

ORIGINAL ARTICLE

The treatment of depression: A case study using theme-analysis

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Abstract

Theme Analysis was applied to the transcripts of 18 counseling sessions of a middle-age depressed male to identify the themes of depression, indicate how they are linked to each other, and to track changes on the themes across psychotherapy sessions as reflected by a change process measure. Psychotherapeutic themes were defined in terms of polarities with one pole representing the problem-end on a continuum and the second pole representing the striving-towards end on a continuum. The Seven-Phase Model of the Change Process was used to assess change on the themes across the sessions. Depression was defined by DSM-IV diagnostic criteria for a Major Depressive Episode and by the Depression Scale of the Minnesota Multiphasic Personality Inventory (MMPI). Three classes of themes were identified: descriptive, main and core. The research produced one core theme to which the other themes are linked. The results suggest that the themes change across therapy in a progressive forward manner. The theoretical implications and clinical relevance of the findings were discussed.

Keywords: *Therapeutic change process, depression, theme-analysis, qualitative, research, phases of the change process*

Introduction

A client's struggle to overcome his depression and to achieve a sense of *joie de vivre* was investigated in terms of psychotherapeutic themes, their objects and how the themes change across the sessions. A major depressive episode refers to an episode of depression without an accompanying manic state, that is, without an elevated and expansive mood and hyperactivity (American Psychiatric Association, 1994).

Much of the past research on depression has focused on the effectiveness of theoretical approaches to treat this condition. Projects have been designed as outcome studies which compared, for example, the effectiveness of medication, cognitive-behavioral and/or interpersonal therapy. The conclusion from these studies is that there is no single treatment which is consistently more effective than the other (Elkin et al., 1989; Shea et al., 1992). Meta-analysis of controlled outcome research of psychotherapy for depression indicates that all therapy approaches are effective to treat depression (Robinson et al., 1990).

The more recent studies focused on in-session therapist activities such as focusing on the clients' emotions and discussing the therapist-client relationship. Research demonstrates that focusing on emotions, regardless of the therapeutic approach, was positively related to therapy outcome (Coombs et al.,

2002). Discussing the therapist-client relationship also appeared to be effective in the treatment of depression (Vocisano et al., 2004).

The current outcome methods used to study depression appear to be limited because they do not allow for the study of individual differences in the etiology of depression and for its treatment. Likewise, they are not able to identify the significant issues related to depression and to determine their relative importance to successful outcome. A small change in one issue can lead to a major change in the other issues, and ultimately, to the condition of depression itself.

To overcome the shortcomings and limitations of outcome studies, some researchers advocate the use of qualitative-oriented process methods (Elliott, 2002; Greenberg, 1991; McLeod, 2002; Stiles et al., 1990). Meier and Boivin (1992, 1998a, 2000) designed a qualitative research method which merges the concepts of themes and phases, provides procedures to develop themes and to code themes for phases, and to track changes on these themes across sessions. This method was chosen because the goal of this research is to identify the constituents of depression and trace the working through of these across the course of therapy. The research question studied was: does the evolution of themes follow a progressive, forward course in a successful psychodynamic/humanistic

What does this study explore?

- Whether the constituents of depression can be identified and traced through the course of a therapy
- Whether the evolution of themes follows a progressive, forward course in a successful therapy for depression

oriented psychotherapy when applied to the treatment of depression?

Method

Participants

Client. The clinical material comprised the transcripts from 18 consecutive one-hour audio taped psychotherapy sessions of a middle-age, European-Canadian, married, childless client, Anselm (pseudonym), who sought professional help because of a major depression. This was his fourth episode with depression during the past fifteen years.

He was brought up in a middle-class home. His father, a college professor, was emotionally absent from the family. His mother, anxious, insecure and demanding, rewarded him for compliance with her wishes but withdrew her affection and love and became critical of him when he asserted his autonomy and independence. Anselm felt angry, worthless and guilty when he asserted his autonomy and he felt intruded upon and violated when he complied. Performance and achievement were valued while playful and recreational activities were not. Anselm excelled as a student in high school and university. He obtained two Masters Degrees, one in mathematics and physical science and the other in economics.

Anselm, married for fifteen years, had a troubled marital relationship. He experienced difficulty in being himself and in requesting that his personal and social needs be respected without a strong negative response from his partner. He tended to be over-indulgent towards her and to respond to her needs in order to maintain peace, harmony and stability.

Therapist and therapy. The therapist (first author), male, Canadian, was a doctoral-level trained and experienced psychodynamic/humanistic oriented psychotherapist who worked full-time in an university graduate counseling program and had a part-time private practice. The therapist used attending and focusing skills, empathic responses, and summarized the client's implicit and explicit messages (Ivey, 1983). He also used "linking" statements to connect various facets of the client's inner experiences (e.g., affects, and motives) and behaviors, and current patterns of behavior and those of years past. The therapist worked in the "here-and-now," was actively engaged in therapeutic dialogue, and constantly checked back

with the client to assess what he was experiencing and processing, particularly when he demonstrated changes in behavior, tone of voice, mood, and so on (Meier & Boivin, 2000). The client set the agenda for each of the sessions. Anselm was highly motivated and developed a strong therapeutic bond.

To help the client more adequately attend to and express his feelings, thoughts, and needs/wants, to reformulate some of his assumptions and expectations, and to develop more effective communication, focusing (Gendlin, 1991) was used in sessions 3, 5, and 12, and the Gestalt Two-Chair (Greenberg et al., 1993) in session 11. Task-Directed Imagery (Meier & Boivin, 1994) was used in session 15 to help the client become empowered, competent and assertive. The goal of therapy was to engage the client in experiential learning and self-understanding, to understand himself and the nature of his relationships better, become skilled and empowered, and to become his own person within the context of the work place, family of origin, couple relationship and community. The therapeutic relationship was characterized by collaboration, responsiveness to the therapist's interventions, high levels of energy and an intense motivation to change.

Research measures

MMPI and DSM-IV. To assess the presence and severity of his depression and the recovery from it, the Minnesota Multiphasic Personality Inventory (MMPI) (Hathaway and McKinley, 1967) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 1994) were administered at the beginning of therapy and again at the termination of therapy. Prior to therapy, Anselm met the criteria for depression on the DSM-IV and on the MMPI. He obtained a T-score of 105 on the MMPI subscale, Depression.

Theme-Analysis (TA). Theme-Analysis is a qualitative research method which consists of four operations, namely: (a) segmenting transcripts, (b) developing themes, (c) identifying the theme's object, and (d) describing change on a theme. The four operations, summarized in Table I, are described in detail in The Manual for Theme-Analysis (MTA) (Meier & Boivin, 1998a) which presents the conceptual foundation for Theme-Analysis, the guidelines for implementing its operations and definitions and provides examples of descriptive, Second-Order, Third-Order and Core themes, and of Objects.

The Seven-Phase Model of the Change Process (SPMCP). To track changes on the psychotherapeutic themes, the Seven-Phase Model of the Change Process (SPMCP) was used (Meier & Boivin, 1984, 1992, 1998b). The SPMCP comprises seven phases, namely, Problem Definition; Exploration; Awareness/Insight; Commitment/Decision; Experimentation/Action; Integration/Consolidation; and Termination.

Table I. 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 bi-polarities 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.
2. An object may be animate (e.g., person, group) or inanimate in nature (e.g., earthquake)

Operation 4: Determining change on themes

1. Assign a phase, using the SPMCP, to each theme-by-object meaning unit.

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The conceptual definitions for these phases are presented in Table II. The seven phases taken together represent progressive forward movements in working through psychotherapeutic themes. The SPMCP has very good inter-rater reliability and capacity to detect psychotherapeutic change (Meier & Boivin, 1998b).

*Procedures**Selecting research subject and transcribing interviews.*

The particular case was selected for research analysis, from a pool of clients, on the basis that he/she was seen in short-term therapy (20 sessions or less), had a successful psychotherapy outcome and that the interviews were audio taped. The sessions were audio taped for possible training and/or research purposes; however, the primary goal of psychotherapy was to provide a service to the client. The first client selected from the pool to meet the criteria was Anselm. Successful therapy outcome was determined by comparing post-treatment to pre-treatment scores on the DSM-IV diagnostic criteria (APA, 1994) for Major Depressive Disorder and on the Depression subscale of the MMPI (Hathaway and McKinley, 1967). Anselm met the criteria for a Major Depressive Disorder on the DSM-IV (Code 296.3x) prior to

Table II. 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 that of 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.

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treatment but not following treatment. His T-scores on the MMPI Depression subscale was 105 prior to treatment and 70 following treatment. This represents a drop of 35 T-scores. His T-score on the MMPI anxiety and anger subscales dropped from 78 and 81 to 57 and 69, respectively. The average T-score across the clinical scales were 77.4 and 58.2 for pre- and post-treatment, respectively.

To preserve as accurately as possible the turns of speech, interruptions, and other interview phenomena, the transcripts were prepared in accordance with defined standards as published by Mergenthaler and Stinson (1992). Verifiers read and corrected the transcripts while listening to the audio taped sessions. The corrected transcripts were then printed for segmentation and coding (Meier and Boivin, 2000).

Research assistants. The research team comprised the three authors and three research assistants who were mature graduate students in counselling. The research team used Theme-Analysis to divide transcripts into

meaning units, develop the themes and determine their Objects and the SPMCP was used to code the identified themes for phases.

The research assistants were trained to use Theme-Analysis according to the procedures and steps outlined in the Manual (Meier & Boivin, 1998a). Training continued until the research assistants reached a high level of consensus which was defined as an agreement by at least two of the three on segmenting transcripts into meaning units, developing and labeling themes and determining the Object. The research assistants were trained as well to use the SPMCP according to the procedures outlined in the manual (Meier & Boivin, 1998b). 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 training to use the SPMCP and TA took about 25 hours for each instrument.

Segmenting transcripts, developing themes, and identifying objects. The application of Theme-Analysis to psychotherapy research is described in the Manual for Theme Analysis and summarized in Table I. In implementing the operations, the researchers, prior to the study itself, prepared preliminary catalogues of themes and objects by coding the transcripts taken from the third, eighth, and fifteenth sessions as it was assumed that these combined sessions would generate a representative sample of themes and objects for the client being studied. These preliminary catalogue of themes and objects were used to code the eighteen transcripts. New themes and Objects that emerged from the coding were added to the original catalogue of themes and objects and appropriately defined using English and psychological dictionaries (Chaplin, 1973; Reber, 1985; Webster, 1989). The length of a segment varied from one sentence to seven sentences with a mean of 3.75. The transcripts were presented to the research team in a scrambled fashion from which the date of the session was removed.

The following is an example of a Second-Order theme and its definition:

Feeling conflicted versus feeling at peace: Feeling disharmony, at war with self, experiencing antagonistic motives, impulses, purposes versus feeling harmony, quietude, tranquility and mental calm.

Determining change. Change on a theme was defined as a progressive forward movement through the seven phases of the SPMCP. To assess for change, the SPMCP was applied to each of the themes at the same time that they were extracted from the transcript. To this effect, the members of the research team independently segmented the transcripts for themes, identified the (descriptive) themes and objects and coded the themes for phase. When they completed their coding, the research team met to provide one phase for each theme x object segment.

Interjudge discrepancies were discussed to agreement.

To minimize any undue influence by the authors on the research assistants in determining the meaning units, themes, objects and phases, the research assistants presented their codings prior to those of the authors when the team met to determine a set of codes. Disagreements were discussed until a consensus was reached.

Ethics. This project was approved both by the Saint Paul University Research Committee and by the Saint Paul University Ethics Committee. The client consented in writing to take part in the research. To safe guard the privacy of the client, personal information was either removed or altered and confidentiality of the audio taped and written material was coded.

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 oriented psychotherapy when applied to the working through of depression? To answer this question, the first task was to form a hierarchy of themes and the second was to select themes from this hierarchy for study.

Formation of a theme hierarchy

The procedures described by Meier and Boivin (2000) were followed to form a theme hierarchy. The analysis produced 93 descriptive themes and identified 28 Objects within which these themes were worked through. Using conceptual similarities as a basis (Giorgi, 1985), the team members independently reduced the 93 descriptive themes to form Second-Order themes. The members then discussed their differences and prepared one set of Second-Order themes. These procedures were repeated to form Third-Order and Core themes. The results were 49 Second-Order and 11 Third-Order themes and 1 Core theme. A partial list of these themes is presented in Figure 1. Using the same procedure as described above, the number of Objects were reduced from 28 to 18.

Several comments are in order regarding Figure 1. First, themes are given a one or two-word name which represents the problem-pole of the theme. Second, the descriptive themes are represented by the oval shapes on the left-hand side of the table. Third, the lines with arrows indicate the direction of reduction. Fourth, the successive reduction of themes produced a Core theme, *inauthenticity/authenticity*, which was the difficulty in being authentic with self and others. The striving-towards pole of the Core theme was the desire to be authentic.

Being authentic is defined as "being oneself honestly with his fellows. It means taking the first step at dropping pretense, defenses and duplicity"

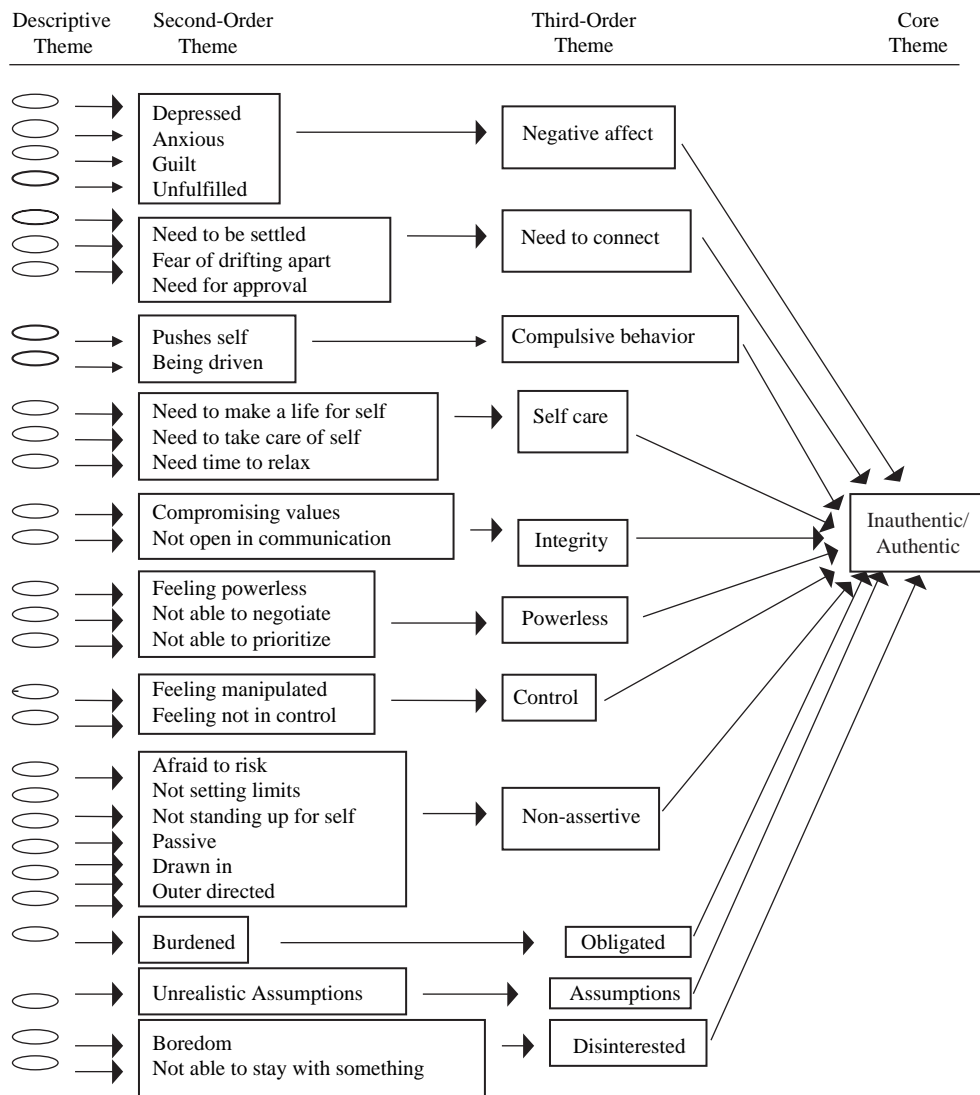


Figure 1. Descriptive, Second-Order, Third-Order, and Core themes and their Relationships.

(Jourard, 1971, p. 133). It is "a call to be oneself, to accept the full range of one's experience (Bugenthal & Sterling, 1995, p. 235). Ellenberger (1958), defines authenticity as "the modality in which a man assumes the responsibility for his own existence" and inauthenticity "as the modality of the man who lives under the tyranny of the plebs [crowd]" (p. 118). In brief, being authentic means not being an imitation but an original. The etiology of an inauthentic self, according to Winnicott (1962/1965), is compliance with the desires of the caregivers for purpose of maintaining the love and affection of the caregiver. In the process, the child exchanges a "true self" for a "false self." When taken as a group and compared to each other, the four levels of themes appear to make conceptual sense.

The Core theme came to light gradually as the Second-Order themes were worked through. This theme first emerged in Session 6 with the client becoming aware of the importance of addressing those things that are important to him, that is, in being honest with himself. This awareness was enhanced in Session 7 when he said, "Now, it's suddenly no longer a foreign language to me... Suddenly, I've clicked

with it." Again, in Session 12, he said, "I won't sacrifice what I believe to be ultimately important" and in Session 16, "I can be honest about where I am at and be okay." In Session 18 he stated that he will begin "to deal honestly" with his emotions and not "let other people's agenda run him into the ground."

The hierarchy of themes extracted from the clinical data represents a framework for understanding the depression of one client. It is not proposed as being typical of all clients suffering from depression.

The evolution of themes across sessions by cluster of themes

Following the procedure of Meier and Boivin (2000) Second-Order themes were selected for this study. To determine which Second-Order themes to include, theme x object frequency distributions were computed using the reduced set of objects. The results were summarized in the form of tables and graphs. It was 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. The reason for this criterion is to establish a meaningful pattern as

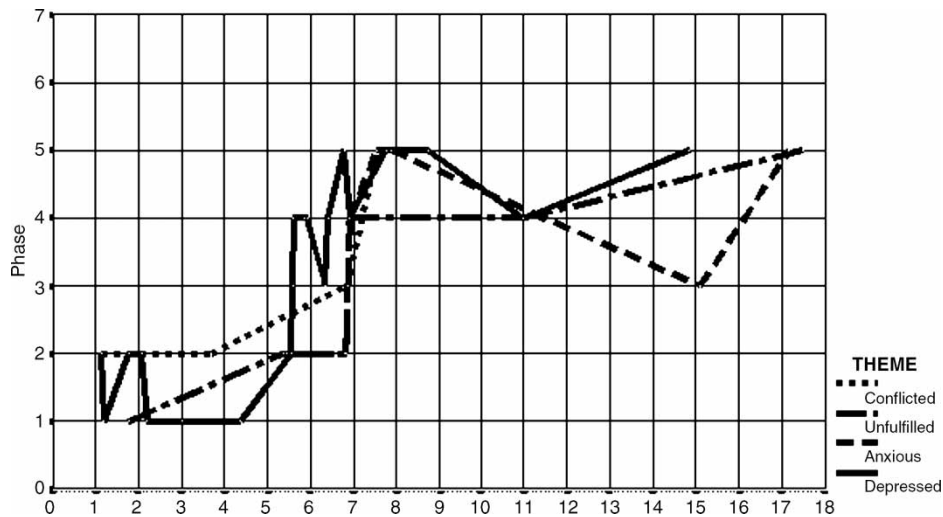


Figure 2. Object (Self) by four Feeling States.

to how themes are worked through, exclude objects that were not an important target in working through themes, and to make it possible to include the more meaningful themes in the analysis (Meier & Boivin, 2000). Each of the 49 Second-Order themes, 29 of which are presented in Figure 1, fulfilled these conditions. The 49 Second-Order themes were worked through within the context of 18 Objects.

It was decided to report the results for this study according to themes. Many of the themes cluster around feelings states (e.g., feeling conflicted), need/want states (e.g., take care of self) and action/behavior (e.g., be able to negotiate). Although they are presented in clusters, the themes are considered to be interactive. For example, Anselm yearned to have more time and space for himself. His failure to achieve this resulted in feelings of frustration and anger. Knowing how feelings linked with his unfulfilled needs propelled Anselm into action, that to do something about his feelings and unfulfilled needs.

The theme clusters were studied relative to two Objects, Self and Partner. They were studied in terms of which themes go together, how they relate to each other, and how they are worked through relative to the same Object. Tables and Figures were constructed using the SPSS scatter plot program (Norusis, 1993) to indicate where, in the sessions, each theme x object combination was located. For this research, 12 themes for the two Objects, "Self" and/or "Partner", were studied for their evolution across the sessions. "Self" refers to "self in relation to self" and "Partner" refers to "self in relation to Partner." The two Objects, "Self" and "Partner", were selected because they were the target of many of Anselm's themes and the 12 themes were selected because they occurred the most often for these two Objects.

Theme cluster 1: Feelings

Among the feelings that Anselm reported and worked on during the therapy session, relative to the Object,

Self, were the feelings of being conflicted, anxious, depressed and unfulfilled. The working through of these four themes across the seven phases is depicted in Figure 2. Because of limited space, the qualitative analysis of one theme is presented, namely, Feeling Depressed versus Feeling Joyful. (For an electronic copy of the analysis of all the themes studied in this research, the interested reader may contact the first author).

Feeling Depressed versus Feeling Joyful. This theme was explored (Phase 2) in the first three sessions. Anselm states that "part of me is saying: I don't know if I'm out of the depression" (Session 1, line 65); In Session 2, he states "I'm still concerned about the lack of enthusiasm... I kept thinking even when I was in that depression... I really should develop a hobby, some interests. It's difficult to do that... because of the lack of energy" (line 50). In the third session he added, "I have not actually tried to take my own life but I'd say I have been severely depressed enough that thoughts of suicide come from there" (line 20).

The client's struggle with this theme shifted to Phase 3 in the fifth session when he gained insight into the roots of his depression. He stated, "There's a genuine fear of lapsing into some kind of depression... it really comes down to getting at the root of why I am here... It's probably only now that you're able to gain insight and actually build on what's happened and act on these things"(line 365). He also became aware that his depression was related to him losing interest in hobbies, relationships, etc. (Session 6, line, 205, Phase 3).

His insight into his depression, led to his determination to do things differently so that the depression would not return. He stated, "At a very deep level, I'm wanting to stay up and out of depression and at the same time be there for my wife. That's important to me" (Session 5, line 375, Phase 4). He also made efforts to seek pleasure in the ordinary things that he

does such as taking the dog for a walk, his tasks at work, etc. (Session 6, line 250, Phase 4).

The next shift in working through this theme was him taking action. He expressed a longing to be settled and then added "I'm feeling that I am settling now... I would say this depression is lifting" (Session 6, line 465, Phase 5). In the following session he went even further in saying, "I'm quite surprised at the progress in a year... And I'm kind of surprised to have come at least out of the depth of it so quickly... I don't feel like I'm depressed anymore" (Session 7, line 425, Phase 5). In the following session he added, "Well, I think I am coming out of this depression... I certainly feel a lot better about my life..." (Session 8, line 535, Phase 5). Reflecting upon his recovery, the client ponders, "It was almost like being in a deep hole and seeing a bit of light, and struggling with all your might to get to that piece of light and not letting anything get in your way. And now I'm sort of healed out of the hole or mostly out of the hole and pretty determined not to fall back in and make sure nothing happens that I do to fall back in" (Session 10, line 605, Phases 4).

Theme cluster 2: Needs/wants

During the course of therapy Anselm became aware of some of his unfulfilled needs, desires and aspirations in his personal life and his relationship with his partner. Three of his unfulfilled needs, in relation to his wife, are to relax, to have his own life and to take care of himself. The evolution of these themes across the therapy sessions is depicted in Figure 3. Because of limited space, only one of these needs will be presented.

Not taking care of self versus taking care of self. This theme was brought up 27 times in eight different sessions. The client worked this theme through to Phase 5 by the 7th session. However at the 10th session he introduced a new element in relation to this theme which he began to work through at Phase 2 but quickly moved to Phase 5. This theme was first

brought up in Session 2. He says, "I need to be able to take a bit of time for myself in the evenings... [I need] to begin to look after myself." (lines 270, lines 335 and 545, Phase 2). Anselm expressed the same thoughts in Session 4, "I have to... look after myself... I'm not going to sacrifice the things that are essential to me" (lines 545, 670 and 725, Phase 2). In the first part of the 5th session, Anselm became aware that his depression was linked to him compromising his needs. He said, "I shouldn't allow myself to get to the place where they're draining me of things" (Session 5, line 115, Phase 3). In the same session he expressed his commitment to be supportive of his wife but at the same time to "look after myself" (line 290, Phase 4). Towards the end of Session 5, he expressed how he would act on his determination to take care of himself. He said, "Sometimes I just need to be on my own once in a while and that's why I want her to be out during the days as well..." (Session 5, line 425, Phase 4-5). In Session 7, Anselm reported taking care of himself by buying crossword puzzles (line 75, Phase 5). At the beginning of the 10th session, Anselm reported having difficulty doing things for himself and he was considering different options. He said, "I think what I'm going to have to do when I come home is exercise or something, take a break before dinner, and then after dinner we can talk" (line 40, Phase 2). Further into the session, he linked his difficulty in taking care of himself to his feeling of being obligated to his wife. He said, "What I'm now coming to see is: I can't be the only person in [her] life to meet all of [her] needs and I need some time on my own, some time for me" (line 380, Phase 3). Towards the end of the session he expressed his determination to continue to take care of himself and "make sure nothing happens that I do fall back [into the old ways]" (line 610, Phase 4). In session 13, Anselm reaffirmed his commitment to taking care of himself. He said that he was "not allowing other people's agenda to interfere with mine" (line 50, Phase 5), that "it is a fight to get the space and the

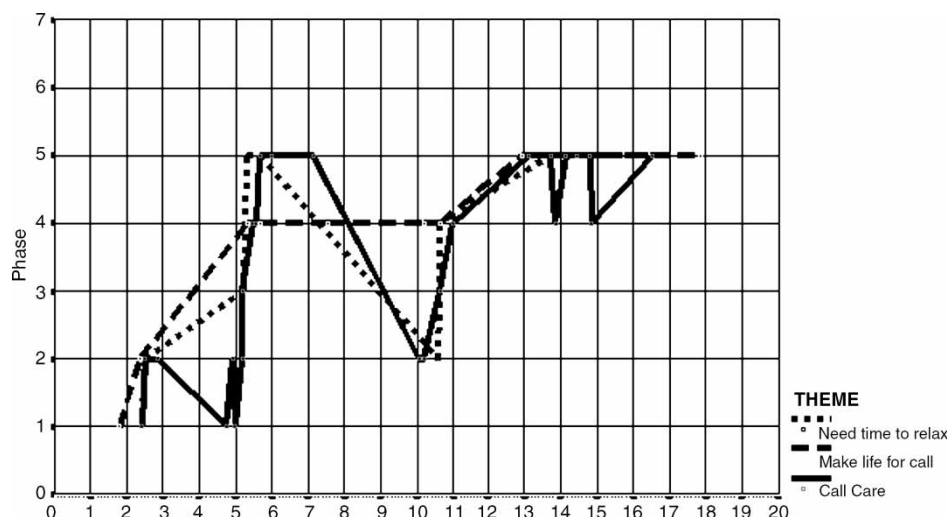


Figure 3. Object (Partner) by free needs.

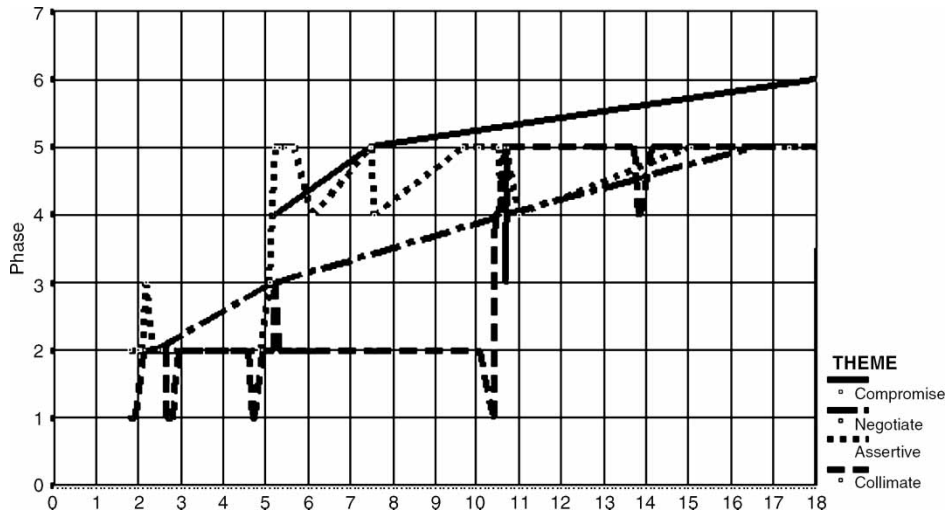


Figure 4. Object (Partner) by four actions.

time I need just for quiet or to do what I want to do" (Line 345, Phase 5) and "I need to say... I'm taking time for myself" (line 415, Phase 4). By the time that Anselm reached the 14th session, he took care of himself as well as his wife. He said "we are finding ways of dealing with that openly and its working" (line 90, Phase 5). Lastly, in session 16, Anselm mentioned that it he is "better able to express my own needs more from the position of negotiating" (line 235, Phase 5).

Theme cluster 3: Actions/behaviors

The themes selected to describe relational difficulties with his partner are those of compromising, negotiating, setting limits, and being assertive. The four themes for the Object, Partner, are visually presented in Figure 4. Only one of the themes will be presented because of limited space.

Not Able to Negotiate versus Able to Negotiate. At the beginning of therapy, Anselm said how difficult it was for him and his wife to negotiate their needs. He said he would have to negotiate with his wife his need to rest after work and say "when I come home I need an hour or a half to rest, to do something else. Or... we can chat for half an hour or have a snooze or something. I need to be able to take a bit of time for myself in the evenings and time with her when we're together" (Session 1, line 270, Phase 2).

By the fifth session, Anselm became aware of his need to negotiate when he sensed that his needs and interests were in conflict with those of others. He said, "It's in the realization... that I shouldn't let any other individual whether its my boss or my wife... to get me to place where they're draining me... I need to negotiate that with them..." (Session 5, line 115, Phase 3).

Over the course of therapy, Anselm became more accepting of his wife's depression and her difficulty in attending to personal matters. At the same time, he learned how to negotiate the things he would like her

to do for herself in relation to what she was capable of doing. He said, "Sometimes I'll say to her: why didn't you do this... and she'll say: I need to get up in the morning and do this, take the dog out for a walk, and go to school. She'll articulate this sort of structure and I'll say: that's a good plan" (Session 10, line 415, Phase 4).

In the tenth session, Anselm expressed his ease in negotiating his needs with his wife. He said, "And now I think that I'm better able to express my own needs more from the proposition of negotiating, and even with my wife, saying: yes to this and no to that: which I think... comes out of a sense of who I am and what I need. And when I stop to think about it, yeah, it's quite legitimate to say no to certain things" (Session 16, line 230, Phase 5).

Anselm, in Session 18, indicated how he was putting into action the insights that he had gained during the course of therapy relative to his responsibility towards his wife. He said, "It's more a matter of coming back within myself... to realize that these are things that I can do actively, to look after her, to care for her, to provide financially and to be a partner... but that ultimately, I cannot make her happy. To a large degree, that depends on her and her responses. I can be a loving and responsible husband as far as I know it to be, but I also... have a right to say this is how I feel and this is what I want... please stop doing this or whatever... so I'm realizing that I have some freedom which I guess I hadn't realized before. That's part of the growth in the last year... realizing that there is some freedom to be creative, both at work and home... negotiation" (Session 18, line 505, Phase 5).

The main interest of this study was a qualitative analysis of the progressive forward movement in working through the themes. Nevertheless, the authors performed a (paired) correlation between Phase and session for the themes taken as a whole and for the twelve themes analyzed in this study. A Pearson r of .57 ($rsq = .32$) was obtained for themes taken as a whole, a Pearson r of .78 ($rsq = .61$) and

What does this study tell us?

- A number of themes were identified and a Core Theme of authenticity v. inauthenticity
- The working through of the themes shows a general pattern of progressive forward movement
- Cognitive themes did not play a large role in the therapy
- Working through of the Core Theme is linked to the successful therapeutic outcome
- The research method used, though labour intensive, appears to be able to identify particular elements in the therapy which led to a successful outcome in contrast to the usually observed result that there is no treatment more effective than another

.68 ($rsq = .46$) for the cluster of needs for self and partner, respectively, a Pearson r of .64 ($rsq = .41$) for feeling states and a Pearson r of .74 ($rsq = .55$) for actions and behaviors. The strong positive correlations, similar to those obtained by Meier and Boivin (2000), together with the qualitative data support the notion that themes are worked through in a progressive forward course.

Discussion and conclusions

The psychotherapy change process of one client suffering from depression was studied with reference to three variables, namely, psychotherapy *themes*, their *objects* and *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 49 Second-Order themes, which appeared a minimum of five times for at least one of the Objects, 11 Third-Order themes and a Core theme. Some of the Second-Order themes were affective in nature (e.g., Feeling Conflicted), others reflected needs/wants (e.g., Take Care of Self), others were cognitive in nature (e.g., Unrealistic Assumptions), and others concerned Actions/Behaviors (e.g., Not Able to Negotiate). These themes interweave with each other in working through themes such as Not Being Assertive versus Being Assertive. The themes of Need to Connect, Seeking Integrity and Need to Take Care of Self are consistent with Winnicott's (1962/1965) concept of the "False Self" and the process of compliance which brings it about. Living from a "False Self" implies living in an inauthentic way; it refers to not being true to oneself and to others. The process of compliance depicts pleasing others, not setting limits and boundaries, not asserting one's own selfhood, feeling obligated to take care of others, and so on, all of which might lead to frustration, anger and depression. The themes that emerged in this study are conceptually congruent

with the concept of "false self" and the processes that lead to it.

Second, similar to the results from the Meier and Boivin study (2000), the analysis of Third-Order themes produced uninterpretable patterns. The data from this study support Meier and Boivin's hypothesis that Third-Order themes mutually share some of the common qualities but ignore the qualities that differentiate them (p. 72). Based on this hypothesis, they argue 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." (p. 72)

Third, the working through of the themes shows a general pattern of progressive forward movement (Figure 2). The working-through of a theme began with Phases 1 and 2, then progressed to Phases 3 and/or 4, and terminated with Phases 5 and/or 6. This pattern is clearly observed for the themes Feeling Conflicted versus Feeling at Peace, Feeling Unfulfilled versus Feeling Fulfilled, Feeling Anxious and Insecure versus Feeling Calm and Secure, for Feeling Depressed versus Feeling Joyful. This general forward movement through the Phases is consistent with Meier and Boivin's (2000) finding that in the achievement of greater selfhood, the client progressed through the seven Phases. These studies link the progressive forward movement through the phases or stages to successful therapy. Similar to the Meier and Boivin's study (2000), the current study observed a link between the phases and successful therapy. 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 themes that were the target of therapy were related primarily to affects, needs/wants, and behaviors/actions. Cognitive themes such as irrational beliefs and unrealistic assumptions did not play a dominant role in the therapy. This might be a function of the experiential and psychodynamic oriented therapy. However, this would be difficult to substantiate since the client set the agenda for each of the sessions and the therapist collaboratively worked with the material offered. The relative absence of cognitive themes does raise an important issue which requires further research.

Fifth, the Core theme, *Being Inauthentic versus Being Authentic*, emerged gradually over the course of therapy. According to the client's story, he learned at a very young age to live according to the expectations of the significant others in his life; self-directed behaviors were not encouraged. This style of living and relating with others was deeply entrenched within him. To begin to live a life in accordance with a genuine sense of his "True Self" was a new reality which was discovered gradually and with pain over the course of therapy. The striving

towards authentic living reflects his efforts towards individuation (Mahler, Pine & Bergman, 1975) in the sense that he became aware of and asserted his thoughts, feelings, wishes/wants, values, and so on; he consciously strove to be his own person. When compared to the Meier and Boivin study (2000), it can be hypothesized that the client in the former study strove both to separate and individuate whereas the client in the current study was separated and strove to individuate (Mahler, Pine & Bergman, 1975). Viewed in this way, it can be hypothesized that the roots of the problems were developmental in origin.

Sixth, it appears that working through the Core theme is linked to the successful therapeutic outcome. The Core theme appears to have been worked through by the client becoming aware of and realizing his needs/wants. The "need to take care of himself," for example, emerged 27 times in eight sessions. The Core theme appears to be intimately linked to the root of the client's problems. The working through of the Core theme affected the working through of the other themes related to his depression.

Seventh, insight did not immediately lead to action. This is clearly visible for the theme Not Setting Limits versus Setting Limits. This theme was introduced in the second session and the client gained some insight into it in session 6. However, the client continued to work on this theme at phase 2 for five more sessions before translating, with the help of the Gestalt Two-Chair Technique, the insight into action.

Meier and Boivin (2000) indicated several limitations in using theme analysis for qualitative research which are also applicable to this study. First, it is not clear to what extent the sequence through the seven phases reflects a relatively fixed pattern of problem solution that inheres in the client or to what extent it reflects the structure of discourse. Second, the seven phases are not equally easy to code. Third, although the findings from this case study are transferable; they are, however, not generalizable (Miles & Huberman, 1994, p. 280). More case studies with similar presenting problems are required to "differentiate the particularities from the commonalties and to assess which themes are generalizable" (Meier & Boivin, 2000, p. 74). Fourth, the use of theme-analysis is labor intensive, limited by human and financial resources and by available transcripts of complete therapy sessions required for analysis.

In summary, this paper presented the research findings from a study which applied Theme-Analysis to the transcripts of one client who worked through his depression. The strength of Theme-Analysis lies in its ability to uncover themes which constitute depression and to track the course taken to work through the themes across objects and sessions. Despite its limitations, Theme-Analysis is a promising research method for studying the psychotherapeutic change process.

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