Qualitative Analysis of Clients’ Subjective Experience of Significant Moments During the Exploration of Problematic Reactions

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In this study, 8 clients participated in interpersonal process recall interviews (N. Kagan, 1975) to review therapy sessions in which they explored problematic reactions. The reports of their recalled experience during the sessions were analyzed qualitatively by means of the grounded theory method (B. G. Glaser & A. Strauss, 1967). The analysis resulted in a model of the cognitive-affective operations characterizing the clients’ internal processes during the sessions. The model’s main categories were client operations and session momentum. The 1st category subsumed the following lower order categories: symbolic representation of experience, reflexive self-examination, new realizations, and revisioning self. The 2nd category subsumed the positive and negative dimensions of the clients’ experiences during the session. The theoretical and practical implications of the model are discussed.

A recent development in psychotherapy process research has been the conceptualization of performance models of small episodes of therapy to identify the active ingredients of therapeutic change (Clarke, 1989; Rice & Greenberg, 1984). Rice and Saperia (1984) proposed a performance model that characterized the way in which clients resolve problematic reactions when therapists implement the technique of systematic evocative unfolding. Problematic reactions are emotional or behavioral reactions that clients feel in some way are puzzling or too extreme. For example, they might be surprised by the extent to which they feel rejected in response to casual remarks made by friends.

Rice and Saperia (1984) identified four phases necessary for clients’ successful resolution of problematic reactions. First, markers are identified that consist of clients’ statements that they are puzzled or perplexed by their reactions to a specific situation. Second, the situations in which the clients experienced their problematic reactions are evoked through the use of concrete, vivid, and imagistic language. Third, clients identify the salient aspects of the situations that triggered their reactions and explore their affective responses or their perceptions of the stimulus situation to identify its subjective impact. Fourth, clients broaden and deepen their exploration to acquire a deeper understanding of their own mode of functioning. This last phase enables them to restructure the initial problem and gives them a sense of being able to change the situation.

The method of task analysis has been used to explicate therapists’ tacit knowledge of the change process and to describe clients’ and therapists’ performances as represented in therapy transcripts. However, the extrinsic enabling conditions, to borrow a phrase from Harré (1984), of therapeutic change have not been addressed. Consequently, clients’ intrinsic enabling conditions—such as their internal operations, subjective experience, and intentionality—remain covert.

A primary objective of this study was to use interpersonal process recall (IPR; Kagan, 1975) to obtain clients’ reports of their subjective experiences during the exploration of problematic reactions in order to illuminate the internal cognitive-affective operations that clients engage in to resolve problematic issues and effect changes in their behavior. This model of clients’ subjective experience was then compared and contrasted with the performance model (Rice & Saperia, 1984) in order to increase understanding of the change process during the change event.

Method

Participants

Clients

Eight Caucasian clients participated in the study (2 men and 6 women) ranging in age from 20 to 38 years ($X = 24.00; SD = 6.08$). Two clients were referred from the student counseling service at York University, North York, Canada, and 6 were self-referred from an upper level undergraduate course in psychology. All clients showed moderate to high anxiety on the State scale of Spielberger’s State-Trait Anxiety Inventory ($X = 50.69$), were mildly depressed on the Beck Depression Inventory ($X = 12.23$), and were experiencing interpersonal problems related to significant others, including spouses, parents, and friends.
Therapists

Three Caucasian female therapists, one of whom was Jeanne C. Watson, participated in the study. All were advanced graduate students in clinical psychology with a minimum of 2 years of clinical experience. The therapists received intensive training in systematic evocative unfolding according to the manual for the procedure (Rice, 1986).

IPR Inquiry Interviewers

Three Caucasian therapists (two women and one man) conducted the IPR inquiry interviews. One of the interviewers was Jeanne C. Watson and another was David L. Rennie, who interviewed Watson’s clients. The two female interviewers received intensive training in conducting IPR inquiry interviews from Rennie before the implementation of the study.

Researcher

Jeanne C. Watson has received extensive training in client-centered and experiential approaches to therapy. For the past 10 years she has been immersed in the phenomenon of exploring problematic reactions as therapist, client, and researcher. Given her extensive training in theory and practice, she was unable to assume a totally naive approach to the investigation of the data, as suggested by Glaser and Strauss (1967). To compensate for her prior knowledge of the phenomenon, she tried to approach the data as openly as possible to represent veridically the meanings of clients’ subjective experiences. It is her belief that her immersion in the phenomenon she has studied has permitted her to reveal aspects of it that would not have been possible from a more distant and disengaged perspective.

Measures

The Degree of Resolution Scale (DRS) was developed by Rice (1990) to identify the number of phases of the performance model (Rice & Saperia, 1984) that clients and their therapists had completed to determine whether clients had resolved their problematic reactions. The DRS consists of a 6-point scale. Level 1 indicates the presence of the marker. Levels 2, 3, and 4 indicate the completion of the first three phases of the model. These are (a) the vivid recreation of the situation in which the problematic reaction occurred, (b) the exploration of the salient aspects of the situation, and (c) clients’ discovery of the impact of the salient aspects of the situation, which provides them with an understanding of their reaction in the situation. At Level 5 clients have partially resolved their problematic reaction to the extent that they are able to see how a particular mode of functioning may be interfering with their ability to meet their needs. Full resolution occurs at Level 6, when clients recognize the changes they wish to make and feel empowered to make them.

In the present study, two independent raters familiar with the performance model and the therapeutic procedure were trained to rate therapy transcripts. They obtained an interrater reliability of .84 (Pearson product–moment correlation). Sessions rated at either Level 5 or 6 were identified as resolution sessions. Differences between the raters in distinguishing resolution sessions from non-resolution sessions were resolved by a rating by the expert judge who devised the measure.

Procedure

Interviews

The clients participated in 12 to 16 weekly sessions of individual psychotherapy. At the end of the second and seventh interview, they were asked to report a problematic reaction point (PRP) at the beginning of the next session, which they would then explore with their therapists. Of the clients, 6 explored two problematic reactions each in two different therapy sessions, and 2 clients explored one each. Of the latter 2 clients, one terminated prematurely and the other preferred not to explore a problematic reaction.

Systematic Evocative Unfolding

Therapists implemented the technique of systematic evocative unfolding to help clients explore their problematic reactions (Rice, 1986). A positive relationship has been demonstrated between the application of systematic evocative unfolding to resolve problematic reactions and the outcome of therapy (Rice & Saperia, 1994; Watson, 1985; Wiseman, 1989, 1992). The four phases of the technique that have been identified to correspond to the phases of the performance model are positioning for exploration, reevoking the experience, tracking the impact of the stimulus situation, and further exploring the implications of the meaning bridge.

During the first phase, after clients express puzzlement at the way they reacted in a particular situation, therapists confirm with them whether they would like to explore their reactions further. Once an agreement has been reached, clients are asked to provide vivid, concrete descriptions of the situations in which they experienced their problematic reactions. During the second phase, both clients and therapists, using evocative language, work to rebuild and recapture a vivid sense of the situation. After clients vividly recreate the scene, therapists direct them to search for the salient aspects of the situations that triggered their reactions, such as seeing a friend’s facial expression as scornful. In the third phase, clients are encouraged to explore how they construed the stimuli or to differentiate their affective reactions so that they can symbolize them more accurately in their awareness so as to discover the personal impact or meaning of the situation (Rice, 1974). This phase is completed once clients arrive at a meaning bridge, or understand the link between their reactions and the stimulus situations. The fourth phase ensues after clients understand the reasons for their reactions and begin to reexamine their self-schemas or broaden and deepen their exploration of themselves.

Interpersonal Process Recall

An IPR interview (Elliott, 1986) was conducted within 24–48 hr of each of the sessions in which clients explored a problematic reaction with their therapists. The clients were asked to review a videotape of the session in which they explored a problematic reaction and to identify significant moments (defined as points in the session when clients felt that something shifted for them) when they saw something in a new light or, alternatively, when they felt impeded in their task. After viewing the entire session, the clients ranked the moments from most significant to least significant.

After reviewing each of the three moments they identified as most significant a second time, clients reported on their subjective experiences at these times during the session. Specifically, they were asked to report their thoughts, feelings, and intentions during the moments they had chosen and to explain why the moment was significant to them. In addition, if they did not identify as a
significant moment the part of the session in which they were evoking the problematic situation, then the interviewer reviewed that part of the videotape with them and inquired about their thoughts, feelings, and activities. The clients were asked to try to distinguish between their recalled experiences during the therapy session and their experiences while viewing the videotape and to report only on the former. The data from the IPR interviews were audiotaped and transcribed.

Grounded Theory

The clients' reports of their subjective experiences were analyzed qualitatively with the method of grounded theory (Glaser, 1978; Glaser & Strauss, 1967), according to the analytic technique developed by Rennie and his colleagues (Rennie, 1994a; Rennie, Phillips, & Quartaro, 1988). A total of 14 transcripts were analyzed. Each client response unit was divided into meaning units based on a single idea, and descriptive categories were conceptualized to represent the qualities entailed in each meaning unit. The descriptive categories described the activities, feelings, and thoughts clients reported experiencing during the significant moments. The categories were closely tied to the location of the language of the respondents. Each meaning unit was assigned to as many descriptive categories as was necessary to capture the meaning entailed in it. There were a total of 1329 meaning units and 119 descriptive categories. An SASR data management program for verbal material developed by Mainwaring and Mitchell (1991) was used to assign the meaning units to the relevant categories. Only those categories, which applied to 3 or more of the respondents, were retained for further analysis, resulting in the retention of 51 categories. These categories were subsumed under two categories: one identifying specific client operations and the other, clients' sense of being in the session. Finally, all of the categories were subsumed under one core category, yielding a hierarchical process model of the clients' experiences. Once the analysis was completed, the data—consisting of the individual meaning units, the descriptive categories, and the hierarchical process model—were scrutinized by Rennie, who suggested some minor revisions. The model is presented below.

Results

The core category, an inquiry into self, was conceptualized to represent clients' subjective experiences during the exploration of problematic reactions. The core category represents clients' complex process of reflection and inquiry to acquire self-knowledge and understanding during the exploration of problematic reactions. By examining their behavior, feelings, needs, goals, values, and interactions with the environment, the clients were able to comprehend the reciprocal impact of all of these factors and were able to evaluate their activities and see alternatives in order to realize their goals, meet their needs, and live according to the values with which they were most closely identified.

The categories subsumed under the core category were client operations and session momentum. These categories were conceived to represent two major foci of clients' attention and activity during their exploration of problematic reactions. The first of these categories was identified to refer to clients' actions, intentions, goals, purposes, and other internal activities in which they engaged during the exploration. This category describes the more agential processes that the clients engaged in to further the task of understanding themselves. There were four lower order categories subsumed under the category of client operations. These included symbolic representation of experience, making new realizations, reflexive self-examination, and revisioning self.

The second category, session momentum, was identified to describe the clients' experience of the session. The two lower order categories subsumed under session momentum were the negative and positive dimensions of the clients' experiences. A preliminary review of the data pertinent to the category of session momentum has been provided elsewhere (Watson & Greenberg, 1994). Finally the descriptive categories were organized under the lower order categories. See the Appendix for a summary of the categories.

Client Operations

Two of the four lower order categories of client operations, symbolic representation of experience and reflexive self-examination, refer to two primary processes that clients engaged in during the exploration of their problematic reactions. The other two lower order categories, making new realizations and revisioning self, seem to be the products of these activities. These categories reflect behaviors that are part of a continuous, dynamic, and recursive feedback loop. The four lower order categories are exemplified with the descriptive categories and clients' accounts in the following text.

Symbolic Representation of Experience

The category of symbolic representation of experience refers to the clients' attempts to articulate clearly and to describe both the external world as they perceive it and the inner world of their feelings, perceptions, beliefs, values, and needs. The term experience is used in its broadest sense to refer to observations tending toward knowledge and a state of being that is affected from without (The Compact Edition of the Oxford English Dictionary).

The clients felt that their representation of their experiences in words was significant and productive. According to their accounts, this act enabled them to know their experience and to identify its subjective impact on themselves. The descriptive categories subsumed under the category of symbolic representation of experience were grouped under three different types of client operations: speech acts, cognitive-affective processes, and awareness events.

Speech acts. The clients characterized the process of representing their experience as being akin to the narration of a story. For example, Clients spoke about "describing an event . . ." or "telling a story . . ." to communicate what went on." As the clients began to formulate their experience and to elaborate their problematic reactions, they were concerned about the adequacy of their representation. They worried about whether they "had chosen good examples" or about "the most effective and correct way of presenting it."
Cognitive-affective processes. There were important cognitive and affective correlates of representing experience. As some clients described the problematic situation, they attempted to create a visual image of it. One client spoke of “visualizing herself in the situation,” while another wanted his therapist “to see a clear picture . . . or the entire situation.” As they described and reenacted the scene, clients reported that they were engaged in recollecting the situation and their feelings during it. Some clients reexperienced their feelings. One person reported that she “remembering unhappy moments of holidays at home and the negative feelings I got over the holidays having to deal with my parents.” A second woman reported that she “started to feel saddened and to feel as if I was . . . there being attacked” when she was describing the events surrounding her problematic reaction.

Awareness events. The clients reported that things became clearer after they had been discussed. As they clarified issues that they wished to explore and as they identified problems, the latter became manifest so that there was a sense of “seeing things more clearly.” Occasionally clients discovered what they wanted to say as they were speaking. In the act of sharing their experience and confessing their difficulties and disturbing material to another person, their problems became more concrete and real, so that their problems had to be confronted and given attention. As one client said, “It’s [the problem] more concrete. If I just kept it in my mind, I could push it back and forget it; now it will have to be dealt with.”

The verbal representation of external and internal experience sometimes required repeated attempts and work to distill its essence. Some clients actively searched for understanding and solutions to their problems. Other clients constantly checked the veracity and adequacy of their accounts by means of an internal subjective sense. The process of distilling the essence of their experience resulted when clients felt that they had accurately labeled their subjective experience and their sense of external events. There was a sense of relief when the right label was found. The therapists sometimes supplied words or labels that seemed to hit the mark and were experienced as bull’s-eye-type responses by clients. One client described the process of distilling the essence of an event:

I wasn’t sure exactly what it was that I wanted to say . . . She [the therapist] started something and I went a little bit further and I managed to come to the word “mindless,” which was what I had wanted to say but I didn’t quite know that’s what it was.

Another person said, “It put a label on it and made it clear. The word fit perfectly.” These clients’ accounts illuminate the reifying function of language and the benefits of engaging in a therapeutic discourse.

Reflexive Self-Examination

In the dictionary reflexive is defined as “referring back to the subject” (The Concise Oxford English Dictionary, 7th ed.). The root of the word is the verb to reflect, defined as “to throw back after striking; to give an image of in the manner of a mirror” (The Concise Oxford English Dictionary, 7th ed.). It is as if clients’ representations of their experience functioned as reflections, which they were then in a position to examine critically and appraise in a manner not possible prior to the experience’s representation.

Clients’ reflexive examination of themselves was spurred by the questions they posed about their behavior, their feelings, and their interactions with the world. For example, one client questioned why she repeatedly became angry at her father during the summer vacation. Clients’ new realizations about themselves and their experiences prompted their self-examinations. For example, after realizing that she criticized her boyfriend when she felt frustrated with herself, one client asked, “Why do I criticize him more easily than other people?” The clients wanted to explain their own behavior and to understand why they acted and felt the way they did. One person said, “I really wanted to explain that series of emotions . . . explaining it makes me analyze it more and I can understand it better.”

Once the clients acquired a new realization of themselves or reconceptualized their behavior, they stepped back to examine and check the validity of their conceptualizations across a variety of situations to verify them. One client said, “I was searching for an example to prove my mum’s anger really affected me when I was young.”

Following new realizations, the clients were able to see the links between their behaviors and their feelings. For example, one respondent realized that when she was frustrated with herself she was more critical of her boyfriend. Another said, “I feel positive and more energetic because if I understand it then I can decide if I want to alter it in any way.”

As the clients represented and reflected on their experience, they evaluated that experience and considered the implications and consequences of their feelings and behavior. For example, a client who felt angry after acquiescing to another person’s request when she did not want to say,

I’ll lend things to be nice to people, whom I don’t feel deserve it or . . . [who] are not always nice to me or [whom] I don’t really care about . . . I think I just automatically say yes without stopping and thinking if I’m sort of violating myself . . . I guess I should probably slow down, think about things like that a little more . . . I shouldn’t have to feel like I have to do these things for her.

As the clients examined, questioned, and evaluated themselves and their behavior, they sought to understand its origins and whether it facilitated or was congruent with their current needs, values, and goals. Once they understood why they acted as they did and the implications of their behavior, they were in a position to determine whether that was how they wished to act in the future or whether their actions were appropriate to specific situations. One of the products of symbolic representation and reflexive self-examination was new realizations.
Making New Realizations

As the clients labeled their subjective reactions to or perceptions of a situation, they acquired a sense of the significance of their own and others' behavior and the import of situations. Some clients experienced a sense of triumph and accomplishment at their discovery. As the pieces fit together, and as clients gained a new perspective, they felt a surge of energy and an elevation in their mood. One client was puzzled that she had felt anxious on her way to a meeting with friends whom she had not seen for a while. During her exploration of her problematic reaction, she realized that the root of her anxiety was that she felt exposed and vulnerable because she had requested the meeting. She remarked, "I realized that risking or exposing myself that much feels very vulnerable."

With new realizations came new ways of seeing. For example, one client, who had felt manipulated by an associate who had asked her to remain at work later than usual, came to the realization that she need not have acquiesced. She said, "It produced another way of looking at something. I realized I had a choice. I could have thought of me first and then the other."

As the clients became aware of the significance of their experience, they realized that their problematic reactions were representative of a personal style or a characteristic way of behaving across situations. They recognized that a particular need, fear, or expectation lent a certain consistency to their reactions. Some clients perceived more clearly the impact on themselves of significant others. One person described what happened to her in this way:

She [the therapist] said, "Your parents don't trust you," and that sounds right. As we talked about my parents not trusting me I realized that I was getting [my mistrust of myself] from them. It isn't fair that they put that pressure on me; it hasn't served me well. I want to fix the situation.

Revisioning Self

The part of the change process during which the clients formulated alternative ways of being and acting was termed the revisioning self. This category was developed to refer to "the act of revising, or a critical, or careful examination, or perusal . . . and its product" (The Compact Edition of the Oxford English Dictionary). One component of the clients' revisioning themselves was the assumption of an internal locus of control. The assumption of greater responsibility often coincided with moments when they arrived at new realizations about themselves. For example, one client, who complained that her boyfriend was not curious and attentive, was represented as a significant other. She realized that the root of her anxiety was that she felt exposed and vulnerable because she had requested the meeting. She remarked, "I realized that risking or exposing myself that much feels very vulnerable."

With greater understanding of the reasons for their actions and feelings, as well as of their needs, values, and goals, some clients were able to formulate alternative ways of being and seeing, after which they decided to act differently. One client, after realizing that his intense social anxiety resulted from perceiving himself as incompetent, said, "It seemed like a moment I could change. I had the option to project an alternative image. I was going to try to implement it, and thought it would have beneficial consequences."

Session Momentum

Flowing beneath clients' attempts to symbolically represent their experiences in words was their subjective experience of this process. While representing and reevaluating their experiences, clients were also monitoring their alliances with their therapists by means of a prereflective attention to their feelings and their sense of themselves in the sessions. Only a brief summary of the data relevant to this category is presented to provide a context for the discussion that follows. A more detailed presentation is provided in Watson and Greenberg's (1994) article.

 Clients' accounts of their experiences of being in the session revealed a sense of momentum, which was either positive or negative. When positive, there was a sense of camaraderie and teamwork with the therapist as well as an active desire on the part of the clients to understand their problems. In contrast, when the momentum was negative, clients experienced difficulty meeting their therapist's requests. For example, some clients felt frustrated and impatient when they were asked to slow down to vividly evoke the problematic situation, to clarify a problematic reaction, or to elaborate on an insight. Whereas some clients, perceiving their activities as productive, were able to follow their therapist's lead and cooperate with the task demands, others, while deferring to their therapist's requests, remained confused and resistant while doing so (Watson & Greenberg, 1994).

Comparative Analysis Categories and Sessions

The analysis of clients' accounts illuminates the processes and activities that they saw as significant during the exploration of problematic reactions. A frequency count of the categories revealed that all of the clients represented both their inner experience and their external environment and reflexively examined their experiences during the session. In 13 of 14 sessions in which they explored problematic reactions, clients acquired new insights about themselves, realized the impact of a significant other, or acquired a new perspective on a problematic issue. The one client who did not achieve a new realization in one session had successfully explored his first problematic reaction and was concerned during the second session that, if he evoked the scene, he would be overwhelmed by his feelings. He said, "She [the therapist] is trying to provoke some emotion to illustrate what I was feeling at that moment . . . I was reluctant because I don't want to open it up, or else it will all just come flooding out, and I will have no control."
In 8 of the 14 sessions, clients performed one of the three actions subsumed by the category revisioning self. These activities were assuming control, seeing alternatives, and deciding to act. In 5 of the 8 sessions, two of the three activities of revisioning were reported, whereas in the other three sessions, only one of the three activities was reported. No client reported performing all three during any one session.

Revisioning and Resolution

Clients who engaged in one of the steps pertinent to the category of revisioning self were considered to be involved in the final stages of changing their behavior and resolving their problematic reactions. To facilitate the comparison between the performance model developed by Rice and Saperia (1984) and the model developed from the analysis of clients' accounts in the present study, we identified resolution sessions according to the performance model to determine whether these were the sessions in which clients reported assuming control, seeing alternatives, and deciding to act differently.

Sessions in which clients completed Steps 5 and 6 of the performance model as determined by the Degree of Resolution Scale (Rice, 1990) were identified as resolution sessions. Only 12 transcripts were rated, as data from two sessions were not available for one client. There were six resolution sessions in total. In three of these sessions, clients reported engaging in two acts of revisioning, whereas in three of the six nonresolution sessions clients reported performing a revisioning act, either assuming an internal locus of control, seeing new options, or deciding to act differently. In one of the three nonresolution sessions, one client performed two of these activities, whereas in the remaining two sessions only one of the activities was performed. Thus there was a discrepancy between clients' reports of the activities in which they engaged and those that were predicted from the performance model.

Revisioning and Nonrevisioning Sessions

To illuminate the change process further and to specify more clearly the active ingredients of change, we compared the descriptive categories pertinent to sessions in which clients reported engaging in at least one of the actions subsumed by the category revisioning self with those pertinent to sessions in which they did not report these actions. Two criteria were specified for categories to be regarded as more distinctive of revisioning sessions than nonrevisioning sessions. First, categories had to have occurred in at least four of the eight sessions in which clients performed one of the actions of revisioning themselves. Second, the total number of sessions in which a category was identified in nonrevisioning sessions was subtracted from the total number of sessions in which it was reported in revisioning sessions. Only those categories with a difference of 4 or greater in favor of revisioning sessions were retained.

This analysis revealed that some categories were more likely to occur in sessions in which clients made a step to revision themselves than in sessions in which they did not. In the eight sessions in which clients began to revision themselves, the following categories were reported as occurring in at least four. The frequency with which the category occurred in revisioning and nonrevisioning sessions, respectively, is given in brackets as a ratio. The categories—subsumed by the category of the symbolic representation of experience—that clients reported occurring, were (a) discovering (4:0) and becoming clear (5:1) about the issues they wanted to explore, (b) confessing (4:1) and symbolizing disturbing material (7:0), and (c) determining the significance (5:2) or impact of their experience of events.

In sessions in which clients performed one of the revisioning activities, clients were (a) visualizing (4:1) and recollecting the situation (5:1) and (b) recollecting (5:1) and reexperiencing their feelings (5:1) during the problematic situation. These latter activities were performed almost exclusively by the clients who began to revision themselves. In contrast, only one of the clients who did not engage in one of the revisioning acts reported engaging in these activities during the session.

The categories that clients reported as occurring and that are subsumed under the category of reflexive self-examination included the following: (a) questioning their behavior (7:0), feelings (4:1), and reactions (3:0) and (b) evaluating their behavior (5:0) and its implications (4:0). Although clients made new realizations in most sessions, those made in revisioning sessions were described as eureka-type experiences (7:1). Clients reported feeling elevated (4:1) in their mood as they acquired an altered perspective (4:0) on a troubling issue.

There were also differences in clients' experiences of the sessions' momentum. Clients who engaged in one of the revisioning activities reported feeling catalyzed (4:1), eager, curious to explore, and willing to follow (4:0) their therapist's lead. In contrast, all of the sessions in which no revisioning acts were reported were characterized by clients' deferring (6:2) to their therapist's requests while remaining confused, frustrated, and resistant.

Discussion

This study's analysis of clients' subjective experiences during the exploration of problematic reactions has enhanced the understanding of the change process during the event and has implications for theory and practice. First, the internal cognitive-affective processes that clients engaged in to effect resolution and change during the exploration of problematic reactions have been more clearly explicated than in the performance model (Rice & Saperia, 1984). Second, the analysis suggests that important correlates of change are clients' representation of disturbing material, recollection, and reexperiencing of emotion and feelings of eagerness and curiosity during the session. Third, the role of clients' reflexivity in the change process was highlighted.
The analysis of clients' subjective experiences during the exploration of problematic reactions provided access to the internal operations that clients engaged in to effect changes in their behavior. The model of the clients' experiences during the event highlights two important foci of clients' attention and activity during the session: client operations and session momentum. When engaged in the former, clients alternated between two primary activities: symbolic representation of their experience and reflexive self-examination. Although the clients' operations were presented sequentially in this study, in actual practice clients engaged in these processes concurrently. Thus, as clients symbolically represented their experience, they reflexively examined it, and vice versa. The predominance of each of these processes was determined by the clients' intentions and goals at different points in time. These two processes, together with therapists' operations, are related to clients' making new realizations and engaging in activities to alter their behavior. Greater understanding of clients' representation and reflexivity in therapy will enable clinicians to intervene differentially to facilitate each of these processes during the session.

The comparison between the performance model of problematic reactions and this study's model of the clients' subjective experience during the change event reveals that some clients reported that they were engaged in activities related to change that were not predicted by the performance model. This finding can be partially explained by the observation that many of the activities in which clients engage are covert processes to which they do not give expression during the therapy hour and which are thus not readily apparent from an examination of therapy transcripts (Hill, Helms, Spiegel, & Tichenor, 1988; Martin, Martin, Mayer, & Sleman, 1986; Rennie, 1990, 1992, 1994a, 1994b).

The covert nature of many client processes may contribute to the continuing difficulty of linking process to final outcome. This problem is further exacerbated by the predominance of clients' deferential behavior during this event and others (Rennie, 1994a), highlighting the need for therapists who implement systematic evocative unfolding to be attuned to differences in clients' expectations. It may be necessary to explain to clients how and why certain interventions may be helpful to promote greater convergence between therapists' interventions and intentions and clients' reactions.

There is not a one-to-one correspondence between the model developed in this study and the model of clients' and therapists' overt performances developed by Rice and Saperia (1984) for a number of reasons. First, the complex and covert nature of the clients' and the therapists' experiences during the session resulted in their having differing perspectives of similar events. Like the characters in Lawrence Durrell's novel The Alexandria Quartets, clients and therapists have different vantage points, which do not necessarily overlap, even though their perspectives do intersect at certain points. Second, in this study specific moments were examined, whose common thread was that they were important to the clients participating in the event. The use of the grounded theory method splintered the moments into fragments to reveal their complexity, which resulted in a more fine-grained perspective than that afforded by task analysis and the performance model. Third, the performance model examined the process of change from the marker until the resolution of the problematic reaction; in contrast, in this study individual moments of change were examined irrespective of when they occurred in the session. The relevance of the present model for the performance model and for client-centered and experiential theory is now discussed.

In the performance model, the first step is for clients and therapists to agree to work on a question that the clients have posed about their experiences. From the model of the clients' subjective experiences, it seemed that clients engaged in a problem-solving task during the exploration of problematic reactions in order to acquire interpersonal and intrapersonal knowledge. The questions clients pose about their experiences seem to facilitate their reflexive self-examination during the session. Posing questions or formulating hypotheses about experience has long been recognized as an important aspect of productive process in client-centered and experiential therapy (Klein, Mathieu-Coughlan, & Kiesler, 1986). The process-diagnostic approach, advocated by experiential therapists, seems to be a particularly effective way of helping clients to identify and formulate puzzling, problematic issues, which will facilitate their reflexive self-examination (Greenberg, Rice, & Elliott, 1993; Greenberg & Webster, 1982; Rice & Saperia, 1984).

The second phase of the performance model requires clients to evoke vividly the scene in which they experienced their problematic reactions, thereby facilitating clients' symbolic representation of internal and external experience. The comparison of the categories, which were assigned to sessions in which clients reported a revising activity and from those sessions in which clients' did not report these activities, suggests that actively visualizing and recollecting external events and feelings associated with problematic reactions may be important correlates of change. A number of other studies have shown that the vivid representation of external events is related to positive outcome in therapy (Angus, Hardtke, Pederson, Grant, & Marziali, 1991; Bucci, 1984; Eichen & Ellenhorn, 1988).

The emphasis by client-centered therapists on clients' inner feelings obscures the importance of having clients represent events in their external world to help them access their subjective impact. It is possible that vividly evoking the scene may facilitate clients' memory of events and thereby heighten their awareness of their inner emotional experience during the situation in which they experienced their problematic reaction. Once clients have reevoked their inner experience, it may be easier for them to symbolize it in awareness. If this is so, it may be more important for therapists to inquire periodically about the clients' feelings during the vivid evocation of the situation than to direct them to search for the salient aspect of the situation that triggered their reaction. However, the relationship between
memory, vivid language, and emotion as correlates of the change process requires further study.

Client-centered and experiential therapists recognize the importance of helping clients to symbolize their subjective experience in words and to check whatever is said and done against their own concretely felt experiencing. Numerous techniques have been developed to facilitate clients’ symbolization of their experience in words, including the reflection of feelings (Rogers, 1965), focusing (Gendlin, 1982), and the use of metaphor (Angus & Rennie, 1988). The data from this study provide support for Gendlin’s (1974) view that movement in therapy consists of the client’s internal shift in experiencing as a result of accurately representing an internal sense.

Once clients have accurately labeled their emotional experience, which may occur at the point when they understand their problematic reaction as well as at other times during the session, they are able to apprehend the schemes for action implicit in their reactions (Eagle, 1984; Greenberg & Safran, 1984, 1987; Rogers, 1961; Taylor, 1990). The process of clients’ clearly articulating feelings and establishing the links between feelings, behaviors, and environmental events is an important correlate of change both in the performance model and the present model. However, a comparison of sessions in which clients completed one of the acts subsumed by the category revisioning self with sessions in which they did not suggests that the acquisition of insight needs to be experienced as a eureka-type experience. Hence, cognitive insight alone may be insufficient to promote change; new realizations may need to be accompanied by affective arousal indicating that the clients have uncovered something meaningful and significant about their experiences (Greenberg & Safran, 1984, 1987).

The model of clients’ subjective experience clarifies the activities that the clients engaged in during the latter stages of the performance model. The clients’ labeling of their subjective experiences during the exploration of their problematic reactions seemed to facilitate their acquisition of a meaning bridge. According to the performance model, the meaning bridge provides a link between clients’ feelings, behavior, and environment. However, in addition, the meaning bridge may be viewed as a hypothesis that clients formulate about the antecedents and consequences of their behavior and their interactions with their environment, a hypothesis they subsequently examine and evaluate during the phases of broadening and deepening.

During these latter phases of the performance model (Rice & Saperia, 1984), it seems that clients perform two tasks: First, they determine the accuracy of their hypotheses by examining their behavior across different situations and by tracing the origins of their behavior patterns, and second, they evaluate the consequences and implications of their behavior. The process of evaluation and self-reflection is one of the categories that distinguishes the sessions in which clients perform one of the acts subsumed by the category of revisioning self from the sessions in which clients do not perform any of these activities. A fuller description of clients’ and therapists’ activities during the latter stages of the performance model of the exploration of problematic reactions must acknowledge the role of evaluation during the change process and specify ways of facilitating it during the session.

With the exception of Toukmanian (1986) and Rennie (1992), clients’ reflexivity has been largely ignored as a component of the change process by client-centered and experiential therapists. This omission may be explained, in part, by the emphasis on organismic experience. Rogers (1965) ascribed personality dysfunction to the distortion or the denial from awareness of organismic experience that is at odds with the self-concept. Thus, this view advocated that the primary goal of therapy is to help clients access their organismic experience as a guide to future action. This theory resulted in an instrumental view of human agency, which ignored the important role of second-order evaluation as defined by Taylor (1990). According to Taylor, a distinguishing feature of human beings is that once they know their desires, feelings, and goals they are able to evaluate how to achieve them and to decide whether they want to in terms of the values and goals with which they most closely identify. From the model, it seems that the process of representing external events and inner experiencing not only promotes insight, but also facilitates clients’ reflexive self-examination and evaluation of their experiences so that they can determine alternative ways of acting in the future.

A number of limitations to this study must be noted. First, the model is based on a small sample and needs to be validated with other samples; second, clients were not asked to comment on the extent to which the model represented their experiences; third, client process needs to be related to final outcome; and fourth, the relationship between memory, vivid language, and emotional reexperiencing needs to be investigated more rigorously. In future studies it may be useful to examine clients’ subjective experiences at each phase of the model. This was not attempted in this study as it was deemed too onerous and time-consuming for the clients. We anticipate that the information obtained from clients’ reports of their subjective experiences during specific change events will allow for the development of more refined and precise measuring instruments, which will enable researchers to link therapy process to final outcome more directly. An understanding of the cognitive-affective processes that clients engage in during specific change events will provide a common language with which researchers and clinicians can understand the impact of specific interventions and the change process in general.

**References**


### Appendix

#### An Inquiry Into Self

<table>
<thead>
<tr>
<th>Symbolic representation of experience</th>
<th>Reflexive self-examination</th>
<th>Making new realizations</th>
<th>Revisioning self</th>
<th>Positive</th>
<th>Negative</th>
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<tbody>
<tr>
<td>Speech acts</td>
<td>Question behavior, feelings, interactions</td>
<td>Sense significance</td>
<td>Internal locus of control</td>
<td>Concern with productivity</td>
<td>Difficulty with task demand</td>
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<tr>
<td>Elaborate</td>
<td>Explain behavior</td>
<td>Triumph</td>
<td>Alternate ways of seeing</td>
<td>Become focused</td>
<td>Frustrated</td>
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<tr>
<td>Narrate–formulate</td>
<td>Elaborate insight</td>
<td>Accomplishment</td>
<td>Decide to change</td>
<td>Become unstopped</td>
<td>Impatient</td>
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<tr>
<td>Cognitive–affective processes</td>
<td>Examine</td>
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<td>Follow lead</td>
<td>Stalled</td>
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<td>Create image</td>
<td>Check</td>
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<td>Curiosity</td>
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<td>Recollect situation</td>
<td>Link behavior and feelings</td>
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<td>Catalyze</td>
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<td>Recollect feelings</td>
<td>Evaluate</td>
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<td>Reexperience feelings</td>
<td>Consider implications</td>
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