Gloria decoded: An application of Robert Langs' Communicative approach to psychotherapy

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Abstract

The aim of this research was to explore the theories espoused by psychoanalyst Robert Langs pertaining to frame violations of the therapeutic framework. Langs proposes that frame violations activate negative responses in the patient which become encoded in the patient's narrative. This theory was investigated through analysing transcripts from three filmed psychotherapy sessions with three therapists and one female patient. Luborsky's quantitative Core Conflictual Relationship Theme method was utilised to extract themes from the patient's manifest narrative in the sessions. The aim was to demonstrate similarities between the patient's responses towards other people and towards the therapist. A qualitative approach was also utilised to analyse the unconscious encoded narrative in the sessions. It was discovered that both approaches revealed that there was evidence that the patient responded towards the therapist in the same way in which she responded to other people. It could be demonstrated that there was considerable evidence to suggest that the patient's narrative about other people had been activated by the therapists' frame violations and the deviant frame setting. The conclusion was that the results supported Langs' theory but posed a challenge to Freud's theory on transference.

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Introduction

I was first introduced to the theories of Robert Langs twenty years ago when I was training to be a psychotherapist. I have since incorporated the theories of Langs into a published book and have established an MSc module on ethics and the law underpinned by Langs' theories. In addition, I have established a secure frame environment at a private counselling and psychotherapy clinic of which I am the founder and director. I have provided a more detailed outline of these projects in my RAL 5.

Having started out as a traditional Freudian psychotherapist I have increasingly applied Langs' theories to my clinical work. This has not been an easy transition as the approach requires that the therapist constantly monitors their own interventions through listening to the patient's encoded stories. These stories often serve as a critical commentary on the behaviour and interventions of the therapist which can often be uncomfortable to hear. However, this approach has a great deal to offer as the patient's encoded feedback provides an opportunity for rectification. Securing the frame then enables the patient to focus on their death related traumas rather than the therapist's interventions and it is my experience that often a more meaningful therapeutic encounter evolves.

My developing interest in the communicative approach has led me to embark on this research project in which I will explore Langs' theories pertaining to frame violations in the context of psychotherapy. My intention is to analyse the manifest and unconscious narrative of a female client in relation to her responses to modifications of the psychotherapeutic framework by four psychotherapists. In utilising a quantitative methodology I will assess the patient's manifest responses to frame violations. In applying a qualitative approach I will analyse the patient's unconscious encoded responses. My aim is to investigate whether frame modifying and violating interventions by the therapists and the frame deviant setting in which the sessions take place, can be seen to activate predatory death anxiety in the patient.

Chapter 1: The literature reviewpart 1
The communicative approach to psychotherapy

In this chapter I will review a sample of the extensive literature by Robert Langs, on the communicative approach to psychotherapy (known also as adaptive psychotherapy). Langs has written forty seven books on this subject and numerous journal articles and I shall endeavour to select those most relevant to this research. I will outline Langs' concept of the necessity for a set of Ground Rules in psychotherapy and the importance of the psychotherapeutic framework. I will also explore Langs' theory on death anxiety which is central in communicative psychotherapy. In addition I will review the literature on the communicative approach to the psychoanalytic theory of transference. It is my aim in this section to extract the theories of communicative psychotherapy which pertain to this research. I will return to the literature throughout this project to support the findings in the methodology section.

Before embarking on Communicative theories I would like to begin at the beginning, as all psychoanalysis evolved from the work of Sigmund Freud. Freud covered so many subjects, and contributed so many theories to psychoanalysis, that it is not surprising that he also had much to contribute to the ground rules of psychotherapy. I will, therefore, start with Freud's 1912-1913 papers followed by a comparison between Freud's and Langs' approaches to the ground rules of psychotherapy. I will also refer to Freud's theories throughout this chapter in order to explore several of the essential differences between the theories of Freud and Langs.

Recommendations to physicians practising psycho-analysis: Sigmund Freud

This paper first appeared in June 1912 and is part of a collection known as the 'Papers on Technique'in which Freud makes certain recommendations on technique for the analyst (Freud, 1912a). He begins by commenting on how the analyst will have to become accustomed, to remembering in detail, patient material. However, he makes his first recommendation that written notes should not be made during a

session. Freud states ‘I cannot advise the taking of full notes, the keeping of a shorthand record etc, during analytic sessions.’ He goes on to state ‘I write them down from memory in the evening after work is over’ (1912a:113). Interestingly, he also states that if full notes are taken with the intention to publish a scientific paper, they have less value than might be expected as the reader becomes fatigued and such notes are no substitute for being there in the session.

Freud then goes on to discuss the feelings of the analyst in sessions and advises that, rather like the surgeon, his psychoanalyst colleagues need to put their feelings aside, even human sympathy. Freud states ‘The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him today’ (p115). He also recommends that the analyst should not, ‘tolerate any resistances in himself which hold back from his consciousness what has been perceived by his unconscious’(p116). If the analyst is not aware of his resistances, then they may contaminate the therapy. Freud therefore goes on to state that it is not enough that the analyst is an approximately normal person, he must also have undergone his own analysis, or as Freud refers to it ‘a psycho-analytic purification’ to become aware of his complexities (p116).

As often in his writing, Freud demonstrates his understanding of how the mind of his reader or audience may be asking questions. He states that a young analyst might feel eager to help the patient overcome their resistances by telling them about the analyst’s own mental defects and conflicts. However, Freud strongly advises against this, noting that the conscious mind operates differently from the unconscious, so that such a disclosure in a psychoanalytic setting may induce a patient to bring forth material too quickly. It may, in the worst scenario, encourage the patient to reverse the therapy in finding the analyst’s material more interesting than his own. He summarises saying, ‘The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him’ (p118).

Freud also recommends that the analyst should refrain from trying to educate the patient. For example it is not helpful if the analyst tries to impose his own desires for the patient upon him; rather he should recognise the patient's capabilities. To do so would make the patient's life even harder than they already felt it to be. The patient should not be given tasks, such as concentrating on periods of their life and the analyst should also help the patient in avoiding intellectual discussions. Trying to educate, setting tasks, disclosing personal information and intellectualising about the patient's condition will not solve the riddles of the neurosis. This can only be achieved through following the rule of free association, which should be carried out without criticism. Freud adds a further recommendation that the patient is never advised by the analyst to read analytic material to help their understanding of their condition. This can only be achieved through their personal experience which will teach them far more than any book. Neither should their parents or relatives be given reading material, which most usually brings on prematurely their opposition to the treatment (p120).Freud ends by expressing his own hope for the future of technique, saying that, 'the increasing experience of psycho-analysts will soon lead to agreement on questions of technique and on the most effective method of treating neurotic patients' (p120).

On beginning the treatment (Further recommendations on the technique of psychoanalysis): Sigmund Freud

Freud states early into this paper that some of the rules he is to outline may seem petty, which he says indeed they are, and he thinks he is well advised to call these rules 'recommendations'. Freud notes that while some may be justified some may at times prove ineffective but nevertheless this 'does not prevent us from laying down a procedure for the physician which is effective on the average' (1913:123). Freud remarks again, as in his previous paper on the importance of the rule of free association. He states that the patient should be allowed to do nearly all the talking, that the therapist should explain nothing more than is absolutely necessary and should let the patient go on with what he is saying (p124). He comes back to this theme in further detail, saying how what he refers to as the 'fundamental rule'

(p134), must be imparted at the very beginning. Freud writes as though speaking to the patient, ‘never forget that you have promised to be absolutely honest, and never leave anything out because, for some reason or other, it is unpleasant to tell it’ (p135).

An important point is made by Freud in this paper about time and money and these are principles which he ‘strictly adheres to’.He states that he leases a definite hour to a patient and that the patient is liable for that hour, even if he does not use it, and that no other way is practicable. Freud interestingly attests to the scenario that non-attendances increase when this rule is not adhered to but that accidental hindrances do not occur, and illnesses only seldom, when the rule is adhered to (p126-127). He goes on to state that a fee should be charged, that there should be no free treatment and that the value of the treatment is not enhanced in the patient’s eyes if a very low fee is asked (p131).

Freud discusses his arrangement of asking the patient to lie on a ‘sofa’ in an analytic treatment. He states his personal motive, of not wishing to be stared at eight hours a day, although, more importantly, that with this arrangement he is better able to give his own unconscious thoughts his attention. Moreover, he goes on to explain that ‘I insist on this procedure, however, for its purpose and result are to prevent the transference from mingling with the patient’s associations imperceptibly, to isolate the transference and to allow it to come forward in due course sharply defined as a resistance’ (p134).

Freud makes two further points relevant to the ground rules. He discusses the importance of there not having been a previous acquaintance between the patient and doctor to avoid meeting the analyst with a ‘transference attitude which is already established’ (p125). He also stresses that patients should not be given a translation of their symptoms, especially at the beginning of treatment as ‘the therapeutic effect will be nil but; the deterring of the patient from analysis will be final’ (p140).

Ground Rules in Psychotherapy and Counselling: Robert Langs

The basic ground rules of psychotherapy

In chapter 3 of his 1998 book 'Ground Rules in Psychotherapy and Counselling', Langs, unequivocally, outlines what he perceives to be the fundamental and essential ground rules of psychotherapy (1998:37-47). He states that generally therapists may not agree on which ground rules are essential for a secure frame and that many feel that there is no universal frame or set of ground rules. However, he proposes that such disagreements arise because therapists are intent on listening to their patients' manifest content about such matters. The problem this presents is that manifest content belongs to a conscious system that contains unreliable attitudes and personal biases. Langs does not have uncertainties about the need for establishing a secure frame, as he has tried and tested over many years which ground rules are essential through his clinical observations. His bold claims come from the evidence he has found through his patients' validation for the ground rules through their *unconscious* narratives, which he sees are the only reliable source of validation.

> It is, then, essential to establish and reach a consensus on the criteria that define the sound and basic ground rules of psychotherapy. Neither a therapist's common sense, conscious preferences or general knowledge of technique, nor a patient's conscious responses and thoughts about a framing intervention, are suitable for this purpose. Evaluations of ground rules need to be grounded in *unconscious* rather than conscious experience, communication and validation - the assessments of the deep unconscious system are the only reliable basis for defining the true nature of framing efforts (Langs, 1998:39).

Langs sets out the optimal ground rules of psychotherapy and counselling (1998: 43-46) which I will summarise briefly as follows:

The setting. This should be a professional building with a soundproofed private office and a private waiting room. If feasible there should be a separate exit. There should be a modest decor, no reading materials, phone switched off, no diplomas on

the walls, no books and no personally revealing objects. There should be a couch for patients to lie on.

The time, length and frequency of sessions. The sessions should occur on a set day at a set time with a set length of time for the session. The session should start and finish strictly as scheduled. These conditions should not change short of a dire emergency or a change in life circumstances.

*Fees.*The fees should not alter and should reflect the therapist's experience and expertise. The patient should be responsible for paying the fee by cheque at the end of the month and should not be provided with a bill.

Free association. The patient should be advised to say whatever comes into their thoughts, without restriction and should not be guided.

Use of the Couch.The couch is recommended because it represents the search for unconscious motives, conflicts, meaning and experience.

Total Privacy and Confidentiality.All transactions in the course of the therapy should be between the patient and the therapist exclusively - with no involvement from third parties. No notes should be made and no information should be released to third parties. No other therapist should be consulted by the patient whilst in treatment.

Relative anonymity of the therapist. Patient and therapist should not have had any previous contact, professionally or socially. The patient should have no knowledge of the therapist's personal life. The patient should only be referred by a professional who has not given the patient any personal information about the therapist. In addition, referrals from present or past patients are not accepted.

Neutralinterventions.There should be no interventions such as questions, clarifications and confrontations. The therapist works only with the material from an individual session. The therapist employs trigger decoded interpretations which can

only be validated from the patient's encoded material. The therapist attempts to secure the ground rules through listening to the patient's encoded directives.

While this may be a substantial set of rules which could appear to be overwhelming and unrealistic to manage, Langs states:

> We must again dispel the beliefs or concerns that these ground rules are too rigid, too difficult to establish and maintain, and too problematic for both patients and therapists. The need for a secured frame is a *psycho-biologically based* need and it is as immutable as the need for uncontaminated rather than contaminated food (p46-47).

Langs provides a simple vignette (p40-41), which I will summarise to illustrate how the unconscious preference is for the ground rules to be maintained. The patient makes an attempt to transgress one of the ground rules, that of 'a set fee'.

> *The patient, Ms Frank is experiencing financial difficulties and so asks her therapist, Dr Rand, to reduce her fee. Dr Rand does not respond but instead listens to Ms Frank's narrative. A story follows in which Ms Frank describes how her friend Beth had become a severe alcoholic. Ms Frank's view is that the fault lies with Beth's mother who indulged her daughter, giving her everything she wanted. When Beth lost her job, instead of advising her to look for another job, her mother stepped in giving her a large sum of money, which Beth spent on alcohol. Ms Frank felt that the mother should have been firm and ends saying 'that's what happens when hatred masquerades as love.'*

Langs states that the encoded message in this story is this, the therapist should not indulge the patient with a fee reduction lest it harm both of them. He says that implied, too, is the suggestion that the therapist should allow the patient to find her way financially, perhaps by getting a better job or finding some other source of additional income. In a sense Ms Frank has supervised Dr Rand; through her story

about Beth, she has advised Dr Rand of what he should do. Langs refers to this as 'the model of rectification'(p40). Dr Rand interprets Ms Frank's encoded message and she is surprised to realise what she had been communicating. She then presents several more narrative stories which also validate her need to maintain the secure frame, the ground rule of the set fee. Langs summarises by saying that even if we find ourselves working in compromised conditions, such as that of a clinic setting, the therapist can still strive to keep departures from the ideal frame to an absolute minimum.

Discussion

It would seem that there is commonality between Freud's recommendations and Langs' Ground Rules. Langs pays tribute to Freud for his devotion to this crucial subject saying, 'Freud's genius led him to devote about half of his fundamental papers on the technique of psychoanalysis to its ground rules'(p20). However, it would seem that Freud and Langs differ in three main respects in relation to the ground rules.

1.The execution of the ground rules. Langs implements the ground rules and attempts to adhere strictly to them. On those occasions where a ground rule is inadvertently modified he will listen carefully to the unconscious derivatives and will seek to rectify the situation. Freud, however, did not always put his theories into practice and no more so than with the ground rules. Langs (p20-21) cites Gabbard & Lester.

> As is so often the case with psychotherapists, Freud's recorded precepts were at variance with his actual behaviour. He used a home-office; shared his office with his daughter Anna, whom he analysed; was prone to extensive personal self-revelations to his patients; analysed colleagues and their wives and mistresses; discussed his analytic work with friends and with relatives of his patients, including colleagues who referred their lovers to him; and openly sanctioned an enormous number of blatant frame deviations - sexual liaisons

> among them - by his colleagues, students, and analysands (Gabbard & Lester, 1995).

2.The function of the ground rules. Langs describes Freud's perception of the function of the ground rules as follows:

> His main point was that these rules safeguarded the patient's so called transferences and the analytic work by allowing the treatment to unfold in terms of the patient's rather than the therapist's emotional needs and neurosis (1998:20).

Freud attempted to act as the blank screen, anonymous, neutral, out of sight; in Freud's terms, the ground rules and the psychotherapeutic framework allowed the transference to evolve; it was not largely perceived that the analyst's behaviour contributed to the patient's material. While post Freudian psychoanalytic psychotherapists and psychoanalysts are much more aware of counter-transference, that is the influences in therapy made by the therapist, this is not the same as Langs' approach. Rather than placing transference at the centre of the therapy relationship, Langs' focus is on past trauma and the patient's predatory, predation and existential death anxiety. In Langs' terms, the ground rules when firmly in place and adhered to, allow the patient access to their unconscious material in relation to death anxiety. However, when the ground rules are modified or violated by the therapist, or external events, then the triggering events will evoke death anxiety in the patient. As Langs states:

> All in all, relational therapists retain the Freudian focus on patients' inner minds and fail to take into account the specific adaptation-evoking, environmental triggering events with which patients are faced from moment-to-moment within and outside of their psychotherapies (1998:20).

3.Focus on the therapist's behaviour and interventions. Freud implemented and made use of the ground rules as a means of safeguarding the transference. However,

Freud did not make interpretations in relation to his own interventions, whereas Langs perceives that the patient's narrative is frequently activated by the therapist's behaviour, which often deviates from the ground rules. Interpretations are made in relation to the external triggering events, based on reality, rather than transference interpretations based on the patient's internal fantasies. Thus, while the ground rules which Freud implemented are still adhered to by Langs, the execution of them in terms of theory and practice, is fundamentally very different.

Love and death in psychotherapy and Three forms of death anxiety: Robert Langs.

Langs outlines the three forms of death anxiety in his 2006 book (2006:33-34; 137-140). This subject is also discussed in an online paper (European Society for Communicative Psychotherapy, 2008). The following is a summary from both the book and the paper.

In his 2006 book, 'Love and Death in Psychotherapy' Langs discusses his theories on death anxiety, in relation to true and false love. Langs proposes that there are three basic forms of death anxiety, which may be experienced consciously or deep unconsciously.

Predatory death anxiety Predatory death anxiety occurs whenever there is a threat to one's life. This might arise from natural causes or from other living beings, most especially other humans. As humans we respond mentally and physically to such threats leading to fight or flight responses.

> Predatory death anxiety is the oldest phylogenetically in that unicellular organisms have receptors that have evolved to react to external dangers and they also possess self –protective, responsive mechanisms designed to insure survival in the face of chemical and physical forms of attack or danger (Langs, 2008:1).

In the psychotherapy situation a threat to a patient would take the form of frame violations, which would be experienced unconsciously as immoral and unloving acts. Such acts would be perceived by both perpetrator and recipient as predatory.

Predation death anxiety Predation death anxiety occurs when as humans we feel we have harmed another being or caused harm to the environment. The accompanying fear is that we will be harmed or killed for our actions; that there will be some form of retribution. The retribution is often self-inflicted taking the form of self punitive decisions and actions.

> The primary reaction to this type of anxiety is that of conscious and unconscious guilt, which, in turn, motivates a variety of self-punitive decisions and actions by the perpetrator of harm to others whose deeper sources go unappreciated (Langs,2008:1).

In the psychotherapy situation predation death anxiety is activated through frame violations in which the perpetrator behaves immorally and in an unloving or falsely loving manner.

Existential death anxiety This is the most powerful form of death anxiety based on the conscious awareness and anticipation of our personal demise.

> Awareness of human mortality arose some 150,000 years ago. In that short span of evolutionary time, humans have fashioned but a single basic mechanism with which they deal with the existential death anxieties this awareness has evoked - denial in its myriad forms. Thus denial is basic to such diverse actions as breaking rules and violating frames and boundaries, manic celebrations, violence directed against others, attempts to gain extraordinary wealth and/or power - and more (Langs, 2008:1).

An unconscious motivating factor for frame violations within psychotherapy is the desire to escape or deny existential death anxiety. Paradoxically, it is interesting to note that when the secure framework is adhered to and the boundaries are firmly in place, this can actually evoke existential death anxiety. As Langs explains, ‘In psychotherapy, existential death anxieties are experienced within the ideal, secured,

healing and truly loving frame as an entrapment anxiety'(2006:34). However, Langs would state that even though the secure frame may evoke feelings of entrapment and may arouse existential death anxiety, the resolution of this form of death anxiety is a prerequisite for expressions of true love, by both patient and therapist. He also describes how these concepts relate to the psychotherapy relationship.

> Death and death anxiety are, then, the most fundamental issues in emotional life and its dysfunctions, as well as its interludes of health and creativity. They also are major determinants of expressions of love, true and false, in psychotherapy (2006:33).

At the end of his 2008 paper Langs serves a note of warning,

> ..it is well to be forewarned that at times of stress, and especially when the sceptre of death has been activated, it is important to be on the alert for decisions and actions that are unconsciously motivated by the need to deny death because they almost always prove exceedingly costly for all concerned (2008, p2).

I will now summarise Langs' concept of true and false love in psychotherapy and how this relates to death anxiety.

Love in relation to death

Langs states that non-communicative approaches to psychotherapy problems of loving and being loved are at the centre of both neuroses and the therapeutic process (2006:84). Love is described in other approaches in many varieties; oedipal, incestuous, narcissistic, interpersonal, object related, and so on, resulting in a quest for mirroring, empathy and merger. No matter how love is perceived or dealt with, Langs concludes that for therapists using other approaches:

> ...love is the central problem in emotional life and resolving love-related conflicts, deprivations, over-gratifications and similar issues are at the heart of the therapeutic endeavour (2006:84).

Langs points out that Freud set the tone for this (Freud, 1912b,1915a) and that although post Freudians have offered different variants of Freud's position, nevertheless, love remains at the core of psychotherapy(2006:85). While Langs acknowledges that issues of love arise and need to be fully understood in psychotherapy, his perception is that love is not at the heart of emotional life. Langs replaces love, with death, as the core of emotional life and of psychotherapy. He summarises thus:

> At bottom, then, death and the death anxieties it evokes are the driving forces behind emotional life and consciously, but more so deep unconsciously, they create the issues and needs that guide and account for the vicissitudes of love in psychotherapy (2006:86).

Langs (2006:86) provides a poignant quotation from Freud which demonstrates that Freud was actually aware of this notion, 'If you want to preserve peace, arm for war.....If you want to endure life, prepare yourself for death' (Freud, 1915b).

True love

Thus, it is Langs' theory that death is the primary concern in emotional life and psychotherapy and love is an important, but secondary issue. However, true-therapist love is the best way in which to enable a patient to cope in resolving their death anxieties. Langs then considers what kind of love is appropriate in psychotherapy for the therapist and patient. He proposes that true love is comprised of genuine caring and affection in keeping with the role of therapist-patient, expressed with full respect. Most importantly, true love should be conveyed without any effort to modify or violate the ground rules.

Under truly loving, secured frame conditions, patients tend to reactivate the memories of, and re-experience deep unconsciously and then consciously, their personal death related traumas. At other times these traumas are reactivated when a therapist intervenes in ways that are harmful and unloving because the intervention resembles and therefore reawakens past death related events (2006:92). As with

everything else in the therapeutic encounter, true love is validated, unconsciously, in the patient's encoded narrative.

False love

There is an essential paradox concerning love in psychotherapy and this is evident when what appears to be true love, is actually, false love. It is the conscious mind that frequently misinterprets false love as true love, whereas the wise unconscious will perceive false love for what it really is. False love occurs when the secure frame is modified or violated and this in turn evokes false love in patients.

> Therapists who offer such conditions for treatment, therefore, are consciously cherished and falsely loved by many of their patients, even as they are experienced deep unconsciously as unloving and harmful (2006:101).

Patients who request false love have usually suffered death related trauma in their recent or earlier life. Langs states that when psychotherapists comply with requests for false love:

> ….they are supporting their patients' resistances against insightful therapeutic work and reinforcing their maladaptive use of denial mechanisms in dealing with death related issues (2006:103).

Overall then, Langs would say that false love is death defying love. By this he means that in transgressing the secure therapeutic frame the therapist unconsciously believes that he/she can break the existential rule that death follows life. The example of Ms Frank, cited earlier in this review(p7) provides an example of a request for false love. Ms Frank requested a reduced fee and while her conscious mind would perceive this as a loving act, her wise unconscious was aware that this would be false love. Her encoded narrative containing a story of her alcoholic friend told an unconscious story of false love. What Ms Frank's wise unconscious wanted was a therapist who could maintain a secure framework and assist her in working through her death anxieties, rather than offering false love through a fee reduction. When false love is presented by the therapist, the encoded communication by the

patient will contain themes of harm and damage, and will contain stories of inappropriately loving relationships.

Langs proposes that as with patients who request false love, therapists who provide false love also have in their background a history of seduction and trauma, which has not been processed. In addition, in common with their patients who request false love, such therapists may be suffering from a more recent trauma. It is also more likely that therapists working within a secure frame will be less inclined to acts of false love than those working in deviant frame situations. It is interesting to note that therapists who offer false love are frequently more popular than those who offer true love, based on maintaining a secure framework and trigger decoding the patients' unconscious encoded narrative.

> All in all, according to the criterion of deep unconscious validation, many harmful therapists are consciously loved by patients, while many truly loving and healing therapists go consciously unloved. Thus, conscious reasons for loving and feeling loved do not account for many paradoxical expressions of patient – and therapist love (2006: 98).

Summary

It would seem from Langs' theories that as humans our main concerns revolve around three specific forms of death anxiety; what has been done to us, what we have done to others and an overarching anxiety that we are going to die. These are the concerns that become the focus of the psychotherapy encounter; it is death anxiety, not issues of love, as Freud proposed, which become central. The patient is constantly aware of the behaviour and interventions of the therapist; if the therapist does not maintain a secure framework then the therapist's transgressions of the ground rules will activate predatory death anxiety in the patient. This will lead to encoded stories about other people and past trauma. Paradoxically, when the therapist has good management of the secure framework this can lead to existential death anxiety, with a reminder for the patient that death follows life. As a result it is sometimes frame violating therapists who are more popular with patients than those who are frame securing. However, Langs would propose that ultimately such

therapists administer false love; the ideal is always to strive for a secure frame, through which the patient can experience true love.

In this research I will be closely observing the narrative of the patient in response to the interventions made by the therapist. I will explore how the patient responds consciously and deep unconsciously to triggering events in the therapy; the triggering events would involve modifications and violations of the ground rules. It is important then, to understand what Langs means by the deep unconscious, and what he perceives the role to be, that the deep unconscious serves in everyday functioning. In alluding to the unconscious, the frame of reference for psychoanalytic practitioners is generally to think of Freud's model of the mind and his definition of the unconscious. In this section I will review Langs' and Freud's model of the mind and then discuss the comparisons and differences in these two concepts.

Fundamentals of adaptive psychotherapy &counselling: Robert Langs.
The conscious system and the Deep unconscious system

In chapters 4 and 5 of Langs' book (2004:41-59) he discusses his model of the emotion processing mind, which he states is comprised of two operating systems, the conscious and deep unconscious systems. Langs acknowledges that we are familiar with the conscious system which receives inputs that we are aware of directly and is the source of conscious thoughts, feelings, coping strategies and behaviours. However Langs proposes that it is influenced by two entities:

The Synthesising Centre (SC)

The SC quickly transforms raw sensory data - such as sounds and shapes, into meaningful components – such as words and objects. These elements are then sent to the Message Analysing Centre (MAC), a critical component of the emotion processing mind.

The Message Analysing Centre (MAC)

The MAC is a psychological sorting system that also acts quickly and automatically but is under unconscious influence. This system has the responsibility for deciding

which events and which meanings of events can enter awareness and which cannot. It can respond to emergencies in one way and non-emergencies in another. Thus, in a highly threatening situation the MAC passes on many meanings to awareness which it would otherwise bar from consciousness. Therefore, if you are being attacked by someone, there is not very much, if any, denial of the situation. If, however, a situation is not a direct threat to life, then the MAC unconsciously receives the emotionally charged trigger in its entirety. How it deals with this depends on personal meanings and implications, on the significance of the event and the intensity. The degree to which the MAC measures the event can activate anxiety and depression and can disrupt the conscious-system function.

It is important to note that the events and meanings of events are sent to only one or other system, the conscious or deep unconscious. So the meaning of an event will become either conscious or barred from conscious awareness and sent to the deep unconscious. These two systems are relatively independent. Wherever the meaning of the event is eventually located, it has been processed and placed there by the MAC. The threshold of the MAC and its screening choices will depend on the individual's life experiences. Positive experiences will have helpful and healthy effects on the working of the MAC. However, significant traumatic experiences in the past, especially those that raise levels of death anxiety, will increase the possibility that the MAC will send emotionally charged events to the unconscious. The result will be an increase in defences and denial. Langs proposes that:

> The operations of the MAC appear to reflect an evolutionary trade-off in which the protection afforded by conscious system denial and ignorance is pitted against unrestricted vision and knowledge (2004:44).

Langs goes on to state that just as the immune system has evolved to deal defensively with microscopic predators, so the conscious system of the emotion processing mind has evolved to deal with large predators, mainly other human beings. Communications from the conscious system are manifest, directly stated messages that are undisguised. The conscious system also has a memory bank, which Langs gives the term the *superficial unconscious subsystem.* The memories and perceptions

from this system can be easily brought into awareness and the messages from this system are not very well disguised. Langs cites an example of a therapist saying something harsh to a patient, the patient then recalled a time when a teacher at school scolded her. It is Langs' view that most therapies are conscious system forms of therapy and that even psychoanalytic therapists will form their interpretations around conscious communications or the thinly disguised communications from the superficial unconscious subsystem.

> They do not, as a rule, engage in the strong adaptive process of trigger decoding themes and images in light of their evocative triggering events which often involve their own interventions (2004:46).

Thus, both in life in general and within the therapy situation, the fundamental defences are denial and obliteration. Langs states that denial is an expensive defence that it is the source of considerable emotional pain which prevents us from dealing with events and individuals who cause us harm. While the psychotherapy situation is the ideal place to detect denial and obliteration, Langs points out that the patient often responds with these defences, not only in relation to external events outside therapy, but in relation to the therapist's interventions. The therapist has to listen very carefully to the patient's material to identify whether the patient is actually alluding to the therapist's interventions. Langs states, 'In order to do this, therapists themselves cannot make use of denial, lest they too fail to consciously recognise a traumatic trigger that they have created for a given patient' (2004:47).

The Deep Unconscious System.

Langs likens the attributes of the deep unconscious system to a 'loving, caring inner God'(2004:51). Within the unconscious system, there can be found beauty, purity, creativity, ethics, morality, and inordinate wisdom. Langs proposes that while the conscious system often acts against our best interest, the deep unconscious system attempts to heal our emotional wounds and find adaptive solutions to challenges and trauma. Without the conscious having any awareness of unconscious processes, the deep unconscious silently copes with the most painful emotional experiences. It does so with deep unconscious intelligence which is far superior to conscious intelligence.

It is logical and highly sensible and when it reaches an adaptive solution to environmental challenges and trauma it encodes what has taken place, through a dream, or a story.

> ...there is no direct access to these transactions. As a result, access to deep unconscious adaptive activities can be made solely by trigger-decoding communicated narrative themes in the light of their evocative triggering events. This is the only known means we have at present to bring the world of deep unconscious experience into the conscious realm (2004:52).

Langs proposes that in the therapeutic situation the deep unconscious intelligence attends to the therapist's impingements and management of the ground rules and boundaries of the treatment situation. It also attends to what is being said by the therapist and how the therapist is listening. It is the deep unconscious system that assesses what is being said and done, and either supervises or endorses the therapist's interventions and behaviour. It universally does not validate any departure from the secure frame. Unless a patient is experiencing severe outside trauma their focus will be on the therapist's interventions. Langs also points out an important theoretical point, that outside trauma is processed by patients in therapy consciously, rather than deep unconsciously, and that the unconscious ramifications of these events tend to be superficial rather than deep. As the therapist listens to encoded narrative concerning their own behaviour and interventions, connections can be discovered between a patient's deep unconscious responses to a triggering event in the therapy, and the patient's symptoms and behavioural problems outside of therapy.

A comparison with Freud and Langs' model of the mind

Freud developed and changed his theories on the aetiology of trauma and his model of the mind over a period of fifty years. In what is referred to as Freud's first phase, Freud devised his affect-trauma model, as Sandler et al(1997) note, 'this is of the greatest importance - in this first frame of reference adaption to experience deriving from external reality (traumas) is emphasized'(1997:43). In the second phase beginning in 1897, Freud developed his topographical model. In this, Freud proposed

that the mind was divided into three systems, the conscious, preconscious and unconscious.

> Trauma was now seen in terms of the danger of being hurt, rejected, or punished to an intolerable degree (in particular the threat of castration or loss of the parent's love) or in terms of the individual being overwhelmed by *instinctual drive excitation*, rather than by externally aroused excitation as in the first phase (Sandler et al, 1997:62).

Freud had shifted from his theory of adaption to external reality; in the second phase the adaption was to the pressures and demands of the drives. In this formulation, the wishes arose from the unconscious; Freud's model of the mind had become intrapsychic rather than reality based, '....psychoanalysis placed much greater emphasis on adaption to impulses arising from *within* the individual than on stimuli impinging from the external world (Sandler et al, 1997:166). Langs' concept of the mind is more in keeping with Freud's topographical model, a two-system model of the mind, in which there is a conscious and deep unconscious, 'the latter being so called in order to distinguish it from Freud's view of the unconscious domain' (Langs, 2004:34). However, there are significant differences between Freud's model and how Langs perceives the conscious and unconscious operates, which in essence Langs encapsulates when he says:

> ....contrary to Freud's position that the system UCS is out of touch with and disregards reality, the adaptive view is that the deep unconscious system is exquisitely in touch with reality - far more so than the conscious mind. Indeed, it's the conscious system that's denial prone and out of touch with real events and many of their meanings - this too is the very opposite of Freud's thinking (2004:34).

Freud, (1923) gave up his topographical model replacing it with the structural model of the mind, which consisted of the Superego, the ego and the id. Neurosis was seen to occur as a result of conflict between these agencies, and conflict between these

agencies and the external world. Langs' proposes that psychoanalysis suffered badly from this change in models as the unconscious was no longer the defining feature of the systems of the mind. 'The defining feature of a system of the mind was now the nature of its functions'(2004:33). Thus, the unconscious had lost its status and in Langs' view became a 'waste basket' term used to refer to anything that a patient seemed unaware of, be it an opinion or need, a fantasy or memory or way of relating. In addition, in the structural model, Langs states that, 'Also lost was the small adaptive element found in the topographic model - considerations of reality became a relatively minor function of the very busy ego' (p33).

In view of the different perceptions of the mind, it is wondered how this would impact on how an adaptive psychotherapist would interpret patient material compared to a psychoanalytic psychotherapist. Both models recognise the use of disguise and encoding, but as Langs states:

> ...the Freudian view applies these processes to unconscious wishes....the adaptive approach applies them to unconscious perceptions. Thus, where Freud strives to decode unconscious fantasies, the adaptive therapist seeks to decode unconscious perceptions (2004:35).

Discussion

It would seem that there are fundamental differences in Freud and Langs' models of the mind. Langs' model is more in keeping with Freud's topographical model in that there are two tiers of the mind, the conscious and unconscious, but there the similarity largely ends. Freud ultimately devised an intrapsychic model based on unconscious instinctual drives, manifested in wishes, which were in conflict with the ego and superego, and external pressures. Langs' view of the mind is that the unconscious is far more aware, moral and insightful than the conscious mind and has an acute perception of external reality. The differences in perception about the mind, clearly leads to a fundamental difference in how practitioners will manage

psychotherapy sessions. I will return to the crucial points outlined in this section throughout this project.

In this section I will review the literature on the research undertaken by Lester Luborsky and colleagues, in which Luborsky's aim was to validate his Core Conflictual Relationship Theme method (CCRT). The CCRT method is central to my research so it is important to outline how it was developed and utilised as a measure for transference.

Understanding transference: The Core Conflictual Relationship Theme methodLester Luborsky & Paul Crits-Christoph

In working psychoanalytically with patients and observing patterns in their narrative, Lester Luborsky began to note recurrent aspects of narrative interactions. He was able to define three components within these interactions as follows:

1. What the patient wanted from other people, (wishes, needs, and intentions).
2. How the other people reacted.
3. How the patient reacted to their reactions.

In order to demonstrate that these interactions are prevalent in narrative, Luborsky devised the CCRT method through a system of categories. Having devised the CCRT method Luborsky noted that there were striking parallels between the relationship patterns he had observed, and Freud's concept of transference. Luborsky refers to Freud's observations on transference stating that, 'soon after psychotherapy starts, the relationship pattern with the therapist becomes experienced as being like the relationship pattern with other people' (Luborsky, 1990:147).

Freud (1912b) made 22 observations about the nature of transference (see Appendix 1). Luborsky focused his research on examining, 'the degree of convergence of the two versions of the central relationship pattern: Freud's transference template and the CCRT' (1990:266). For instance, Freud referred to the instincts, aims and impulses which sought gratification through the self and others. Luborsky noted that the

CCRT's wishes, needs and intentions are concrete versions of Freud's terms. He also noted Freud's concept that wishes conflict with responses of self and others. Luborsky outlines this as follows:

> The CCRT is based on a Conflictual dichotomy: (wishes, needs, intentions) which conflict with responses (responses from other or self). The counterpart to our categories might be considered to be Freud's conflictual dichotomy: Id impulses (wishes, drives, instincts), which conflict with Ego responses (the executive functions of defence and action);(1990:254).

Luborsky stated concern that Freud's observations had been unexamined.

> This is an egregious gap in research on dynamic psychotherapy because the idea of the concept has been in everyday clinical use for the last ninety-five years (1990:148).

Luborsky sought to rectify this through his extensive research with the CCRT model. The following is an example of how Luborsky applied the CCRT method to a particular research project.

The Penn Psychotherapy Project

In their research Luborsky and colleagues wanted to examine Freud's observations on transference; that the patient's experience with the therapist partially parallels the pattern of experiences with other people. The research was conducted with thirty-three outpatients from the Penn psychotherapy project who were diagnosed with personality and anxiety disorders, (p149). Two thirds of the sessions were held in a clinic and one third held in private practice; they were administered by psychoanalytic psychotherapists who were all psychiatrists. The patients were treated for an average of forty four weeks. The data were gathered from the transcripts of two earlier sessions, and two from later sessions, which occurred around ninety percent of the way through treatment.

Having applied the CCRT method, Luborsky and colleagues employed three judges to read through the therapist-relationship episodes, (RE's) to form a Gestalt view of the patient from this information. The judges were then asked to compare the 'therapists-RE's' with the other person CCRT's for the patient and with the other person CCRT formulations for seven different patients. As the researchers state (1990:150) the use of mismatched cases served as a control for chance levels of similarity. In one of the matched cases the patient is referred to as Ms Cunningham; in the therapist-RE she has a conviction that she will not get reassurance from the therapist. The CCRT contains a wish for reassurance and the expected response from other is that she will not get it. The researchers found that the three judges saw more similarity in the matched pairs than in the mismatched pairs.From their findings the researchers concluded that:

> ...the patient's experience with the therapist partially parallels the pattern of experience with other people. Via examination of the central relationship patterns by the CCRT method, we have demonstrated a degree of similarity between patients' wishes and responses toward the therapist versus toward others (1990:157).

Discussion

Luborsky concluded from his findings that there are correlations between the way in which patients respond to the therapist and the way in which they respond to other people. This supports Freud's theory on transference that patients transfer their responses to past and current relationships onto the therapist. In his twenty observations on transference, Freud includes observation number 7, saying that transference, 'May be activated by the therapist's perceived characteristics' (1912b). It would seem that Luborsky's entire research is based on the patient's perception of the therapist and the patient's perception of how the therapist is responding. The key word here is clearly 'perception' for neither Freud nor Luborsky allude to how the therapist is behaving in reality; the actual behaviour of the therapist is unexamined.

Luborsky devised a robust formula to code the wishes and responses of the patient down to the finest detail, but it is significant that he made no similar attempt to code the wishes and responses of the therapist. Kruger, a South African researcher who utilised the CCRT method in his research, pointed out that:

> Analysing transcripts in this way, i.e. emphasising the importance of current context, requires a method which also allows relational experiences to be evaluated, not only in terms of the client's wishes, needs and intentions, but also in terms of the therapist's wishes, needs and intentions (2006:8).

This point is crucial to this research and one which I shall return to in the methodology section. However, in the next section I would like to review the literature to assess the theory of transference from a communicative perspective.

Hidden Conversations: An Introduction to Communicative PsychoanalysisDavid Smith.

Throughout this book, published in 1999, Smith provides an insightful explanation of communicative psychotherapy, although for the purpose of this research, I will focus on his appraisal of the Freudian theory of transference. Transference is at the core of psychoanalysis and psychoanalytic psychotherapy and its existence, as outlined in the previous section, seems to have been verified through Lester Luborsky's extensive research. However, this is a theory that will be challenged in depth within this research and it is, therefore, important to explore how the concept of transference is perceived by communicative psychotherapists.

Smith states that in 1895 Freud described transference as a 'false connection' (Freud and Breuer 1895:67). Freud developed his thoughts on transference over the decades to follow. In 1910, in 'Five Lectures in Psycho-Analysis' Freud described the process of transference as follows, 'The patient....directs towards the physician a degree of affectionate feeling (mingled, often enough with hostility)*which is based on no real relation between them*(1910:51).Smith summarises, saying that Freud

mainly used the concept of transference to designate a hypothetical, intrapsychic process, which was used to explain why patients became emotionally preoccupied with their therapists (1999:31). Smith states that psychoanalytic practitioners might argue that the concept of transference has 'come a long way since Freud' (p26). He thus examines more recent concepts and begins with the notion often proposed, that transference is the patient's 'total attitude' to the analyst. Smith soon dismisses this concept as 'scientifically worthless.'

> It makes 'transference' a mere synonym for an ordinary term with no explanatory value and a misleading synonym at that; there is nothing being transferred from one psychic locality to another (1999:33).

Amongst several other psychoanalytic writers on the subject, Smith (1999:34) cites Greenson's concept of transference.

> Transference is a distinctive type of human relationship involving the experience of wishes, feelings, drives, phantasies, defences and attitudes toward another person which 'do not' befit that person and which actually apply to another. Transference attitudes 'befit' a past relationship rather than a present relationship (Greenson, 1967:152-153).

Greenson makes a distinction between what is, and what is not, transference. The distinction, he says, lies in 'inappropriateness'. Reactions which are inappropriate can be attributed to transference; however, if the reactions are mature and realistic then this is not transference (1967:156). Thus, in Greenson's terms, if a therapist was irritable, and the patient thought of them as bad tempered, then this would not be transference. However, Smith introduces the important question of how the appropriateness can be determined. If the analyst merely looks into their own behaviour, which may be unconscious to them, then it cannot be accessed. In addition, many analysts claim that while their patients are unable to access their inner most desires, therapists are relatively transparent to themselves.

> If insightfulness is unequally distributed in this manner an analyst could reasonably invoke his own superior self-awareness with impunity while

> simultaneously securing the privilege of making interpretations to benighted patients (1999:36).

Smith clearly does not agree with this perspective, but the question arises, of what is actually taking place in therapy if it is not transference? Smith sees the answer in a paradigm shift from transference, to unconscious perception. In this he espouses Langs' theory that the deep unconscious is always at work, and that we transmit and receive psychological information, without being aware of what is going on. From a communicative perspective, the patient forms an unconscious perception of the therapist in response to the therapist's actual behaviour. Frequently, patients introduce stories about people from the past, but from the communicative viewpoint, this is not transference. The communicative view, as Smith explains, would be that the patient might:

> ... bring up a memory of her father beating her because her father's past behaviour is analogous to the therapist's present behaviour. It is not that the patient has formed an illusion about the therapist under the pressure of unconscious forces, but rather that the patient has accurately, albeit unconsciously, identified a real resemblance between past and present (1999:204).

Smith provides a simple vignette by way of illustration,

> *A therapist seeing a new patient for the first time asked her question after question about the origins of her symptoms of social anxiety, allowing no periods of silence or sustained free association. After about forty minutes of this the patient suddenly described a dream that she had experienced at the age of ten. Her father was trying to lock her in a coffin. Whenever she would struggle to get free he would slam down the lid* (1999: 204).

There is no denying, as the therapist concerned assessed, that the origins of the patient's anxiety could lie in her hostile relationship with her father. What the therapist did not hear, however, was that the patient's story conveyed encoded communication about the therapist's own behaviour. As Smith says, 'It seems

reasonable to infer that the patient unconsciously felt that in her violent persecutory interventions the therapist had resembled her violent, persecutory father' (p 205).

Discussion

Smith's challenge to the theory of transference is highly significant to this project. The emphasis in the communicative approach is that it is the therapist's actual behaviour which activates stories of other people; rather than the theory of transference in which past modes of relating, delivered through stories of other people, become transferred onto the therapist. The Freudian theory is intrapsychic, based on the patient's fantasies and illusions; the communicative theory is based on reality. The former presupposes that the patient has minimal insight for reality and that the blameless therapist is all knowing. In communicative psychotherapy the therapist cannot hide behind the concept of transference to explain the negative responses that patients have towards them. They have to look deeply into their own interventions and avail themselves of the theory that their patient's narrative may be a commentary on their own behaviour. It is not surprising that, in Smith's words, the communicative therapist very often has to 'take it on the chin' (1999:125).

Overall Summary and discussion

In this section of the literature I have outlined the fundamental concepts of Langs' theories and have compared them with traditional Freudian theories. I have shown the differences in Freud and Langs' concept of the conscious and unconscious systems and the Freudian and communicative perspective on transference. I have summarised research undertaken by Lester Luborsky which was devised to support Freud's theory on transference but I have outlined Kruger's view about the shortcoming of the CCRT method, in that it does not have a facility for rating the wishes and responses of the therapist. I have begun to clarify that there are two approaches to psychotherapy, a traditional approach which perceives that the patient's perception of the therapist is based on fantasy and the communicative approach which perceives that it is based on reality. In the former the patient's

expressions towards the therapist evolve from intrapsychic modes of thinking, based on past experiences. In the latter there is always a stimulus for unconscious perceptions, there must be a triggering event. I will return to the concepts outlined thus far, which are central to this project, in later chapters.

Chapter 2: The literature review part 2
The Shostrom films: Three approaches to psychotherapy

In this research I will explore the theories of Langs and communicative psychotherapy through an analysis of the transcripts of the films, 'Three Approaches to Psychotherapy' (TAP). The films were produced in 1965 by the psychotherapist Everett Shostrom, and the sessions were conducted by three eminent psychotherapists; Carl Rogers, Fritz Perls and Albert Ellis, who interviewed a thirty year old woman named Gloria. The sessions have since provided researchers with verbatim audio and visual recordings, offering an opportunity to explore in close detail, the narrative and behaviour of both client and therapist. In focussing on the therapists, comparisons have been made between their orientation, personality and their management of the sessions. In this chapter I will review prior research that has been conducted in relation to the films but before doing so, I will begin this section with a brief introduction to a book written by Gloria's daughter, Pamela Burry. However, many of the fascinating facts revealed in the book are more relevant in the context of an analysis of my research findings and hence I will discuss them in more detail towards the end of this thesis.

Living with 'The Gloria Films': A daughter's memory. Pamela J Burry

This book evolved from a meeting between Pete Sanders, a counsellor, and John Shlien, an author of Client Centred Therapy. As Sanders says of Shlien, 'He leant toward me with the air of someone selling state secrets'(2010:vii). Shlien told Sanders that he had met Pamela, the little girl 'Pammy' from the films. He handed Sanders a sealed envelope with a Harvard crest containing Pamela's identity and details:

> He also wanted to set the record straight - to get the truth about what really happened to Gloria 'out there' in the real world. He insisted that I contact Pamela and invite her to publish her story (1010: vii).

Pamela was happy to publish Gloria's story; she states that previously, 'Nothing existed from her (Gloria's) frame of reference. Her experience hadn't been given a voice.'(p13).

First published in 2008, and reprinted in 2010, this fascinating book provides a moving account of how Gloria experienced her participation in the making of the TAP films and how this experience impacted on her for the rest of her life.In her therapy session with Carl Rogers, Gloria talked about adjusting to new relationships as a divorcee and how this might impact on her nine year old daughter, Pammy. Pamela Burry, the author, is Gloria's daughter; written in her fifties, her biography charts her mother's life, from Gloria's childhood through to her death at age forty five from cancer. At the heart of the book, Pamela focuses on the films. In order to convey an accurate understanding of her mother's response to the films, she has read through Gloria's personal and extensive notes and journals. It is also clear from her account that she had an extremely close relationship with her mother, that they frequently confided in each other, and that Pamela had a very good understanding of what her mother was thinking and feeling.

Throughout the book it comes across very clearly that Gloria was a woman of integrity, she was determined, strong and yet also vulnerable. She was a loving mother, experienced a great deal of loss and heartache and was constantly in search of meaning and understanding about herself and her world. Unlike the seemingly flippant, loquacious woman in the films, she had great depth and was often sought out by others for her guidance and for being an empathic and passionate listener. There is much to say about Gloria's personality from this biography but most of all, as with Weinrach's articles, (1986; 1990; 1991) Burry's book has given new meaning to this research. The revelations of events prior to the filming have provided insight into some of the meaning of the encoded narrative within the sessions. Without this vital information Gloria's encoded stories would have been something of a mystery. The events that took place after the filming also provide evidence of frame violations from all the therapists involved in the filming.

Discussion

Burry's book gave her mother a voice, an account of Gloria's conscious perspective of her experience of the films and the events that followed. It is hoped that an adaptive analysis of the films will also give Gloria a voice, revealing her true experiences of the sessions, evidenced through her unconscious encoded narrative. I will return to this in chapter 6.

Prior research

Moreira & Goncalves, (2010) cite around twenty individual researches on the filmed sessions, for example, analysis of therapist responses (Zimmer & Pepyne, 1971); content analysis, (Zimmer & Cowles, 1972); differential perceptions of therapist's behaviour, (Barak & Dell, 1977; Barak & LaCrosse, 1975; LaCrosse & Barak, 1976); therapist's response category system, (Hill, Thames, & Rardin, 1979); comparison of the stylistic complexity of the language of therapist and client, (Meara, Shannon, & Pepinsky, 1979); analysis of the interaction processes between client and therapist, (Dolliver, Williams, & Gold, 1980); evaluation of the semantic communication and counselling expectations, (Meara, Pepinsky, Shannon & Murray, 1981); an analysis of patterns of verbal language between Rogers and Gloria, (Wickman 2000) and an analysis of how Rogers enacted client-centred conversation with Gloria, (Wickman & Campbell, 2003).

Weinrach summarises that primarily there have been two types of studies conducted on TAP.

> The first group, which claims the most studies, has compared the performances of Rogers, Perls and Ellis with each other according to some external criterion.The second group of studies investigated the internal consistency of any single therapist with that therapist's espoused orientation or commented upon the interview experience (1990:284-285).

It is important to note, that hitherto, all of the research conducted on TAP has always involved an analysis of the manifest content taking place in the sessions, with the focus most usually on the therapist's interventions. The significant difference in this research is that the therapist's interventions are explored, not in terms of their skills or orientation, but rather viewed as triggering events for the patient's responses. The patient's responses are explored in focussing not only on manifest content, but also unconscious, encoded narrative, in response to the triggering events. I will now review the prior research.

Comparison of Rogers, Perls, and Ellis on the Hills Counsellor Verbal Response Category System: Clara E. Hill, Terri B. Thames&David K. Rardin.

In this 1979 study, three researchers from the University of Maryland analysed transcripts from the Rogers, Perls and Ellis recordings. They applied Hill's Counsellor Verbal Response Category System (HCVRCS, 1978) to explore the behavioural differences of each therapist in relation to each of their theoretical orientations. The HCVRS originally comprised of 17 categories; the system was refined to allow 14 categories and was used in this format for the very first time in this study. The categories were as follows:

Minimal Encourager, Approval-Reassurance, Information, Direct Guidance, Closed Question, Open Question, Restatement, Reflection, Nonverbal Referent, Interpretation, Confrontation, Self-Disclosure, Silence, Other.

The three therapists' verbal responses were divided into response units; each unit consisted minimally of a subject, object and verb. The sessions differed in time, Rogers - 30 minutes, Perls - 20 minutes and Ellis 15 minutes, so they were divided into thirds based on their total respective lengths. Having viewed the films of the sessions three judges categorised the responses. Two of the three judges had to agree on the category, or it became temporarily unclassifiable, although they were later able to discuss which category they came to agree upon and could categorize

accordingly. The greater the percentage of agreement the easier the category was to use. Agreement levels were included in the data to show how consistent the judges' agreement had or had not been. The results revealed the percentage of the main responses of each therapist as follows:

Rogers

Minimal Encourager 53, Restatement 11, Interpretation 7, Reflection 7, Information 7.
These five categories accounted for 85% of Roger's total responses.

Perls

Direct Guidance 19, Information 12, Interpretation 12, Open Question 10, Minimal Encourager 8, Closed Question 6, Confrontation 6, Approval-Reassurance 5, Nonverbal referent 5.
These nine categories accounted for 83% of Perls' total response.

Ellis

Information 30, Direct Guidance 21, Minimal Encouragers 14, Interpretation 12, Closed Questions 6, Restatement 5.
These six categories accounted for 88% of Ellis' total responses.

The conclusions of the findings indicated that the differences in Rogers, Perls and Ellis' verbal behaviour seemed to correspond with their theoretical positions, as the researchers point out:

> Rogers mainly encouraged, restated and reflected, although he did also interpret and give information. Generally, Rogers used relatively few of the categories and used a large amount of minimal encouragers (1979:202).

This reflected the underlying philosophy of the client centred approach. Perls' responses also reflected the theory of Gestalt therapy in that the two key components are an awareness of the here–and-now experiencing and the resolution of the polarities of discrepancies.

> The results reflect these processes in that Perls was unique in his use of nonverbal referents and confrontations to focus on Gloria's present experiencing and to address discrepancies in her behaviours (1979:202).

It was noted by the researchers that Perls' responses were the hardest to judge as many of them were confrontational and he used a wide variety of techniques.

Ellis' theoretical approach is that behavioural disorders are a result of irrational beliefs. The therapist can challenge these irrational cognitions and can help to re-educate the client to replace the irrational beliefs with more rational thoughts. The main responses used by Ellis were information giving, direct guidance and interpretations and he was much more active than Rogers and Perls. All of this proved congruent with his re-educative theory. The researchers concluded that each therapist performed in a way which might have been expected given their theoretical orientation. The authors end by stating that:

> An important next step in this research is to establish the impact of the various counsellor responses on client behaviour. Such findings could begin to establish why counsellors have different outcomes with their clients (1979:203).

The following paper explores the client's responses in relation to the therapist's interventions and behaviour in the Gloria films.

Client-therapist complementarity: An analysis of the Gloria films
Donald J. Kiesler and Chelsey S. Goldston

In this study the researchers from the Virginia Commonwealth University focused not only on the behaviour of the therapists, Rogers, Perls and Ellis, but also on the responses from the client Gloria. Their primary aim was to describe the conjoint interpersonal behaviour of the three therapists and to evaluate transactional patterns occurring between Gloria and the respective therapists. Secondly, they wished to provide construct validity evidence for the 'Check List of Psychotherapy Transactions' (CLOPT; Kiesler, 1984). The approach to the study was embedded in a

model of individual differences for interpersonal behaviour known as the Interpersonal Circle (Carson, 1969; Kiesler, 1983; Leary, 1957; Wiggins 1982). Kiesler and Goldston describe the model as follows:

> The Circle is based on the assumption that persons interacting with each other are continually negotiating two central relationship issues: how friendly or hostile they will be with each other and how much in charge or in control each will be in their encounters. The Circle directly incorporates these dimensions by placing control (dominance-submission) on its vertical axis and affiliation (friendliness-hostility) on its horizontal axis (1988:127).

It was felt that Gloria would be pulled into interpersonal positions complementary to each therapist's self-presentation.

Independent subject raters were recruited from 72 undergraduate university psychology students. They were divided into three groups and each group watched the Rogers, Perls or Ellis film. Approximately half of the participants in each group focussed on either the responses of the therapist or Gloria. To allow for the differences in duration of the sessions only the first fifteen minutes of each film were shown to the raters.

Following the film the raters were asked to complete a CLOPT form containing the sixteen segments of the circle, which were classified as follows:

Dominant, Competitive, Mistrusting, Cold, Hostile, Detached, Inhibited, Unassured, Submissive, Deferent, Trusting, Warm, Friendly, Sociable, Exhibitionistic, Assured.

The control dimension results showed that 'Rogers was more unassured with Gloria than were both Perls and Ellis, and more submissive than Ellis: Perls and Ellis were equally dominant, and both were more dominant, competitive and mistrusting than Rogers' (1988:31). The affiliation results did not show much difference in hostility between Ellis and Perls, but they were both more hostile than Rogers, and Perls was

colder than Rogers. Overall, the results of the findings showed Rogers as friendly-submissive, Perls as dominant-hostile and Ellis as dominant-neutral.

The control dimension results for Gloria showed that:

> Gloria was found to be more competitive and mistrusting with Perls than with both Rogers and Ellis, more dominant with Perls than with Rogers and equivalently submissive with Rogers and Ellis (p131).

The affiliation scores indicated that Gloria was less warm and friendly, and significantly more cold, hostile, and detached with Perls, than with Rogers and Ellis. These findings were generally as they had predicted. However, the researchers were surprised by one element of these findings, in that they had hypothesised that Gloria would be most dominant with Rogers and least dominant with Ellis. The results showed her to be most dominant with Perls and most submissive with Rogers. The combined results showed that Gloria's interaction with Rogers and Ellis was friendly-submissive, and with Perls it was hostile-dominant.

The authors' findings indicated that Gloria was most comfortable with Ellis, less so with Rogers and Perls, so she attempted to challenge Roger's submission through submissive moves of her own, and challenged Perls dominance with counter-dominance. Alternatively, assuming her preferred style of presenting was to be friendly-submissive, she may have been more comfortable with Ellis, and found Rogers and Perls style more frustrating.

The Weinrach papers

Between 1986-1991, Stephen G. Weinrach of Villanova University published three papers in the American 'Psychotherapy' journal on the films. Weinrach corresponded both with Rogers and Ellis for his research, so that his findings provide some personal information on their participation in the films. In his first paper he acknowledges that he tried to contact Gloria but discovered that she had died of cancer several months earlier. Weinrach gathered significant information from Ellis and Rogers concerning the dynamics of those involved, and the events prior to, and following the filming. As with the information revealed through Burry's book, I will

return to the background information revealed by Weinrach later in this thesis. At this stage I will focus on Weinrach's analysis of Ellis' performance in the session with Gloria.

Ellis and Gloria: Positive or negative model? Stephen G. Weinrach

Weinrach's analysis of the Ellis and Gloria session, through counting the number of words, demonstrates that Ellis talked for fifty percent of the duration of the session. He says that while there is no set formula for how long a client should talk in a session, Gloria did not have much of an opportunity to tell her story and that many other approaches would have allowed a client more time. He also notes that Ellis may appear to have lacked warmth, that at times his performance was dramatic, and that at first glance his attacking posture could appear to be threatening. However, Weinrach points out that had Ellis taken more time to develop a better working relationship with Gloria, he may not have had enough time to demonstrate Rational Emotive Therapy.

Weinrach applies Ivey's (1980) microcounselling model as a guide to review how Ellis performed in the session. Ivey's model describes how verbal following is used by three types of counsellors.

The attending counsellor Rarely if ever introduces a topic not initiated by the client and does not talk very much in a session allowing the client to tell their story.

The influencing counsellor Gives advice, makes suggestions, and directs the client, but only in parallel to what the client has said. The client is allowed time to agree or disagree.

The ineffective counsellor Jumps from one topic to another, talks about their own issues, interrupts, and forgets what the client has already said; the counsellor responds quickly and doesn't allow the client time to reflect, and may talk as much, or more than the client.

Weinrach summarises by saying that Ellis does not demonstrate the skills of an attending counsellor. He does demonstrate skills in keeping with the influencing

counsellor, but his style corresponds with the skills of the ineffective counsellor. Weinrach notes that there were thirteen topic changes in the session, which did not allow time for exploration of any one topic. Any one of the topics were important enough to have warranted an entire session and Gloria never got chance to explore any of them. However, Weinrach concedes that Ellis was precise and concrete and that he demonstrated many RET responses. His end task of giving Gloria homework was progressive at the time and Gloria had been very excited by the assignment. Weinrach concludes that:

> Ellis's demonstration, or performance of RET in TAP was never a good example of what RET was then, nor was it an example of good counselling.....It was a performance more geared to the future viewers than to Gloria's immediate needs (1986:646).

Rogers and Gloria:The controversial film and the enduring relationship Stephen G. Weinrach

In this article Weinrach turns his attention to the Rogers-Gloria film in which he again applies Ivey's microcounselling model as an assessment to explore whether skills were evident in this session. It was found that Rogers' statements ranged in length, from a few words, to several sentences. Rogers spoke 1668 words, 29.9% and Gloria spoke 5508 words 70.1%. There were seventy eight micro skill examples, scored once by Weinrach and verified by Ivey.

Rogers' responses were classified according to Ivey's (1988) Modern Rogerian Encounter Skill Pattern (MRESP). A client centred therapist using MRESP would be expected to make use of paraphrase, reflection of feeling and meaning, feedback and self disclosure. Rogers' use of these skills was as follows:

Paraphrase 11%, Reflection of feeling 8%, Self disclosure 6%, Feedback 5%, Reflection of meaning 4%. It was also noted that Rogers gave advice 5 times, and asked 4 questions.

Weinrach summarises by stating that had Rogers' performance been consistent with MRESP there should have been far more use of the skills. A total of 34% of his

statements fell into the frequent use of skills category, which Weinrach says is far less than one would expect. In addition Rogers gave advice and asked questions which Weinrach states, is not typical of Rogers' approach.

For his research Weinrach corresponded with both Rogers and Shostrom and his enquiries produced the revelation that 249 words were missing from the original film of Rogers and Gloria. His correspondence also revealed interesting and significant information about what happened after the film was made. Again, I shall return to this background information in greater detail in chapter 8.

Discussion

In the last chapter I drew attention to the fact that Luborsky's CCRT method does not provide a measure for rating the wishes and responses of the therapist. It is, therefore, fortunate, that other researchers have extensively rated aspects of the therapist's behaviour. In addition Kiesler and Goldston, (1988) have included the client's responses in direct relation to the therapist's style of intervention. For the purpose of this research, I would like to summarise the information from the prior research, to explore whether the therapists' interventions could be classified in terms of frame modifying and frame violating behaviour.

In the Hill, Thames and Rardin research it was concluded that Rogers gave information; Perls gave direct guidance and information, asked open and closed question, was confrontational, gave approval and reassurance and made nonverbal referent. Ellis gave information, direct guidance and asked closed questions. All of these interventions, from an adaptive approach, would be perceived as frame modifications and violations, which transgress the ground rule of therapist neutrality.

In the Kiesler and Goldston research, Rogers' interventions were shown to be hostile and cold. Perls' and Ellis' interventions were shown to be hostile, cold, dominant, competitive and mistrusting. In adaptive terms, such interventions would be considered frame violating and would again transgress the ground rule of therapist's neutrality. It is interesting to note that Gloria's responses alter with each therapist.

She becomes more competitive and mistrusting with Perls than with both Rogers and Ellis, more dominant with Perls than with Rogers, and equivalently submissive with Rogers and Ellis. I suggest that this is evidence that the therapist's behaviour is a trigger for the way in which the patient responds; clearly, Perls' numerous non neutral interventions through his challenging style, activated predatory death anxiety in Gloria, manifested in her competitive and mistrusting responses.

The degree, to which there is a loss of neutrality in each therapist's interventions, appears to activate different types of responses in Gloria. I suggest this to be evidence that triggering events, shown here through the therapists' non neutral interventions, activate the client's responses. I also suggest that if Freud's theory on transference was credible, then it might be expected that Gloria would have responded in the same way to each therapist, transferring her responses from past relationships onto each therapists in a similar manner. However, her responses alter, depending it would seem from the evidence here, on the therapist's non neutral style of intervention.

In the Weinrach research Rogers gives feedback, advice and asks questions. In adaptive psychotherapy all these types of interventions would be considered to be frame violating, transgressing the ground rule of therapist's neutrality. It is interesting to note that according to Ivey's Modern Rogerian Encounter Skill Pattern, it is not expected that a Rogerian counsellor would ask questions or give advice; Weinrach says that when Rogers did this, it was not typical. However, it would seem that a Rogerian therapist would be expected to make self disclosures, which Rogers did 6% of the time. This would be perceived as a frame violation from an adaptive perspective, transgressing the ground rule of therapist anonymity.

In the Ellis session, Ellis initiates numerous topic changes, an intervention which in adaptive therapy would be seen as a loss of neutrality. In this the therapist, rather than the patient, would be setting the agenda for discussion: such a way of intervening would be seen to inhibit the patient's opportunity for free association. In addition, Weinrach says of Ellis that this was as a performance more geared to the

future viewers than to Gloria's immediate needs. From an adaptive perspective this too would be perceived as a serious frame violation in that the therapy had become self serving for the therapist, rather than meeting the needs of the patient; this would be another instance of loss of therapist neutrality.

The question remains, does it matter that the theoretical orientations and interventions of the three therapists differ from those of the adaptive approach? Who can say if one is preferable to the other? Is it not simply a matter of personal preference? I would suggest that the only person who can validate which approach is helpful or not and which style is acceptable to them, is the patient; this validation does not derive from their conscious communications but through encoded narrative, which will be explored in chapter 6.

Chapter 3: The research methodology

Introduction

In this chapter I will begin by presenting my hypothesis and I will explain my rationale for selecting the method I utilised in this research. I will describe how I started out with a view to applying a qualitative approach to the research, but how I eventually decided to implement a combination of quantitative and qualitative methodologies. I will outline the procedures I followed in applying a quantitative methodology, and how I utilised independent raters to test the reliability and validity for the application of tailor made categories. Finally, I will review the findings. In the following chapter I will show how I applied a qualitative method to support the findings in this chapter.

The research method

Within this research project my aim is to address the following hypothesis, as stated in my learning agreement.

Modifications and violations of the ground rules of psychotherapy are perceived by the patient's deep unconscious wisdom subsystem as predatory. This leads to unconscious responses, negative in content, and delivered through encoded narrative and dreams.

In considering how to test and demonstrate Robert Langs' fundamental theories espoused within this hypothesis, it was clear that I would need to analyse the narrative of several psychotherapy sessions. Thus, my first task was to source the psychotherapy sessions and initially I proposed to use material from my clinical work. However, as outlined in my learning agreement, this led to considerable ethical difficulties regarding patient consent and confidentiality; the criterion was that I would need to seek patient consent for their participation in my research. My

perspective was that such a disclosure would violate the therapeutic framework; I thus concluded that I would need to find patient material through some other means.

In my oral presentation for my learning agreement I had illustrated the effects of frame violations on the client, through showing extracts from a filmed session conducted by Carl Rogers, with a client named Cathy. I felt that the film provided a good illustration of the client's encoded narrative in response to frame violations taking place in the session. On reflecting on where I might source client sessions, it seemed quite appropriate to utilise the films; they would provide ample material, and also solve the dilemma of seeking client consent. There were clearly frame deviations within the sessions as they were being filmed, and were being produced with the self serving aim of showing each of the therapist's approaches and skills; thus they seemed highly suitable for the research.

I thus proposed to examine five or six filmed psychotherapy sessions which demonstrated different theoretical approaches to psychotherapy. The films, 'Three approaches to psychotherapy' (Part 1, 1965, Part 2, 1966), were produced by Everett Shostrom. In part 1, a female client named Gloria is interviewed individually by therapists Carl Rogers, Fritz Perls and Albert Ellis. In part 2 a female client named Cathy is interviewed by Carl Rogers, Arnold Lazarus and Everett Shostrom. The films provided detailed verbatim accounts of the sessions which could be transcribed for analysis.

In the course of my research, information emerged which would take my focus away from the Cathy films to concentrate far more on the Gloria films. I began to uncover some significant facts about Gloria's personal history and events prior to and following, the making of the films. Some aspects of these revelations I found to be present in Gloria's unconscious narrative. Uncovering these important details was unforeseen at the outset and would contribute in many ways to the project. In view of these new revelations, it was with some reluctance that I eventually decided to focus only on the Gloria films. This had actually been the advice from my academic consultant who, from the beginning, had felt that to focus on all 6 films would be

overly ambitious. Thus, it seemed more productive to fully examine the Gloria transcripts through a detailed and thorough content analysis, and to include the rich uncovering of the history behind the films, than to attempt to cover all six sessions inadequately within the limits of the project.

Finding and implementing a suitable methodology

Content analysis

As outlined in my learning agreement, my aim was to utilise a qualitative approach to my research in applying content analysis to the transcripts of the filmed psychotherapy sessions. Robson (2002:349-358) cites Krippendorff's definition of this type of analysis stating that 'content analysis is a research technique for making replicable and valid inferences from data to their context' (Krippendorff, 1980:21). Robson discusses how content analysis can be applied in the coding of tapes and video recordings. He also cites Carney (1973:284) stating that, 'content analysis cannot be used to probe around a mass of documents in the hope that a bright idea will be suggested by probing. Content analysis gets the answers to the question to which it is applied'. Thus, as my research is an attempt to explore Langs' theories, and the aim is to validate those theories through an analysis of tapes and recordings, content analysis seemed to be the most suitable approach.

In dissecting the transcripts of the filmed sessions into segments my aim was to apply categories and codes, to assess negative and positive content within the client's narrative. Cresswell (1994) states 'These categories and codes form the basis for the emerging story to be told by the qualitative researcher. This process involves what has been called "segmenting" the information (Tesch, 1990), developing "coding categories" (Bogdan & Biklen, 1992) and "generating categories, themes, or patterns" (Marshall & Rossman, 1989). Initially, I aimed to search for themes in keeping with communicative theory, grouping the categories into three main sets of themes: the deviant frame, predatory death anxiety and existential death anxiety.

In coding the transcripts of the films as described, a myriad of categories began to emerge. Following several months of coding and feeling quite lost with the results of the exercise, I approached my academic consultant for his advice. Langs, my academic consultant, has undertaken extensive research into psychotherapy sessions with mathematician Badalamenti,(Langs, Badalamenti, 1996). However, even Langs commented, in relation my array of categories that, 'this is overwhelming'. Most importantly, we both agreed that the categories were proving to be too ambiguous. It was reassuring at that point to read a paper by Sanders and Cuneo, in which they outlined the enormous difficulties that even highly experienced academics encounter when they embark on coding. I identified with one rater they referred to who had exclaimed 'I'm a terrible coder' (2010:338).

It seemed from my extensive exercise thus far that a more robust and focussed form of methodology would have to be explored and applied. It seemed that an analysis of the content of psychotherapy sessions would need a more specialised methodology, one devised specifically for that task.

The Core Conflictual Relationship Theme method

In order to find a more suitable methodology I began to explore reading material from a prior research course I had attended, which had focussed largely on different approaches to content analysis. In reading through this material I found information on Lester Luborsky's quantitative CCRT method, a psychoanalytic approach for analysing session content. In reading much of Luborsky's 1990 extensive publication, 'Understanding Transference: The Core Conflictual Relationship Theme Method' (Luborsky & Crits-Christoph), it became increasingly clear that this method is well structured and tried and tested. Kruger, a researcher from Pretoria University who utilised this method, pointed out that it provides 'a structured and relatively easy way of analysing transcripts' (Kruger, 2006:8).

Luborsky noted that there were three elements to the patient's narrative in psychotherapy: what the patient wanted from other people, (wishes, needs, and

intentions), how the other people reacted and how the patient reacted to their reactions (see chapter 1). In segmenting and coding sessions, he found that the CCRT method could demonstrate that there were correlations between how the patient responded to other people, from their current and past relationships, and how they responded to the therapist; this Luborsky interpreted as being evidence of Freud's theory on transference. It was entirely appropriate to this research for me to be able to demonstrate that there is indeed a correlation between the patient's narrative stories about other people, and the feelings and responses towards the therapist. In utilising Luborsky's approach the aim would be the same in this respect, to extrapolate the correlations, however, the rationale for why such correlations occur would be entirely different.

Shortly after informing myself about Luborsky's method I attended a professional knowledge seminar at Metanoia. The guest speaker, Dr Paulo Valerio had undertaken her PhD research at the Tavistock Clinic conducting a study of women survivors of child sexual abuse (Valerio, 2009). I noted from reading her paper, that she had utilised the CCRT method to analyse the narrative of a long term therapy group, to assess the patterns of transference. Although the CCRT method was devised for assessing individual sessions, Valerio had adapted it to be applied to group narrative. The CCRT had also been devised to assess narrative over a number of long term individual sessions. Therefore, I discussed with Valerio her opinion on whether she felt I could adapt the CCRT method for single sessions. Her advice was that she felt it was a flexible approach that could be adapted for such a purpose. I will now discuss how I applied the CCRT method and the relevance of using this approach in my research.

Implementing the CCRT method

Before applying the CCRT method I recalled that previous researchers had pointed out that the Gloria sessions were unequal in duration. They ranged from the shortest interview with Ellis of 18 minutes to the longest session with Rogers of over thirty minutes. I explored how other researchers had overcome the difficulty of the unequal

session times. I noted that Kiesler and Goldston (1988) had used only the first fifteen minutes of each session. My decision was to also utilise fifteen minutes, but to focus on the first, middle and last five minutes of the sessions, in order to also show how the sessions developed.

In implementing the CCRT method the first task, Phase A, was to identify the relationship episodes (RE's) in the client's narrative, from each of the three Gloria transcripts, (for a detailed outline of the CCRT procedure, see Appendix 3). As Luborsky indicates, a relatively complete relationship episode contains an exchange of events, the wishes, the responses from the other person and of the self, and the outcome of the event. However, not all episodes contain all of these components and in the CCRT method they do not all have to be present to be included. Luborsky's instruction is that it should be decided which RE's are 'too sketchy and incomplete' to include.

I discovered an initial disadvantage in this task as the transcripts did not always afford lengthy sections of narrative to segment into relationship episodes. In these particular sessions the client was not often allowed to talk uninterrupted by the therapist due to the therapeutic approach of each therapist in the films. Person Centred, Gestalt and Rational Emotive Therapy approaches appear to be much more interactive than the psychoanalytic approach that Luborsky had utilised to conduct his research. The therapists in the films were also demonstrating their techniques and no doubt wanted to frequently intervene to show their range of skills. Rogers allowed much more time for the client to speak, but Perls continually interrupted and Ellis talked far more than Gloria in the third section of his session.

Therefore, in order to identify the RE's, the therapist's interventions and interruptions had to be eliminated from the narrative; thus, in some instances the client's sentences were merged without interruption. Nevertheless, there were also several uninterrupted and adequately lengthy sections of client narrative, particularly in the first five minutes of each session, and most prominently in the Rogers' session, which could be identified as complete RE's. Those which were incomplete but which

conveyed sufficient meaning to extract a series of significant responses were also included. The number of relationship episodes amounted to 20 in the Roger's session, 19 in the Perls' session and 11 in the Ellis session. The excessive input from Ellis is reflected in there being far fewer RE's in his session with Gloria, (for relationship episodes, CCRT components and coder application of categories see Appendix 4)

The second task, Phase B, was to extract the CCRT's from each set of relationship episodes. Luborsky instructs that if a CCRT is repeated in the same relationship episode it can only be counted once. The numbers of CCRT's for each session, discounting those which were repeated, are shown in box 3.1.

Box 3.1

Core Conflictual Relationship Themes

CCRT's	Rogers	Perls	Ellis
Wishes	35	5	16
Wish Therapist	7	13	0
Negative Response Therapist	6	29	3
Positive Response Therapist	4	1	3
Negative Response Other	25	2	2
Positive Response Other	7	0	0
Negative Response Self	36	39	25
Positive Response Self	13	8	6
Total CCRT's	133	97	55
Unclassifiable	5	1	0

Devising tailor-made categories

Having identified the RE' and the CCRT's, the next task was to apply tailor made categories to each component. In contrast to my earlier attempt of coding using

content analysis, utilising the CCRT method made the task of forming categories somewhat less arduous. The CCRT method provided a focus for developing the categories in that the category would be derived through analysing what was being expressed by the client, in relation to the CCRT's. For example, when Gloria stated, 'I want an answer from you. I want you to tell me' then the component would be WT; the category would be a description of that wish as aimed at the therapist, such as 'seeks answer' or 'seeks support'. Gloria's statement about her own feelings, such as 'I feel so guilty' would derive the component NRS, Negative Response Self; in relation to the component, and following Luborsky's instruction to stay as close to the narrative as possible, this would simply be coded as 'Feels guilty'. In addition, Luborsky's Standard Categories could be used for guidance if confusion occurred in devising a category.

Several attempts were made in applying tailor made categories to each component and I constantly revisited and revised them. Eventually, I settled on a set of categories for each component (see Appendix 5). The number of categories compiled to be applied to all three sessions can be seen in box 3.2.

Box 3.2

Number of tailor-made categories

Wishes/Needs	29
Wish Therapist	16
Negative Response Other	17
Negative Response Therapist	17
Negative Response Self	38
Positive Response Other	5
Positive Response Therapist	8
Positive Response Self	14

Independent rater validation and reliability

I felt that in keeping with good research practice, it would be important to have the tailor made categories assessed by independent raters in order to determine their validity. As Neuendorf states:

> Given that a goal of content analysis is to identify and record relatively objective (or at least intersubjective) characteristics of messages, reliability is paramount. Without the establishment of reliability, content analysis measures are useless (2002:141).

It would be the task of the independent raters to judge whether the categories could be applied to the CCRT's, and whether some agreement could be reached between the raters as to the most appropriate application of the categories. The validity would depend upon whether a high level of agreement could be reached and the ease in applying the categories.

Initially, I had hoped to enlist the assistance of two professionals, who would probably be experienced psychotherapists or experienced in the CCRT method. My intention, as discussed with the research coordinator at Metanoia, was to ask for two volunteers from members of another doctoral cohort who were not previously known to me. However, in discussing this with my Academic Consultant he reminded me of an important principle in the use of independent raters, that is, they should be 'naive' so that they do not influence the results. In this they should not be experienced with the method, or be involved in the psychotherapy profession, and they certainly should not be familiar with the material. I felt it highly unlikely that anyone in the psychotherapy profession would not have viewed the TAP films at some point in their training or in their teaching. Clearly, it would not be possible to recruit naive raters from a doctoral cohort.

Luborsky's view of utilising independent raters for the CCRT method is that 'nonclinical students have performed well as judges because the task does not require

that the judge be trained or committed to a particular school of psychotherapy'(1990:33). In thinking about a group of students who could perform this task, I sought the assistance of one of my signatories who had a connection, via her partner, at a university near to me. A meeting was thus organised with Professor Stephen Clift who is senior lecturer in Health Education at Christ Church University, Canterbury. Part of the Professor's lecturing work is undertaken at Boston University, which has a base in London, where he teaches a group of twenty-eight American psychology undergraduates. Following discussions, it was agreed that the students could be made available for an entire 9-5 teaching day, to assist as independent raters.

The procedure undertaken with the independent raters is outlined in detail (see Appendix 6), but I will now summarise how I worked with them and how they assisted in the independent rater task. In collaboration with Professor Clift I familiarised the students with the CCRT method, through an explanatory handout I had produced and arranged for them to undertake practise exercises, prior to meeting with them. On meeting the students we discussed their prior assignments and spent the morning session undertaking further practise exercises, until it was clear that they all had a good understanding of what was required.

I had previously considered how the group would be divided for the main assignment following discussions with Professor Clift. We agreed that it would be too immense a task for each student to work on coding the entire range of CCRT's. Therefore, we felt that greater focus could be afforded if each student only coded a particular set of CCRT's throughout a session rather than the entire range of CCRT's. However, the components from each session could not be divided up equally so that each small group might work with only one group of CCRT's. The Perls session had forty-five negative response self CCRT's; the wishes, wish therapist, negative response other, positive response other and positive response self CCRT's combined, only amounted to 37. The groups were thus structured so that each group could work on either one component, large in number, or up to five components each one smaller in number.

The number of components would be divided as equally as possible, with a mean of 37 components per group.

There were 28 students, who were divided into 9 groups;3 students in each group from groups A-H, and 4 students in group I (see Appendix 7). The groups were divided to work on particular components. Following the process outlined by Luborsky I allowed two columns to the right hand side of each CCRT. The students were instructed to apply their first choice of category in the first column. If they were uncertain about their first choice they could select a second choice and indicate this in the second column. The categories had been numbered so they only had to insert the relevant number in the first and second column. The students were asked to remain silent until everyone had completed their individual assignment.

Following this they were asked to discuss their findings in their group of three and to reach an agreement between them. If they could agree on the applicability of a category then they were to indicate the agreed category in a third column. They were also asked to indicate to the right of the column how many of the group had reached an agreement, whether it was a two out of three, or a hundred percent agreement in the group. At least two out of three had to agree for a final decision to be carried. If this could not be attained and no agreement could be reached then they were to indicate this by placing a cross in the final column. The groups worked diligently for up to two hours on this exercise.

Reviewing the findings from the independent raters

When I devised the categories I had found it difficult to apply them to five CCRT's in the Rogers session and one in the Perls session, (I asked the raters not to code these which I had left as unclassified). Therefore, in reviewing the results from the independent raters exercise, it was reassuring to note that overall they had only failed to reach an agreement on two categories, one in the Rogers' session and one in the Perls' session. In examining these two components I felt this was understandable as what was being expressed did pose considerable ambiguity. On reflection, I

eliminated two CCRT's from the rater results as I felt that I should have classified two of the NRO CCRT's as NRS.

It should be emphasised that the raters did not know how I had applied the categories; their task was to agree a category within their group of three, not to agree with my application. I then compared their results with my own application of the categories (see Appendix 8).

Index of agreement

It was found that there was substantial agreement between my application of the categories and those of the independent raters (see Appendix 9). Overall, the index of agreement calculated into percentages showed a mean for each session as, Rogers 72%, Perls 83% and Ellis 79%. In some instances the raters only had to choose from five categories, such as those grouped under Positive Response Self, but for most categories there was a much larger choice, with Negative Response Self presenting a choice of thirty-eight categories. Nevertheless, I considered it a valuable exercise to conduct a probability test to estimate whether the levels of agreement could be similar simply through chance.

Robson (2002:340) cites Bakeman and Gottman (1997) who advocate the use of concordance measures, such as Cohen's Kappa, which correct for chance agreement. For this exercise I utilised Cohen's Kappa; I also calculated Krippendorff's alpha coefficient. Krippendorff's alpha is a general statistical measure for assessing the agreement achieved between multiple raters; it is applicable to any number of coders and is often used in counselling research. Robson (2002:342) warns that statistical significance is hard to measure, but that 'Fleiss (1981) has suggested the following rules of thumb.'

Kappa of 0.40-0.60 fair, 0.60-0.75 good, above 0.75 excellent.

Following this guidance allowed the following assessment of the results:

Rogers: The inter-rater agreement on five out of seven CCRTs were at levels highly significantly above chance. Wishes, NRO and NRT represented ‘excellent’ levels of agreement and WT and NRS represented ‘good’ concordance. PRS concordance was ‘fair’. Only in the case of PRT did the agreement fail to reach significance, largely due to the small number of categories available from which to choose.

Perls: Inter-rater agreement on five out of seven CCRTs were at levels significantly above chance. The NRO data represented ‘good’ concordance. The PRS concordance was ‘fair’. In the case of PRT the raters agreed 100% with my application of the categories; as we all selected the same variable value for the one unit of analysis, Cohen's Kappa and Krippendorff's Alpha could not be defined for this variable.

Ellis: Four out of the six CCRTs demonstrated highly significant concordance between raters. Only PRS and Wishes fail to demonstrate better than fair concordance. (Further details are included in Appendix 10).

Discussion

Thus far, my journey had involved implementing a qualitative content analysis, discovering that it was not working, starting over again, finding a suitable methodology, familiarising myself with the intricacies of the quantitative CCRT method, devising tailor made categories and having them validated by independent raters. The process had been arduous but had provided an enormous learning experience; it was now possible to begin to formulate and review the results. Following Luborsky’s procedure, the next phase was to group the CCRT’s under Luborsky’s Standard Category Clusters (1990:49-50). I will outline the results of this next stage of the procedure in the following chapter, in which I will review the findings.

Chapter 4: Reviewing the findings Part 1

A comparison between the results of the TAP Films Project and the Penn Psychotherapy Project.

Having devised and validated the tailor made CCRT categories the next phase was to group the CCRT's under Luborsky's cluster categories. There are eight categories in each cluster of Wishes, Responses from Other and Therapist and Responses of Self (see Appendix 11). For details of how the tailor made CCRT's were grouped under the category clusters see Appendix 12. A summary in graph form is shown in figures 4.1-4.

The next stage in Luborsky's method is to utilise the cluster categories to extract the correlations between the responses towards others and responses towards the therapist. However, before embarking on this task, I felt it might be useful to compare the findings in this research with those from Luborsky's research, to observe whether anything unusual had occurred in the results of the cluster categories. Luborsky's research was extensive; it involved a large team of researchers who coded the sessions and there were several co-researchers; it also involved an assessment of 33 psychotherapy patients, treated by a total of 25 psychotherapists.

Luborsky's findings were a result of considerable depth research; it seems reasonable, therefore, to view his results as a standard, against which my own results could be compared. Luborsky's CCRT analyses (Luborsky, Barber, Schaffler and Cacciola 1990: chapter 8), were based on the findings from the earlier sessions with the focus on patient narrative from sessions 3 and 5. There are four main points which I have summarised from Luborsky's findings which I will utilise to compare my own findings.

1. From the category clusters Luborsky observed the three most frequently expressed wishes from earlier sessions with the thirty three patients. These are shown in order in box 4:1 along with the three most frequently expressed from the Gloria sessions. The correlations are shown in red.

Figure 4.1Cluster Category Wishes

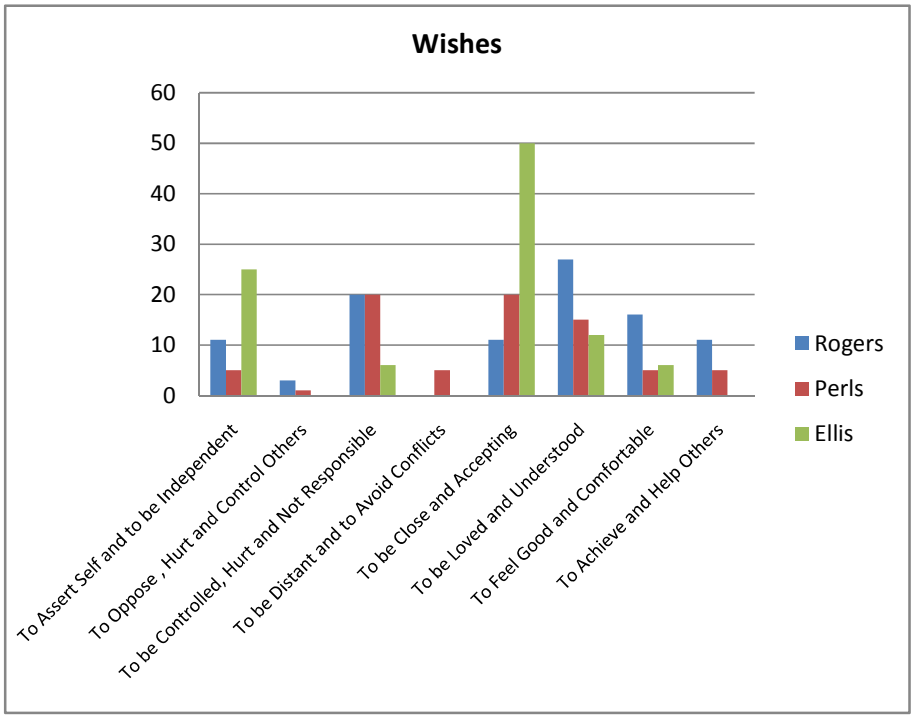


Figure 4.2 Cluster Category Response Self

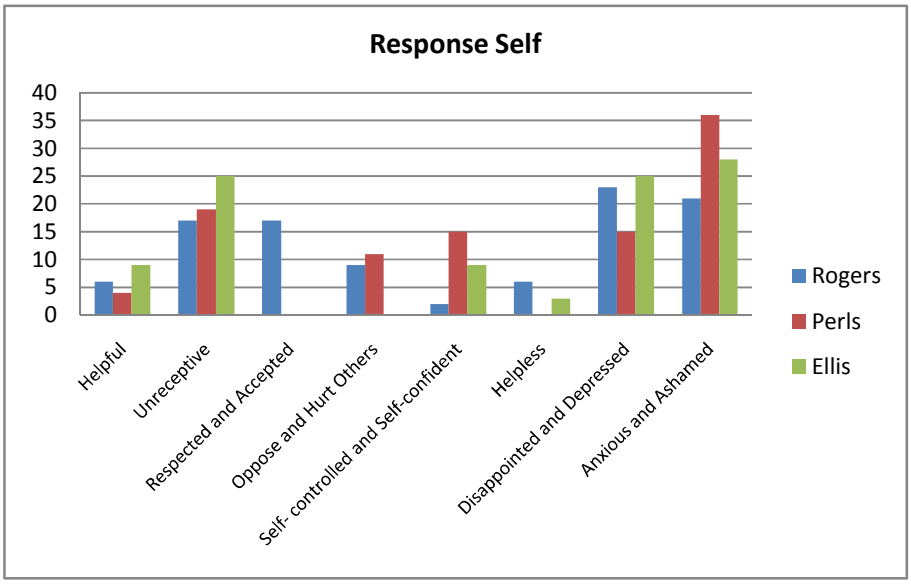


Figure 4.3 Cluster Category Response Other

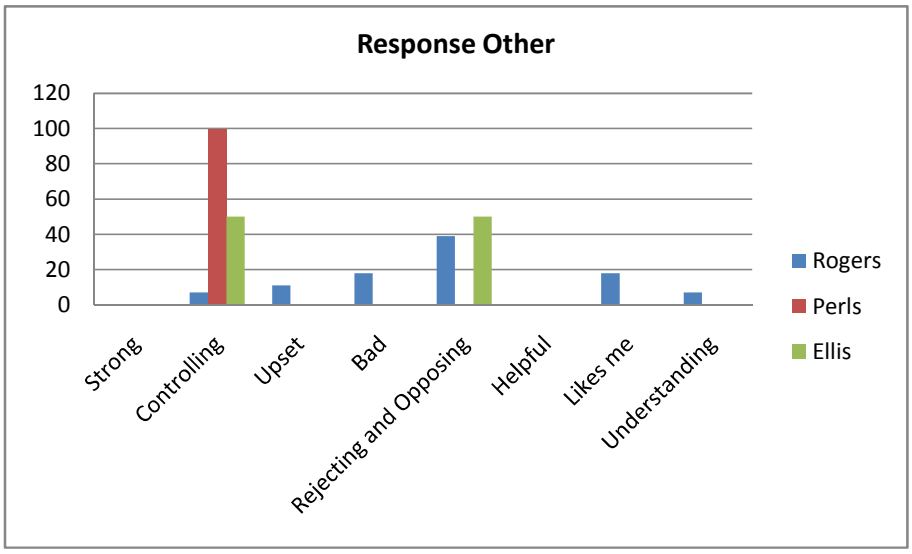
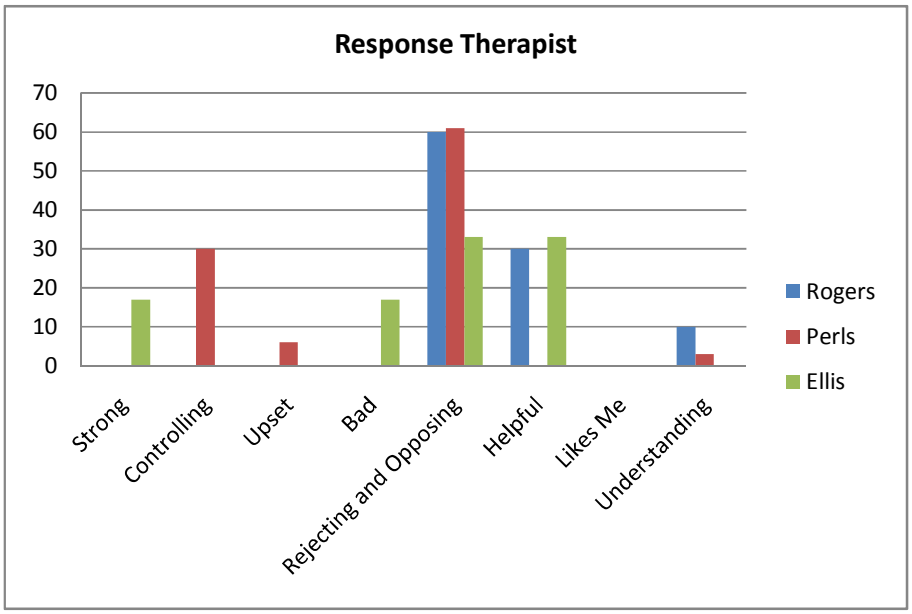


Figure 4.4 Cluster Category Response Therapist



Box 4.1. Wishes

Luborsky	Rogers	Perls	Ellis
To be close and accepting	To be loved & understood	To oppose hurt or control others	To be close & accepting
To be loved & understood	To be controlled, hurt or not responsible	To be controlled, hurt or not responsible	To assert self & be independent
To assert self & be independent	To feel comfortable & good	To be close & accepting	To be loved & understood

Comparing the results in box 4.1 it can be observed that in the Ellis session Gloria's most pervasive wishes correlate exactly with the most pervasive wishes expressed by the psychotherapy patients from Luborsky's research. However, the correlation does not extend to two out of the three clusters in the Rogers' and Perls' sessions. The cluster category 'To be controlled, hurt & not responsible' features as one of the most expressed wishes in both the Rogers' and Perls' sessions. In Luborsky's findings this cluster is expressed as the fifth most often out of the eight clusters. What is more noticeable is that Gloria's wish 'To oppose, hurt and control others' in the Perls' session rates 6th and 7th jointly with another wish in Luborsky's scale. Perhaps of most concern is that Gloria's wish, 'To feel good and comfortable' in the Rogers' session is the very least expressed wish in Luborsky's findings.

Box 4.2 Response other

Luborsky	Rogers	Perls	Ellis
Rejecting & Opposing	Rejecting & Opposing	Controlling	Rejecting & Opposing
Controlling	Bad & Likes me		Controlling
Upset			

Again, as seen in box 4.2 it is in the Ellis session that the most pervasive responses from other correlate with those in Luborsky's findings, (although it is worth noting that there are only two response other CCRT's in the Ellis session). The frequency of RO components is also low in the Perls' session, but those few that are available are grouped under the 'Controlling' cluster. This is the only RO cluster but it does fit with Luborsky's findings. What is interesting is why there is so few response other CCRT's in the Ellis and Perls sessions.

In the Gloria session 'Rejecting and Opposing' is the first and foremost response from other expressed by Gloria, in keeping with Luborsky's findings. However, following this there are two RO's expressed in equal measure, 'Bad' and 'Likes me'. These are expressed in joint 6th place in Luborsky's scale, and it may be interesting to note why they feature relatively high in Gloria's session with Rogers.

Box 4.3 Response self

Luborsky	**Rogers**	**Perls**	**Ellis**
Disappointed & Depressed	Disappointed & Depressed	Anxious & Ashamed	Anxious & Ashamed
Unreceptive	Anxious & Ashamed	Unreceptive	Unreceptive
Helpless	Unreceptive Respected & Accepted	Disappointed & Depressed Self-controlled & self confident	Disappointed & Depressed

Luborsky found that the RS cluster 'Disappointed and depressed' was by far the most frequently expressed. This cluster is expressed by Gloria most often in the Rogers' session, and third most frequently in the Perls' and Ellis sessions. 'Unreceptive' is prominent within the top three most expressed RS clusters in all three sessions, although it holds joint third place in the Gloria session with 'Respected & accepted' and joint second in the Ellis session with 'Disappointed & depressed'. On Luborsky's scale the third cluster is 'Helpless' but this does not score in the Perls session at all, is the lowest scoring cluster in the Ellis session and is the second least expressed in the Rogers' session. 'Anxious and Ashamed' are the most expressed in

the Perls and Ellis sessions and the second most expressed in the Rogers session, yet this is the least expressed in Luborsky's findings.

2. Luborsky found that there is usually an overwhelming trend for more negative than positive narrative in psychotherapy sessions. Luborsky's findings and those from the Gloria sessions are expressed as a percentage in box 4.4.

Box 4.4 Negative and Positive Responses expressed as a percentage

	Luborsky	**Rogers**	**Perls**	**Ellis**
NRO	77	25	4	7
NRS	84	50	78	85
PRO	14	8	0	0
PRS	11	15	17	7

In keeping with Luborsky's findings there are certainly more negative than positive CCRT's. The NRS components are those that are expressed most frequently, again consistent with Luborsky's findings, especially in the Ellis session. The PRS scores also correspond well with Luborsky's scores, but there are no PRO scores at all in the Perls and Ellis session. What is interesting to note is that overall the NRO does not appear as frequently in the Rogers session and scores very low in the Perls and Ellis sessions. It should be noted that the NRO scores are about other people and are not about the therapist; these observations are to follow.

3. Narrative directly about the therapist is usual, but negative narrative about the therapist is unusual, and far less than negative narrative about other people.

Luborsky proposes that perhaps the relationship with the therapist is less negative, or perhaps it is difficult for the patient to tell the therapist something negative. He cites Freud (1912b), who stated that it is hard to talk about aspects of the negative transference when it involves someone - the therapist - who is directly present

(Luborsky 1990:128). The following negative response therapist CCRT's in each of the Gloria sessions are shown as a percentage as follows:

Rogers 6% Perls 39% Ellis 9%

There are no figures from Luborsky's findings to compare with these results. Luborsky found that in the earlier sessions only 16% of the relationship episodes were about the therapist. Thus he concludes, 'With so few therapist-REs it is extremely difficult to extract a therapist-CCRT' (1990:149). I wonder, therefore, why there are sufficiently enough negative therapist CCRT's to extract from the Rogers and Ellis sessions, and why they are so pervasive in the Perls' session.

4. From the sample sessions of 33 patients, out of ten narratives each, Luborsky scored who the 'other person' narratives tended to be about. A comparison was made from the first ten narratives about other people from each of the Gloria sessions as shown in box 4.5.

Box 4.5 Other person identity

Other Person	**Luborsky**	**Rogers**	**Perls**	**Ellis**
Therapist	2	1	10	1
Family	3	8	0	0
Intimate relationships	4	0	0	0
None intimate	1	1	0	9

The correlation is not consistent for instances of narrative about family, either between the Gloria sessions and Luborsky's findings, or within the Gloria sessions. The incidences are far greater in the Rogers session, derived from Gloria's many references to her daughter. In the Perls and Ellis sessions there are no references to family members.

Intimate relationships are not discussed at all from the sample from the Gloria sessions. In this I understand Luborsky to mean people known intimately to the patient. In Gloria's narrative a desire for intimate relationships with men is often expressed, but she does not discuss intimate relationships with those with whom she is close or who are known to her. This theme accounts for the pervasiveness of none intimate relationships in the Ellis session.

There are similarities in the number of references to the therapist in the Rogers and Ellis sessions and those found by Luborsky. However, it is interesting to note that ten out of the first ten narratives about other people feature the therapist in the Perls session.

Summary

In reviewing Luborsky's findings with the findings from the Gloria sessions, several observations occur in relation to certain CCRT's being pervasive in the Gloria sessions where they are not pervasive in the Penn findings. I have summarised the observations which are different from Luborsky's findings as follows:

1. Gloria's wish 'To oppose, hurt and control others' is prominent in the Perls session.
2. Gloria's wish 'To feel good and comfortable' is pervasive in the Rogers' session when it is the very least expressed wish in Luborsky's findings.
3. There are very few Response Other CCRT's in the Ellis and Perls sessions.
4. The RO CCRT's 'Bad' and 'Likes me' feature with prominence in the Rogers session.
5. There are no PRO scores at all in the Perls and Ellis session.
6. There no references to family members in the Perls and Ellis session.
7. There are many references to Gloria's daughter in the Rogers session.
8. Other types of intimate relationships are not discussed in any of the Gloria sessions.

9. There is a pervasiveness of non intimate relationships in the Ellis session.
10. The cluster category ‘Anxious and Ashamed’ is the most expressed in the Perls and Ellis sessions, and the second most expressed in the Rogers session, when it is the least expressed in Luborsky’s findings.
11. Ten out of the first ten narratives about other people feature the therapist in the Perls session.
12. There are sufficiently enough negative therapist CCRT’s to extract from the Rogers and Ellis sessions.
13. There is a pervasiveness of negative therapist CCRTs in the Perls session.

I will return to these observations and the reasons why they may have occurred in chapter 6, in which I will attempt to address them from a communicative perspective.

Chapter 5: Reviewing the findings Part 2- Correlations between the cluster categories

Luborsky's conclusions following his extensive research at the Penn Psychotherapy Project, were as follows,

> ...the patient's experience with the therapist partially parallels the pattern of experience with other people. Via examination of the central relationship patterns by the CCRT method, we have demonstrated a degree of similarity between patients' wishes and responses toward the therapist versus toward others (1990:157).

In this chapter I will review whether the findings from the TAP films research reflect the findings from Luborsky's research, that the patient's experience with the therapist partially parallels the pattern of experience with other people. In this final stage of the CCRT method a comparison is made between the therapist RE's and the Other Person CCRT's. Each Wish, Response from Other and Response from Self is examined and then compared to the therapist RE's. Luborsky instructs the researcher to note how much similarity there is between the CCRT's and the therapist RE's, (Luborsky & Crits-Christoph, 1990:150).

In order to demonstrate the correlations and similarities, I have outlined what has taken place in relation to the CCRT's from the first, middle and final five minutes of each session; parts 1, 2 and 3. I will begin with a review of the Gloria session, (shown in full detail in Appendix 13).

Rogers and Gloria

In combining the information from parts 1-3, it is possible to examine whether there is a correlation between Gloria's wishes towards others and towards the therapist and her responses towards others and towards the therapist. It is useful that Gloria talks about three family members and all-importantly includes her mother and father, which should make the transferential links easier to assess.

If interpreted from a conscious and superficially unconscious level, then the correlations when extrapolated from the CCRT results, which could be interpreted as having a transferential link, could be summarised as shown in box 5.1.

Box 5.1 Summary of the correlations in the Rogers-Gloria session

Wishes Others	**Wish Therapist**
1. To not take responsibility if things go wrong with her daughter. 2. To be accepted by her daughter. To be loved and accepted by her father. 3. To be close to her father 4. To be understood by her father. 5. To hit back at her father.	1. Therapist should provide the answer, guide her and tell her to take a risk. 2. Therapist to approve of her. 3. To be close to the therapist 4. To have the understanding therapist for father.
Response Other people	**Response Therapist**
6. Daughter has a false concept of her. 7. Mother avoided talking about things 8. Father did not hear her, he did not listen.	5. Cannot expect therapist to be close to her, he does not know her that well; he is not really her father. 6. Therapist misunderstands her. 7. Therapist challenges her to judge her behaviour for herself. 7 & 8. Expects he will not help her, will let her stew in her problem.

The results are interesting as it can be seen that, even from a fifteen minute sample from a first session, there are correlations between how Gloria responds to others and how she responds to the therapist. These responses appear to be based on her past relationships with her parents, especially her father. In assessing Gloria's responses to others, insights about her past relationships emerge; these insights help to form a view of how she relates to others and how these responses are transferred onto the therapist.

Thus, it would seem that Gloria experienced her mother as one who avoided talking about things, and that her father did not hear her or listen to her. Perhaps these feelings are transferred onto Rogers when she feels that he wants her to judge her behaviour for herself; she may feel that he won't help her and that he is not listening to her need for advice and guidance, just as her father never listened. Gloria also feels that her daughter has a false concept of her; a perception she may have transferred from her past onto her daughter. This becomes transferred onto Rogers who she feels does not know her that well.

In cross correlations with response therapist and wish others, Gloria's wish to be close to her father may imply that she feels that her father does not know her that well. Her wish to not take responsibility for her actions may be transferred in the session in continually hoping for Rogers to provide the answer, to guide her, and for him to take responsibility for her decisions.

There are some similarities when comparing the wishes towards others with the wishes towards the therapist, especially in relation to statements about Gloria's father and about Rogers. There is an absolute match between her wanting to be close to her father and her expressing her wish to be close to Rogers. She wishes her father would accept her, she also seeks her daughter's approval and she wants Roger's to approve of her. It could be implied that in seeking Rogers' approval she also wants him to understand her, as she did her father.

Gloria also expresses oedipal wishes, once again confirming Freud's theories on transference, although interestingly, in Luborsky's findings, direct expressions of oedipal themes do not occur in any of the thirty three cases until later sessions (1990:130). However, Gloria soon dismisses her oedipal fantasy of wanting Rogers for her father, saying quite angrily, that Rogers is not really her father. In this it could be suggested that the desire to 'hit back' at her father is transferred in her rejection of Rogers; this correlation occurs in comparing her wish towards other to her response therapist.

Another factor which emerges in the Rogers' session, which was noted in Freud's observations 2 and 3, is that wishes conflict with responses of self and other and are especially evident in erotic relationships (Freud 1912b). Gloria's presenting wish is to engage in new sexual relationships, but this wish conflicts with her view of how she should behave as a good mother, (response self) and her concern that her daughter will think badly of her (response other).

It should be considered whether there is any evidence that Gloria did actually have a difficult relationship with her father, or whether this is all supposition. Fortunately, there is more information about Gloria's relationship with her parents, especially with her father, than is revealed in the session. Pamela Burry's book, (2010) about her mother provides personal information about Gloria's past relationships, which confirms the difficult nature of Gloria's father/daughter relationship and her constant seeking throughout her life of his love and approval. This could account for a powerful transference of these needs in the Rogers session, as evidenced from the correlations drawn from the CCRT's.

I would now like to review whether these findings similarly apply in the Gloria session with Fritz Perls.

The correlations when extrapolated from the CCRT results from the Perls' session, which could be interpreted as having a transferential link, could be summarised as shown in box 5.2. The wishes towards others and therapist and responses towards others and therapists that correspond are shown in red.

Box 5.2 Summary of the correlations in the Perls-Gloria session

Wishes Others	**Wish Therapist**
To have someone to love her.	To have him love and hug her. To understand that she is feeling anxious. To have him on her side. To protect her and be nicer to her. To have encouragement.
Response Other people	**Response Therapist**
1. Fatherdemands respect **2.** Girlfriendhugs her and holds her body up close.	1. Therapist demands respect. 2. Therapist will notice everything she does.

Those in black font could be said to correlate, but perhaps more when viewed from a unconscious superficial level. For instance, the expressions under wish therapist could be interpreted as a means of wanting to be loved. Within the session Gloria makes it clear that she does not enjoy it when her friend hugs her and does not wish

to be held so closely; it could be suggested that she responds to her friend's physical behaviour and Perl's visually noticing everything as both as being overly intrusive.

The majority of wishes and responses towards the therapist cannot be included for correlation as there is nothing to correlate them with, due to the paucity of wishes and responses towards others. However, this does not mean that all the response therapist CCRT's and RE's in this session do not have a basis in Gloria's past history; it means that this cannot be shown through corresponding response other CCRT's from the session.

In order to examine whether the response therapist CCRT's have links with Gloria's past relationships, especially with her father, it seems important to explore what is factually known about Gloria's past relationships. Such an analysis will require a more qualitative approach rather than Luborsky's quantitative method, which will be utilised in the following chapter. However, whatever the outcome, I feel it is important to reflect on the observations from the previous chapter, with the question of why so many responses towards the therapist have emerged in the Perls session and why there are so few directed towards others.

The correlations when extrapolated from the CCRT results in the Ellis session, which could be interpreted as having a transferential link, could be summarised as shown in box 5.3.

Box 5.3 Summary of the correlations in the Ellis-Gloria session

Wishes Others	**Wish Therapist**
Men: To meet someone who is interesting with potential To cultivate a relationship with a man To start a conversation with eligible men, even a doctor.	
Response Other people	**Response Therapist**
Men are superior	He is stronger in what he believes than she is Has written an impressive book His suggestion is right

There appears to be a correlation between Gloria's response towards others, the object being men in general, in that they are superior, and several of her responses towards the therapist. This may have emerged because of how Gloria perceives Ellis; as one who has written a book that she is impressed by, who gives her the right advice and who she states is stronger in what he believes in than she is. There is only one wish therapist in the sample from the session, and this does not correspond with her wishes towards others.

However, if her wishes towards others are matched with her responses towards therapist, then it could be suggested that there are correlations between her wishes towards others and how she responds to Ellis. Gloria would like to meet a man who is interesting with potential; she would like to cultivate a relationship with a man, to start a conversation with an eligible man, even a doctor. Could this be the eligible doctor who stands before her, who has written an impressive book, who is stronger than she is and who makes the right suggestions? This could be described as a special type of transference, known psychoanalytically as 'erotic' transference,in which the patient wishes to become close to therapist and oedipal longings are transferred in an erotic form onto the therapist(Mann, 1999 pp.10-11);I suggest Luborsky would no doubt be impressed by such a correlation.

Summary

In combining the results from each session, over thirty CCRT's can be found to show correlations between the wishes and responses towards others and towards the therapist. This appears to reflect Luborsky's findings from his extensive research, which reflects Freud's observations on transference, that the patient will transfer their experiences of early childhood relationships onto the therapist. There is also evidence of oedipal enactments and erotic desires, which are inhibited by responses towards self and responses from others. In considering that the sample was taken from only fifteen minutes of each session and that they were all initial sessions, I submit that the results are impressive and appear to validate both Freud's theory and Luborsky's research method.

Discussion central to the doctoral research

Thus far, this research has shown that there are correlations between how the patient responds to others and how she responds to the therapist. Had I set out to research and validate Freud's theory on transference, through Luborsky's CCRT method, then I might now be reaching the end of my research journey. However, this is by no means the aim of my research which, conducted from a communicative perspective, as I discussed in chapter one, does not even apply much credence to the theory of transference. It has not been my aim to validate the theory of transference, but rather to demonstrate, through a robust quantitative methodology, that there are correlations between wishes and responses towards others and towards the therapist; this has been evidenced through the CCRT method in this research.

The CCRT method is based on observing manifest narrative responses; these responses have been allocated categories, and in this research the categories have been validated by independent raters, who have made their decisions based on the manifest content. Thus, the theory that the aforementioned correlations are prevalent is evidenced mainly through the client's manifest conscious communications.

While Luborsky's method produces compelling evidence to demonstrate that there are such correlations, not only in the Gloria sessions, but in most psychotherapy encounters, I would like to make a case for challenging not the existence of, but the causality of such correlations. I suggest that Gloria's wishes and responses towards others and the therapist are not a product of transference. In applying Langs' theory which is central to my research, I suggest that the patient's wishes and responses in these sessions have been activated by frame deviant interventions by the therapists, and even the producer of the TAP films.

Luborsky devised a formula to code the wishes and responses of the patient down to the finest detail, but, as I previously noted in chapter one, it is significant that he

made no similar attempt to code the wishes and responses of the therapist. This was a deficit also noticed by the researcher Kruger (2006:8) as discussed in chapter 1. Luborsky's research places the focus on the patient's wishes and responses; from these observations he concludes what could be termed as, 'A leads to B'. In this equation, the patient brings to a therapy session 'A', a set of responses to past relationships, which leads to 'B', the transfer of those responses onto the therapist. The patient's perception is that the therapist will respond, or is responding, in the same way as people from the patient's past. Freud states in his observation number 7 that transference, 'May be activated by the therapist's perceived characteristics' (1912). Indeed, Luborsky's entire research is based on the patient's perception of the therapist and the patient's perception of how the therapist is responding. The key word here is clearly 'perception' for neither Freud nor Luborsky allude to how the therapist is behaving in reality; the actual behaviour of the therapist is unexamined. Langs' has a definite view of such an approach.

The stress remains on the patient's intrapsychic experience and interpretation of the triggering comment or behaviour- the image is of an innocent analyst and a misguided patient (Langs, 2010:69).

This poses a crucial question, central to this research,

What if the analyst is not innocent and what if the patient is not misguided?

As Kruger pointed out, Luborsky does not assess the therapist's wishes and needs; if assessed, they may well have been found not to have been innocent. The wishes and needs of the therapists involved in the Gloria films, and even the producer, were self serving, to the extent that they influenced the therapy setting, and their interventions. Thus, the therapists' needs and wishes, and their responses, activated certain responses in the patient. Far from being misguided, I suggest that Gloria simply responded to the triggers provided by the three therapists' non neutral interventions. She then alluded to other relationships and sometimes produced narrative stories

about others, which provided an unconscious commentary about the therapists' behaviours.

There is an important aspect of the results in this research which I suggest adds certain validity to the communicative perspective, and which poses a challenge to the theory of transference; it is a result which could not be achieved through Luborsky's research. Luborsky's research involved 33 patients over numerous sessions and he was able to compare the progress between early and late sessions. Although my research is based on only three single sessions, the fact that the same client had sessions with three different therapists, on the same day, provides an advantage. Luborsky was not able to compare whether the nature of transference was a consistent phenomena when enacted with different practitioners.

However, if experiences of past relationships have as powerful an influence on responses towards other people as Freud's theory proposes, then the 'response therapist' and 'response other people' relationship episodes and CCRT's should show some consistency throughout the sessions with different therapists. Clearly, from observing the results of the CCRT's and cluster categories, and from prior research (Kiesler and Goldston, 1988), it can be seen that Gloria responds very differently to each therapist. It cannot even be claimed that the differences were due to Gloria's internal development over time, or external events which may have influenced her responses, as the sessions were held on the same day. Surely, if each therapist was innocent and neutral, and Gloria was motivated in her responses by her past relationships, then the results would have been fairly consistent over the three sessions. Clearly, there were enormous discrepancies, which I suggest evolved because the interventions of the therapists were different in each case.

In this chapter I have concluded that Luborsky's quantitative research method provides the evidence that there are correlations between the patient's wishes and responses towards others and towards the therapist. However, I have suggested that the correlations exist, not because of transference, but because the therapist's behaviour activates in the patient stories about other people, which reflect the

therapist's behaviour. So far, the research has focussed on a quantitative method for assessing conscious manifest narrative. I will now utilise a qualitative approach in order to examine, informed by communicative theory, what I perceive to be the encoded unconscious narrative from the three sessions. In the next chapter I will attempt to decode Gloria's narrative in relation to frame modifying and frame violating triggering events; in doing so I will explore whether the frame deviant events were responsible for Gloria's expressed wishes and responses.

Every major trauma involves some kind of frame violation, while every frame violation is a traumatic experience.

Robert Langs (2008:8).

Chapter 6: Decoding the narrative in 'Three Approaches to Psychotherapy'

In the last chapter I concluded that Luborsky's CCRT method demonstrated that there are correlations between the client's responses to the therapist and towards other people; Luborsky suggests that these correlations support Freud's observations on transference. However, I suggest, in relation to Langs' theory that such correlations exist because the therapist's frame violating behaviour, and frame deviations in the therapy setting, activate responses in the patient. I also noted that the correlations in the CCRT method were, to a large extent, based on an analysis of the client's manifest conscious and superficially unconscious narrative. In the adaptive approach it is perceived that these types of communications are often not a reliable source of what the patient is really thinking; rather, it is the patient's deep unconscious encoded narrative which validates the therapist's interventions. Thus, there may be a far greater number of correlations between the patient's responses towards others and towards the therapist than the CCRT method can extract, if the encoded narrative is assessed as a commentary on the therapist, through narrative about other people.

In this chapter I will attempt to decode Gloria's unconscious encoded responses in relation to the triggering events which occurred in the filming of her sessions with Rogers, Perls and Ellis. I hope to demonstrate that Gloria's wise unconscious perceived many of the incidents and interventions pertaining to the filming as damaging, and that she encoded these events into her narrative. Thus, this section is a challenge to the Freudian notion of transference and the theories that lie at the core of the CCRT method. From a Freudian perspective as outlined in chapter 1, Gloria's presenting stories may appear to be about id impulses, or wishes, which conflict with

responses from self and others, but the evidence for this is based on an analysis of the manifest conscious content. Closer observation, through an analysis of deep unconscious narrative, may reveal that the presenting stories are actually about frame violating events, which activate predatory and predation death anxiety in the patient. I would like to suggest that the core conflict for the patient is how to access help in overcoming her past traumas and death anxiety, in the context of a frame deviant setting, with three therapists who continually modify and violate the frame.

From an adaptive perspective I propose that Gloria is constantly distracted by what is happening in the context of the setting and the session and from recent frame violating events. I will explore whether it is actually these events and the therapist's frame violating interventions, which are responsible for Gloria's presenting wishes and needs, and her responses to self and others. I will attempt to evidence this by looking for bridging imagery in Gloria's narrative, as Langs explains.

> To establish a connection between an encoded narrative and a triggering event, we look first for *themes that bridge from the surface story to the identity or meaning of the trigger that has evoked the encoded themes*....We then formulate these themes as personally *selected, valid unconscious perceptions* of the unconsciously mediated meanings of the frame–related triggers(1998:32-33).

Langs adds that there will also be encoded models of rectification; in a sense this is where the patient supervises the therapist, instructing the therapist to better manage the frame. I will attempt to demonstrate the frame violations and to extract the encoded themes, bridging imagery and models of rectification throughout this chapter. In each session I will focus on the same sections of the transcripts that have been coded in parts 1-3 through the CCRT method. I will begin with Gloria's session with Rogers.

Gloria and Rogers

The first trigger which may influence Gloria's responses is the frame deviant setting, as the session is conducted in the presence of a camera crew. This is not a minor frame modification but rather a significant frame violation, which transgresses the ground rules of total privacy and total confidentiality. Gloria has been informed by the producer, Everett Shostrom, that the films from all three sessions will be used as a training aid for students of psychology and counselling. Thus, the second trigger to occur is the frame violating contract which again transgresses the ground rules of privacy and confidentiality. It might be predicted that under these frame violating circumstances these events will be encoded, so it will be interesting to hear Gloria's first encoded narrative and what it will reveal.

Gloria's presenting story is about being newly divorced; she says she had gone into therapy before and left. She is concerned about adjusting to her single life, bringing men to the house and how it will affect the children, especially her nine year old daughter who had emotional problems. Her daughter asked if she had ever 'made to love to a man.' Gloria does not want to lie, this makes her feel guilty. She wants her daughter to accept her, but she is afraid she will think she is a real devil. She wants an answer from Rogers.

Gloria's story could be perceived as demonstrating Freud's theory on erotic desires and instinctual drives; these are inhibited by the patient's thoughts of how a good mother should behave, and her fear of the responses from others, especially her daughter. This theory is supported by Luborsky's method showing that wishes are inhibited by responses from self and others. However, from an adaptive perspective, patients constantly encode the triggering events of frame violations; therefore, if Gloria's narrative is encoding a frame deviant event, then the question is what has occurred to trigger this narrative story? Why does Gloria present a story about adjusting to her single life and new sexual relationships with men, and the harm caused to her daughter and her feelings of guilt?

The trigger for this presenting story was somewhat perplexing and in first reading this material I could not begin to understand what was being encoded. However, the

answer was revealed in the literature by Gloria's daughter, Pamela Burry, who provided an account in her 2008 book of events preceding the filming. Burry revealed that before the filming Gloria had been in therapy with Shostrom. Rosenthal (2005:60-66) states that it was confirmed many years later, by Albert Ellis, that Gloria was in fact in therapy with Shostrom for a period of four years. In addition, Burry as a nine year old had reluctantly been in therapy with Shostrom's wife, Miriam who had wanted to put Pammy on medication.

The knowledge of events prior to the filming can now be utilised to decode Gloria's unconscious narrative in view of their triggering events. The first clue appears very soon in Gloria's narrative when, apropos of nothing, and keen to tell the story about her sex life and her daughter, Gloria says, she had been in therapy before and left. Such stand alone statements are always interesting in psychotherapy, but can be overlooked as trivial information, not worthy of consideration. The question is why did Gloria decide to tell Rogers that she has been in therapy before, then not complete the story? The essential part of this story is obliterated; that she was in therapy with the present producer, Shostrom. I would like to suggest that the separation from her therapist, Shostrom, is unconsciously encoded through the story of her being newly divorced, and adjusting to new male relationships. The story is a bridging theme; Gloria is encoding that she is newly divorced from Shostrom and is adjusting to her new relationships with three male therapists. In the manifest content these are sexual relationships, and I suggest that in Gloria's deep unconscious she feels she has been seduced. Worst still, as Shostrom's use of Gloria is self-serving, to promote his films, Gloria is in effect being prostituted out to the three therapists; they also will use her in a way which is self serving to each of them. Gloria's wise unconscious is no doubt aware that losing a therapist, to engage in three short frame deviant therapy sessions, will be of no benefit to her. There are themes in Gloria's narrative of lies and I sense her unconscious perception is that Shostrom is not to be trusted. Deception and mistrust are the themes prevalent in this section of the narrative as evidenced in the CCRT's.

Gloria's manifest story of harm caused to Pammy then surfaces and continues for a good deal of the session, but what is being encoded? Again, from Burry's account it

is revealed that prior to the filming, nine year old Pammy had been in therapy with Shostrom's wife, which transgressed the ground rule of therapist anonymity. If Shostrom made the referral, then this would be a transgression of the ground rule of therapist neutrality and no doubt self serving. What is known from Burry's account is that this frame violating situation, of having therapists who were connected by marriage, evoked a perception in Pamela and Gloria, that the couple probably discussed mother and daughter with each other.

> Miriam Shostrom was my therapist during the same period that Everett Shostrom was Gloria's therapist. As spouses, the Shostroms may, or may not, have consulted each other regarding their mother/daughter patients. Though I cannot know for certain, it would seem unlikely, despite the confidentiality issue, if they had not (2010: 53).

It is also conveyed that Miriam Shostrom wanted to treat Pammy's minor emotional problems with medication. Looking back on the whole episode, Pamela did not think that she had any serious issues; she was simply responding in a normal way to her parents' divorce. She reluctantly attended therapy and learnt how to please Miriam Shostrom by assessing the correct response to the 'Rorschach' test (2010:52-53).

I suggest that in her presenting story Gloria's unconscious is encoding these triggering events; that Shostrom has not only caused her damage in the recent past, and is causing her damage in the present, but that he may have caused damage to her daughter, through his frame violating actions. If Shostrom did instigate Pamela's therapy with his wife, then the current frame violation is very accurately replicating the past frame violation; Shostrom has seduced Gloria into handing her over to three therapists, just as he seduced her into handing over her daughter to his wife. The frame deviant setup evolved somehow and Shostrom, it would seem, either created it or did not prevent it, and it is known that Shostrom has a tendency towards frame violations. Gloria's conscious would like to think of Shostrom as good and sweet, but her encoded narrative could be telling Rogers that she thinks of him as being a real devil. On another level of unconscious perception, Gloria may well be alluding to the

here and now situation with Rogers. Gloria, it would seem, would also like to think of Rogers as good and sweet. Indeed, in her introduction she says to him,

> *Well, right now I'm nervous but I feel more comfortable the way you are talking in a low voice and I don't feel like you'll be so harsh on me.*

I suggest that this is an attempt by Gloria's conscious mind to deny her anxiety, to hope for the best, but in her unconscious, she is aware that Rogers' main aim is not to provide secure frame therapy, but rather to promote his person centred approach. Gloria, it would seem, perceives Rogers unconsciously as part of the seduction, deception and lies; is she encoding that she senses that he too is a real devil?

It would appear that past events may have evoked what Langs would term as predation death anxiety (Langs, 2008:1) in Gloria. This occurs when we feel that we have caused harm to others and always produces guilt (see chapter1:6). On a manifest level, Gloria talks of her guilt in having relationships with men as this may have a bad effect on her daughter. However, this story presents a connecting theme to the story of harm that she feels she has unwittingly caused to Pammy in complying with Shostrom's suggestion, in sending her daughter to therapy. Gloria continues to allude to her guilt several times, in relation to her daughter, with manifest statements such as:

> *I don't want her to turn away from me. I don't even know how I feel about it because there are times when I feel so guilty.*

Having encoded past events, Gloria's unconscious attention is now drawn to the here and now situation, and this produces a significant alteration in the narrative theme. As anticipated, Gloria's narrative now encodes her response to the deviant setting, in which there is no privacy or confidentiality. She makes statements such as,

> *I feel like I have to be on my guard*
>
> *I have a feeling that you are just going to sit there and let me stew in it and I want more.*

Perhaps Gloria realises that in this frame deviant setting she cannot be open but has to be on her guard; she asks Rogers whether he is able to do anything more than just sit there in this situation and says she wants more. The 'wanting more' could be a request for therapy in a secure setting, or for Rogers to at least acknowledge why she has to be on her guard, but it would seem that Rogers is just going to let her stew in it.

By the middle five minute section Gloria expresses:

> *I have a hopeless feeling, I mean, these are all the things that I sort of feel myself, and I feel, O.K. Now what?*

Gloria's narrative conveys that she feels quite hopeless but it is wondered what she is processing. Does she feel hopeless about trying to attempt real therapy in this frame deviant setting? Or is she feeling hopeless about Rogers not hearing her encoded narrative about prior and current frame deviant events? She appeals to Rogers to help her out and asks, 'O.K. now what?' Rogers makes no interpretation and Gloria continues.

> *Right. I really know you can't answer for me, and I have to figure it out myself, but I want you to guide me or show me where to start or - so it won't look so hopeless.*

I suggest that this comment is made unconsciously in relation to the cameras; Gloria is reminded that her hopeless situation is going to 'look' hopeless to prospective viewers. Gloria's unconscious is aware that Rogers does not have a solution to her concerns about past and current frame deviant events; what she asks of him is that he at least guides her. She then returns to the theme of wanting to be more open with her daughter.

> *If she really knows what a demon I am and still loves me and accepts me, it seems like it would help me to accept me more - like it's really not that bad. I want you to say to go ahead and be honest, but I don't want the responsibility that it would upset her; that is where I don't want to take responsibility.*

Gloria then introduces a story about her own mother:

> *Yes. Like I wonder if my mother had been more open with me, maybe I wouldn't have had such a narrow attitude about sex. If I would have thought that she could be you know, pretty sexy and ornery, and devilish too, that I wouldn't look at her as being such a sweet mother, that she could also be the other side, but she didn't talk about that.*

From a Freudian perspective on transference, it could be concluded that her past response to her mother is now being transferred onto Rogers. Thus, Gloria becomes frustrated with Rogers because he will not be open about guiding her in what she should do. However, from an adaptive perspective I would suggest that the story of Gloria's mother has been activated because of Roger's lack of acknowledgement about the frame violations in the current context. The story of her mother serves as a model of rectification; Gloria is telling Rogers that he should not be deceptive, that he should be more open. Gloria's narrative about her wanting Rogers to tell her to take the risk and to go ahead and be honest with her daughter, is I suggest an encoded plea for him to be open about the conflict this frame deviant situation has put her in; she could then accept him more. She is aware that she can't take on that responsibility as that would cause upset, to Shostrom, Rogers, the camera crew and all concerned. Gloria needs Rogers to be more open with her and not present such a narrow attitude, like her mother. If only he could admit that he could be devilish, to acknowledge his part in this frame deviant therapy, if he could just present the other side of what is taking place, but she encodes, he doesn't talk about that.

The theme at the beginning of the final five minutes of the session may still convey an unconscious commentary on Gloria's difficulty with the situation in which she has found herself. In looking at the response of the therapist I would suggest that Rogers also encodes his feelings about the anxiety and conflict that Gloria is experiencing.

> Rogers: *Mm. You can really listen to yourself sometimes and realise, "Oh no, this isn't the right feeling. This isn't – this isn't the way I would feel if I was doing what I really wanted to do."*

> Gloria: *But yet, many times I will go along and do it anyway. And say, "Oh well, I'm in the situation now, I'll just remember next time*

From an adaptive perspective, Gloria's encoded narrative could still be processing her current conflict and that she is feeling highly uncomfortable about the situation into which she has been seduced. As a model of rectification she couldbe warning Rogers that she will not engage in such a frame deviant situation next time. She then talks about needing utopian moments and the dialogue is as follows.

> Rogers: *I sense that in those utopian moments, you really feel kind of whole. You feel all in one piece.*
>
> Gloria: *Yes, it gives me a choked up feeling when you say that because I don't get that as often as I'd like. I like that whole feeling. That's real precious to me.*
>
> Rogers: *I expect none of us get it as often as we'd like...*

In this instance Rogers responds with a transgression of the ground rule of therapist anonymity, revealing his own vulnerability, or perhaps death anxiety. I wonder what Rogers' unconscious is processing at that moment, as from an adaptive perspective, frame deviations often occur when death anxiety has been triggered in the therapist. This is a reminder of Kruger's point, as outlined in chapter 1, that the CCRT method does not focus on the needs and wishes of the therapist. It is wondered what Rogers does not get enough of, what are his wishes and needs that he has touched upon? Gloria continues,

> *Yes, and you know what I was thinking? I - a dumb thing - that all of a sudden while I was talking to you I thought, "Gee, how nice I can talk to you and I want you to approve of me and I respect you, but I miss that my father couldn't talk to me like you are." I mean, I'd like to say, "Gee, I'd like you for my father." I don't even know why that came to me.*

It is certainly a mystery why that suddenly came to Gloria. In returning to Luborsky's findings, it was noted in his research that oedipal statements are not usually made directly in the early sessions of therapy. Rather like the theory of transference, the Oedipus complex developed from Freud's internal model of the mind while communicative psychotherapy is far more focussed on external reality. The reason I draw on Luborsky's findings in this instance is that, no matter how it is conceptualised theoretically, it is unusual for patients to directly express statements relating to love of the parent in relation to the therapist early on in therapy. It is, therefore, interesting to consider what triggered this narrative in a first session, especially as everything that Gloria had encoded thus far, had conveyed feelings to the contrary. This is an instance in which the manifest conscious narrative is in conflict with the unconscious meaning.

The encoded narrative so far has conveyed that Gloria feels that Rogers has been party to seduction, deceit and lies, and she has no respect for those who lie. She feels Rogers has just sat there, letting her stew, and has not helped her to deal with the frame deviant, hopeless, situation. He won't be open and honest about what is taking place and because of this; they cannot have a more meaningful relationship. Why then, would Gloria express wanting Rogers as a father, when her unconscious narrative provides no validation for this conscious wish? Could it be that Gloria's wise unconscious has scanned a need in Rogers to be a fatherly figure to her? Was he encoding perhaps a lack of time spent with his own daughter when he remarked that he didn't get enough of what he wanted? Rogers responds with a frame violating reply which transgresses therapist neutrality, and it might be fair to suggest, with quite a seductive statement.

> Rogers: *You look to me like a pretty nice daughter.*

I wonder whether Rogers feels quite uncomfortable with the frame violating statement he has made, as he quickly moves from what is happening between them in the here and now, to Gloria's past relationship with her father.

> Rogers: *But you really do miss the fact that you couldn't be open with your own dad.*

How will Gloria's unconscious respond to Roger's frame violating interventions and about her looking like a nice daughter? If Gloria is genuinely pleased with the interventions so far, and would really like Rogers as a father, then from an adaptive perceptive there should follow some positive encoded narrative; if not it is predicted that the narrative will be negative in content.

> Validation of an intervention is signalled by the subsequent emergence of narratives with positive themes such as those of helpful, wise, sensitive, or understanding individuals....In contrast, non-validation is signalled by the emergence of negatively-toned displaced narrative themes such as those of people who are unhelpful, deaf or blind, harmful, insensitive, and the like (Langs, 2006:35).

Gloria responds to Rogers' interventions as follows:

> *Yes. I couldn't be open, but I want to blame it on him. I think I am more open than he'd allow me. He would never listen to me talk like you are and not disapprove, not lower me down. I thought of this the other day. Why do I always have to be so perfect? I know why. He always wanted me to be perfect. I always had to be better and…yes, I miss that.*

Gloria presents a negative story about her father which I suggest serves as a bridging theme of how she is feeling about Rogers' interventions. Through her encoded narrative she blames Rogers for not allowing her to be more open in the session and she thinks he is not listening. A correlation can be made between how she feels about her father and what is happening in the session. From Luborsky's perspective, this could be an instance of transference; Gloria feels that she cannot be open with Rogers because she could not be open with her father. The question arises, from the perspective of transference, of why this story would emerge. There is nothing to validate why the past relationship would be transferred into the present. However, from a communicative perspective the correlation is apparent because the present frame violations have activated a story of the past; there is a trigger.

> It is not that the patient has formed an illusion about the therapist under the pressure of unconscious forces, but rather that the patient has accurately, albeit unconsciously, identified a real resemblance between past and present (Smith 1991:204).

Or as Langs states:

> ..the link to the past takes the form of an unconscious appreciation that the counsellor is *actually repeating* in some form the seductive behaviour of the patient's father – the past is actually being re-enacted in the present (2004:14).

Thus, Gloria is not transferring her responses to her father onto Rogers, but rather Rogers, in reality, has not been listening to her encoded narrative about her conflict in wanting to be more open than the frame deviant setting and his interventions will allow and she blames him. Gloria may also be telling Rogers that in a session which is being filmed for future training use and to demonstrate his approach, she feels he wants her to be the perfect client. More importantly, I suggest that Rogers' intervention about her making a nice daughter has elicited the negative responses in Gloria; she sees this intervention as frame violating for which she also blames him.

Gloria continues to tell Rogers how her father behaves; I would suggest that what follows is an encoded commentary of how Gloria has experienced the session with Rogers.

> *He won't. He doesn't hear. (Voice is sad and resigned). I went back home to him about two years ago, really wanting to let him know I loved him although I have been afraid of him. And he doesn't hear me. He just keeps saying things like, "Honey, you know I love you. You know I have always loved you." He doesn't hear. (Eyes moisten).*
>
> *I don't know what it is. You know when I talk about it, it feels more flip; if I just sit still a minute, it feels like a great big hurt down there. Instead, I feel cheated.*

> *And again, that's a hopeless situation. I tried working on it, and I feel it's something I have to accept. My father just isn't the type of man I'd dearly like. I'd like somebody more understanding and caring. He cares, but not in the way that we can co-operate - or communicate.*

Gloria feels that Rogers hasn't heard the true story of how she really needs a truly loving, secured frame, therapeutic encounter, but how she has felt afraid and not heard. Instead of being heard, Rogers 'just keeps saying things'. Here, Gloria could be referring to Rogers' numerous interventions which leave her feeling that the encoded narrative has not been heard. This is a big hurt; the session, and no doubt the entire filming has left her feeling cheated. It has been a hopeless situation, which she has tried working on, but now she will have to accept it. She acknowledges that Rogers cares, but it is not in the way that they can really co-operate or communicate.The entire narrative appears toserve asa further model of rectification; Rogers really should listen. Gloria continues:

> *That is why I like substitutes. Like I like talking to you and I like men that I can respect, Doctors, and I keep sort of underneath a feeling like we are real close, you know, sort of like a substitute father.*

The father theme has surfaced again and it is worth considering whether Gloria's unconscious perception is still trying to process some unconscious need in Rogers. In the narrative that follows, Gloria seems to pull back from Rogers; her previous positive statement is followed by negative narrative, rejecting in tone.

> Rogers: *I don't feel that's pretending.*
>
> Gloria: *Well, you are not really my father.*
>
> Rogers: *No I mean about the real close business.*
>
> Gloria: *I sort of feel that's pretending too because I can't expect you to feel very close to me. You don't know me that well.*

Whatever unconscious process Rogers is enacting with Gloria, it seems that Gloria feels that he is becoming too close, too seductive, perhaps too much in need of

having her as a daughter. Gloria's encoded narrative might also be a commentary on how she has experienced the entire encounter, that it has all been pretend. It seems she can't expect Rogers to be close because not having heard her encoded narrative he doesn't know her that well.

Summary of the frame violations in the Rogers session

From an adaptive perspective it would appear that Gloria's encoded narrative throughout the session, has served as a commentary pertaining to seven main frame violating events.

1. Shostrom was Gloria's therapist for four years before the filming.
2. Gloria's daughter had been in therapy with Shostrom's wife.
3. The setting contains cameras and a camera crew.
4. The session is being filmed.
5. The contract is frame violating.
6. Shostrom and Rogers' roles are self serving.
7. Rogers' interventions are frequently non neutral.

The frame violations transgress the ground rules of privacy and confidentiality, therapist neutrality and therapist anonymity.

Gloria and Perls

In the session between Rogers and Gloria, Rogers remained silent sufficiently long enough to allow Gloria's stories to unfold. Perls, however, made numerous interventions, which were challenging and frequently confrontational; as a consequence Gloria had minimal opportunity to supply any extended detailed narrative. This is unsurprising in view of Perls' approach to therapy, which he espoused in the narrative to the TAP films, when he stated, 'I disregard most of the content of what the patient says' (Burry, 2010:77). Thus, there are few extended narrative stories in this session which might have offered a more detailed opportunity for decoding. Much of what Gloria says is a direct manifest communication about the therapist, which as is known from Luborsky's extensive research, is a most unusual

client response. However, it will be interesting to explore why Gloria presents this unusual response and whether it is related to frame violations.

Before decoding this session, it should noted that Gloria's instruction from Shostrom, before any of the filming took place, was that she should present the same issue to each therapist, (Weinrach, 1986:642). The subject chosen for discussion by Gloria was her difficulties with her daughter, regarding her new relationships with men. This subject was presented to Rogers and discussed in full detail. It is, therefore, interesting to note that this story is not presented to Perls, either manifestly, or as unconscious commentary on prior events with Shostrom; indeed, no narrative story is presented. It seems from the outset that Gloria's main focus is on the therapist with an acute observation of his demeanour and his interventions. At the beginning of the session Perls does not introduce himself, and the session opens as follows:

> Perls: *We're going to be interview for half an hour.*
>
> Gloria:*(Lights a cigarette and smiles). Right away I'm scared.*
>
> Perls: *You say you're scared, but you're smiling. I don't understand how one can be scared and smile at the same time.*
>
> Gloria: *And I'm also suspicious of you. I think you'll understand very well, I think you know that, when I get scared I laugh or kid to cover up.*
>
> Perls: *So you have stage fright.*

Perls first intervention is frame modifying as he points out that Gloria says she is scared but is smiling; from a communicative perspective this intervention transgresses the ground rule of therapist neutrality. Perls also appears to make an encoded reference to the frame deviant setting when he says she has stage fright. Thus, it would seem that very soon into the session Gloria is reminded of the frame deviant setting, that she is on stage, and her communication already indicates that she is scared and suspicious of Perls. At this point I sense that many therapists utilising other approaches to psychotherapy, perhaps Gestalt therapy being one of them, would challenge what I propose to be Perls' frame modifying intervention. Perls has

simply pointed out a discrepancy between Gloria's fear and her smiling. Gloria seems to not be comfortable with Perls' entire demeanour, but it could be argued that if she is feeling overly anxious, perhaps, from a psychoanalytic perspective, she is simply transferring past fears from other relationships onto Perls.

There are two main points to consider here, if it is to be proposed that the client is misguided and the therapist is blameless. The first is what is the stimulus for Gloria's fear? If everything in the setting was secure and the therapist's demeanour and interventions were neutral, then why would Gloria present such an anxious self? She certainly did not seem quite so obviously afraid with Rogers, even though the frame deviant setting contributed to her anxiety. It would seem that something, in addition to the frame deviant setting, has activated Gloria's fear of Perls; her unconscious has perceived something predatory. The second point is that if there is no trigger, if everything is frame secure, then validating encoded stories with positive imagery should emerge. Having heard Perls' interventions and having assessed his demeanour, this is Gloria's response:

> Gloria: *Err, I don't know, I'm mostly aware of you, I'm afraid that err, I'm afraid you're gonna have such a direct attack that you're gonna get me in a corner and I'm afraid of it. I want you to be more on my side.*

Gloria responds by telling Perls that she is afraid of a direct attack by him and she is afraid he is going to get her in a corner. This is not a detailed piece of narrative, however, I would suggest that it does contain encoded communication of a negative story about past trauma. It is interesting to note that of all the images that Gloria might have presented in relation to what Perls could do to her, she selects the image of him getting her in a corner. It is through the literature, via Burry's account of her mother's personal history, that information is found which might provide the basis for this particular image. From Burry we know that Gloria's father was strict and would beat his children but for Gloria he administered a special form of punishment; this involved her having to kneel on rice, while facing a corner. Burry says, 'The girl is made to bare the flesh of her knees....She lifts her skirt. She kneels, as if in church. She faces the corner and must raise her arms parallel to the floor' (2010: 108). There

seems to be a correlation between Perls' interventions, the current unsafe and threatening situation and the childhood trauma with her father. I suggest that this is not transference; the past experience with her father is not being transferred onto Perls derived from some intrapsychic fantasy. Rather, the story has been activated by external reality through Perls' non neutral interventions; the present behaviour of the therapist has evoked the trauma of the past.

Perls' non neutral interventions continue, and accelerate in frequency and style and Gloria continues to feel afraid. The theme about Gloria's fear that Perls is threatening continues; she seems to have made some unconscious perception about him that he will attack her in some way. Perls constantly challenges this fear claiming that Gloria is a grown woman; thus he questions what he could possibly do her?

> Perls: *OK. Are you a little girl?*
> Gloria: *Well, no, but it's the same feeling.*
> Perls: *Are you a little girl?*
> Gloria: *This feeling reminds me of it.*
> Perls: *Are you a little girl?*
> Gloria: *No! No!*
> Perls: *At last, what are you? Thirty?Then you're not a little girl.*
> Gloria: *No*
> Perls: *OK. So you are a thirty-year old girl who is afraid of a guy like me...Now what can I do to you?*

This is interesting communication, another example of the misguided patient and an innocent therapist; what could Perls possibly do to Gloria? The answer will be revealed in chapter 8 on post filming events. Gloria also communicates that she feels that Perls is superior, smarter than she is and higher above her. I would like to suggest that this might not be a misguided perception, but is perhaps a response to the therapist's loss of anonymity. Gloria is aware before filming that she is to meet three eminent therapists, this might be sufficient enough information to raise her anxiety that they would be smart and superior. However, she may have

unconsciously perceived, through pre-filming interactions between the therapists, that this particular therapist is held in high regard by the producer.

It should be noted that prior to the filming, Shostrom had been in group therapy with Perls. Again, a frame violating scenario is established in which one of the therapists in the films has been the therapist of the producer. While Shostrom much admired Perls, Perls had described Shostrom's 'niceness' as 'nauseatingly phoney' (Weinrach, 1988:5). Shostrom had been Gloria's therapist; if she was aware that her therapist had been in therapy with Perls, this would elevate Perls to a very superior position. Gloria may have been aware of their previous relationship, if not, then in any observations of the men talking together she may have unconsciously perceived something of a special relationship between them, in which Perls was superior.

In part two there is only one brief reference to another person and this is Gloria's father who she describes as someone who demanded respect. This may be Gloria's unconscious commentary about how she is experiencing Perls and it may have a connection to the relationship between Shostrom and Perls. Perls continues with his non neutral interventions which culminates in Gloria saying,

> *I don't feel close to you at all Dr Perls. I feel bad for me. I feel like you're playing one big game.*

Perls responds by saying 'Right. Sure we're playing games'. I would suggest that it is at this point that both Gloria and Perls acknowledge their participation in the filming. The frame deviant setting cannot lend itself to a real therapeutic encounter but rather a performance is required; a kind of game playing for the cameras. Perls' acknowledgement of this seems to be reiterated when he responds to Gloria's expression that he is detached.

> Gloria: *But you're so detached, you don't even seem to care that I'm mad at you. I feel like you're not recognising me at all Dr Perls, not a bit.*

> Perls: *This is quite true. Our contact is much too superficial to be involved in caring.*

Perls continues with his non neutral, confrontational interventions, frequently describing Gloria as being a phoney and playing stupid. Under this immediate line of fire, there is no opportunity for Gloria to produce encoded stories; she is unable to respond on anything but a conscious level. Langs explains that there are two basic types of emotionally-charged events; emergency and non-emergency experiences. Langs says of the emergency experiences, which pose an immediate danger:

> Under these circumstances, no matter how painful and anxiety-provoking the triggering event may be, the perceived danger is almost always directed to conscious awareness for a rapid response (2004:44).

No further encoded narrative takes place; Gloria's rapid responses are conscious, honest, to the point with no time for the process of denial.

In the final section of the session the confrontational dialogue continues and although Gloria expresses a wish to be close to Perls, she soon rejects this thought, saying she would be too scared to be close to him. A brief story then emerges about another person, a girlfriend.

> Gloria: *You know what I'm thinking when I'm really hurt and really upset about something and I want someone to love me, like my girlfriend will do it a lot and she'll come up to hug me and I don't, I don't want it.*

> Perls: *Exactly. See that's what I'm talking about. You cannot sustain contact. OK, this is not rubbish. What are you afraid, if you get too close to your girlfriend, if you let her hug you?*

> Gloria: *Er, the only thing I'm aware of is like when I perspire it embarrasses me that she'll feel how wet I am, and that she'll hold my body up close, and, I don't know.*

From Gloria's story Perls locates a neurosis in Gloria and defines her problem; she cannot sustain contact. However, I suggest that the story has emerged not because Gloria is expressing a neurosis, but because she cannot sustain contact in reality with Perls, due to his numerous non neutral interventions. Her encoded narrative informs him that he has been too close, too invasive, in a way that has left her perspiring. However, Perls prefers to formulate his theory around Gloria's pathology.

Summary of the frame violations in the Perls session

From an adaptive perspective it would appear that Gloria's encoded narrative throughout the session, has served as a commentary pertaining to three main frame violating events.

1. The frame deviant setting
2. The therapist's non neutral interventions
3. The relationship between Shostrom and Perls and Gloria and Shostrom.

These frame violations transgress the ground rules of privacy and confidentiality, therapist neutrality and therapist anonymity.

Ellis and Gloria

The presenting story that Gloria presented to Rogers and had agreed to present to each therapist is again absent in the Ellis session, as it was in the session with Perls. Gloria briefly alludes to her issue of adjusting to her single life, but there is no mention of her daughter, and the narrative content significantly deviates from the agreed agenda. Following introductions, the session begins:

> Ellis: *Well, would you like to tell me what is bothering you most?*
>
> Gloria:*(Sighs). Yes, I think the things that I would like to talk to you about most are adjusting to my single life, mostly men I guess. At the moment, I*

> *don't know if I'm doing the wrong thing – but I am going to refer to your book anyway, because this is what I'm impressed with, this book about The Intelligent Woman's Guide to Man, em. I have tried to follow it and I believe in it, this is why it is so fun reading your book because I'm not much of a reader, but I sort of believe the thing when you do.*

I would suggest from an adaptive perspective, that Gloria's opening narrative has been influenced by a significant frame violating event, which transgresses the ground rule of therapist anonymity. Gloria had never met Ellis before the filming, but she was certainly aware of his book publications (Weinrach, 1986:642, Burry 2010:86). The books that Ellis had produced did not lend themselves to neutral titles, and much could be inferred through them about the author. Ellis' work included, 'How to live with a neurotic' (1957) 'Nymphomania: A study of oversexed women' (1964) and 'Homosexuality: Its causes and cures' (1965). It is wondered how Gloria unconsciously perceived the author of such titles, before meeting Ellis. It is known from Gloria's opening statement that she had read at least one of his books, carrying the seductive title, 'The Intelligent Woman's Guide to Man-Hunting' (Ellis, 1963). Burry states that Gloria had found it 'very interesting' (2010:86).

In relation to Gloria having read Ellis' book Weinrach states, 'It is impossible to determine what effect it may have had on how she conducted herself during the interview' (Weinrach, 1986:642). I would suggest that it is possible determine the effect, but that this might not be revealed through the manifest content alone; the true effect will reveal itself through an exploration of Gloria's mainly unconscious encoded narrative responses. Very soon into the session the effect can be observed; Gloria acknowledges that she doesn't know if she is doing the wrong thing, (not staying with the agreed agenda), when she instead introduces Ellis' book. Contrary to Weinrach's earlier comment, reading the book has clearly already influenced her conduct; she has deviated away from the issue she agreed to present to all the therapists. Indeed, Gloria seems to have only briefly addressed Ellis the therapist; soon into the session she appears to be addressing Ellis the author.

I would suggest that the therapist's loss of anonymity through the publication of his books, carrying seductive titles, has activated predatory death anxiety in Gloria. Before even meeting him, Gloria's unconscious processing mind may have perceived Ellis as an author on seduction, far more than a frame securing therapist. Gloria continues:

> *Then I got a problem in this area see, men that I do, I'm attracted to or the type of man that I would like to become closely involved with I can't seem to meet. Or I get too shy with, or something, that I don't; it just doesn't click. The men I seem to be dating nowadays are the ones that I don't respect much, that I don't enjoy much, that seem flip and uninteresting, and... I don't know if it's something about me or what because I really do want to meet this kind of man.*

In keeping with Luborsky's theory, Gloria introduces stories about other people through her encounters with men. She says that the men she meets nowadays are ones that she doesn't respect much, she doesn't enjoy much; they seem flip and uninteresting. She can't seem to meet the kind of man she could be closely involved with, and she really does want to meet this kind of man. I suggest that there are correlations in these statements, between the men she meets and all three therapists. I propose that Gloria's descriptions of the men are a commentary on her recent experiences with Rogers and Perls, the men she does not enjoy much, who are flip and uninteresting and a comment on Ellis, who is too seductive to become closely involved with in a client-therapist relationship.

Ellis responds to Gloria's manifest request and he obliges her wish to discuss the theories from his book. He applies the theories to Gloria's situation and begins to demonstrate his Rational Emotive Therapy (RET) approach. Gloria responds with:

> Gloria: *I act like the other men act to me, as a matter of fact, I act flip; I don't seem near as intelligent. I act like a typical dumb blond. Ah, I just, I'm just not myself with him. I'm more un–at-ease.*

> Ellis: *Yes, well as you probably know from my 'Man hunting', I believe that people only get emotions, such as negative emotions, of shyness, embarrassment, shame, because they tell themselves something in simple explanatory sentences. Let's try and find out what you're telling yourself. You're meeting this individual - now what do you think you're telling yourself before you get flip?*

I suggest that Gloria is encoding how she is responding to Ellis, that she feels uneasy talking to a therapist who writes about seduction, and is perhaps uneasy with his style, in which he delivers his theoretical opinions based on his book; the latter is a serious transgression of the ground rule of therapist neutrality. Throughout the session Ellis will proffer advice on what Gloria should do to set up a date with an eligible man, through numerous interventions. Rather like the Perls' session, Ellis will dominate the dialogue and Gloria is not allocated enough time to allow her narrative to unfold. Weinrach states that:

By counting the number of words Ellis and Gloria each spoke, it was obvious that Ellis spoke 50% of the time. Although there seems to be no formula for the ratio of client–to–therapist talk-time, Gloria did not have much of an opportunity to tell her story (1986:643).

Weinrach also notes that:

> During the counselling session, 13 topics were covered. This represents an enormous amount of topic jumping by anyone's standards. By jumping from one topic to another, no one topic was fully explored.....Ellis could have easily spent an entire session on any of the topics. However, he and Gloria never focused on any one issue but rather jumped from issue to issue, often resulting in Ellis giving a mini lecture on some aspect of his theory (1986:644).

The session, therefore, does not lend itself to as much decoding of unconscious narrative, as can be found in the Rogers' session as Gloria is deprived of the opportunity to allow stories to develop. However, significant encoded themes begin to emerge which provide insight into Gloria's unconscious perceptions of Ellis. Certainly, there is a theme of seduction throughout Gloria's narrative; the following is a selection of Gloria's narrative from the remainder of part one. I propose that Gloria's responses to others, the men that she engages with, could be an encoded commentary on how she is relating to Ellis, and may again include unconscious processing of her encounters with Rogers and Perls.

> *I don't stand up to his expectations, he is superior to me. Although I want this type of man I'm afraid that I won't have enough to attract him....It's usually I missed my chance again.Because when I want to show the very best of myself, because I think I have self confidence and I have enough to offer but when I get afraid like that I show all the bad qualities I'm flip, I'm - then I'm so much on the defensive that I can't show my good qualities. And it's like I missed my chance again, there was a good opportunity to get close to this man and I loused it up again....Is there something wrong with me? Am I never going to find the kind of man I enjoy? I always seem to get the other ones.*

The theme prominent in the Perls' session, of the other person being superior, appears again. I suggest that in relation to Ellis this has been activated by his loss of anonymity; not only does he have the status of an eminent therapist, but she is also aware of him being an eminent author. On a deep unconscious level I suggest that Gloria is also encoding her experience of all three sessions. Surely, Gloria must be processing somewhere in her thoughts, at this point in her long and arduous day's filming, what the therapy sessions have meant to her, and how she has responded to each therapist. I suggest that her encoded narrative is a commentary that she has had to be defended in these frame violating sessions, she has missed her chance again, there was a good opportunity to engage in some productive therapy, to be close to a

therapist, but it has all been loused up; she doesn't meet frame securing therapists, she always gets the other ones.

Ellis continues to demonstrate his RET approach and the ideas from his book and Gloria is left with little opportunity to respond. However, in part two she seems to deliver what could be perceived as an encoded assessment about the session, while talking manifestly about her life.

> *Well I don't like the whole process, I don't even like going through it, I don't - alright even if it wasn't a catastrophe, even if I didn't look at it as a catastrophe, I don't like the way I'm living right now. For example, when I meet somebody that I'm interested in who has some potential, right away I find I'm not near as relaxed with him, I worry more, should I be friendly, should I kiss him goodnight?*

From an adaptive perspective it seems that Gloria's response to the session is that she doesn't like the whole process, she doesn't like going through it. She appears to be encoding that the session is a catastrophe, and even if it is not, she doesn't like it right now. Ellis seemed to have potential, but she is not relaxed in his company, and is not sure what to do in this non therapeutic – non frame secure, situation where she feels she is being seduced. Gloria continues:

> *I feel like this is silly if I keep this up. There is something I'm doing, there is something that I'm doing not to be a real person with these men that I'm interested in.....I've done it again. If I wasn't so darn gone …. about trying to hook this guy I could be more real, he's going to enjoy me more if I'm real anyway so I'm only giving him the stinky part of me. How can anybody I respect, respect a toot and that's what I am when I don't really come through.*

Again, the theme re-emerges that was so prevalent in the Rogers session; Gloria feels that her defences in the session prevent her from being a real person. In this frame

deviant setting, with non neutral interventions by the therapist, she cannot be her real self, she can only give part of herself; she has done it again, or rather it has been done to her again. The conflict for Gloria is how she can attain helpful therapy and be open, in a frame deviant setting, with a frame violating therapist. In the final part of the session Ellis increasingly dominates the dialogue.

> Contrary to the Rogers interview, in the Ellis interview the doctor did most of the talking; way more. In the last seven pages of the transcribed interview, Ellis spoke 1668 words to Gloria's 443 (Burry, 2010: 85).

Ellis talks most of the time, continues with his mini lectures and at one point advises Gloria to 'open your big mouth.' The ground rule of therapist neutrality is seldom applied and Ellis then advises Gloria to participate in an interesting homework assignment.

> Ellis: *Now as I said, I would give you, as though you were a patient of mine, a homework assignment of deliberately, very deliberately, going out and getting yourself into trouble. In other words taking the most eligible male you can find at the moment and forcing yourself, risking yourself to be you.*

Who could be a more eligible male for Gloria than an eminent psychotherapist and an author on a book on seduction? I would suggest that Gloria has perceived an encoded seduction by Ellis; her shocked response is to try to verify what she thinks the doctor has encoded.

> Gloria: *Are you saying even it were like I went into a doctor's office, to start a conversation with him because he was attractive to me or he appealed to me?*
>
> Ellis: *Right …..*
>
> Gloria: *Even go so far as starting a conversation with him, a personal one?*

There appear to be so few therapeutic boundaries in this encounter that Gloria hears that Ellis is inviting her to be personal with him. Ellis reiterates, yes, he means *any* eligible individual:

> Ellis: *Why not if he is an eligible individual, any kind of an eligible individual.*

I suggest that Gloria's wise and moral unconscious cannot accept such an encoded frame violation, which is why she responds with:

> Gloria: *I know that you accept that but that seems awfully brazen.*

The session soon ends with Gloria manifestly denying what has taken place, stating her excitement about following Ellis' advice to ask men out on dates. However, I would suggest that her encoded narrative communicates that she thinks Ellis is frame violating, seductive and brazen.

An RET therapist may assess that in this situation Ellis has merely challenged Gloria's low self esteem and has encouraged her to reach her true potential. From a Freudian perspective,it would no doubt be proffered that this is an instance of erotic transference which I described in chapter 5:71. However, in the adaptive approach the trigger for the patient's expressions, are sought in the setting, or the behaviour of the therapist, or both. In the adaptive approach the belief held is that, if something erotic is taking place in the patient, then it is quite probable that the therapist has been seductive. In returning to Gloria and Ellis, I suggest that it is Ellis' loss of anonymity through his seductive publications and his non neutral, frequently seductive interventions, which have triggered fears of seduction in Gloria. This is not erotic transference but rather Gloria has responded to the triggering events within and preceding the session. The evidence for this lies in the triggering events and the encoded narrative.

Summary of the frame violations in the Ellis session

From an adaptive perspective it would appear that Gloria's encoded narrative throughout the session, has served as a commentary pertaining to two main frame violating events.

1. Gloria's knowledge of Ellis prior to meeting him.
2. The therapist's constant non neutral interventions.

These frame violations transgress the ground rules of therapist anonymity and therapist neutrality.

Discussion

In commenting on the Rogers' session, Weinrach (1990) suggested that Gloria's stance was that of a daughter who was in search of her father's approval. Her response was common to her, or perhaps worse, a long standing neurotic need. Weinrach states that had all this been known then 'Rogers may not have been seen so much as a highly regarded role model but as a mortal therapist who missed or unintentionally ignored an important clinical issue' (1990:283). Weinrach goes on to suggest that Rogers could have acknowledged Gloria's fantasies as transference and his own response to her as countertransference, a Freudian theory that Rogers had rejected. Rogers does acknowledge that there was transference and counter-transference but that it was 'highly intellectualised' and precluded an immediate I-Thou relationship. Weinrach questions the extent to which Rogers' focus on his technical skills accounted for his having missed, or intentionally ignored, a theme that had plagued Gloria for a long time.

It is interesting to note that Rogers perceived what was taking place as 'highly intellectualised' transference, while Weinrach clearly sees that there was transference which Rogers did not acknowledge. I would like to suggest that there was no

transference, intellectualised or otherwise, but that Gloria was responding adaptively to the frame deviant events before the session, the frame deviant setting, and Rogers' frame modifying and frame violating interventions. These events acted as the stimulus for her encoded narrative throughout the session which involved stories of other people. Thus, the story of her daughter encoded the events with Shostrom while the stories of her mother and especially her father, encoded Rogers' frame violating interventions.

In the Perls' session the frame violating events also served as triggers for Gloria's encoded stories. The filming activated the narrative about playing games, performing for the cameras and even Perls' reference to stage fright. Perls' non neutral interventions activated a story of a traumatic incident which took place with her father in a corner. In addition, the story about her friend who is too close and intrusive is an encoded commentary on Perls' intrusive interventions. I suggest that Gloria is not transferring her past relationship with her father or her current relationship with her friend onto Perls but that Perls' interventions have activated these stories. In addition, in instances in which Perls places the pathology onto Gloria in her fear that he could harm her, I would suggest that the patient is not misguided but that she has perceived something menacing about Perls. Overall, Perls' non neutral interventions are so frequent and intense that unconscious processing and narrative cannot often take place. Thus, this session provides an example of how the mind adapts to mainly conscious processing in the face of immediate predatory death anxiety.

In the Ellis session I have suggested that frame violations are again responsible for Gloria's responses to self and others and have activated her presenting wishes and needs. Gloria deviates from the agreed agenda about her difficulties with her daughter as she is focussed on addressing Ellis the author, rather than Ellis the therapist; this is a response to his loss of anonymity through his publications. I have also suggested that Gloria encodes that she feels uneasy in the setting with Ellis, who she feels will seduce her. In addition, Ellis' frequent, non neutral interventions

activate the encoded response from Gloria that the session is a catastrophe and she has missed what could have been a good opportunity for frame secured therapy.

Finally, while I acknowledge Luborsky's findings that there are correlations between how the client responds towards the therapist and towards other people, I suggest strongly that this is not an outcome of transference. Rather, I suggest that the patient's responses towards others reflect the behaviour of the therapist. Thus, the correlations between Gloria's stories about the therapists and other people in all three sessions, if assessed from an encoded perspective, become far greater in number than those outlined in the previous chapter. A great deal of Gloria's narrative about other people and situations serve as an encoded commentary on the behaviour of Rogers, Perls, Ellis and Shostrom and the frame deviant setting. I have evidenced these encoded narratives throughout this section in view of their triggering events.

In the following chapter I would like to return to the findings of the CCRT's and cluster categories from the last chapter, which might now be understood in view of the encoded narrative revealed in this chapter.

Chapter 7: Reviewing the RE's and CCRT's in relation to the decoded narrative

In chapter 5:63-64, I concluded that there were 13 points from the findings of the RE's and CCRT's which proved to be unusual in the Gloria sessions when compared to Luborsky's research findings. In this chapter I will review the unusual findings to assess whether the decoded narrative from the last chapter can now be utilised to illuminate why these results emerged. It should be noted that the CCRT's were gathered from manifest content, but in the last chapter I demonstrated that behind the manifest narrative, there is encoded narrative, which reflects the triggering events. For example, when Gloria tells Rogers that her father would never listen, this manifest comment would be allocated the component negative response other. This would be coded, 'doesn't listen' and would then be organised under the cluster category, 'Rejecting and Opposing'. However, behind the manifest narrative and the subsequent CCRT coding, I have suggested that the encoded narrative in this instance is actually about Rogers, that he is the person Gloria is referring to when she says he does not listen. Her perception has derived from having encoded to Rogers stories of how she is unable to be open in the frame deviant setting, but Rogers has not heard the encoded content. Thus, the pervasiveness of any particular CCRT's, which might produce a pervasiveness of particular cluster categories, can be explained not just in terms of the manifest responses but also in terms of the triggering events. I will attempt to demonstrate this as follows.

In the Rogers' session the unusual resultswere as follows:

1. Gloria's wish 'To feel good and comfortable' is pervasive in the Rogers' session although it is the very least expressed wish in Luborsky's findings.

Gloria's session with Rogers is the first session in which she encounters the cameras, lights, the camera crew, and recording devices. The wishes when manifestly expressed, do not relate to the setting but I suggest that they serve as encoded communication about the need to feel comfortable in such a setting. In comparison to

this being the least expressed wish in Luborsky's findings, I wonder whether the settings for the sessions in Luborsky's research afforded far more privacy than the open arena endured by Gloria. Luborsky states that the sessions were administered by psychoanalytic psychotherapists; two thirds of the sessions were held in a clinic and that one third held in private practice. While few practitioners truly achieve a frame securing environment it might be expected that the conditions in Luborsky's research would not have been quite as intrusive as in the filmed sessions. In addition, the interventions may not have been as frequent and non neutral, which may have contributed to the differences in the results.

2. The 'other person' discussed in the Roger's session is Gloria's daughter; there is a paucity of other types of family or intimate relationships.

In decoding Gloria's narrative in relation to events preceding the session, I suggest that the trigger for Gloria's focus on her daughter is the prior relationship between Shostrom's wife and Gloria's daughter. I suggest that Gloria's deep unconscious was processing this past trauma in the Rogers' session. The harm caused to Gloria's daughter in the past and to Gloria in the present, activated her wishes and the considerable number of responses in relation to her daughter.

3. The response other CCRT's 'Bad' and 'Likes me' feature with prominence in the Rogers' session.

In applying the CCRT categories from a manifest perspective, Rogers' comment about Gloria making a nice daughter would be coded as 'likes me', whereas her 'response other' categories include 'deceit' and 'performance'. Closer observation through decoding Gloria's narrative reveals throughout that Gloria's responses towards Rogers are competing between her manifest wishes and her unconscious perceptions of him. She wants him for a father but then encodes that she blames him for not listening to her. It is through decoding Gloria's narrative that the incongruence between the 'likes me' and the 'bad' cluster results can be understood in terms of triggering events.

4. There is a direct 'oedipal' wish, which Luborsky has not encountered in early sessions.

I suggested previously that there is something untoward that Gloria unconsciously perceives about Rogers' statement about her being a nice daughter. It is just prior to this that she delivers the 'oedipal' wish about wanting Rogers for a father. I suggest that this statement was activated by Rogers' disclosure that he did not get enough of what he wanted; I suggested that Gloria's unconscious perceived that this was something to do with his needs as a father. Gloria's wish is an unusual statement, and one that Luborsky has not found to be directly stated in his research with 33 patients. I shall explore further evidence for this having occurred as a response to Rogers' disclosure, and Gloria's perception of some need in Rogers, in the following chapter.

In the Perls' session the unusual results were as follows:

1. Gloria's wish 'To oppose, hurt and control others' is prominent.
2. There are no 'response other people' CCRT's.
3. There are no 'positive response other' scores at all.
4. Ten out of the first ten narratives about other people feature the therapist.
5. The negative therapist CCRTs are pervasive throughout the Perls session.

Luborsky's findings demonstrate that usually patients wish 'to be close and accepting' and 'to be loved and understood'. It is interesting to note then, that Gloria's most pervasive wish in the Perls' session is 'to oppose, hurt and control others'. Clearly, the therapist's numerous non neutral interventions in the Perls' session activated predatory death anxiety in Gloria; she responded by opposing Perls and wishing to hurt and control him. These responses are often more manifestly expressed than encoded and unusually, are aimed directly towards the therapist; nevertheless, they are responses which appear to result from Perls' extreme loss of neutrality.

Indeed, all of the above five results can be explained as a response to Perls' challenging interventions. There are no positive response other CCRT's and the negative CCRT's are pervasive throughout the session. This is a most unusual set of responses, both in contrast to Luborsky's findings and in comparison to Gloria's overall responses in the other sessions. I suggest that these findings, rather than supporting Freud's theory on transference, provide the greatest challenge to this theory. As I proposed earlier, if Freud's theory on transference was credible, then the patient might be expected to transfer similar wishes and responses towards each therapist. However, it can be seen that in the Perls' session the wishes and responses alter considerably. I suggest that this has nothing to do with transference but is a result of Perls' frame violating interventions.

In the Ellis session one of the unusual results was as follows:

1. In the response other people CCRT's there is a pervasiveness of non-intimate relationships.

The array of other people CCRT's which are usually present in psychotherapy sessions are noticeably absent from Gloria's session with Ellis. The focus for Gloria in terms of other people responses is firmly on non-intimate relationships. She does not adhere to the agreed agenda in talking about her daughter and places the focus in the Ellis session on how to attract the right man; this is the subject of Ellis' book, which Gloria has read prior to the session. Thus, it can be observed how a transgression of the rule of therapist anonymity can activate the client's agenda. Gloria is consumed by the notion of Ellis the author, rather than Ellis the therapist; it is Ellis' frame violation that leads to the pervasiveness of the 'response other' focus on non-intimate relationship.

An additional unusual finding in all three sessions was that there was a pervasiveness of negative therapist CCRT's while these CCRT's were not even frequent enough in number to extract from Luborsky's findings. Surely this is a reflection on how differently the interventions of the therapists must have been in the Gloria films

compared to those in the Penn research. I do not think it would be fair to propose that Gloria must have been a much more difficult client than the 33 patients in Luborsky's research which included a range of personality disorders. I suggest that the therapist's interventions with Gloria were so frequently frame violating that they activated negative responses in her, on both a manifest and unconscious level. Prior research which has rated the therapists' interventions has confirmed that overall, they did not perform well, and that Perls in particular was dominant and controlling (see chapter2). This is evidenced in Gloria's responses in which negative response therapist pervades throughout, most especially in the Perls' session.

Finally, it is important to note that the cluster category 'Anxious and Ashamed' is the most expressed in the Perls and Ellis sessions and the second most expressed in the Rogers session, although it is the least expressed in Luborsky's findings. Luborsky combines these two expressions into one cluster, so that each time there was a CCRT expression of anxiety it had to be grouped along with ashamed. I would suggest that anxiety is pervasive in all of the sessions as the filming, the violation of privacy and confidentiality, has activated predatory death anxiety. However, there are numerous frame violations in each session, and Gloria responds with anxiety to each of them. In the Rogers session CCRT's of shame do emerge as a result of Gloria's manifest narrative about her shame in relation to her sexual relationships. However, I suggest that it is the events prior to the filming, in which Gloria handed her reluctant daughter over to Shostrom's wife for therapy, which activated the response 'shame'. Gloria's shame, associated with guilt, became communicated manifestly in the story of her sexual relationships, but I suggest that deep unconsciously she was processing the guilt about her daughter being in therapy, from which Gloria was experiencing predation death anxiety.

Summary

In this and the preceding chapter I have attempted to demonstrate that the types of CCRT scores and cluster categories that emerged from the sessions evolved mainly because of the frame violations which took place prior to and within the sessions. As evidenced through the encoded narrative in the sessions, it would seem that it was the

therapists' frame violations which activated the wishes, responses towards the therapist and stories about responses towards other people.

In the last chapter I noted that several of the frame violations prior to and during the filming activated significantly powerful, deeply unconsciously perceived responses in Gloria. There were several frame violations in particular which were perpetrated by Shostrom, Perls and Rogers. I would like to end this research into Gloria's therapy through an account of significant events which took place after the sessions. This account provides further compelling evidence that these three therapists were strongly inclined towards frame violating behaviour and that the abuse of Gloria did not stop when the filming ended.

Chapter 8: Post filming events and past traumas

In this chapter I will provide an account of how Rogers, Perls and Shostrom continued to transgress the ground rules of the therapeutic framework, following the making of the TAP films. Gloria's daughter, Pamela Burry, (2010) has disclosed valuable information about various events after the filming and the consequent damaging effects endured by Gloria. Information has also been uncovered by researchers such as Weinrach (1990), Dolliver (1980), and Rosenthal (2004). This information is crucial evidence, when applied adaptively, in demonstrating how those therapists who have a tendency to violate the frame will do so consistently, both within and external to, the therapy situation. Moreover, I suggest that the following account provides evidence that Gloria's unconscious perceptions, which I inferred from her encoded narrative, about the therapists, were astute and accurate.

I will also include in this chapter information about the past traumas experienced by Rogers and Perls. This information may explain why these two therapists had a tendency towards frame violating behaviour, and how their particular traumas correlated with the particular forms of frame violations they engaged in.

Rogers and Gloria

Towards the end of her session with Rogers, Gloria said she doesn't get enough of a whole feeling, Rogers agreed saying 'none of us do'. Soon after, Gloria made a sudden remark about how she would like to have Rogers as her father. She commented that she did not know why that came to her. Rogers responded saying he thought Gloria would make a nice daughter. It was found in Luborsky's findings that such a direct oedipal wish would be very unusual in early sessions in therapy. I suggested that Gloria had unconsciously perceived some need in Rogers, some wanting, and that his response about her making a nice daughter was seductive. Gloria's response was to encode negative stories about her father and to manifestly tell Rogers that he was not her father. It is wondered what this encounter was about; certainly Gloria seemed uncomfortable and rejected Rogers' seduction, but some unconscious seed had been sown.

From Weinrach's account (1988), it is known that some months after the filming, Gloria attended a conference held by Rogers; Rogers discussed this encounter with Levant & Shlien (1984). Rogers states that at the conference, at his invitation, Gloria joined him and his wife, Helen, for lunch as Rogers wanted to know how Gloria was getting on. At the end of the lunch Gloria asked the couple whether they would object if, in her thinking, she regarded them as her 'parents in spirit'. Rogers and Helen agreed to this request saying that they would be pleased and honoured to have that status in her life. Over the fifteen years to follow, until Gloria's death, there was a great deal of correspondence between Rogers and Gloria. Burry produces large extracts from the Gloria/Rogers correspondence in her book (2010). What becomes clear is that from such a lengthy and in-depth correspondence, Gloria would learn many aspects of Rogers' private life. Rogers tells her about the type of flowers he has in his garden, he informs her about the conferences he has spoken at in various countries, and then of his deeper personal feelings, such as at the time of Helen's death. He always added his phone number to his letters and invited Gloria to call anytime. He often signed off the letters with, 'from your ghostly father.' For Gloria's part, she sent the Rogers LP records at Christmas, sent Rogers at least two 'father's day' cards and asked Rogers to speak at her graduation.

On the surface, what developed, on a conscious level, seems to have been a positive and even loving friendship. However, these scenarios were deeply frame violating, transgressing the ground rules of anonymity and neutrality. Rogers had been Gloria's therapist, albeit for a very short space of time, nevertheless, that was the established relationship. Gloria had agreed to meet with three eminent therapists because she thought it would be an opportunity to gain some help with her emotional issues within a therapeutic context. She did not engage with them for friendship, rather she needed a therapeutic intervention. The relationship never really becomes one of true friendship; it cannot, because of the way in which Gloria and Rogers first met, as client and therapist.

In chapter 1I discussed the literature in relation to true and false love in therapy. I would suggest that what evolved between Rogers and Gloria may be manifestly

perceived as true love, but Gloria's wise and moral unconscious would perceive it to be an expression of false love. As Langs states:

> Clinical experience indicates that as a rule, modifications of ground rules that manifestly satisfy patients' wishes and superficial needs are experienced consciously as loving. However, the patient's deep unconscious experience is quite the opposite. With great consistency, this system insists that such gestures are falselyloving, largely because the therapist has failed to meet the patient's basic needs for an ideal archetypal, truly loving secured frame (2006: 39).

It seems that in her correspondence with Rogers, Gloria unconsciously re-enacted the traumatic relationship with her father. We know from her session with Rogers that she often wrote to her father, always wanting his acceptance and love, which was never forthcoming. Her correspondence with Rogers was not an instance of transference but a re-enactment of trauma activated by Rogers frame violating interventions. As with her father, Rogers will deliver loving protestations but Gloria will be left disappointed. Burry describes such a scenario in which in 1974 Gloria asked Carl Rogers to give the commencement address at her graduation.

> I don't know who gave the commencement address at Gloria's graduation, but it wasn't Carl Rogers. His summer was booked with lectures and workshops and twoteaching trips abroad....Gloria responded to this disappointment by saying "Hell, I would have *loved* him to have come" (Burry, 2010:115-118).

Rogers does not make time to be there for Gloria as a loving father, or even a good friend might have done. On that occasion Gloria wanted Rogers as a father or a friend, but on another occasion she needs him as a therapist. Pamela outlines an incident which followed an argument between Gloria and her second husband. Gloria drove away from her husband's family home feeling distraught and Pamela joined her. Eventually Gloria stopped the car, realising that they were quite near to where Rogers lived. Pamela knew that her mother was grappling with the idea of calling Rogers, but Pamela states:

> Dr. and Mrs Rogers probably didn't have elk heads and deer antlers on their walls, I figured, and therein, deep somewhere, clung Gloria's reluctance to call....She had been sobbing, we are exhausted, and we both smell of Newport Menthol cigarettes. How can we walk in and have tea and stroll through a rose garden when our life is a shambles and we probably emit fumes? (2010:122).

Had Rogers offered Gloria secure frame therapy, then in her desperate state, she might have been able to call him to ask for an emergency appointment. She would not have been put off by how she physically appeared in relation to his calm, aesthetic world, as she would not have known anything about his house, his flowers or whether he even had a wife. Rogers' loss of anonymity, and other frame violating actions, prevented Gloria from calling him as a therapist, in a time of crisis. However, the fact that he had once been her therapist also prevented her from calling on him as she might have called on a good friend. It would seem that she understood that in reality this was neither a friendship or a patient-therapist relationship; some deep unconscious morality for boundaries would not allow her to call for Rogers' assistance. The ghostly father relationship provided her with a superficial sense of true love but the frame violating aspects of the relationship, could ultimately only lead to false love; Rogers was unable to truly love Gloria either as a friend, a father, or a therapist.

The question arises, why did Rogers conduct himself in this way? Why did he invite Gloria to lunch, introduce her to his wife and agree to be her 'ghostly father'? An adaptive explanation of this might be that Rogers was suffering from predation death anxiety. We are reminded by Langs that:

> ...therapists' deep unconscious wisdom subsystems deftly perceive the harm that they are perpetrating against their patients. In these instances, the therapist's subsystem of morality and ethics becomes active and perceives the immoral qualities of damaging, falsely loving or non-loving interventions. The subsystem then arranges unconsciously for the therapist to make a

> variety of self-defeating decisions whose guilt ridden deep unconscious sources go unrecognized (2006:139).

I would suggest that Rogers' deep unconscious had processed the filming as frame deviant and his unconscious, even as the filming was taking place, made the self-defeating decision to make it up to Gloria. He subsequently agreed to Gloria's request for a ghostly father, by way of compensation. However, I do not think it was entirely guilt which led to this decision, although this was a significant factor. Rogers had a tendency towards frame violations, as evidenced in his behaviour within the session with Gloria and for many years to follow. In his extensive research Langs has noticed an interesting feature about therapists who continually violate the therapeutic framework.

> In regard to therapists' personal lives, a history of having been seriously harmed early and even later in life should alert them to their likely need to give and receive false love as a means of compensating for the damage that has been done to them (2006:139).

Is there evidence of serious harm in Rogers' past history? If so, is there any evidence of trauma which would lead to Rogers forming a long standing correspondence with Gloria? In Kirshenbaum's extensive biography of Rogers (1979) some significant traumatic events from Rogers' childhood are briefly touched upon. Kirschenbaum informs us that 'Carl was a rather sickly child - slight, shy, prone to tears, often the target of jokes and teasing by his older brothers' (1979:2). Kirschenbaum, quotes Rogers as saying, 'As a boy I was rather sickly, and my parents told me that it was predicted that I would die young' (1979:433). Thus, in relation to Langs' theory, there is evidence of predatory harm caused to Rogers through the bullying he endured. More significantly, there is evidence that he experienced an illness in childhood which was so life threatening that Rogers' parents told him he would die young. The existential death anxiety from this revelation must have been overwhelming for the conscious mind of a child to process. This experience may be an important factor in explaining why Rogers was prone to frame modifications and violations. As Langs states:

> ...modified frames also create an unconscious illusion or delusion of invincibility against death – the rule-breaker unconsciously believes that breaking a rule of any kind implies that he or she can also defy the existential rule that death follows life (2004: 83).

The rule breaking may have been a pattern that was established by Rogers very early in childhood in response to his life threatening illness; this would explain his tendency towards frame violations. The second point is whether any early trauma would manifest in Rogers maintaining a long standing relationship with Gloria. Kirschenbaum describes a house move in Rogers' childhood. 'Although the move was exciting for Carl, it marked the first in a series which would repeatedly interrupt the friendships he had barely begun to establish' (1979:3).Thus, it would seem that a series of home moves interrupted Rogers' childhood relationships before they were barely established.

Rogers said on film at the end of his commentary with Gloria that he would like to have stayed in touch with her. It seems that short term relationships had become an intolerable repeated trauma for Rogers as a child; perhaps as an adult there developed a need to maintain them past any enforced ending. It would seem that Rogers' continued contact with Gloria was his unconscious fight against the enforced ending at the end of the therapy session, which would reactivate the trauma of his relationships being ended prematurely in childhood. Rogers made certain that the barely established relationship with Gloria was maintained for many years to follow; he thus also fought the existential rule that death follows life, an anxiety which had been long standing, activated in his childhood illness.

There is an interesting ending to the final part of the journey between Rogers and Gloria which concerns predation death anxiety which, as previously outlined, produces guilt and self-punitive actions. In his 1990 paper Weinrach states that in 1987 he asked Rogers to answer ten questions on his experience with Gloria. In one question he asked Rogers how he had felt about Shostrom's organisation of the film.

Weinrach was wondering about the 249 missing words, but he made no mention of the editing in his question. Rogers replied saying he was 'perplexed' by the question. 'I believe the film is a complete record of the whole half hour and has not in any way been edited'(1990:289). Rogers then commented on his relationship with Gloria, saying it was always of interest to him that she kept in touch. Rogers dictated his letter to Weinrach on Thursday 29th or Friday 30th January. The letter was posted on the Friday. Thus, the Gloria films and the relationship with Gloria were the last items that Rogers attended to on the Friday. In the early hours of Saturday, Rogers fell, broke his hip, had a heart attack, and died soon thereafter. Eight years previously, Gloria died; Burry noted that, 'Weeks before her death, at the age of forty five, she wrote in a spiral notebook, in her extra large, loopy hand: Guilt Kills' (2010: 21).

This sublime ending may demonstrate just how much the frame violating relationship with Gloria impacted on Rogers' deep unconscious. Perhaps Rogers was also carrying guilt for frame violating actions against other patients (Cohen, 2000) and the frame violating events which were perpetrated on Gloria after the filming by Shostrom and Perls. I will now detail the latter events.

Perls and Gloria

Gloria manifestly made claims in the session with Perls that he would harm her. Perls refuted these claims, at one point asking if she was a little girl; he reminded her that she was a grown woman and therefore, what could he do to her? Perls located the neurosis in Gloria, it was her imagination. However, both consciously and deep unconsciously Gloria perceived throughout the session that Perls was a threat, that he would attack her. She encoded her fear through imagery of being in a corner, which reflected a childhood trauma of physical abuse with her father. There was something which Gloria unconsciously perceived about Perls which frightened her in a way in which she did not fear Rogers and Ellis. Was Gloria misguided? What could Perls possibly do to her?

What Perls actually did to Gloria, which took place on the same day that the three films were made, was not revealed by her until 1977. The incident appeared in a

paper written by Gloria, 'Comments on the art of Gestalt therapy' which she sent to Robert Dolliver. At the end of the day's filming, Gloria stood in the foyer, saying her goodbyes to the camera crew; Perls was also in the foyer talking with Ellis. What then happened between Perls and Gloria is recounted by Gloria as follows:

> He made a motion to me with his hands as if to say, "Hold your hand in a cup-like form -palm up." Unconsciously I followed his request-not really knowing what he meant. He flicked his cigarette ashes in my hand. Insignificant? Could be – if one doesn't mind being mistaken for an ash tray (Dolliver & Gold, 1980; personal paper, written by Gloria).

Burry comments that in eventually revealing what happened with Perls it was the first time that Gloria-the–patient became Gloria-the-person. She goes on to say:

> Gloria had grown, altered, *lived*. She was real life. And real life was what she was living. This is why the dashing-the-ash episode is important. It was the first direction the films took in order that they may live beyond themselves, beyond what they were inherently intended (2010: 67).

Dolliver recounted the incident in his article 'The Art of Gestalt Therapy' or 'What are you doing with your feet now?' (Dolliver, Williams & Gold, 1980). At first it was not accepted for publication. Burry states that one of the reviewers responded saying, 'One wonders what kind of a person volunteers for this filming.' This comment clearly indicates that, as so often happens, the therapist may administer all manner of frame violating acts, even assault, but it is the patient's neurosis that comes under scrutiny.

The incident with the ash demonstrates that Gloria's manifest and unconscious perceptions of Perls were accurate and that those who have a tendency towards frame violations will be consistent in this, both within and outside of the therapy situation. It is wondered what past traumas induced Perls towards frame violating behaviour. Renjilian, in his 2008 online article entitled 'Famous Therapists' provides some insight.

> Perls' father is described as a harsh man who vacillated between ignoring and bullying Fritz. His mother tended to dote on Fritz, and initially their relationship was stable. Around school age, however, this relationship also became stormy as Fritz became something of a "wild child" e.g. he was often truant,failed grades and was even expelledfrom school.
> (http://home.epix.net/~renjilia/therapists.htm).

In his introduction to 'Ego, Hunger and Aggression' Perls states that his parents hated each other and that in school he had unloving and cruel teachers. When he experienced emotional difficulties a psychiatrist prescribed medication, Perls says 'Helper is no help. Confusing' (1969).

It is interesting to note the themes of Perls' childhood traumas; being bullied and ignored by his father, having a stormy relationship with his mother, his parents' detachment from each other and from him, having cruel and unloving teachers at school and his own wild behaviour as a response to all of these experiences. When he seeks help, the psychiatrist is no help, does not listen to his story but wants to medicate him, leaving Perls confused.

The traumatic themes of Perls' childhood can be amply observed in his frame violating interventions in the session with Gloria. It would seem that there is a strong relationship between the bullying Perls experienced as a child, evoking predatory death anxiety and the re-enactment of this trauma in the session with Gloria, (and perhaps in his style as a therapist in general). The ash in the hand incident after the filming is another incident of bullying. Perls also vacillates between bullying and ignoring Gloria, just as his father ignored and bullied him. Gloria expresses her sense of being ignored and misunderstood with comments such as 'I feel like you're not recognising me at all Dr. Perls, not a bit.'

Another significant feature of Perls interaction with Gloria is that she constantly experiences him as detached. Perls seems unable to maintain any connected relationship with her and any possible meaningful contact is defended by his

attacking, non neutral, interventions. Thus, Gloria frequently reports back to Perls phrases such as, 'I don't feel close to you at all Dr. Perls,' 'But you're so detached. I feel completely out of contact with you,' and, 'I feel you're purposely staying out of contact with me.' Gloria's overall assessment of Perls would be that Perls was no help and he did confuse her, just as Perls was treated by his childhood psychiatrist.

In Perls adult life there is also evidence of significant trauma. Renjilian (2008) says Perls had 'horrific experiences' in world war one. Perls describes his experiences '1914. The world explodes. Life in trenches agony. Desensitized. Horror of living and horror of dying' (1969).

Such horrific experiences would undoubtedly evoke both predatory and existential death anxiety in most individuals, as evidenced in the hysteria suffered by so many following their time in the trenches. Certainly, if Langs is correct in his theory that death related traumas lead to frame violating interventions, then there is ample evidence for many correlations between Perls' childhood and adult traumas which would lead to gross mismanagement of the session with Gloria. Langs proffers a poignant warning on such matters, saying that all therapists and all mental health professionals need to be vigilant against lapses in the ground rules.

This is especially necessary when a therapist suffers a personal death related trauma to him or herself or to someone close to them – and when death begins to cast a shadow over the world at large. The activation of personal death anxieties always unconsciously presses an individual towards frame modifications and the denial of deep unconscious meaning – both are ways of denying the reality of personal death and death–related harm to others, along with their many disturbing ramifications (2004:192).

Shostrom and Gloria

Immediately after all three sessions had taken place Gloria was asked by Shostrom for an assessment of her experience of working with the three therapists. She was asked to make a hypothetical choice of which one of them she would like to work

with in the future; her answer became part of the closing narrative of the TAP films. Gloria's surprising response was to choose Perls. She began by saying that she did not feel at all comfortable with him, was actually afraid of him and had an overall feeling of having been let down. However, she then went on to say that if the therapy had continued on a longer basis she would want to 'get in there and fight'; as she was quite experienced in being a client, she felt that she might be ready for this type of approach.

Burry (2010) commented how for a long time she could not understand why Gloria had said that of the three therapists it was Perls she would want to go on working with. Rosenthal had also been puzzled by Gloria's choice, so much so, that in 2004 he decided to contact Albert Ellis, the only therapist from the films with Gloria who was still alive. Rosenthal emailed Ellis and Ellis responded the following day:

> Gloria hated Perls for the rest of her life and she said that the interview she had with Everett Shostrom about me and Rogers and Perls was fake. Because at that time, Everett was a devotee of Perls. Perls was very ineffective with Gloria and that he did her no good whatsoever, while she seemed to be helped by myself and by Carl Rogers (Rosenthal, 2005).

Rosenthal was still puzzled as to why Gloria would lie just because Shostrom was a devotee of Perls. He wrote to Ellis again, and Ellis responded with further information.

> In response to your e-mail of November 17th, Gloria, in the film that we did, had been a patient of Everett Shostrom's for four years before we actually made the film. Carl Rogers and I didn't know about this until later. So, she was under his influence and he got her to say that Perls helped her, when he actually didn't (Rosenthal, 2005).

In chapter 6 I suggested from the encoded narrative in the Rogers' session that Gloria's perception of Shostrom was that he had caused her and her daughter harm and could not be trusted. The second post session event would confirm her perceptions beyond any doubt. It was Gloria's understanding, when she was asked by

Shostrom to participate in the TAP films that they would be used for educational purposes and would be shown within a classroom context. It was, therefore, something of a shock for Gloria to see herself in the interview with Perls on national television (Burry, 2010:59). Gloria learnt shortly after the television extract that the films were being shown in full at the cinema under the title 'The Gloria Films'. This violation seemed to activate a new level of death anxiety in Gloria and reawakened the past traumas she has experienced with Shostrom. She began proceedings to sue Shostrom and the senior investigator informed her that they wanted '...to determine if Dr. Shostrom violated the laws under which he is licensed' (Wallace J. Luccett. Case #640025 (personal letter; cited in Burry, 2010:67-68). A newspaper article followed entitled, 'Ex Patient Sues Therapist, Claims He Marketed Films.'The article (cited in Burry, 2010:60) contained the following:

> Mrs....alleged she was told that the films would be used "in a private, scientific and education context (for) the training of scientific and education personnel." Within the last year Mrs...has learned that the defendants "have been selling and showing said films in the entertainment media and that said films have been sold and shown for profit at public movie houses and upon public television."..... all to her great embarrassment (Newspaper article, Santa Ana, California, date unknown).

In an interview eleven years later, Shostrom stated:

> Although Gloria had signed a release that we could use the films for any purpose whatsoever, including commercial, we had made it available for educational and training purposes as we still do (Weinrach, 1988:10, cited in Burry, 2010:61).

Burry says that she knew nothing about Gloria signing such a release, but feels there may have been one as the lawsuit was ultimately abandoned (2010:61). Burry points out that with the newspaper article Gloria's identity was revealed, as they used both her first and second married names. Clearly, taking the films into the public domain severely transgressed the ground rules of privacy and confidentiality, beyond any

limits that Gloria may have imagined when she agreed to participate in their production.

Summary and discussion

In this chapter I have provided evidence that those who are prone to transgressing ground rules will do so again and again. The ground rules were transgressed by all four therapists, in some cases prior to the filming, in all cases during the filming, and in most cases after the filming. I have also evidenced, through decoding Gloria's narrativethat her unconscious perceptions of the therapists were astute and from post filming events seemed entirely valid. I have explored why psychotherapists in general are prone to frame modifications and violations in their everyday work as a means of avoiding existential death and predator death anxieties. I have also discussed Langs' theory that past traumas can influence the way in which a therapist will manage the frame; I have evidenced this with instances of past traumatic experiences in the lives of Rogers and Perls.

Chapter 9: Politics, future projects and end discussion

I feel it necessary at this stage to state two personal views which may not have been conveyed thus far in this project. The first is that although I have challenged many of Freud's theories, my overall assessment of him is that he was a genius. I also did not wish to single out the therapists involved in the TAP films as exceptional, although I do feel that the frame deviant behaviour of some of those involved was extreme. However, I feel that, in relation to Langs' ground rules, few psychotherapists provide truly secure frame therapy. My initial proposal was to use material from my own clinical work to evidence the effects of frame modifications; this was an acknowledgement that I also modify the therapeutic framework.

This leads me to two important points regarding the theory and practice of psychotherapy. Freud's intrapsychic model of the mind was challenged within his lifetime and although psychoanalytic practitioners still view Freud's theories as the basis of their work, these theories are being increasingly challenged. As Hobson, a Harvard professor of psychiatry writes 'Psychoanalysis is in big trouble....Psychoanalytic theory is indeed comprehensive, but if it is terribly in error, then its comprehensiveness is hardly a virtue' (2003:63). Divisions occurred in the psychoanalytic movement which began in Freud's life-time, from which the profession seems never to have recovered. The result is that few practitioners feel there is any one theory that is more valid than any other and there are over 400 therapeutic orientations (Tillett, 1999).

My belief is that rather than enhancing the profession this has led to confusion and cynicism about psychotherapy from other professionals and from lay people thinking about engaging in psychotherapy. The result is clear to observe as something extremely unnerving is happening to the psychotherapy profession. Since the implementation of the National Institute for Health and Clinical Excellence (NICE) guidelines, there has been a recommendation for health professionals to allocate patients for CBT over psychotherapy. This often involves referrals to psychologists rather than psychotherapists; it should also be noted that psychologists have statutory

registration in the UK while the psychotherapy profession still strives for this. In an article in 'the psychotherapist' journal (no author, 2012:29) it was stated that the UKCP has been debating with the Savoy group, a partnership of mental health providers, claiming that 'in the past it has been far too accepting of hegemony of CBT over all other therapy.' Clearly, further research is needed to assess which theories are conducive to psychotherapy and what forms of interventions are helpful to the patient. I have proposed in my research that the greatest validation for the latter derives from the patient's unconscious communications; generally, research into psychotherapeutic treatments is based on manifest communications. Perhaps this is why it is stated that just 12-16 sessions of CBT can cure patients of severe depression, (NICE guidelines, 2009). I wonder what the results would convey if the encoded narrative of these patients was analysed.

My second point concerns the way in which psychotherapy is delivered with regard to the therapeutic framework. Through my clinical work as the director of a private psychotherapy centre I have undertaken several thousand initial assessments. The majority of the patients who attend the centre have had prior experience of some form of therapy, either privately or through the NHS. Numerous dissatisfactions are expressed in relation to prior therapies and most often the complaints pertain to frame violations. These range from deviations in the setting, 'we sat in her conservatory' to the therapist's interventions, 'he tried to sell me some of his paintings.'The most severe transgression I encountered involved the occurrence of a sexual relationship between therapist and patient.

These points lead to my ambitions for future projects relating to this research. Thus far, as outlined in my RAL 5, I have incorporated the theories of Langs into a published book, (although this was not the main aim of the book) and I have lectured nationwide introducing Langs' theories in relation to the book. I have also established an MSc module on ethics and the law which was underpinned by Langs' theories. In addition, I have established a private counselling and psychotherapy clinic, underpinned by Langs' ground rules; the continued success of the clinic I attribute to the secure frame environment. I have begun to offer workshops on the

work of Langs and I intend that my next project will be to devise and deliver modules on the theories of Langs and the secure framework to established psychotherapy trainings. I am currently in negotiation with the Arbours Association, a psychotherapy training organisation which provides psychotherapeutic support for individuals with severe emotional problems. My intention is that in the near future I will establish a pilot project at the Arbours which if successful, I will offer to other psychotherapy training organisations. I also intend to write at least one, if not several books, on adaptive theory over the coming years. The first book will incorporate some of the material from this research and some of the political issues I have begun to touch on about the future of psychotherapy. I feel that the psychotherapy profession may be ready to adopt a more scientifically validated approach to both the theory and practice of psychotherapy, most especially in relation to the secure therapeutic framework.

Discussion and claim for Level 5

My aim in this research was to explore the theories of Robert Langs in which it is proffered that transgressions in the ground rules of psychotherapy by the therapist will activate predator death anxiety in the patient. In order to undertake this research I reviewed the literature pertaining to Langs' theories and reviewed prior research on the films, 'Three Approaches to Psychotherapy'. I also uncovered literature on the background history and events surrounding the films and the personal history of some of those involved in the films.

I utilised a quantitative methodology devised by Luborsky to extrapolate the patient's responses towards others and responses towards the therapist. I transcribed the narrative from the TAP films and making use of 15 minutes from each session, I carefully applied the stages of the CCRT method. I segmented the sessions into relationship episodes and allocated CCRT components and categories to the narrative content of each session. I devised tailor- made categories and utilised independent raters to validate the categories. I analysed the results, producing statistical evidence supported by probability testing, to further validate the categories. Having applied

the CCRT method to the manifest content of the session narrative I formed the results into cluster categories; I then looked for evidence to validate Luborsky's theory that there would be correlations between how the patient responded to the therapist and how she responded to other people. I found that there was evidence to show that such correlations did exist. I also analysed the unconscious encoded content of the session narrative, in utilising a qualitative approach, in which I decoded the patient's unconscious communications in the session in response to frame violating triggering events. I again found that correlations existed between the patient's responses to the therapist and towards other people.

Luborsky proposed that the existence of correlations between the patient's response to other people and response to the therapist is evidence of Freud's theory on transference, that is, the patient responds to the therapist based on how they respond to other people. In this research I have suggested that Luborsky's method does in fact support Langs' theory; the correlations exist because the patient's stories about other people are a response to frame violations and unconsciously reflect the behaviour and interventions of the therapist. In demonstrating Langs' theory through the use of Luborsky's method I have challenged Freud's theory of transference; I hope to have demonstrated the fragility of that theory which is based on intrapsychic fantasies, rather than on what is happening in reality in the therapy encounter.

In this research I have also shown that four eminent therapists, each pioneering in their individual approach to psychotherapy, had powerful tendencies towards frame violating behaviour. I evidenced this from events which took place preceding and following the filming, and from frame violating interventions within the sessions. I have shown that psychotherapists are not immune to the traumas of their past and that these events can impact on the way in which they manage the provision of secured frame therapy. I have also demonstrated that the patient's unconscious perceptions in the filmed sessions were astute in understanding the frame violations perpetrated by the therapists. I hope to have demonstrated Langs' theory that the unconscious mind is far more active and perceptive than the conscious mind; far more moral and wise.

I hope to have evidenced through this research project and through prior projects, as outlined in my RAL 5, that I am able to produce work in keeping with the level 5 descriptors. I would thus like to make a claim for the award of Doctor in Psychotherapy by Professional Studies.

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