and measures of these processes constructed. The task-analytic research program outlined earlier is an ideal method for constructing empirically grounded models of how people change in psychotherapy.

References


Received November 15, 1994
Revision received May 12, 1995
Accepted September 19, 1995