The achievement of greater selfhood: The application of theme-analysis to a case study

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THE ACHIEVEMENT OF GREATER SELFHOOD: THE APPLICATION OF THEME-ANALYSIS TO A CASE STUDY

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We studied how psychotherapeutic themes change across sessions by applying Theme-Analysis to the transcripts of the therapy sessions taken from one client striving to achieve greater selfhood. Theme-Analysis is designed to investigate the change process by analyzing psychotherapy themes within and/or across sessions. The three variables studied were theme, object, and phase. Psychotherapeutic themes were defined in terms of polarities with one pole representing the problem end of a continuum and the second pole representing the striving-towards end of a continuum. An object was described as the target of a client's experiences. A phase referred to a specific client experience/activity within the change process. This study produced four levels of themes with the core theme being *not individuated/undifferentiated*. Seven themes regarding two objects were analyzed. The data indicate that themes, when viewed across the sessions, are worked through in a progressive forward course.

This study investigated a client's struggle to individuate and to achieve a sense of greater selfhood by applying Theme-Analysis to the transcripts of the client's psychotherapy sessions. Masterson (1993, p. 79) ascribes two capacities to the (real) self, namely, self-image and self-assertion. Self-image comprises being adequate, competent, and reality-oriented; self-assertion includes the capacity to identify and activate individual thoughts and feelings. Bowen (1978) states that individuation is observed by an individual's ability to function in an autonomous and self-directed manner without being controlled, impaired, or feeling unduly responsible for significant others. Mahler, Pine, and Bergman (1975); Kaplan (1978); and Edward, Ruskin, and Turrini (1981) propose that parental nurturing and nudging are necessary to help the child individuate, achieve autonomy, and develop his/her sense of self. Parental indulgence and inadequate nudging may lead to a failure to individuate and to an ill-defined sense of self. As an adult, he/she may experience problems with self-identity and self-assertion.

A client's struggle to individuate and achieve a greater sense of selfhood was investigated in terms of psychotherapeutic themes, their objects, and how the themes change, with respect to phases/stages, across the sessions. Theme-oriented approaches (Luborsky et al., 1993) assume that core themes determine behaviors, affects, and

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cognitive processes, whereas stage-oriented approaches assume that psychotherapeutic change takes place in terms of phases. Since Theme-Analysis (Meier & Boivin, 1996, 1998a) is capable of developing themes and tracking changes on these across the sessions, it was selected as the research method for this project. It was used to identify the themes related to achieving greater selfhood, to determine the themes' objects, and to describe how change took place on these themes across sessions. An object, as will be explained in greater detail later, refers to the target of a client's experience. To assess for change on themes, Theme-Analysis has incorporated the Seven Phase Model (SPM; Meier & Boivin, 1992).

Various theme-oriented approaches (Luborsky et al., 1993) have been designed to extract themes from psychotherapy-derived relationship episodes which were then coded using a paradigm having predetermined components (Henry, Schacht, and Strupp, 1986; Horowitz, 1987; Luborsky & Crits-Christoph, 1990). A theme is defined as being core if it appears the most often in the analysis of a particular case (Luborsky & Crits-Christoph, 1990, p. 85). Theme-Analysis differs in several ways from these approaches. First, Theme-Analysis does not use a predetermined paradigm to develop themes. Second, Theme-Analysis is not a transference-related measure (Luborsky et al., 1993). It can be used for a wide variety of situations. Third, the methods provide one or more snapshots of a theme, often problematic, at given points in time. Theme-Analysis tracks how the themes change across the sessions, that is, it provides a movie picture. Lastly, Theme-Analysis defines themes in terms of the degree of their abstraction from the clinical material and not in terms of the frequency of their occurrence.

Several stage-oriented approaches have been devised to study how changes take place across sessions. For example, Stiles et al. (1990), in the Assimilation Model, postulate eight stages which comprise affective, cognitive, and meaning-making processes and reflect different levels of assimilation. Psychotherapeutic change consists in modifying existing schemas and/or developing new schemas so that a problematic experience can be assimilated (Stiles, Meshot, Anderson, & Sloan, 1992, p. 81). Prochaska and DiClemente (1992) also assume that change takes place in stages. They postulate five stages in their Transtheoretical model (Prochaska, 1995, p. 415). The SPM, which Theme-Analysis incorporates to assess for change on themes, differs in some significant ways from the Transtheoretical and Assimilation Models. Whereas the SPM was qualitatively derived, both the Transtheoretical and Assimilation Models were theoretically derived. The Transtheoretical Model has been tested using subjects who were addicted and seen in short-term therapy whereas the SPM was developed using clients striving to achieve greater selfhood and seen in both short-term and long-term therapy. As for the Assimilation Model, it emphasizes the cognitive component of the change process and pays minimal attention to the motivational factors (e.g., needs and wants) and to the interactive process of a person within his/her milieu. Motivational factors and the interactive processes are integral aspects of the SPM and of Theme-Analysis.

In brief, Theme-Analysis was selected as the research method for this study because it merges the concepts of themes and phases and provides procedures to develop themes and code themes for phases. Similar to the theme-oriented approaches and to the Assimilation Model, Theme-Analysis is in part qualitative in that it develops themes from psychotherapy sessions and is in part quantitative in that it imposes, in terms of phase ratings, an a priori measure on the data. The research question studied was: does the evolution of themes follow a progressive, forward course in a

successful psychodynamic/humanistic psychotherapy when applied to the achievement of greater selfhood?

The first part of this paper presents, within the context of Theme-Analysis, basic concepts pertinent to this study, namely, the definition and types of themes and the assessment of change on the themes. The second part presents the research method, the analysis of the data, the results, and a discussion of the findings.

BASIC CONCEPTS

PSYCHOTHERAPY THEMES

Themes are issues that clients bring up and work on in therapy. More precisely, themes comprise the personal or interpersonal difficulties, concerns, and/or problems and troubling thoughts, disturbing emotions, and experiences of loss explicitly or implicitly raised and/or worked on by the client within the course of psychotherapy. Themes represent concepts and processes. Themes may emerge at any point in therapy. Themes include a latent positive pole which can be described as a striving towards that which is opposite to the problem. For example, a client might say: "I feel constrained by my partner . . ." Implicit in this statement is the desire to be freed from the constraint. This is the latent positive pole. Themes are conceptualized as being bipolar with one end of the continuum representing the problematic pole and the other end representing the pole towards which to strive. The above theme, in its bipolar form, would read, "feeling constrained versus feeling freed." Both poles comprise the theme.

TYPES OF THEMES

Similar to the qualitative methods of Empirical Phenomenology (Giorgi, 1985) and Grounded Theory (Strauss & Corbin, 1990), Theme-Analysis develops a hierarchy of categories. (In Theme-Analysis, categories are referred to as themes). It has been observed that in using Theme-Analysis, four levels of themes are required to conceptually link the clinical material to a core theme. That is, it develops a hierarchy of themes with descriptive themes at the base and a core theme at the apex. Between the descriptive and core theme are two levels of central themes, namely, second-order and third-order themes.

Descriptive themes are formed from the summarized meaning units (Merleau-Ponty, 1962/1945; Giorgi, 1970) and closely reflect the everyday language used by the respondents (e.g., not able to set limits versus able to set limits). Second-order themes are formed by reducing (Rennie, Phillips, & Quartaro, 1988, p. 142) two or more descriptive themes (e.g., not able to set limits versus able to set limits; not standing up for self versus standing up for self) to a higher order theme (e.g., being passive versus being assertive) because the former share in common the experience of being nonassertive and letting circumstances or others determine one's choices and decisions. Third-order themes are formed by reducing two or more second-order themes. Lastly, core themes are formed by reducing all of the third-order themes, with shared commonalities, to a single theme. A core theme is the central phenomenon around which all the other themes are integrated (Rennie et al., 1988). Core themes are determined by their conceptual relationship to the subsidiary themes and not by their frequency of occurrence. The second-order,

third-order, and core themes are expressed in bipolar terms and in the language of the researcher's discipline (e.g., psychology).

ASSESSMENT OF CHANGES TO THE THEMES

The evolution that takes place on the themes as they were worked through across the sessions is assessed by the SPM of the Change Process (Meier & Boivin, 1983, 1984, 1992). Change on a theme is defined as a progressive forward movement through the seven phases of the SPM. The phases are presented in Table 1. The term *evolution* refers to a client's changing experience of an original theme as it is worked through with respect to the seven phases. For example, a theme might initially be experienced as a distress (Phase 1). This might be followed with efforts to understand what is going on and by beginning to make links (Phase 2), by gaining a new perspective regarding the problem (Phase 3), and so on. The term *progressive, forward course* refers to the working through process, relative to a theme, which begins with lower number phases and moves to the middle numbered phases and then to the higher numbered phases. The SPM will be presented in greater detail later.

Table 1. The Seven-Phase Model of the Change Process*

Phase 1: Problem Definition: The client presents and discloses personal and/or interpersonal difficulties, concerns, feelings, etc. The therapist helps the client to identify and articulate the parameters of the problem in terms of its nature, intensity, duration, and extent. Psychotherapy goals are established.

Phase 2: Exploration: The client, with the help of the therapist, uncovers the dynamics of the problem in terms of its etiology and maintenance with reference to affective, cognitive, motivational, and behavioral constituents. The style of relating to others is examined. This phase represents a shift from complaining and emoting to wanting to better understand the presenting problems and concerns and to bring about change.

Phase 3: Awareness/Insight: The client has a better understanding of how unexpressed feelings, inappropriate cognitions, unfulfilled needs and wants, and lost meanings are related to the present problem. This new perspective (e.g. insight, awareness) provides a handle for taking responsibility for self and provides a direction for change. The uncovering process leads to a new perspective on the etiology, maintenance, meaning, and significance of the problem.

Phase 4: Commitment/Decision: The client implicitly or explicitly expresses a determination to change behaviors, manner of relating, perspectives, and assumes responsibility for the direction of his/her life.

Phase 5: Experimentation/Action: The client responds, relates, feels, behaves, and thinks in new and different ways and in accordance with the new perspective. He/she tries out (experiments with) the new awareness in everyday life situations. The experimentation takes place between therapy session and/or is rehearsed within therapy sessions.

Phase 6: Integration/Consolidation: The client makes his/her own and solidifies those new actions, feelings, perceptions, etc. which are consistent with her/his sense of self.

Phase 7: Termination: The client, having achieved the counseling goals, prepares to live without the support of the therapy sessions. The client's feelings regarding termination are addressed and worked through.

*Adapted from Meier & Boivin, 1983, 1984.

METHOD

PARTICIPANTS

Client.   The material comprised the transcripts of 14 consecutive one-hour sessions of a single, European-Canadian, young adult, female client, Alice (pseudonym), seen in short-term counseling. Alice's presenting problems were difficulty in being her own person within the context of emotionally intimate relationships and feeling depressed because she had contracted a sexually transmitted disease. The client's goal in seeking psychotherapy was to become fully and authentically herself, address her depressed mood, and deal with the aftereffects of a sexually transmitted disease. Alice was highly motivated and developed a strong therapeutic bond.

Therapist and therapy.   The therapist (senior author), male, European-Canadian, was a doctoral-level trained and experienced psychodynamic/humanistic oriented psychotherapist who had a part-time private practice and worked full-time in a university graduate counseling program. The therapist used empathic responses, attending and focusing skills, and summarized the client's implicit and explicit messages (Ivey, 1983). He also used linking statements whereby connections (links) were made between various facets of the client's current experiences (e.g., cognitions, affects, motives) and behaviors, and between the current patterns of behavior and those of years past. The therapist worked in the here-and-now and constantly checked back with the client to ascertain what she was processing, particularly when she demonstrated changes in behavior, tone of voice, mood, and so on. The client set the agenda for each of the sessions. To help the client more adequately attend to and express her feelings, thoughts, and needs/wants, to reformulate some of her assumptions and expectations, and/or to develop more effective communication and assertiveness skills, a Gestalt Empty-Chair was used in sessions 2, 7, and 8 and a Gestalt Two-Chair in sessions 10 and 11. The goal of therapy was to engage the client in experiential learning and self-understanding, and become skilled and empowered. The therapist's approach can be summarized by two words, nurture and nudge.

RESEARCH MEASURES

Manual for Theme-Analysis (*MTA*).   The Manual for Theme-Analysis (MTA) (Meier & Boivin, 1996, 1998a) presents the conceptual foundation for Theme-Analysis, guidelines for implementing its operations, examples and definitions of descriptive, second-order, and third-order themes; and offers examples of objects. Lastly, it discusses the confirmability, dependability, credibility, transferability, and application of the data produced by Theme-Analysis (Miles & Huberman, 1994, pp. 277–280) and, indirectly, it evaluates the method of Theme-Analysis itself.

Theme-Analysis comprises four operations, namely: (1) segmenting transcripts, (2) developing themes, (3) identifying the theme's object, and (4) describing change on a theme. The four operations are described in detail in Meier and Boivin (1998a) and summarized in Table 2.

There are several aspects of the table which are worthy of note. First, meaning units must provide sufficient contextual information that the researcher can assess whether the client experiences the theme as a problem, is exploring the theme, has an insight into the theme, is doing something about the theme, and so on. Second, in developing the themes, careful attention is given to words such as feel, perceive,

Table 2. Summary of the Four Operations of Theme-Analysis*

Operation 1: Segmenting transcripts of psychotherapy sessions into meaning units
1. Segment the transcripts into meaning units (composed of one or more sentences) which comprise three components: a theme, an object of the theme, and a change (referred to as phase) on a theme.
2. Assign a new meaning unit when there is a shift from one theme, object, or phase to another theme, object, or phase.
3. A meaning unit may be coded for one or more themes, objects, and/or phases.
4. A meaning unit may be explicitly or implicitly embedded within the segment.
5. A meaning unit must provide sufficient information so that the client's experience of the theme (e.g., a problem, insight, action) can be assessed.

Operation 2: Developing themes
1. Derive themes from the summarized meaning unit (client statement).
2. Express themes in terms of bipolarities with the problem representing one end of the continuum and the striving-towards representing the other pole.
3. Define themes using psychology and English language dictionaries.
4. Develop four levels of themes: descriptive, first-order, second-order, and core.

Operation 3: Identifying the objects of the themes
1. Assign an object to each theme.

Operation 4: Determining change on themes
1. Assign a phase, using the SPM, to each theme-by-object meaning unit.

*Adapted from Meier & Boivin, 1998a.

behave, want, and so on. These words often introduce the client's particular concern and reflect its unique quality. Third, when using dictionaries (Chaplin, 1973; Reber, 1985; Webster's, 1989) to define the themes, the researchers adapt the definitions to reflect the therapeutic content and process. Fourth, a segment may comprise one or more themes, objects, and phases. This is particularly true when client statements become more condensed and integrated as is often observed towards the end of therapy. Fifth, an important aspect of Theme-Analysis is to identify a theme's object since the themes are worked through within the context of the client's milieu. The target of a client's experience (theme) is referred to as an object which may be animate or inanimate in nature (St. Clair, 1996).

The Seven-Phase Model of the Change Process (*SPM*).   The phases of the SPM were derived from a qualitative analysis of the case notes of over 20 clients who were seen either in short-term psychotherapy (e.g., 8–15 one-hour sessions) or in long-term psychotherapy (e.g., 50 or more one-hour sessions). The 20 clients presented a wide range of emotional problems including depression, anxiety disorders, and some forms of personality disorders (e.g., borderline) but not psychotic, antisocial, or organic disorders. To derive the phases of the change process, the researchers asked themselves a single question: How do clients, in collaboration with their therapists, work on their problems across sessions and bring them to resolution? This analysis led to the following phases: Problem Definition; Exploration; Awareness/Insight; Commitment/Decision; Experimentation/Action; Integration/Consolidation; and Termination. The conceptual definitions for these phases are presented in Table 1. The general goal of psychotherapy, from which these phases were derived, was to facilitate the awareness, emergence, and expression of the authentic/real self

(Masterson, 1993, p. 79; Meier & Boivin, 1987; Rogers, 1961, pp. 103–106). The phases of the SPM, presumably, represent progressive forward movements in achieving greater selfhood.

The SPM has been operationalized by specific criteria keyed to each of its phases (Meier & Boivin, 1984, 1986, 1998b). The criteria were derived from segments of actual client material which depicted the specific phase in question. To illustrate, three of the criteria for coding a client response as Experimentation/Action are: (1) the client speaks about the manner in which he/she will carry out a new behavior; (2) the client describes a new positive action that he/she performed and which is out of character for him/her; and (3) the client speaks about positive efforts that are being made to change behavior (Meier & Boivin, 1986).

The SPM has been used in a number of studies, over half of which were replicated, to evaluate its conceptual basis, the sequence, characteristics, and the validity of the phases, and to assess raters' ability to reliably code for phases. The significant findings are: (1) a study of over eighty models of psychotherapy representative of the five major orientations (e.g., behavioral, cognitive-behavioral, experiential, Gestalt, and psychodynamic) provided support for the SPM. Each orientation included four or more of the seven phases in the expected direction (Bluger, Doughty, Gingrich, Hare, & Melanson, 1984). (2) The seven phases accounted for more than 96% of the client interview material (Aylward et al., 1986; Meier & Boivin, 1988). (3) The sequence of the phases as presented in the SPM was supported by empirical studies (Meier & Boivin, 1988; Charlebois, Chong, McMurdo, & Stauber, 1985; Aylward et al., 1986). (4) Studies on interrater agreement produced kappa coefficients (Cohen, 1960) of .82 (Charlebois et al., 1985) and .88 (Aylward et al., 1986) across the phases and .93 across phases when interrater agreement was defined as agreement within one phase (Cloutier, Fortin, Hamelin, & Sheehy, 1988). (5) A predictive study supported the inclusion and sequence of the seven phases of the SPM (Aylward et al., 1986; Meier & Boivin, 1988). (6) Criterion validity studies supported the inclusion of the seven phases (Cloutier et al., 1988; Fortin, 1995). In summary, the various investigations provide substantial data which indicate that the SPM is a reliable and valid research instrument.

PROCEDURES

Selecting a research subject and transcribing taped interviews. The criteria on basis of which the client was selected from a pool of clients, were that he/she was seen in short-term therapy (20 sessions or less), had a successful psychotherapy outcome, and that the interviews were audiotaped. The sessions were audiotaped for possible training and/or research purposes; however, the fundamental goal of the psychotherapy was to provide a service to the client. The first client selected from the pool to meet the criteria was Alice. Since no outcome measures were administered to the client before, during, or after therapy, successful therapy outcome was determined by reports from both the therapist and the client and by one- and three-year follow-ups. Both the therapist and the client indicated that the goals of psychotherapy were achieved and the follow-ups indicated that the client required no further counseling, was happily married, had a young family, and was successful in her chosen profession. A third method used to determine therapy outcome was the application of a rating scale (7 = very successful outcome; 1 = very poor outcome) to sessions 1, 2, 7, 8, 13, and 14 by two raters who independently evaluated the sessions. In assessing the outcome of therapy, the raters used sessions 1 and 2 as a

baseline. The ratings for the two raters were 6 and 6.5, which indicated successful therapy outcome. In retrospective ratings, the client met at pre-treatment but not at post-treatment, the DSM-III-R diagnostic criteria (APA, 1987) for a mild form of Dependent Personality Disorder (301.60) akin to the Dependent Personality Style described by Sperry (1995). The Global Assessment of Functioning Scale (APA, 1987) produced retrospective ratings of 60 and 85 for pre- and post-treatment respectively. A score of 60 indicated that the client experienced moderate difficulties in autonomous and self-directing behaviors whereas a score of 85 indicated minor difficulties in these domains.

The transcripts were prepared in accordance with defined standards intended to preserve as accurately as possible the turns of speech, interruptions, and other interview phenomena (Mergenthaler & Stinson, 1992). Transcripts were read and corrected by verifiers while listening to the audiotaped sessions. The corrected transcripts were then printed for segmentation.

Research assistants.   Two research teams participated in the project. The first team, called Segmenters, used the MTA and the SPM to divide transcripts into meaning units, develop the themes, and determine their objects. The Segmenters comprised three graduate students in counseling (not the same as the raters) and the senior author. The second team, called Coders, comprised three graduate students in counseling (not the same as the Segmenters and raters) and used the SPM to code segmented themes for phases. The second team was included to control for rater bias.

The two research teams were trained to use the SPM according to the procedures outlined in the manual. Training continued until they reached a high level of consensus which was defined as an agreement by at least two of the three coders on each theme coded. The Segmenters were trained to use the MTA according to the procedures and steps outlined in the manual. Training continued until the Segmenters reached a high level of consensus which was defined as an agreement by at least two of the three Segmenters on segmenting transcripts into meaning units, developing and labeling themes, and determining the object. The training to use the SPM and the MTA took about 25 hours for each instrument.

Segmenting transcripts, developing themes, and identifying objects.   The steps presented in the MTA were used as guidelines to implement the four operations of Theme-Analysis as summarized in Table 2. There are several things to be noted about the application of the guidelines to this study. First, prior to the study itself, the Segmenters prepared a preliminary catalogue of themes and objects by coding the transcripts taken from the third, eighth, and twelfth sessions. It was assumed that these combined sessions would generate a representative sample of themes and objects for the client being studied. These preliminary catalogs of themes and objects were then used to code all of the fourteen transcripts. As new themes and objects emerged they were added to the original catalogue of themes and list of objects and appropriately defined. The length of a segment varied from one sentence to five sentences with a mean of 3.5. Second, since the goal of the study was to investigate the changes that occurred during the course of psychotherapy, interview material which pertained to the client's experiences, actions, and changes prior to the beginning of the current psychotherapy were not included for segmenting and coding. Third, in a number of instances a meaning unit comprised two or more themes and a theme was coded for two or more objects. This is consistent with Tesch (1990) who stated that "categories have fuzzy boundaries, and if a segment is too rich in content to fit in just one category, put it into two or three" (p. 144). Fourth, to prevent or at least to minimize

any undue influence by the senior author on the graduate students (Segmenters) in determining the meaning units and themes, the graduate students presented their codings prior to that of the senior author when the team met to determine a set of codes. Disagreements were discussed until a consensus was reached.

Determining change. Change on a theme was defined as a progressive forward movement through the seven phases of the SPM. To assess for change, the SPM was applied to each of the themes. To this effect, the Coders independently coded the themes transferred onto 5 x 8 cards which were scrambled (for theme, session number, and client response number) and randomly assigned. The Coders were blind to the session number and the line number within a session. Each Coder coded all of the themes. When they completed their coding, the Coders met to provide one phase for each theme x object segment. Interjudge discrepancies were discussed to agreement. Interjudge agreement was determined by the use of Cohen's (1960) kappa coefficient. A kappa coefficient of .79 was obtained in this study. This is somewhat lower than the kappas of .82 and .88 reported by Aylward et al. (1986) and Charlebois et al. (1985), respectively.

RESULTS

This study endeavored to answer a single research question, namely: does the evolution of themes follow a progressive, forward course in a successful psychodynamic/ humanistic psychotherapy when applied to the achievement of greater selfhood? The first task in answering this question was to form a hierarchy of themes and the second was to select themes from this hierarchy for study.

Formation of a theme hierarchy. Theme-Analysis produced 122 descriptive themes and identified 42 objects within which these themes were worked through. Using conceptual similarities as a basis (Giorgi, 1985; Rennie et al., 1988), each member of the research team independently reduced the 122 descriptive themes to form 25 second-order themes, 7 third-order themes, and a core theme. Following this, the members met to discuss differences and to prepare one set of second-order, third-order, and core themes. These themes are presented in Figure 1.

Several comments are in order regarding Figure 1. First, the second- and third-order themes and the core theme are given a one- or two-word name which represents the problem pole of the theme. Second, the oval shapes (with hyphens within them) on the left-hand side of the table represent the group of descriptive themes which were reduced to form the second-order theme indicated by an arrow immediately to its right. Third, the lines with arrows indicate the direction of reduction. Fourth, the successive reduction of themes produced a core theme which was the difficulty to individuate, differentiate, and be one's own person. The striving-towards pole of the core theme was the desire to individuate, differentiate, and be one's own person. The core theme was defined according to the concepts of oneness and separateness (Mahler et al., 1975; Kaplan, 1978).

When compared to each other, the four levels of themes appear to make conceptual sense. These themes are consistent with Masterson's (1993) description of persons who struggle to individuate and achieve a sense of selfhood.

The core theme for this client came to light gradually as the second-order themes were worked through. There were two instances during the course of therapy which
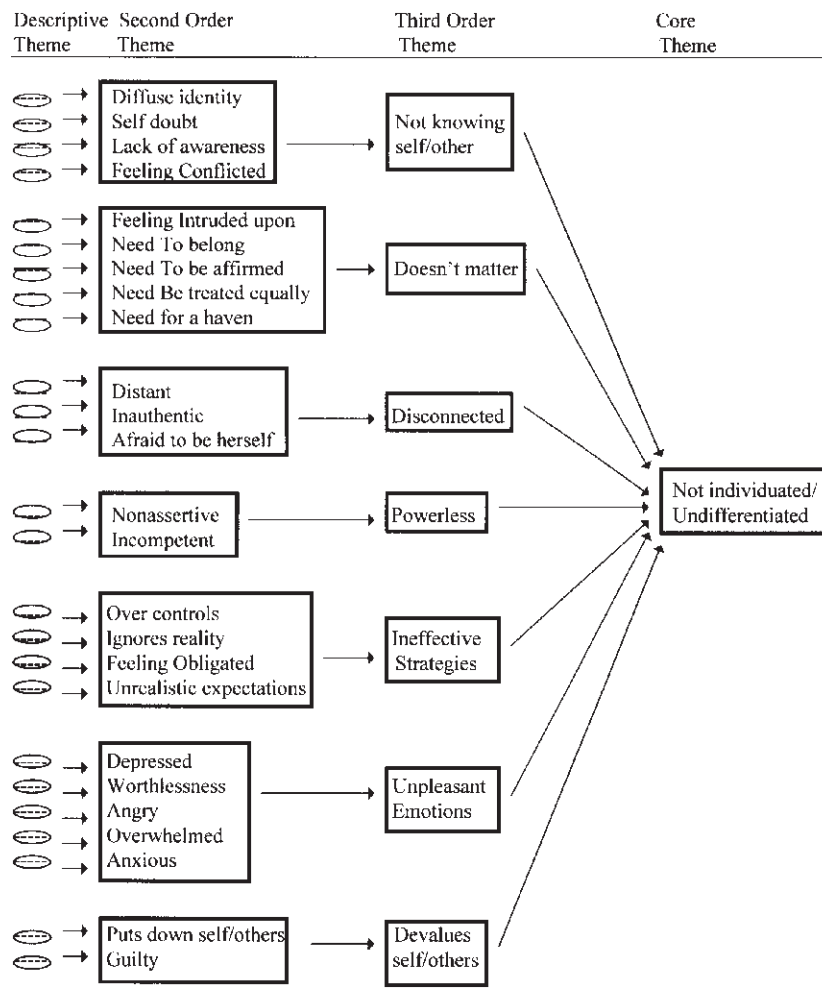
FIGURE 1. The derived descriptive, second order, third order, and core themes and their relationship to each other for one client as formulated by Theme-Analysis. ⊂⊃ refers to one of the 122 descriptive themes formulated from the psychotherapy sessions.

signaled the indirect working through of the core theme. One of the incidents touched on her changed self-image (Session 10) and the other on self-assertion (Session 12) (Masterson, 1993, p. 79).

It should be pointed out that the hierarchy of themes presents a framework for understanding one client's difficulty to individuate and differentiate. The hierarchy is not being proposed as being typical for persons struggling with similar problems.

The evolution of themes across sessions by objects. To make decisions as to which themes to select for this study, theme x object frequency distributions were computed for second- and third-order themes using the original set of objects. The results were presented in the form of tables and figures. It became apparent that using the third-order themes produced uninterpretable data. It produced patterns with numerous sud-

den shifts from a lower numbered phase (e.g., Problem Definition) to a higher numbered phase (e.g., Experimentation/Action) and vice versa. An analysis of these sudden shifts revealed that following the working through (e.g., Phase 5) of a subsumed theme (e.g., depression) a new subsumed theme (e.g., anger) emerged at the level of a problem (e.g., Phase 1). The pattern therefore did not represent the working through of a unitary theme but of a composite of two or more themes. Based on these observations, it was decided that the evolution of themes would be studied by using second-order themes and the original set of objects.

It was also decided that a second-order theme would be included in the analysis on the condition that it appeared at least five times for an object. Each of the 25 second-order themes presented in Figure 1 fulfilled these conditions. The reasons for the above stipulation were: (1) to eliminate those objects which did not play an important part in the client's struggle to work through the themes; (2) to establish a meaningful pattern. It is realistic to assume that at least five occurrences of a theme per object are needed in order to establish a pattern as to how the theme is worked through, particularly through the first five phases; and (3) to make it possible for the more meaningful themes to be included in the analysis. This is not to say that the themes that appeared less often were less important or that the level of a theme is defined by the number of its occurrences. The 25 second-order themes were worked through within the context of 11 objects. The seven themes studied in this research are presented in Table 3.

It was decided to report the results from this study by Objects. The rationale for this is the following: It is well known among psychotherapists that a client associates a unique cluster of themes (e.g., behaviors, feelings, thoughts, and expectations) with a specific relationship, troubled or not troubled. For example, in troubled relation-

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Table 3. Second-Order Psychotherapeutic Themes and Their Definitions

1. *Lacking in Self-Identity versus Defining Self*: Searching or seeking one's individual self and personhood *versus* experiencing oneself as oneself and not as someone else; possesses one's own personality, individuality.
2. *Lacking in Awareness versus Increasing Awareness*: Lack of understanding or insight into the reasons for one's own or the other's inner experiences and behaviors *versus* an insight and understanding into the reasons for one's own or the other's inner experiences and behaviors.
3. *Self-Doubt versus Self-Assurance*: The absence of a definite conviction regarding one's personhood or some degree of alternation between belief and disbelief regarding one's person *versus* confidence in oneself and in one's abilities to achieve life goals.
4. *Unrealistic Expectations versus Realistic Expectations*: Extreme and imagined looking forward to and anticipation of something from self and others *versus* objective, genuine, and natural anticipation of and looking forward to something of self and other.
5. *Needing Support, Affirmation versus Providing Self-Support, Self-Affirmation*: Needing positive assertion regarding one's personhood and personal qualities and needing to be emotionally upheld *versus* asserting oneself for one's personhood and qualities and emotionally upholding oneself.
6. *Afraid to Be Self versus Being Self*: Apprehension and uneasiness in being self-directing and autonomous *versus* at ease in being self-directing and autonomous.
7. *Nonassertive versus Being Assertive*: Inactive, affected by others, and enduring without resistance or emotional reaction *versus* clearly affirming personal goals, opinions, thoughts, and feelings, being aware of and standing up for one's rights as a person, and setting interpersonal limits.

ships with parents, a person would likely work through a different cluster of themes regarding his/her father as compared to the themes worked through regarding his/her mother. Objects do influence which themes are present and worked through. In organizing the presentation by Objects, a better picture is presented as to which themes go together, how they relate to each other, and how they are worked through relative to the same Object. Figures and tables were constructed using the SPSS scatterplot program (Norusis, 1993) to indicate where in the sessions each theme x object combination was located. For this research, four themes for each of the two Objects, "Self" and "Friends," were studied for their evolution across the sessions. "Self" refers to "self in relation to self" and "Friends" refers to "self in relation to friends." The two objects, "Self" and "Friends," were selected because they were the target of many of Alice's themes and the seven themes (with one common to both of the objects) were selected because they occurred the most often for these two objects.

OBJECT: SELF

Four of the twelve themes worked through within the context of the object, Self, will be presented in the order of their appearance within therapy (Figure 2).

Lacking in self-identity versus defining self.   Alice presented the problem (Phase 1) of not knowing who she was three times during the third session (Figure 2: Identity). For the past 20 years she had complied to the expectations of others. She then asked herself the question, "where am I in all that? . . . I don't know where I am." Although ambivalent, she continued, "I want to see it but I'm afraid." This theme
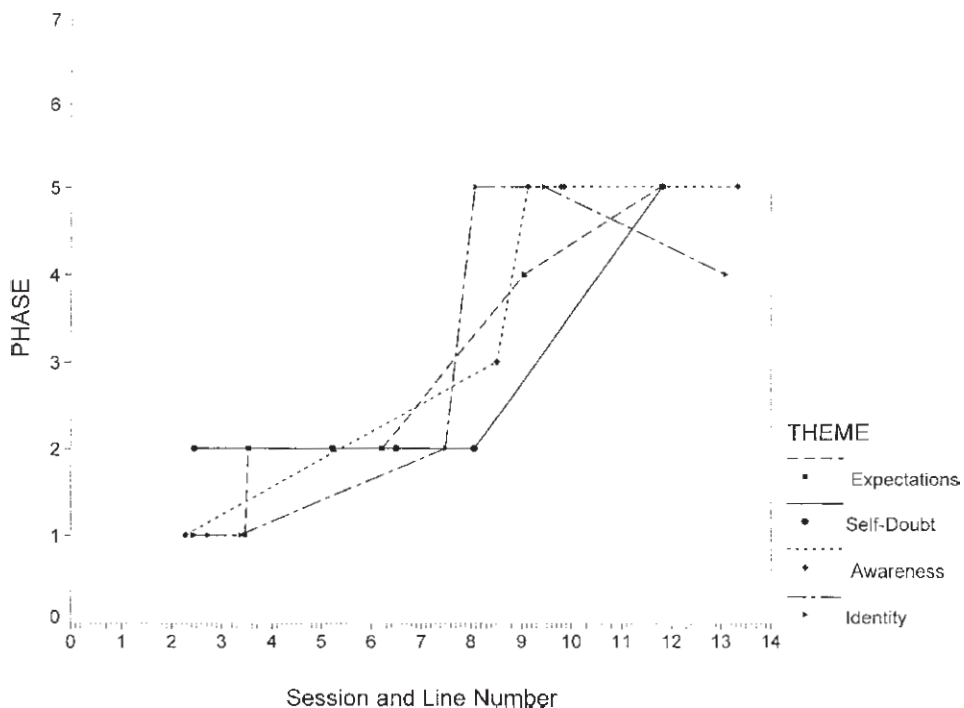

FIGURE 2. The change for four themes as they are worked through across the psychotherapy sessions for the Object, Self, and as assessed by the Seven-Phase Model.

was worked on at Phase 1 in the fourth session and explored by the use of the Empty Chair exercise (Phase 2) in the eighth session. Alice wondered whether she should start over and try to be a new person. In sessions 9 and 10, she spoke about how she struggled to be her own person (Phase 5). At times she felt others pulled her to be someone different. Despite these pulls, she saw herself as a "distinct person," liked herself for being that way, and strove to maintain her self-identity. In session 14 she renewed her commitment to achieve her self-identity (Phase 4).

Lacking in awareness versus increasing in awareness.   The second theme was introduced as a problem in session 3 (Phase 1) (Figure 2: Awareness). In the past Alice had not faced a lot of things and had lacked awareness regarding her feelings, thoughts, etc. This theme was worked on again in session 9 at Phase 3. During the process of reviewing a play that she attended, *This is For You, Anna*, she gained new insights about herself. In sessions 10 and 14 Alice acknowledged that she was more aware of her inner experiences and how she related with others, and was better able to objectively perceive things (Phase 5). She described this new experience, saying, "It's really a feeling I've never felt before."

Self-doubt versus self-assurance.   This theme was explored (Phase 2) in four different sessions, namely, sessions 3, 6, 7, and 9 (Figure 2: Self-Doubt). Alice constantly doubted the choices she made, questioned the way she interacted with others, and wondered whether she had said the right thing. In exploring this theme, she identified several needs which related to her self-doubt. She had a need to positively impress others, say the right thing, and be pleasant. She anticipated negative responses from others. By session 12, she became more self-assured (Phase 5). She summarized this change in saying: "And less and less now do I look back and think: oh my God, what have I done . . . but I think: OK, maybe I acted that way and it wasn't perfect but that's OK, it's part of the growing process."

Unrealistic expectations versus realistic expectations.   This theme was introduced as a problem (Phase 1) in session 4 (Figure 2: Expectations). Alice described herself as having unrealistic expectations. In exploring this problem (Phase 2), she mused about whether having high expectations made her demanding in friendships. She saw herself as expecting more than she received. This theme was worked on again at Phase 2 in session 7. Session 10 saw a dramatic change in that Alice's expectations of herself became more realistic. She said, "I can't expect myself to face everything at the same time. It wasn't fair to ask myself to do that, so I just said: it's OK for me to say, no thank you" (Phase 4). The experience of having more realistic expectations of herself was, for her, quite startling. She stated, "you wouldn't believe what a difference it made. I felt so much better." At session 12, Alice reported that she continued to have more realistic expectations of herself (Phase 5).

OBJECT: FRIENDS

Alice worked through 13 themes within the context of her relationships with close friends. Four of these themes are presented in order of their chronological appearance within therapy.

Needing support, affirmation versus providing self-support, affirmation.   This theme was introduced as a problem (Phase 1) in session 4 (Figure 3: Affirmation). Alice
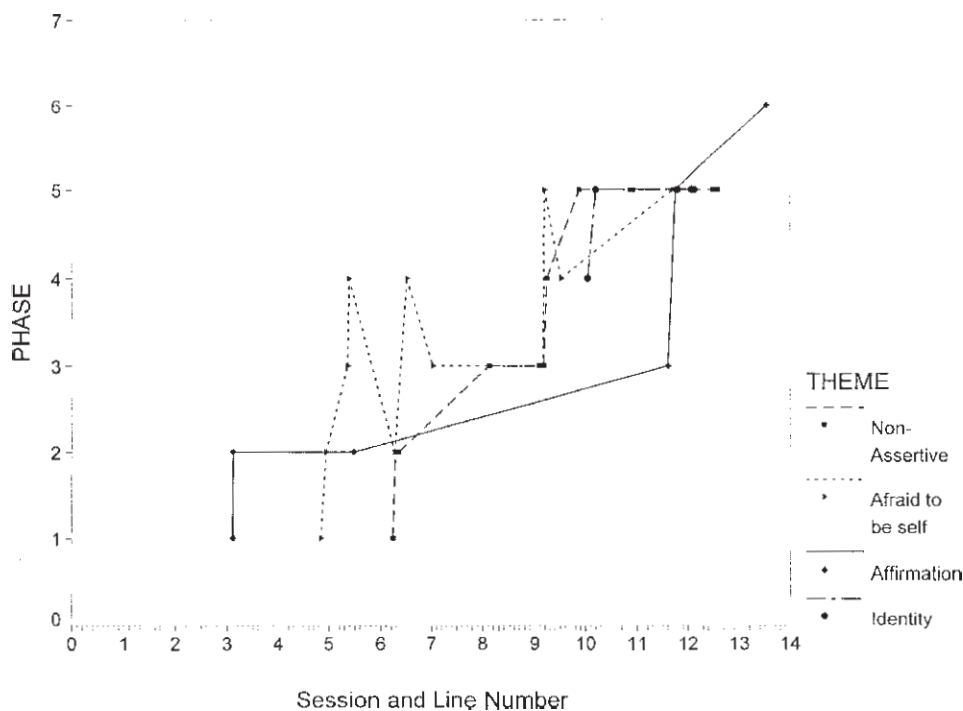
FIGURE 3. The change for four themes as they are worked through across the psychotherapy sessions for the Object, Friends, and as assessed by the Seven-Phase Model.

complained that she was not being supported by her friends. In exploring this theme she wondered whether she was not being affirmed because "people don't really know where I was coming from" (Phase 2). With further exploration in session 6, Alice perceived that people did not affirm her because they wanted her to be like they were. Alice, on her part, wanted people to say, "that's who she is and that's what I like for her." Alice returned to this theme in session 12 where she gained an insight which linked her strong need for affirmation to her fear of being rejected (Phase 3). She then moved from awareness to action which is reflected in the statement: "somehow the rejection doesn't seem so final anymore because I feel as if I can pick up and go on a bit more than I could have before if I were rejected." Later Alice stated that she was affirming herself and felt stronger to handle the rejections from friends (Phase 5). In session 14 she described how she made self-affirmation an integral part of how she was with others (Phase 6).

Afraid to be self versus being self. Alice introduced this theme in session 5 by describing how difficult it was for her to be herself when with friends (Figure 3: Afraid to be self) (Phase 1). In exploring this theme later in the session (Phase 2), she expressed the fear that in being her own person she would make a fool of herself and would be asked to justify her behaviors. In the following session, she came to the realization (Phase 3) that in not being her own person she let herself fade into the woodwork for which she resented herself. She then decided (Phase 4) to take small positive, although difficult, steps towards being herself. This theme was again explored (Phase 2) in the seventh session where new feelings related to the prob-

lem emerged. These included feeling not good enough and feeling selfish and guilty when not attending to the needs of others. At the same time she decided to do things for herself (Phase 4). In session 8, Alice stated that following the last session a thought had suddenly struck her. She said, "I guess it just hit me. I realized I'm starting to let myself feel again, I realized that for the longest time I've been refusing to let myself really feel" (Phase 3). She realized that in allowing herself to feel she was being her own person. In session 10 she reported another insight on which she immediately acted. It suddenly struck her that she had a choice whether to accept or decline a date. She said, "It just hit me, it was so strange, it was out of the blue, something that I would never even have thought of before" (Phase 3). Following this awareness she declined the invitation (Phase 5) and made a commitment to strive to be her own person (Phase 4). In session 12, Alice reported incidents wherein she was her own person (Phase 5). She described this by saying, "I used to be such a kind and giving person and would . . . let people walk on me, and there's a part of me that thinks: people loved me for that. But now . . . another part of me thinks: I'm glad that's changed."

Being non-assertive versus being assertive.   Alice introduced this theme in session 7 (Figure 3: Non-assertive) by describing herself as remaining passive when things annoyed and angered her (Phase 1). In exploring this problem (Phase 2), she stated that she did not know how to express her feelings without her friends "feeling that they have been slapped in the face." She felt selfish and guilty in focusing on herself and assumed that she had nothing significant to say. In an Empty Chair exercise designed to help her to express herself more assertively when inviting friends to a toboggan party, her initial response was, "I am holding a toboggan party and it would be nice if you could come. You don't have to come, only if you have time. Don't feel obligated." In exploring her indirect way of asserting herself, she became aware that it was in part linked to her fear of being perceived as being unimportant and to her desire to avoid rejections. In experimenting with more direct ways to extend invitations, Alice eventually changed statements such as, "It would be nice if you would come" to "I would like you to come." The "It" was replaced by an "I" statement. Following this exercise, Alice reiterated her fear of being rejected if she were to assert herself: "I'm just so afraid of people rejecting me, or laughing at me if I'm assertive . . . and . . . baring [my] wounds to the world and letting them take another stab if they feel like it." In session 9 Alice expressed the awareness that her feelings of frustration were linked to her not asserting her need for her own space and to do her own thing. She also became aware that she can say no to friends (Phase 3). This awareness propelled her toward more assertive behavior despite being conflicted by her needs and by the assumed needs of her friends. In session 10 she again expressed awareness of the power in being able to say no to friends (Phase 3). The fear that she might become selfish in asserting her needs rather than responding to the needs of others encumbered the struggle to find a balance between the two. Nevertheless, she made the decision to become more assertive and pictured herself as "coming out of a cocoon" (Phase 4). Later in the session she described how she used this "newly found freedom" to assert her opinion and her needs with friends. In session 11, Alice related an incident in which she stood up for herself (Phase 5). She nevertheless continued to struggle to be assertive. She said, "I definitely think in asserting myself, I'm a little bit too angry and sometimes I go about it in the wrong way, but at least it's a start." In sessions 12 and 13, Alice stated that she was "experimenting with" being assertive, standing up for herself and struggling with negative

feelings (e.g., selfishness, guilt, fear of inadvertently hurting others) associated with assertiveness.

Lacking in self-identity versus defining self.   This theme was introduced in session 11 (Figure 3: Identity). Alice declined an invitation from a demanding friend and decided to work on her own individuality (Phase 4). Later in the session she accepted her distinctness and made the commitment to continue to define her life (Phase 5). In session 12 she described how she redefined herself within the context of friendships. In the past she was a nice person, kind and giving, and would let people walk all over her. Now she saw herself as a person who could be assertive, set limits, and stand up for herself (Phase 5). In session 13, she related two incidents which challenged her to continue to define her social identity.

Although the main interest of this study was a qualitative demonstration of the progressive forward movement in working through the themes, it was decided to perform a (paired) correlation between phase and session for the themes taken as a whole and for the seven themes analyzed in this study. A Pearson r of .75 (rsq = .57) was obtained for the themes taken as a whole, and a Pearson r of .86 (rsq = .74) was obtained for the themes analyzed in this study. These strong positive correlations together with the qualitative data provide support to the notion that themes are worked through in a progressive forward course.

DISCUSSION

The psychotherapy change process of one client was studied with reference to three variables, namely, psychotherapy themes, their objects, and their phases. The discussion will comment on the change patterns that emerged from the analysis and on some of the limitations of the study.

First, the research formulated 25 second-order themes which appeared a minimum of five times for at least one of the Objects, 7 third-order themes, and 1 core theme. This is not to say that the second-order themes which appeared less frequently per Object were not meaningful. Some of the second-order themes were cognitive in nature (e.g., Unrealistic Expectations), others were affective in nature (e.g., Feeling Worthless), and others reflected needs/wants (e.g., Needing Support and Affirmation). These themes interweave with each other in working through themes such as Being Nonassertive versus Being Assertive. The hierarchy of themes is consistent with Masterson's (1993) description of a person who has difficulties with self-image and self-assertion. The generation of the 25 second-order and 7 third-order themes suggests that it is useful to conceptualize a condition, such as the achievement of greater selfhood, in terms of themes and to track their evolution across time.

Second, the analysis of third-order themes produced uninterpretable patterns. A possible explanation for this is that third-order themes mutually share some of the common qualities but ignore the qualities that differentiate them. If this were so, then the argument can be made that in order for process models to work, they must be tied concretely to the lived experiences of the individual as demonstrated in the analysis of second-order themes and not to the higher order conceptualizations of that experience. More work is needed to clarify the relationship of different levels of conceptualizations of the client experience to process models.

Third, the evolution of the themes show a general pattern of progressive forward movement (Figures 2 and 3). The working-through of a theme began with Phases

1 and 2, then entered into Phases 3 and/or 4, and terminated with Phases 5 and/or 6. This pattern is clearly observed for the themes Afraid to be Self versus Being Self, Needing Support, Affirmation versus Self-Support, Affirmation, and Being Nonassertive versus Being Assertive. There are exceptions to this pattern, which will be discussed later. This general forward movement through the phases is consistent with Prochaska's (1995) observation that persons, in resolving their addictions, proceed through the five stages of change (p. 415), and with Stiles et al.'s (1992) observation that clients, in resolving problematic experiences, traverse through a series of seven stages (p. 83). These studies link successful therapy to the progressive forward movement through the phases or stages. The current study also observed a link between the phases and successful therapy outcome. As the client progressed through therapy, the themes were worked through at the level of the Exploration, Insight/Awareness, Commitment/Decision, Experimentation/Action, and Integration/Consolidation phases.

Fourth, the change patterns presented on the two figures indicate that in working through some of the themes there was a large jump from one phase to another (e.g., Figure 2: Identity), the working-through began at a higher numbered phase (e.g., Figure 3: Identity), the Awareness/Insight Phase was absent (e.g., Figures 1 and 2: Identity), and/or themes were introduced late in therapy. Only two of the themes were worked through at each of the first five phases (e.g., Figure 3: Afraid to be self; Being Nonassertive). How does one explain these various patterns? There are several possible explanations.

The jump from Phase 2 to Phase 5 (Figure 2: Identity) could be a result of the Empty-Chair exercise introduced in session 8. In using this exercise the client was invited to explore her difficulty in defining herself and challenged to say everything that was on her mind. That is, the client was offered an opportunity to experience herself in the way she would like to be as compared to where she then found herself. The therapist nudged the client to produce a Phase 5 experience. This was for her an intense and positive experience which included, without her having reported it at that time, a new perspective on the problem and an implicit commitment to maintain the new way of being (Phases 3 and 4). A second explanation for the large jump from one phase to another might be related to the fact that the theme was introduced in the earlier sessions and then returned to in later sessions. In the meantime, other themes were worked through, and the gains from working through these themes might have been generalized to other themes.

The second pattern, beginning to work through a theme on a higher numbered phase (Figure 3: Identity), could be explained by the fact that it is the continuation of the same theme previously worked through within the context of another object. For example, the theme Defining Self was first worked through within the context of the Object, Self, where it reached Phase 5 in session 9. This same theme, within the context of Friends, was introduced in session 11 at Phases 4 and 5. It is possible that the gains made in working through this theme with reference to Self were applied to working it through with Friends.

The study is not without its limitations and problems. First, there is no systematic assessment nor outcome data. The assessment of the client's presenting problem and the assessment of psychotherapy outcome are based on retrospective measures. It would have been useful for this study to have systematic data regarding the client's change in self, particularly as it relates to self-image, self-identity, and self-assertion. True, it is not always possible for various reasons to gather systematic data. Second, the absence of systematic data regarding change in self makes it difficult to determine whether there indeed was a change in the self or whether the change occurred

only in speech. The data seem to suggest that there was a profound change in the self, but this needs to be corroborated by other measures. Third, the question can be raised as to what extent the sequence through the seven phases reflects a relatively fixed pattern of problem resolution that inheres in the client and to what extent it reflects the structure of discourse in psychotherapy. Based on the studies of the SPM, there is reason to believe that the sequence through the phases reflects, at least in great part, a relatively fixed pattern of problem resolution that inheres in the client. The phases appear to be transtheoretical and to be related to the client's manner of dealing with problematic experiences and bringing them to resolution. This is not to say that a therapist does not influence a client in the manner that he/she brings problems to resolution. Fourth, the seven phases are not equally easy to code. Problem definition, for example, is easier to code than is integration/consolidation. As well, at times it is difficult to discriminate between problem definition and exploration and between action/experimentation and integration/consolidation. Lastly, the question can be raised as to the transferability (generalizability) of the findings from this single case study. According to Miles and Huberman (1994), transferability is assured by fully describing the characteristics of the case studied, providing rich descriptions for readers to assess the potential transferability for their own setting, and by rigorously implementing the procedures of the research method (p. 280). In this sense the findings are transferable but not necessarily generalizable. It is necessary to study more cases with a similar presenting problem to differentiate the particularities from the commonalities and to assess which themes are generalizable.

Theme-Analysis itself is not without its limitations and problems. First, it is limited by human and financial resources. Theme-Analysis is labor intensive and requires a minimum of five hours of work per researcher to segment one transcript and to code its segments for themes and phases. Moreover, transcripts of complete therapy sessions required for Theme-Analysis are often not available. Second, the use of two teams of researchers, one to segment and label the themes (Segmenters), and the second to code the themes for phases (Coders), is problematic. In using this procedure, themes are often viewed out of context. An alternative procedure would be for the same team of researchers to segment the transcripts and to simultaneously code the segments for the theme, object, and phase. To prevent biasing the results, the researchers could code every fifth transcript beginning with the first transcript, then code every fifth transcript beginning with the second transcript. This procedure could be repeated until all transcripts have been coded. Another alternative would be to randomly assign transcripts to the team of researchers.

In summary, this paper presents the results from a study which applied Theme-Analysis to the transcripts of one client. The strength of Theme-Analysis lies in its ability to uncover themes which comprise a phenomenon and to identify the course taken in working through the themes across objects and sessions. Despite its limitations and difficulties, Theme-Analysis is a promising research method.

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Zusammenfassung

Wir untersuchten, wie sich psychotherapeutische Themen über die Sitzungen hinweg verändern, in dem wir die Methode der Themenanalyse auf Transkripte von Therapiesitzungen anwandten, die aus der Behandlung einer Klientin mit dem Bestreben nach größerem Selbstbezug stammten. Die Themenanalyse wurde entwickelt, um Veränderungsprozesse in Psychotherapien innerhalb bzw. über Therapiesitzungen hinweg zu untersuchen. Die drei untersuchten Variablen waren das Thema, das Objekt und die Phase. Psychotherapeutische Themen wurden definiert durch Polaritäten, wobei ein Pol das Problem, der zweite Pol das angestrebte Ziel repräsentierte. Als Objekt wurde das Ziel einer Klientenerfahrung beschrieben. Die Phase bezog sich auf spezifische Klientenerfahrungen oder-aktivitäten innerhalb des Veränderungsprozesses. Die Studie ergab vier Stufen von Themen, wobei das Kernthema sich auf Individuation und Differenziertheit bezog. Sieben Themen, die mit zwei Objekten in Verbindung standen, wurden analysiert. Die Ergebnisse deuten darauf hin, daß Themen, wenn man sie im Sitzungsverlauf betrachtet, auf eine progressive Art und Weise durchgearbeitet werden.

Résumé

Nous avons étudié comment des thèmes psychothérapeutiques changent à travers les séances, en appliquant l'Analyse de Thèmes aux transcriptions des séances de la thérapie d'un client cherchant à consolider son Soi. L'Analyse de Thèmes est conçue pour investiguer le processus de changement en analysant les thèmes psychothérapiques à l'intérieur et / ou à travers les séances. Les trois variables étudiées étaient le thème, l'objet, et la phase. Les thèmes psychothérapiques sont définis en termes de polarités, un pôle représentant le bout « problème » d'un continuum, et l'autre le bout « effort vers » du continuum. Un objet est décrit comme la cible des expériences du client. Une phase désigne une expérience / activité spécifique du client au cours du processus de changement. Cette étude a révélé quatre niveaux de thèmes, avec comme thème central de ne pas être « individué / différencié ». Sept sujets concernant deux objets ont été analysés. Les données indiquent que les thèmes sont perlaborés progressivement en allant de l'avant, si on les considère à travers les séances.

Resumen

Hemos estudiado cómo cambian los temas a lo largo de las sesiones psicoterapéuticas aplicando el Theme-Analysis (Análisis temático) a las transcripciones de las sesiones terapéuticas de un cliente que trataba de lograr mayor personificación. El Análisis temático está diseñado para investigar el proceso de cambio por medio del análisis de temas dentro y/o a través de las sesiones psicoterapéuticas. Las tres variables estudiadas fueron el tema, el objeto y la fase. Los temas psicoterapéuticos se definieron en términos de polaridades, uno de cuyos polos representaba el extremo de un continuo problemático, y el otro polo los esfuerzos para llegar al extremo del continuo. El objeto fue descrito como el objetivo

de las experiencias del cliente. La fase se refería a una experiencia/actividad específica de un cliente dentro del proceso de cambio. Con este estudio se obtuvieron cuatro niveles de temas con un tema nuclear que fue "no individuado/indiferenciado". Se analizaron siete temas referentes a dos objetos. Los datos indican que los temas, cuando se los examina a través de las sesiones, se elaboran en forma progresiva.