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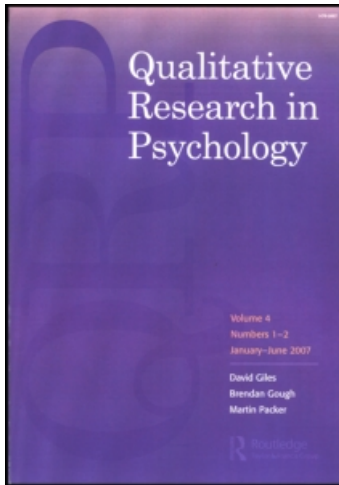
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Theme-Analysis: Procedures and Application for Psychotherapy Research

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Theme-Analysis is an innovative research method that combines both a qualitative and quantitative dimension in the study of the psychotherapy change process by developing thematic categories from psychotherapy sessions and tracking change on these categories across sessions using a measure of change. This article presents the factors that influenced the development of Theme-Analysis, the definition and types of themes, and the method used to measure change on the themes. It then summarizes the four operations of Theme-Analysis which include unitizing transcripts of psychotherapy sessions, developing themes, identifying targets of the themes, and measuring change on the themes across the sessions. This is followed by the procedures to develop a theme-hierarchy and to select themes for study and by the formats by which to present the data. The initial research findings demonstrate that Theme-Analysis has the potency to extract the deeper underlying variables in human conditions such as overcoming depression and striving to be one's own person.

Keywords: Theme-Analysis; qualitative research; therapeutic change process; phases of the change process

Introduction

Theme-Analysis is an innovative discovery-oriented research method that combines both a qualitative and a quantitative dimension in the study of the psychotherapy change process by developing thematic categories from psychotherapy sessions, determining the targets of the categories and tracking change on the thematic categories across sessions using a measure of change. Theme-Analysis is briefly presented in two published articles (Meier and Boivin, 2000; Meier, Boivin and Meier, 2006a) and detailed in two unpublished manuals (Meier and Boivin, 1998a, 1998b).

The analysis of themes is seen by some authors as a foundational method for qualitative analysis and as “one of a few shared generic skills across qualitative analysis” (Holloway and Todres, 2003: 347). Theme-Analysis, however, is not considered by some authors as a method in its own right (Braun and Clarke, 2006). Boyatzis (1998), for example, considers Theme-Analysis not as a specific method but as a tool used across different methods, and Ryan and Bernard (2000) consider Theme-Analysis as a process performed within qualitative analysis but not as an approach in its own right. Further, researchers are divided as to what Theme-Analysis is and how to go about doing it (Attride-Sterling, 2001; Boyatzis,

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1998). Braun and Clarke (2006) disagree with the positions taken by Boyatzis and Ryan & Bernard and consider “thematic analysis” as a research “method in its own right” (p. 78). In their article, Braun and Clarke (2006) outline what thematic analysis is, locate thematic analysis within the context of other qualitative analytic methods, relate it to different epistemological and ontological positions, and provide guidelines to conduct thematic analysis. An important aspect in doing thematic analysis is to report the process used to analyze the data and the assumptions that informed the analysis (Attride-Sterling, 2001).

The authors of this article, in agreement with Braun and Clarke (2006), consider Theme-Analysis to be a qualitative research method in its own right and demonstrate how to apply this method to the study of the psychotherapy change process. Unlike thematic analysis (Braun and Clarke, 2006) that has a broad application in psychology, Theme-Analysis has been designed specifically for psychotherapy research.

This article begins with a history of the factors that influenced the development of Theme-Analysis. It then compares Theme-Analysis to current qualitative research methods and presents its philosophical underpinnings. The remainder of the article focuses directly on the essential components of Theme-Analysis, summarizes its procedures as applied to the study of the psychotherapy change process, and presents some of the difficulties that arise when applying Theme-Analysis to psychotherapy research.

Influences in the development of Theme-Analysis

One of the factors that influenced the development of Theme-Analysis is the limitation of current outcome research methods to study the psychotherapy change process of human conditions such as depression and anxiety disorder. Outcome research methods do not allow for the assessment of individual differences in the etiology of a human condition and are not able to identify the significant issues (e.g., helplessness, self-criticism) related to a human condition (e.g., depression) and determine their relative importance to successful outcome. Moreover, outcome research methods are not able to determine whether working-through some aspects (e.g., loss experience) of a human condition are more important than working through other aspects (e.g., learned helplessness) that might indeed deeply affect how these other aspects are worked through.

A second factor that influenced the development of Theme-Analysis is the observation that one does not directly treat a diagnostic category; rather, one treats the constituents of these disorders. In the case of obsessive compulsive disorder (American Psychiatric Association, 1994), for example, one treats avoidance behavior, proneness to guilt, checking behavior, anxiety, unrealistic expectations, and so on (Meier and Boivin, 1998c). In pursuing this form of treatment, it is assumed that the most meaningful constituents, typically emerging toward the end of therapy, underlie all of the other constituents and influence how these are worked through. For example, in their thematic study of a depressed client, Meier, Boivin and Meier (2006a) observed that the client’s depressive related symptoms and behaviors were influenced by his struggle for authenticity toward self and other.

Third, the development of Theme-Analysis was influenced by Meier and Boivin’s (1990, 2006) research on the resolution of a significant therapy event in terms of client categories (themes) that were operationalized as cognitive, affective, and motive (e.g., desires, yearnings) client statements. The authors observed that the resolution of intrapsychic conflicts follows a pattern that begins with the expression of negative affect and judgmental statements, then shifts to more positive affect statements, and terminates with positive affect and motive statements. Luborsky et al. (1993) also studied interpersonal patterns in terms of relational themes. These authors assume core themes determine behaviors, affects, and cognitive process.

The fourth influence was Meier and Boivin's (1984, 1988, 1992, 1998b) research on the change process in terms of phases. This research analyzed individual therapy sessions according to the major activity (called a phase) of the client such as exploring the underlying feelings, motives, and thoughts regarding a problem, gaining an awareness into the source of the problem, and acting on the insight gained. For example, the first part of the therapy session might focus on exploration, the middle part to gaining awareness, and the third part to acting on the insight. The Meier and Boivin (1998b) model of change has come to be known as the Seven-Phase Model of the Change process that is presented later.

The need for a discovery-oriented qualitative research method that is able to identify significant themes (categories) of the therapeutic change process and trace the evolution of these themes across the session resulted in the development of Theme-Analysis. Theme-Analysis combines both a theme-oriented approach and a phase-oriented approach. As a theme-oriented approach, Theme-Analysis develops psychotherapeutic themes from transcribed interviews and as a phase-oriented approach, Theme-Analysis tracks changes to these themes across the session using a change process measure. Theme-Analysis is in part qualitative in that it inductively develops themes from the psychotherapy sessions of a particular client; it is in part quantitative in that it applies an a priori measure, in terms of phases, on the data. The quantitative data are construed as thematic content (Richards and Lonborg, 1996) to which are applied statistical procedures. In the literature, such methods are referred to as mixed methods research designs because they collect both qualitative and quantitative data in a single study (Creswell, 2003; Hanson, Creswell, Clark, Petska and Creswell, 2005). Based on the assumption that themes may vary according to their target and according to the phases in which they are addressed and worked-through, Theme-Analysis also identifies the targets (e.g., father, mother) of the themes and studies the evolution of themes according to different targets. These targets are referred to as objects.

In brief, Theme-Analysis is designed to study the psychotherapeutic change process by developing themes from transcripts of audio or videotaped therapy sessions, determining the objects of these themes, and studying how these themes change, in terms of phases, across the sessions (Meier and Boivin, 1998a).

Theme-Analysis compared to qualitative methods

In developing Theme-Analysis, the authors were influenced by Giorgi's (1985) Empirical Phenomenology and by Glasser and Straus's (1967) Grounded Theory. Theme-Analysis shares, in common, characteristics found in other qualitative research approaches including those by Luborsky, Stiles, Elliott and Hill, summarized below.

Amadeo Giorgi

The guiding principal of Giorgi's (1985, 1994) Empirical Phenomenology is to go "back to the 'things themselves'" (Husserl, 1921: 252), that is, to study the phenomenon from within so that its inherent and invariant structure freely emerges. Empirical Phenomenology entails three interrelated steps, namely, faithfully describing the phenomenon as it appears in everyday life, allowing that which is contained within the phenomenon to emerge as clearly as possible, and permitting the essential and invariant characteristics of the phenomenon to emerge. The invariant characteristics are constituents and not elements; constituents are "context-laden" and elements are "independent of context" (Giorgi, 1985: 14). To facilitate this process, the researcher "brackets" or disengages from all past theories,

biases, assumptions or knowledge of the phenomenon being studied (Giorgi, 1985: 12) and engages in “free imaginative variation whereby aspects of the concrete phenomenon are varied until its essential or invariant characteristics show themselves” (Giorgi, 1994: 206).

Practically, the empirical phenomenological method entails: reading the entire text so as to get a sense of the whole; segmenting the text into meaning units using as a reference the phenomenon being studied; translating the subject’s everyday language into psychological language through the process of reflection and imaginative variation; and synthesizing and integrating the insights gained in the transformed meaning units into a consistent description of the psychological structure for the phenomenon studied (Giorgi, 1985). Giorgi (1994) alludes to three levels of constituents (themes), namely, descriptive, main, and core. The themes are conceptually related to each other with the more abstract themes embracing a group of descriptive themes. For a general description of the phenomenological research method, the reader is referred to an article by Wertz (2005) who presents the concepts pertinent to this approach, indicates its underlying philosophical assumptions and offers detailed procedures for applying this method to counseling psychology.

Theme-Analysis incorporates much from Empirical Phenomenology including the use of texts (e.g., therapy sessions) that faithfully reflect the phenomenon being studied, reading the whole of the text prior to its analysis so as to get a sense of the whole, the bracketing of assumptions and biases, reflection and imaginative variation, the formation of conceptually different levels of themes and the use of a single or of multiple researchers. Theme-Analysis agrees with Giorgi’s (1985) position that “consensus among researchers is not an intrinsic demand of the method” (p. 13). Each qualitative study provides one glimpse of a phenomenon and not a whole glimpse of a phenomenon. Like Empirical Phenomenology, Theme-Analysis is also interested in the constituents of a phenomenon such as depression. Theme-Analysis differs from Empirical Phenomenology in that the former studies a phenomenon in terms of its constituents as they change across time, whereas the latter studies a phenomenon at a given point in time. Theme-Analysis also studies themes relative to their objects.

Barney Glaser and Anselm Strauss

Grounded Theory is designed to inductively develop theory from primary data such as reports and interviews (Glaser and Strauss, 1967). The purpose is to produce abstract concepts and propositions about the relationships between them which are then checked for goodness of fit. Three types of coding are employed in Grounded Theory, namely open, axial, and selective coding. In open coding, the data are broken down in terms of concepts; concepts that pertain to similar phenomenon are regrouped to form categories; and categories that share similar properties are reclassified as main categories. In axial coding, data are put together in new ways by making connections between categories, that is, by forming higher order categories and checking them against the hypothesis. In selective coding, the core category is selected and systematically related to the other categories. A core category is the central phenomenon around which all other categories are integrated.

Two important qualities of a Grounded Theory are “bracketing” one’s biases, assumptions and hypotheses and being “theoretically sensitive” to the data (Strauss and Corbin, 1990: 42). Theoretical sensitivity is developed from reading the literature, from one’s professional and personal experiences, and from the analytic process and interaction with the phenomenon being studied. Grounded Theory continues to analyze and code new data until no more categories emerge. This is referred as striving toward “theoretical saturation” (Strauss and Corbin, 1990: 188).

Theme-Analysis incorporates several ideas from Grounded Theory, including the “bracketing” of biases and assumptions, the development of three levels of categories that are distinguished by their degree of abstraction, the reading of literature relative to the phenomenon being studied, and systematically relating all themes to the core theme. Theme-Analysis differs from Grounded Theory on three aspects. First, Theme-Analysis is primarily designed to study how a phenomenon (e.g., theme) evolves across time. Second, Grounded Theory provides a picture of a phenomenon at a given point in time, whereas Theme-Analysis takes many pictures; it takes a movie. Third, Theme-Analysis studies a given set of data (e.g., a specific number of therapy sessions) and does not apply Grounded Theory’s principle of “theoretical saturation.”

Lester Luborsky

The Core-Conflictual Relationship Theme method (CCRT) (Luborsky, 1977; Luborsky et al., 1993) is designed to extract themes from psychotherapy-derived relationship episodes that are coded using a paradigm having predetermined components. Relationship episodes are interactions, between client and another, reported by client in therapy. The predetermined components are client wishes, responses from others, and responses from self. Relationship themes are defined as the most frequently occurring categories of wishes, responses from others, and response from self. A theme is defined as being core if it appears the most often in the analysis of a particular case (Luborsky and Crits-Christoph, 1990: 85).

The CCRT differs from Theme-Analysis in several ways. First, Theme-Analysis does not use a predetermined paradigm to develop themes. The themes emerge from each case analyzed. Second, Theme-Analysis is not a transference-related measure. It can be used for a wide variety of situations. Third, CCRT provides 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. Fourth, Theme-Analysis defines and classifies themes in terms of the degree of their abstraction from the clinical material and not in terms of the frequency of their occurrence. Last, CCRT does not have incorporated within it procedures to measure change on themes across the therapy sessions.

William Stiles

The Assimilation Model (Stiles et al., 1990) is designed to measure changes of problematic themes across therapy sessions. The Assimilation Model is rationally derived from the “conceptual and empirical work of Piaget” (Stiles et al., 1992). This model postulates eight predictable stages of assimilation that comprise affective, cognitive and meaning-making processes and reflect different levels of assimilation. Three of its stages are problem statement/clarification (stage 3), understanding/insight (stage 4), and application/working through (stage 5). Psychotherapeutic change consists in modifying existing schemas and/or developing new schemas so that a problematic experience can be assimilated (Stiles et al., 1992).

The Assimilation Model and Theme-Analysis share in common the assumption of incremental change regarding the psychotherapy process. The Assimilation Model differs from the Seven Phase Model in some significant ways. First, whereas the Seven-Phase Model was qualitatively derived, the Assimilation Model was theoretically derived. Second, the Assimilation Model 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 with his/her milieu; the latter are integral aspects of the Seven-Phase Model and of Theme-Analysis. Third, unlike the Assimilation Model, Theme-Analysis postulates a phase, namely exploration, between problem definition and awareness/insight phases. The inclusion of this phase is supported by a current study on the Assimilation Model that indicated substages between the problem statement/clarification and understanding/insight stages (Brinegar, Salvi, Stiles and Greenberg, 2006). Fourth, the Assimilation Model does not include precise procedures to form themes, nor does it group themes according to their level of abstraction and distinguish between themes and their target (Stiles and Angus, 2001). Theme-Analysis codes for theme (e.g., anger) and for its target (e.g., father) whereas the Assimilation Model compresses the two aspects into one theme (e.g., relationship with mother). Fifth, the central position of the “self” in Theme-Analysis and the assumption that the striving toward becoming and expanding the self motivates the movement from phase to phase, receives conceptual support from recent changes to the Assimilation Model. Conceptual changes made to the Assimilation Model include the reformulation of the term, “schema” to “self” and the term, “problematic theme” to “problematic voice” and “community of voices” to “emphasize the active agency of these traces” (Brinegar et al., 2006: 166; Stiles, 1997, 1999; Stiles and Angus, 2001; Honos-Webb and Stiles, 1998; Tomm, 1994).

Robert Elliott

The Hermeneutic Single-Case Efficacy Design (HSCED) (Elliott, 2002) assesses for a causal link between a specific therapeutic intervention and outcome or client change. According to Elliott, the randomized clinical trial (RCT) designs fail to provide an adequate explanation for the causal relationship between intervention and outcome. Elliott states that RCTs are “causally empty” because they offer “conditions under which inferences can be reasonably made but . . . [provide] . . . no method for truly understanding the specific nature of the causal relationship.” According to Elliott, inferring a causal relationship requires a “plausible account (‘logical mechanism’) to establish possible causal relation. Elliott argues further that to establish causal inference one needs to use single case studies rather than groups. These considerations led to the development of the HSCED. To assess change, this method gathers both subjective and objective information at various points (e.g., weekly) through out therapy. Using both direct evidence (e.g., client statements, psychological measures) and indirect or non-therapy explanations (e.g., statistical error), HSCED then hermeneutically offers a plausible explanation for or against causal linkages between therapeutic interventions and client change.

Theme-Analysis and HSCED share in common the importance of utilizing qualitative data in understanding the therapeutic change process and therapeutic outcome. Theme-Analysis assumes that passing incrementally through the seven phases is indicative of successful outcome. The Seven-Phase Model of the Change Process can be considered to be an objective measure to assess outcome. Both HSCED and Theme-Analysis purport the importance of using single cases to assess for change. Unlike the HSCED, Theme-Analysis does not attempt to establish causal links between therapeutic interventions and outcome, but establishes a correlation between outcome and therapy and also provides rich and clinically relevant material. By taking measures at predetermined moments (e.g., weekly), HSCED is capable to track change across sessions, an attribute shared with Theme-Analysis.

Clara Hill

The Consensual Qualitative Research Method (CQR) (Hill, Thompson and Williams, 1997; Hill et al., 2005) is designed to study in depth a given phenomenon such as transference by collecting data from one or more subjects using a semi-structured interview for all cases. The CQR research team develops and codes domains (e.g., presenting problem, immediate context), abstracts the main ideas from a domain to form core ideas (e.g., client acts toward therapist as he acts toward his mother), and develops categories to describe consistencies across cases. The CQR advocates knowledge of the literature on the topic being studied, consensus in the formation of domains, core ideas and categories, prior recording of biases and assumptions, an auditor to check the work of the research team, and various methods such as testimonials and triangulation to assure that data are accurately interpreted.

Consistent with the requirements of CQR, Theme-Analysis advocates that researchers have a comprehensive understanding of the phenomenon studied, bracket their assumptions and biases, and use various methods such as conceptual consistency between theory, literature and data, and feedback from research participants to support the accuracy of their interpretations of the data. However, CQR differs from Theme-Analysis in several ways. First, CQR is designed to study a phenomenon only at a given point in time whereas Theme-Analysis studies a phenomenon as it unfolds across time. That is, CQR takes a picture whereas Theme-Analysis takes a movie of a phenomenon. Second, unlike CQR, Theme-Analysis believes that “consensus among researchers is not an intrinsic demand of the method” (Giorgi, 1985: 13). Each qualitative study provides one glimpse of a phenomenon and not a glimpse of the whole phenomenon.

In summary, the unique characteristic of Theme-Analysis is its capacity to develop themes from transcripts segmented into meaning units and to trace changes (outcome) on these themes across the therapy sessions. When compared to the research methods presented above, Theme-Analysis alone forms categories from the transcripts of full length therapy sessions, determines the targets or objects of the categories, and assess for change on the categories across the therapy sessions.

Philosophical underpinnings of Theme-Analysis

In his presentation of qualitative research, Creswell (1998) refers to five philosophical assumptions, including epistemological, ontological, and methodological. The focus of this section is on the epistemological assumptions of Theme-Analysis. Methodologically, Theme-Analysis uses an inductive method which allows for themes to emerge from the phenomena being studied rather than to specify them in advance of the research. This method is described in more detail in later sections.

Theme-Analysis subscribes to epistemological realism that maintains that there is a mind-independent “knowable” method for discovering whatever truth there is and to phenomenological realism that uses as its starting point personal experience or subjective awareness about which there can be no doubt. Phenomenology begins by finding particular cases of things (referred to as *particularism*) (Vernon, 2007: 428) that are known without a doubt and on which are built criteria for an epistemology. To illustrate this point, one can ask the question, “Can I know?” as posed by Husserl (1921, 1969, 1977, 1982) and Descartes (1951), or “Can I know posttraumatic stress disorder?” One may not know the answer to these questions, but one does indubitably know that one is asking the question. The “knowing” that we are asking the question is a foundational and infallible insight.

Vernon (2007) states that “this seeing is itself the very process – the very lived-through, directly experienced moment of consciousness . . . this is a foundational insight . . . a *primordial* insight” (p. 429). One of the crucial properties of indubitable knowing is the certainty that is inherent within it.

In phenomenology, that which is indubitable presents itself as such; it is experientially self-evident and remains unfiltered by any criteria (Vernon, 2007: 429). To convey these types of epistemological experiences, Husserl (1969,1982) used several terms including *pure intuition*, the *primordial dator act*, the *self-evident*, the *given*, and the *purely self-given* before settling with the term *Evidenz*, “which are types of insight in which we know, and we know that we know” (Vernon, 2007: 430). These types of insights are direct lived observations of truth and are foundational. Vernon (2007) states that “we should take as knowledge only what we directly experience . . . and remain neutral (bracket)” to that which is not directly contained in that experience (433).

Phenomenological realism differs from both modernism and postmodernism. Modernism, such as empiricism, also postulates the existence of a reality separate from the knower and to the knower’s capacity to apprehend the reality (Held, 1995: 5; 2007). However, empiricism holds that it is only by following a method, known as *methodism* (Vernon, 2007: 424), that involves observation and mathematics, that one can apprehend reality. Postmodernism, such as constructionism, on the other hand subscribes to an antirealist doctrine that states that “the knower cannot, under any circumstances, attain knowledge of a reality that is independent of the knower; rather knowers make, invent, create, constitute, construct, or narrate, in language, their own subjective realities” (Held, 1995: 9). Neither modernism nor postmodernism is a foundational epistemology to understand human phenomena and the psychotherapy process (Vernon, 2007). For modernism (e.g., empiricism) to be epistemologically foundational, its method of knowing must be validated by another method, which in turn needs to be validated by another method, and so on. A method is not able to validate another method. Thus all epistemologies based on empiricism, on methodism, are arbitrary because an arbitrary point is chosen at which to stop testing the method and to accept the method as foundational. This is not to say that empiricism ought to be excluded from the study of human phenomena since empiricism has achieved substantial results in other disciplines and fields. Postmodernism, as observed in constructionism, is based on skepticism, that is, “I cannot know that I know” (Vernon, 2007: 427). An epistemology based on skepticism “cannot construct, it only destroys” (Vernon, 2007: 426). Moreover, constructionism contradicts itself since it claims that knowing is inherently unachievable yet it also claims to know something, that knowing is inherently unachievable.

Modernism and phenomenological realism subscribe not only to a “naïve realism” but also to a “modest realism.” In naïve realism the knower is said “to attain all aspects of an independent reality” whereas in modest realism the knower may “only be able to approximate the real nature of some independent reality that is not directly observable” (Held, 1995: 6).

When applied to psychotherapy research, phenomenological realism leads to the creation of categories or themes. For example, a researcher when reading a transcript of a client suffering from posttraumatic stress disorder (PTSD), might not grasp PTSD as such, but the researcher resonates with client statements describing his or her feelings of being abandoned, having difficulty to trust, not being able to control feelings and impulses, experiencing difficulty with intimacy, and so on. The researcher, in bracketing his or her own experience, allows what is present to emerge and the researcher does not doubt his or her experience. These procedures describe the phenomenological research approaches

adopted by Theme-Analysis and by Giorgi (1985), Dukes (1984), Osborne (1994), and Klein and Westcott (1994).

In brief, Theme-Analysis subscribes to epistemological realism that states there is a mind-independent method for discovering whatever truth there is. When applied to psychotherapy research, this method produces themes or categories. The remainder of this article focuses directly on Theme-Analysis and indirectly demonstrates how it has incorporated principles from phenomenological realism in its research approach. More specifically, this section discusses the formation of psychotherapy themes, the assessment of changes on the themes, procedures for applying Theme-Analysis, formation of a theme hierarchy, selecting themes for study, presenting the results, characteristics of Theme-Analysis, and Theme-Analysis and empirical research. This section also presents some of the problems encountered when applying Theme-Analysis to psychotherapy research and suggests how these might be dealt with.

Psychotherapy themes

One of the major components of Theme-Analysis is to identify and name themes embedded within the transcribed audio- or videotaped interviews. Theme-Analysis defines themes in a unique way and classifies themes according to four different levels of abstraction.

Themes defined

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” (Meier and Boivin, 2000: 59). Themes are conceptualized as “being bi-polar with one end of the continuum representing the problematic pole and the other end representing the [latent positive] pole towards which to strive” (Meier and Boivin, 2000: 59). The latent positive pole is that which is opposite to the explicit or implicit stated problem. Meier and Boivin illustrate this by giving the example of a client who might say: “I feel constrained by my partner.” The authors contend that “Implicit in this statement is the desire to be freed from the constraint. This is the latent positive pole. The above theme, in its bi-polar form, would read, ‘feeling constrained versus feeling freed.’ Both poles comprise the theme” (59).

Types of themes

Theme-Analysis forms four levels of themes, namely, descriptive themes, central themes (second-order, third-order), and core themes. The themes can be arranged to form a hierarchy with descriptive themes at the base, a core theme at the apex, and two levels of central themes (second-order, third-order) in between.

Descriptive themes are formed from the summarized meaning units of the transcribed interviews and closely reflect the respondent’s everyday language (Giorgi, 1970; Merleau-Ponty, 1945). In developing the themes, the theme-analyst pays careful attention to client statements that begin with words such as feeling, perceiving, behaving, needing, wishing, and so on. These words often introduce the client’s particular concern and reflect the unique quality of the concern.

Second-order (central) themes are formed by reducing two or more descriptive themes (e.g., not setting limits versus setting limits; not standing up for oneself versus standing up for oneself) to a higher order theme (e.g., being nonassertive versus being

assertive) (Rennie, Phillips and Quartaro, 1988) because the former share in common the experience of being nonassertive and letting circumstances or others determine one's choices and decisions. Third-order (central) themes are formed by reducing two or more second-order themes. 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 the frequency of their occurrence. The second-order, third-order, and core themes are expressed in bi-polar terms and in the language of the researcher's discipline (e.g., psychology).

In the four studies conducted by Meier and Boivin (1998, 2000) and Meier, Boivin and Meier (2006a, 2006b) using Theme-Analysis, it was observed that four levels of themes, namely descriptive, central (second-order, third-order), and core themes, were required to conceptually link the clinical material to a core theme (Table 3). The analysis of second-order themes (e.g., washing, checking, rescuing), alone, gave meaningful results. The analysis of third-order themes, such as compulsions, 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 . . . [it can be argued] . . . 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" (Meier & Boivin, 2000: 72). Despite the failure of higher-order themes to provide interpretable patterns, it is still important to produce the higher-order themes as they provide a context to understand the lower-order themes. For example, the core theme, fear to be punished/avoid punishment (Table 3), provides a context to understand and explain all of the lower-order themes that are organized around the core theme. Core and higher-order themes act as "hidden" dynamic and organizing cognitive structures (Beck and Freeman, 1990), scripts (Berne, 1961), or ego states (Watkins and Watkins, 1997) and determine affects, motives, thought processes, and behaviors (Luborsky et al., 1993). From a psychodynamic perspective, a core theme may relate to unfinished business or to unresolved developmental issues such as the failure to harmonize the expectations of others (e.g., critical parent) with one's own strivings (e.g., child) (Berne, 1961).

Assessment of changes on the themes

A second major component of Theme-Analysis is tracking change on the psychotherapy themes across the sessions. For this, Theme-Analysis incorporates the Seven-Phase Model of the Change Process (SPMCP) (Meier and Boivin, 1984, 1992, 1998b). It is assumed that the pursuit of discovering and expanding one's self motivates the person through the seven phases. The SPMCP is derived from a qualitative analysis of the case notes of more than 20 clients who were seen in short-term (e.g., 8–15 one-hour sessions) or long-term therapy (e.g., 50 or more one-hour sessions) by a therapist who used a discovery-oriented approach. The 20 clients presented a wide range of emotional problems including depression, anxiety disorders, and some form of personality disorders such as borderline personality disorder but not psychotic, anti-social, or organic disorders. 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: 79; Meier and Boivin, 1987; Rogers, 1961: 103–106). It is assumed that the seven phases represent the commonalities of the 20 clients on basis of whom the phases were developed and are applicable to clients who are engaged in an experiential and psychodynamic oriented therapy.

The SPMCP comprises seven phases, namely, problem definition, exploration, awareness/insight, commitment/decision, experimentation/action, integration/consolidation, and termination (Table 1). The seven phases were operationalized by criteria derived from segments of actual client material which depicted the specific phase in question (Meier and Boivin, 2000).

Meier and Boivin (2000) summarized the empirical research findings regarding the SPMCP undertaken by them and their colleagues. Among the findings are: (a) the seven phases received theoretical support from the analysis of more than 80 models of psychotherapy from five major orientations (e.g., behavioral, cognitive-behavioral, experiential, Gestalt, and psychodynamic) with each major approach being representative by four or more of the phases, (b) the seven phases accounted for more than 96% of the client interview material, (c) the sequence of the seven phases was supported by empirical studies, (d) studies on inter-rater agreement produced kappa coefficients that ranged from .82 to .88,

Table 1
The seven-phase model of the change process

<p><i>Phase 1: problem definition:</i> 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.</p>
<p><i>Phase 2: exploration:</i> 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.</p>
<p><i>Phase 3: awareness/insight:</i> 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.</p>
<p><i>Phase 4: commitment/decision:</i> 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.</p>
<p><i>Phase 5: experimentation/action:</i> 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.</p>
<p><i>Phase 6: integration/consolidation:</i> The client makes his/her own and solidifies those new actions, feelings, perceptions, etc., which are consistent with her/his sense of self.</p>
<p><i>Phase 7: termination:</i> 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.</p>

Note: From *The Achievement of Greater Selfhood: The Application of Theme-Analysis to a Case Study*, by Augustine Meier and Micheline Boivin, 2000, *Psychotherapy Research*, 10(1), p. 60 (<http://tandf.co.uk>). Copyright, 2000, by the Society for Psychotherapy Research. Reprinted with permission.

(e) a predictive study supported the inclusion and the sequence of the seven phases, and (f) criterion validity studies supported the inclusion of the seven phases. In brief, the research data indicate that the seven-phase model is a reliable and valid research instrument.

Change on a theme is defined as “a progressive forward movement [evolution] through the seven phases of the SPMCP” (Meier and Boivin, 2000: 60). 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” (Meier and Boivin, 2000: 60). Thus a theme might initially be experienced as a distress (phase 1), followed by efforts to understand and make links with the presenting problem, (phase 2), then gaining a new perspective about 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” (Meier and Boivin, 2000: 60).

Among the difficulties in using the SPMCP for coding transcript segments is that some phases are more difficult to code. For example, the commitment/decision phase is often a part of the experimentation/action phase. As well, awareness/insight at times occurs between sessions. A therapist who is more interested in solving problems, might not give adequate attention to the commitment/decision and awareness/insight phases and therefore information regarding these phases might be sparse. An alternative to using a set of predetermined phases such as the SPMCP or the Assimilation model, might be to allow the phases to emerge as the interview material is being analyzed and coded. It is difficult to imagine how this might produce meaningful, coherent, and integrated phases of the change process without having some notion of the change process. Yet this is a challenge to be addressed.

Procedures for applying Theme-Analysis

When applied to the analysis of transcribed psychotherapy sessions, Theme-Analysis entails four operations: (a) segmenting transcripts according meaning units, (b) developing themes, (c) identifying the theme’s object, and (d) describing change on a theme. All of the four operations, described in detail by Meier and Boivin (1998a), are performed at the same time.

The researchers experimented with various assignments of material to coders. The initial studies divided the transcripts into meaning units and randomly assigned these units for coding. In the following studies, a selected number of transcripts were assigned for independent coding and to get a feel for the clinical material. For example, the researchers might read sessions 3, 8, 13, and 18 from a total number of 20 therapy sessions. In the more recent studies (Meier and Boivin, 1998c; Meier, Boivin and Meier, 2006b), transcripts were randomly selected from the pool of transcripts and assigned to researchers who read the transcript to get a sense of the whole and then independently segmented and coded the transcripts using the four operations of Theme-Analysis and at the same time began to form a list of themes and objects. New themes and objects that emerged from coding subsequent transcripts were added to the lists or and appropriately defined using English and psychological dictionaries. This process continued until all of the transcripts were segmented and coded.

The reason for a random assignment of transcripts is to prevent the formation of a mind-set that would tend to code the earlier sessions by a lower-numbered phase and the later sessions by a higher-numbered phase. The rationale for forming a list of themes and objects was to prevent a useless proliferation of themes and objects under different words.

For example, without such a list, one might label a theme in one session as “being anxious” and in another as “being apprehensive” and in a third as “being worried.” Yet the three are synonymous. Thus one might decide to label the three client expressions as “being apprehensive.” Thus when the client states that he or she is “apprehensive” or “anxious” or “worried” one would code all of these as “being apprehensive.” The list of themes and objects were not imposed on the meaning unit but only served as a reference to find a name to code the meaning unit for theme and object. The researcher consulted the list of themes and objects only after having coded a meaning unit and determined a theme, object and phase for the unit.

The interview material which pertain to the client’s experiences, actions and changes prior to the beginning of the current psychotherapy are not included for segmenting and coding because the goal of the research is to study the changes that occur during the course of psychotherapy. It is possible that a meaning unit comprises two or more themes and a theme may be coded for two or more objects. This is in accordance 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” (144).

Segmenting transcripts according to meaning units

The first operation of Theme-Analysis is to segment transcripts according to meaning units. A meaning unit comprises three essential components, namely, a theme, the object of the theme, and a sense of movement (a phase) as defined by the SPMCP. To be defined as a meaning unit, all three components must be explicitly or implicitly present. The first component of a meaning unit is a theme explicitly and/or implicitly presented and worked on by the client. A new meaning unit emerges when there is a shift from one theme to another theme. The second component is an implicitly or explicitly identified person, institution, and so on about whom the client is talking. Last, a meaning unit must encompass a sense of movement or change on a theme as conceptualized by a measure of change such as the SPMCP. The meaning unit must provide sufficient contextual information so that the researcher can assess whether the client experiences the theme as a problem, has awareness into the problem, and is doing something about the problem, and so on. The length of a meaning unit can vary from one sentence to two or more sentences. An example of a meaning unit, a reduced client statement, theme, object and phase is presented in Table 2. The meaning unit, as can be seen, comprises two overlapping units which are separated by a slash (/).

Developing themes

The second operation in using Theme-Analysis is to develop themes from the reduced meaning units (Table 2). The process begins by inductively developing descriptive themes which are the basis for the development of the higher order themes. In developing descriptive themes, careful attention is paid to words such as feel, perceive, want, behave, and so on because they often introduce the client’s concern and reflect its unique quality. The theme-analyst chooses a one or two word name or short phrase to capture the gist of the reduced meaning unit. The theme is then restated in bi-polar terms with one end on the continuum representing the problem and the second end representing that toward which the client wants to strive. The researcher then defines the bi-polar themes using dictionaries (Chaplin, 1973; Reber, 1985; Webster, 1989). An example of a bi-polar theme and its definition is the following:

Table 2
Meaning unit, theme, object, and phase for therapy transcript

Meaning unit	Reduced client statement	Descriptive theme	Object and phase
C 2 Yesterday I came home about 8:00 and she was glad to see me but she hadn't done very much. I don't know about today. But I'm used to dealing with it differently now. [I guess a year ago or 3 years ago when she'd get into one of these moods, I'd feel down and depressed, and it's my fault. I'd be anxious; is she going to leave.] And this time I'm surprisingly unfazed. I feel badly for her but <i>I don't feel that there's a lot more than I can do</i> other than to just love her and let her know that I'm there, put my arm around her, encourage her to do what is helpful. / I encouraged her to go for a good walk for awhile with the dog, get some air, make sure she eats lunch. Other than that it's up to her. She can read, do whatever.	Client feels that he cannot do more for his wife's emotional problems than to support her and to encourage her to engage in activities. It is new and comfortable for him to feel this way about his wife's problems.	1. Feeling obligated towards versus feeling released from. 2. Discourage versus provide support	1. Wife (3) 1. Wife (5)

Legend: Number in brackets = Counseling Phase.

Feeling guilty vs. feeling innocent: Feeling culpable, to blame, at fault and blameworthy especially for imagined offenses versus feeling innocent, guiltless, and blameless.

When using dictionaries to define themes, the researcher adapts the definition to reflect the therapeutic content and process. Second-order, third-order, and core themes are developed after all of the transcripts have been analyzed. These themes form a hierarchy of themes discussed later. A segment may comprise one or more themes, objects, and phases, particularly when client statements become more integrated and condensed as is often observed toward the end of therapy.

Identifying objects

The third operation of Theme-Analysis is to identify an object for each of the descriptive themes. An object refers to the target of a client's experience (theme) and it can be animate or inanimate in nature. Typically an object refers to a significant person in one's life. An example would be, "I'm very angry at my father for having been away from the home so much when I was young." In this example, the theme is "being angry" and the object is "father."

Determining change on a theme

A fourth operation of Theme-Analysis is to determine, for each of the descriptive themes, how far along a measure of change the client has progressed or at which level of change the client is engaged. Change on a theme is defined as a progressive forward movement through the seven phases of the SPMCP. To assess for change, the SPMCP is applied to each of the themes at the same time the themes are extracted from the transcript. To this effect, the researchers independently segment the transcripts for themes, identify the themes and objects, and code the themes for phase. After coding the transcript of each session, the researchers meet to determine one set of descriptive themes with their objects and phase of change.

Formation of a theme hierarchy

When all of the transcripts have been unitized for meaning units and the meaning units have been coded for their descriptive themes, objects, and phases of change, the researchers independently, using as a basis conceptual similarities (Giorgi, 1985; Rennie et al., 1988), reduce the descriptive themes to form second-order themes. When this task is completed, the researchers meet to form one set of second-order themes. The same procedures are repeated to create third-order and core themes. The successive reduction of themes produces a core theme. This process results in the development of a theme hierarchy, illustrated in Table 3. It is observed, on Table 3, that the descriptive themes are represented by oval shapes at the left-hand side of the table, and the core theme is presented at the extreme right-hand side of the page. The second-order and third-order themes fall between the descriptive and core themes. The lines with arrows indicate the direction of reduction.

Using the same procedure described above, the objects are reduced on the basis of their similarities. The second-order themes are then recoded for the newly developed objects.

Selecting themes for study

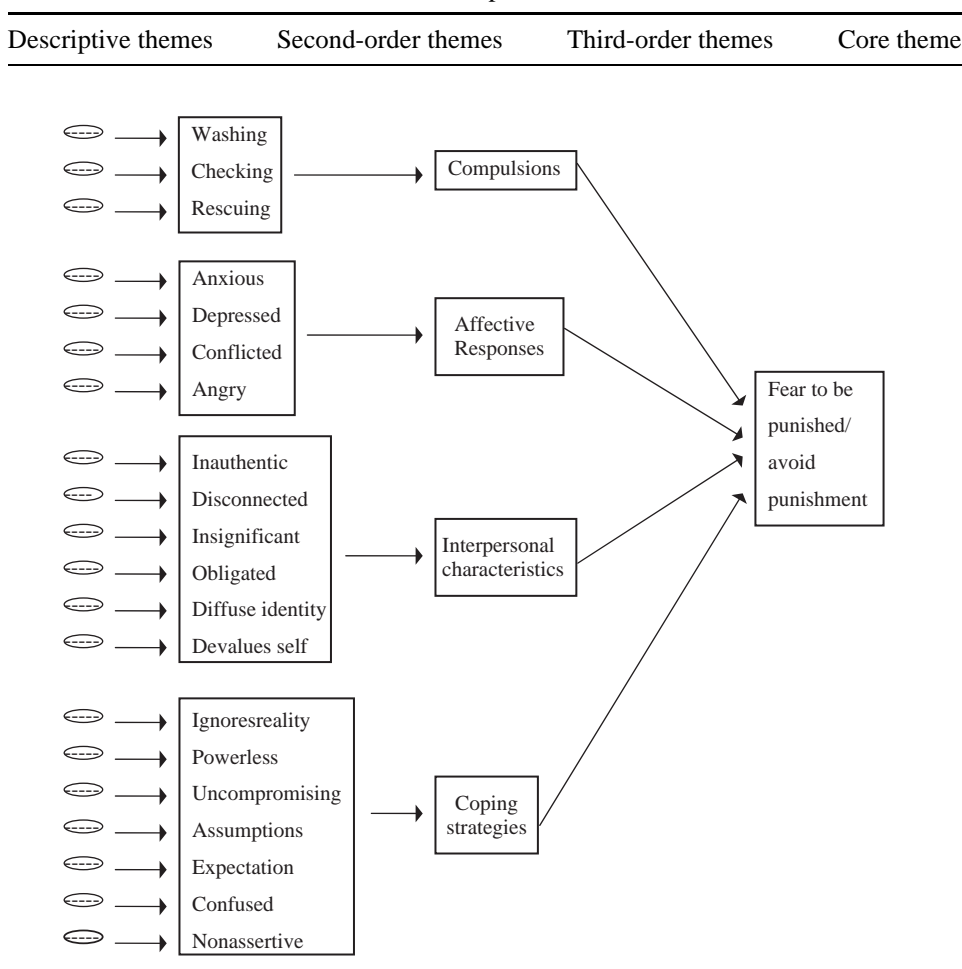
To make decisions as to which themes to select for a study, theme x object frequency distributions are computed for second- and third-order themes using the revised set of objects. The results are presented in form of tables and graphs.

When deciding which themes to select for a study, several factors must be considered. First, research has demonstrated that the use of second-order themes is the most efficacious in that it produces interpretable patterns when presented on a graph with phases representing the Y-axis and the sessions representing the X-axis (Meier and Boivin, 1998c, 2000).

A second consideration in selecting themes for study is deciding which second-order themes to include. Research using Theme-Analysis has included second-order themes on the condition that they appeared at least five times per object (Meier and Boivin, 2000). The rationale for this stipulation is:

- (a) to include those objects which play an important part in the client's struggle to work through the themes,
- (b) to establish a meaningful pattern which, it is reasoned, requires at least five occurrences of a theme per object in order to establish a pattern as to how the theme is worked through the first five phases, and
- (c) to increase the possibility for the more meaningful themes to be included in the analysis.

Table 3
The four levels of themes in OCD: descriptive, second-order, third-order, and core



This stipulation does not imply that the themes that appeared less often are less important and that the level of a theme is defined by the number of its occurrences (Meier and Boivin, 2000).

Presenting the results

The results are presented in two different formats, namely, descriptive and graphic forms. Before presenting the results, the researcher determines whether to group the data according to themes or according to objects with their associated themes. For example, in their published study, Meier and Boivin (2000) grouped the data according to two objects, namely, self and friends. The rationale was that issues about self (e.g., self-doubt, expectations) and friends (e.g., afraid to be assertive, afraid to be self) occupied much of the work in therapy.

In descriptively presenting the data, one identifies the session and line number and phase for each theme across all of the sessions. The researcher then identifies the pattern, in terms of phase, that evolved as the client worked through a specific theme. To illustrate

the evolution of a theme, the researcher includes excerpts from the transcribed therapy session for each appearance of the theme as it was worked on in the course of therapy. This inclusion of excerpts results in a narrative for each specific theme x object as illustrated in the Meier and Boivin's study (2000).

The research results may also be presented in terms of graphs. Graphs can be constructed using the SPSS scatter plot program (Norusis, 1993) to indicate where, in the sessions, each theme x object combination is located. This is followed by performing a (paired) correlation between phase and session for the themes taken as a whole and for the selected themes analyzed in a study. The size, direction (positive, negative), and significance level of the correlation determines the extent to which themes are worked through in a progressive forward course.

Characteristics of Theme-Analysis

The characteristics of Theme-Analysis are:

- (a) it extracts themes directly from the clinical material and does not use a predetermined paradigm to develop themes,
- (b) it defines themes in terms of polarities,
- (c) it extracts four levels of themes, namely, descriptive, central (second-order, third-order) and core,
- (d) it defines central themes and core themes in terms of the level of abstraction and not in terms of frequency,
- (e) it provides a movie picture of how the themes unfold across the sessions, not snapshots of a theme at given points in time, and
- (f) it can be used for a wide variety of human conditions.

Theme-Analysis and empirical research

Theme-Analysis was used in three published (Meier and Boivin, 2000; Meier, Boivin and Meier, 2006a; Meier, Boivin and Meier, 2008, in press) and in one unpublished research projects (Meier and Boivin, 1998c). In the first study Meier & Boivin (2000) identified four levels of themes for a young woman striving to achieve a greater sense of selfhood. The core theme was "not being differentiated" from the principal objects (e.g., mother, therapist). In the second study, Meier, Boivin and Meier (2006a) identified four levels of themes for a middle-age man working through a major depressive episode. The core theme was not being "authentic" with himself, his parents, his wife, and people at the work place. In the third study, Meier and Boivin (1998c) identified four levels of themes of a middle-age woman struggling with obsessive-compulsive disorder. The core theme around which the three lower-level themes were organized was "avoiding punishment." The client's fear was that she would be found at fault for the harm caused to others and to prevent this from happening she engaged in "checking" and "washing" behaviors. The fourth study by Meier, Boivin and Meier (2008) investigated the resolution of a client's separation-individuation transference onto the therapist. The core theme was the "fear of being abandoned" around which were organized the three lower level themes. For all four studies, the authors traced the evolution of the second-order themes across the therapy sessions. They observed that the themes were worked through in a progressive forward course. The use of third-order themes for the analysis produced meaningful results.

The authors also performed a (paired) correlation between phase and session for the themes across all objects and for the specific themes by object analyzed in their studies. In the first study (Meier and Boivin, 2000), a Pearson r of .75 ($rsq = .57$) was obtained for themes across all objects and a Pearson r of .86 ($rsq = .74$) was obtained for the seven themes analyzed. In the second study (Meier and Boivin, 2006a), a Pearson r of .57 ($rsq = .32$) was obtained for the themes across all objects and Pearson r 's of .78 ($rsq = .61$) and .68 ($rsq = .46$) were obtained for the cluster of needs for self and partner, respectively, and Pearson r 's of .40 ($rsq = .41$) and .74 ($rsq = .55$) were obtained for feelings states and for client action and behavior statements, respectively. The third study (Meier & Boivin, 1998c) produced a Pearson r of .77 ($rsq = .60$) for the four themes across two objects analyzed in this study. The fourth study (Meier, Boivin & Meier, 2008) produced a Pearson r of .66 ($rsq = .44$) for the combined themes across all of the objects, a Pearson r of .75 ($rsq = .56$) for the combined twelve themes for two of the Objects, a Pearson r of .57 ($rsq = .33$) for the six themes for the Object, Mother, and a Pearson r of .86 ($rsq = .73$) for the six themes for the Object, Therapist. The strong positive correlations observed in the four studies together with the qualitative data support the notion that themes are worked through in a progressive forward course.

Conclusion and discussion

Theme-Analysis is an innovative research method which combines both a qualitative and quantitative component in the analysis of the psychotherapeutic change process. The initial research findings demonstrate that Theme-Analysis has the potency to extract the deeper underlying variables in human conditions such as striving to be one's own person, overcoming depression and dealing with compulsive behaviors and to identify the course taken in working through the themes across the sessions. The early research findings also suggest that the working through of human conditions does indeed move progressively forward through the phases of exploration, awareness, action, and consolidation.

Theme-Analysis is not without its limitations. First, it is limited by human and financial resources. Theme-Analysis is labor intensive and requires many hours of work per researcher to segment one transcript and to code its segments for themes, objects and phases. Theme-Analysis, moreover, requires transcripts of complete therapy sessions which often are not available. In the future Theme-Analysis could experiment using only one coder and could also experiment coding every third session rather than code all of the sessions and then compare the patterns produced by these two different approaches. Given its limitations and being labor intensive, if Theme-Analysis is indeed able to uncover the core issue of an emotional disorder such as "inauthenticity" in depression, "fear of abandonment" in difficulty to separate and individuate and "fear of punishment" in obsessive compulsive disorder, then Theme-Analysis becomes affordable and its intensive labor makes it worthwhile.

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