

THE COUNSELLING APPLICATION OF POSSIBLE SELVES:
AN ANALYSIS OF CLIENT CHANGE PROCESSES

by

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ABSTRACT

In this research, the moment-to-moment client change processes that occur when clients engage in a counselling intervention involving possible selves were examined. Six adult clients participated in this research. Three counsellors, working with two clients each, engaged clients in two role-plays and a debriefing. In the first role-play, the clients explored a negative possible self by enacting a time in the future in which their alcohol or drug issue continued to affect their lives. In the second role-play, the clients explored a positive possible self by enacting a time in the future in which their alcohol or drug issue was no longer part of their lives. In the debriefing, clients were provided with an opportunity to discuss their experiences in the role-plays.

Client dialogue during the role-plays and the debriefing was analyzed using the Experiencing Scale (EXP) (Klein, Mathieu-Coughlan, & Kiesler, 1986) and the Levels of Client Perceptual Processing Scale (LCPP) (Toukmanian, 1986). Several changes in client processes were noted. In particular, the results of the EXP show that clients demonstrated high levels of experiencing during the negative possible self role-play, and considerably lower levels of experiencing during the positive possible self role-play.

Clients began to achieve a synthesis of their experiences only after engaging in the positive possible self role-play.

According to the LCPP, clients were more actively engaged in deriving meaning during the negative possible self role-play than during the positive possible self role-play. After completing both role-plays, clients alternately construed their experiences at higher rates. The extent to which clients synthesized previously differentiated and alternately construed aspects of their experiences and achieved new perspectives also increased after completing both role-plays.

The results indicate that the counselling application of possible selves may be useful in initiating certain client change processes. The implications of these findings are discussed in relation to major theories of self and self-change. As well, limitations of the current research and suggestions for future research are discussed.

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CHAPTER I

Introduction

The purpose of this chapter is to introduce the area of research investigated in this thesis. The chapter begins with a discussion of some of the background research issues which provide a context for this investigation and leads to a discussion of the specific area of research that is undertaken here.

The theoretical issue which provides the basis for much of the research in this thesis concerns how individuals change as a result of engaging in particular types of counselling interactions. Although psychologists and researchers have been exploring this question for several decades, the results of this research, according to Rice and Greenberg (1984), have added little to clinicians' understanding of therapeutic processes which can be integrated into the actual conduct of therapy. According to Greenberg and Pinsof (1986), these limited results have resulted, in part, from researchers being "too grandiose in [their] expectations about process-outcome research" (p. 8). Prior to the early 1970s, psychotherapy researchers tended to focus on either within-session processes or end-of-session outcomes. As well, there were at best only very global links between within-session and end-of-session research approaches. As a consequence of this dichotomy in

research approaches, "in-therapy improvement or change was not seen as legitimate" (p. 4).

Since the early to mid 1970s, however, increasing attention has been given to investigating how processes in therapy are related to client change (Greenberg & Pinsof, 1986). This shift in research strategy is based on the realization that the scientific investigation of psychotherapy requires an understanding of both what works in psychotherapy and how it works.

As a result of this recent thrust, researchers interested in client change are, according to Greenberg and Pinsof (1986), focusing on particular treatment episodes in an attempt to ascertain the nature of the therapeutic processes which occur during these episodes. In addition, these authors state that in order to discover significant process-outcome links, a context-specific microtheory which can guide researchers in what to look for and when and where to look is required.

Following these developments, the investigation in this thesis involves the application of a particular counselling intervention using a context-specific microtheory. The particular counselling intervention examined in this thesis is derived from the theory of possible selves (e.g., Markus & Nurius, 1986; Oyserman & Markus, 1990).

According to Markus and Wurf (1987), possible selves play a central role in the regulation of individuals' effort

and task persistence. Indeed, according to Ruvolo and Markus (1992), the vast majority of tasks individuals undertake require the construction of possible selves. Markus and Nurius (1986) state that possible selves represent individuals' conceptions of who they could become, who they would like to become (positive possible selves), or who they are afraid of becoming (negative possible selves).

Given the theoretical importance of possible selves in the regulation of current behaviour, the therapeutic potential which possible selves may hold for clients is investigated in this thesis. Specifically, the particular therapeutic process examined here involves the therapeutic application of negative and positive possible selves with clients in an alcohol and drug program. This intervention is designed to assist clients in the exploration and possible resolution of problems which have consequences for their lives both currently and in the future.

The research strategy used in this investigation of the therapeutic application of possible selves is Task Analysis (Rice & Greenberg, 1984). Task analysis is a highly structured research format designed to reveal the client processes involved in the successful resolution of a given task. According to Rice and Greenberg (1984), this research strategy meets the requirements of the context-specific microtheory which can guide researchers in the investigation of significant process-outcome links.

The employment of task analysis in the therapeutic application of possible selves is intended to help explore and enhance the understanding of the mechanisms of client change associated with this type of intervention. The specification of these mechanisms of client change may provide a basis for theorizing about client therapeutic change and some of the counsellor-client interactions that promote client change during counselling. The intention of this research is also to provide a deeper understanding on both clinical and theoretical levels of the counselling processes involved in the therapeutic application of "possible selves."

The investigation into how individuals change as a result of engaging in particular types of counselling interactions is embedded in a larger theoretical context of self theory and self-change. Various theoretical perspectives of the self and self-change provide frameworks for understanding the counselling processes during the therapeutic application of possible selves. In order to provide a theoretical context for this research, the next chapter provides an overview of the major theoretical perspectives concerning the self and self-change, a discussion of the task analysis research strategy, and a discussion of possible selves theory.

CHAPTER II

Literature Review

In order to provide an understanding of the theoretical context of self and self-change, this chapter begins with a discussion of the self and self-change as they are presented within three major theoretical perspectives: Kelly and Neo-Kellian accounts, Rogers and Neo-Rogerian accounts, and Social Constructionist accounts. After an overview of these theories on self and self-change, the focus of this chapter shifts to a discussion of both task analysis and possible selves theory. Task analysis will provide the research strategy, and possible selves theory will provide the therapeutic framework, for the counselling intervention to be examined in this research.

Kelly and Neo-Kellian Accounts

George Kelly's Personal Construct Theory (1955a, 1955b) provides a description of the self and an account of how change in the self occurs. A fundamental aspect of Kelly's theory is his metaphorical description of an individual as an experimental scientist. With this metaphor, Kelly presents a number of central assumptions about the self and about self-change. Individuals are, according to Kelly, naturally active and curious. As well, individuals continuously struggle to understand, predict, and control

events which occur in their lives. In order to make sense of the events that an individual experiences, he or she "looks at the world through transparent patterns or templates which he creates, and attempts to fit them over the realities of the world" (Kelly, 1955a, p. 9). In this way the individual "creates his own way of seeing the world He builds his own constructs and tries them on for size" (Kelly, 1955a, p. 12).

These transparent patterns or templates, which Kelly calls constructs, are properties which individuals abstract from their experiences with reality. Constructs, according to Kelly (1955a), form "the channels in which one's mental processes run" (p. 126). Thus, not only do constructs provide a way to construe and interpret the world, they also form the basis for how individuals know the world and themselves.

Kelly (1955a, 1955b) outlines a number of construct characteristics which are briefly summarized here. Constructs can be permeable in that they are able to embrace new elements, or impermeable in that they are not able to embrace any new elements. Constructs can also be preemptive, in which case they classify events into black and white or either/or categories. Constructs which are propositional are held only in tentative ways and are open to new information. As well, constructs are capable of loosening, in which case they are made more applicable to

the events in daily life, as well as tightening, in which case they are made applicable to very few events in life. Constructs are also bipolar, or composed of a similarity-contrast comparison. In other words, the construct is a way in which certain things or events are construed as being similar to each other and yet different from other things (Kelly, 1955a). Constructs which are central to the person's identity are called core constructs, while peripheral constructs refer to those constructs which can be changed or altered with little or no effect on the core constructs (Pervin, 1984).

An individual's constructs are organized into a hierarchical system in which some constructs, while subsuming certain constructs, are, in turn, subsumed by other constructs. Kelly calls this hierarchical organization the construct system (Kelly, 1955a).

Through their construct systems, individuals, as scientists, strive to generate theories which will enhance their ability to understand, predict, and control the world around them. In attempting to accomplish this task, individuals must continually create and test new constructs, discard obsolete or inaccurate constructs, and gradually adjust their construct systems. Thus, every interpretation individuals have of the world or of themselves is subject to revision and, potentially, to replacement.

An experience of reality which is inconsistent with an individual's construct system does not, however, necessarily result in an individual adjusting his or her construct system. Kelly notes that individuals can have construct systems which are too simplistic, too inefficient, or too rigid. Individuals with such construct systems will have difficulty in accurately understanding and predicting events. Abnormal behaviour, according to Kelly (1955b), arises when an individual attempts to hold on to a construct (or constructs) which has been continually invalidated by reality.

When an individual's construct system does not fit with reality, a process of change is brought about through a reconstruction of the individual's construct system toward better prediction, control, and understanding (Kelly, 1955a). Kelly (1955b) notes that this can occur when individuals have reconstrued themselves as well as other aspects of their original construct system; have reorganized their old construct systems more efficiently; or have adopted new constructs in place of the old ones. Through the process of reconstruction, individuals are able to overcome problems by interpreting them from a new perspective.

In facilitating the process of change in psychotherapy, Kelly (1955b) outlines three features involved in revising a client's constructs. First, the clinician attempts to

accelerate the process of construct revision, which normally occurs at a slower pace in the outside world. Second, because some individuals tend to use older and more simplistic constructs in dealing with events in their lives, the therapist can encourage the development of new constructs by having the client construe the same event through more recently formulated and more complex constructs. Third, the therapist helps to encourage the development of new constructs by ensuring that obsolete constructs become tied to past events or unusual circumstances, thereby ensuring that these ineffective constructs are disposed of by the client.

The revision of the client's construct system, according to Kelly (1955b), occurs through three types of reconstruction. One of the earliest types of change a client displays is called slot movement. Kelly considers this to be a type of therapeutic movement in which the individual simply shifts his or her perspective, or way of construing, from one end of a construct to the other. An example of such movement can be seen in the individual who initially believes that all dentists are mean, but who, after shifting along the axis of his or her construct, begins to view them as ordinary people.

A second and more fundamental form of movement is the process of controlled elaboration. In this process the client is encouraged to work through the internal

consistency of his or her constructs, and to pursue the implications of those constructs down to the smallest detail. By going through this process, the client's construct system becomes reorganized and clearly delimited, and the client becomes capable of envisioning alternative perspectives on a much larger scale. The purpose of controlled elaboration, as with all forms of reconstruction, is to introduce the client to new ways of thinking (Kelly, 1955b).

The last type of reconstruction, which is the most difficult to achieve but also the most likely to produce changes in the construct system, is the formation of new constructs. Throughout the therapeutic process the therapist carefully and selectively adds new conceptual elements which act to challenge the client's current construct system. In this way the client is forced to develop constructs capable of interpreting these new elements. Over time the therapist may have a significant impact on the reconstruction of the client's construct system, resulting in subtle changes in the meanings the client finds in his or her constructs (Kelly, 1955b).

Neo-Kellian Views

Like Kelly, Guidano and Liotti (1983, 1985, Liotti, 1986) have provided a descriptive model of the individual and of the way in which the self changes over time. This

model also emphasizes the individual's innate ability to construct his or her own reality.

Guidano and Liotti's model of self and self-change is conceptualized as a model of knowledge organization. Within this knowledge organization there are two levels of processes. The first level of process is a metaphysical hard-core, while the second level of process consists of representational models of self and reality.

The metaphysical hard-core consists of "deep structures of tacit self-knowledge" (1985, p. 115). Essentially, this hard-core consists of hierarchical sets of schema, or "deep rules" (1985, p. 116), which represent structural frames of references that assist the individual, either tacitly or directly, in determining and regulating initial patterns of perception, feeling, and reality categorization. According to Guidano and Liotti, the metaphysical hard-core contains "all that [the individual] is made of" (1985, p. 116) and, as such, determines the set of worlds possible for the individual.

The representational models of self and reality form the second level of processes. These are explicit models of self and reality which stem from the metaphysical hard-core schemata. These theoretical models provide the individual with representations of the self and the world. These representations can be based on experiences the individual has with reality or on experiences the individual has that

result from the use of his or her imagination. Guidano and Liotti note that the representational models of self and reality are somewhat incomplete and limited in that not all of the knowledge or information contained in the metaphysical hard-core is used in the construction of the representational models. As well, the current state of the individual's representational model of self and reality is likely to limit the individual from accessing all of the information or knowledge contained in the metaphysical hard-core. According to Guidano and Liotti, the representational models contain "all that [the individual] makes of himself" (1985, p. 117).

The representational models are composed of self models and reality models. The models of self, or personal identity, are explicit theories or formalizations of self which provide a frame of reference for how the individual understands him or herself. These self models emerge from an ongoing and dynamic relationship between the explicit self-knowledge inherent in the self model itself, and the knowledge or information inherent in the metaphysical hard-core. The heuristic possibilities of knowledge in the metaphysical hard-core are dependant on, and determined by, the structural development of the self models. For example, a young child who possesses limited and simplistic models of self is likely to have a limited and simplistic conception of his or her experiences contained in the metaphysical

hard-core. Thus, the structure of the self models acts as a regulator of the individual's current level of functioning as well as his or her capacity for change.

The reality models are theoretical models which provide the individual with a frame of reference for understanding the world. These models, while constantly biased by tacit self-knowledge, are also regulated by the individual's current self models. In other words, the current structure of the self models determines the understanding and meaning an individual derives from experience obtained through his or her reality models.

It should be noted that Guidano and Liotti emphasize that there is an ongoing and unfolding relationship between the metaphysical hard-core and the representational models, as well as between the self models and reality models contained in the representational models. This dynamic relationship usually results in a progression of knowledge processes which eventually stabilizes in adults. The overall progression of the knowledge processes, while biased by tacit self-knowledge, is largely regulated by the individual's self models. In this sense, Guidano and Liotti note that "we each make ourselves out of what we are made of" (1983, p. 85).

Guidano and Liotti (1983, 1985) argue that individuals are biased toward the maintenance of their current self models. Thus, incoming information and experience from the

metaphysical hard-core and/or the reality models is generally selected and interpreted in a way which is consistent with individuals' current self models. By maintaining their current cognitive structures individuals largely create their own experiences (Guidano & Liotti, 1983).

The impetus for change in an individual is brought about as a result of two distinct pressures which are imposed on the individual's self models. One source of pressure can come from experiences derived from reality models which are incongruent with the self models. Individuals may also experience information anomalous with their metaphysical hard-core. The form and direction of therapeutic change noted by Guidano and Liotti (1983) is based on these two types of pressure.

In therapy, client change consists of two levels of modification: peripheral change and central change. Peripheral change involves the reorganization of reality models without modifying the individual's self models. An example of such a change is where an extremely shy client is convinced by a therapist that he or she can speak in a free and open fashion in counselling. The client has modified his or her model of reality, speaking openly for the first time, while likely maintaining his or her model of self as an extremely shy individual.

The second type of therapeutic modification, central change, results from a explication and reconstruction of the "rules" (1983, p. 91) that are derived from the metaphysical hard-core. The explication and reconstruction of these new rules results in the modification of the self models, and, as a result, in a restructuring of the reality models. Consequently, clients have a new frame of reference and, thus, a new way of understanding themselves, the world, and the problems they have.

Rogers and Neo-Rogerian Accounts

Carl Rogers' Person-centred theory (cf., 1951, 1959, 1961) also provides a theoretical account of the self and of how change in the self occurs. Human beings are conceptualized by Rogers as experiencing organisms. Rogers refers to the experiencing aspect of the organism as everything that is occurring to the organism at a given moment in time. As well, individuals, according to Rogers, possess an innate drive which he calls the actualizing tendency: "the organism has one basic tendency and striving--to actualize, maintain, and enhance the experiencing organism" (1951, p. 487). In addition, the individual as an organism has an innate capacity to value positively whatever is perceived as actualizing and to value negatively whatever is perceived as non-actualizing. The experiences an organism has while seeking out its

actualizing tendency are referred to by Rogers as the organismic-experiences.

Another important aspect of Rogers' theory concerns the individual's concept of self. Through the natural developmental process, young children learn to differentiate self from that which is not self. Thus, "a portion of the individual's experience becomes differentiated and symbolized in an awareness of being, [and an] awareness of functioning" (1959, p. 223) which gradually becomes represented as a concept of self in the adult. The concept of self, or self-structure, according to Rogers (1951), represents "an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the I or the Me together with values attached to these concepts" (1959, p. 200). As well, the self-concept is largely organized around self-experience, which is the experience of any event that the individual interprets to be related to his or herself. In general, an individual will adopt those behaviours which are consistent with his or her self-structures.

With the development of self-structures, some of the actualizing tendency of the organism becomes directed toward realizing the goals, values, and abilities which are represented in the self-concept. This development, which can supersede the organism's actualizing tendency, is referred to by Rogers as self-actualization.

Paralleling the development of self-structures in the individual is the need for positive regard. Rogers notes that this need for warmth, acceptance, and respect is pervasive and persistent in all human beings (1959). In order for self-actualization to occur, the individual's self-concept must obtain this support from others, particularly from significant others such as parents. The quality of support an individual receives early in life has important implications for the individual's psychological adjustment later in life.

Rogers notes that all individuals are subject to evaluations as they grow up. If these evaluations are conditional, in which the child receives positive regard only for certain actions, and thus certain experiences, then the child learns to differentiate and separate those experiences which are deemed unworthy by significant others from his or her concept of self. This process of separating unworthy experiences from the self-concept will occur even if the experience is valid for the actualizing tendency of the individual as an organism. Over time, the individual introjects these conditional evaluations and they become conditions of self-worth the individual must satisfy in order to achieve positive self-regard.

It should be noted that the self-actualizing tendency, as it functions in the individual's self-structures, can be incongruent, and thus work at cross-purposes with the

individual's actualizing tendency. An incongruence between the self-structures or self-experiences and the actualizing experiences of the organism will result in a state of tension, internal confusion, and anxiousness. As well, given that some of the individual's behaviours will be regulated by the actualizing tendency while others will be regulated by the self-actualizing tendency, the individual is likely to experience confusing and possibly contradictory behaviours (1959). Psychological maladjustment occurs when an individual "denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure" (1951, p. 510).

While an individual can grow up experiencing evaluations which are conditional, it is also possible for an individual to grow up experiencing evaluations which are unconditionally positive. In this situation, given that the child receives unconditional positive regard whenever he or she acts in accordance with his or her actualizing tendency, the child does not learn to differentiate certain experiences as more or less worthy and, thus, does not differentiate or separate any experiences from the self-structures. As a result, no incongruence develops between the individual's self-experiences and his or her organismic-experiences.

According to Rogers, such an individual represents the well-adjusted and fully functioning person. Psychological adjustment exists when the individual's concept of self "is such that all the sensory and visceral experiences of the organism [can] be assimilated on a symbolic level into a consistent relationship with the concept of self" (1951, p. 513).

Most individuals, however, do not have complete congruence between their self-experiences and their organismic-experiences. Rogers notes that while individuals can work on their own to decrease the discrepancy between their self-experiences and their organismic-experiences, this change is also the central goal of psychotherapy. In order for psychotherapy to help clients achieve this goal, the therapist must demonstrate that he or she is in touch with, open to, and congruent with his or her own organismic-experiences. This, in turn, encourages the client to do the same. The therapist also needs to demonstrate empathy in order to provide the client with a sense of being understood by a significant other. Finally, the therapist needs to provide the client with unconditional positive regard. In this environment the client learns that he or she can begin to explore and eventually accept the organismic-experiences which he or she has previously perceived as unworthy. As clients learn to become more accepting of the threatening aspects of their organismic-experiences, they recognize that

they need to change and reorganize their self-concept so that they are able to accept and integrate all of their organismic-experiences with their self-experiences. Once clients have achieved a congruence between their self-experiences and their organismic-experiences they can fully pursue their innate organismic actualizing tendency.

Neo-Rogerian View

The neo-Rogerian perspective presented by Laura Rice follows the basic underlying principles of Rogers' client-centred theory. However, Rice's reconceptualization of Rogers' theory is strongly influenced by cognitive and information processing models (Rice & Saperia, 1984).

According to Rice (1974), as individuals function in the world they must perceive large amounts of extremely complex data. The data must be conceptualized, organized, and efficiently processed. When an individual possesses schemas which accurately reflect the situations he or she encounters, the individual is able to adapt effectively to the situation. However, individuals develop problems when the schema they possess distort or simplify certain classes of experience, resulting in unsatisfactory or inappropriate behaviours.

Rice (1974) argues that individuals may encounter certain classes of experience which are incongruent with some aspects of their self-concept. As a result, such

experiences are not adequately processed. Rice (1974) notes that these classes of experience are not "veridical representations of the actual structure of the situation" (p. 293). Through continued exposure to this class of events, individuals can develop constructions, or sets of constructions, which filter, distort, or simplify their experiences.

If an individual's self-concept can become more congruent with the particular class of experiences which are not being adequately processed, these experiences are more likely to be perceived accurately, and less likely to be distorted or denied. In this way, new and previously unacceptable aspects of the self can be integrated into the self-concept, resulting in greater congruence between the self-concept and the organismic experiences of the individual.

Rice (1974) states that in order to bring about change for clients who are experiencing difficulties, clients need to "reprocess" (p. 293) a problematic experience in a way that is relatively free of distortions. This reprocessing, which Rice (1984) refers to as "evocative unfolding" (p. 34), causes a reorganization of old schemas and, thus, enables changes in the problematic behaviour.

According to Rice (1974), evocative unfolding is possible because a great deal of the client's initial reaction to a problematic experience is potentially

available to awareness. As well, this initial reaction can contain a large amount of information about the total event which can be more complex and more complete than the client's current construal of the situation.

In the evocative unfolding process, the client, with the aid of the therapist, relives and reprocesses the initial experience. As a result, the client should be able to achieve several ends:

He [sic] is able to respond freshly to the full complexity of both the internal and external aspects of the situation. Parts of the reaction that have been isolated can become integrated with the rest. Aspects that have been felt with less than their full intensity can be fully experienced. (1974, p. 299)

Clients can then use this therapeutically-enhanced experience to both deepen and enrich their awareness of the total experience and, as a result, to develop a more refined and accurate construct of the total experience.

The subsequent reorganization of schemas that takes place as a result of the evocative unfolding almost always results in schema which are more functional with respect to a client's perceptions, understanding, and action (Rice, 1974). The new schemas are more adequate because they are "based on more complete information" (p. 302). Further, the initial reprocessing takes place in counselling, where threat is low and concentration is high.

Social Constructionist Accounts

Kenneth Gergen

The theoretical position examined here departs from the accounts of Kelly and Rogers in a number of fundamental ways. Gergen (1977), a proponent of social constructionist thinking, is in agreement with the central assumption of Kelly and Rogers that all human beings of normal constitution are capable of conscious experience and sensation. However, in contrast to these previously discussed theories, Gergen posits very different views of both the self and notions of change concerning the self.

Gergen (1977) argues that there is no intrinsic separation between self and "not self" within an individual's experience. Rather, these separations occur through a conceptual process which is guided by social learning. The society into which an individual is born provides "a set of loosely constructed rules" (1977, p. 158) which prescribe the way in which reality is to be interpreted. As a result of exposure to the contingencies of social interaction, by way of a given society's language system, an individual acquires a concept system. This system provides the individual with an "intelligibility system" (1977, p. 142) which enables the individual to understand his or her world. According to Gergen, an individual's cognitive functioning develops within and

adapts to the set of rules which have been socially constructed.

In this sense, both what the individual understands about his or her self and how he or she arrives at this understanding are governed by the normative rule system of the society. Self-knowledge is, therefore, best understood as the "application of a conceptual system imbedded as it is within the social system, to a given field of sensory data" (1977, p. 143). Only through mastering this normative rule system can the individual function intelligibly with others.

Thus, according to Gergen (1977), an infant is provided with various classifications of experience which he or she will later use to understand self and environment. By adolescence, the social milieu supplies the individual with a variety of concepts which he or she may use to classify various internal states, including those which become classified as self. Through social interaction, observation, and language acquisition, the social milieu, structured by social rules, the individual is furnished with not just one but a variety of concepts which he or she may use as self-attributions.

Gergen (1971) also argues that self-knowledge for an individual is not acquired independently, but is dependent upon social context. For example, part of what an individual comes to believe about him or herself is dependent upon who is available in the social environment

for purposes of comparison. As well, an individual may have a sense of self based on certain behaviours, yet the meaning of many behaviours are socially defined and can change over time. In addition, much of what an individual believes about his or herself must be verified by others.

Gergen (1992) argues that the self is a byproduct of relationships between individuals. Independent individuals do not come together to form relationships, rather, particular types of relationships engender what individuals come to know about themselves. Thus, individuals develop a multiplicity of selves based on a multiplicity of relationships. As well, Gergen believes that the way in which an individual develops and defines his or her self-conceptions is essentially an arbitrary process. For individuals, self-concepts are valid or invalid primarily in terms of relationships constructed within the normative rules inherent in the social milieu. The "true self is essentially a label and no intrinsic or objective criteria are available to guide the manner in which it is struck" (1977, p. 166).

The term which Gergen uses to describe how individuals account for and derive meaning from self-relevant events is the self-narrative (1988). The self-narrative is a linguistic tool which is a social construction used by people in relationships to facilitate certain objectives. The normative rules, discussed earlier, also apply to self-

narratives. Mastering the rules governing self-narratives is necessary if an individual is to succeed in intelligibly communicating his or her story to others. It is important to note that the individual must both select and present information concerning life events in a way that is consistent with the normative rules. Thus, it is the normative rules and not the life experiences themselves which dictate the individual's selection and presentation of his or her life story. From this perspective, the culture of a given society invites certain identities while simultaneously discouraging others.

The ideas presented by Gergen concerning the nature and composition of self have important implications for therapy. Gergen states that when people seek therapy they have a story or a narrative to tell. The challenge for therapy is not so much to transform meaning as to transcend it. The therapist recognizes that there are a multiplicity of ways to understand reality, and that these ways of understanding are embedded in the historical and cultural tides of a given society. There is, therefore, no ultimate view of truth or meaning. As a result, no single story or narrative is privileged above others. Gergen notes that "to crawl inside one [narrative] or the other and take root is to forgo the other, and thus to reduce the range of contexts and relationships in which one is adequate" (1992, p. 179).

The focus of therapy is to invite the client to consider the relativity of meaning, to accept the indeterminacy of meaning, and to appreciate and explore the multiplicity of meaning, while simultaneously discouraging the client from adopting any singular meaning as the true meaning of self (1992). In this way the client is encouraged to consider new meanings, to develop new categories for meaning, and, ultimately, to transcend his or her own premises about the nature of meaning itself. According to Gergen, therapy enables clients to transcend meaning, liberating them "from the oppression of limiting narrative beliefs" (1992, p. 183) and, thus, relieving them of the pain that results from such beliefs.

Rom Harré

Rom Harré (1983, 1987) also writes about self and self-change from a social constructionist perspective. While some of Harré's ideas closely parallel those of Gergen, a number of Harré's ideas concerning what constitutes the self provide further analysis of the self from a social constructionist perspective.

Harré's (1983) work concerning self and self-change begin with two important premises. First, Harré asserts that the existence of people in groups represents a primary human reality. Harré refers to the existence of people in groups as an "array of persons" (1983, p. 64). Second,

within the array of persons individuals engage in conversations. These conversations give rise to the secondary social and psychological realities of the array of persons. According to Harré, conversation creates the social and psychological world of local groups or cultures just as "causality generates a physical one" (1983, p. 65).

The secondary social realities, which are mediated and interpreted through conversations, arise from interactions between persons in the array. The secondary social realities include such things as work, and "expressive orders" (1983, p. 65) which generate honour, respect, and contempt.

The secondary psychological reality is, according to Harré (1983), the human mind. The psychological reality of individuals is a direct reflection of the local array of persons and their conversations. Harré argues that everything that is personal to individuals in their emotional lives is appropriated from the conversations which continuously occur around them. Included in this appropriation is the adaptation of a theory or concept of self which is based on the local conception of what a person is. According to Harré (1987), certain ways of speaking, as determined within the local array of persons, are "language games" (1987, p. 41). These language games are linguistically inspired social practices that act as the foundations for the organizational properties of the mind.

Thus, a person's self, or "inner centredness" (1987, p. 41), is not an entity but a concept which is imposed through the use of grammatical models inherent in the conversational practices in the local array of persons.

The concept of self that individuals adopt plays an essential role in how they sort and organize their experiences, and, especially, in how they report about and comment on their experiences with each other (Harré, 1983). Thus, the structure of an individual's mind, as the thoughts, feelings, and actions of self, is derived from the individual's belief in a concept of self. According to Harré (1983), the concept of self is all that is necessary for the ordering and organization of an individual's beliefs, memories, and plans.

Harré (1987) also argues that the same grammatical models or language games which give rise to local concepts of self are themselves embedded in "forms of life, [or] coherent bodies of practice which, within a hierarchy of moral orders, make up local cultures" (p. 41). The existence of local moral orders within a given culture has important implications for the kinds of theories or concepts of self that are available to be adopted, as well as for the way in which these selves can be expressed.

Harré (1983) also notes that a person is located not only in an array of persons but also in a physical time and space. The location in space and time that an individual

can occupy legitimately is mediated by the local moral order. Not all of the courses of action or points of view that are theoretically open to an individual can be occupied legitimately. According to Harré, this is particularly true regarding the distribution of rights in a given culture. For example, an individual can be present physically at a meeting, but the individual's contribution to the conversation of the meeting is likely to be influenced strongly by his or her role and, thus, by the rights appropriate to that role. In order for an individual to act upon some intention or goal, he or she must be acting in accordance with the local moral order. Harré notes the implications this has for the individual:

to be a person is to have certain cognitive linguistic capacities, to be in possession of certain theories by means of which reflexive discourse can be formulated, and to have certain rights to the public display of those skills and knowledge. (1983, p. 265)

In addition to arguing that the self is a concept derived from particular grammatical models embedded in local moral order, Harré (1983) also posits that self-development or self-change is governed by the "person-theories" (p. 286) an individual holds. While certain person-theories will promote self-knowledge and self-mastery, others will inhibit them. As well, the extent to which an individual can develop a given person-theory will be governed by the local

moral order which determines the rights of the individual to develop his or her person-theory in appropriate ways.

The theoretical accounts presented above, concerning what the self is and the ways in which change in the self are achieved, provide divergent ways of understanding the process of change for individuals. Further discussion of these theoretical perspectives and the research in this thesis will be provided in the final chapter of this thesis.

Task Analysis

Task analysis (Rice & Greenberg, 1984) is the research strategy used in this thesis. This research strategy is designed to facilitate the identification of the essential mechanisms of client change which occur in counselling. Task analysis also provides the means of eventually constructing a model of these change processes based on the essential mechanisms of client change which have been identified.

According to Rice and Greenberg, the therapy hour contains events which have clearly identifiable structural or process similarities even though these events may vary substantially in content. By focusing on a detailed process description of these patterns of recurrent change within specific therapeutic contexts, it is possible to identify essential mechanisms of client change. Once these essential mechanisms of client change are identified in a given

context or therapeutic milieu, they should be transferable to other contexts because they represent essential components of client change.

There are five basic components of task analysis: task description, specification of the task environment, the rational task analysis, the empirical task analysis, and the construction of a model. These five components, as they are presented above, also represent the sequential phases which must be followed in task analysis research.

The task description involves a clear and complete description of the client task which is to be performed, i.e., the client's processes which are directed at resolving a given task. A client's readiness to engage in such a process is referred to as the client marker(s).

The next component is the specification of the task environment. This is a description of the role the counsellor has in facilitating the successful resolution of the task the client is undertaking.

In the next phase, the rational task analysis, the investigator develops a "mental" model of the ideal client performance. This model, which will be referred to as the idealized model in this research, should capture the investigator's notions of the set of possible performances involved in the successful resolution of a given task as performed by an ideal client within a specific therapeutic context. The development of the idealized model should be

based on the counsellor's own tacit knowledge of therapeutic change, on a theory of client change, or on both. Once the idealized model has been developed, the investigator can proceed to an observation and description of an actual client performance to see how it compares with the idealized model.

The observation and description of the actual client performance is the empirical task analysis, which represents the next phase. Here, the investigator tracks the moment-to-moment sequences clients go through in their actual task performance. The details of these processes are noted on a client performance diagram which clearly separates and identifies the various client processes and states involved in the task performance.

The final phase of task analysis involves an iterative process in which the data collected from the empirical task analysis are compared with the idealized client performance developed in the idealized model. This comparison can help to correct any mistakes or limitations inherent in the idealized client performance, and, simultaneously, lead to the isolation of the essential patterns of change that represent the client's successful task resolution within a given therapeutic context.

Possible Selves

The theory of possible selves provides the therapeutic context for the work conducted in this thesis. According to Markus and Nurius (1986), possible selves represent a domain of self knowledge that pertains to how individuals think and feel about who they will be in the future. Possible selves represent individuals' selves or identities concerning who they could become, who they would like to become (positive possible selves), or who they are afraid of becoming (negative possible selves). It should be noted that the theory of possible selves is presented largely from a cognitive perspective.

Ruvolo and Markus (1992) argue that possible selves are involved in the vast majority of tasks individuals undertake. Almost any task, whether mundane or complex, will require the construction of a possible self which will carry out the actions required to complete and/or master the task. These representations (thoughts, images, or senses) of one's self in both the intervening and the end states of a task provide motivational resources which organize and energize an individual's behaviour.

An individual's representation of a possible self is not obscure or ambiguous; rather it is specific, individualized, and personal. For example, Markus and Nurius (1986) point out that an individual who is attempting to lose weight does not have an abstract or vague sense of

what it would be like to achieve this goal. Instead, the individual has a vivid, well elaborated, and personalized representation of a possible self which is thinner, happier, and more attractive, and which is leading a more pleasant life.

In short, possible selves can be understood as cognitive manifestations of an individual's goals and directions as well as his or her desired and feared selves. In this way possible selves provide a conceptual bridge for change, and, therefore, form the basis of an important, perhaps central, regulator of effort and task persistence (Markus and Wurf, 1987).

Origins of Possible Selves

According to Markus and Nurius (1986), possible selves are derived from representations of the self in the past and include representations of the self in the future. While possible selves are distinct and separable from the current self-concept, they are intimately tied to it. As well, Markus and Nurius argue that many possible selves are derived from past social comparisons in which an individual's thoughts, feelings, characteristics, and behaviour have been compared against salient others. Thus, while an individual could, potentially, create any variety of possible selves, the pool of possible selves which an individual can draw from is derived from the categories

which are available or apparent to the individual as a result of his or her unique sociocultural and historical context, and from the images and symbols present in the individual's immediate social environment. In this way, an individual could imagine a possible self which has not yet been achieved but which similar others have achieved. As well, a past self such as one which was characterized by depression can also represent a possible self which the individual fears may be realized again.

Possible Selves and Related Concepts

Possible selves and self-concept. The relationship between possible selves and the self-concept can be clarified by examining the work of Hazel Markus and other authors in this area. Markus and Wurf (1987) propose that an individual's self-concept cannot be understood as a unitary monolithic structure; rather, it should be conceptualized as a multifaceted dynamic structure. Markus and Wurf provide a model of the self-concept which they refer to as the "dynamic self-concept" (p. 314). In this model an important part of each individual is the "complete self-concept" (p. 306). The complete self-concept can be understood as the total pool or array of various self-representations that could potentially be available to the individual's consciousness. However, only a sub-set of

these self-representations is ever accessible to the individual at any given point in time. This sub-set of self-representations represents what Markus and Wurf refer to as the "working self-concept" (p. 306).

The contents of the working self-concept are dependent on which subset of self-representations have just been active, on what the individual has just invoked as a result of some experience, and, more importantly, on what has been elicited by the context of the current social situation (Markus & Kunda, 1986). While some self-representations in the working self-concept are activated automatically within certain contextual stimuli, many others are purposefully recruited by the individual as a result of the particular motives she or he is trying to fulfil. At the same time, certain environmental stimuli may make some self-representations less available, and thus less likely to be recruited into the individual's working self-concept.

Markus and Wurf argue that the self-representations potentially available to the individual's working self-concept vary in their structure and function. Some self-representations are core conceptions for the individual. These are generally well elaborated self-representations which are easily available to the working self-concept. As well, core conceptions are believed to have a powerful effect on information processing and behaviour. Other self-representations are more peripheral and less well

elaborated. However, these self-representations "may still wield [an] influence" (p. 302) on information processing and behaviour.

Self-representations also vary with respect to their positivity or negativity. Individuals may refer to themselves as worthless, which is a negative self-representation, or as competent, which is a positive self-representation.

A third major difference in the structure and function of self representations, according to Markus and Wurf, is whether or not the self-representations have been achieved. Thus, an individual may have achieved a self-representation in the past, or may attempt to achieve or avoid a self-representation in the future. This notion of whether or not self-representations have been achieved is a central part of the possible selves construct proposed by Markus and Nurius (1986).

According to Markus and Ruvolo (1989), the activation of possible selves in the working self-concept can be instrumental in the regulation of an individual's on-going activities. If, at a given point of time, an individual's working self concept is dominated by positive possible selves, and competing or incongruent possible selves are suppressed, the individual's behaviour is likely to be generally organized, energized, and focused. By contrast, if an individual's working self concept is dominated by

negative possible selves the individual's behaviour will likely be disorganized and/or impaired. Thus, the array of possible selves active in the working self-concept has a central influence on affect regulation, motivational processes, and information processing of the individual.

Possible selves and memory. There are a number of similarities between the dynamic self-concept model proposed by Markus and Wurf and a widely accepted model of information processing (Lefrancois, 1991) which posits three types of information processing storage: long-term memory, short-term memory, and sensory memory. Similar to conceptions of working or short-term memory, the working self-concept has a limited capacity and, over time, shifts and changes take place in the various self-representations which are present in the working self-concept. As well, the various types of self-representations in the working self-concept are drawn from, and stored in, the complete self-concept. This latter process is somewhat analogous to the retrieval and storage of information that takes place between short-term and long-term memory stores. In addition, just as the information attended to in sensory memory can influence the type of information contained in the short-term memory store, the various types of self-representations that are present in the working self-concept also can be affected by prevailing environmental conditions.

Possible selves and possibilities for the self. It is important to note that the concept of possible selves is distinct from the notion of possibilities for the self. Possibilities for the self refer to the potential objectives (i.e., roles or states of being) that the self could become. For each individual there is probably an extremely large number of possibilities for the self. For example, it is possible, though unlikely, that an individual may become an astronaut, a Nobel prize winner, or a street person. However, most individuals would probably not consider such possibilities for the self as possible selves. Possible selves do not represent just any states of being or imagined roles (Markus & Nurius, 1986). The distinction which can be made between these two concepts is that a possible self, unlike a possibility for the self, is one in which the individual has an image or sense of the "me" that the individual will become once the possible self has been achieved. It is this sense of the "me" that personalizes and gives meaning to the possible self, and which distinguishes it from possibilities for the self which do not involve a sense of identity.

Markus and Ruvolo (1989) note that while individuals are limited only by their imagination in the number and type of possible selves they can construct for themselves, and that all possible selves can have some impact on behaviour, only those possible selves which are derived from the

domains of individuals' current involvement and expertise are likely to be particularly effective in regulating performance. It seems unlikely that an unfamiliar possibility for the self which an individual has never contemplated is likely to influence the individual's behaviour.

Construction and Change of Self-Concepts

Markus (1983) proposes that individuals actively construct both generalizations and hypotheses about the self from the unfolding of life events. Self-schemas develop in relation to "those aspects of the self that become personally significant in the course of social interactions and they reflect domains of underlying salience, investment, or concern" (p. 548). As well, with each new set of self-relevant experiences, self-representations become more elaborated and differentiated.

Markus and Wurf (1987) note that as new self-conceptions are added to the working self-concept, when self-conceptions change in meaning, or when the relationships between self-conceptions change, more permanent changes take place in the individual's self-concept. According to Markus and Ruvolo (1989), the better an individual is at constructing various possible selves, the more vivid and specific they become, the more the

individual's current state can be made similar to the end state which the possible self represents.

Permanent change in an individual's self-concept is not to be confused with a more temporary type of change which occurs when one set of self-concepts in the working self-concept is exchanged with another set of self-concepts. This latter type of change, according to Markus and Wurf, represents the malleability of the self-concept.

While there are a number of variables which may influence which self-representations are active in the working self-concept at any given time, Markus and Wurf state that the working self-concept is best understood as a "continually active, shifting array of accessible self-knowledge.... [This] consists of the core self-conceptions embedded in a context of more tentative self-conceptions that are tied to the prevailing circumstances" (p. 306). Thus, it would appear that possible selves can be understood as self-conceptions which can be part of an individual's working self-concept. These possible selves can vary to the extent that they are more or less tentative and peripheral as a result of how well elaborated they have become in the individual's working self-concept.

Possible Selves and the Theoretical Context of Self and Self-Change

This investigation of the therapeutic application of possible selves is embedded in the larger theoretical context of the self and self-change. As with the three main theoretical perspectives presented in this chapter, i.e., Kellian, Rogerian, and Social Constructionist, the theory of possible selves also provides a theoretical conception of the self and self-change. The way in which possible selves theory attempts to account for self-change is of particular interest in relation to cognitive and client-centred theories.

According to Martin (1994), a difficulty with many contemporary cognitive theories is the almost sole emphasis which these theories place on the restructuring of the client's belief and knowledge systems as a basis of client change. In particular, most of these theories do not provide an explicit theoretical link between the counsellor and client's therapeutic dialogue and the restructuring of the client's belief and knowledge systems. As a result, there is a theoretical gap between the conduct of therapy and the extratherapeutic client change.

This difficulty is also present in Kelly's (1955a, 1955b) work, although to a lesser degree. Martin (1994) notes that Kelly does acknowledge a "functional interrelationship between social-cultural context and

psychological processes and experience" (p. 77). In this way, Kelly appears to acknowledge a relationship between the interactions of the counsellor and client and the psychological and experiential processes of the client. However, Martin also notes that Kelly places primary emphasis on the individual's construction of self and reality.

In general, most client-centred, humanistic theories place a strong emphasis on the innate tendencies of individuals to develop to their full potential. The therapeutic process is viewed as providing the optimum circumstances for such development, one that results in extratherapeutic change. As with the cognitive theories, there is a theoretical gap in the relationship between the therapeutic interactions of the counsellor and client and the development of clients' innate potential which results in extratherapeutic change (Martin, 1994).

Martin states that possible selves theory may provide an understanding of how change in the self occurs. In particular, possible selves theory may address the issue of how clients accept and/or adopt elaborations or modifications which results in revisions of clients' sense of themselves and their reality.

In possible selves theory, many self-representations are contained within the complete self-concept. These self-representations are potentially available to the client's

consciousness, even if these self-representations have not actually been achieved by the client. The counselling session provides an opportunity for the counsellor to facilitate the client's development and elaboration of possible selves. Once these self possibilities have entered the client's awareness, further elaboration and development may eventually result in modifications to the client's working and complete self concept (Martin, 1994). In this way, possible selves theory provides a conceptual link between the therapeutic dialogue of the counsellor and client and the client's extratherapeutic change.

Therapeutic Focus

According to Oyserman and Markus (1990), "the motivation to carry out all but the most routine and habitual actions depends on the creation of possible selves" (p. 113). These authors hypothesize that individuals experience a maximum motivational state when a given possible self is balanced by a contrary possible self within the same domain. For example, a feared possible self will act as a maximum motivational resource when it is matched with a positive possible self which "provides the outlines of what one might do to avoid the feared state" (p. 113). As well, a positive possible self will be a powerful motivational resource for an individual when it is matched

with a feared self which represents what could happen if the desired self is not achieved.

The lack of balance between a feared possible self and a positive possible self within the same domain is also important motivationally. Oyserman and Markus note that if individuals are unable to envision themselves behaving in a way that is significantly different from their current behaviour they are likely to feel trapped in this behaviour. Similarly, Markus and Nurius (1986) hypothesize that if an individual demonstrates a lack of agentic qualities, such a deficiency may be related to the development of a well elaborated, feared possible self within the individual. This possible self gives "vivid cognitive form to [the] individual's fears and insecurities" (p. 962), but does not provide the "strategies or self-scripts for how to escape" (p. 962) this feared self.

Markus and Nurius also note that a sense of control or mastery is necessary to cope with threatening events. They argue that a simple desire for mastery is not enough. Rather, the sense of mastery must be represented in the form of a possible self. Without this possible self an individual will likely demonstrate "little instrumental behaviour in the direction of mastery" (p. 961).

In their own work with juvenile delinquents, Oyserman and Markus note two major consequences when there is a lack of balance between a positive possible self and a feared

possible self. First, the lack of a positive possible self will decrease the potentially positive influence of the feared self. Without the positive possible self which can organize and energize activities away from the feared self, individuals may be overwhelmed by their anxiety that the feared self will become a reality. As a result, these individuals will likely show little motivation to avoid the feared self.

The second major consequence of a lack of balance between a positive possible self and a feared possible self is that the absence of a feared possible self may result in an individual being unable, or unmotivated, to decide upon a specific desired possible self. The existence of a feared possible self will "provide for the persistence in the pursuit of a desired possible self" (p. 123). According to Oyserman and Markus, individuals who have a balance between their positive possible selves and their feared selves should have "more motivational control over their behaviour in this domain because they have more motivational resources than do individuals without such a balance" (p. 113). The importance which Oyserman and Markus place on balancing positive and negative possible selves within the same domain appears to carry potential therapeutic significance. It is this potential therapeutic significance which is examined in this research.

Summary

The three theoretical perspectives presented in the opening of this chapter provide various frameworks for understanding the self and self-change. These theoretical perspectives can provide a context for understanding the client processes examined in this thesis. The task analysis research strategy will provide a means of examining the client processes that occur when possible selves theory, i.e., negative and positive possible selves, is used therapeutically in counselling. The next chapter provides an overview of the investigation into the therapeutic application of possible selves.

CHAPTER III

Method

The method adopted for examining the counselling application of possible selves using task analysis is presented in this chapter. This research developed in a series of phases based on the task analysis research strategy. In general, the information contained in this chapter will be presented in chronological order following the various phases of task analysis.

Participants and Setting

The clients and counsellors who participated in this study came from a single community counselling centre. All of the clients were adults, and had been accepted into an alcohol and drug counselling program on the basis of alcohol or drug related problems. Clients were selected at two points during this research. During the initial testing of the idealized model, three clients, two men and one woman, were selected. For the empirical task analysis phase of this research, six adult clients, four women and two men, were selected. These six clients were either currently using, or had recently stopped using, alcohol or drugs.

The counsellors who participated in this study included myself and two colleagues. The three of us, two men and one woman, had a minimum of two years to a maximum of four years

full-time counselling experience. For the initial testing of the idealized model, I selected three clients from my own case load. For the empirical task analysis phase of this research, I selected two additional clients from my case load. My two colleagues also selected two clients from each of their case loads, resulting in a total of six counsellor-client dyads for this phase of the research.

Instruments

Two instruments designed to measure aspects of clients' responses in counselling were used in this study. A discussion of these instruments is presented below.

The Experiencing Scale

The Experiencing Scale (Klein, Mathieu-Coughlan & Kiesler, 1986) is designed to measure the "essential quality of a person's participation in therapy; by which [is meant] the extent to which inner referents become the felt data of attention, and the degree to which efforts are made to focus on, expand, and probe those data"(p. 21). This scale is designed to measure these qualities of clients' experience in counselling based on their speech during therapy. The Experiencing Scale (EXP) consists of one seven-point scale. Each of these seven points or categories is designed to measure the progression of client involvement with inner referents. A brief description of the essential content of

client dialogue for each of these categories is presented in Table 1.

The levels of interrater reliability reported for this scale appear to be quite high. Klein et al. (1986) summarize the findings of 15 studies in which the EXP was used to analyze segments taken from therapy sessions. Using a Latin square design, Klein et al. (1986) report that the coefficients (rkk) were in the high .80s and .90s for 12 of the 15 studies. Klein et al. (1986) also report that, in general, both professional and nonprofessional raters who have been trained to use the EXP have been able to achieve high levels of interrater reliability.

Klein et al. (1986) also summarize a number of studies which provide information concerning the validity of this measure. Only the findings which are relevant to this thesis will be reviewed here. In discussing the validity of this scale, Klein et al. (1986) review research conducted since the initial publication of the EXP scale, examines studies relating the EXP to measures of therapy prognosis, and summarizes studies concerning researcher or therapist conditions and therapeutic outcome in relation to the EXP. According to Klein et al. (1986), both early and more recent research has indicated that the EXP is, to some extent, a measure of productive therapeutic involvement, and that it is related to various indicators of verbal and expressive

Table 1

A Brief Description of the EXP Categories as they Pertain to Client Dialogue

- Category 1: Presents an abstract, general, and superficial description which is impersonal.
- Category 2: Conveys a story or idea in which the speaker is centrally involved; however, there is very limited personal involvement.
- Category 3: Provides a narrative or description in external or behavioural terms with added reference to feelings or experiences.
- Category 4: Specifically expresses a client's feelings or experiences of an event, as opposed to presenting a discussion of the event itself.
- Category 5: Purposefully elaborates and explores the client's feelings and experiences.
- Category 6: Indicates a synthesis of newly realized or more fully recognized feelings or experiences.
- Category 7: Denotes the use of new personal experiences as a basis for expanding inner experiences or insights.

capacity that have been consistently associated with motivation and good prognosis for therapy.

Klein et al. (1986) also discuss the relationship between therapist activities and client responses in a review of a study in which the EXP was one of many process variables used to compare four different evaluative paradigms in ten therapy sessions. In this study the EXP was used to measure client dialogue before and after key therapist interventions. The results, according to Klein et al. (1986), indicate that the EXP is sensitive to important dimensions of therapist behaviour. In particular, the EXP proved to be an important outcome of helpful therapist interventions. Specifically, there was a greater residual gain in the EXP after therapist interventions which were rated as high on scales for helpful experiencing, depth, and empathy. As well, clients' ratings of overall session effectiveness were highly correlated with the average client EXP ratings.

Significant findings for the EXP have also been obtained in studies of the Gestalt two-chair technique. Klein et al. (1986) report that the EXP along with several other process variables demarcated theoretically important process shifts in the two-chair process.

Based on these studies, Klein et al. (1986) state that, as measured from a variety of perspectives, the EXP is associated with high quality therapist interventions.

Moreover, this relationship has been strongest and most consistent in fine-grained sequential analysis of single case studies focusing on a few sessions.

Finally, Klein et al. (1986) discuss the relationship between EXP scores taken from various points in therapy and therapeutic outcome. According to Klein et al. (1986), there is a positive relationship between levels of EXP scores taken at various points in therapy and therapeutic outcome. This relationship is most consistent when EXP scores are examined after the first few sessions of therapy. Klein et al. (1986) state that the results support the notion that the EXP reflects processes of productive therapy which are related to therapeutic outcome.

Overall, Klein et al. (1986) argue that the above information supports the validity of this instrument. These authors also state that these studies support the original view of the EXP scale as a reflection of the essential quality of experiencing and participation in therapy.

Levels of Client Perceptual Processing Scale

The second measure used in this study is the Levels of Client Perceptual Processing Scale (Toukmanian, 1986). There are three basic assumptions on which the Levels of Client Perceptual Processing (LCPP) scale is based. First, the client's level of perceptual processing is an interactive function of the information the client is

capable of detecting (on the basis of his or her schema availability) and the particular mode of processing that the client brings to bear on the construction of therapeutically relevant events. Thus, a client may be seen as deficient, in that his or her perceptual processing is not helping the client to formulate alternative constructions of the environment in order to function adequately in it.

Second, the therapist can help the client overcome this deficiency by helping the client generate elaborated, relevant information that can be incorporated into the client's system of cognitive operations. A third assumption is that through this process clients develop a more "precise pool" (p. 115) of cognitive information for the differential construal of events. This, in turn, should foster greater flexibility and adjustment.

The LCPP is an eight point scale. Applied to client dialogue during therapy, these eight points measure the client's development from a given state of perceptual development to deeper, more complex, or more comprehensive levels of processing. A brief description of the essential content of these categories is provided in Table 2. It should be noted that Category 8 of the LCPP will not be employed in this study because it is a nominal "catch-all" category that is inconsistent, for current purposes, with the ordinal characteristics of the rest of the scale.

Table 2

A Brief Description of the LCPP Categories as they Pertain to Client Dialogue

- Category 1: Denotes a condensed or packaged view of a complex event.
- Category 2: Reflects the simple identification of factual information used to provide a more detailed account of an issue or problem.
- Category 3: Demonstrates the use of external referents for deriving meaning from events.
- Category 4: Displays the use of logical or analytical referents for deriving meaning from events.
- Category 5: Exhibits the use of highly personal or idiosyncratic referents for deriving meaning from events.
- Category 6: Shows reevaluation and/or consideration of alternate ways of construing experiences.
- Category 7: Indicates a synthesis of previously differentiated and alternately construed aspects of experience and the achievement of a newly formed perspective.

Toukmanian reports two studies that provide information concerning the reliability of the LCPP. In one study segments of counselling sessions were audiotaped and later transcribed. These audiotapes and transcripts were then rated by two trained judges and compiled into two data sets. The level of interrater agreement reported for both data sets using Cohen's (1960) Kappa was .37. The intraclass correlation coefficients for the same sets of data were .72 and .74, respectively. Toukmanian also reports that the trained raters agreed on 51% of the classifications across the system's eight categories.

In the second study the LCPP was again used to rate audiotapes and transcripts derived from client responses in counselling sessions. These audiotapes and transcripts also formed two data sets. Following training methods similar to those used in the first study, the trained raters were in agreement 64% and 62%, respectively, across the system's eight categories. The corresponding Kappa coefficients were .38 and .42 respectively.

In relation to the validity of the LCPP, Toukmanian summarizes the findings of four studies. In the first study, the relationship of the scale to progress and outcome in therapy was examined. Six clients were selected from a total of 73 clients participating in a psychotherapy project which involved psychoanalytic therapy. Of these six clients, three were judged to be most improved, and three

were judged to be least improved, of the 73 clients participating in the project. Dialogue from these six clients were examined during early, middle, and late therapy sessions. According to Toukmanian, the three most improved clients demonstrated a general increase in the proportion of higher LCPP categories, i.e., categories 4, 5, 6, and 7, as therapy progressed. In contrast, the three clients considered to be least improved, demonstrated a general decrease in the proportion of higher LCPP categories used over the course of therapy. Toukmanian argues that these results indicate that the LCPP is tapping some important process dimensions that are related to client change in therapy.

The LCPP was also used in conjunction with the EXP, and the Client Vocal Quality (CVQ) (Rice, Koke, Greenberg, & Wagstaff, 1979) scale to analysis the same segments taken from 40 analogue counselling interviews in the second study. Toukmanian reports that the LCPP related well to conceptually relevant dimensions of the EXP and the CVQ.

In the third study, task analysis was used in the examination of client change in the resolution of problematic client reactions. Here, the LCPP was used as an additional process measure to test for the presence of certain kinds of client internal operations which were conceptualized to be associated with the successful resolutions of problematic reactions. The criteria used by

these researchers to identify the process steps involved in clients' successful resolution of problematic reactions were classified into five groups hypothesised to be conceptually similar to the LCPP categories 1 and 2, 3 and 4, 5, 6, and 7 respectively. A significant relationship was found between these two methods of analyzing clients' moment to moment perceptual activity.

The final study reviewed by Toukmanian (1986), which investigated client change mechanisms in a class of events drawn from Gestalt therapy, provides evidence which indicates that category 6 of the LCPP can reliably identify conflict resolution performances in the two-chair dialogue method of Gestalt therapy. As well, for clients considered to be successful resolvers, category 6 consistently co-occurs with the relevant dimensions of other process systems, such as the EXP and the CVQ, in identifying particular moments of change in this therapeutic process.

According to Toukmanian, the results from these studies support the notion that the LCPP is a viable research instrument. As well, the LCPP can be used by researchers in the investigation of moment-by-moment processing operations during counselling.

Procedures

The research in this thesis was developed in four basic phases. In the first phase, an idealized model of the

therapeutic application of possible selves was developed. Once the idealized model had been developed, the next phase was an iterative process in which the idealized model was tested with three clients. In addition, a portion of this initial work was presented to several counsellors for feedback and suggestions. In the third phase, the information obtained from the iterative process was used to change the idealized model. The model which resulted from these changes is referred to as the revised model. In the fourth phase, the revised model was used as the basis for the empirical phase of task analysis of the therapeutic application of possible selves in the six counsellor-client dyads. The results of this phase denote the client change processes involved in the therapeutic application of possible selves in the revised model.

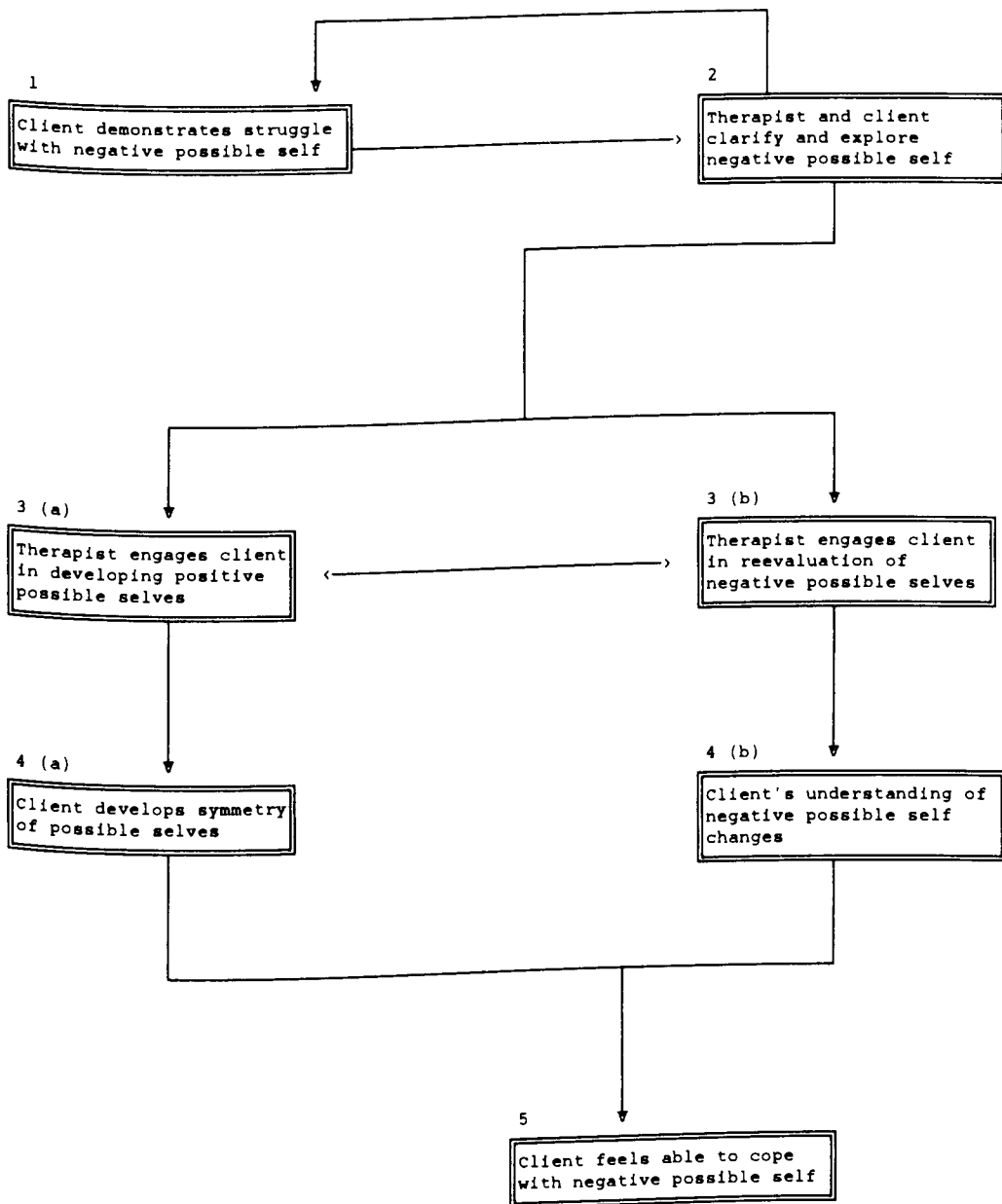
Phase 1: The Idealized Model

Figure 1 represents the idealized model developed in the first phase of this research. The numbers associated with the various boxes represent phases of therapeutic work and client experiential states "which one achieves during the process of working on a problem, and which may be left and reentered repeatedly in any single problem-solving attempt or across attempts" (Greenberg 1984, p. 130). These experiential states are the primary determinants of various phases of counselling that are associated with the

therapeutic application of possible selves. A description of the processes originally hypothesized to be involved in each of these experiential states is presented below.

- 1) The client demonstrates, through various markers to be described later, that she or he is troubled by a negative possible self.
- 2) The counsellor works to help the client clarify the negative possible self, and to explore the implications it holds for the client's life. During this process the counsellor could explore the various ways in which the negative possible self has been affecting the client's life. Specific examples of this process could include questions such as the following. "How has this affected the way you think or feel about yourself?" "How has this affected your relationship with others?" "In what ways has this issue affected your life?" As well, the counsellor can explore the future implications of the negative possible self. Questions which probe this aspect of the negative possible self can include the following examples. "Have you thought about what it would be like if these concerns you have presently didn't change or became worse?" "What would happen if your worst fears were realized about this issue?" "If this happened how would you feel, think, or act differently?" "How would life be different for you in that situation?" "What would be the hardest part of that situation for you?"

Figure 1. The idealized model of client performance in the therapeutic application of possible selves.



This phase should help both the counsellor and the client to understand the negative possible self, as well as the range of implications it has for the client. It should also help the counsellor to understand the particular domains in which this negative possible self affects the client.

It should be noted that the exploration and clarification that is involved in this phase of counselling will likely be a necessary component in the identification of the client markers. Thus, initial work in this phase will likely involve some cycling back and forth between the first and second client experiential states until the client markers are clear. Once the client markers have been established, the counsellor can progress to the next phase in the process model depicted in Figure 1.

3a) Using a variety of therapeutic techniques, the counsellor encourages the client to develop a positive possible self which will balance the negative possible self. It is possible that the elaboration of the positive possible self will provide the client with a sense of comfort or strength which can be used therapeutically to help the client overcome the difficulties currently being faced. For example, a pregnant woman who is struggling with not consuming alcohol, and who is very concerned about the well-being of her foetus, may find strength and comfort in the

notion of a positive possible self in which she envisions herself not drinking and caring for her healthy child.

Other clients may already have a well elaborated positive possible self but may not know how to achieve it. Here, the counsellor can help the client achieve this positive possible self through techniques that will give the client an opportunity to gain initial experience with this possible self, and then encourage the client to explore this possible self further. If, for example, a client felt that she or he had poor self-esteem, and has a relatively clear idea of how life would be different if her or his self-esteem was higher the client could be encouraged to pick a day before the next session and act as if this level of self-esteem already had been achieved. The results of this experience can be conveyed back to the counsellor who then can encourage the client to engage in and explore more of these actions.

3b) Before, or while, working on developing symmetry between possible selves, the counsellor may also engage the client in reevaluating the negative possible self. An example of such work might include challenging clients on some of their beliefs about the ways in which the negative possible self will impact on them.

4a) As a result of counselling, the client develops positive possible selves to the point where she or he can

begin to draw on them as a resource for avoiding the realization of the negative possible self.

4b) It seems quite possible that a simultaneous progression of problem resolution may occur at, or before, this point in the therapeutic process. As a result of the clarification process (phase 2), or the reevaluation process (phase 3b), the client may develop a higher order understanding of the negative possible self. That is, the client may begin to understand and reexamine the values and meanings attached to the negative possible self. As a result of this process the client may no longer feel threatened by the negative possible self.

5) Resolution has been achieved. The client has achieved symmetry between the negative possible self and a positive possible self; the client no longer feels threatened by the negative possible self; and/or the client has a new understanding or conception of her or himself in which the negative possible self has a different meaning.

Task environment. In the idealized model, there are a number of elements which may be involved in the counsellor's work of attempting to facilitate the resolution of clients' problems. The counsellor needs to identify particular clients for whom the therapeutic application of possible selves is theoretically and pragmatically appropriate. For these clients, the counsellor must determine the client's

readiness, through assessment of the client's display of various client markers, for the application of this technique. Once the counsellor has determined the client's readiness, the counsellor's work, according to the theory of possible selves, moves to helping the client achieve a balance between positive possible selves and negative possible selves within the domain or issue on which the client is working.

Clients may be helped through a number of therapeutic techniques which may assist them to identify clearly, and become more familiar with, the positive or feared selves. A central tenant in all of these techniques is to help the client elaborate the positive possible self which counteracts the negative possible self that is a major concern to the client.

When the therapist has determined that the client is ready for the therapeutic application of possible selves, she or he might begin to ask the client questions which help the client to explore positive possible selves. Examples of these questions include the following. "What do you think your life will be like when this issue is resolved?" "Was there ever a time in your life when this issue did not exist?" "Do you know of anyone who would deal with this issue differently?"

Once the client has begun to identify various positive possible selves from the anticipated future, the past, or

vicarious experiences, the therapist may begin to explore these positive possible selves, both on their own and in relation to the negative possible self, with the client. Here the counsellor might ask questions such as the following. "In what ways would your life be different if this positive possible self was here today, i.e., how would you think, feel, and act differently?" "When you think about this positive possible self, how do you feel in relation to your current issue, i.e., does it make you feel any different?" "If today you managed to be this positive possible self for a period of time, how do you think you might deal with this issue that is different from how you are currently dealing with it?"

Beyond asking exploratory questions, the counsellor could help the client to engage in further elaboration through techniques which encourage the client to experience the positive possible self. One such possible technique is to encourage the client to engage in a role-play in which the client acts as if she or he has already achieved the positive possible self. Another technique involves asking the client to pick a day or afternoon before the next session in which she or he enacted the positive possible self for a given period of time. After both of these therapeutic tasks the therapist can explore the client's experiences, especially the client's experiences in relation to the negative possible self that the client finds

troubling. It should be noted that these techniques are only examples and are not prescriptive of either the necessary order or content of therapeutic interventions based on the notion of possible selves. The central concern is to help the client elaborate and become more familiar with positive possible selves.

Client markers. Before discussing the various client markers which indicate a client's readiness for the therapeutic application of possible selves as depicted in the idealized model, it is helpful to outline the various ways in which clients may be distressed by negative possible selves when they enter counselling. One of the ways in which clients may feel distressed is in their sense that there is some current aspect of themselves which is aversive to them and which they fear will become a negative possible self in the future. An example of this is an individual who is currently having trouble controlling the use of some drug, and fears that she or he will become an "addict" in the future.

Clients may also be concerned that they might return to some negative state or condition that they have experienced previously. This past negative state represents a negative possible self that might be realized again in the future. For example, an individual may fear returning to a level of deep depression which she or he has experienced in the past.

Finally, clients may fear that some negative possible self which has not been experienced before may be realized in the future. For example, an individual who is separating from a partner may be concerned about becoming acutely lonely once the separation is complete, even if the individual has no actual previous experience of such loneliness.

In all of the above scenarios, clients have some future notion of themselves which is more or less aversive to them and which, as a result, has experiential and emotional implications for them currently. In addition to these three ways in which clients may be distressed by possible selves, the level of anxiety an individual feels regarding a negative possible self can vary substantially (Markus and Nurius, 1986). Thus, clients may be either slightly troubled by negative possible selves or they may be overwhelmed by them. There are a number of markers that should be apparent when a client is concerned about a negative possible self.

1) Given that the client's negative possible self is, to a greater or lesser extent, aversive, it seems likely that the client will express negative affect. Thus, the client likely will express various levels of anxiety, fearfulness, or displeasure regarding the realization of the negative possible self. As well, without a positive possible self to balance the negative possible self, the

client is unlikely to know what to do in order to avoid the realization of the negative possible self. That is, clients may feel "stuck." Clients simply may never have considered how they could avoid the negative possible self, or, despite their best efforts, they may still feel that the negative possible self is imminent. In either case, clients would may be unclear about how they can avoid the negative possible self. As a result, clients may also express feelings of frustration or helplessness, or may state that they simply do not know how things could be different in relation to their attempts to avoid the negative possible self.

2) On the basis of their concerns about the implications of negative possible selves, clients might demonstrate a desire to change so that the negative possible self is not realized. This desire to change may be stated explicitly by the client. For example, the client may state that a goal she or he has for counselling is to avoid the negative possible self. As well, the desire to change may be elicited from the client through various probes. Examples of such probes include the following. "Is this an aspect of yourself that you would like to be different?" "It sounds like you would like to avoid more of these actions in the future?" "If I am not mistaken, it seems that you would like to change these actions in the future?"

Probing the client in this way can provide the counsellor with a good sense of the client's desire to change.

3) Upon exploration, the client's negative possible self(s) should be clear to both the counsellor and the client. While some clients may be able to describe a negative possible self much more clearly than others, a good indication of a clear understanding between the counsellor and client is when the counsellor can articulate the negative possible self to the client who can, in turn, verify the accuracy of the counsellor's articulation. In such instances, the client must demonstrate verification through a substantive contribution to the therapeutic dialogue. A brief or single indication of verbal or nonverbal agreement may not indicate a real and/or clear understanding between therapist and client.

4) The counsellor should be clear that working with possible selves is relevant to the particular issue(s) the client would like to work on. Client issues which have no relationship with negative possible selves in either immediate or future therapeutic work are inappropriate for this type of intervention. For example, a client may seek counselling regarding the occurrence of a recent stressful event. Yet, the client may feel that this event is now past and is in no way relevant to her or his future. Thus, engaging in possible selves counselling with this client is unlikely to be helpful. As well, if the counsellor has

taken into account the three markers described above (i.e., the client's affect, the client's desire to change, and the clear identification of the client's negative possible self), it seems unlikely that the therapeutic application of possible selves would be inappropriate.

Phase 2: The Iterative Process

With the development of the idealized model, the next phase in this research involved engaging in an iterative process so that problems in the idealized model could be corrected, and possible improvements could be made. The idealized model specified above was first attempted, by me, with three clients. Portions of the counselling sessions in which I employed the idealized model with the three clients were presented to a team of counsellors at a community counselling centre for feedback and suggestions. As a result of this iterative process, a number of changes and refinements were made to the idealized model.

The team of counsellors made several suggestions regarding the idealized model. One fundamental suggestion concerned the type of client that would benefit most from the therapeutic application of possible selves. The team of counsellors felt that many of the clients they worked with in the alcohol and drug program were seriously concerned about their current use of alcohol or drugs, or about returning to using these substances. Despite these

concerns, however, these clients were often undecided about quitting or were considering, on some level, returning to their substance use.

Clients who demonstrate these characteristics can be categorized as belonging to the contemplative stage of Miller's (1989) process of change model. According to Miller, clients in this stage of change have recognized that there is some problem which has negative implications for their lives currently and in the future. While clients are aware of the consequences which these problems are creating for them, they have either not yet attempted, or have been able, to resolve these problems.

With clients who are in Miller's contemplative stage, the team of counsellors felt that the elaboration of both negative and positive possible selves could help clients become aware of and focus on the consequences and benefits of their negative and positive possible selves. As a result, clients would hopefully become much clearer about their choices, and would be inclined to want to achieve their positive possible selves and avoid their negative possible selves. Further, clients might develop a clearer sense of what they need to do to bring about the positive possible selves and avoid the negative possible selves.

As a result of this feedback, two major modifications were made to the idealized model. Clients selected for the next phase of the research would be judged to be in Miller's

contemplative stage. As well, the team of counsellors suggested that one of the methods that could help clients explore and become more familiar with the possible selves was a role-play. The team of counsellors felt that this type of intervention would likely hold important therapeutic significance for clients. Thus, the second change was a specification of the exact way in which possible selves could be used by the counsellors. In the next phase of the research, the therapeutic application of possible selves was conceptualized as consisting of two role-plays in which clients would first act as if they had achieved their negative possible self and then act as if the positive possible self had been achieved.

The clarification of the type of client deemed appropriate for this research, together with a rationale for selecting these clients, resulted in changes to the client experiential state associated with phase 5 of the idealized model. As a result of working with both the negative and the positive possible selves, clients should develop a heightened understanding for, sensitivity to, and appreciation of the implications associated with both of the possible selves.

Modifications to the idealized model also resulted from attempts to implement it with the first three clients. During the initial application of this model, there did not appear to be a need to reevaluate these clients' negative

possible selves, as originally suggested in phase 3(b) of the idealized model. Generally, clients appeared to be quite convinced of the potential implications of their feared selves and the meanings these likely would have for their lives. As well, in contrast to what was anticipated to be the experiential state associated with phase 4(b) of the idealized model, these clients did not appear to change their understanding of the negative possible self.

Therefore, these states and associated phases were removed from the model.

The implementation of the idealized model with the first three clients also gave rise to some refinements in the role-play procedure. In order to avoid confusion about the role-play, and to help clients understand the intentions behind the intervention, it was important to provide clients with an orientation to the possible selves intervention. In the orientation, clients received an introduction to and a rationale for the role-plays. The general process of the role-plays, as well as what clients might expect was discussed. Clients were also asked to act as if the role-plays were real and presently occurring in the counselling room. Finally, clients were informed that they would have an opportunity to debrief their experiences at the end of each role-play or during the following session. With this orientation, clients had little difficulty engaging in the role-plays.

Another refinement which resulted from the initial implementation of the idealized model with the three clients, concerned the length of time in the future that the role-play might take place. In the preparation for the role-plays, clients were encouraged to select the hypothetical time in the future in which the counsellor and client would conduct the role-plays. It appeared that when clients selected times that were far in the future (e.g., ten years), the role-plays seemed to be less meaningful for the clients than when they selected more proximal times (e.g., one or two years). Thus, clients were encouraged to select more proximal times for their role-plays.

Phase 3: The Revised Model

As a result of the iterative phase, a revised model was constructed. In order to examine the revised model it is necessary to specify the appropriate client markers and task environment.

Client markers. As mentioned earlier, clients who were selected as appropriate for this study can be categorized as belonging to Miller's (1989) contemplative stage. Clients in this stage of Miller's change model will demonstrate some level of ambivalence about their problems. This ambivalence indicates that a client feels divided about change, i.e., part of the client wants to change, while part wants to stay

the same. The ambivalence also can indicate that the client wants to change, yet feels that he or she is unable or does not know how to change.

For clients in this contemplative stage it seems likely that the part of them that they would like to change represents a feared possible self. As such, this possible self has negative implications for the client's life, either currently or in the future. Given that a client is likely to find such a possible self aversive, to a greater or lesser extent, it seems likely that clients will feel and express some level of concern, anxiousness, fearfulness, or displeasure about their problems and the consequences associated with these problems.

As well, given that there is a part of the clients that is wanting to change, it seems likely that clients would express that while they would like to do something about the problems they are experiencing, they seem unable or unsure of how to change. As a result, clients may be experiencing and expressing feelings of uncertainty, helplessness, frustration, anger, shame, and/or guilt in relation to their problems.

The kinds of statements that clients make should be consistent with the client affective markers described above. Such statements are also client markers because they provide further indications of the client's readiness for the application of the possible selves intervention.

Clients in Miller's contemplative stage can be expected to make statements which could include any of the following.

"I don't seem to be able to quit drinking on my own, and I feel very disappointed with myself." "I know that I need to make some changes here, I just don't seem to do it." "My drinking is creating problems in my life, but sometimes I just don't seem to care." "Yes, I can see how this issue is affecting my life, but I seem to be stuck where I am."

Task environment. Once the counsellor has determined that the appropriate client markers are present, he or she can begin the possible selves intervention. This intervention involves having clients role-play two future scenarios. Both of these role-plays involve asking clients to envision a time in the future as if that time were currently occurring in the counselling room. In one of the role-plays, clients are asked to envision a time in the future in which the problem they are concerned about is having a detrimental impact on their lives (i.e., the negative possible self). In the other role-play, clients are asked to envision a time in the future when their problem has ceased to be an issue of concern for them (i.e., the positive possible self).

The overall intent of this intervention is to help clients explore, become more familiar with, elaborate upon, and appreciate both the positive and the negative possible

selves and the various implications which these possible selves may have for their lives. An important component of this intervention is that clients fully experience both the positive and the negative possible selves. In other words, when clients are engaged in the possible selves intervention they should be encouraged to live the experience as much as possible. To facilitate this process, the counsellor will structure the role-play so that clients explore the various ways in which the existence or absence of the problem affects various areas of their lives (e.g., the way in which relationships with various family members may change when a client is no longer consuming the same level of alcohol).

The revised model. Figure 2 represents the revised model. As with the idealized version, the numbers associated with the various boxes represent the therapeutic phases and associated client experiential states in the task resolution process (Greenberg 1984, p. 130). A brief description of these phases and related experiential states is provided below.

- 1) In the first phase the client demonstrates the various markers which indicate that the client is in Miller's contemplative stage.
- 2) Having identified the appropriate client markers, the counsellor engages the client in the negative possible selves role-play. Here, the counsellor and client engage in

the role-play as if the negative possible self is currently existing, and explore various implications of the negative possible self for the client's life.

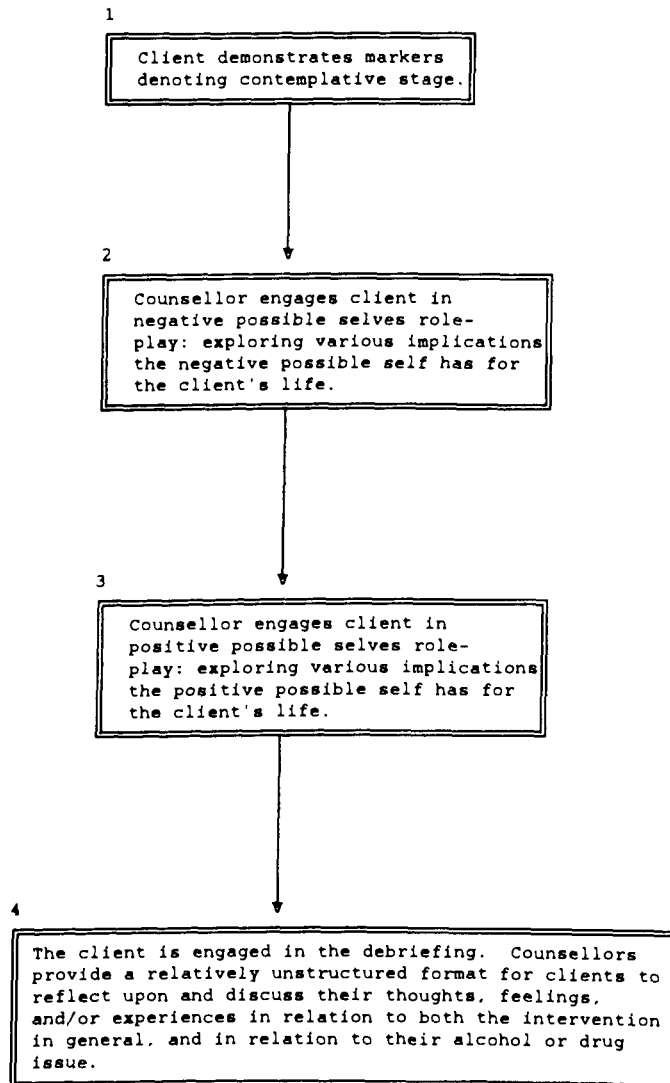
3) Next, the counsellor engages the client in the positive possible selves role-play. Once again, the counsellor and client act as if the positive possible self is currently existing. As this occurs, the counsellor facilitates an exploration of the various implications which the positive possible self holds for the client's life.

4) With both role-plays completed, counsellors engage clients in a debriefing of the intervention. Here counsellors provide a relatively unstructured format for clients to discuss, and reflect upon, their thoughts, feelings, and/or experiences of the role-plays, both in general, and in relation to their particular alcohol or drug problem.

Phase 4: The Empirical Analysis

With the development of the revised model, the therapeutic application of possible selves with clients in Miller's contemplative stage could be carried out. The two counsellors working with me in this study were fully informed about the research strategy of task analysis, the theory of possible selves, and the therapeutic rationale of the possible selves role-plays. In addition, these

Figure 2. The revised model of client performance in the counselling application of possible selves.



counsellors were provided with a training manual (see Appendix A) summarizing possible selves theory, the task analysis research strategy, the client markers, the task environment, as well as general suggestions for how to conduct the possible selves intervention.

Only clients who demonstrated the appropriate markers indicating they were in Miller's contemplative stage were asked to participate in this research. A minimum of three counselling sessions of each counsellor-client dyad were videotaped. These three sessions included the session prior to the possible selves intervention, the session that included the intervention, and the session that followed the intervention.

In addition to facilitating the possible selves role-plays with the clients, i.e., phases 2 and 3 of the revised model, the counsellors were asked to provide an opportunity for clients to debrief the intervention, i.e., phase 4, either immediately following the role-plays or in the following session. This debriefing was designed to provide a largely unstructured format for clients to reflect upon and discuss their thoughts, feelings, and/or experiences of the role-plays, both in general and in relation to their particular alcohol or drug issue. After engaging in both role-plays, clients would, hopefully, have an increased awareness of, appreciation for, and sensitivity to, a full range of implications associated with the negative and the

positive possible selves. As well, as a result of moving through the foregoing intervention phases, and with their new understanding and appreciation of both possible selves, it was hoped that clients would indicate that they are reevaluating or changing their attitudes, thoughts, or feelings about their current life circumstances. As a result, clients may also indicate an understanding of what they need to do in order to achieve these changes.

Transcripts of the intervention and debriefing components of the counselling were made from the videotapes once the counsellors had completed the intervention and the debriefing with the clients. The resulting six transcripts varied in length, containing approximately 39, 40, 43, 48, 50, and 59 minutes of counsellor-client dialogue. An example of actual counsellor-client dialogue during the negative and positive possible selves role-plays, and the debriefing is presented in Appendix B.

The six transcripts were scored by four judges. One pair of judges was trained to use the Experiencing Scale (EXP) and the other pair of judges was trained to use the Levels of Client Perceptual Processing (LCPP). Copies of the materials supplied with the EXP and the LCPP, which explain the theoretical rationale underlying the measures, as well as the necessary procedures for using the measures, were given to the judges. Once the judges were familiar with these materials, they participated in a number of

practice sessions in which they provided feedback to each other about their scoring choices and rationales. During these sessions the judges practiced on the materials supplied with the EXP and the LCPP.

When it appeared that the judges had achieved a high level of interrater reliability, they were asked to score a practice transcript independently. This practice transcript was essentially identical to the actual transcripts used in this study except that the client featured in this transcript did not clearly indicate the markers of being in Miller's contemplative stage. On this practice transcript, the pair of judges using the EXP achieved 85% agreement on their classifications across the seven categories of the scale. The corresponding intraclass correlation coefficient (Guilford & Fruchter, 1973) was .98, and Cohen's (1960) Kappa was .76. The second pair of judges using the LCPP achieved 56% agreement on their classifications across the eight categories of the LCPP. The intraclass correlation coefficient and Cohen's Kappa were .90 and .47 respectively. After achieving an acceptable level of interrater reliability on the practice transcript, the judges began scoring the actual transcripts.

The revised model and measures. In order to test the revised model against actual client performances and experiences during the therapeutic application of the

possible selves intervention, it is necessary to make theory-driven predictions about client scores in relation to the revised model. These theory-driven predictions are based on the nature of the EXP and the LCPP relative to the client states and therapeutic work described in the revised model of the possible selves intervention (see Figure 2). Due to the variation in the number of statements scored for each client it is necessary to discuss client scores in terms of proportional frequencies.

The theory-driven predictions of client scores will be discussed from two perspectives. The first perspective will be referred to as the between-category, within phase frequency ratings. This perspective is concerned with those categories of the EXP and the LCPP that are expected to occur at higher frequencies relative to other categories of the EXP and the LCPP, within a particular phase of the revised model.

The second perspective is concerned with relatively large changes in category frequencies of the EXP and the LCPP across the various phases of the revised model. These changes will be referred to as within-category, between phase frequency differences.

During both phase 2 and phase 3 of the revised model, the counsellor engages the client in possible selves role-plays. In these role-plays, the counsellor explores various implications which the negative and the positive possible

selves might hold for clients' lives. It seems quite likely that both role-plays will be relevant, personal, and meaningful for clients. Thus, while clients are likely to have qualitatively different experiences during the two role-plays, large differences in the levels of client experiencing, as measured by the EXP, are not expected to occur between the role-plays in phase 2 and phase 3 of the revised model. As well, it seems quite probable that both role-plays will provide clients with similar opportunities to derive meaning or to achieve new perspectives as measured by the LCPP. For these reasons, the theory-driven predictions concerning intervention phases 2 and 3 of the revised model will be discussed together. In addition, the theory-driven predictions about clients as they display the appropriate initial markers, i.e., phase 1, are not included in this discussion given that the focus of this study is on client processes resulting from the therapeutic application of possible selves.

Within the various phases of the revised model, it seems likely that certain categories of the EXP (Klein et al., 1986) will occur in higher frequencies relative to the other EXP categories. During the role-plays, clients are encouraged to experience the negative and positive possible selves as vividly as possible. As a result, it is expected that categories 3 and 4 of the EXP will occur with the greatest frequency, relative to the other EXP categories.

The content of category 3 reflects a narrative or description of the client or some aspect of the client's environment, as well as added references to the client's feelings or experiences concerning these contexts. As clients explore the ways in which their lives have been affected by negative and positive possible selves in phases 2 and 3 of the revised model, it seems quite likely that they will describe themselves in a narrative or descriptive manner, and that these descriptions will contain added references to feelings and experiences. As a result, relative to the other categories, category 3 is expected to occur at a high frequency in phases 2 and 3 of the revised model.

The clients' dialogue in category 4 of the EXP is an expression of their feelings or experience of an event, as opposed to a discussion of the event itself. Here, clients provide a clear, internal, and personal perspective of their feelings and experiences. Given that an important component of the role-plays is for clients to experience the negative and the positive possible selves as fully as possible, it seems quite likely that category 4 will also occur at a high frequency during phases 2 and 3 of the revised model, relative to the other EXP categories.

The enactment of the role-plays in phases 2 and 3 of the revised model will probably require clients to provide counsellors with "information" and "facts" about events that

lead up to the clients' "current" negative or positive possible self. In this way, an individual client is clearly related to the subject being discussed. However, there may be little or no direct experiencing associated with this dialogue. Dialogue of this nature is characteristic of category 2 of the EXP. As a result, this category is expected to occur at a moderate frequency in phases 2 and 3 of the revised model.

In phase 4 of the revised model, i.e., the debriefing, the major focus is to provide clients with a relatively unstructured opportunity to discuss their thoughts, feelings, and/or experiences of the intervention, both generally and in relation to their particular alcohol or drug problem. As a result, it is expected that, relative to other categories of the EXP, categories 3 and 4 will occur at a moderate frequency in phase 4.

As a result of experiencing these two role-plays, clients should have a higher awareness of, appreciation for, and sensitivity to the various implications which these possible selves may hold for their lives. Within the open-ended format of the debriefing in phase 4, it seems likely that clients will be involved in further exploration and/or development of their experiences. As clients engage in this process, it seems quite likely that they might discuss either a problem or proposition about themselves in terms of feelings and experiences, and then explore or work with this

problem or proposition in a personal manner. Thus, in phase 4 of the revised model, category 5 of the EXP which is characteristic of the dialogue described above, seems likely to occur at a moderate rate relative to the other categories of the EXP.

The exploratory nature of the debriefing is also likely to allow clients to express any newly recognized or more fully realized feelings or experiences they may have. As a result, clients may also discuss a new or enriched self-experience, as well as the experiential impact of these changes on their feelings or attitudes about themselves. This dialogue is central to category 6 of the EXP. In phase 4 of the revised model, category 6 of the EXP is, therefore, expected to occur at a moderate frequency relative to the other EXP categories.

The formulations clients make about themselves in stage 7 of the EXP are essentially identical to those in stage 6. However, in stage 7, client formulations about the self are used as the basis for an expanding range of inner experiences or insights. In this sense, stage seven is expansive and unfolding, and clients use the new experiences of themselves to expand and experience events further. Given that in the debriefing clients may be involved in further exploration and/or development of their experiences, it seems likely that clients' dialogue in this phase will reflect their experiencing from a new perspective, as well

as their use of that perspective as a point of further exploration. Thus in phase 4, category 7 is also expected to occur in moderate frequency relative to the other EXP categories.

The above predictions concern the between-category, within phase frequency predictions for phases 2 and 3, and 4 of the revised model. Next, the anticipated within-category, between phase frequency differences will be discussed.

As clients move from the role-plays, in phases 2 and 3, to the debriefing, in phase 4, of the revised model, there is a shift away from an emphasis on experience and structured exploration of the possible selves to a relatively unstructured discussion of clients' thoughts, feelings, and/or experiences of the intervention. It seems likely that as a result of this shift, the occurrence of categories 3 and 4 of the EXP will decrease. Although clients' dialogue in phase 4 may include statements which are rated as category 3 and 4 of the EXP, it seems unlikely that clients will be experiencing either at the same level, or for the same duration, when they have moved from the role-plays to the debriefing.

Another expected difference between phases 2 and 3 and phase 4 of the revised model concerns categories 5, 6, and 7 of the EXP. Part of the design of the role-plays in phases 2 and 3 includes a structured exploration of the

implications which the possible selves may hold for various areas of clients' lives. In addition, as clients enact the role-plays they will, to an extent, adopt a retrospective perspective in which they describe the events that have led to their current situation. It seems quite possible that these components of the role-plays may limit the time clients spend openly exploring the ways in which their perspectives or understandings of themselves or their views of reality have been affected by their experiences in the role-plays. In contrast, after they have experienced the negative and the positive possible selves in phases 2 and 3, the open-ended format of the debriefing in phase 4 seems much more likely to allow clients an opportunity to explore any changes in perspective or understanding of either themselves or their ways of knowing the world. Thus, while very few client statements are expected to be rated in categories 5, 6, and 7 of the EXP during phases 2 and 3 of the revised model, these categories are expected to occur at a moderate frequency in phase 4.

The final difference expected between phases 2 and 3 and phase 4 of the revised model concerns category 2 of the EXP. It is expected that during the role-plays clients will provide counsellors with "facts" and "information" about their "current" life circumstances in relation to the possible selves. In comparison, phase 4 is designed to be relatively unstructured. As such, it seems unlikely that

the debriefing will require clients to provide a high quantity of "facts" or "information." In contrast to phases 2 and 3, category 2 of the EXP is expected, therefore, to occur at a lower frequency in phase 4 of the revised model.

Certain specific categories of the LCPP (Toukmanian, 1986) are also likely to be evident in the client's dialogue during phases 2 and 3 and phase 4 of the revised model. The discussion of the theory-driven predictions concerning the LCPP will begin with the between-category, within phase frequency ratings, and then move to the within-category, between phase frequency differences.

In phases 2 and 3 of the revised model, it seems quite likely that as clients enact the negative and the positive possible selves, they may engage in the use of associative elaborations which help them to derive meaning from and/or unfold the many components of meaning concerning aspects of the role-play in which they are engaged. According to Toukmanian (1986), the associative elaborations clients use in deriving meaning can consist of external referents, logical or analytical inferences, or internally focused idiosyncratic descriptors. These modes of differentiation, which Toukmanian states are qualitatively different, represent categories 3, 4, and, 5, respectively, of the LCPP.

It seems quite likely that during both role-plays in phases 2 and 3, clients may use a combination of the three

types of differentiation. As a result, relative to the other categories of the LCPP, clients are likely to make a number of statements which will be rated as categories 3, 4, and 5 of the LCPP. It should be noted that while the frequency of occurrence expected for categories 3, 4, or 5 individually is not high, the three categories combined are expected to occur at a high frequency.

The other category of the LCPP which seems likely to capture a number of client statements in phases 2 and 3 of the revised model is category 2. In category 2, the clients' dialogue reflects statements that consist of the simple identification of factual information or facts which are used to provide a more detailed account of an issue or problem. As clients convey information about various aspects of their lives in the role-plays, it seems quite likely that they will make statements which will be scored in category 2 of the LCPP. Thus, category 2 is expected to occur in moderate frequency in phases 2 and 3 of the revised model.

In phase 4 of the revised model it seems quite likely that clients will continue to derive meaning or unfold various aspects of meaning as they explore and discuss their thoughts, feelings, and/or experiences concerning various aspects of the role-plays. As a result, categories 3, 4, and 5 of the LCPP are expected to continue to occur in phase 4 of the revised model. However, in phase 4 categories 6

and 7 are expected to occur at a higher frequency. Thus, relative to other categories of the LCPP, categories 3, 4, and 5 are expected to occur at a moderate rate in phase 4.

It also seems quite probable that with an opportunity to discuss their experiences in the debriefing, clients will be engaged in a reflective process in which they are reevaluate and/or consider alternative ways of construing their experience. This dialogue is characteristic of category 6 of the LCPP. As a result, it is expected that, relative to the other categories of the LCPP, category 6 should appear at a moderate rate.

Category 7 of the LCPP is also expected to occur in phase 4 of the revised model. In this category, clients' dialogue indicates that they have achieved a synthesis of previously differentiated and alternatively construed aspects of their experience. As a result, clients should have adopted a new perspective which provides them with a broader and more personal perspective of themselves and/or the world. Through the enactment of both role-plays, and with the opportunity to discuss and explore their thoughts, feelings, and/or experiences during the debriefing, it seems likely that some of the clients' dialogue will reflect this new perspective of themselves and/or their view of reality. Relative to the other categories on the LCPP, it seems reasonable to expect that category 7 will occur at a moderate frequency in phase 4 of the revised model.

Having described the between-category, within phase frequency scores of the relatively high activity categories, the within-category, between phase differences for the LCPP categories can now be discussed. The high frequencies of categories 3, 4, and 5, of the LCPP expected during phases 2 and 3 of the revised model are expected to be lower in phase 4. While clients are likely to continue to derive and unfold meaning as measured by categories 3, 4, and 5 of the LCPP during phase 4, the open-ended format of the debriefing is not likely to require clients to be as actively engaged in unfolding or deriving meaning as they were in phases 2 and 3. As well, the high frequencies of categories 3, 4, and 5 of the LCPP in phases 2 and 3 are also expected to be lower in phase 4 because other categories of the LCPP are expected to occur at higher frequencies.

In phase 4, categories 6 and 7 are both expected to occur a number of times. Phases 2 and 3 involve a fairly structured exploration of the many areas of clients' lives that may be affected by these possible selves. This structure may not allow clients many opportunities to engage in the kind of dialogue that is characteristic of the reevaluation and integration of categories 6 and 7 of the LCPP. The open-ended format of phase 4 seems more likely to allow clients an opportunity to discuss their thoughts, feelings, and/or experiences of the role-plays. In addition, it seems likely that as a result of experiencing

both role-plays and, in particular, the contrasts between them, clients will be more likely to engage in a process of reevaluation and or integration than during the enactment of the role-plays.

Finally, the relatively moderate frequency of category 2 expected during phases 2 and 3 of the revised model, as clients provide "facts" and "information" about their current life situations, is expected to occur at a lower rate in phase 4. This change is expected because the intention of the debriefing is for clients to discuss their thoughts, feelings, and/or experiences of the role-plays. It seems unlikely that clients will be highly engaged in discussions which are intended to convey facts or information for the purpose of elaborating the problem in phase 4 of the revised model.

The series of theory-driven predictions just discussed is summarized in Table 3. This table represents an aggregate of all six clients' performance in phases 2, 3, and 4 of the revised model. Expectations for both between-category, within phase relative frequency ratings, and within-category, between phase differences can be observed in this table.

Table 3

Aggregate of Expected Scores for the EXP and the LCPP in
Phases 2 and 3, and Phase 4 of the Revised Model

	Phases 2 and 3 of the Revised Model	Phase 4 of the Revised Model
EXP Categories	1 Low	1 Low
	2 Mod	2 Low
	3 High	3 Mod
	4 High	4 Mod
	5 Low	5 Mod
	6 Low	6 Mod
	7 Low	7 Mod
LCPP Categories	1 Low	1 Low
	2 Mod	2 Low
	3 (High)	3 (Mod)
	4 (High)	4 (Mod)
	5 (High)	5 (Mod)
	6 Low	6 Mod
	7 Low	7 Mod

Note. The "()" indicates that the High scores are expected for all three categories combined, not for all three separately.

CHAPTER IV

Results

In this chapter the results of clients' performances in phases 2, 3, and 4 of the revised model are presented in four main sections. The first two sections are concerned with client performances as measured by the EXP. These sections discuss (a) between-category, within phase frequency ratings, and (b) within-category, between phase frequency results. The next two sections focus, respectively, on these same kinds of results concerning client performance as measured by the LCPP. First, however, some preliminary information with respect to the reliability and the organization of the data is provided to facilitate the discussion of the results.

Interrater Reliability

Relatively high levels of interrater reliability were achieved by the judges who scored the six transcripts for this research. The summary of these reliability scores can be found in Table 4. The two judges using the EXP obtained intraclass correlation coefficients (Guilford & Fruchter, 1973) of .72 and .78 in two of the six transcripts. In the remaining four transcripts, intraclass coefficients for these judges were .89 or higher. Cohen's (1960) Kappa

Table 4

Interrater Reliability Scores

	EXP		LCPD	
Practice	Intraclass	.98	Intraclass	.90
	Kappa	.76	Kappa	.47
	Agreement	85%	Agreement	56%
First Transcript	Intraclass	.90	Intraclass	.90
	Kappa	.59	Kappa	.54
	Agreement	69%	Agreement	65%
Second Transcript	Intraclass	.98	Intraclass	.90
	Kappa	.47	Kappa	.65
	Agreement	61%	Agreement	74%
Third Transcript	Intraclass	.78	Intraclass	.93
	Kappa	.48	Kappa	.60
	Agreement	65%	Agreement	71%
Fourth Transcript	Intraclass	.89	Intraclass	.91
	Kappa	.58	Kappa	.73
	Agreement	72%	Agreement	78%

Table 4 Continued

Fifth	Intraclass	.92	Intraclass	.96
Transcript	Kappa	.55	Kappa	.61
	Agreement	69%	Agreement	71%
Sixth	Intraclass	.72	Intraclass	.91
Transcript	Kappa	.55	Kappa	.57
	Agreement	67%	Agreement	65%

estimate of reliability for these judges ranged from .47 to .59 for all of the transcripts. The agreement achieved across the seven categories of the EXP by these judges was between 61 and 72 percent for the six transcripts.

For the two judges using the LCPP, intraclass correlation coefficients were all .90 or higher. Cohen's Kappa, obtained by these judges ranged from .54 to .73. These judges also achieved from 65 to 78 percent agreement across the eight categories of this measure for the six transcripts.

Organization and Presentation of Data

The results in this chapter are presented as percentages. However, it should be noted that these are relative percentages. Thus, percentages are high or low only in relation to the other percentages found in the various phases of the revised model.

In phases 2, 3, and 4, the number of statements made by the six clients varied considerably. In addition, the number of statements judges scored in the different categories of the EXP and the LCPP also varied between clients in phases 2, 3, and 4. In order to compare categories within and across phases 2, 3, and 4 of the revised model, it was necessary to convert the number of statements in each category to percentages of the total number of statements made within each phase or across all

phases. Thus, judges' ratings of client statements are represented as percentages which have been rounded to the nearest integer.

Table 5 contains the aggregate results for all clients in phases 2, 3, and 4 of the revised model for the EXP and the LCPP. The percentages in this Table were obtained by averaging the ratings of the two judges for each scale and then averaging across all six clients. These percentages range from 0 to 43 percent. In order to discuss the various percentages in this Table, a five-point Likert scale will be used. This scale will include low, moderately-low, moderate, moderately-high, and high and will represent 1-9, 10-18, 19-27, 28-36, and 37-45 ranges in percentage scores, respectively.

The individual percentage scores for each of the six clients in phases 2, 3, and 4 are presented in two additional tables. Table 6 contains the EXP percentage scores, and Table 7 contains the LCPP percentage scores. The percentages in these Tables range from 0 to 67 percent. In order to discuss the data in this table, a second five-point Likert scale is used. This scale includes low, moderately-low, moderate, moderately-high, and high and represents 1-14, 15-28, 29-42, 43-56, and 57-70 ranges in percentage scores, respectively.

Table 5

Aggregate Results in Percentage Scores for the EXP and the
LCPP in Phases 2, 3, and 4 of the Revised Model

	Phase 2		Phase 3		Phase 4	
	NEG.	(N-P)	POS.	(P-D)	DEB.	
	1	02	(00)	<u>02</u>	(-02)	00
	2	21	(+02)	23	**(-14)	09
EXP	3	35	*(+08)	43	(-01)	42
Cat-	4	37	***(-19)	18	*(+08)	26
egories	5	05	(-02)	03	**(+11)	14
	6	00	**(+11)	11	(-02)	09
	7	00	(00)	00	(00)	00

Note. Numbers represent percentages.

(N-P) = Percentage difference between phase 2 and phase 3.

(P-D) = Percentage difference between phase 3 and phase 4.

* = Change \geq 5 percent.

** = Change \geq 10 percent.

*** = Change \geq 15 percent.

00 = Percentage derived where $N = \geq 1 < 10$.

Table 5 Continued

	Phase 2		Phase 3		Phase 4	
	NEG.	(N-P)	POS.	(P-D)	DEB.	
	1	18	*(-09)	09	(+04)	13
	2	29	*(+08)	37	***(-18)	19
LCPP	3	05	*(-05)	<u>00</u>	(00)	<u>00</u>
Cat-	4	04	(-01)	03	(+03)	06
egories	5	13	(+02)	15	(+02)	17
	6	<u>01</u>	(+01)	<u>02</u>	*(+09)	11
	7	02	*(+05)	07	*(+08)	15

Note. Numbers represent percentages.

(N-P) = Percentage difference between phase 2 and phase 3.

(P-D) = Percentage difference between phase 3 and phase 4.

* = Change \geq 5 percent.

** = Change \geq 10 percent.

*** = Change \geq 15 percent.

00 = Percentage derived where $N = \geq 1 < 10$.

Table 6

EXP Percentage Scores for all Clients in Phases
2, 3, and 4 of the Revised Model

EXP			Clients					
Categories			1	2	3	4	5	6
	Phase 2	Neg.	<u>08</u>	<u>01</u>	00	<u>01</u>	<u>04</u>	00
1	Phase 3	Pos.	00	00	<u>05</u>	<u>01</u>	<u>04</u>	00
	Phase 4	Deb.	00	00	00	00	00	00
			1	2	3	4	5	6
	Phase 2	Neg.	19	27	47	<u>06</u>	26	<u>04</u>
2	Phase 3	Pos.	<u>20</u>	31	37	12	26	15
	Phase 4	Deb.	00	<u>17</u>	21	<u>07</u>	<u>04</u>	00
			1	2	3	4	5	6
	Phase 2	Neg.	40	39	35	32	27	39
3	Phase 3	Pos.	40	39	44	57	34	30
	Phase 4	Deb.	<u>31</u>	<u>21</u>	54	57	42	31
			1	2	3	4	5	6
	Phase 2	Neg.	23	33	17	45	43	55
4	Phase 3	Pos.	<u>17</u>	09	14	21	32	33
	Phase 4	Deb.	<u>27</u>	42	20	19	39	36

Table 6 Continued

			1	2	3	4	5	6
	Phase 2	Neg.	<u>10</u>	00	<u>01</u>	16	<u>01</u>	<u>02</u>
5	Phase 3	Pos.	00	09	00	<u>04</u>	00	00
	Phase 4	Deb.	39	<u>04</u>	<u>05</u>	17	00	19
			1	2	3	4	5	6
	Phase 2	Neg.	00	00	00	00	00	00
6	Phase 3	Pos.	<u>23</u>	12	00	<u>05</u>	<u>04</u>	31
	Phase 4	Deb.	<u>04</u>	<u>17</u>	00	00	<u>15</u>	24
			1	2	3	4	5	6
	Phase 2	Neg.	00	00	00	00	00	00
7	Phase 3	Pos.	00	00	00	00	00	00
	Phase 4	Deb.	00	00	00	00	00	00

Note. Numbers represent percentages.

00 = Percentage derived where $N = \geq 1 < 10$.

Table 7

LCPP Percentage Scores for all Clients in Phases
2, 3, and 4 of the Revised Model

LCPP			Clients					
Categories			1	2	3	4	5	6
1	Phase 2	Neg.	<u>09</u>	36	<u>07</u>	<u>07</u>	24	25
	Phase 3	Pos.	<u>07</u>	<u>08</u>	<u>06</u>	09	<u>10</u>	15
	Phase 4	Deb.	<u>04</u>	<u>04</u>	<u>07</u>	<u>14</u>	<u>15</u>	24
2	Phase 2	Neg.	46	30	37	25	17	27
	Phase 3	Pos.	67	28	51	38	30	28
	Phase 4	Deb.	<u>12</u>	<u>29</u>	38	<u>09</u>	<u>15</u>	<u>14</u>
3	Phase 2	Neg.	<u>06</u>	<u>02</u>	<u>06</u>	<u>07</u>	<u>06</u>	<u>02</u>
	Phase 3	Pos.	00	<u>01</u>	<u>01</u>	00	00	00
	Phase 4	Deb.	<u>04</u>	00	00	00	00	00
4	Phase 2	Neg.	00	<u>01</u>	00	10	<u>05</u>	<u>04</u>
	Phase 3	Pos.	00	<u>03</u>	<u>01</u>	<u>05</u>	00	<u>02</u>
	Phase 4	Deb.	<u>04</u>	00	00	<u>10</u>	<u>19</u>	<u>04</u>

Table 7 Continued

		1	2	3	4	5	6
	Phase 2 Neg.	21	<u>09</u>	<u>11</u>	22	<u>06</u>	14
5	Phase 3 Pos.	<u>13</u>	33	<u>11</u>	13	<u>06</u>	<u>07</u>
	Phase 4 Deb.	<u>27</u>	<u>25</u>	00	29	<u>19</u>	<u>10</u>
		1	2	3	4	5	6
	Phase 2 Neg.	<u>03</u>	00	00	00	00	<u>01</u>
6	Phase 3 Pos.	00	<u>02</u>	00	<u>02</u>	<u>02</u>	<u>04</u>
	Phase 4 Deb.	<u>23</u>	00	<u>04</u>	<u>02</u>	<u>15</u>	22
		1	2	3	4	5	6
	Phase 2 Neg.	<u>01</u>	00	12	00	<u>02</u>	00
7	Phase 3 Pos.	00	11	<u>04</u>	09	<u>06</u>	<u>07</u>
	Phase 4 Deb.	<u>12</u>	<u>25</u>	32	<u>04</u>	<u>04</u>	<u>14</u>

Note. Numbers represent percentages.

00 = Percentage derived where $N = \geq 1 < 10$.

Tables 5, 6 and 7 are all based on five-point Likert scales. However, the range of scores in the Likert scale for Table 5 is different than the range of scores in the Likert scale used for Tables 6 and 7. The use of these two different ranges was necessary because Table 5 contains the aggregate results of the data in Tables 6 and 7. The two different Likert scales provide a means of comparing the data in a relatively representative manner.

There are two important considerations in the use of percentage scores. First, in phases 2, 3, and 4, some of the EXP and LCPP categories display percentage scores which are based on very few client statements. These percentages may contain a high level of error, and, therefore, may not be a reliable representation of client performance. As a result, any percentage in Tables 5, 6, or 7 which is based on fewer than 10 client statements is underlined in the Tables. The high level of error that may exist in some of these percentage scores is likely to affect primarily the low to moderately-low ratings of the Likert scales used in these results.

As well, in the individual client percentages presented in Tables 6 and 7, some of the scores are listed as having a 0 percent rate of occurrence. These scores show that none of the statements made by individual clients was rated as belonging to these categories. It should be noted that some of the percentage scores in Table 5 are also listed as

having a 0 percent rate of occurrence. However, because the data in Table 5 are aggregated across all clients, these ratings do not necessarily show that these categories are based on the absence of client statements. As a result, percentage scores in Table 5 which show a 0 rate of occurrence and which are not based on the absence of clients statements are also underlined.

Second, it is possible that some of the aggregate results presented in Table 5 may not accurately represent individual client performances. As a result of averaging across clients, a percentage may be obtained that is an artifact of averaging, and that is not representative of any single client performance. In order to determine the extent to which the aggregate percentage results are representative of actual client performance, it is necessary to compare the aggregate results in Table 5 with the individual client percentage results displayed in Tables 6 and 7. A discussion of this comparison is provided in Appendix C. The conclusions of this comparison provide the basis for the following discussion concerning clients' performances in phases 2, 3, and 4 of the revised model as measured by the EXP and the LCPP. The expected and observed results from the EXP and the LCPP are presented in Table 8.

Table 8

Expected and Observed Results for the EXP and the LCPP in the Revised Model

Cat- egories	EXP		
	Phase 2 NEG.	Phase 3 POS.	Phase 4 DEB.
1 Expected	L	L	L
1 Observed	L	L	0
2 Expected	M	M	L
2 Observed	ML - M	ML - M	L - ML
3 Expected	H	H	M
3 Observed	MH	MH - H	MH - H
4 Expected	H	H	M
4 Observed	MH - H	L - M	M
5 Expected	L	L	M
5 Observed	L - ML	L	L - ML
6 Expected	L	L	M
6 Observed	0	L - ML	L - ML
7 Expected	L	L	M
7 Observed	0	0	0
0	=	ZERO	
L	=	LOW	
ML	=	MODERATELY-LOW	
M	=	MODERATE	
MH	=	MODERATELY-HIGH	
H	=	HIGH	

Table 8 Continued

Cat-	LCPP		
	Phase 2	Phase 3	Phase 4
egories	NEG.	POS.	DEB.
1 Expected	L	L	L
1 Observed	L - ML	L	L - ML
2 Expected	M	M	L
2 Observed	M - MH	MH - H	ML - MH
3 Expected	(H)	(H)	(M)
3 Observed	L (M)	L (ML)	L (M)
4 Expected	(H)	(H)	(M)
4 Observed	L (M)	L (ML)	L (M)
5 Expected	(H)	(H)	(M)
5 Observed	L - ML (M)	L - ML (ML)	L - ML (M)
6 Expected	L	L	M
6 Observed	L	L	L - ML
7 Expected	L	L	M
7 Observed	L	L	L - ML
0	=	ZERO	
L	=	LOW	
ML	=	MODERATELY-LOW	
M	=	MODERATE	
MH	=	MODERATELY-HIGH	
H	=	HIGH	

Note. The "()" indicate the expected and observed scores for categories 3, 4, and 5 combined.

EXP Between-Category, Within Phase Frequency Ratings

In phase 2, relative to the other EXP categories, Table 8 shows that clients appear to be focused on the specific expression of their feelings and experiences as indicated by the moderately-high to high rate of occurrence of category 4. Table 8 also shows that a moderately-high rate of occurrence was found for category 3, which indicates that in this phase clients were often engaged in providing a narrative or a description of themselves in external or behavioural terms with added reference to feelings or private experiences. A moderately-low to moderate rate of occurrence was found for category 2, which demonstrates that clients were at times involved in dialogue which conveyed a story or idea in which the clients were centrally involved, yet which was largely impersonal.

In phase 2, clients occasionally expressed a tentative, yet purposeful elaboration and exploration of their feelings and experiences, as indicated by a low to moderately-low rate of occurrence of category 5. Category 1 had a low rate of occurrence, indicating that clients only infrequently would employ dialogue which was abstract, general, and/or superficial, and which contained no personal involvement.

The results also show that in phase 2, categories 6 and 7 did not occur at all. Thus, in relation to category 6, the clients' dialogue did not reflect a synthesis of newly realized or more fully recognized feelings and experiences

or, in relation to category 7, the use of these new experiences as a basis for expanding their inner experiences or insights.

In phase 3, Table 8 shows that category 3 occurred the most frequently with a moderately-high to high rate of occurrence. Thus, in this phase, clients often provided descriptions or self-narratives with added reference to feelings and experiences.

A low to moderate rate of occurrence was found for Category 4. This result indicates that clients were on occasion focused specifically on their feelings or experiences.

Category 2 had a moderately-low to moderate rate of occurrence. This result shows that clients were also occasionally engaged in dialogue which conveyed a story or idea about themselves and which contained very limited personal involvement.

The results also show that in this phase clients periodically engaged in a tentative, yet purposeful exploration and elaboration of their feelings and experiences. They also achieved a synthesis of their new feelings and experiences, as indicated by slightly higher frequencies of occurrence in categories 5 and 6.

A low rate of occurrence was found for category 1. This result appears to show that clients infrequently

employed dialogue which was abstract, general, or superficial, and which was impersonal.

Category 7 did not occur at all in this phase. Thus, it appears that in phase 3, clients did not use their new experiences as a basis for further expanding their inner experiences or insights.

In phase 4, Table 8 reveals that clients were engaged in narratives or self-descriptions with added reference to feelings and experiences at a moderately-high to high rate as indicated by category 3. Category 4 shows that clients were focused specifically on their feelings and experiences at a moderate rate. Category 5 reveals that clients were involved in a tentative exploration and elaboration of their feelings and experiences at a low to moderately-low rate. Clients also achieved a synthesis of newly realized feelings or experiences at a low to moderately-low rate, as shown by category 6. The results also show that categories 1 and 7 did not occur in this phase. It would appear, therefore, that clients did not employ dialogue which was superficial, abstract, and impersonal, nor did they use their new experiences of themselves as a basis for further development of their inner experiences or insights.

EXP Within-Category, Between Phase Frequency Differences

Across phases 2, 3, and 4, Table 8 shows that category 3 had the highest rate of occurrence relative to the other

EXP categories. Thus, clients were most often engaged in dialogue which provided a narrative or self-description in external or behavioural terms with added reference to feelings and experiences. Clients were involved in this form of dialogue at high rates in phases 3 and 4, and at slightly lower rates in phase 2.

Relative to category 3, category 4 also had relatively high rates of occurrence across phases 2, 3, and 4. Clients employed dialogue which reflected a specific expression of their feelings or experiences at a moderately-high to high rate in phase 2. In phase 3, clients' use of this form of dialogue decreased considerably to a low to moderate rate. In phase 4, clients' use of dialogue characteristic of category 4 increased slightly to a moderate rate.

Across phases 2, 3, and 4, clients appeared to be relatively engaged in dialogue characteristic of category 2. In both phase 2 and phase 3, clients employed dialogue which conveyed a story or idea involving them, but which contained only very limited personal involvement at a moderately-low to moderate rate. However, in phase 4, clients' use of this form of dialogue decreased to a low to moderately-low rate.

The results for category 5 indicate that clients also engaged in an elaboration and exploration of their feelings and experiences. This elaboration and exploration occurred at a low to moderately-low rate in phase 2, decreased to a

low rate in phase 3, and returned to a low to moderately-low rate in phase 4.

In relation to category 6, the results show that in phase 2 clients did not employ dialogue indicating that they had achieved a synthesis of new feelings and experiences. However, in phases 3 and 4 clients did appear to achieve such a synthesis at low to moderately-low rates.

The results for category 1 show that in phases 2 and 3 clients used dialogue which was abstract, general, or superficial, and which contained no personal reference at low rates. In phase 4, clients did not engage in this form of dialogue at all.'

Category 7, which indicates that clients are using their experiences of themselves as a basis for further exploration of their inner experiences or insights, did not occur at all in phases 2, 3, or 4.

LCPP Between-Category, Within Phase Frequency Ratings

In phase 2, Table 8 reveals that category 2 had the highest rate of occurrence relative to the other LCPP categories. This result indicates that clients were often involved in identifying factual information in order to provide an elaboration of an issue or problem.

Categories 3, 4, and 5 represent three forms of associative elaborations used by clients to derive meaning and/or unfold the various components of meaning in an event.

These three forms of differentiation are external, analytical, and internal, and represent categories 3, 4, and 5, respectively. Relative to the other LCPP categories, clients employed all three forms of differentiation at approximately a moderate rate in this phase. However, clients were more often inclined to use internal differentiation in which they focused on and explored the meaning of an event using uniquely personal and idiosyncratic descriptors. Overall, in phases 2, 3, and 4, clients employed the external and analytical forms of differentiation at low rates, and internal differentiation at low to moderately-low rates.

The results from phase 2 indicate that category 1 had a low to moderately-low rate of occurrence. This shows that clients occasionally engaged in dialogue which presented a condensed or packaged view of complex events or circumstances.

The results for phase 2 also show that clients occasionally reevaluated and/or considered alternate ways of construing their experiences, as indicated by the low rate of occurrence of category 6. As well, category 7 had a low rate of occurrence, demonstrating that clients occasionally achieved a synthesis of previously differentiated experiences and had developed newly formed perspectives.

In phase 3, category 2 had a moderately-high to high rate of occurrence as shown in Table 8. This result

indicates that clients were highly engaged in dialogue which provided factual information for the elaboration of an event.

The results for phase 3 also indicate that in this phase clients employed all three forms of differentiation at a moderately-low rate. Although clients used the external and analytical forms of differentiation at low rates, they engaged in the internal form of differentiation at low to moderately-low rates.

In phase 3 clients were occasionally involved in the reevaluation or alternate construction of their experiences, as shown by the low rate of occurrence for category 6. As well, category 7 indicates that clients achieved a synthesis of previously differentiated experience and developed new perspectives at low rates.

The results of phase 3 also reveal that category 1 had a low rate of occurrence. Thus, in this phase clients infrequently conveyed a condensed or packaged view of a complex event in their dialogue.

In phase 4, category 2 had a moderately-low to moderately-high rate of occurrence. This result shows that clients were often engaged in dialogue which involved the identification of factual information in order to elaborate an event.

Clients also engaged in all three forms of differentiation in phase 4. Overall, this occurred at an

approximately moderate rate. Although clients employed the external and analytical forms of differentiation at low rates, they used the internal form of differentiation at low to moderately-low rates.

The results also show that categories 6 and 7 occurred at low to moderately-low rates. In this phase it would appear that clients periodically reevaluated and/or considered alternate ways of construing their experiences. Clients also arrived at a synthesis of previously differentiated experiences and achieved new perspectives.

LCPP Within-Category, Between Phase Frequency Differences

Relative to the other LCPP categories, the results in Table 8 reveal that clients were most often engaged in dialogue characteristic of category 2. In this form of dialogue clients identify factual information in order to elaborate on an issue or problem. Clients engaged in this form of dialogue at a moderate to moderately-high rate in phase 2. In phase 3, this increased to a moderately-high to high rate, and in phase 4, it decreased to a moderately-low to moderately-high rate.

Across phases 2, 3, and 4, clients were frequently involved in differentiating meaning from their experiences. In phase 2 and phase 4, clients engaged in all three forms of differentiation at approximately a moderate rate. In phase 3, clients' use of all three forms of differentiation

decreased to a moderately-low rate. Of the three forms of differentiation, however, clients employed the external and analytical forms at low rates in phases 2, 3, and 4. In comparison, clients were consistently more inclined to engage in internal differentiation, which occurred at low to moderately-low rates across phases 2, 3, and 4.

Clients' reevaluation and alternate consideration of their experiences, as indicated by category 6, occurred at low rates in phases 2 and 3, and increased to a low to moderately-low rate in phase 4. As well, the results for category 7 across phases 2, 3, and 4 indicate that clients were able to arrive at a synthesis of previously differentiated and alternately construed aspects of their experience and to achieve new perspectives. This process occurred at low rates in phases 2 and 3, and in phase 4, it appears to have increased to a low to moderately-low rate.

In phases 2, 3, and 4 clients did occasionally engage in dialogue which reflected a condensed or packaged view of a complex event. This occurred at a low to moderately-low rate in phase 2, decreased to a low rate in phase 3, and returned to a low to moderately-low rate in phase 4.

CHAPTER V

Discussion

This chapter is divided into three major sections. The first section provides a summary of the major research findings as well as the conclusions which follow from these findings. The next section discusses the implications of this research. The final section offers information concerning the limitations of the research as conducted, together with suggestions for future research.

Major Findings and Conclusions

In chapter 3, a number of predictions were made concerning client performance as depicted in the revised model, with respect to results for the EXP and the LCPP measures. Those predictions and results concerning the major findings of this study are discussed here.

EXP

In phase 2, as a result of clients' experience of the negative possible self and the feelings and emotions associated with this possible self, a high rate of occurrence was expected for categories 3 and 4. The results appear to support this prediction. Category 3, which reflects dialogue in which clients provide a narrative or a description of themselves in external or behavioural terms

with added reference to feelings or private experience, has a moderately-high rate of occurrence. As well, category 4 has a moderately-high to high rate of occurrence. Client dialogue in category 4 is a specific expression of clients' feelings or experiences of an event as opposed to a discussion of the event itself. The results of categories 3 and 4 appear to indicate that in phase 2 clients were relatively highly engaged in and focused on their inner experiences and/or feelings.

In the role-plays, clients were expected to provide a certain amount of factual information in order to inform the counsellor about their "current" situation. As a result, category 2 was expected to display a moderate rate of occurrence in phase 2. The results appear to support this prediction and show that category 2 has a moderately-low to moderate rate of occurrence in this phase. This result shows that in this phase clients were relatively engaged in dialogue which conveyed a story or idea in which they were the central characters, and which was primarily impersonal.

As a result of the structured nature of the role-plays, and as a result of the retrospective point of view clients needed to adopt in the role-plays, it was expected that clients would have little opportunity to work with or explore their experiences during the role-plays. As a result, it was predicted that very few client statements would be rated as category 5.

In phase 2, the results show a low to moderately-low rate of occurrence for category 5. Dialogue in this category reflects a tentative, yet purposeful, elaboration and exploration of clients' feelings and experiences. Specifically, clients must define a problem, proposition, or question about the self in terms of feelings and experiences and explore or work with the problem in a personal manner. According to the results, category 5 has a low rate of occurrence. This result indicates that in phase 2, clients worked with and explored their experiences and feelings at a low rate.

In phase 3, a high rate of occurrence for categories 3 and 4 also was predicted for clients in the positive possible self role-play. The results show that category 3 occurs at a moderately-high to high rate, indicating that clients often engaged in a narrative or a description of themselves in external or behavioural terms and referred to their feelings or private experience.

Although category 4 was predicted to display a high rate of occurrence, the results show a low to moderate rate of occurrence for this category in phase 3. These results appear to indicate that in phase 3 clients were focused on inner experiences and feelings at only low to moderate levels.

One possible explanation for the lower levels of experiencing in this phase is that the feelings and inner

experiences associated with the positive possible self are both less familiar and less intense for clients. The positive possible self may be less well developed than the negative possible self and, as a result, clients may be less familiar with the experience associated with this possible self. As well, the emotions associated with the positive possible self, such as satisfaction, relief, and/or pride, may not be as intense as the fear, anxiety, or shame associated with the negative possible self.

In phase 3, clients were again expected to provide a certain amount of factual information in order to convey to the counsellor their "current" situation in the positive possible self role-play. As a result, category 2 was expected to have a moderate rate of occurrence in phase 3. The results, which appear to support this prediction, show that category 2 has a moderately-low to moderate rate of occurrence in this phase. It would appear, therefore, that in this phase clients periodically were engaged in dialogue which conveyed a story or idea about them and which was largely impersonal.

As in phase 2, low rates of occurrence were expected for category 5 in phase 3. The results show that category 5 occurs at low rates in this phase. Although this finding is consistent with the prediction, it is also possible that during the positive possible self role-play clients are less likely to engage dialogue that is fully characteristic of

category 5. For example, during the positive possible self role-play, clients may be less likely to define a problem about the self and to explore or work with the problem in a personal manner.

Low rates of occurrence were also expected for category 6 in this phase. In phase 3, category 6 occurs at a low to moderately-low rate. Category 6 depicts client dialogue which reflects a synthesis of newly realized or more fully recognized feelings and experiences.

Although it was originally hypothesized that the occurrence of category 6 in phase 3 would be quite unlikely due to the highly structured nature of the debriefing, it is interesting to note that category 6 does not occur in phase 2. It is possible that as a result of experiencing first the negative and then the positive possible self, clients may begin to experience newly realized or more fully recognized feelings and emotions, resulting in the low to moderately-low rate of occurrence of category 6 in this phase.

In phase 4, clients moved from the role-plays into the debriefing. In the debriefing, clients were provided with a relatively unstructured format in which to discuss their thoughts, feelings, or experiences concerning the role-plays. As a result of the shift away from an emphasis on experiencing, it was hypothesized that categories 3 and 4 would decrease to a moderate rate of occurrence.

The results show that category 3 occurs at a moderately-high to high rate in phase 4. Thus, in the debriefing, clients were relatively highly engaged in a narrative or description of themselves in external or behavioural terms and referred to feelings or private experience. An analysis of client dialogue in the debriefing reveals that nearly all of the comments rated as category 3 involved the clients discussing some aspect of themselves or their situation in relation to the role-play. It would appear, therefore, that the moderately-high to high rate of occurrence for category 3 in this phase reflects dialogue in which clients discuss the role-plays in relation to some aspect of themselves or their lives.

In the debriefing, category 4 has a moderate rate of occurrence. This result shows that during the debriefing clients were focused on their inner experiences and feelings at moderate levels. This result may indicate that as clients discuss their thoughts, feelings, and experiences of both role-plays, they are recalling some of the experiences from both role-plays and from experiences that emerge as a result of having engaged in both role-plays. Thus, in the debriefing, the level of occurrence of category 4 may reflect, in part, the combined effects of both role-plays on clients.

In phase 4, clients were expected to spend less time conveying a story or idea in which they were the central

characters and which contained little personal involvement. As a result, category 2 was predicted to decrease to a low rate of occurrence in this phase. The results appear to lend some support to this prediction, showing that category 2 occurs at a low to moderately-low rate.

It was expected that as a result of experiencing both role-plays clients would have a higher awareness of, appreciation for, and sensitivity to the various implications which both possible selves might hold for their lives. In the open-ended format of the debriefing it was also expected that clients would be involved in further exploration and/or development of their experiences. As a result, it was predicted that categories 5 and 6 would occur at moderate rates in phase 4.

The results show a low to moderately-low rate of occurrence for category 5 in this phase. This rate of occurrence is lower than predicted. However, this finding generally appears to support the prediction that in the debriefing clients would be involved in exploring and working with their feelings and experiences.

According to the results, category 6 occurs at a low to moderately-low rate in phase 4. This result reveals that clients periodically achieved a synthesis of newly realized or more fully recognized feelings and experiences. Once again, while this rate of occurrence is not as high as expected, this result appears to confirm the expectation

that in the debriefing clients would work with and explore their experiences of the role-plays.

It may be possible that the lower than expected rate of occurrence for categories 5 and 6 is a reflection of the more "typical" levels of experiencing clients have after completing a counselling intervention that is relatively similar in nature to a possible selves intervention. It certainly seems unlikely that any counselling intervention would result in high levels of occurrence for categories 5 and 6 for the entire duration of a debriefing.

Category 7, which was predicted to occur at low rates in phases 2 and 3, and to increase to a moderate rate in phase 4, does not occur in any of the phases of the revised model. This category may not occur in phases 2 or 3 due to the highly structured nature of the role-plays. In the debriefing, counsellors did not actively encourage clients to explore further or to work with their experiences from the role-plays. It is possible that had counsellors intentionally encouraged clients to explore or to work with their experiences from the role-plays, clients might have engaged in dialogue characteristic of category 7.

LCPP

In general, the findings for phases 2 and 3 of the LCPP are quite similar. Consequently, these two phases will be

discussed together and, where necessary, differences between the two phases will be noted.

Clients in both role-plays were expected to be engaged in the identification of factual information in order to provide a more detailed account of an issue or problem during the role-plays. Thus, a moderate rate of occurrence was expected for category 2 in phases 2 and 3.

The results show a moderate to moderately-high rate of occurrence for category 2 in phase 2 and a moderately-high to high rate of occurrence for this category in phase 3. It is possible that if clients are less familiar with the experiences of the positive possible self they may be more inclined to engage in identifying factual information in the positive possible self role-play than in the negative possible self role-play.

During phases 2 and 3, clients were expected to engage in relatively high levels of associative elaboration which would help them to derive meaning from and/or unfold the many components of meaning concerning their experiences in the role-plays. As a result, it was predicted that, together, categories 3, 4, and 5, which characterize this process of differentiation, would display high rates of occurrence.

The results show that, together, categories 3, 4, and 5 have a moderate rate of occurrence in phase 2, and a moderately-low rate of occurrence in phase 3. Although

these results are lower than expected, with the exception of category 2, they are as high or higher than the rates of occurrence for the other LCPP categories in phases 2 and 3.

It is also interesting to note that relative to phase 2, categories 3, 4, and 5 collectively occur at lower rates in phase 3. Once again, if clients are less familiar with the positive possible self, there simply may be fewer experiences associated with this possible self from which clients can derive meaning.

Another interesting finding concerns the individual results for categories 3, 4, and 5. In both role-plays, categories 3 and 4 show low rates of occurrence and category 5 displays a low to moderately-low rate of occurrence. Category 5 is characterized by dialogue in which the client explores the implied meaning of an event by way of uniquely personal and/or idiosyncratic descriptors so as to depict differentiated components of an experience. Although clients were expected to engage in all three types of differentiation, it is possible that as a result of the highly personal and individual nature of the negative and positive possible selves role-plays, clients are more inclined to use idiosyncratic and personal means of deriving meaning from their experiences in the role-plays.

Due to the highly structured nature of the role-plays, clients were not expected to have many opportunities to engage in a reflective process in which they could

reevaluate and/or consider alternative ways of construing their experiences. Clients were not expected to have many opportunities to achieve a synthesis of previously differentiated and alternately construed aspects of their experiences in the role-plays. As a result, in phases 2 and 3, only low rates of occurrence were expected for categories 6 and 7. This prediction appears to be supported by the results, which show that categories 6 and 7 occur at low rates during phases 2 and 3.

In phase 4, it was expected that as clients discussed their thoughts, feelings, and experiences in the debriefing they would not be highly engaged in identifying factual information which would provide an account of their issues or problems. Thus, only low rates of occurrence were expected for category 2 in phase 4. The results reveal a moderately-low to moderately-high rate of occurrence for this category. This result is somewhat higher than expected and may also reflect clients' identification of factual information concerning various aspects of the role-plays.

In the debriefing it was also predicted that clients would continue to be engaged in differentiation. However, because categories 6 and 7 were expected to occur at higher frequencies, it was hypothesized that, collectively, categories 3, 4, and 5 would occur at a relatively moderate rate of occurrence. The results, which appear to support

this prediction, show that, collectively, categories 3, 4, and 5 have a moderate rate of occurrence in phase 4.

Individually, categories 3 and 4 show low rates of occurrence, and category 5 shows a low to moderately-low rate of occurrence during the debriefing. These results are the same as the results found for categories 3, 4, and 5 in phases 2 and 3. These results suggest that following the role-plays, as clients explored their thoughts, feelings, and experiences in the debriefing, they continued to engage in uniquely personal and idiosyncratic forms of deriving meaning from their experiences. Indeed, in an examination of client dialogue in the debriefing, many of the client statements rated as category 5 involve a discussion of feelings or confusion about feelings in personal terms or a discussion of the implications of the role-plays in relation to clients' current or future circumstances.

As a result of their experience of both role-plays, and the open-ended format of the debriefing, it seemed likely that clients would be more inclined to engage in a reflective process of reevaluating and/or considering alternate ways of construing their experiences. The debriefing also seemed likely to provide clients with the opportunity to synthesize previously differentiated and alternatively construed aspects of their experiences. Thus, moderate rates of occurrence were expected for categories 6 and 7 in this phase.

The results show a low to moderately-low rate of occurrence for categories 6 and 7 in phase 4. In this phase, clients appear to be engaged periodically in reevaluating and reconstructing their experiences, as well as in achieving a synthesis of previously differentiated and alternately construed aspects of their experiences during the debriefing.

Implications

The implications of this study are discussed in relation to Kellian and Neo-Kellian, Rogerian and Neo-Rogerian, and Social Constructionist accounts of self and self-change, as well as in relation to possible selves theory.

Kellian and Neo-Kellian Perspectives

According to this theoretical perspective (cf., Kelly, 1955a, 1955b; Guidano & Liotti, 1983, 1985) individuals' knowledge of both self and reality is based on constructs or models. Through these constructs, individuals strive to generate theories which enhance their ability to understand, predict, and control the world around them. Change for the individual results from revision to the construct system or self-models, which constitute theories of self and reality.

According to the results of the LCPP, in the role-plays and the debriefing clients were often involved in deriving

meaning from and/or unfolding various components of meaning from their experiences. As well, clients occasionally achieved a synthesis of previously differentiated and alternately construed aspects of their experience and achieved a new perspective.

It would appear that the role-plays and the debriefing engaged clients in at least a preliminary form of construct analysis and/or revision. From a Kellian and Neo-Kellian perspective, such construct analysis or revision appears to be related to the initial process of personal change.

Rogerian and Neo-Rogerian Perspectives

The main goal of therapy, according to Rogerian and Neo-Rogerian perspectives (cf., Rogers, 1951, 1959, 1961; Rice, 1974) is to help clients achieve high levels of congruence between their self-experiences and their organismic experiences. According to Rice and Saperia (1984), clients can achieve this goal through "evocative unfolding" (p. 34). In evocative unfolding clients vividly relive and reprocess an initial problematic experience. Through this process clients become aware of their own construals and idiosyncratic meanings. According to Rice and Saperia, this new awareness usually results in a more satisfying response to the original problematic experience.

It seems likely that clients' experience of the positive and negative possible selves may also result in an

increased awareness of their own construals and idiosyncratic meanings. The findings of categories 3, 4, and 5 of the LCPP indicate that in the role-plays and the debriefing, clients were involved in deriving and/or unfolding various components of meaning at moderately-low to moderate levels. As well, of the three types of differentiation, it is interesting to note that clients were more inclined to engage in idiosyncratic differentiation.

These results appear to support the notion that by vividly experiencing the positive and the negative possible selves, clients reevaluated their own construals and idiosyncratic meanings during the role-plays and the debriefing. It is possible that in contrast to developing a more satisfying response to a problematic experience, clients' experience of the positive and the negative possible selves may result in the formulation of a tentative sense of a preferred self which achieves greater congruence between the self experiences and the organismic experiences. Such a possible self may be useful therapeutically in helping the counsellor guide the client toward greater congruence between the client's self experiences and his or her organismic experiences.

Social Constructionist Perspective

According to Social Constructionist theory (cf., Gergen, 1977, 1988, 1992; Harré, 1983, 1987), the self of an

individual is not an entity but a concept which is derived from the conceptions of self which are available in the sociocultural context. The concept of self plays an essential role in an individual's sense of reality and acts to organize the individual's beliefs, memories, and plans.

Within a given society or culture certain identities may be encouraged while others are discouraged. Thus, an individual is potentially able to adopt and/or revise more than one concept of self.

According to Gergen (1992), an important goal of therapy is to discourage clients' belief in a singular sense of self as the "true" self and simultaneously to help clients appreciate and explore multiplicities of meanings. As a result, clients can consider new meanings or possibly transcend their own premises about what is meaningful.

It is possible to understand the counselling application of possible selves as a process in which the counsellor and client engage in the construction of more than one possible self. The results from category 7 of the LCPP indicate that in the role-plays and the debriefing clients achieved a synthesis of previously differentiated and alternately construed aspects of their experience and arrived at useful new perspectives. This result appears to lend support to the notion that exposure to alternate possible selves may result in the generation of new perspectives and meanings for clients.

Possible Selves

The theory of Possible Selves (cf., Markus & Nurius, 1986; Markus & Wurf, 1987) also provides an understanding of self and self-change. According to this theory, each individual has a working self-concept which contains a subset of the total pool of various self-representations potentially available to the individual's consciousness. These self-representations are available to the individual's consciousness even though they may never previously have been achieved by the individual.

According to Martin (1994), an important aspect of Possible Selves theory is the way in which it accounts for change in the self. Martin notes that contemporary cognitive and humanistic theories of self and self-change do not provide an explicit link between the counsellor and client's therapeutic dialogue and client change. Martin suggests that the counselling session may provide an opportunity for the counsellor to facilitate the development and elaboration of possible selves. As the possible selves enter into the client's awareness, further elaboration and development may result in modification to both the client's working self-concept and his or her complete self-concept.

According to the results of the EXP, in the role-plays and in the debriefing, clients did engage in a tentative, yet purposeful elaboration of their feelings and experiences. In the positive possible self role-play and in

the debriefing, clients were also able to achieve a synthesis of newly recognized or more fully realized feelings and experiences. As well, the results of the LCPP indicate that clients were involved in reevaluating and alternately construing their experiences, as well as in achieving a synthesis of previously differentiated experience and arriving at newly formed perspectives.

These results appear to support the theory that the conversation between counsellor and client, which engages the client in an exploration and elaboration of possible selves, may be involved in the revision of possible selves. It is possible that further exploration and elaboration of possible selves may result in modifications to the client's working and complete self-concept.

The results from this research also have interesting implications for another aspect of Possible Selves theory. Oyserman and Markus (1990) argue that an individual experiences an optimal motivational state when a negative possible self is matched with a positive possible self in the same domain. Two results from this study may provide limited support for this claim. According to the results of the EXP, clients achieved experiencing characteristic of category 6 only after they had entered the second role-play. It would appear that once clients had completed the negative possible self role-play and had entered the positive possible self role-play, they were able to achieve a

synthesis of newly realized and more fully recognized feelings and experiences.

As well, according to the results for the LCPP, the rate of occurrence for categories 6 and 7 increased when clients entered the debriefing. Although this increase may be a result of differences in the way the role-plays and the debriefing were structured, it is also possible that clients were more likely as a result of the experience of both possible selves to reevaluate and/or consider alternative ways of construing their experiences, as well as to arrive at a synthesis of previously differentiated aspects of their experience leading to the formulation of new perspectives.

The results of this research indicate that in the role-plays and debriefing the clients participating in this study were engaged in exploring feelings and meaning, as well as in achieving new perspectives or meanings. Thus, it would appear that the counselling intervention of possible selves as implemented in this research may be helpful in initiating client change in self-understanding and/or self-experience.

It is possible that this type of intervention may be useful in other counselling situations where clients face difficult choices, or are ambivalent about choices, which have important future implications. For example, a possible selves intervention may be helpful for adolescents who are considering career choices or for an adult who is

contemplating changes to his or her relationship with a partner.

The results of this study should be considered in light of the implications which follow from the use of task analysis. A central goal of this research was the identification of common mechanisms of client change. To this end, the performance of individual clients was examined and subsequently compared with the performances of other individual clients. The individual client performances discussed in this research reflect the trend of client performances as a whole. It is important to note, however, that the performances of individual clients in the various phases of the revised model were not identical.

A second implication which follows from the use of task analysis concerns the primary theory used for the selection of the therapeutic event under investigation. The results obtained through task analysis can be used for elaboration of the primary theory as well as for the verification of this theory. In this research, the results have been used primarily in the elaboration of Possible Selves Theory.

Limitations and Future Research

The results of this research suggest that the counselling application of possible selves appears to hold therapeutic potential for initiating certain processes of client change. Future research in this area could help to

further delineate the relationship between the counselling application of possible selves and client change. Such research could be guided in part by the potential limitations of the research reported herein.

One potential limitation of this study concerns the validity of the LCPP (Toukmanian, 1986). Although preliminary research indicates that the LCPP is a viable instrument for the measurement of clients' moment-to-moment processes in counselling, Toukmanian (1986) notes that more research is needed to provide further evidence of both the validity of the measure and its underlying constructs.

Another potential limitation to this study concerns the selection and identification of client markers. Future research could benefit from securing independent verification of the client markers. Although the client markers used in this study were straightforward and relatively easy to identify, the independent verification of these markers would guard against possible experimenter bias.

Future research could also benefit from the measurement of client dialogue which occurs outside the client's task resolution phase. By comparing dialogue within the task resolution phase to dialogue outside of this phase it may be possible to obtain further information concerning the moment-to-moment client processes that occur during the task resolution phase.

It would also seem beneficial to obtain more information on the potential utility of this counselling intervention relative to other forms of therapeutic interaction and intervention. This information could, for example, be obtained by comparing the possible selves intervention with a component of Motivational Interviewing (Miller, 1989) or with therapeutic interventions aimed at assisting clients to comprehend and elaborate their personal systems of meaning. Such information would help to assess the relative utility of using possible selves therapeutically.

Final Comment

The theoretical question which provides the basis for much of the research in this thesis concerns how individuals change as a result of engaging in particular types of counselling interactions. The results of this research have provided some information concerning the moment-to-moment client processes involved in the counselling application of possible selves. The results also indicate that this counselling intervention appears to be helpful in initiating certain client change processes. Future research might help to verify and/or refine this intervention. Eventually, the therapeutic application of possible selves may become a useful therapeutic tool for counsellors to consider in their work with clients.

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APPENDIX A

POSSIBLE SELVES INTERVENTION:
COUNSELLOR'S TRAINING MANUAL

General Information

The purpose of this manual is to provide counsellors with the necessary information, instructions, and theoretical background they will need to participate in this research.

Session Recording

Clients who agree to participate in this research will have their sessions audio or video taped. Ideally, the recording of counselling sessions should begin with the client's initial session. If this is not possible, the recordings should begin at the point where the counsellor suspects that a client may be suitable for the "possible selves" intervention. Ethical approval for participation in this research should also be obtained from clients either at this point or at the initiation of counselling.

Background Information

In order for counsellors to work with clients in a way that is consistent with the goals of this research, it is important that counsellors have a basic understanding of both the theoretical component of this research, which is based on possible selves theory, and the type of research that is being conducted, called task analysis (Rice &

Greenberg, 1984). A very brief introduction to these two components of the study is presented below.

Possible Selves

According to Markus and Nurius (1986), possible selves represent a domain of self knowledge that pertains to how individuals think and feel about who they will be in the future. Possible selves represent individuals' selves or identities concerning who they could become, who they would like to become (positive possible selves), or who they are afraid of becoming (negative possible selves).

Possible selves are involved in the vast majority of tasks individuals undertake (Ruvolo & Markus, 1992). Almost any task, whether mundane or complex, will require the construction of a possible self which will carry out the actions required to complete and/or master the task. These representations (thoughts, images, or senses) of one's self in both the intervening and the end states of a task provide motivational resources which organize and energize an individual's behaviour.

An individual's representation of a possible self is not obscure or ambiguous; rather it is specific, individualized, and personal. For example, Markus and Nurius (1986) point out that an individual who is attempting to lose weight does not have an abstract or vague sense of what it would be like to achieve this goal. Instead, the

individual has a vivid, well elaborated, and personalized representation of a possible self which is thinner, happier, and more attractive, and which is leading a more pleasant life.

According to Oyserman and Markus (1990), "the motivation to carry out all but the most routine and habitual actions depends on the creation of possible selves" (p. 113). These authors hypothesize that individuals experience a maximum motivational state when a given possible self is balanced by a contrary possible self within the same domain. For example, a feared possible self will act as a maximum motivational resource when it is matched with a positive possible self which "provides the outlines of what one might do to avoid the feared state" (p. 113). As well, a positive possible self will be a powerful motivational resource for an individual when it is matched with a feared self which represents what could happen if the desired self is not achieved.

The lack of balance between a feared possible self and a positive possible self within the same domain has important motivational consequences. Oyserman and Markus note that if individuals are unable to envision themselves behaving in a way that is significantly different from their current behaviour, they are likely to feel trapped in this behaviour. Similarly, Markus and Nurius (1986) hypothesize that if an individual demonstrates a lack of agentic

qualities, such a deficiency may be related to the development of a well elaborated, feared possible self within the individual. This possible self gives "vivid cognitive form to [the] individual's fears and insecurities" (p. 962) but does not provide the "strategies or self-scripts for how to escape" (p. 962) this feared self.

Markus and Nurius also note that a sense of control or mastery is necessary to cope with threatening events. They argue that a simple desire for mastery is not enough. Rather, the sense of mastery must be represented in the form of a possible self. Without this possible self an individual will likely demonstrate "little instrumental behaviour in the direction of mastery" (p. 961).

Oyserman and Markus note two major consequences when there is a lack of balance between a positive possible self and a feared possible self. First, the lack of a positive possible self will decrease the potentially positive influence of the feared self. Without the positive possible self which can organize and energize activities away from the feared self, individuals may be overwhelmed by their anxiety that the feared self will become a reality. As a result, these individuals will likely show little motivation to avoid the feared self.

The second major consequence of a lack of balance between a positive possible self and a feared possible self is that the absence of a feared possible self may result in

an individual being unable, or unmotivated, to decide upon a specific desired possible self. The existence of a feared possible self will "provide for the persistence in the pursuit of a desired possible self" (p. 123). According to Oyserman and Markus, individuals who have a balance between their positive possible selves and their feared selves should have "more motivational control over their behaviour in this domain because they have more motivational resources than do individuals without such a balance" (p. 113).

Task Analysis Research

Task analysis (Rice & Greenberg, 1984) is a research strategy which is designed to facilitate the identification of the essential mechanisms of client change which occur in counselling. According to Rice and Greenberg, the therapy hour contains events which have clearly identifiable structural or process similarities, even though these events may vary substantially in content. By focusing on a detailed process description of these patterns of recurrent change within specific therapeutic contexts, it is possible to identify essential mechanisms of client change.

In Task analysis, a particular counselling intervention is selected because it is of theoretical and/or therapeutic interest. The task which will be analyzed in this research are the clients' processes of change during the application of a possible selves intervention. In order to study this

particular counselling intervention, two essential conditions must be satisfied. First, given that it is the client's change processes which are being examined, the client's readiness for the application of a particular intervention must be identified clearly. Without the clear identification of the client's readiness for the counselling intervention, there is no way to make sense of the client's change processes because the client may be responding in an inappropriate way to the intervention. The signs or indications that the client is ready for the application of a counselling intervention are referred to as the client markers.

Once the client markers have been clearly identified, the second essential condition is that the counsellor ensure that the overall application of the intervention being used is consistent across all the clients which are being examined. While client content will, of course, vary from client to client, it is important that the counsellor ensure that the overall intent and function of the intervention is consistent from client to client. Again, there will be no way to make sense of the client's process of change if the basic intent and function of the intervention changes dramatically from client to client. The counsellor's application of the counselling intervention is called the task environment. The counselling application of possible selves to be conducted in this research will be carried out

with clients who demonstrate a specific set of client markers and will involve a particular task environment. Only clients who are 19 or older can be asked to participate in this research.

Possible Selves and Task Analysis

Client Markers

Clients who would be appropriate for participation in this study can be categorized as belonging to the contemplative stage of Miller's (1989) process of change model. According to Miller, clients in this stage of change have recognized that there is some problem which has negative implications for their lives currently and in the future. While clients are aware of the consequences which these problems are creating for them, they have either not yet attempted, or been able, to resolve these problems.

Clients in this stage of Miller's change model will demonstrate ambivalence about their problems. This ambivalence indicates that a client feels divided about change, i.e., part of the client wants to change, while part wants to stay the same. The ambivalence can also indicate that the client wants to change, yet feels that he or she is unable, or does not know how, to change.

In the above situations there is some issue which has negative implications for the client's life, both currently

and in the future. According to possible selves theory this represents a feared possible self for these clients. Given that the clients' feared possible self is aversive, to a greater or lesser extent, it seems likely that, at a minimum, clients will feel and express some level of concern, anxiousness, fearfulness, or displeasure about their problems and the consequences associated with these problems.

It also seems likely that clients at this stage of change are unlikely to have positive possible selves which balance their feared possible selves. Thus, clients are also likely to express that while they would like to do something about the problems they are experiencing, they seem to be unable or unsure of how to change. As a result, clients may be experiencing and expressing feelings of uncertainty, helplessness, frustration, anger, shame, and/or guilt in relation to their problems.

The kinds of statements that clients make should be consistent with the client markers described above. Such statements would also be client markers because they will provide further indications of the client's readiness for the application of the possible selves intervention. Clients in Miller's contemplative stage can be expected to make statements which could include any of the following: "I don't seem to be able to quit drinking on my own, and I feel very disappointed with myself," "I know that I need to make

some changes here, I just don't seem to do it," "My drinking is creating problems in my life, but sometimes I just don't seem to care," or "Yes, I can see how this issue is affecting my life, but I seem to be stuck where I am."

In attempting to determine if a given client is demonstrating a sufficient number of client markers to indicate that he or she is ready for the application of possible selves, it may be helpful for the counsellor to consider that the client markers should be evident enough that any individual who has an understanding of Miller's contemplative stage should be able to identify clearly that the client is in this stage. The validity of this study will depend upon the counsellors determining that the clients they work with are in Miller's contemplative stage of change.

Task Environment

Once the counsellor has determined that the appropriate client markers are present, he or she can begin the possible selves intervention. This intervention involves having clients role-play two future scenarios. Both of these role-plays involve asking clients to envision a time in the future as if that time were currently occurring in the counselling room. In one of the role-plays, clients are asked to envision a time in the future in which the problem they are concerned about is still having a detrimental

impact on their lives (i.e., the feared possible self). In the other role-play, clients are asked to envision a time in the future when their problem has ceased to be an issue of concern for them (i.e., the positive possible self).

The overall intent and function of this intervention is to help clients explore, become more familiar with, elaborate upon, and appreciate both the positive and the negative possible selves, as well as the contrast between them. An important component of this intervention is that clients fully experience both the positive and the negative possible selves. In other words, when clients are engaged in the possible selves intervention they should be encouraged to live the experience as much as possible. To facilitate this process the counsellor can explore the ways in which the existence or absence of the problem affects the various areas of the client's life (e.g., the way in which relationships with various family members may change when a client is no longer consuming the same level of alcohol).

Suggestions for Beginning the Intervention

The timing of this intervention needs to fit the client's moment-to-moment experiencing in the session. The counsellor must look for an appropriate opening during the counselling session to introduce the possible selves intervention. Thus, for example, while the client may clearly be in Millers' contemplative stage, he or she may be

feeling intense guilt or shame as the result of a recent drinking episode. The client and counsellor would need to deal with such emotions before the application of possible selves would be appropriate.

When the client is ready for the application of the possible selves intervention the counsellor can prepare the client by providing an explanation and rationale for the intervention. For example, the counsellor could provide the client with the following statements: "When people are struggling with change in their lives it can be useful to look ahead and see how decisions they are considering today may impact on their lives in the future. I would like to try an exercise with you that will involve looking ahead to a time in the future when the decisions you make about the issues facing you today may have taken your life in different directions. People who have examined the implications of various life paths are in a better position to make good decisions for themselves."

In addition to providing a rationale and a context for this intervention, it is also important to normalize the experiences clients will have when participating in this intervention. Thus, counsellors need to let clients know that the role-play may feel somewhat unnatural or uncomfortable for the first few minutes of the exercise and that this will likely pass quite quickly. As well, the

counsellor should encourage clients to stay in the role-play until it is complete.

Suggestions for Working With the Intervention

Once the intervention is started, it is important that both the client and the counsellor act as if the possible self that the client has chosen is real and is currently existing in the room. Thus, all of the counsellor's interactions with the client, e.g., the wording used in questions, the ways in which questions are asked, and the way statements are made, should reflect this stance with the client.

As mentioned earlier, an important component of this intervention is to have the client experience or live the possible selves as much as possible. In the initial stages of the role-play the counsellor can help the client move into experiencing the possible self by asking questions which are fairly general and relatively neutral. For example, the counsellor may ask questions like, "Tell me what sorts of things are going on in your life at present," or, "What sort of work or activities are you doing today?" Once the client has had an opportunity to explore the possible self in a general way, the counsellor can begin to explore more of the specific issues which are related to the problems the client is dealing with in counselling. Here, the counsellor might ask questions such as, "How is your

continuing drinking affecting your relationship with your family?" or, "How are you feeling about the way your life is going today given that you still continue to be under the tyranny of alcohol?"

As the role-play proceeds, the counsellor should make statements which remind the client of the future state he or she is enacting. The counsellor could, for example, continue to make statements such as, "So, as you see that you remain under the tyranny of alcohol, in what other ways is this impacting on your life?"

Suggestions for Ending the Intervention

Once the counsellor feels that the client has had an opportunity to explore fully the positive or negative possible self, he or she may ask the client if there are any important areas which have not yet been explored. If clients feel that they have explored all the relevant areas of a possible self, the counsellor can ask the clients if they feel ready to stop the role-play.

Length of Intervention, Debriefing and Feedback

The exploration of both the positive and the negative possible selves should be contained within a single therapeutic hour. In addition, the counsellor must allow for an opportunity to debrief this intervention and solicit clients' feedback on their experiences of both the negative

and the positive possible selves. The actual timing of the debriefing and feedback, i.e., whether it is done at the end of each role-play or after both role-plays, can be determined by the counsellor. If it is not possible to do the debriefing and feedback in the same session as the intervention, they should be conducted at the beginning of the following session.

Once the intervention and debriefing have been completed the counsellor may wish to explore and expand upon the relationship between client's experiences in the possible selves role-play and the client's current situation. For example, the counsellor might ask clients what signs they would expect to see that would tell them they are on the path to a desired positive possible self. The counsellor could also enquire what steps the client would need to take to move closer to the life of the positive possible self, and whether or not there are any obstacles which are currently in the way of this goal.

Final Comments

According to Miller (1989), an important component of assisting clients move out of the contemplative stage is to "help clients become vividly aware of the negative consequences and risks associated with drinking [and to] raise the awareness of the costs of drinking, particularly those which are most relevant and worrisome to

the individual client." (p. 71) As well, Miller emphasizes the importance of helping clients to develop clear goals. Miller states that "it is the perceived discrepancy between one's goal and one's present state that strongly motivates change." (p. 72)

It seems quite likely that the clients' experience of the feared possible self should certainly help them to become vividly aware of the consequences and risks their current behaviour can have on their lives. The experience of the positive possible self, on the other hand, should help clients to have a clear understanding of the goal they would like to attain. To this end the positive possible self can help clients bridge the psychological gap between their current state and their desired state. In general, the clients' exploration of the possible selves should help them to have a sense of direction or focus, which, in turn, should be helpful in generally organizing and energizing their work toward change both in and out of their counselling sessions.

APPENDIX B

COUNSELLOR-CLIENT DIALOGUE IN THE NEGATIVE AND
POSITIVE POSSIBLE SELVES ROLE-PLAYS AND THE DEBRIEFING

Negative Possible Self Role-Play

The following segment is taken from one of the counsellor-client dyads used in this study. In this segment the counsellor engages the client in the negative possible self role play. Certain segments have been removed for editorial purposes and to ensure client confidentiality.

COUNSELLOR: When you first came in to see me about two and a half years ago you were using valium to cope with a lot of the flashbacks you were having, a lot of the trouble you were having sleeping. Then you went into treatment, and you were able to stop using, but unfortunately you went back to using shortly after that, and have spent pretty much the last two years on a continual dosage of valium. How has that affected you?

CLIENT: I feel that in a way it's put a damper on a lot of things. I feel that uhm, I feel like a caged lion, where you just can't get out. And ah, I feel better than what I normally would if I wasn't taking it, because of the reasons why I'm taking it. But at the same time I feel there's got to be a better way, but I don't see it.

[At this point in the counselling session the client and counsellor briefly discussed an unrelated subject. This segment of the session was removed for editorial purposes.]

COUNSELLOR: It sounds like you're angry in a way.

CLIENT: I am.

COUNSELLOR: That ah, you've got two more years of your life involved with valium and that's left you feeling quite caged up and ah...

CLIENT: Well yeah, I don't feel alive, I don't feel dead. I don't feel sad, but I don't feel happy either. I just feel like there's nothing there. It's like an end. And basically, I am dead in my own thoughts, like I just don't care, seeing's how I'm on the valium, I just don't care to do anything. At one time I used to be interested in going to school, wanting to do things like that, I can't be bothered, it's a waste of time.

COUNSELLOR: So what do you find yourself doing with your time.

CLIENT: Uhm, [pause] I do study, But I just don't have my all into it, I'm just distracted, I really have a hard time concentrating on one particular thing at any given time?

COUNSELLOR: So, your days aren't full, it sounds like.

CLIENT: No they're not. They're very dead, take the valium three times a day maybe four times a day. And ah, just let the hours pass by. I felt like a walking time-bomb.

COUNSELLOR: A walking time-bomb, caged up, and like your life is passing you by it sounds like.

CLIENT: Yeah, yeah.

[At this point in the counselling session the client and counsellor briefly discussed an unrelated subject. This segment of the session was removed for editorial purposes.]

COUNSELLOR: Is there any sadness? I can definitely see the anger, is there any sadness for you that this has been your life for the last two years.

CLIENT: Well yeah, because I find that, like I said, I'm dead. I'm really dead inside. I don't know how to explain how I feel.

COUNSELLOR: Yeah, I think you're doing a very good job. Sounds like you're feeling very sad about that.

CLIENT: It's scary.

COUNSELLOR: I can even see sadness now as I look at you.

CLIENT: Scary. It's just scary because there's times where I contemplate you know, should I take more [valium] to deal with what's going on, and I can't stop taking the stuff. Uhm, mornings are the hardest. I wake up and within thirty minutes if I don't take the stuff I get the shakes, I get really panicked, I get really scared, I can't even go to the bathroom by myself. Uhm, I just wish that while I was there [at the treatment centre] that maybe they didn't tell me as much as they did, because I felt that it screwed up my head more than it helped. I mean even now there's still things in my head going on where I wonder, you know is that one of those ideas they're talking about.

COUNSELLOR: Ok, sounds like you lost a lot of confidence too in yourself and,

CLIENT: Yeah, if they ever asked if I'd ever go back it would be no. Definitely not.

COUNSELLOR: It's very hard to see that, having another two years of relying on valium.

CLIENT: It's just, I tried by myself to stop taking them but just coming down, and I can't. It's like even if I took a quarter of the pill away I feel it. And it's not psychological it's like in my chest it feels like the muscles in my heart just start expanding. And I can't breathe, it's like being choked. And I can't handle that.

COUNSELLOR: I also hear that it's very hard to feel that you need them that you can't, you can't let go of having them and that's quite a burden for you.

CLIENT: It's scary, yeah. I mean I talked to somebody not long ago where she took them for thirty-five years, and ah, she even shakes really bad now but uhm, it was scary when they put her in the hospital because she was taking them for so long, and ah, she almost died. She almost died, I couldn't believe it.

COUNSELLOR: So does two years of valium use leave you feeling more scared than you were two years ago?

CLIENT: Well yeah, because I knew they were addictive, but I always had the attitude, no it will never happen to me, because I'm too careful with stuff like that, and uhm, I

just can't stop taking them. I can't, I have to take them, like when it starts running out I know it, I just start shaking.

COUNSELLOR: Yeah, right, and that leaves you feeling even more out of control, that you need that now, feels like you need that.

CLIENT: Yeah, it does, it does, like uhm, I remember one time when I decided I wasn't going to take it, and I didn't, and I passed out, and like what a stupid thing to do.

COUNSELLOR: So do you think you're feeling more discouraged than you were two years ago?

CLIENT: Yeah, yeah.

COUNSELLOR: That must be hard.

CLIENT: Well in a way because now I'm [client states her age] and I've still got these stupid pills to deal with, and I can't stop taking them, and ah, I don't want to be taking them, I'd rather not be taking them. And yet when you speak to the doctor about going off them he just says no it's ok stay on them. So it's like why bother. And it's so easy to get the stuff which is in a way crazy. I mean that stuff should be more illegal than pot and hash. God! Damn stuff [i.e., valium] is more addictive than that stuff [i.e., pot or hash] is.

COUNSELLOR: So, how has your decision to stay on the valium for the last two years, how has that affected your relationship with your daughter?

CLIENT: Uhm, it's been a touch and go thing, like I feel like I'm capable of dealing with her more, because I don't just fly off the handle,

COUNSELLOR: So part of that helps in that you're calmer.

CLIENT: Yeah, and then the other part where, we're close but we're really not close like, you know if she had a problem she could talk to me, but I mean, she does things with her friends, we don't do things together anymore.

COUNSELLOR: Do you think the valium has affected that?

CLIENT: Yeah it has, I'm very distant and stand-off-ish from people, I don't like being in crowds of people when I'm on that stuff. There's social events that she gets involved with, and there's like 800 people around I can't, I can't go to places like that, I just can't do it. Uhm, it's really, really, hard to go to school concerts and stuff. It's like I don't want to but I go with her because it's something that she does.

COUNSELLOR: Yeah, so it's something you have to push through that sense of anxiety and fear in order to even spend any time with her, but it sounds like, because the valium makes you feel afraid, outside, it's restricted what you can do with her.

CLIENT: Yeah, yeah.

COUNSELLOR: Do you think she notices that you're not kinda present, you talk about feeling dead inside, do you think

she notices, now that she's older, that you're not as present.

CLIENT: Yeah, she does, yeah.

COUNSELLOR: How does that affect her?

CLIENT: Well, it used to bother her in the beginning, but now she's used to it, overall I guess it does bother her, I mean it would if I was her.

COUNSELLOR: Yeah, that must make you quite sad to see that she's kind of adjusted to her mom being on valium and not really having her fully there.

CLIENT: Yeah, yeah.

COUNSELLOR: It's hard to accept that.

CLIENT: Well, it is, yeah, it is, it's scary. Like you know she's [client states her daughter's age] and everthing's like well don't do this and don't so that in regards to the drugs and it's like, I wonder what's going through her head when she sees me on this stuff.

COUNSELLOR: Ok, so there's some guilt there for you too, it sounds like.

CLIENT: Yeah.

COUNSELLOR: Do you worry about her and what she might do, whether she might become involved with drugs, is that part of the guilt?

CLIENT: Uhm, I'm very scared that she'll do that. Uhm, she's taken Ritalin for a very long. And I'm scared of her starting to abuse it.

COUNSELLOR: So you see how easy it has been for you to slip into becoming dependant on prescriptions and you worry that your daughter may go down the same path.

CLIENT: Yes.

COUNSELLOR: It sounds like you feel that you haven't helped her by staying on the valium, that that's actually made it more likely that she's going to turn out to use drugs too.

CLIENT: Well, I mean, yeah. I'm on the valium, her father is into pot and hash and coke and shit like that. Like talk about mixed messages, you know like drugs will kill you, yet both of her parents are on some form of drugs. Doesn't matter if it's prescription or not, I don't care.

COUNSELLOR: I know that when you first came to see me that you had a lot of career aspirations, uhm, how has your decision around valium affected that.

CLIENT: Well being on the valium makes you want to isolate so you really have a hard time pursuing things like that.

COUNSELLOR: Ok, so you haven't gone back to school?

CLIENT: Well no, because you have to be able to, for the field I'm in you have to like people ... You can't chew everybody's head off just because you're having a bad time on valium.

[At this point in the counselling session the client and counsellor briefly discussed an unrelated subject. This segment of the session was removed for editorial purposes.]

COUNSELLOR: You're still on income assistance then?

CLIENT: Yeah.

COUNSELLOR: And what's that like for you?

CLIENT: I don't like it at all, I'm sick of it.

COUNSELLOR: So you're feeling quite discouraged about that as well?

CLIENT: Yeah.

COUNSELLOR: I know your singing was very important to you, did you continue with that or did you kinda give up on that?

CLIENT: I gave up on that also.

COUNSELLOR: That must've been a big loss for you.

CLIENT: Well yeah, I used to like singing a lot, and I still do, but I just don't do it any more. I just don't have the desire. Nor do I want to.

COUNSELLOR: Right, so you've even lost the energy and interest in your life, things that were enjoyable, you just don't even go after them any more.

CLIENT: Yeah.

COUNSELLOR: So what are you doing in the evenings when you used to go out and enjoy yourself?

CLIENT: Well, I do things like puzzles, and I talk on the phone, I still have a lot of friends that come over, but you know, I, just do a lot of things and people come to see me instead of me going to see them.

COUNSELLOR: Well, I can certainly see how you feel quite caged up, it sounds like you're kinda a prisoner in your own home now.

CLIENT: Yeah that's a very nice way of putting it. It's like being in hell.

COUNSELLOR: Yeah, and the valium has made you more likely to stay in that cage, rather than to venture out.

CLIENT: Yeah. I think the part that gets me the most is that I used to take five milligram tablets, well, I want to see if I can get them increased to ten.

COUNSELLOR: So even though you realize how this has hurt you, you're also feeling like you're needing more and more.

CLIENT: Yeah.

COUNSELLOR: And it sounds like part of you feels quite discouraged by that.

CLIENT: Yep.

COUNSELLOR: You're feeling more trapped.

CLIENT: Yep. At least with pot and hash you can just stop taking the stuff, it's more psychological then physical.

COUNSELLOR: How about friendships, have you had any relationships over the last two years being as isolated as you have with valium?

CLIENT: No, I don't want to have anything to do with relationships.

COUNSELLOR: Well I certainly hear that the continued valium use has had some pretty profound effects on your life.

CLIENT: Damn stuff should be illegal.

COUNSELLOR: It's left you quite angry about your time at the treatment centre, being frustrated with the doctors who prescribe it,

CLIENT: Well, yeah, maybe if they'd made it harder to get in the beginning that would have discouraged me. I can get a year's worth like that and if I take them in two months I can go back and get that again. That's insane, that's called trafficking.

COUNSELLOR: Yeah, not only are you angry but you also feeling a lot of fear there days, that you can't do a lot of things that you used to, that you're more isolated, that your relationship with your daughter has been affected by that, because you're not fully there, and the guilt of the example you've set up, and you haven't pursued your career, and you've stayed on income assistance. Is there anything else you'd say has been a result of your valium use over the last two years?

CLIENT: Ah, yeah, I was offered a couple of jobs and I just didn't bother. And I know that if I was not on the valium I would have been on them just like that, I would have been out for blood.

COUNSELLOR: So I hear that you're haunted in some ways by what your life could have been.

CLIENT: Yeah, yeah, yeah.

Positive Possible Self Role-Play

The next segment is from the same counsellor-client dyad. In this segment the counsellor engages the client in the positive possible self role play.

COUNSELLOR: Well, it's been two and a half years since you first came to see me. You were concerned about your valium use, and you had been using that for quite some time. You came to see me after being in treatment and, ah, happily so you have not gone back to using valium. And now two years have gone by. Can you tell me what your life's been like for the two years.

CLIENT: Ok, well, because I'm no longer taking the valium, no you know mood-altering drugs or anything, uhm, my mind is a lot clearer, uhm, my nerves are a lot more on edge since I've been off the valium, there's a lot more positives, you know, like, I am edgy and stuff and jumpy, but my thinking is more all together, and uhm, I've been pursuing, over the last three years, like my [name of career] career, and I've been pursuing my [name of another career] career. The only bad thing about having more than one career is that I'm only one person. And I've got an interest in different fields, and I can't just focus on one.

COUNSELLOR: You feel pulled in all different directions?

CLIENT: Yeah, and there's a disadvantage in that, if I could just stick to one I could get further ahead, but I can't. If I were to stop myself from doing the other two and just focusing on one, uhm, I feel like I'm cheating myself. And I don't want to do that, like, yet, another way of cheating myself because I'm not getting further ahead.

COUNSELLOR: Sounds like that's a good problem to have though.

CLIENT: Yeah, like I have a lot of different choices, and I have friends in the [name of a career], and ah, I really, really like doing all of these things, and I've stayed with a local volunteer [name of an organization], and if I wanted to at this point I could go further in the [name of a career], but again it would take just focusing on that one section and I don't want to be bridged into that one area, even though I could get my self into that, it's one of fifty areas I could go into, but I'm also interested behind the scenes, I've taken training, I've always wanted to be a [name of a specific job].

COUNSELLOR: Well there you go.

CLIENT: And I've never been a [name of a specific job] or anything, but I have been in lower positions, and I know that if I was on the valium I just wouldn't have bothered doing anything like that.

COUNSELLOR: Right, right. You wouldn't have had the motivation or the confidence to do that, is that what you're saying?

CLIENT: Well, yeah, the motivation is part of it and the confidence would be there, I know I could do it, but I wouldn't be able to.

COUNSELLOR: Tell me what's different about you now that you've been able to do all these exciting things, that have taken you down all these different paths.

CLIENT: I feel like I'm a little bit more bubbly, I feel human.

COUNSELLOR: You look a lot more bubbly actually.

CLIENT: I feel like I've got some form of a life. I don't feel like I'm living life in a cage. Nor do I feel life is in hell.

COUNSELLOR: What a difference eh?

CLIENT: Yeah, I mean sometimes I come home with serious problems that have to do with that industry, there's times where I go I must be crazy for wanting to be in this [laughs].

COUNSELLOR: Yeah, so it has lots of stress attached.

CLIENT: Yeah, it does, when it come to [aspect of a career] it's really costly, and sometimes people mess up, people ahead of you, higher up, and you kind of wonder if, day-to-day, if you're still going to have a job.

COUNSELLOR: So what you've learned being off the valium is that life can continue to have its stresses and problems, but you're alive enough to deal with them, whereas before you took the valium and felt dead, now you're able to deal with your problems.

CLIENT: Yeah.

COUNSELLOR: Yeah, that's taken you down a lot of interesting routes it seems.

CLIENT: Yeah, and I find that my daughter and I talk a little bit better, she could talk to me even when I was on the stuff, but at least we can do things together, and I can be around a lot of people, and it won't bother me as much, you know I'll try and isolate to get away from a big crowd because I don't know everybody.

COUNSELLOR: So you still have some shyness, but you're not afraid of other people.

CLIENT: No I'm not, and I can go into a shopping mall and it won't bother me, it gets on my nerves that there are so many people around.

COUNSELLOR: So does your daughter notice a difference in you, does she see a different mom now?

CLIENT: Yeah she does, uhm, she gets to see, because I'm into the [name of a career] stuff, sometimes if the places I'm going are suitable for kids I'll sometimes take her along, she loves it.

COUNSELLOR: So you guys do things together and ah, is she proud of you? She must be quite pleased that you've been so successful.

CLIENT: Yeah, yeah, there are times where she wishes I could just branch off in one area so we would have more time just for her and I. I mean having different areas of training, I try to bring it all in, and still not shut her out and make sure she's got time with me too, and I just feel like I need more than one body.

COUNSELLOR: Probably cause you've got more than one job, yeah.

CLIENT: Yeah, but uhm, we make a lot of time for each other and make sure that we don't shut each other out, and at the same time I feel like we just don't have enough time.

COUNSELLOR: I certainly know that one of the things that was important to you was being a role model for your daughter, especially given that her dad was a drug dealer, and taking valium was not the kind of role model you wanted to be for her, ah, how do you feel different about the kind of role model you've been since giving up valium?

CLIENT: Uhm, a lot better, a lot better, I can at least look at her and say you know, if you're ever tempted you can talk to me now, whereas before, when I was on the valium, I could say that and it wouldn't mean anything to her.

COUNSELLOR: So you felt like you were setting a bad example for her, and also anything you would say felt quite empty it

sounds like because you were having that problem yourself at that point.

CLIENT: Yeah, I felt with me being on the stuff it was like a loaded gun to her head, just, with a whole bunch of pills in front of her saying, go ahead take them. That's not there anymore and I know that the damage that has been done hasn't gone away but I'm hoping that she can see that I'm not on the stuff anymore, and I hope she can strongly remember what I was like when I was on the stuff and now what I'm like without the stuff. Every time she thinks, well maybe I'll just do a little bit with my friends, that she'll think twice and think about me.

COUNSELLOR: So you hope that she will see both the struggles you've been through and the success you've had since quitting the valium and she'll make those similar choices.

CLIENT: Yeah, yeah.

COUNSELLOR: It's quite a change isn't it.

CLIENT: Yeah it is. It's hard to believe it was two years ago, but like, there's nothing boring. Nothing boring at all.

COUNSELLOR: So you don't find yourself sitting around your apartment getting bored a lot.

CLIENT: Oh heck no. There's days where I lay there thinking jeeze can't I sleep in just a little bit, like everybody.

COUNSELLOR: So you don't miss being on income assistance then.

CLIENT: Oh no heck, they can keep their money. I want nothing to do with it.

COUNSELLOR: How does that change how you feel about yourself, not relying on income assistance for money.

CLIENT: I love it. I feel like I'm no longer under a microscope being analyzed for everything I do. I can do anything I want now and not have them looking over my shoulder.

COUNSELLOR: That's nice isn't it.

CLIENT: It's nice in that you almost make twice the amount if not almost triple the amount, and you just blow it where you want.

COUNSELLOR: So is that one of the nice things, blowing it where you want?

CLIENT: Yeah, I like going out and buying all these fashions, that's the one way I blend in with my daughter and some of her friends, it's like I'm a big kid myself when we go into some of those stores.

COUNSELLOR: Is that something the two of you like to do, to go shopping together?

CLIENT: Yeah, some of my daughter's friends like me a lot because, I'm not just her mom, sometimes her friend.

COUNSELLOR: That's nice. So you're clear enough in your thinking, you feel good about it yourself and that frees you up to be a good mom and a good friend to her.

CLIENT: Yeah, it's a nice change.

COUNSELLOR: What about your health, I know that the valium was having some pretty bad effects on your health when you first came to see me, how has your health been over the last two years?

CLIENT: Well, since I stopped taking the valium, the first little while it was like really hard, cause, panic attacks and stuff like that were hard to get rid of. But I mean after I stopped having the panic attacks, it's nice to get up in the morning, make a cup of coffee and not feel like the walls are closing in.

COUNSELLOR: Wow.

CLIENT: I don't have to bring the cat or the kid to the bathroom with me anymore [laughs].

COUNSELLOR: So you feel safe, you don't have that sense of fear or claustrophobia.

CLIENT: Yeah, and it's nice to have that, that's one big improvement. Uhm, I also find that, I'm just generally happier, I eat better cause I'm not down all the time, just bubbly. I had somebody tell me the other day I look like a bottle of champagne bubbling over. I even have people who meet me ask, how come you're so happy are you taking something, it's like no, it's just me.

COUNSELLOR: So is that a difference too, that you feel happier now that you're off the valium.

CLIENT: Uhm, in a lot of ways, yeah, I think a lot of it has to do with, I don't have a lot of the stresses that I had

when I was on the valium. I don't have my daughter's father to deal with anymore so that helps also ... with the two gone, I'm a lot happier. No comparison.

[At this point in the counselling session the client and counsellor briefly discussed an unrelated subject. This segment of the session was removed for editorial purposes.]

CLIENT: Well that's probably a good decision. What about sleeping, I know that one of the reasons you used valium was to help you sleep, has that changed?

CLIENT: Uhm, it has to the better, it really has for the better. Uhm, Well I do sleep better, I mean I still have my moments where it bothers me, but it's a lot better, and at least I can rationalize it now that, when I wake up, that it was just a nightmare, and go back to sleep, whereas two years ago I couldn't do that.

COUNSELLOR: You took pills before but now you talk to yourself and reassure yourself, is that right,

CLIENT: Yeah.

COUNSELLOR: and then you can fall back asleep.

CLIENT: Eventually.

COUNSELLOR: What about relationships, have you been in any relationships in the last two years?

CLIENT: Uhm, no, I could have been but I don't want to be, for me to be in a relationship it just brings back

everything that happened between [boyfriend's name] and I.

It's just one less factor that I need to worry about.

COUNSELLOR: Sounds like you're ok with that.

CLIENT: Yeah I am, that way it's just my daughter and we have each other to answer to.

COUNSELLOR: So it's a decision you've made and you feel good about it.

CLIENT: Yeah I do, I do.

COUNSELLOR: Oh, that's nice. So when we look at all the changes there have been since having two years clean, sleeping better, better physical health, personally you feel much bubblier, happier, more outgoing, not caged in, spending more time with your daughter and having a better relationship with her, and changes in your career aspirations with many different directions going on at once,

CLIENT: Which has advantages and disadvantages.

COUNSELLOR: Yeah, yeah, but obviously not enough that you've given them up yet.

CLIENT: No.

COUNSELLOR: And so you're still pursuing many interests, things are better financially, and you're feeling good about that, and not being on public support. Anything else that you'd add to that, that two years of being clean has brought you.

CLIENT: Uhm, I'm glad I'm off the stuff and in a way I wish I would never have ended up on that stuff, but being in this

industry I'm glad I experienced what I did on a milder drug like valium, rather than going into this industry not having any experience with alcohol or drugs, because I'd be in a worse mess right now, in fact I'd probably be dead, right now, due to cocaine and stuff like that, it could have been a lot worse.

COUNSELLOR: It sounds like you're kind of grateful that you were able to learn from your mistakes and were able to find the courage to overcome valium, such that now when faced with that kind of thing again you've got the wisdom of that behind you, and the wisdom of what it took to quit and that you will never go back.

CLIENT: Yeah, yeah, yeah.

COUNSELLOR: It's a nice thing to carry with you isn't it?

CLIENT: Well I'm glad that I've had the chance to be able to get off the valium when I did because I probably would have ended up dead anyway if I wouldn't of. So, I'm glad that valium did not take me to a place that was not repairable. Like my daughter is still with me, I'm glad I didn't get stoned on this stuff to the point where I didn't know what I was doing or lost it period. You know I'm glad I didn't have to go through that to make me see the light.

COUNSELLOR: So you've been able to put a lot of your life in order, and, ah, you're grateful that it didn't fall too far apart to put back together.

CLIENT: Yeah, yeah.

COUNSELLOR: That's great.

CLIENT: It could have been worse.

COUNSELLOR: Yes, well it sounds like it can't be worse again, that you've learned, you've got a different life now.

CLIENT: Yeah.

COUNSELLOR: And you don't want to give that up.

CLIENT: No, no.

COUNSELLOR: So is that it, is there anything else?

CLIENT: Uhm, just generally everthing overall has improved a lot.

Debriefing

This final segment is a debriefing which is taken from a different counsellor-client dyad. This segment is divided into two parts. The first part of the debriefing takes place immediately following the positive possible self role-play. The second part of the debriefing takes place one week later.

Part 1: Debriefing immediately following the role-plays.

COUNSELLOR: What was that like for you [i.e. the positive possible self role-play]?

CLIENT: That felt good. That's how I want it to be. Definitely.

COUNSELLOR: So what do you think it's going to take to ensure that that's the possibility that you're heading towards?

CLIENT: I think that as far as the personal growth, I'm going to have to work really hard. And uhm, to continue to, cause you know how it is with me, it's a lack of discipline in my life, you know, I do something only for so long, and I give up so easily. I think that I just have to make this one of the most important things in my life. About this growing up thing, you know that's what I need to work on the most. And I think that I will make some decisions, the stronger that I get in who I am, when I know who I am, and I haven't know who I was for so long. It's just, all I ever knew was that I just felt like a little girl. I think the more I work on it the stronger I'll get, that I'll be able to make those decisions.

COUNSELLOR: What was the role-play like for you?

CLIENT: It was a bit strange at first but it was no big deal.

COUNSELLOR: In both of them you seemed to get into them very easily and very well, you seemed to be able to draw from life or,

CLIENT: I should be an actress, just kidding. But, yeah, no I really didn't have a problem with it at all. The first one was kind of weird, but just at the beginning, otherwise it was fine. I didn't have a problem with it at all.

COUNSELLOR: In the first one you were surprised by how icky you were feeling at the end. How about the second one?

CLIENT: My heart feels heavy right now, you know, I feel good in a sense, but in another sense it's scary because I've got a lot of work ahead of me, and that scares me, but I feel optimistic and I feel like I can do it. I feel like I can do it. That I can continue to work on these issues, that I'm going to grow up. I feel like I'm growing up, you know, a little bit.

COUNSELLOR: Ok, anything else, any other comments?

CLIENT: I think that was really good. It really makes you see reality, that you know, I have a choice, I can choose to go on the way that I've been going on and just living life day-to-day, not making any plans,

COUNSELLOR: The same stuff.

CLIENT: Exactly, not caring about myself, and I can choose to take some action and change my life, and be fulfilled, be peaceful and happy, and uhm, all those things. Not that it will be perfect, I just know that it can be so much better. And I am really glad that I did that exercise, because it did really make me see.

COUNSELLOR: Even though it was hard.

CLIENT: It was hard, yeah.

COUNSELLOR: Emotionally.

CLIENT: But then I've felt that so many times before, right what I was feeling there, just Aaaahhh, you know, I've lived

most of my life feeling like that, so, and I hate it, and then when I come over here and I feel powerful again, cause I've made the right choices. [Pause] Boy it feels good to start growing up.

COUNSELLOR: That's the sense I get, is that, even the other times we've met, about the feeling of what that's like for you, I really get the sense that for you that really feels very good, it feels strong, that you're there, you're present.

CLIENT: Yeah, it's just so funny because that little girl can slip in there so easily.

COUNSELLOR: Well, she's had your whole life to practice.

CLIENT: It's kinda like little by little my mind is opening up, and instead of staying in denial, I'm starting to see things for what they are. And I think I'm trying to be kinder to myself, as hard as it is. But I think the adult [in me] needs to be kinder to herself, the little girl [in me] likes to punish herself all the time, so,

COUNSELLOR: Ok.

CLIENT: No, I thought that was a really good exercise, a really good exercise.

Part 2: Debriefing at the next counselling session.

This is the end of this part of the debriefing. During the next session, one week later, the counsellor again engages the client in further debriefing.

COUNSELLOR: So I wanted to provide some space for you to say anything you wanted to say about the role-plays last time, about what it was like for you.

CLIENT: Oh, it was a good experience, actually, I uhm, I think it's a good thing for any person to do really, I mean if they're drinking and using drugs, because I think it keeps you in reality, you know as to what your life could possible be like, say, whatever, a year from now, or whatever.

COUNSELLOR: Was it hard?

CLIENT: Uhm, yeah, the first part was hard, because that is reality, you can see where you're heading sorta thing.

COUNSELLOR: Did anything surprise you?

CLIENT: Actually, it did surprise me how I felt inside.

COUNSELLOR: You mentioned that.

CLIENT: Yeah, it felt really ugly.

COUNSELLOR: The first part.

CLIENT: The first part, the first part yeah. The second part felt good. That's how I want it to be. Uhm, no I think that's about all I really have to say on that.

COUNSELLOR: Any thoughts, experiences since last time about that?

CLIENT: Sure find that it's ah, well not so much about that but, I'm just going to say that, I thought it was going to be an easier process to keep the adult person within me alive, and I'm realizing how hard it's going to be, to do

that, cause it's just so easy to sink back into it, into the old way.

COUNSELLOR: Well, you've got a lot of experience there.

CLIENT: Yeah isn't that the truth. Yeah, cause you kinda end up, you know, just the last week even, week and a half, since I seen you it's like, you just fall back into that old pattern so easily, you don't even realize that it's happening to you, and then you go okay, wait a minute here, let's have the adult come back out, instead of the child. It's been kinda of a weird week and a half. Uhm,

COUNSELLOR: So no other particular experiences or thoughts about that last time, or since then?

CLIENT: Uhm, no, not really because think I've just been, you know last week and a half I have been struggling with you know, the adult versus the child within myself and uhm, I see how easy it is for me to fall back into that pattern and I start uhm, going into denial about things again, about my life.

APPENDIX C

DISCUSSION OF THE LIKERT SCALE ESTIMATES FOR THE
EXP AND THE LCPP IN THE REVISED MODEL

EXP

The aggregate results in Table 5 show that in phase 2, 35 percent of client responses are rated as category 3. This is a moderately-high rate of occurrence. The individual percentage scores presented in Table 6 indicate that in phase 2, five of the individual percentage scores represent a moderate rate of occurrence. The remaining score indicates a moderately-low rate of occurrence. These individual client percentage scores are quite similar. As well, these scores represent rates that are relatively high in relation to the other individual client percentages in phase 2. Thus, the aggregate results appear to be representative of client performance. It seems, therefore, that category 3 occurs at a moderately-high rate in phase 2.

In the aggregate results presented in Table 5, category 4 occurs at a high rate of 37 percent. The individual percentage scores presented in Table 6 reveal that two of these scores demonstrate a moderately-low rate of occurrence, another represents a moderate rate, and the remaining scores indicate moderately-high rates. There is a considerable amount of individual variation among these individual client scores. The aggregate result of 37 percent is an average of this individual variation. It would appear, therefore, that in phase 2, category 4 tends to occur at moderately-high to high rates.

Table 5 show that category 2 occurred 21 percent of the time, which is a moderate rate relative to the other categories. In the individual percentage scores presented in Table 6, two of the client scores are low but may be unreliable. Three of the scores indicate moderately-low rates of occurrence, and the remaining score demonstrate a moderately-high rate. On the basis of the variation between these individual client percentages scores, it appears that category 2 tends to occur at moderately-low to moderate rates in phase 2.

The results in Table 5 indicate that category 1 occurs at a low rate of 2 percent. In Table 6, two of the categories occur at a rate of 0 percent. The remaining scores demonstrate low rates of occurrence, but all of these scores may contain a high level of error. Overall, it seems likely that category 1 occurs at a low rate in phase 2.

In phase 2, category 5 occurs at a low rate of 5 percent according to the aggregate results in Table 5. The individual client percentage scores in Table 6 show that one of these individual scores represents a rate of 0 percent, four of the individual scores indicate low rates of occurrence, but all of these low scores may not be reliable. The remaining score demonstrates a moderately-low rate. On the basis of the individual variation and the potential unreliability of these scores, it appears that category 5 occurs at a low to a moderately-low rate in phase 2.

According to Table 5, category 6 occurs at a low rate of 0 percent. All of the individual client scores in Table 6 also show that category 6 occurs at rate of 0 percent. Thus, category 6 does not occur at all in phase 2.

Table 6 also shows that for category 7 all of the individual client scores are at a rate of 0 percent in phases 2, 3, and 4. As a result, none of the statements made by clients were rated as category 7 in the revised model.

In Phase 3, the aggregate results show that 43 percent of client responses are rated as category 3. This rate of occurrence is high and is higher than any of the other EXP categories in this phase. In the individual client scores in Table 6, four scores indicate a moderate rate of occurrence, one demonstrates a moderately-high rate of occurrence, and the last indicates a high rate of occurrence. Thus, category 3 appears to occur at a moderately-high to high rate in phase 3.

Category 4, in comparison, occurs at a moderately-low rate of 18 percent in phase 3, according to the aggregate results in Table 5. The individual client scores in Table 6 show that two client scores represent low rates of occurrence. Another two indicate moderately-low rates. However, one of these may be unreliable. The final two client scores demonstrate moderate rates of occurrence. In general, these individual percentage scores are lower than

those in phase 3. It seems that in phase 3 there is a trend for category 4 to appear at a low to a moderate rate.

In phase, 3 category 2 occurs at a moderate rate according to the aggregate percentages in Table 5. Here, 23 percent of client responses are rated as category 2. In Table 6, one of the client scores indicates a low rate of occurrence. Three of the scores represent moderately-low rates of occurrence, but one of these scores may contain a high level of error. The remaining two scores demonstrate moderate rates of occurrence. On the basis of the variation between the individual client scores, it appears that category 2 occurs at moderately-low to moderate rate in phase 3.

Table 5 indicates that category 1 occurs at a low rate of 2 percent, yet this percentage may not be reliable. In Table 6, three of the individual scores demonstrate a low rate of occurrence, although all of these may be unreliable, and the remaining three scores indicate rates of 0 percent. Thus, it appears that in Phase 3 category 1 occurs at a low rate in phase 3.

Category 5 occurs at a low rate of 3 percent in Table 5. Four of the individual scores in Table 6 occur at a rate of 0 percent. The remaining two scores occur at low rates, although one of these scores may contain a high level of error. It would appear that category 5 occurs at a low rate in phase 3.

In Table 5, category 6 occurs at a low-moderate rate of 11 percent. In the results presented in Table 6, one of the individual client scores indicates a rate of 0 percent occurrence. Three client scores are low, although two of these may not be reliable, and the remaining two demonstrate moderately-low and moderate rates, respectively. However, the moderately-low score also may not be reliable. There appears to be considerable variation in individual client scores in this category. Category 6, therefore, seems to occur at a low to moderately-low rate in phase 3.

In phase 4, the aggregate results in Table 5 reveal that category 3 occurs at a high rate relative to the other EXP categories. In this phase, 42 percent of client responses are rated as category 3. The results of the individual client scores in Table 6 show that one of the individual scores indicates a moderately-low rate of occurrence but may contain a high level of error. Three scores demonstrate moderate rates of occurrence and one of these scores may be unreliable. One score indicates a moderately-high rate, and the final score indicates a high rate of occurrence. There is a considerable amount of variation between these individual client scores. Thus, it appears that category 3 tends to occur from moderately-high to high rates in phase 4 relative to the other EXP categories.

Table 5 shows that 26 percent of client statements are rated as category 4. This is a moderate rate of occurrence. In Table 6, three client scores indicate a moderately-low rate of occurrence, although one may be unreliable. The remaining three scores represent moderate rates of occurrence. Given that these individual client scores are relatively similar, it seems possible that the aggregate result indicating that category 4 occurred at a moderate level in Phase 4 is a close representation of client performance.

The aggregate results show that in Phase 4 category 5 occurred at a moderately-low rate relative to the other categories of the EXP. Here, 14 percent of client responses were rated as category 5. In the individual client scores in Table 6, one of the client scores represents a rate of 0 percent occurrence, two of the client scores demonstrate a low rate of occurrence, but the error level in both of these scores may be high, another two scores represent moderately-low rates, and the final score indicates a moderate rate of occurrence. Given the variation between the individual client percentages, it appears that category 5 tends to occur at a low to a moderately-low rate in phase 4.

According to Table 5, 9 percent of client responses were rated as category 6, which is a low rate of occurrence. In Table 6, two of the six client scores demonstrate a rate of 0 percent occurrence, one of the individual scores is low

and may contain a high level of error, and the remaining three scores all indicate moderately-low rates of occurrence. However, two to these scores may be unreliable. It would appear that in phase 4, category 6 occurs at low to moderately-low rate.

The aggregate results in Table 5 show that category 1 occurs at a rate of 0 percent. The individual scores in Table 6 reveal that for all six clients, category 1 has a rate of 0 percent occurrence. Therefore, in phase 4, category 1 does not occur.

In phase 4, Table 5 shows that category 2 occurs at a low rate of 9 percent. The results in Table 6 show that two individual scores have a rate of 0 percent occurrence. Another two scores indicate a low rate of occurrence but may not be reliable. The final pair of scores represent moderately-low rates, yet the error level in one of these scores may be high. It appears that in phase 4, category 2 occurs at low to moderately-low rates.

LCPP

Table 5 shows that, together, categories 3, 4, and 5 occur at a moderate rate of 22 percent. However, the majority of client scores occur in category 5.

In phase 2, category 3 occurs at a low rate of 5 percent according to Table 5. In the individual client scores presented in Table 7, all of the client scores for

category 3 represent a low rate of occurrence and may be unreliable. It appears that there is a tendency for category 3 to occur at a low rate in phase 2.

In Table 5, category 4 occurs at a low rate of 4 percent. In the individual client scores presented in Table 7, four of the individual scores demonstrate a low rate of occurrence, although three of these scores may not be reliable. The remaining two scores represent a rate of 0 percent occurrence. It would seem, therefore, that in phase 2, category 4 tends to occur at a low rate.

In comparison, category 5 occurs at a moderately-low rate of 13 percent in Table 5. In the individual client scores presented in Table 7, four of the individual scores indicate a low rate of occurrence, but three of these scores may contain a high level of error. The two remaining scores occur at moderately-low rates. Given the variation in these scores, it seems that category 5 tends to occur at a low to moderately-low rate relative to the other LCPP categories in phase 2. In comparing categories 3, 4, and 5, it would appear that the majority of scores occur in category 5.

The aggregate scores in Table 5 show that category 2 occurs at a moderately-high rate of 29 percent. As well, in Table 5 all LCPP categories occur at a lower rate than category 2. In the individual scores in Table 7, three scores indicate moderately-low rates of occurrence, two scores demonstrate moderate rates, and the remaining score

demonstrates a moderately-high rate of occurrence. Overall, these rates are relatively high in relation to the other individual client scores in phase 2. It appears that in phase 2, category 2 occurs at a moderate to moderately-high rate.

Table 5 shows that category 1 occurred at a moderately-low rate of 18 percent in Phase 2. In the individual client scores in Table 7, three scores indicate low rates of occurrence but all of these scores may be unreliable. Two scores represent moderately-low rates, and the remaining score indicates a moderate rate of occurrence. It would appear that in phase 2, category 1 tends to occur at a low to moderately-low rate.

The aggregate results show that category 6 occurs at a low rate of 1 percent. However, the level of error in this percentage may be high. The individual client scores presented in Table 7 reveal that four of the client scores represent a rate of 0 percent occurrence, and the remaining two scores demonstrate low rates. However, both of these scores may also contain a high level of error. In phase 2, it seems clear that category 6 occurs at a low rate.

Category 7 occurs at a low rate of 2 percent, according to the aggregate results in Table 5. In the individual client scores presented in Table 7, three of the scores indicate a rate of 0 percent occurrence, and the other three scores all demonstrate low rates, yet two of these latter

scores may not be reliable. These results indicate that category 7 tends to occur at a low rate in phase 2.

In phase 3, together categories 3, 4, and 5 occur at a moderately-low rate of 18 percent relative to the other LCPP categories. In the aggregate results presented in Table 5, category 3 occurs at a rate of 0 percent. The individual client scores in Table 7 show that four of the client scores represent a rate of 0 percent occurrence, and the remaining two scores demonstrate low rates, although both of these scores may contain a high level of error. It appears that in phase 3, category 3 occurs at a low rate.

The aggregate results in Table 5 indicate that category 4 also occurs at a low rate of 3 percent in phase 3, relative to the other LCPP categories. In the individual client scores presented in Table 7, two of the individual scores occur at a rate of 0 percent occurrence, and the remaining scores, all of which may be unreliable, indicate low rates of occurrence. Overall, it appears that category 4 occurs at a low rate in phase 3.

Category 5 occurs at a moderately-low rate of 15 percent according to Table 5. In the individual client scores presented in Table 7, five of the individual client scores demonstrate low rates of occurrence. However, four of these scores may contain a high level of error. The remaining score represents a moderate rate of occurrence. On the basis of both the variation between these scores, and

the potential unreliability, it appears that category 5 tends to occur at a low to moderately-low rate in phase 3. Of categories 3, 4, and 5, the majority of scores again occur in category 5.

The aggregate scores in Table 5 reveal that category 2 occurs at a high rate of 37 percent. The individual scores in Table 7 show that two of the scores indicate a moderately-low rate of occurrence, another two scores represent a moderate rate, and the final two scores demonstrate moderately-high and a high rate rates of occurrence, respectively. These percentage scores are relatively high in comparison to all the other individual client scores in phase 3. Thus in phase 3, category 2 tends to occur at moderately-high to high rates in phase 3.

The aggregate results in Table 5 indicate that in phase 3, category 1 occurred at a low rate of 9 percent. The individual client scores in Table 7 show that five of the scores indicate a low rate of occurrence, but four of these scores may not be reliable. The remaining score demonstrates a moderately-low rate. These data indicate that category 1 tends to occur at a low rate in phase 3.

Category 6 occurs at a low rate of 2 percent, according to the aggregate results in Table 5. However, as noted in Table 5, this percentage may be unreliable. In the individual client scores presented in Table 7, two of the scores represent a rate of 0 percent occurrence. The

remaining four scores indicate low rates of occurrence, although all of these scores may not be reliable. It would appear, therefore, that in phase 3, category 6 occurs at a low rate.

In Table 5, category 7 occurs at a low rate of 7 percent. The individual client scores in Table 7 show that one score indicates a rate of 0 percent occurrence. The other five scores all demonstrate low rates, but the error level in three of these scores may be high. These data seem to indicate that in phase 3, category 7 occurs at a low rate.

In phase 4 of the revised model, Table 5 indicates that, collectively, categories 3, 4, and 5 occur at a moderate rate of 23 percent relative to the other categories of the LCPP. The aggregate results in Table 5 also indicate that category 3 occurs at a rate of 0 percent. In the individual client scores in Table 7, five of the six scores represent a rate of 0 percent occurrence, and the remaining score indicates a low rate. However, this percentage may not be reliable. It would appear, therefore, that in phase 4, category 3 occurs at a low rate.

The aggregate results in Table 5 also indicate that category 4 occurs at a low rate of 6 percent. The individual client scores in Table 7 show that for category 4, two of the scores represent a rate of 0 percent occurrence, three scores indicate low rates but all of these

may be unreliable, and the last score demonstrates a moderately-low rate of occurrence and may also be unreliable. Thus, it seems that in phase 4, category 4 tends to occur at a low rate.

Category 5 occurs at a moderately-low rate of 17 percent according to Table 5. In Table 7, one of the individual client scores represents a rate of 0 percent occurrence, another score indicates a low rate but may contain high level of error, three of the scores demonstrate moderately-low rates and may also contain a high level of error, and the remaining score represents a moderate rate of occurrence. It appears that category 5 tends to occur at a low to moderately-low rate in phase 4. As in phases 2 and 3 of categories 3, 4, and 5, the majority of scores occur in category 5.

The aggregate results in Table 5 indicate that category 6 occurs at a moderately-low rate of 11 percent in phase 4. In Table 7, one of the individual scores represents a rate of 0 percent occurrence, another two scores are low but may not be reliable, and the remaining three scores demonstrate moderately-low rates of occurrence, yet two of these scores may not be reliable. It would appear that in phase 4, category 6 tends to occur at low to moderately-low rates.

In Table 5, category 1 occurs at a moderately-low rate of 13 percent. Four of the individual client scores presented in Table 7 indicate that category 1 has a low rate

of occurrence in phase 4. However, the level of error in all of these scores may be high. The two remaining scores demonstrate moderately-low rates, and one of these scores may contain a high level of error. It appears that in phase 4, category 1 tends to occur at low to moderately-low rates.

As shown in Table 5, category 2 occurs at a moderate rate of 19 percent. The individual client percentage scores presented in Table 7 show that three scores have low rates of occurrence, and all of these scores may not be reliable, and that one score shows a moderately-low rate and also may not be reliable. The last two scores indicate moderate rates of occurrence, yet one of these scores may be unreliable. There appears to be a considerable amount of variation and potential unreliability in these individual scores. Thus, category 2 appears to occur at moderately-low to moderately-high rates.

Category 7 occurs at a moderately-low rate of 15 percent in phase 4. The individual client scores in Table 7 show that four of the client scores represent low rates of occurrence and that the level of error in all four of these scores may be high. Another score indicates a moderately-low rate and may be unreliable. The final score demonstrates a moderate rate of occurrence. In phase 4, it appears that category 7 tends to occur at low to moderately-low rates.