Analyzing a Gestalt Psychotherapy Session Using the Helbig Method of Dialogue Analysis (HELDA)

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To Oliver
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Abstract

How can we visualize the evolving psychotherapeutic alliance in dialogue? The psychotherapeutic dialogue is an important source of data for psychotherapy outcome and process research. Micro-analyses of dialogical turns within the therapeutic session support the understanding of the therapeutic method. This paper introduces the Helbig Method of Dialogue Analysis. This method is founded upon 4 pillars: 1) that dialogue is implicit action between persons that is supported by explicit verbally uttered content, 2) that the individual’s mode of inter-action within the dialogical dyad reflects the person’s relationship theme or pattern which plays out in the here-and-now, 3) that dialogue is an intersubjective process that leads to the development of new intersubjective configurations, and 4) that the observer-researcher’s phenomenological involvement plays a part in the analytical process. In this study, a 28-minute video-recorded gestalt therapy session is selected. The transcription of the session is coded using the instrument, the Core Conflictual Relationship Theme Leipzig/Ulm. Results obtained from this study are quantified graphical representations of the developing relationship between therapist and client. Simple to operate, scalable and practical, this method is designed for use by therapists and researchers who are interested in tracking, comparing and/or contrasting the developing psychotherapeutic alliance in a single or in multiple psychotherapy sessions.

Keywords: psychotherapy research, dialogue analysis, psychotherapeutic alliance, Core Conflictual Relationship Theme, gestalt therapy.
“In the beginning is the relationship.”

Buber (1970/36, p. 18)

1. Introduction

The notion of psychotherapy as being a talking cure (Breuer & Freud, 1955) is established since the inception of the profession itself. Talking is doing things with words. They are forms of acts (Searle, 1969; Austin, 1975). The act of talking in itself is, however, not necessarily curative. It is less likely that one can always talk oneself out of problems, let alone expect a psychological or somatic cure by simply uttering words. In the context of psychotherapy, the kind of talk that is potentially curative is one that involves talking to or with another person who is listening and returning his/her turn of talk back interactively. That is talk that exists as dialogue. Dialogue is a process of communication between two identifiable personalities. The dialogical process consists of non-verbal cues along with the utterances. In psychotherapy, the dialogical interaction between persons can lead to change. Sometimes this change is perceived as a cure (Jacobs & Hycner, 2009; Bocian & Staemmler, 2013). The psychotherapeutic dialogue is an important factor in the change process of psychotherapy (BCPSG, 2010).

Psychotherapy process research takes us beyond answering the question, “does psychotherapy work?” This area of research aims to study mechanisms of treatment processes and client change processes in the psychotherapeutic session. “The process of psychotherapy represents anything that can be conceptualized as a constituent of the psychotherapeutic treatment; more specifically, it refers to all of the events that, during the course of a treatment, occur as part of the therapy sessions and/or may be related to these sessions. These events may refer to any domain (physiological, affective, cognitive, behavioral, etc.) that is ascribable to the client, to the therapist, and/or to their relationship” (Gelo & Manzo, 2015). Psychotherapy process research provides the means to learn and improve therapy techniques by studying what aspects of therapy is most important for

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1 Translated from German, “Im Anfang ist die Beziehung”.

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effecting change. With such research, theories can be formulated and formal training materials for psychotherapy education can be designed (Hardy & Llewelyn, 2015).

The psychotherapeutic dialogue in itself holds the key to understanding the psychotherapeutic process. How the therapist and client interact with each other within the space and confines of time during the therapy session defines the psychotherapeutic alliance. The nature of this alliance determines the outcome of the therapy. Four decades of studies in psychotherapy research have shown that the alliance is the most important factor. A collaborative alliance is a common factor in all modalities of psychotherapy, and it is considered an important element in successful therapeutic outcomes (Wampold, 2001; Hovarth, 2006; Lambert, 2013). This study has arisen from the interest to explore a method that researchers and therapists can use to better understand, and to visualize graphically, how the therapeutic alliance develops during the therapeutic session. The aim of this project is to design a method that would lead to a graphical visualization of how an observed psychotherapeutic process evolves through the course of the session. The research approach can be defined as a psychotherapy process research method (Gelo & Manzo, 2015). The expectation is that being able to see changes through tables, trendlines and charts can bring about better understanding of the process of the therapeutic dialogue being studied. It is hoped that the graphical perspective can provide for a better grasp of the otherwise language-bound, somewhat abstract phenomenon of change process of psychotherapy. By analyzing dialogue, we may provide answers to some questions: What can we learn about the changes that happen in the interaction between the therapist and client? How has the psychotherapeutic alliance evolved during the session? How has the client’s past relationships reflected on his/her present way of interacting with others in the present? How is the psychotherapeutic method demonstrated in the dialogue? How does the therapist’s own relationship theme affect the process of the therapy?

Creation of the Method of Dialogue Analysis. In efforts to answer these questions, micro-analysis of a filmed patient-therapist dialogue is coded. The sample therapeutic dialogue selected for this study was specially chosen for its exemplary content and demonstration of the relational gestalt therapy method. The video is created by Resnick (2016) and is available on sale to the general public. That the video is available in public
domain is useful, should readers of this paper want to experience being observers of the studied session themselves. A transcript of this 28-minute film was created as shown in Appendix 5.

Looking out for responsive behaviors. The challenge in analyzing dialogue quantitatively is to look for and identify useable observable variables. This has led to some questions that had to be answered. The questions sounded like, “What are the specific interactions of the therapist and client that contribute to the overall alliance?” and “Can we identify a limited range of relationship processes that are most facilitative of achieving an effective alliance?” This strategy was gradually being taken over by a shift of focus from the original idea of observable variables to responsive behaviors (Stiles et al., 1998; Lepper, 2015). Responsive behaviors are initially studied by developmental scientists. Observers of mother-infant interactions have discovered important insights through studies of responsive behaviors, thus founding the principle that communicating intersubjectively with another is integral in human development (Stern, 1985; Trevarthen, 1993; Tronick, 1998).

To study responsive behaviors in dialogue, micro-events in the turn-by-turn interaction in the therapist-client dyad are observed and studied. Meaning-making of these micro-analyses are then considered in context of the entire session. Responsive behaviors between the speakers occur during these micro-events. As we focus on the responsive behaviors in the dialogue, we actually describe the inter-action between the speakers.

Viewing dialogue as inter-action. Lepper (2015) explains Levinson’s (1983) perspective of pragmatics, which is the study of “the human interaction engine” (Levinson, 2006) in its immediate – i.e. here-and-now – context. The detailed study of human dialogue can reveal processes which are meaningful. These processes are based on intersubjective co-created contact. The concept of inter-subjectivity directs us to dialogue. Our emotional lives are utterly interdependent. We are born into and shaped within our intersubjective fields. We are mutually, emotionally influenced and influencing (Jacobs, 2009; Wegscheider, 2015). Fundamental to human communication is that there is intent and there is also an expectation that this intent is recognized and responded to. This intent is active and continuous communicative inter-action. Hence, we return to the concept that words spoken serves as action. This action is in the service of creating the common ground of meaning-making, thus
forming the intersubjective field. This field exists in the in-between and co-created in the therapeutic alliance.

There are challenges in quantitatively decoding the psychotherapeutic dialogue in this manner. Voloshinov (1973) tells us that the therapeutic dialogue, studied from an observer’s stand-point, may provide the observer a superficial or low level meanings of socially shared signs, which make up the content of the speech. These low-level meanings make up the explicit literal content of speech. If we were to simply code this content, the dialogue would feel lifeless because the meanings are confined to utterances taken literally. That which is missed when the observer only focusses on content is the implicit material. The implicit material is interesting because it describes action within the dialogue. Here lies what Voloshinov (1973) considers the private meanings that can only be revealed in the living dialogue of client and therapist.

Analyzing recorded psychotherapy sessions with an attitude of seeing beyond the literal or explicit exchanges while focusing on the implicit material, observers can better understand and perceive how the relationship unfolds. There is action. “In successful therapies, this gradual disclosure provides the evidence for the semiotic positions that we have identified in the very first expressions of the client” (Leiman, 2012, p. 138).

**Coding the implicit inter-action of the dialogue is key to this study.** The focus of this method is on the implicit action of the inter-action between speakers in the dialogue. This is the prerequisite. The observer-researcher’s job is to look beyond the explicit content of the conversation, and to identify the implicit action that lies within. This implicit material is then coded and quantified.

**The use of the CCRT-LU as analytical instrument.** The transcript of the filmed session is coded using the analytical instrument, the Core Confictual Relationship Theme (CCRT) founded by Luborsky (1977) and adapted by Albani et al. (2002) to form the CCRT-LU, the LU being the acronym for Leipzig-Ulm. This instrument is chosen because it is particularly relevant for analyzing the psychotherapeutic dialogue with focus on the relational aspects of the speakers, in particular, the transference relationship (Luborsky, 1997). The categories of the CCRT-LU were developed from a comprehensive empirical
base of studies. The codes have also been placed into categories that are arranged in a top-
down hierarchy that facilitates charting (see Appendix 2).

**Designed with usability in mind.** The workflow of this research is designed to be
easily replicable, using currently available software, Microsoft Excel (Excel). Tabulating the
transcript into worksheets by entering each meaning-making utterance or non-verbal cue into
a cell in a worksheet, then adding codes onto the corresponding columns, facilitate the
creation of tabulated data that can be analyzed quantitatively. This data is then depicted in
charts.

**Results show visual trends in the observed developing therapeutic alliance.** From
the coding of the transcript, graphical quantitative data is produced. Different graphs showing
different aspects of the dialogical transaction between the therapist and client were obtained
through the use of the filters in Excel. The filters serve to select pieces of information that is
relevant to the researcher’s question, separating it from the rest of the data. Filtering the data
in this way, generated graphs that each describe an aspect of the observed dialogue. The
graphs obtained in this study demonstrate how the psychotherapeutic alliance unfolds from
a withdrawing-type of interaction (coded as non-LOVING), which is a less collaborative
interaction, to a more accepting type of interaction (coded as LOVING), which is a
collaborative interaction, in the client-therapist dyad. We were also able to observe trends in
the client’s relationship theme – or pattern – in relation to the therapist; from that of
withdrawal (LEAVING) and being weak (WEAK) at the beginning, to that of being
accepting (LOVING) at the end. Coding the therapist’s actions, we derived charts that
indicated how the therapist adopted a stance of straight-forward confrontation (STRONG) at
the beginning of the film to being supportive and accepting (LOVING) from the mid-point
on towards the end. These graphs allowed for the integration of the results with relational
gestalt therapy principles which is explained further in section 5.5 of this paper.

**The up-scalability of this study.** This study is an analysis of a short single session
of therapeutic work. The method is designed to be upscale-able. If this project were to be up-
scaled to included coding of multiple therapy sessions, there is potential in this method to
study many other aspects of the client’s relational development. Different therapeutic dyads
can even be analyzed and compared. Since this is a study of dialogue, there is potential for
use of this method in other professions where human interaction in the form of dialogue is of the essence. On being encouraged to provide a name to describe the method formulated in this paper, I shall call it the Helbig method of dialogue analysis or HELDA.
“Communication implies a commitment and thereby defines a relationship (...). Communication not only conveys information but at the same time it imposes behavior.”

Watzlawick et al. (2011, p. 51).

2. Theory

Theoretical considerations for this research method include the principles behind what constitutes the following 4 pillars, namely:

1) That dialogue is implicit action between persons that is supported by explicit verbally uttered and non-verbally communicated content. Focus on the implicit aspect of the dialogue can provide insight into the developing psychotherapeutic alliance.

2) That the individual’s mode of inter-action within the dialogical dyad reflects the person’s relationship theme or pattern which is repeated in the here-and-now. Coding of the relationship themes or patterns of the speakers in dialogue is possible using the analytical instrument, CCRT-LU, which is converges with Freud’s concept of transference.

3) That dialogue is an intersubjective interaction between individuals. The process of dialogue leads to the formation of new intersubjective existence.

4) That the observer-researcher’s phenomenological involvement plays a part in the process of analysis in the research.

This segment expands on the theoretical arguments behind the HELDA method.

2.1 The Therapeutic Dialogue as Elicitor of Psychotherapeutic Change

There are different approaches to psychotherapy. Within these are also theoretical considerations that share common ground. Authors like Budge & Wampold (2015) and Lambert (2013) identify these common factors among diverse psychotherapy treatment methods, which also includes Rosenzweig’s (1936) implicit common factors as:

   (i) the perception of the therapist’s personality,
(ii) the use of therapeutic theory to address the client’s personality,
(iii) providing space for catharsis, and
(iv) reinventing psychological events.

Looking at the implicit common factors (i) and (ii) more closely, we may be able to appreciate the importance of personality. Personality is the essential factor within the therapeutic alliance as it constitutes the concept of the self (Epstein, 1991). The personalities of both therapist and client seem to be significant factors influencing the development of the therapeutic alliance. The common factors (iii) and (iv) is dependent on the therapeutic method or technique adopted by the therapist.

Authors like Bion (1984) and Reich (1945/1984) explain at length, that for the method of therapy to be effective, the person-to-person interaction need to be addressed first before analytical or other intervention is to be attempted. Personality, which Reich describes as neurotic character traits, need to be worked with first before the client is able to benefit from any analytical work. These traits are unconscious that need to be brought to awareness first in the therapeutic encounter. In the therapeutic setting, the therapist’s own neurotic character traits interact with the client’s neurotic character traits. The resultant is what is experienced as transference and countertransference in the therapy room. The unconscious nature of transference and countertransference makes the phenomenon a challenging aspect of the therapeutic work. Being attuned to looking at countertransference supports the therapeutic work. Heimann (1950, p. 81) considers this use of countertransference as “one of the most important tools for his/her work”. The analyst’s awareness of his/her own countertransferences is an important instrument of research into his/her client’s unconscious mode of interacting.

As meaning-making organisms, human beings do not “simply” exist, but make meaning of every experience encountered. The meanings we make from our experiences are based on that which is learnt. We are influenced by the intersubjective field. Merleau-Ponty (1945/2012) has demonstrated is his writings on corporeality, expanding on Heidegger’s (1927/1985) Dasein, that of being in the world that is always already there. We come into being in relatedness (Jacobs, 2009, pp. 107). Every individual inhabits very unique social contexts and culture. Our personalities are in constant development alongside our life
experiences. Our phenomenology is our unique experiencing and the meaning-making of the moment, and the objects of the moment. As Owen (2015) puts it, “People have unique personalities and inhabit social contexts and culture, in larger contexts of society and history, through being aware of meaningful cultural objects (although such conscious awareness is influenced by implicit and biological forces). Therefore, a special attention is provided for what it means to relate in a context, (...) This includes the consideration of meaning within an attention to the therapeutic relationship in psychotherapy” (ibid. p. 2).

**Dialogue is the main part of therapeutic work.** In dialogue, the phenomenology of each person meets the phenomenology of the other. The therapeutic dialogue involves the engagement of the phenomenologies of individuals. It is through this engagement that the differences between the two phenomenologies become apparent. It is through recognition and acceptance of these differences among the individuals engaged in the dialogue that awareness takes place (Resnick, 2015). Dialogue that has transforming power, as Buber (1970/36) explains, leaves something that “remains for us and in us, which has changed us” (Gadamer, 1960/1975, p. 93). Rogers (1961) tell us that “dialogue that succeeds”, is no ordinary dialogue, but that which is inclusive of both the self and the other, “without any techniques, means, aims and intentions” (Schmid, 2001). The psychotherapeutic dialogue is thus not just any kind of conversation, but one that has function. The functional layer of the psychotherapeutic alliance is found also in the trans-personal layer of the contact (Clarkson, 2002). This trans-personal contact is found within the kind of dialogue that Buber and Rogers describe to effect change within the individuals associated with each other in the contact. When this change happens, the result is therapeutic. This moment of change is significant to psychotherapy. It is grasped and described by different authors, each providing a different name for the phenomenon (Chew-Helbig, 2017b): “miracle moments” (Santos, 2003), “sacred moments” (Pargament, 2007), and “moments of meeting” (BCPSG, 2010).

**Personality is linked with the dialogical concept of the self.** Each person is not an isolated single being, but rather it describes the self as a complex multiplicity of characters’ voices; otherwise termed as polyphonic voices. Each voice is said to be characterologically unique, and each portrays an aspect of the individual’s personality (Bakhtin, 1984/1929). Satir calls this internal dialogue – that is often also conflictual – of these internalized voices,
‘the theatre of the inside’, which is unconscious until made aware by the individual (Satir, 2009/1978). The positions of the self are therefore described as organized in dialogical patterns of voices engaging in internal and also internalized social interactions. Individuals have roles in authoring their own stories. These narratives are multifaceted and multi-vocal (Hermans, 1996). Since there is dialogue, there is a coexistence of power and dominance between these voices. This enables the human mind to be a self-critic and to interrogate the self (Hermans & Dimaggio, 2004). This “drama” of characters makes up the narrative of the self told by the individual during therapy and is a representation of part of the intra-psychic aspect of the individual’s self.

This aspect of dialogue is intra-personal rather than inter-personal. Intra-personal dialogue discussed here in order to highlight the internal-dialogic concept of mental healing. Understanding how the intra-psychic functions in the form of internal dialogue, brings to clarity how important the inter-personal dialogue is to psychotherapeutic change; i.e. it links the psychotherapeutic dialogue with therapeutic change.

Gonçalves & Ribeiro (2012) explain the reconceptualization of the self (or the “I”) as a type of “innovative moment” in therapy, which usually emerges through the therapeutic dialogue, and is distinctive in the process of a successful psychotherapeutic treatment, and “almost absent in poor outcome cases.” The presence of a contrast between a previous self-narrative and a new emergent one, plus the access to the understanding of the change in itself constitutes the therapeutic change process.

Generating dialogues in therapy means shifting the focus from the content of what is being said in the client’s narrative to the unfolding of emotions that arises as the narratives are told. In therapy, the therapist gets to be witness to the client’s unfolding and an intersubjective consciousness emerges (Seikkula, 2011).

Bollas (2016), gives us an idea of how these internal voices or characters that constitute the self could have come about during child development. The child who experiences the bewilderment of his first nightmares or disappointments with other children at kindergarten, turns to his parents for answers. The parents give advice and reassures the child, in a way, as Bollas puts it, acts like a therapist. Parents intervene when children go through such breakdowns. The parents help children to cope and try to help the child to get
back to life. As the child grows up, he learns to keep most of his experiences to himself – perhaps because of the emergences of sexual, disturbing thoughts – to the point of wanting to share almost nothing with the parents (or anyone else) by the time he is a teenager. Bollas calls it a beginning of a type of solitude where we turn to our mind as a sort of companion. The mind’s voices are the internalized substitute for the real mother (the maternal mind), father (paternal mind) and other social influences. This is the intra-subjective relationships going on in our minds (ibid.).

Psychological help is not the change of an individual as a person in isolation, but the change in the individual within his/her internalized societal interactions, which emerge as a kind of metaphor in the client’s narratives. This encompasses phenomenological and psychoanalytical theories e.g. in the Vygotskyan (Vygotsky, 1981) and Kleinian (Klein, 1985/1926) traditions. In this narrative the Self is put into positions, in which the use of the word “I” describes the position of the author, and “Me” the actor, or the referential object. Each of the many voices take turns to be in the “I” position. Each can tell a story from its own point of view, which can be constructed and renewed. The process of which changes the character of the Self as a whole. The diverse voices engage in internal dialogues within the Self and there exists between them, dynamic struggles. Some voices dominate into monologues, while others become silenced. This internalized power-play is manifested as “internal conflicts”. This principle can be applied to the understanding of psychopathology and psychotherapy (Hermans & Dimaggio, 2004; Lysaker & Lysaker, 2006; Osatuke & Stiles, 2006).

The viewing of the self as a dialogic nature of the multiple voices, rather than simply a collection of different voices is described by Salgado & Hermans (2005) as a return to subjectivity. When a person makes a narrative – in contrast to verbally communicating, but not talking in dialogical turns with an external person – there exists in this narrative an internal dialogue.

“The connection between narrative and dialogical processes is strengthened by the idea that life narratives can be conceive as the outcome of dialogical processes of negotiation, tension disagreement, alliance, and so on, between different voices (or perspectives) of the self” (Gonçalves & Ribeiro, 2012, p. 3). Alleviation of conflicts between the various I’s is
perceivable through altering the narrative of particular I’s. When this is achieved, we can expect the person to experience varying levels of shifts in mental state.

“Because our understanding does not comprehend what it knows in one single inclusive glance, it must always draw what it thinks out of itself, and present it to itself as if in an inner dialogue with itself. In this sense all thought is speaking to oneself.”

Gadamer (1960/1975, p. 422)

How involving the intra-psychic dialogue in therapy can lead towards therapeutic outcome. Dialogically, therapeutic change when “weaker” voices are given opportunity – or choice – to gain power to tell their own stories, different from the voice of the dominant story. In so doing, changes the problematic narrative through undermining the authority of the dominant voice. The client gets a choice of listening to opposing voices, affording these voices equal say. Empowering the client with choice, according to Resnick (2015), is therapeutic work.

Hermans (2004) reiterates that an I-position may remain for a long time “in the background of a system”, or may emerge from this background without context. “This emergent voice may be warded off, on emotional grounds, in the beginning of therapy and only later allowed to enter the larger community of voices (Honos-Web et al., 1999). As soon as an ongoing dialogical interchange with the other voices of the community is actually taking place, the integration of the emergent voice can make a start” (ibid. p. 24). This understanding correlates with the Gestalt therapy concept of the “figure” – which is understood as an unfulfilled need/emotion that is present but not in the awareness of the client – emerging from the (back)ground. These include the other stories, the experiences of the client. Bringing these suppressed voices to light is part of the process that lead to contact between therapist and client (Perls, 1969; Bocian & Staemmler, 2013). The positioning of the “I” relates also the object in object relations in psychoanalysis (Klein, 1985/1926; Masterson & Klein, 1989).

Various methods in gestalt therapy, are introduced during the therapeutic sessions to bring to life these conflicting voices. Change is initiated when the patient can identify with
and fully experience these “I’s”. Methods of achieving this include using the empty-chair method. Conflicting positions can put into words their needs and intentions. The intuitively and theoretically well-equipped therapist is able to guide the patient through this dialogue between what is termed the top-dog and under-dog (Polster & Polster, 1978; Yontef, 1991). Sometimes it is referred to as working with the inner child (Khan, 2010; Stahl, 2015).

The quality of the contact within the psychotherapeutic alliance provides the client with such renewal internalized experiences – reconceptualization of the self in relation to others leading to change. This elicits a shift in prior internalized mental states. The newly internalized experience gained during the therapy session through transpersonal contact lays the ground for growth and healing long after therapy (Staemmler, 2013). This brings into focus the inter-subjectivity of the self-positioning – an “I” within the self in relation to others – in the therapeutic dialogue (Masterson & Klein, 1989; Jacobs, 2009; Staemmler, 2013; Wegscheider, 2015). Writers in this section allude to the therapeutic dialogue forming an intersubjective “third”, which results in an intra-psychic shift in the client, which lasts long after the therapy is over.

2.2 Why Look Beyond the Explicit Verbal Content in Dialogue?

The intersubjective and curative level in the communication between individuals is “sensed” rather than simply heard. This level of communication exists beyond the verbal content of the dialogue. Gadamer (1960/1975) explains – using an analogy of Homer’s poem about the Trojan War – that we have to look beyond the verbalized subject matter of what is said or written, to discover the individual humanity of the speaker. “Homer's poem gained in artistic reality as a result of archaeologists' excavations. What is to be understood here is not a shared thought about some subject matter, but individual thought that by its very nature is a free construct and the free expression of an individual being” (ibid. p. 187). Utterances are not merely an inner product of thought, but also communication.

In therapy sessions the client exchanges words with the therapist. If the therapist gets preoccupied with only the verbal content of the client’s speech, he/she loses touch with the intersubjective aspects in their relationship. He/she hears what the client says, without
realizing how the client is saying what he/she is saying, or without noticing what the client really needs through his/her utterances. The client, as a result, does not get his/her needs adequately met through the therapeutic interaction. Paying more attention to the existence of this dual processes in the dialogue can enable the therapist to be more effective during the session.

The Boston Change Process Study Group (BCPSG)\textsuperscript{2} led by Stern et al. (2010), created since 1995, consists of a team of psychotherapists and developmental theorists, whose project was to research the process of change in psychotherapy. The group, in studying how therapy works, identifies two kinds of processes that take place in the therapeutic dialogue:

(i) The \textit{explicit process}: which is the declarative, verbal content matter of interpretations that alter the conscious understanding of the patient’s intra-psychic organization. It is the work of analysis that aims to bring to consciousness what is repressed.

(ii) The \textit{implicit process}: which is procedural and operates outside both focal attention and conscious verbal experience. This knowledge is represented symbolically in what the group calls “implicit relational knowing” (ibid. p. 4).

The BCPSG differentiates the explicit and implicit processes is summarized in Table 1.

\textsuperscript{2} The BCPSG is a combined effort of (alphabetically) Bruschweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., Sander, L. W., Stern, D. & Tronick, E. Z.
Table 1 Explicit and Implicit aspects of dialogue

<table>
<thead>
<tr>
<th>The Explicit</th>
<th>The Implicit</th>
</tr>
</thead>
<tbody>
<tr>
<td>words</td>
<td>action, enactment</td>
</tr>
<tr>
<td>content</td>
<td>process</td>
</tr>
<tr>
<td>symbolic representation</td>
<td>non-symbolic representation</td>
</tr>
<tr>
<td>undoing repression, rendering</td>
<td>change in psychological structures</td>
</tr>
<tr>
<td>unconscious</td>
<td></td>
</tr>
<tr>
<td>mutative information for the patient</td>
<td>mutative relationship with therapist</td>
</tr>
</tbody>
</table>

The implicit processes in dialogue can be understood as the level of communication that goes beyond the level of content of the speech, relating to the intersubjective interaction that happens during a dialogue.

We can expect, that studying the implicit processes in dialogue requires more effort of attention than studying the explicit content of the conversation. This is because the implicit process is non-symbolic, non-verbal and hence not so easily grasped by the listener or observing researcher.

The implicit process is, however, important to the researcher for the understanding of the psychotherapeutic inter-action. Focus on the implicit leads to clues to the existing transference and countertransference relationship between therapist and client. The researcher-observer’s ability to delineate the implicit aspect of the dialogue is essential to the HELDA method.

2.3 Rupture-Repair in the Therapeutic Dialogue

The dialogical process is the clinical exchange in psychotherapy. It defines the work. The dialogue operates in terms of acts. These acts that involves verbal and non-verbal communication, is integral to the dialogue (Salvatore & Gennaro, 2012). Within the
psychotherapeutic alliance lies a kind of dialogical relationship that elicits therapeutic change. This is brought about by the act of dialogue and through dialogue.

Within the therapeutic dialogue personalities of both therapist and client interact. Therein lie transference and countertransference, that usually begin unconscious to both parties in the dialogue. Transference is at the core of the therapeutic alliance (Freud, 1912/1958). The client-therapist interaction activates the client to see himself in relation to the therapist in a unique way – and act out accordingly – due to the effect of transference. This self-perception and self-reaction in relation to the therapist is oftentimes skewed to mirror the client’s own childhood developmental experiences (Masterson, 1983; BCPSG, 2010). It is the therapist’s work to perceive these differences. By bringing the differences to light, by showing acceptance for the differences between him/herself and the client, the therapists supports the client towards a self-awareness which is therapeutic (Polster & Polster, 1978; Masterson & Klein, 1989; Resnick, 2015; Greenberg, 2016). Reich (1945/1984) tells us that transference in the therapy room can manifest itself as:

(i) positive transference – where there are pleasant feelings resulting in (often blind) compliance and/or cooperation – and
(ii) negative transference – where there are ill-feelings resulting in confrontation and/or withdrawal.

The therapist’s challenge is to perceive the phenomenon as it happens in the therapeutic session. Without this first step of acknowledging transference feelings, interventional measures may go awry. Reich writes, “If the analyst interprets the material in the sequence in which it appears in each case, whether or not the patient is deceiving, using the material as a camouflage, concealing an attitude of hate, laughing up his sleeve, is emotionally blocked, etc., he (the analyst) will be sure to run into hopeless situations. Proceeding in such a way, the analyst is caught in a scheme which is imposed on all cases, without regard to the individual requirements of the case, with respect to the timing and depth of the necessary interpretations” (ibid. p. 8). From Reich’s (1945/1984) writings, we learn that feelings from transference can feel very different. Regardless of how it is manifested, as long as transference remains unawares, the work of therapy gets impeded in some way. The impediment comes in the form of an in ability to from a collaborative alliance, since both
parties are seeing the self and reacting to the other based on pre-learned relationship patterns. This is named by psychotherapy researchers as *rupture* (Eubanks-Carter et al., 2014) or *conflict* (Albani, et al., 2002) in the therapeutic alliance. The resolution of this non-collaborative situation is regarded as the work.

Psychotherapy analytical instruments that are used successfully in studying the psychotherapeutic process through analysis of the psychotherapeutic dialogue involve the analysis of the transference in the relationship. Two notable examples of such instruments are the The Rupture Resolution Rating Scale (3RS) by Eubanks-Carter et al. (2010) and the The Core Conflictual Relationship Theme (CCRT) by Luborsky (1977). The CCRT-LU instrument used in HELDA is the reformulation on the CCRT (Albani, et al., 2002).

Eubanks-Carter et al.’s 3RS tracks the working alliance by studying the *rupture* and *repair* process in the therapeutic dialogue. They define rupture as “as a deterioration in the alliance, which is manifested by a lack of collaboration between patient and therapist on tasks or goals, or a strain in the emotional bond (Eubanks-Carter et al., 2014, p. 2).” Lack of *collaboration* rather than lack of *agreement* is the focus of rupture. Disagreements between patient and therapist on the therapy process, especially when in a collaborative manner, do not constitute necessarily to rupture. On the other hand, superficial-level agreements are actually examples of withdrawal ruptures, that oftentimes serve to avoid conflicts. Ruptures are inevitable, occurring in all therapy sessions. Therapists and clients do often unwittingly get entangled in patterns of enactments in the transference relationship. Ruptures may remain outside the awareness of therapists and patient. These may not significantly obstruct the therapeutic process, although in some cases these ruptures lead to drop-out and/or treatment failure (ibid.).

Horney’s (1950/2013) concept of responding to anxiety is by moving away, toward, or against others. To notice the rupture is to help patient confront inner conflicts and anxieties that is often out of the patient’s awareness. This also represent unfinished gestalts of need unmet due to resistance of the client into coming in contact with their needs.

**Withdrawal and Confrontation.** Using HELDA, it is useful for the observer-researcher to acknowledge the phenomenon and incidences of ruptures and repairs in the
therapeutic interaction. Coding the *implicit* aspect of dialogue in HELDA does not only describe rupture and repair. It describes the underlying action behind the rupture and repair.

Ruptures are organized into 2 main subtypes: *withdrawal* and *confrontation*. *Withdrawal* ruptures manifest as:

(i) the patient moving *away* from the therapist (e.g. by avoiding the therapist questions) and

(ii) the patient *appearing* to move *toward* the therapist, but so as to deny the self an experience of the therapeutic work (e.g. by being overly deferential and appeasing).

Withdrawal ruptures describe Reich’s description of some positive transferences as mentioned above, when the client has an attitude of being deceptively or selflessly compliant. Withdrawal ruptures can also be experienced as negative transference through passive rejection or avoidance of contact.

*Confrontation* ruptures, on the other hand, involve:

(i) the patient moving *against* the therapist, through expression of anger or dissatisfaction in a non-collaborative manner (e.g. making hostile complaints), and/or

(ii) through trying to pressure or control the therapist (making demands).

Confrontation ruptures feel mostly like the negative transferences mentioned by Reich.

Transference and countertransference are co-created. In the therapy situation, it is the therapist’s work to *repair* the ruptures. In some research, only ruptures attributed to the patient are considered, even though ruptures are a function of both therapist and patient contribution. “In our experience, even if a therapist behavior precipitates an alliance rupture (e.g., the therapist is critical or condescending), the patient usually responds by withdrawing or confronting…” (Eubanks-Carter et al., 2014, p. 2).

**Resolution Process.** The process of repairing a rupture is referred to as a *resolution* process. The process of resolution enables the patient and therapist to reinforce their emotional bond, so that they can continue with their collaborative tasks and goals of the therapy work. This resolution process serves as a corrective emotional experience for the patient.
Experiencing of total compliance by the client can mean un-resolved rupture by withdrawal of the client from the alliance. In Reich’s terms it is positive transference that leads the client to “go in circles while being completely untouched”. There may also seem to exist “sterile accomplishments or acute reaction formations” while no real therapeutic change really happens (Reich, 1945/1984). Lack of ruptures does not necessarily mean effective therapy. “A patient and therapist could be in agreement and be working together very smoothly but pursuing goals and tasks that are not the best choice for the patient’s situation. When coding ruptures, the focus is on the quality of the collaboration and bond between the patient and therapist – not the quality of the therapist’s case conceptualization, choice of treatment approach, or adherence or competence” (Eubanks-Carter et al., 2014, p. 6). Resolutions occur when rupture is repaired, and there is a shift in a positive direction in the working alliance. “Whereas the patient and therapist had seemed stuck, or locked in a vicious cycle, drifting apart, or working against one another, now they begin to come together, to understand each other, and to work collaboratively” (ibid. p. 6). In order for an event to be considered a resolution marker, the event “must be in the context of a rupture” (ibid.). This implies that an effective therapeutic process is one in which the transference (positive or negative) is brought to awareness and the ruptures in contact that come with these ruptures are repaired.

Graphical representation of the therapeutic alliance via HELDA, is able to depict the above-described movements of contact and separation between client and therapist, as the result of rupture and repair.
“(T)he analysis of the transference, i.e., that part of it which deals with the breaking down of the resistances, constitutes the most important piece of analytic work.”

Reich (1945/1984, p. 5)

2.4 Transference within the Therapeutic Alliance

The client’s relationship patterns, due to the phenomenon of transference, are repeated within the therapeutic alliance (Freud, 1912/1958; Masterson, 1983; Fried et al., 1997/2003). Enactment of these relationship patterns can be observed in the here-and-now of the psychotherapy session. Therapeutic change is effected when the therapist works with the client on the transference and countertransference patterns in the client’s present moment with the therapist (Santos, 2003; BCPSG, 2010; Bocian & Staemmler, 2013).

With the HELDA method, the observer-researcher studies the dynamics of the transference played out in the therapeutic dialogue by using the CCRT-LU coding categories. By using the CCRT-LU instrument, patterns of client’s interaction with the therapist enacted at various time intervals throughout the therapy session can be put into discreet codes. These codes are variables that we can use to quantify the development of the alliance.

Kernberg (2008) explains that working with transference during therapy, the client gets a chance to experiment relating to another person, who is the therapist, in a manner that is different from his/her usual pattern. This new way of relating to another, which the client has learnt in therapy, is one that is independent on the client’s past relationship patterns. With such therapy sessions, the client gains awareness of his/her conflictual relationship patterns and is better able to relate to others in society differently. Such individuals become then less trapped in their conflictual personality patterns and have the benefit of choice. This is the desired function of gestalt psychotherapy (Resnick, 2015).

2.5 Transference Patterns of Individuals Captured with CCRT-LU

The analytical instrument used in HELDA is the modified version of the CCRT, called the CCRT-LU. The Core Conflictual Relationship Theme (CCRT) has been used in
psychotherapy research since 1977. It was created by Luborsky (1977) to study recurrent relationship patterns, and hence transference in psychotherapy sessions. The CCRT is a “measure of personality”. It is “the central relationship pattern, script, or schema that each person follows in conducting relationships. It is derived from the consistencies across the narratives people tell about their relationships” (Luborsky, 1997, p. 3).

During therapy, narrative episodes expressed by the client regarding their relationships make for the data used to formulate the CCRT. These episodes are called *relationship episodes* (RE’s). In each of these episodes, the “other” persons that are in relation to the client are identifiable. These could be any person affecting the life of the client, including the therapist and the client him/herself (Luborsky, 1990). The CCRT is used to code for these consistent relationship themes or patterns of the client that arise from past, that happens in present moment, or in the client’s future.
**Theoretical background of the CCRT.** The lineage of this central relationship concept can be traced to Freud’s early concept of transference. This is described in his case of Dora (1953/1905), which introduces the idea that the client transfers of attitudes and behaviors derived from early (parental) relationships onto the therapist. These behaviors are enacted in the therapy sessions. In his paper, *The Dynamics of Transference*, Freud (1958/1912) observed a wide range of characteristics of what is translated into English as a *stereotype plate* (or *Klischee* in German). Luborsky (1997) explains this term as a *transference template*, a relationship pattern that serves as a prototype or schema for guiding, shaping and conducting subsequent relationships. Demonstrating the convergence of CCRT evidence to Freud’s observation, Luborsky (1997, pp. 309-321) lists the following phenomena in Appendix 2.

Luborsky mentions that a key element in the strategy of translating the CCRT-LU with Freud’s observations about transference is to provide for tenable operational definitions that connect the two, and to provide “a meaningful kind of validity for the CCRT”. The benefit of using the CCRT is that it provides a possibility for clinicians to achieve consensus in their session-based judgment an otherwise complex concept (ibid.).

The development of the CCRT-LU provides researchers a coding system that comprises of comprehensive list of categories of codes in as shown in Appendix 1. The development of this coding system is based on empirical studies. The system is easily navigable, making judging and scoring a relatively uncomplicated process (Albani, et al., 2002).

The category system can be used with flexibility. Examples of research done using CCRT and CCRT-LU include: The CCRT applied to literary works: An analysis of two novels written by authors suffering from anorexia nervosa (Stirn et al.; 2005); the CCRT of psychotic, borderline, and neurotic personality organizations (Diguer, et al., 2001); the use of the CCRT method in describing and comparing gestalt and rational emotive behavior therapy with adolescents (Agin & Fodor, 1996); testing the CCRT with adult offenders who have intellectual and developmental disabilities (Hackett et al., 2013). The CCRT is also used in a study of the relationship patterns in alexithymia using the CCRT method (Vanheule et al., 2007); and an exploratory study of child molesters’ relationship patterns (Drapeau et al,
2004). The CCRT and the CCRT-LU has been used as a tool by researchers who are interested in analyzing texts and speech to uncover patterns of relating in a variety of studied individuals and situations.

2.6 Studying Elements of Psychotherapeutic Dialogue

The psychotherapeutic dialogue is different from other ordinary dialogue. In most ordinary conversations language and other signs are understood as means for displaying and recognizing the speaker’s communicative intentions, but in psychotherapy there is an almost universal intent for the therapist to examine the talk beyond its intended meaning, like studying the counter-transference relationships (Peräkylä, 2013). Theories around analyzing of dialogue and conversation are mentioned here. These have been useful for the formulation of the methodology in HELDA.

Client narratives versus utterances of here-and-now experiences. The therapeutic dialogue – as with the sample in this study – contain the patient’s narratives of past experiences, as well as the patient’s description of experiences in the here-and-now. Narratives, when supported and contained by a keen listener, are means to therapeutic ends (White & Epston, 1990). In this study, these two aspects of the client’s utterances are defined as the narrative content and the non-narrative psychotherapy talk, as described below.

The Narrative content. There are different perspectives of how client narratives are studied. In general, narrative material can be perceived to exist in 2 forms (Bercelli et al., 2008):

(i) The structural textual, which is where narratives are treated as representation of past experiences presented in ordered sentences following temporal sequences of events. These events include actions dealing with noteworthy situations, and attention is given to analyzing the textual and linguistic aspects of the talk (Labov & Fanshel, 1977).

(ii) The interactional, which is the analytic focus in HELDA is the interactional features of narrations in talk-in-interaction. Narrating stories is considered a social activity that is co-created. How the stories are told do not depend solely
on the speaker, but also on who is listening (Schegloff, 1977; Goodwin, 1984; Sacks, 1992).

In the HELDA method these two aspects of the client narratives are identified as well. Description of the structural textual aspect is named the CONTENT while the interactional aspect of the narrative termed the ACTION rated with code.

Narrative content in the transcript featured in this paper, can be seen in this instance when the client describes part of her parents and her upbringing:

475  C  because what they had nothing in their hands and have to build their life again.
476  T  yeah

477  C  They gave me everything they could
478  T  yeah
479  C  Especially lots of food
480  C  I can't eat anymore

In the above example, the structural-textual content is described in the content column as: “(PAST) parent had nothing”; “(PAST) parents gave everything they could”; “(PAST) parents gave lots of food”; and, “(PAST) being overwhelmed”. What is also noted in the worksheet is the fact that the client is referring to her relationship to her parents in the past. What she is actually doing, is explaining to or sharing the information with the therapist. As she shares the narrative, the observer gets a sense of her emotions: of feeling subjected to having less rights because her parents had experienced “more suffering”, of having to feel unquestioningly thankful for what she was given, of feeling overwhelmed by having been given so much. The client’s story is in the past, but her emotions are in the present. These emotions are being shared with the therapist.

Narrative content in this study is given labels (PAST), (GEN) and (FUTURE). These labels serve to identify utterance that is a narrative. When the client narrates, she also talks about future aspirations (preceded with FUTURE) and about generalized statements (preceded with GEN). When the client is addressing the therapist in the here-and-now, the talk is considered non-narrative.
The non-narrative psychotherapy talk. Much of the data available in this study sample is non-narrative psychotherapy talk. As the name implies, non-narrative psychotherapy talk is the exchange between therapist and client that excludes the client’s stories of situations, events or relationships that affect him/her that is not happening right at the moment in the therapy room.3

Differentiating the narratives and non-narratives and separating the structural-textual and interactional aspects of narrative talk of the client makes it possible to code the dialogue in a more precise manner. In HELDA, it allows the observer-researcher to think of the act of narration (whether about past, general or future events) as interaction with the therapist. It allows the observer to differentiate between the content of what the client is telling the therapist and what the client is doing through the telling. Bercelli et al. (2008) mentions that while the importance of client’s narratives is widely acknowledged, the tasks accomplished from the act of narrative telling is not fully analyzed. The principles of analyzing the psychotherapeutic dialogue centers around the action, and not only content. This is a factor in the study of conversation analysis.

Conversation Analysis (CA). The HELDA method is founded on the principles of CA. CA is an empirical qualitative method of psychotherapy research is “relatively atheoretical in the sense of (a) eschewing a theory of subjectivity (e.g., not accounting for talk at the level of individual predisposition) and (b) being primarily inductive and data driven” (Madill, 2015). Madill claims that CA is not interpretivist and differs from research methods like grounded theory and other phenomenological analysis in that no attempt is made to categorize the data with the (social constructivist) view of theorizing how participants understand particular social processes or their own experience. In a study, the client’s personal narratives are found, with the use of CA, to vary with time and context within the therapy sessions (Bercelli et al., 2008), agreeing with Sacks’ comment: “(...)one doesn’t listen to a story for what can be treated as ‘the topic’ of any such story and extracted

3 In gestalt therapy, the onus is on the therapist to guide the client towards bringing the conversation to the here-and-now. As the client recounts his/her experiences of the past through narrating these stories, the therapist guides the client towards bringing the emotions of past experiences into the room. Narratives then develop into relational experience in the therapy.
as the topic of this story, but one listens for the issue of how is it that A is telling this story to B, where ‘topics’ should be an interactional phenomenon. (...) Rather, we want to ask: what is a story about, by virtue of the fact that it’s between those two? Stories are ‘about’ – have to do with – the people who are telling them and hearing them. That is my orientation” (Sacks, 1992, pp. 767-768).

The underpinnings of CA concepts form a base for the coding of the data in HELDA. There is no attempt to theorize the dialogue as expression of participant’s experience of social processes. It is the inter-active process of the dialogue that is being investigated (and coded with CCRT), not the meaning of the content of the language used alone. The focus of this study is the implicit communication between therapist and client and not the words they say and what in means in the social context.

Consider the beginning of the sample video, for example, the client’s utterance: “I pass” (in line 1).

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<td>1</td>
<td>C</td>
<td>I pass.</td>
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<td>2</td>
<td>T</td>
<td>I don’t understand the word.</td>
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<td>4</td>
<td>T</td>
<td>[I know how to spell it]</td>
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<td>5</td>
<td>A</td>
<td>[((raucous laughter for 15s))]</td>
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<td>6</td>
<td>T</td>
<td>[((chuckles along then stops smiles))]</td>
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<td>7</td>
<td>C</td>
<td>((stops smile turns head to T ))</td>
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<td>What you don’t understand?</td>
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<td>9</td>
<td>T</td>
<td>Ah(0.3) I don’t understand</td>
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<td>10</td>
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<td>((leans forward))</td>
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<td>11</td>
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<td>and I’m being serious now</td>
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<td>12</td>
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<td>I don’t understand uh (. ) what gets in the way for you to say</td>
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<td>13</td>
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<td>where you are at the moment. uh (. )</td>
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<td>14</td>
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<td>That’s what I don’t understand,</td>
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<td>15</td>
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<td>and I would like to.</td>
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The socially understood meaning of the word “pass” has usually no big significance to the group. When members of the group say, “pass”, they tell the group that they do not
have anything significant or new to share with the group, and/or that they do not need anything special from the group at the moment. This is the word a member would use when he/she does not have anything significant to share or say in the opening or closing round of a session. Hence saying “pass” would lead to no particular consequence. It was the context of the client’s utterance that made the difference. What was considered interesting was the intention of the client to say “I pass” at that moment, within that context of the interaction. The example showed the client’s attempt (albeit jokingly) to make literal her utterance by spelling the word (line 3). The group understood her act of making literal the word “pass” and responded by laughing (line 5). The therapist exposes what the action of the client meant to him by describing the action: he tells her that he perceives her saying “pass” as means to avoid saying to the group how she is doing (lines 12-13). Having perceived his own reaction to the client’s utterance, “pass”, he encourages dialogue by telling her how her utterance impacts him. In the context of the session, the client’s use of the word “pass” is taken to mean an act of withdrawing, and is given the CCRT-LU code, “M12 keeping one's distance, retreating, depriving”. This is somewhat different from the group’s socially agreed meaning of the word.

**Five main features in CA.** The five important features of talk-in-interaction which are also considered while coding the dialogue in HELDA are (Madill, 2015):

1) *Turn Taking.* Turn-taking is how speakers take turns to speak in a conversation. Central to turn-taking is the turn-constructional unit (TCU). Usually a speaker uses one TCU and allows space for the other to speak. TCUs complete an action in talk, e.g. a request. TCUs are also intuitively formed, e.g. through intonation. TCUs are also contextually complete. How TCU are transitioned are points of interest in CA. Turn-taking is fundamental factor for humans to communicate with intersubjective understanding for each other (Schegloff, 1992; Heritage, 2007). Situations where the turn taking doesn’t happen fluidly can happen in moments of mid-TCU pauses and interruptions, body-language of gaze interruptions or inter-turn silences caused by speaker withholding his/her turn or giving up right to speak his turn, etc. An example of an awkward turn silence is notable at the beginning of the “work” (where the client and therapist sit in the front of the group). The client expresses her unease at the silence:
The therapist was at an ambivalent point during the silence. He closed the gap by explaining exactly his thoughts.

2) **Sequence organization.** A sequence is a series of conditionally relevant actions, e.g. making and receiving a response to an invitation. Two turns of talk leads to an *agency pair* – the first pair part (FPP), and the appropriate second pair part (SPP). These can be simple or more complex, depending on agreement between the conversant, if the answer is preferred or dispreferred. If a dispreferred (are avoided as much as possible) is to be made there would be notable markers like silence, hesitation or words used etc. Dispreferred FPP can be requests that impose on the other and can be potentially problematic to the interaction. Pre-sequences are used for such requests to check out the likely response of the recipient. Reaction to these pre-sequences could be: to go-ahead (intimating that a preferred response to the projected action may be forthcoming), to block (which stops the action progressing), or to hedge (e.g., seeking further information before an SPP is supplied). Embedded in therapeutic dialogue are a series of sequences. This describes the ACTION aspect of the dialogue, to which the CCRT-LU codes are given in HELDA.

3) **Repair.** Repair happens when there is an indication of a problem in speaking, hearing or understanding. Repair is meant to be heard as correcting and is “integral to conversation as a self-regulating system.” Therapists use this correction method to help
clients refine their experiences. This has to be done carefully, since other initiated repairs can lead to misunderstanding as well.

In the example below, the client replies to the therapist’s remark (line 29), which the therapist quickly corrects (line 30).

24 T So you have some objection to,
25 unless I ask you, to put out,

26 “I’m feeling (inaudible 3:40). There are so many stories.
I don’t know what to do with them, so I want to withdraw ((hand /body
gesture)).
28 That’s me.”

29 C =Yeah, better listen to what other has to say=

30 T = You didn’t hear me (.)
You would prefer not to say that unless I ask you.
31
32 You would rather just [(click)]
33 [((hand gesture bends body backwards)]
34 pass.
35 C Maybe, yeah

The client’s answer, “=Yeah, better listen to what other has to say=” came quickly, as if to complete the therapist’s sentence. This line is coded using CCRT-LU codes as shown in Appendix 1. In this line the code given is I21 – describing the adjectives, “being self-satisfied, being uncritical” – which the therapist responds swiftly to correct, with “=You didn't hear me (.).” The therapist’s correction was given the code D21 – describing the adjectives, “being strong, being superior, being important, being courageous, deciding”. It is not expected that these codes always describe the precise meaning of the action. The codes do, however, provide the researcher with adequate possibility to code the essence of the momentary interaction. The codes in the abovementioned turn tell us that there is a
repair going on in the dialogue, whereby the therapist decides to “be deciding” to make a correction.

4) *Word selection.* The lexical characteristics of the dialogue is an important aspect of conversation. This is usually the most observable aspect. It is the words used by the client that gets the therapist’s attention. An example in the transcript where a word “shocked” uttered by the client was given attention:

```
228    C    I'm actually shocked by the fact that I'm asking to work with you?
229    T    hmm
230    C    And I was thinking should I do it should I not do it?
231    T    da da da ((swings hands left right looking down))
232    C    and then suddenly it came out
233    T    ((slaps hands on thighs))
234    C    [so um]
235    T    [shocked] in a good way? or in a bad way?
236    C    I dunno
237    C    I'm still digesting that.
```

The client used the word “shock” (line 228) which is quite literally coded as F24 (*being shocked, being horrified, feeling caught in the act*). This code reflects the researcher-observer’s impression of the client’s position at the moment of the utterance. The Therapist is doubtful of the client’s meaning of the word used. He asks her, “[shocked] in a good way? or in a bad way?” (line 235), which is coded as A11 (*being curious, being interested, exploring, being active, being motivated, being open*). Her answer was ambivalent F22 (*being insecure, being confused, being indecisive*) and D28 (*changing, developing, improving*).

5) *Action formation.* In the therapeutic setting, there is a goal of “doing therapy” within a specified time span. How the talk is conducted at the beginnings and closings, for example, align with the process of the agreed upon therapy situation. If either therapist or client decide to unfollow this pre-understood sequence by acting differently, the interaction in its natural course would be disrupted. The material studied here is interesting because it
spanned two sittings, day 1 and day 2. The first part, day 1, was not a planned session, but a conversation between therapist and client over the topic while sitting with the group. The second part showed the “work” begin (in line 199 at around 09:33 minute mark of the film), with the therapist and client arranging to sit together and get their microphones hooked up. Shortly before this mark therapist and client were going about arranging themselves physically and mentally for the “work”. There was a tussle-up type of discussion about the time-keeping:

172 T May I wire you?
173 C yep
174 T thank you ((adjusts client’s mic))
175 C not too much
176 T not too much heh ((takes his seat))
177 Angela, would you keep 20 minute’s time for us?
178 and give us a few minutes warning?
179 okay
180 you ok with 20
181 C yeap
182 T okay
183 C ((clears throat))
184 [((adjusts chair looking down))
185 [You’re going to need five.
186 T If [we only] need five
187 C [It’s okay.]
188 T we can [stop at] the
189 C [It’s okay.]
190 T end of five=
191 C =yeah
192 T 20 is just er arbitrary.=
193 C =yeah, okay
194 T If we really needed it,
195 we could go further
196 C Mm-hmm
197 T Okay=
198 C =Okay
This seems implicitly to be more about the client’s unease – coded as G25 (*being moderate out of weakness*) and F22 (*being insecure, being confused, being indecisive*) – than it is about the time. Immediately after this, therapist and client change demeanor, exchanging “hi’s” as if they have just met for the first time (lines 199-200).

199 T .hh hi
200 C hi hh

This is a symbolic action formation to mark the start of the “work” at the center of the group. From this point, the dialogue took more of the form of a therapeutic collaboration.

The principles and assumptions of CA form the basis of how the transcript is analyzed and CCRT coded in the HELDA method.

**Dialogical Sequence Analysis.** Leiman (2012) introduces what is called Dialogical Sequence Analysis (DSA), a meta-model concept of the psychotherapy process of providing “a natural laboratory within which internal experiences become tangible through expressions and utterances”, that is considered a fundamental goal of all psychotherapy approaches. The premise for this idea is briefly explained in the following way:

(i) That human activity is object-directed (intentional),
(ii) That subject and object of any activity are reciprocally positioned,
(iii) That the general structure of external and psychic activity is similar, and
(iv) That both internal and external actions are sign mediated (ibid. p. 130).

On this premise is the HELDA method also based.

Every utterance expresses the speaker’s (the *author*) position, simultaneously, to the *referential object* of speech and the *addressee*, i.e., to whom the utterance is meant. According to Bakhtin’s (1984/1929) theory of utterances, individuals, when communicating, simultaneously position themselves with regards to the *referential object* – (“about what”) and the *addressee* (“to whom”), and this affects the style and composition of their utterances, as shown in Figure 1.
Leiman (2012) uses the term *semiotic positioning* as a basis for studying utterances in the psychotherapeutic dialogue, which is founded on the theory originating from Bahktin’s (1984/1929) dialogism and concept of polyphonic novel, that the dialogic relationship must contain utterances. Dialogic relationships are also considered absolutely impossible without logical relationships or relationship directed towards a referential object. The logical and semiotic referential relationship must be embodied and personified “they must enter a sphere of being”. They must become words through utterances. They must receive an author, who is the creator of the utterance, whose position it conveys (ibid.). This concept of *semiotic positions* is integrated into the HELDA method. The integration of Leiman’s (2012) diagram in Figure 1 with HELDA’s variables are illustrated in Figure 2.

“The expression of a thought or an intention, the saying of a sentence or the doing of a deed, does not issue from already well-formed and orderly cognitions at the center of our
being, but originates in a person’s vague, diffuse and unordered feelings – their sense of how, semiotically, they are ‘positioned’ in relation to the others around them” (Shotter, 1993, p. 63). This issue is also discussed by Leiman (2012, p. 134). The speaker’s positioning in relation to the addressee and the referential object illustrates a complex reciprocal relationship. How the speaker chooses his/her words, the manner in which these are uttered, is affected by the presence of the listener, is designed to affect, and affects the listener. This process of affecting the other is a reflection of Kleinian theory of projective identification (Klein, 1985/1926). “Hence, any verbal account of our experiences, our memories, dreams, and fantasies, is not a direct expression of our psychic phenomena. The “What” in our utterances is mediated by “To whom” we are speaking” (Leiman, 2012, p. 134).

This model of illustrating the nature of utterances is reflected in the predicate logic of the Albani et al. (2002) CCRT-LU instrument used in this study. Figure 2 shows a modified version of Leiman’s diagram in Figure 1. Words added in this figure that are in bold capital letters – SPEAKER, ACTION, CCRT and CONTENT – are the tabulated variable labels used for this study. The author (SPEAKER) says something to the addressee. The act (ACTION) of the utterance is perceived by the observer-researcher, who infers that this the likely intent of the author4. The referential object (CONTENT) of the utterance is also perceived by the addressee. The addressee processes the information given through the speaker’s communication, and responses to it. This then creates the next turn of talk where the author and addressee switch positions. In the context of the studied video, the speaker and addressee almost always involve the therapist and client.

The HELDA method is the integration of the above-illustrated principles regarding dialogue. These include the differentiation between the implicit and explicit aspects of dialogue since the implicit aspect describes the action within the utterances, while the explicit aspects describe the content of the utterances. The focus on the relationship patterns showing up during the utterances is also taken into account. The coding of the implicit material from the transcript using the CCRT-LU captures these relationship patterns. Using the grounding

4 Since action is implicit material, the observer-researcher relies on his/her own perception of the utterances.
principles of CA, which looks at the talk-in-interaction, the intersubjective relating between speakers, rather than interpreting the content of discussion, becomes the focus. Following the fundamentals of DSA, which considers the semiotic positioning of the speakers and the referential object, there is appreciation that therein lies reciprocity in dialogue. The observer-researcher using the HELDA method handles the theory as a backdrop for his/her analysis and subsequent coding of the dialogical material. Keeping the theory in mind is a prerequisite for observers using this method.
“Linguistic expressions are primarily cues for making inferences, and understanding does not primarily consist in decoding the precise content of the expressions, but in making inferences that lead to adequate next (cognitive, conversational, behavioral) moves. This ‘frees’ the expressions from the need to have a completely fixed conventional meaning, as long as they support the inferential purposes of speakers/writers and addressees.”

Verhagen (2005, p. 22)

3. The Helbig Method of Dialogue Analysis (HELDA)

The Helbig Method of Dialogue Analysis (HELDA) is developed to answer some relevant questions brought forward in psychotherapy research. What really happens during the therapeutic session, within the therapeutic dialogue that elicits a therapeutic change in the psyche of the client? The question addresses the process of psychotherapy and involves micro-analyzing the moment-to-moment dialogue between therapist and client.

As we “zoom out” to observe the therapy sessions as a larger whole, we get a feel of a developing alliance. It is generally accepted as a desirable end-effect when therapist and client are able to relate to each other in a mutually accepting and contactful manner. This contactful way of relating looks to the observer of the conversation as dialogue that is mutually open, communicative and accepting. This alliance has to be nurtured during the therapy session. The therapist’s work is to provide the environment for such a contact. This contact arises through the therapeutic dialogue. Interruption to this contact is a complex phenomenon to describe. It can be observed, in certain circumstances, as rupture. Emergence of rupture in the relationship is normal phenomena, that happens (and has to happen) throughout therapy (Eubanks-Carter et al., 2014). Ruptures take the form of withdrawal and/or confrontation. Both withdrawal and confrontation in the alliance weaken the contactfulness in the relating between therapist and client. When the client withdraws, he/she moves away from dialogically interacting with the therapist. When the client confronts, he/she acts to push the therapist away from interacting with him/her. Absence of rupture does not necessarily mean that the therapy is effective. Effectiveness of the psychotherapy session
requires that the therapist be able to identify ruptures in the contact and act to elicit repairs to these ruptures. This is achieved through the therapeutic dialogue (ibid.).

The HELDA method analyzes the process in which the therapeutic alliance is developed during the session. The method checks for change in the client and therapist’s way of relating to each other in relation to time as variable. The aim is to address the question: how does the psychotherapeutic alliance evolve during the course of the therapy (or within the therapy session)? In order to observe change developing in the alliance, the observer-researcher differentiates between what is being said – which is the CONTENT of the utterances – and what is being done – which is the ACTION of the speaker. The semiotic positions of the CONTENT-ACTION and speakers are illustrated in Figure 2.

*Figure 2. Modification of the Leiman's (2012) model.*
The CONTENT of the utterances is captured by describing the words spoken and/or by describing the body language of the speaker. The CONTENT of the utterances is the what researchers like the BCPSG (2002) calls the *explicit* material in dialogue. Through the CONTENT, the observer-researcher makes inferences to the ACTION variable. The observer-researcher asks the question, “what is the speaker doing (or is trying to do, or show) by saying what he/she is saying?” This is the *implicit* aspect of the dialogue, which is instrumental to the understanding of the contactfulness that leads to therapeutic change (ibid.). This is the material in the dialogue that is not necessarily seen nor heard but felt. The ACTION variable describes the process underlying the interaction between the therapist and client. It describes what the therapists and client are doing with or to each other with their utterances or body language. It describes if a rupture is one of withdrawal or confrontation. It describes if or how the therapist attempts to repair the rupture. It also describes visually how effective the therapist is in his/her efforts to repair the rupture. Analyzing the ACTION of the speaker in the dialogue is the focus in the HELDA method. The CONTENT variable serves as a supporting information on which the analyses are made. The ACTION variable is then coded using the CCRT-LU codes as seen in Appendix 1. This demonstrates the process of quantifying the dialogue using the instrument, the CCRT-LU. The CCRT-LU categorizes adjectives of human interactive behavior in alpha-numerals.

The CCRT-LU and its predecessor, the CCRT, have been successfully used for researching texts from patient narratives (Luborsky, 1977; Agin & Fodor, 1996; Diguer, et al., 2001; Drapeau et al., 2004; Vanheule et al., 2007; Hackett et al., 2013) and even in literary works (Stirn et al., 2005).

Since the HELDA method uses the CCRT-LU for the analysis of dialogue, there exists an added dimension to the research process. Unlike narratives, dialogue analysis involves listening to and observing 2 or more speakers in a session. There is interaction between the speakers while the utterances are being made. This interaction is perceived by the researcher-observer who records his/her findings in the ACTION column, coded with CCRT-LU and analyzed. This is done using the theoretical considerations mentioned in this paper. With HELDA, we are able to capture the interaction of the client with the therapist in the here-and-now through the observance of the ACTION in the dialogue. We are also able
to differentiate the dialogical aspect of the conversation from the narratives. During the conversation, clients do explain to the therapists their past and present relationships that happen outside the therapy room. HELDA allows for the differentiation between the client’s relationship to the therapist in the moment, and the client’s other relationships in general. The added benefit of this method is the possibility of comparing the development of the client’s relationship in the therapeutic alliance with the client’s relationship patterns outside the sessions.

3.1 Principles Regarding Developing of the Research Method

Considering the term research methods in psychotherapy research, be it qualitative or quantitative studies, defining the implemented technical procedures is inherent. The research method of a study would specify the research design, sampling procedure, data collection and data analysis as the backbone of the work. Apart from research method, a defined set of principles upon which these methods are founded need also to be defined. These principles are organized into scientific paradigms (Kuhn, 1996), which is defined as “a set of interrelated basic values, assumptions and beliefs regarding what science should be and how we should carry it out” (Gelo, 2012, p. 111). These basic values, assumptions and beliefs are condensed into research methodology. Implicit in these are the ontological (nature of reality) and epistemological (nature of knowledge) philosophies underlying. Figure 3 shows a tabulation of scientific paradigms divided into 4 categories: positivism, postpositivism, constructivism-interpretivism and critical-ideological.
The scientific paradigm of the method used in this study. The adopted methodology in this study suggests a constructivist-interpretivist paradigm, although it straddles a little also on postpositivism. The yellow-highlighted attributes in the table in Figure 3 are emphasized by the author of this paper to indicate that these are the characteristics that describe the research design of the HELDA method.

**Ontology: “Relativism: Multiple local realities psychologically and socially situated.”** The nature of reality with regard to this method is dependent on the phenomenology (Husserl, 2012 / 1913) of the researcher-observer(s) who code the transcript. Multiple observers, using the same analytical instrument (the CCRT-LU), would be expected to produce non-identical data, since the data is derived from the researchers’ lived experience of what he/she observes in the investigated video material.

**Epistemology: “Transactional/subjectivist: Psychologically and socially constructed situated.”** The nature of knowledge expected from this study is the subjective
perspective of the observer-researcher(s). Variability of coding by different observers depend on the background of the coders. For this reason, the theory on which HELDA is founded upon needs attention.

**Methodology: “Hermeneutical/dialectical.”** The hermeneutic / dialectic process exists and happens between the observer-researcher and the progression of the recorded therapeutic session being observed. The observer-researcher records two main kinds of data: one that uses the hermeneutic / dialectic process (which are data entered into the CCRT column and the ACTION columns), and one that does not require the hermeneutic / dialectic process (data entered into the CONTENT column of the main worksheet. The difference between the two processes of observing and getting data is that the hermeneutic / dialectic process, in the case of this study, required that the observer-researcher conducts an internal dialog with the self to make meaning of what is being observed. This required a hermeneutic cycling of observing, understanding, and meaning-making throughout the research process.

**Aim, perspective and logic of enquiry.** The aim of this study is to understand what is being observed between the individuals in the video recorded session. The method used in order to fulfill the aim to provide better understanding in this study, is to find a graphical representation of the change in the way the therapist-client interaction evolved within the recorded session. The perspective of inquiry is idiographic, focusing on the formulation of knowledge concerning a specific event, observed within a recording. This is realized by an abductive logic of enquiry. The information available from the material is used to provide possible ways of understanding the phenomenon observed.

**Research method, data collection and data analysis.** The data source in this study is coded so that the final result is a quantitative representation of dialogue. The transcript is first analyzed, with descriptions for the ACTION and CONTENT aspects of the dialogue recorded by the observing researcher. Based on this analysis, the CCRT-LU codes that match the words in ACTION column the closest are assigned to the corresponding row of the CCRT column (refer to Figure 5).

The CCRT-LU instrument is a derivative of qualitative research (Albani, et al., 2002), with codes that are assigned with alpha-numerical symbols. In Appendix 1, one can see that the codes are descriptive in nature. Adjectives describing human behaviors and attitudes are
given numbers. “Being curious”, for example is given the code “A11”, grouped together with codes belonging to category “A1. Exploring, admiring” which is further grouped with other codes into “A. Attending to”. These are further group up in the code-hierarchy of “I. Harmonious” and “II. Disharmonious”. Looking at how the categories of codes are assigned; one also has a sense that the codes are given a “value” that implies a scale. Using the CCRT-LU codes to a certain extent adds a quantitative nature to the research, in the sense that these codes become countable.

**Research design and sampling.** The research design is *naturalistic* and the sampling is *purposive*. A specific subject is being studied, based on reasons provided in the methods section.

### 3.2 Selection of the Video Sample for the Study

A filmed Gestalt psychotherapy session is transcribed, and the dialogue coded using the analytical instrument, the Core Conflictual Relational Theme (CCRT-LU). A single gestalt therapy session by R. Resnick (2016), *Rose on the Grave of My Family*, is chosen. Figure 4 is a screenshot of the video.
This particular sample is used for this study for the following reasons:

(i) It is a video recording of a real session between therapist and client.
(ii) The video is openly published for sale on the website, vimeo.com, and hence assessable to the public.
(iii) The session is part of a training workshop and not a clinical session is an indication that the client is not being treated for psychological issues at the time.
(iv) The session is done in front of a group of observers, guarantees openness and “loyalty to method” of the therapist.
(v) Resnick, being a major influencer in the Gestalt Therapy modality, is a reliable representative of the contemporary gestalt therapy method.
(vi) Resnick’s approach is strictly dialogical and phenomenological, provides the possibility of measuring the process by observing the dialogue in itself.
This particular session was picked out of 8 videos, because it shows a development of the therapeutic alliance, that also demonstrates rupture and repair, that most observers of the video can intuitively appreciate.

3.3 Transcription of the Video Contents

Video is transcribed using applied version of the Jeffersonian transcription conventions which can be found in Appendix 4. The video transcription is found in Appendix 5.

3.4 Analyzing the Recorded Material

Thorough analysis of this material involves focusing on both the explicit content and the implicit processes of the dialogue. As mentioned earlier, it is the implicit process that would provide information on the developing psychotherapeutic alliance. This aspect of the dialogue demands also more attention, because it tends to be non-symbolic.

**How can psychotherapy researchers study the implicit processes in dialogue?** In their paper, *Explicating the implicit*, the BCPSG (2002) proposes a method of examining the micro-events of the psychotherapeutic process. Their study leans heavily on the observations obtained from human developmental researchers. The team cites the importance of illuminating the micro-processes of the therapeutic interaction in understanding the how change in therapy is encountered. The premises state that:

(i) “Interaction is inevitable and biologically grounded” (BCPSG, 2002, p. 1053), meaning that the therapist and client cannot not communicate with each other, making this connection not only happening at psychical but also at a somatic level.

(ii) “Interaction is spontaneous, creative and co-constructed” (BCPSG, 2002, p. 1054), tells us that the interaction between the therapist and client is not isolated to the present moment. Factors that influence both interactants are brought into the dialogical contact. What is being shared happens in the
moment and is constantly being developed. The resultant of what is developed belongs to the therapist the “in-between” or the intersubjective field of the therapist-client interaction.

(iii) “Interaction is a sloppy process” (BCPSG, 2002, p. 1056), explains interaction as being unscripted. Since it involves differentiated individuals, there will be hits-and-misses in understanding and aligning with each other. Depending on the intention of the parties to make contact with each other, each individual adjusts him/herself creatively. This creative element, when nurtured, is actually generative, and leads to contact.

Proposed here is a set of constructs and terminology for the study of the moment-to-moment interaction in the session. The aim of which is to uncover the not-so-obvious implicit processes, which make up the complex emotional and psychic phenomenon that leads to therapeutic change. This implicit level of communication, which is avidly studied in mother-infant interactions (Trevarthen, 1993; Tronick, 1998), is considered by the BCPSG to be vitally important in psychotherapy. The BCPSG also uses the term, implicit relational knowing, to describe the process in which the client, through the therapeutic interaction, gains as a result of changes in procedural knowing about being – in a new way – in relationships. This is considered to be fundamental in the therapeutic change process.

That which is considered the implicit and the explicit material in a dialogical turn are positioned in relation to each other as shown in Figure 2. The objective of HELDA is to capture and code, using the CCRT-LU instrument, the implicit exchange in the therapeutic dialogue alongside the explicit content. The implicit exchange is tabulated as ACTION, and the explicit content is tabulated as CONTENT in this study.

The key difference between the explicit and implicit material in a dialogue. Identifying the explicit content is a relatively straight-forward process of describing what is uttered or how the body language looks like. Putting a description to the implicit material requires the involvement of the observer-researcher’s own personal experience and interpretation of the observed dialogue. The implicit material is that which is non-symbolic, not necessarily uttered, and requires the researching observer to sense phenomenologically
what is going on in the observed conversation. This heavily relies on the interpretative input of the researcher, making the researcher him/herself an important element in the findings.

**Having a phenomenological attitude whilst coding for implicit processes.** Since coding of *implicit* process is audio-visually intangible, the observer-researcher is best trained to work phenomenologically, exercising a certain level of self-awareness throughout the process. To exercise seeing with a minimally-prejudiced mindset, is well described by Husserl (2012/1913) as *bracketing*. Observing phenomenologically requires seeing while paying attention to one’s own judgment of the situation. This requires a grounded level of self-awareness: to be in touch of one’s own arising emotions while focusing on the material observed. Understanding of the material also involves capturing the moment-to-moment event while keeping in mind the context of the whole session\(^5\). Owen (2015) provides a clear process of how therapists (or researchers in this kind of study) can work in this phenomenological way. The mindset and the understand of the principles explained by Owen is also relevant to the observer-researcher in studying the *implicit* in dialogue.

**Extending the HELDA method using inter-rater reliability.** It is possible that using multiple observer-researchers – rather than only one rater-observer as in this study – can fortify this study with inter-rater reliability (Cohen, 1968). In HELDA, raters need to be well informed of the theory underlying. It is also necessary that all rating observers are able to work phenomenologically. To illustrate this, consider the first 2 lines of the transcript:

```
1    C    I pass.
2    T    I don’t understand the word.
```

Assuming that there are 2 observers. Observer 1 interprets the therapist’s utterance as “testing the client” or “challenging the client”. Observer 2 may interpret the same line as the therapist “not understanding” the client’s remark.

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\(^5\) This way of observing is a requirement in many gestalt therapy schools; so that therapists know how to be with another person, listening to the other with acceptance of who the other person is, while being aware of one’s own prejudices, and keeping a holistic view of the individual who is present, understanding everything in context.
Observer 1 takes the less literal meaning of the utterance as a result of having had a sense of the context in which the utterances were said. Observer 1 realizes the *implicit* meaning behind the therapist’s remark, and notices that the therapist’s remark was meant as a challenge to the client’s habit of withdrawal from group discussion. Observer 2’s interpretation was, on the other hand based on the content of the speech, i.e. the “not understanding”. The code for observer 2’s literal meaning-making of this turn describes the *explicit* content and not the *implicit* process.

Had both observers been part of the study, the more holistic perspective of observer 1’s rating would have been neutralized by observer 2’s content-based rating. It may be better, therefore, to work with one or two well trained raters than to have many raters that are not adequately attuned to the theoretical background of the HELDA method.

**Differentiating the implicit material from the explicit content of the dialogue.** In order to differentiate the *implicit* and *explicit* material, the observer would need to analyze the dialogue from two vantage points. In the case of *explicit* content, the observer codes what is said verbally and non-verbally as literally as possible. e.g. the client says, “okay.” Is analyzed as “okay” or “yes”. In this study, the explicit material is termed here the *content*. This information is logged into the CONTENT column of the research worksheet as shown in Figure 5. In the case of *implicit* material, the observer codes the dialogue while paying attention to the process of communication between therapist and client. This is done by first considering the *explicit* content, and then making meaning and understanding the purpose of this utterance with focus on the context of the entire material provided. In HELDA, this *implicit* material is termed the ACTION. This information is logged into the ACTION column of the research worksheet as shown in Figure 5.

The differences between the CONTENT and the ACTION columns is more succinctly explained when we take a look at the client’s utterance of the words, “yes” and “yeah” in the study. The client was recorded to have uttered the words “yes” or “yeah” a total of 31 instances. In the ACTION column, which interprets the *implicit* meaning of these utterances, these yes-es have a variety of meanings, depending on the context. What is written as “yes / yeah” in the CONTENT column is interpreted in the ACTION column and coded in very different ways, such as: accepting, respecting, taking seriously, understanding,
convincing someone, being close, accepting, being good, being patient, being calm, bearing, being sure of oneself, being skeptical, being self-critical, being passive, stagnating or worsening.

The observer’s input into the ACTION column is thereafter matched with its corresponding closest-relating CCRT-LU code.

3.5 Applying the CCRT-LU Code in this Study

CCRT-LU codes are applied line-by-line to the utterances of the individuals in the filmed session. After the entries in the ACTION column are filled up, the corresponding CCRT-LU codes are added to the column labelled CCRT. The researcher picks the CCRT-LU code provided by Albani et al. (2008) shown in Appendix 1 to fill this the CCRT column. The code that is picked is one that most closely describes the adjective noted by the researcher-observer in the corresponding ACTION column.

3.6 Tabulating and Processing the Transcript

Transcribed material is recorded into Microsoft Excel software. The tables and charts are programmed personally, using basic tables and charting tools that comes with the software. The transcript is tabulated onto the worksheet. Single phrases, sentences or meaning-making statements are entered each into cells. Non-verbal cues are added as far as noticeable (sometimes camera angle does not permit). Ambiguous non-verbal cues are left as ambiguous or left out to avoid over-analysis of the material. Transcribed texts are place in a column as shown in Figure 5. The MS Excel worksheet is produced. Labelling of the Excel worksheet is described in Appendix 3.
Figure 5 MS Excel Worksheet "TRANs" with transcript.

Figure 6: CCRT-LU Codes are inserted in separate worksheet so that drop-down list can be created for data entry into column F.
Dividing the Transcript into Time-Intervals. Total time of the video-recorded session is 27 minutes. The session is split in 2 major parts Day 1 and Day 2. The Day 1 recording is only 7 minutes long while Day 2 recording is 20 minutes long. Even though the film clip on Day 1 is shorter, it was used because it is significant to Day 2 session. Day 2 is also a continuation of Day 1 context-wise. The time-interval is divided arbitrarily according to division of the session and adjusted to fit with the completion of the dialogical turns. This means that what is being said is not cut in pieces for sake of equal division of the clip. Full accuracy of time division in this case is not more important than the context of the dialogue. The decision to use of 9 time-intervals is arbitrary. It was done to fit the video available, and to provide for adequate amount data for charting. The intervals are between 2.5 and 3.15 minutes in duration.

Collating the results. From the above-mentioned data worksheet created, MS Excel “pivot tables” were derived. Pivot tables are tables created through MS Excel that summarizes or reformulates the original table. Pivot tables based on the main table (the one with the transcript) are placed in separate worksheet within the same MS Excel file.

Creating the pivot tables. The pivot tables put into columns the time intervals (T1-T9). The count in percentages (%) the occurrence of each CCRT-LU codes during this time interval relative to total occurrence of codes in the time- interval is calculated into these columns. “Chart 0” seen in Figure 7 shows a screenshot the first pivot table created. It is a non-filtered list of how frequent a particular code appears within a time interval in % of total codes in that time-interval.
**Grouping the CCRT rows.** In order to create better visualization, the CCRT codes column needs to be reduced. This is done by grouping the codes one or two levels up. The CCRT codes column are grouped to one level up as shown in Figure 8.

---

**Figure 7 Chart 0, Overall CCRT of Recorded Conversation.**

<table>
<thead>
<tr>
<th>Speaker</th>
<th>(40)</th>
<th>(40)</th>
<th>(40)</th>
<th>(40)</th>
<th>(40)</th>
<th>(40)</th>
<th>(40)</th>
<th>(40)</th>
<th>(40)</th>
<th>(40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCRT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A11 being curious, being interested, exploring, being active, being motivated, being open</td>
<td>1.43%</td>
<td>1.52%</td>
<td>0.00%</td>
<td>1.82%</td>
<td>3.32%</td>
<td>3.32%</td>
<td>5.29%</td>
<td>6.89%</td>
<td>4.17%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A12 finding oneself, searching, to devote oneself to something</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>1.15%</td>
</tr>
<tr>
<td>A13 regarding as capable</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A14 applying, being impressed</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>1.89%</td>
</tr>
<tr>
<td>A15 being enthusiastic, being fascinated</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A16 identifying oneself, being like the other</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>1.60%</td>
</tr>
<tr>
<td>A17 accepting, respecting, taking seriously</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A18 going independent, being attentive, leaving in peace</td>
<td>1.41%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.06%</td>
<td>2.13%</td>
<td>1.85%</td>
<td>15.28%</td>
<td>30.94%</td>
<td>5.32%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A19 approaching, giving attention, showing interest, relating, excusing</td>
<td>1.41%</td>
<td>1.41%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A20 perceiving feelings, allowing feelings, being sensitive</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>5.60%</td>
</tr>
<tr>
<td>A21 saying, being touched, being moved</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A22 understanding</td>
<td>1.41%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A23 forgiving, recording</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A24 explaining, communicating, having a talk, expressing, convincing</td>
<td>14.08%</td>
<td>31.82%</td>
<td>4.81%</td>
<td>23.34%</td>
<td>13.27%</td>
<td>17.46%</td>
<td>23.34%</td>
<td>10.23%</td>
<td>9.11%</td>
<td>6.00%</td>
</tr>
<tr>
<td>A25 standing by someone, praising, agreeing, stimulating, encouraging</td>
<td>4.23%</td>
<td>1.52%</td>
<td>4.83%</td>
<td>9.08%</td>
<td>10.53%</td>
<td>7.94%</td>
<td>13.18%</td>
<td>6.54%</td>
<td>1.15%</td>
<td>0.05%</td>
</tr>
<tr>
<td>A26 protecting</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A27 being generous, spoiling, favoring</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A28 helping, assisting</td>
<td>2.82%</td>
<td>0.00%</td>
<td>12.05%</td>
<td>3.64%</td>
<td>3.12%</td>
<td>0.00%</td>
<td>3.12%</td>
<td>2.78%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A29 expressing, being intimate, providing for, being good</td>
<td>5.38%</td>
<td>4.55%</td>
<td>2.14%</td>
<td>3.12%</td>
<td>3.12%</td>
<td>0.00%</td>
<td>3.12%</td>
<td>2.78%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A30 believing, being likeable, having a friendship, understanding another</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A31 being certain, believing, being confident, being sure</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>2.78%</td>
</tr>
</tbody>
</table>

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60
Figure 8 Screenshot of grouping of CCRT column.

The result is a chart as shown in Figure 9, when the grouped rows are collapsed further.
Figure 10 shows the chart of only the topmost-level categories. The six categories are LOVING, STRONG, WEAK, UNPLEASANT, FIGHTING and LEAVING. These six categories are arranged in descending order of “feelings of closeness” between speakers. This chart shows the final result of the overall CCRT calculated in the recorded session. Filters are applied to the chart by selecting the dropdown boxes shown in lines 1, 2 & 3 of the chart in Figure 10. Applying the filters selects aspects of the data that answers specific queries. Filtering the data this way gives the researcher insight into different elements of the dialogue. Detailed information on the relationship patterns of different speakers, the different themes from each speaker, and / or overall improvement in the interaction of the speakers are the results that can be obtained from using the filters to this graph.
The LOVING category represents a feeling of understanding, acceptance and having interest in being with the other. The STRONG category describes being enduring, responsible in the relationship, while working actively towards closeness. The WEAK category describes a state of passivity, avoiding conflict, being resigned and/or disappointed in the relationship. Being UNPLEASANT describes feeling of dislike, disappointment, neglecting or rejecting towards the other person in the relationship. FIGHTING indicates an attacking attitude towards the other and LEAVING results the complete withdrawal from the relationship.
Figure 11 shows the six categories of the CCRT-LU, and what the codes for these categories relate to, as we try to visualize the relative level of closeness between individuals in an interaction.

![Illustration: The top 6 CCRT-LU categories. Circles represent persons in the dialogue. Arrows represent how the individual represented on the lower part of the diagram moves towards or away from the person above.]

Interpretation of these 6 categories can be done by referring back to the CCRT-LU chart in Appendix 1.
“Human sense organs can receive only news of difference, and the differences must be coded into events in time (i.e., into changes) in order to be perceptible.”

Bateson (1979, p.70)

4. Results

The results obtained from this study is graphically generated. This is the purpose of quantifying dialogue with HELDA. The coded transcript, shown in Appendix 5, becomes a source of data that is used to generate the charts shown here. Coding dialogue with the CCRT-LU instrument is functional in processing the transcribed dialogue into clear, visually observable trend-lines. It is also necessary to note that the coding process is based on the theoretical assumptions and principles mentioned in this paper.

The CCRT-LU codes in the HELDA method describe what the observer-researcher considers to be the implicit action derived from the utterance or body-language of the speaker. These codes are adjectives that describe interpersonal behavior as seen in Appendix 1. These adjectives are grouped into four levels of categories. Our final tables feature the uppermost level of CCRT-LU categories. This level consists of 6 categories, which are labelled as LOVING, STRONG, WEAK, UNPLEASANT, FIGHTING, and LEAVING. These categories describe the act of a person “coming towards” or “moving away” from the other as seen in the above Figure 11.

The results obtained in this study shows an overall trend. That the relationship theme – that is represented by CCRT-LU codes – of the therapist and the client is observed to have developed towards the more LOVING category during the recorded session. Selecting the data by applying filters to the Excel table, trends of the client’s relationship theme, trends showing the client’s relationship theme with respect to the therapist, trends in the therapist’s relationship theme in the session, trends in the client’s relationship theme related to other people other than the therapist, were generated. The trends of the CCRT-LU codes shown in the graphs, reflect the change in relationship theme or relationship pattern of the speaker during the course of the conversation. Beyond looking at the CCRT-LU result, useful data
was extracted from comparing the number of meaningful utterances of the therapist and client in the session.

4.1 Relationship Theme Trends of all Speakers in the Session
The chart in Figure 12, the overall relationship theme trend of the session, shows the how the relationship theme of all speakers in the session developed in the dialogue.

<table>
<thead>
<tr>
<th>Speaker</th>
<th>CONTENT</th>
<th>RELATION</th>
<th>Overall Relationship Theme of the Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 12 Results: Overall relational theme of all speakers in the session.**

The result shows a steady increase in the LOVING category with time. The STRONG and WEAK showed fluctuation, while UNPLEASANT, FIGHTING and LEAVING have trended higher in the first day, but had very low occurrence in throughout the second day’s session.

4.2 The Client’s Relationship Theme Trend in the Session
The chart in Figure 13 features data selected to show only the client’s CCRT rating throughout the session. This represents the client’s overall contactfulness and relationship pattern during the course of the session. The client started the session withdrawing from
contact with the rest of the group. This is reflected by the CCRT code, LEAVING. She demonstrated feelings of the UNPLEASANT and FIGHTING codes early in the session. By the end of the session, the client’s relationship pattern was no longer represented by these codes. The client’s WEAK and STRONG codes remained constant during the session. There showed a consistent upward trend of in LOVING category, showing that the client was able to experience more connectedness with the therapist and perhaps the others as the session progressed.

<table>
<thead>
<tr>
<th>Speaker</th>
<th>C</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTENT</td>
<td>(All)</td>
<td></td>
</tr>
<tr>
<td>RELATION</td>
<td>(All)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CCRT Code</th>
<th>Time Interval</th>
<th>T1</th>
<th>T2</th>
<th>T3</th>
<th>T4</th>
<th>T5</th>
<th>T6</th>
<th>T7</th>
<th>T8</th>
<th>T9</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOVING</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11.36%</td>
<td>17.86%</td>
<td>32.35%</td>
<td>27.66%</td>
<td>35.88%</td>
<td>56.10%</td>
<td>82.61%</td>
<td>33.43%</td>
<td></td>
</tr>
<tr>
<td>STRONG</td>
<td>11.54%</td>
<td>20.00%</td>
<td>47.33%</td>
<td>32.14%</td>
<td>23.53%</td>
<td>4.26%</td>
<td>30.23%</td>
<td>17.07%</td>
<td>15.22%</td>
<td>22.49%</td>
<td></td>
</tr>
<tr>
<td>WEAK</td>
<td>57.69%</td>
<td>25.00%</td>
<td>38.64%</td>
<td>50.00%</td>
<td>41.18%</td>
<td>63.83%</td>
<td>34.88%</td>
<td>26.83%</td>
<td>2.17%</td>
<td>37.08%</td>
<td></td>
</tr>
<tr>
<td>UNPLEASANT</td>
<td>15.38%</td>
<td>30.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>2.13%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3.34%</td>
<td></td>
</tr>
<tr>
<td>FIGHTING</td>
<td>7.69%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>LEAVING</td>
<td>7.69%</td>
<td>25.00%</td>
<td>2.27%</td>
<td>0.00%</td>
<td>2.94%</td>
<td>2.13%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3.04%</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td></td>
</tr>
</tbody>
</table>

Figure 13 Results: Client's overall relationship theme in the session.

4.3 Client’s Relationship with the Therapist in the Session

The chart in Figure 14 features data selected to show the client’s relationship pattern in the session with respect to her inter-action with only the therapist. The chart showed a steady increase in the LOVING category, indicating that the client had got steadily more comfortable with and more in contact with the therapist during the session. Feelings of STRONG and WEAK fluctuate during the session but decrease at the end. This may signify the decrease in the need for the client (and therapist) to confront each other towards the end of the dialogue. Feelings of UNPLEASANT, FIGHTING and LEAVING showed up only on the beginning, depicting the difficulties faced by the client in the beginning.
4.4 Therapist’s Overall Relationship Theme Trend in the Session

The chart in Figure 15 features data selected to show the therapist’s relationship theme towards the client in the session. Studying the therapist’s relationship theme provides us with interesting additional information. We can see from the chart that the therapist displayed a more LOVING attitude as the session progressed. He also is seen to have started out with more STRONG attributes during the beginning at T1 – T3 and seemed to have dropped this STRONG stance thereafter. We can infer from this as the therapist’s confrontation of the client’s withdrawal; an act to repair the withdrawal rupture.

Figure 14 Results: Client's relation with therapist in the session.

Figure 15 Results: Therapist's relationship with client in the session.
4.5 Client’s Relationship with the Self in the Session

The chart in Figure 16 shows data selected to represent the client’s relationship theme to the client’s self during the session. This data is selected by excluding the incidences of the client’s addressing the therapist while including the client’s narrative talk. Information may be lacking here. Only in T3-T8 did the client narrate about herself and people in her life. The client’s relationship to the self indicates how the client positions herself and interacts with people in general.

Were samples from a series of therapy sessions taken, it would have provided for a more information for this chart.

![Figure 16 Results: Client's relation to self](image)

The client’s relationship to the self is captured by coding the interactional narrative material of the client’s utterances. The interactional narrative material described by Bercelli et al. (2008) is explained in section 2.6 and encompasses the client’s recount of relationship situations with others outside the therapy session.

In the HELDA method, the client’s narrative talk is differentiated from the client’s psychotherapy talk (explained in section 2.6) with the therapist. The client’s narrative talk is considered here as the client’s relationship theme with the self. Relationship here is about the self, since this reflects how the client treats herself in relation to other people in her life.
From this data, we can see how the client’s relation to herself developed as more LOVING and less LEAVING. During the course of the session, she adopted a less STRONG stance and allowed for WEAK feelings. In the middle of the session, she recounted UNPLEASANT experiences.

The potential use for this chart in studying client's relationship development during long-term therapy, which is discussed in section 5.3 in this paper.

4.6 Observations on the Contactfulness in the Alliance in the Session

How can the charts reflect the quality of the alliance? The resulting charts shown in Figures 17 and 18 demonstrate how the connectedness of the therapist and client in the alliance developed in the recorded session. To arrive at this conclusion, it was necessary to decide the criteria in which to make this benchmark. Looking at the CCRT-LU codes and the adjectives that describe the codes, it seems appropriate to consider the codes of the LOVING category to be exclusively describing the aspects of a contactful relationship. The codes for the LOVING category describe acceptance, curiosity for the other, loving and feeling well – aspects that lead to “miracle moments” as described in. Charts were then generated to feature trends of the LOVING category to show in its relatedness leading to the moments of change described in section 2.1. Figure 17 shows us the trend toward an increase in the LOVING category of both therapist and client. The client started the session showing a low LOVING attitude of interaction and ended the session with the LOVING attitude to match the therapists. The therapist’s attitude was described by the LOVING category for most part of the session, reflecting perhaps his therapeutic stance of having unconditional positive regard as described by Rogers (1961) throughout the session.
The converse is true for the non-LOVING category. Figure 18 shows the decreasing trend in the non-LOVING category. The dialogue between client and therapist in T1 through T4 was about confrontation on the part of the therapist to the withdrawal of the client. The therapist needed to be less dominant towards T6. The client had felt comfortable enough by this time to speak freely, and the therapist appeared then to have given her more space to express herself.
4.7 Comparing the Number of Coded Utterances of Speakers in the Session

The chart in Figure 19 shows us the comparison between the number of coded utterances of the therapist and client. The number count of coded utterances indicates how much each speaker expressed him/herself during the time interval. It is not simply a count of the number of the words spoken. It reflects rather the number of meaningful units of communication picked up by the observer-researcher during the time intervals.
The chart above shows an oscillation between therapist and client talk. The therapist made more effort to communicate with the client the T1 and T2. This reflected the mood of the first day’s dialogue, when the client was more interested in withdrawing from the conversation. By T6, the therapist allowed the client more space to talk. She was also more willing to narrate her childhood experiences, sharing more of herself in the dialogue. Towards the end T7-T9, the graph showed a level of synchronicity between the speakers in the dialogue.
“(T)he psychotherapeutic process has to be seen (...) as an intersubjective attempt aimed at opening new intersubjective configurations.”
Auletta (2012, p. 180)

5. Discussion

Results of this study demonstrate how an observer-researcher of a therapeutic dialogue can translate what he/she perceives evolving in the therapist-client interaction into graphs. Quantifying dialogue and making graphical representations in this way, potentially allows us to compare and contrast different therapy sessions. It also allows us to analyze the dialogue, so that we may be able to understand better the different facets of the psychotherapeutic process.

In this paper, we studied a 28-minute recorded segment of a gestalt therapy dialogue using the HELDA method. From this sample, we were able to gather graphical representations that describe visually the relational changes that take place in the session.

CCRT-LU categories are developed on the foundations of psychoanalytic theory of transferences (Luborsky, 1997), and are actually grouped adjectives that describe different possible ways of human relating. These are presented in Appendix 1. The adjectives are grouped according to similarity of meaning and given alpha-numerical codes. In this study, the highest-level codes are used in the final results. This simplifies the observer-researcher’s recorded perception of the ACTION in the dialogue into six categories: LOVING, STRONG, WEAK, UNPLEASANT, FIGHTING and LEAVING. These categories are listed in order of describing more contactfulness to withdrawal of contact depicted in Figure 11. We get a sense of how the codes effectively reflect contact between the speakers, withdrawal and also confrontation. The CCRT-LU is a convenient and useful tool for this study, and it is applied in combination with the theoretical assumptions and prerequisites described in section 4.

5.1 Studying the Psychotherapeutic Alliance with the HELDA Method

The results of this study provide us with a graphical representation that shows how the psychotherapeutic alliance unfolds during the session. To achieve this information, charts
shown in section 4 of this paper were generated. The focus here is on the LOVING category of codes. Adjectives grouped in the LOVING category describe an individual’s contactful attitude of relating, which is being with the other in a mutually accepting attitude sans duty, power, withdrawal or confrontation (Buber, 1970/1936; Clarkson, 2002; Pargament, 2007; Jacobs & Hycner, 2009; Chew-Helbig, 2017b). It is apt to assume that the presence of LOVING codes as indicative of the speaker having an attitude of contactfulness. The meaningfulness of the LOVING category in the CCRT is demonstrated here. As described earlier in the results of the client’s relationship theme, the LOVING category of the CCRT-LU (in Appendix 1) codes describe attributes of being interested in, being devoted to, admiring, identifying with, understanding and forgiving the other, etc. These are characteristics of being involved in an inter-personally connected and accepting relationship. It describes being in contact with another person without feelings of being STRONG or WEAK, without feeling UNPLEASANT or FIGHTING or having the need for LEAVING. In this study, the therapist on his part, was able to demonstrate this LOVING attribute early in the session, as can be seen in Figure 17. The client moved towards the LOVING category, following suit. With the moving towards the LOVING, there is also a moving away from the non-LOVING codes as well. This can be perceived as an indication of a positively developing in the psychotherapeutic alliance.

5.2 Studying the Client’s Journey During the Session with HELDA

What we are really interested in as researchers, is how the client is impacted by the therapy session. Adapting filters to the data collected, we are able to select aspects of the CCRT of the client throughout the course of the session. The client’s overall relationship pattern in the session reflects her contactfulness to the therapist (and also to the group present), and trends towards the LOVING category. This is in contrast to her stance at the beginning, in which she indicated her need to withdraw, which is reflected in the category of LEAVING.

Figure 20 is a chart showing the client’s overall relationship theme rating in the session depicts the client’s mood in general as she spoke during the session. During the taped
session, she conversed mainly with the therapist. She also narrated her feelings regarding others, which include the present group, individual members of the group, and living and dead family members. This chart consists of data of the client’s CCRT relating to all the individuals mentioned during the session.

![Client's Relationship Theme in the Session](image.png)

*Figure 20 Graph: Client's overall relationship rating in Session*

The client’s CCRT rating trended towards the more LOVING category. We have a sense that she had become less tensed, less FIGHTING and WEAK as the session went on. An increase in CCRT in the LOVING category, is attributed to the client’s feeling more at ease with the therapist towards the end of the sessions.

In the middle of the session T4-T8, the client’s CCRT showed an enhanced WEAK category. During this part of the session, the client spoke extensively of her childhood experience with her parents and her upbringing. We can appreciate from this graph how the client’s upbringing influences her tendency to be or feel WEAK in relation to others.

In T3, the chart shows how the client’s CCRT was at the highest level in the STRONG category. This reflected the mood in this segment, when the client mentioned to the group that she would like to work with the therapist. Her coping, and mastering of courage to come forward to work is reflected by the CCRT codes as a trend towards being STRONG.
How the client’s CCRT evolved in relation to the therapist is seen in Figure 21. This chart addresses only the client relationship to the therapist in the here-and-now of the session. We can see the trend in the increase in the LOVING category. There are also interesting aspects of the client shown in this chart. The client’s CCRT in the beginning part of the recorded session showed occurrences in the LEAVING, FIGHTING and UNPLEASANT categories. Towards the middle of the recording, these attributes did not exist in the client’s CCRT anymore.

![Bar Chart: Client's relationship to the therapist trend.](image)

The client was, at the beginning, apprehensive about being part of the conversation in the group. She was withdrawn and the therapist reflected her withdrawal as pushing the group away, which he animated with his hand-flicks, as seen here:

51 T = And I feel exactly the way
52 Helen said
53 when you respond, like pushed back, ((body back))
54 Like – "so I said it!" ((hand flick))
55 so ((hand flick))
56 like – (pkk!) ((hand flick))
and I don’t know if you know
that when you speak to me that way,
you have that impact (.)
(chub!) ((left hand push away motion))

As she began to accept the therapist’s invitation to work in the group, the client’s need for LEAVING, FIGHTING and UNPLEASANT categories is seen to have reduced.

The client’s CCRT showed incidences in the WEAK category, at the beginning and middle of the recording and less towards the end of the session. The WEAK category describes attributes like despairing, feeling frustrated, being anxious, being helpless, acting passively, being subjected to the whims of others and feeling insecure. Analyzing the dialogue, one gets a sense that this is the client’s general way of situating herself in the presence of others: to allow her needs to be sidelined, so that other people’s needs could come first. This is what the CCRT codes of the WEAK category here really reflect.

Towards the end of the session, in T7-T9, the occurrence of codes in the WEAK category significantly reduced. By T7, the client had lost the need to withdraw from the dialogue and was comfortable enough to talk about her childhood experiences. As she spoke about her neglecting her needs in the presence of her parents and other people, her relationship with the listening therapist in the present moment strengthened. There were occurrences of coping with her feelings as she narrated her past experiences.

Attributes like coping and being brave are captured in the CCRT category termed as STRONG. The client’s signs of being STRONG, is seen especially in T3 and T7. T3 is the point where she garnered some self-support to finally work in the midst of the group. T7, as explained earlier, was her showing of strength by opening up with stories of the past. In this chart, the client’s show of the STRONG category is related to having courage to do what was uncomfortable for her.

The client’s relationship to the therapist during the session is depicted in the charts above. The trend of the client’s CCRT in the LOVING category, indicates a gradual upward slope from beginning to end of the recorded session. This reflects the improving relationship between client and therapist during the course of the session. The LOVING category
describes not only harmony in the relationship, but also attributes of interpersonal connection, like being interested in, being devoted to, admiring, identifying with, understanding and forgiving the other. The therapeutic alliance can be seen through these charts as having evolved towards a more inter-personally connected relationship. This is a positive development, as it shows evidence of a developing, healing moment of change, which are also described as “miracle moments” (Santos, 2003), “sacred moments” (Pargament, 2007), and “moments of meeting” (BCPSG, 2010; Chew-Helbig, 2017b).

5.3 The Implication of HELDA Method in Outcome Research

In this study, only one recorded session is analyzed. Within this session alone, we can see how the therapeutic alliance progressed. In studies where a series of sessions are coded – by upscaling HELDA – more significant, or even permanent changes in the client’s relationship patterns can be observed.

It is possible to study the client’s relationship development with significant people in his/her life. This data is obtained by setting filters in the tables to measure the client’s interaction with everyone except the therapist in the here-and-now. How the client changes his/her way of relating to society and to him/herself would be interesting to find out. If the client’s patterns change towards the more LOVING category, does this mean that the therapy has a positive outcome? Perhaps. An individual who is bogged down by relationship problems due to difficult childhood experiences, and who develops the capacity for more contactful (or LOVING) ways of interacting with others through therapy, can be considered to have moved forward. Another, who tends to self-hate – a pattern that commonly manifests itself in Borderline personality structures – who develops a more LOVING relationship with a less FIGHTING relationship with the self can also be seen to be on the better path. The Narcissistic-type personality, who with a superficially grandiose self-perception, may begin sessions by showing predominantly WEAK-STRONG or even UNPLEASANT relationship patterns to the self and others. Moving towards the LOVING category, can indicate that he/she has attained a level of self-awareness and has develop the ability to be more empathic. The Schizoid-type of client, who started out with having an attitude of hiding away from
contact, may show a tendency towards the LEAVING category in the beginning, and progress towards the LOVING category with therapy.

Data on the client’s relationship patterns to people outside the therapy session is generated in this study. This is seen in Figure 16. To isolate this data, we needed to differentiate between the client’s comments of the here-and-now relationship with the therapist and the client’s narrative of his/her relationships outside the therapy room. The CONTENT of the client’s utterance is labelled with the words PAST (to represent narration of past relationships), PRESENT (to represent narration of present relationships), FUTURE (to represent narration of future relationships), SELF (to represent narration of relationship to self), etc.

From the data obtained from this study, there is a realization that through the client’s narrative talk (the meaning of narrative talk versus psychotherapy talk is explained in section 2.6), we can formulate an idea of how the client relates to herself. The client’s relationship to other people in her life, is reflected on how she positions herself in relation to the other. Hence in this method we may consider all utterances of narrative talk as source of information on how the client relates to herself. This information is provided in Figure 16 in the results section of this paper.

The information for the chart in Figure 16 of this study, however, is limited since this study consists of only a single session. Relationship patterns are linked to personality adaptations. Changes of these patterns generally need many sessions of therapy to be perceivable. Figure 22 shows a graph of the client’s relationship theme with the self.
This graph demonstrates what the client has experienced during the session on themes regarding herself in relationship to significant others. We can see oscillations of STRONG and WEAK. These reflect the themes of her narrations at the time intervals. We can also see how LOVING feelings emerge towards the end of the session.

The hypothesis is, that while the client’s relationship pattern regarding the therapist evolves during the course of therapy, the client’s past relational patterns is expected to remain only marginally changed, since that is personality adaptation. In a hypothetical “positive outcome” scenario, if there are observable improvements in the alliance intra-session, we may expect to find the client’s relationship patterns regarding the client’s relationships to the self to trend towards the more harmonious, i.e. LOVING and STRONG, categories. The relationship pattern development of the client with regard to his/her present and future relationships, can be hypothesized to eventually mirror the trend of, but perhaps lag, the developing alliance between therapist and client during therapy; in the event of positive therapy outcomes.
5.4 Understanding the Therapist’s Technique through HELDA

Figure 23 show the therapist's relationship pattern towards the client throughout the recorded interaction. The therapist is seen to hold a supportive / empathic attitude which shows a slight increase during the session.

![Therapist's Relation with Client in the Session](image)

Figure 23 Graph: Therapist's relationship rating overall

In T1 and T2, the therapist seemed confronting and dominant. One may regard this as his therapeutic method: to confront the client’s resistance. At the same time, he offered what Rogers (1961) prescribes as *unconditional positive regard*. The therapist's stance in the interaction during T1 and T2 indicated instances of UNPLEASANT and FIGHTING which occurred in line 2, when the therapist said "I don't understand the word". In the context, it seemed like a tease, and a challenge as well. In the same interval, T1, the therapists made impacting "hand flicks", dramatize the impact he feels by the client's said actions. These acts of the therapist is regarded as confronting. The coded category is UNPLEASANT (CCRT code, J12 accusing, reproaching).

Codes in the UNPLEASANT category appeared in lines 4 and 267, when the therapist seemed to be laughing or gloating jokingly (CCRT code, L12 being gloating, being cynical, laughing at someone) at the client's remarks, to which the client herself laughed along.
The therapist uses confrontation by acting out his internal feeling (that of unease with the client's attitude) and the vibe from the group with regards to the client's pattern of behavior towards the group. The therapist's act in the STRONG category, i.e. exhibition of taking a dominant stance at the beginning of the session, showed a declining trend in from beginning towards the end of the session. This demonstrates how the therapist manages to bring the alliance to a level in which both therapist and client can speak to each other as equals. As equals, the mood of dialogue changed from confronting to aspects of interaction reflected by the LOVING category. Towards the middle till the end of the session, the therapist’s CCRT showed more inclusion of his warm feelings. This is reflected in the trending towards the LOVING category.

Considering the therapist’s CCRT during the session, it seemed like his initial confrontation of the client’s withdrawing (LEAVING) attitude towards others in the room served to repair a withdrawal-type rupture in the alliance. He was subsequently able to build a more contactful alliance between them eventually, with the cooperation of the client.

5.5 Convergence of Gestalt Therapy with HELDA

The results obtained from HELDA converge with gestalt therapy principles, in particular, relational gestalt therapy theory. Relational, inter-personal gestalt therapy is process focused (BCPSG, 2002; Jacobs & Hycner, 2009; Resnick, 2015; Greenberg, 2016). The therapist orientates his/her attention towards the implicit aspect of the dialogue. Different from the explicit content of the utterances, the implicit is action behind words being said by the speaker. It is a description of an ongoing process which is made and re-made moment-to-moment by both speakers, in their interaction with each other. In the HELDA method, the implicit act of the dialogue is specially noted. This is recorded in the ACTION column and given a CCRT-LU code. The explicit part of the dialogue is noted in HELDA as CONTENT. Recorded in the CONTENT column is that which is literally being uttered, or a description of body language. The therapist who notices the implicit action beyond what is explicitly uttered, can focus on the processes that underlies the therapeutic relationship. Focusing on the relational aspect of the dialogue, the therapist actually enables the client to work on
his/her personality patterns (Resnick, 2015). This pattern of relating is synonymous to the psychoanalytic idea of working with transference. Transference is a distorted way in which the client, in a therapist-client interaction, sees him/herself and acts out towards the therapist. How the therapist reacts to the client’s actions unawares is the countertransference. Giving attention to and working with transference and countertransference is well considered to be instrumental to the effectiveness of the therapy process (Reich, 1945/1984; Heimann, 1950; Masterson, 1983; Bion, 1984; Leiman, 2012). In order to best capture the transference-countertransference processes in dialogue, the CCRT-LU, which is developed based on this theory, is a useful tool (Albani et al., 2008; Luborsky, 1997). The CCRT-LU is created based on the concept of transference.

Developmental theorists hypothesize about how relationships become encoded in the brain at a psychological level in childhood (Trevarthen, 1993; BCPKG, 2010). Psychoanalysts (in particular, Object Relations theorists) deal with how each individual organizes and uses these psycho-physiological representations in adult life (Masterson, 1983). Gestalt therapists bring this phenomenon to the present moment by observing and experiencing what is going on with the client in the here-and-now. Gestalt therapy emphasizes on observing the process of how the client’s self-view and subsequent enactment within the present client-therapist interaction, in order to study the client’s relationship patterns. The interest is in how the client creates reality by focusing on certain information, while filtering out other information available, of the present moment (Greenberg, 2016).

The HELDA method, which requires the observer-researcher to focus on the process, the implicit aspect of dialogue, converges with relational gestalt therapy. The principles of observing the implicit in is, to certain extent, also relevant to other psychotherapy methods. In relational gestalt therapy, focus on the implicit is given precedence. Techniques used in the therapy session are created in service of working through the implicit process. This is in turn done for purpose of attaining the therapeutic intersubjective contact (Buber, 1970/36; BCPKG, 2010). Using HELDA, we are able to investigate relational gestalt therapy dialogues, focusing on precisely the implicit, which is the focus of the method. In this study, analysis of the session provides us with insight into process of the evolving psychotherapeutic
alliance. Through the method used, we are able to make graphical representations of this rather intangible aspect of dialogue.

The Gestalt Therapy Concept of Figure Sharpening and the CCRT-LU coding system. The term figure sharpening is a gestalt therapy concept. HELDA marries the term figure sharpening with CCRT through the study in this study. The figure describes an emerging need of an individual at any given moment. In the therapy session, the therapist focuses on the emerging need of the client, which is not consciously realized by the client. The therapeutic work involves supporting the client towards fulfilling this need. Along with this need hides the underlying emotions. An emerging need is seen as an emotion in the client that is sensed by the therapist. The therapist senses the client’s emerging need by observing the client’s change in phenomenology, which could be a facial expression, a gesture or change in voice, etc. The client’s initial repeating of the word “pass” (in line 1) is an example of an action that captured the therapist’s attention. The act is seen as a withdrawal and coded as M12 (keeping one's distance, retreating, depriving). The therapist notices this withdrawal pattern, and confronts the client with his dilemma finding contact with her. The withdrawal from contact (and perhaps and underlying need) is a means of deflection\textsuperscript{6} from the awareness of the need. An example of in the tape of the therapist’s observation of the client’s subtler phenomenology happened in lines 287-291.

287 T .hh it looks like some feelings just came up
288 i noticed your neck got red
289 C yeah hhh
290 T you held your breath your tears got little bit teary
291 and then you squeezed. =
292 C =It's just that uh ((clears throat))

293 .hh It's very difficult to talk about my own needs?

294 I cannot er- I’m trying to put them aside- usually?

\textsuperscript{6} Deflection in gestalt therapy describes the act of turning away from awareness of a need in order to avoid percieving the need (Polster & Polster, 1978). Deflecting is an unconscious act of avoiding being in contact with one’s own needs and emotions. It is also an interruption to contact with others.
Up to this point, the dialogue was not very contactful, as it centered around talk about the day before, and what other people had said, etc. The above intervention by the therapist, to sharpen the figure by noticing and uttering his observation of the client’s phenomenology, actually made significant impact. The dialogue moved almost instantaneously towards the here-and-now experience. The therapist managed this by describing the client’s change in appearance. He also noticed, with the words “you held your breath your tears got little bit teary, and then you squeezed. =” that the client acted to halt an emerging emotion, a situation known as retroflection\(^7\).

The figure is usually an emotion that is not fully expressed by the client. In the instance above, emotion is retroflected. Sometimes this emotion is denied or disowned by the client. In the above example, we infer later on that the client had feelings of shame and anxiety around making space for her needs in the presence of other people. The therapist works towards identifying emerging needs or figures of the client during the dialogue. Figures emerge throughout the dialogue, and it is the job of the therapist to gauge which is important enough to sharpen.

From the above example, we can see that sharpening the figure is a demonstration of bringing the dialogue into the here-and-now. As the therapist sharpens the figure in this way, the client uncovers a central theme in her relationship with other people, as seen in lines 314-316.

314 C hh.hhh I don’t like to put myself in the center,

315 and it seems like my needs are so minor?

316 or perhaps I’m afraid of the other person reaction as well.

\(^7\) Retroflection in gestalt therapy describes an act by an individual towards and against him/herself, in order to restrict the self from acting on impulses brought on by needs (Polster & Polster, 1978). Retroflecting is an unconscious act of avoiding being in contact with one’s own needs and emotions. It is also an interruption to contact with others.
The word, core, within the term CCRT is worth noting at this point. The German translation of this word is zentral. Zentral also means central, pivotal and focal. This describes that the focus of research here is really the subject’s main, most pervasive mode of relating to others. Paying attention to the implicit action behind the dialogue, the researcher isolates this central theme. The main CCRT-LU code for the utterances in lines 314-316 is G24 (being inferior, being unimportant, being restrained, being ugly). This is repeated several times during the session as in lines 296-301:

296  C  And when I feel that I am talking about it
297  I feel that I’m just er demanding something or taking somebody’s time and
298  so many problems around this which are much more important?
299  ((looks at T)) [so ye]
300  T  [So you don’t] have the right?
301  C  Yes.

The client describes her central way of seeing herself in relation to significant others. In lines 296-301, she points out an introject8 – a learned idea – that her needs are less important than the needs of others, or that her needs are too much for others to deal with. The consequence would be for her to withdraw from coming forward with her voice.

The therapist sharpens the figure further by focussing on the process (or action) of the client’s remark. In the lines 309-313, we can see that he deliberately mentions that he is more interested in the action of what is difficult for her to talk about her needs, than in the content of what her needs are.

309  T  .hh can I invite you to talk about what’s difficult to have needs?

8 Introjection in gestalt therapy describes the adoption or „swallowing“ of beliefs or ideas learned through culture and upbringing which were useful to an individual in the past, but are no longer useful (or sometimes harmful) to the individual in the present (Polster & Polster, 1978). Introjecting is an unconscious act of avoiding being in contact with one’s own needs and emotions. It is also an interruption to contact with others.
I'm not asking you what your needs are

I’m asking you what the difficulty is for you to talk about your needs or having your needs. I’ve got once piece already.

This supports the client to stay focussed on her pattern of relating to other people. Had the therapist focused on the content of the needs, the work would have gone in a direction of talking about needs, rather than uncovering the client’s personality function.

In lines 314-330, we witness more figure sharpening. Discussion centres around the process. The client exposes in this segment her projection of what other people think about her needs. The therapist sharpens the client’s act of projection by paraphrasing what she has said in line 317, “What kind of reaction are you afraid you might get if your needs are – if you say your needs?” and in line 325, “So that's your belief and you also think that's what others ((hand gesture)) would think=“.

hh .hhh I don’t like to put myself in the center,

and it seems like my needs are so minor?

or perhaps I’m afraid of the other person reaction as well.

What kind of reaction are you afraid you might get if your needs are – if you say your needs?

(.2) all kinds I don't know ((shakes head grimaces))

((raises eyebrows, tilts head))

Now I don’t believe you ((shakes head a little)) (((chuckles)))

(((chuckles))) you're right (((chuckles)))

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9 Projection in gestalt therapy describes the act of attributing one’s own disowned and/or denied emotions, feelings or actions onto another person (Polster & Polster, 1978). Projecting is an unconscious means of avoiding being in contact with one’s own needs and emotions. It is also an interruption to contact with others.
In lines 318-323 in the excerpt above, there was chuckling and “making light”, coded as C33 (letting oneself go, being spontaneous, developing freely, being happy, feeling well, enjoying, having fun). This was initiated by the therapist’s saying, “now I don’t believe you”. It is an example of how the therapist acts to bring the client back to the here-and-now of their relationship, at the moment when she veered off with the phrase “I don’t know”. The sequence happened within seconds and in between a somewhat crucial discussion on her projections.

As the session progresses, the therapist supports the client by showing the similarities of her present feelings and actions to her early childhood experiences. As he sharpens the client’s figure, the client is able to make these connections. The end-effect of this dialogue is multi-fold. The client gains insight into her central relationship theme with the support of the therapist. In the process the therapist and client build a contactful psychotherapeutic alliance, in which the CCRT-LU codes in the LOVING category predominates as seen in Figure 23.
The session is an example of how a therapist’s noticing of a client’s figure, which is her spontaneous attitude, act or behaviour of the present moment, becomes instrumental in the uncovering of the client’s central relationship theme or personality adaption. The client directs this pattern to its roots in her early childhood experience, in particular, relationship to her parents. This link demonstrates what we understand as attachment theory (Bowlby, 1969/1982; Bowlby, 1988), which is also a factor of personality (Leary, 2004). This central theme based on attachment theory and personality is reflected in the codes of the CCRT-LU (Albani et al., 2008). This brings us back full circle to how the gestalt therapy session used in this study, and CCRT-LU codes used in the HELDA method are integrated.

The therapist in this study engaged the client from the beginning of the recording with a dialogical attitude. Buber (1970/36) calls it the “I-thou”, which involves validating the patient’s being and to try to fully enter his/her world without judgment. This attitude is, incidentally, is described by CCRT-LU codes in the LOVING category. Relationally focused gestalt therapists like Jacobs (2009), concur with Gadamer’s (1960/1975) notion that dialogue is about persons “under-going the situation” together, to take what we consider as the most absurd utterances of the other with understanding and acceptance. Every utterance emerges in dialogue as a result of being within a shared space within a dyad. Every word, movement, thought, feeling, and sensation is mutually influenced. “Nothing that happens arises pristinely from ‘within’ the therapist or ‘within’ the patient.
Therefore, such thoughts as ‘this is merely my countertransference’ or of the patient ‘this is projecting’ will need to be discarded as remnants of an individualistic non-relational sensibility. Instead, the notion of the intersubjective field leads to the following idea: ‘Something is going on between us that gives rise to the experiences the patient and I are having right now. Even if I cannot fathom it yet’” (Jacobs, 2009, p. 107). The therapist in this study has demonstrated the principles articulated by Jacobs (2009). Namely, by acknowledging his own experience of the client’s present actions, to communicate his experiences so as to understand the client’s emotional and sensory position at the moment, so as to create a space for both of them to explore and make sense of their co-created situation together.

**Graphs depicting the 5 Levels of Therapeutic Change in Gestalt Therapy.** The five phases of therapeutic change were first described by Perls (1969) as the *five layers of neurosis*. Polster & Polster (1978) describe what are the 8 stages (an expanded version) of contact, and Voitsmeier-Röhr & Wulf (2017) describe the *phases* within the therapeutic process. Here, we consider the completion of the 5-phase and describe the possible occurrence of them in the context of the sample video.

**The first phase (phase 1) describes a fixation towards a cliché – style of behavior.** At this level, what is noticed in the behavior of a person is a stiffness; a way of being stuck in ideas, conclusions, habits or patterns, of feeling trapped, and feeling desperate. The person plays roles and goes through routines that are not useful to the person in the present moment. Stress and conflict occur because of this repetition of behavior. The client is often also not aware of this point of what he really needs (or the *figure* as explained in the previous section), because these needs are forgotten or relegated to the unconscious. This feeling of being "stuck" in repeating patterns has become part of his way of life and he cannot imagine things being different. He is however affected negatively by it at the present time. Polster and Polster (1978) describe this phase as 2 stages: “1) emergence of the need, and 2) the attempt to play out the need. (p. 176).”

**The second phase is (phase 2) is termed the differentiation layer.** Perls (1969) calls it a layer where people play games and set themselves into roles. The association with game-playing as ingrained in human nature was made known by Berne (1968). In therapy,
the therapist helps the client focus on his/her emerging needs. This leads to a revelation that the roles played, that are not helpful are continued nevertheless due to feelings of anxiety. Impulses are avoided. The client's attention to the present moment is distracted by experiences of the past or hopes for the future. He escapes into chains of thought, ideas and gets into debates and intellectualization. This roundabout thoughts and decision-making is a sign of unfinished business which the client cannot complete and there is too much anxiety or the fear of pain involved for the client to face up to the unfinished situation. At this point, the therapist's work is to support the client to stay in the moment. Providing a secure environment to face the anxiety is to remember and experience the conflicts, the tension between what he/she needs, emotions, impulses to move forward and its resistance that leads to an inability to act appropriately. When the client is able to see his internal conflicts, he can come to terms with taking responsibility to act. Polster and Polster (1978) describe this phase as this stage: “3) the mobilization of the internal struggle (p. 176).”

The third phase (phase 3) is described as the diffusion layer. This is a phase of acceptance. Acceptance of the situation without avoidance of the issues. The client realizes that the existing situation is no longer useful. Alternatives, however, seem elusive. Usually when clients decide to have therapy, they are often already open to this phase. It is the phase of acceptance. The client accepts his/her responsibility for his/her situation and realizes that he/she has the resource to work through the situation. This usually happens after an alliance with the therapist is grounded. Polster and Polster (1978) describe this phase as the stages: “4) statement of the theme incorporating the need and the resistance (p. 176).”

The next phase (phase 4) is called the vacuum phase. At this stage of the therapy, the client experiences confusion, not knowing how to react. The client is guided by the therapist to sit through this momentary discomfort. Being in a vacuum does not usually last longer than a couple of seconds. The client can be trusted to creatively adjust to the situation and find his/her own solutions. All he/she needs is the support to stay in the vacuum long enough for movement to take place. In this vacuum stage, the client experiences the push and pull of both poles of the problem. He/she feels cornered and has to do something. The polarities surface from the background of his/her awareness and
become clear to him/her. Through this clarity, the client decides to swing between the poles and not get unconsciously stuck at any extreme. Therefrom arises his/her freedom of choice. Polster and Polster (1978) describe this phase as the stage: “5) the arrival at the impasse, 6) the climatic experience (p. 176).”

The last phase (phase 5) is a phase of integration. A person who is able to stay in the momentary state of emptiness in phase 4 – in confusion – in not knowing which way to turn, eventually reaches an "ah-ha" moment. In the therapy session, a safe environment is provided for the client to sit into the emptiness long enough to gain valuable "ah-ha" insight / understanding and experiences. This requires the trust of the client. What usually happens is when the client is held by the therapist to stay in position of emptiness of phase 4, the client does not use his/her old patterns of escaping the problems. This is an opportunity for the client to reach into past unfinished experiences and experience the needs and feelings involved. Polster and Polster (1978) describe this phase as the stage: “5) the illumination, and 6) the acknowledgement (p. 176).” Phase 5 is where relief from the usual stressful state of existence is achieved (Chew-Helbig, 2017a).

Analyzing the video sample in this study, the five phases appears to have played out. There seemed to be cliché and role play in the beginning, a vacuum state in the middle and a relief of relational tension at the end. Table 2 is a sketch of how the five phases overlap with the events in observed the video.

Table 2 Phases of therapeutic process

<table>
<thead>
<tr>
<th>Phases</th>
<th>Time Interval</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: Cliché</td>
<td>T1</td>
<td>The client avoids speaking in the group. Therapist confronts her.</td>
</tr>
<tr>
<td>Phase 2: Differentiation</td>
<td>T2, T3</td>
<td>The client decides to come forward to work with the therapist, saying that she was hurt by his confrontation. She says that she is anxious.</td>
</tr>
<tr>
<td>Phase 3: Diffusion</td>
<td>T4</td>
<td>The client accepts the feelings of difficulty in sharing her needs. She is still sceptical, but she stays in conversation with support of the therapist.</td>
</tr>
<tr>
<td>-------------------</td>
<td>----</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Phase 4: Vacuum</td>
<td>T5, T6</td>
<td>The client explains her childhood experiences. Difficult feelings are expressed in the present.</td>
</tr>
<tr>
<td>Phase 5: Integration</td>
<td>T7, T8, T9</td>
<td>The client is able to talk freely. She expresses relief of the insight and warmth of having shared her experiences with the therapist and group.</td>
</tr>
</tbody>
</table>

Juxtaposing these phases with the graphs, we get the following information about the phases of the session are represented. Figure 25 and Figure 26 show how the five phases of the therapeutic process correlate with the development of the quality of the therapeutic alliance. The graphs show that with the move towards a more contactful alliance, the therapy process progresses. It could also mean the vice versa: that the move towards the phases develops the contact in the alliance. Interestingly, the graphs show significant pattern development at the vacuum phase 4. This phase occurs when the client experiences the most difficulty. We find that in this study, at phase 4, both therapist and client change their inter-action style in the alliance.
Figure 25 Phases of gestalt therapeutic process overlaid onto Figure 17, showing the development to the LOVING category.
Figure 26 Phases of gestalt therapeutic process overlaid onto Figure 18, showing the development from the non-LOVING category

The therapist’s handling of the session is visualized in Figure 27. He confronts in at the cliché phase 1, and is recorded as talking more than the client, who was trying to withdraw. As the client gets more into the process, he speaks less, giving her more space. He withholds his comments especially during the vacuum phase 4, when the client touches difficult feelings and stuck-ness. He allows the client to emerge from the “vacuum”, before going back to the conversation.
The overlaying of the five phases of the therapeutic process and the results in this study provides a visual of this gestalt therapy concept of the five phases of the therapeutic process.

### 5.6 Suggested uses of the HELDA method in Psychotherapy Research

HELDA is a relatively efficient means of quantifying relational change in dialogue. The procedure is flexible. It can measure micro-changes in a short piece of dialogue, as shown in this study where a 28-minute session of therapy is analyzed. It is also up-scalable, to be used for measuring a series of conversations like multiple psychotherapy sessions. Depending on the need for reliability rating, a single sample may be analyzed by a lone observer-researcher or by a team using the inter-rater reliability rating, like Cohen’s (1968)
kappa. The ease of this method lends its usefulness to therapists, supervisors and psychotherapy researchers and trainers. Below are possible reasons for using this method in studying psychotherapy.

**For measuring change in the client’s overall relationship patterns with time.** By coding the client’s manner of interacting with the therapist, change in the client’s CCRT can be mapped from his/her first therapy session with subsequent therapy sessions. Change can be tracked either intra-session (as is shown in this paper) by studying a single session dialogue or by comparing dialogue of multiple sessions.

**To analyze the motivation behind client’s relationship patterns.** As shown in this study, the client’s CCRT showed a tendency for codes from the category LEAVING at the beginning of the interaction. As the result of the therapist’s intervention led them (and us) to the awareness that the underlying motivation of the client’s withdrawal was a feeling of being WEAK, and oftentimes feeling the need to put other people’s needs before own needs.

**To observe changes in the client’s relational attitude when relating to the therapist in the moment-to-moment.** When we isolate the utterances of the client that relates only to the conversation to therapist (i.e. leaving out narrations of past / future events and general statements), we may be able to track the development of the psychotherapeutic alliance. Questions the researcher may ask is “at what point in the therapy did the client’s relational attitude from FIGHTING and LEAVING to LOVING?” or “What happened in the session that lead the client to move towards WEAK?”

**To observe the change in the client’s relationship theme when relating to significant others.** The question to ask may be, “How has the client’s interaction with significant others in his/her life changed over time?” In this case, multi-session and inter-session studies using the same method is applied. In some cases, it could be the goal of therapy when the client experiences a positive shift (perhaps towards the LOVING category) in his/her relationship patterns. This method can show when and how the changes begin to take place.

**To observe the change in the client’s relationship patterns.** For some clients, re-experiencing the past and finding new meaning or renewed “lost” feelings may be the goal of therapy. If we isolate topics related to client’s past relationships (i.e. of parents, siblings,
lost relatives/loved ones or broken relationships), and compare them with the client’s current relationships, we would likely find parallels in the pattern. If, after analyzing multiple sessions, the patterns of the current relationships evolve, it could be indicative of progress. This could be the basis of outcome research.

**To observe the change in the client’s relations to the self.** Multi-session or even single-session analyses can shed light on how the client relates to himself/herself. It could be the goal for therapy that the client deals with the topic of, for example, self-hate. Isolating the CCRTs from narratives of the client whenever he/she talks about herself or self-worth in the sessions may provide insight into the turning points of change in this area.

**To observe the therapist’s own dialogical action.** For purposes of supervision or self-observation, therapists can evaluate their way of relating during therapy sessions. There is potentially much to learn from observing therapists in action. A question one may ask in this area: “How is a said therapist CCRT relating to one client different or similar to the same therapist’s CCRT with another client?” Therapists may use this method to study the effectiveness of their various intervention strategies used in the sessions, e.g. confrontation, non-confrontation, taking charge, giving advice, etc., through tracking of the client’s responses. Therapists may also use this method to identify his/her own blind spots during the session.

**Content analysis of the dialogue.** There may be instances where the content of the dialogue is significant. A hypothetical scenario could be in cases of child custody issues whereby a client’s readiness (or change in attitudes) towards his/her role as parent needs to be accessed. Content can be further categorized into themes. The themes can be grouped and the data for this group analyzed in isolation.

**To compare different psychotherapeutic methods.** Using the HELDA method, we can potentially record and code psychotherapeutic dialogue of different psychotherapy methods and make comparisons. There is also a possibility of studying a scenario where a single client meets with different psychotherapists – as with a study of the Gloria films (Kiesler & Goldston, 1998) – and having the sessions analyzed. From this kind of study, we may be able to better understand how different psychotherapeutic schools differ or resemble each other in approach to relational contact.
5.7 Limitations of the HELDA Method

HELDA is method that requires the input of human observer-researcher. It is very much about how the observed dialogue impacts the observer-researcher and how he/she interprets the conversation into CCRT-LU code. This method speaks volumes about the observer-researcher as it does the observed dialogue. For this reason, there will always be a level of subjectivity in the formulation of results. Using Cohen’s (1968) kappa and other statistical means to improve objectivity is a good way to improve the reliability of the analyses. For inter-rater reliability measures to work, raters must be trained to observe the dialogue phenomenologically, which requires in itself an amount of self-awareness of the researchers.

HELDA is limited to the codes categorized in the CCRT-LU. While this instrument is a validated and proven to be useful in research, it is limited to it’s own structure and properties. Customizing the CCRT-LU codes may be a way out of this restriction.

5.8 Implications for the HELDA Method in Other Professional Fields

HELDA is potentially useful for analyzing dialogue in other professional fields where the quality of personal contact makes a difference. Professionals in healthcare, social services, law, government services, education and business can study recordings of dialogue used in their day-to-day businesses using this method. What the professionals stand to gain from using the HELDA method is the ability to measure the quality of their inter-personal relatedness in their business conversations. The graphs that can be generated from coding dialogue, provides researchers a means to compare and create benchmarks for quality control of the conversations. From these studies, management of companies may be able to decide if and how improvements to interpersonal contact in their businesses can be made.

Freud’s understanding of how change is affected through the psychotherapeutic alliance, and his frustration at making this understanding graspable and explainable to the universe of empirical science is evident as he writes: “(...) it still strikes me myself as strange
that the case histories I write should read like short stories and that, as one might say, they lack the serious stamp of science. I must console myself with the reflection that the nature of the subject is evidently responsible for this, rather than any preference of my own” (Freud & Breuer, 1895) (Grubrich-Simitis, 1997, S. 19). This study describes such an effort: to attach a little “stamp of science” to phenomena that are otherwise already established. It is a study of the psychotherapy process, created with the aim of making it more tangible to the observer of the therapeutic dialogue.
“Scientific method was not divinely given to scientists on stone tablets. There is no foreordained or self-evident truth about how science should be conducted at all. Scientific method was formulated by philosophers (...). These philosophers, not scientist, are responsible for the package of ideas now called scientific method. Scientist may use science, but they are often unaware of the ideas formulated by philosophers hidden in their scientific methods.”

Slife & Williams (1995, p. 4)

6. Conclusion

Outcome and process research of psychotherapy involve the study of the psychotherapeutic dialogue. The psychotherapeutic dialogue is a tangible data material that psychotherapy researchers have at their disposal. Taking apart and decoding dialogue into useful, quantifiable information that can be represented in graphical result, is what this paper is about. The goal was to formulate a method of studying the evolving psychotherapeutic alliance – based on sound theoretical formulations explained in this thesis – through observing the dialogue between therapist and client. The method developed is called HELDA.

The psychotherapeutic alliance is the common factor known to be responsible for the efficacy of psychotherapy in all psychotherapy schools. A contactful alliance is theoretically considered to be a healing aspect in therapeutic process. Alliance is relational. It is about people interacting with each other. Interaction happens at the implicit level of dialogue. The implicit level of dialogue is the action that happens between speakers during the conversation. Unlike the explicit content of the dialogue, the implicit aspect of dialogue is sometimes neither seen nor heard. The implicit aspect of dialogue is the being and acting that is embedded in the content of what is said by the speaker. The observer-researcher who studies a piece of dialogue with the HELDA method, analyzes the work with the theoretical assumptions explained in this paper, and pays particular attention to this implicit material.

Quantifying dialogue is a necessary process in research. In order to compare and contrast material from different sources, we need to be able to quantify the text to a certain
extent. To quantify text, an analytical instrument that provides the possibility to code transcripts of the conversation is selected. In HELDA, the codes and categories of the instrument, CCRT-LU, is applied. The CCRT-LU is a validated instrument and it codes for, as well as categorizes, adjectives that describe how one person relates to another. The principle behind the CCRT-LU converges with Freud’s psychoanalytic concept of transference and relates with theories of attachment and personality. In the HELDA method, the CCRT-LU codes the implicit action of all speakers in the dialogue. Using filters to differentiate different variables like time interval and content themes, researchers can analyze different facets of the dialogue, to provide a deeper understanding of the observed session(s).

Creating the HELDA method involved a little more than sifting through already published scientific papers and following established scientific procedures. Tuning in to my personal values, assumptions and beliefs on the research on this particular subject required putting in effort and taking risk. The effort comes from having to consider where I am in this equation and putting these principles into the design of the work. Designing required a lot of trial-and-errors, beginning, ending and often starting all over again. The risk comes from the uncertainty about how the ideas would pan out.

HELDA is a method is founded upon 4 pillars that involves focusing on the implicit aspect of the dialogue which pays attention to the inter-action between speakers. It also acknowledges the transference phenomenon between individuals in a dialogical dyad, which manifests as a repeating pattern of relating; also called the relationship theme. It considers dialogue to be an intersubjective inter-action and analyzed as such. The method also requires that observer-researcher’s phenomenological involvement is noted as playing a part in the coding process. Due to its focus on the implicit and relational aspect of the conversation, the HELDA method is also an introduction to an awareness of an added dimension in a dialogical process. It puts into focus the inter-relational and intersubjective level of human relationship. Talk is not simply words. Body language and mimic are not merely what they seem. When two or more individuals meet in dialogue, something happens in the in-between. This is the alliance that HELDA, in this study, demonstrates.
Bibliography


Appendix 2 – CCRT convergence with Freud’s Observations

The convergence of CCRT evidence to Freud’s observation (Luborsky, 1997):

1. The “instincts”, “aims” and “impulses” that a person wishes to satisfy in relation to other people are prominent in the pattern.
2. Wishes to others conflict with responses from others and responses of self.
3. The central relationship pattern is especially evident in erotic relationships.
4. The central relationship pattern is partly out of awareness.
5. The central relationship pattern originates in early relationships with parental figures.
6. The central relationship pattern affects the relationship with the therapist.
7. The central relationship pattern can be activated by similarities the patient perceives in the current relationship in the therapy.
8. The central relationship pattern distorts perception.
9. The concept of the transference template implies that there is one main relationship pattern.
10. Specific subpatterns appear for each family member.
11. The relationship pattern is distinctive for each narrator.
12. The central relationship pattern tends to be consistent over time.
13. The central relationship pattern changes slightly over time.
15. Interpretation changes the expression of the central relationship pattern.
16. Insight into the central relationship pattern can benefit the person.
17. The central relationship pattern can serve as resistance.
18. Symptoms may emerge when the pattern is activated.
19. The pattern is expressed within therapy is similar to the pattern expressed outside therapy.
20. Positive and negative patterns are distinguishable.
21. That the pattern is expressed similarly through different expressive modes.
22. Greater improvement in dealing with the pattern implies greater mastery of the pattern, although the pattern itself remains evident.
23. That innate disposition plays a part.
Appendix 3 - Excel worksheet labelling method

**Column A has the heading, “Line”**. This marks the sequence of lines in which relevant data is entered. Breaks between the two sessions, the introduction and ending sequence of the video that are not relevant to the analysis are omitted. This column provides reference points for the data.

**Column B has the heading, “Interval”**. It is a list of the time intervals, T1 – T9, in which the video is divided into. The 27 minutes of video transcript is divided into 9 time-intervals.

**Column C lists the time-stamp**. 00:00 marks the beginning of the video recording.

**Column D has the heading “Speaker”**. This describes who the speaker of the utterance is. Some call this person the “author”. In the video there are 3 main recognizable speakers: therapist (T), client (C), and other people present (A).

**Column E has the heading “Text”**. This is the transcript. The text of the transcript is divided into rows of phrases or sentences. How the utterances are divided here is done based on the meaning the utterance have related to the context of the dialogue.

**Column F has the heading “CCRT”**. This lists the CCRT-LU codes that are assigned to the utterances. These codes are derived from the instrument provided by Albani, et al (2002). Drop-down boxes are created in this column to facilitate entry of the CCRT-LU codes and to minimize errors. In order to make the drop-down lists, the codes are entered into a separate worksheet in the same file (see screenshot in Figure 6).

**Column G has the heading, ACTION**. Words in this column are used to describe what the speaker is possibly doing, being or feeling as he/she utters these phrases or sentences. This is really a column that supports the choice of codes chosen in column F. Data entered into column F and G are intended to describe what the researcher-observer perceives the speaker’s action or what the speaker is trying to enact through his/her utterance, regardless of what he/she says or not says.

**Column H has the heading “Relation”**. This column describes to whom or about whom the action from column G is given reference to. “T-C” means the therapist-client relationship. “T-A” means the therapist is referring to all group members or someone in the group. “C-parents”, “C-others”, “C-children” and “C-self” shows that the action from the
utterance of the client is related to the client’s relationship to her parents, other people, her children + husband and herself respectively.

*Column I has the heading CONTENT.* This describes what is being said, literally. For non-verbal communication, the word “non-verbal” or “body-language” is used without making meaning. This column identifies what the speaker is “talking about”. In some lines the content is preceded with words in capital in prentices: (PAST), (FUTURE) or (GEN). These refer to the utterances of topics referring to the speaker’s stories of past events, future plans and aspiration or topics in general, respectively. These are regarded separately in this study to in attempt to differentiate these events from the here-and-now enactments.
**Appendix 4 – Jeffersonian Transcription Convention**

Video is transcribed using an applied version of the Jeffersonian transcription conventions.

<table>
<thead>
<tr>
<th>Transcription Notation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(. ) A full stop inside brackets denotes a micro pause, a notable pause but of no significant length.</td>
</tr>
<tr>
<td>(0.2) A number inside brackets denotes a timed pause. This is a pause long enough to time and subsequently show in transcription.</td>
</tr>
<tr>
<td>[ Square brackets denote a point where overlapping speech occurs.</td>
</tr>
<tr>
<td>&gt; &lt; Arrows surrounding talk like these show that the pace of the speech has quickened</td>
</tr>
<tr>
<td>&lt;&gt; Arrows in this direction show that the pace of the speech has slowed down</td>
</tr>
<tr>
<td>() Where there is space between brackets denotes that the words spoken here were too unclear to transcribe</td>
</tr>
<tr>
<td>(( )) Where double brackets appear with a description inserted denotes some contextual information where no symbol of representation was available.</td>
</tr>
<tr>
<td>Under When a word or part of a word is underlined it denotes a raise in volume or emphasis</td>
</tr>
<tr>
<td>↑ When an upward arrow appears it means there is a rise in intonation</td>
</tr>
<tr>
<td>↓ When a downward arrow appears it means there is a drop in intonation</td>
</tr>
<tr>
<td>→ An arrow like this denotes a particular sentence of interest to the analyst</td>
</tr>
<tr>
<td>CAPITALS where capital letters appear it denotes that something was said loudly or even shouted</td>
</tr>
<tr>
<td>Hum(h)our When a bracketed ‘h’ appears it means that there was laughter within the talk</td>
</tr>
<tr>
<td>= The equal sign represents latched speech, a continuation of talk</td>
</tr>
<tr>
<td>:: Colons appear to represent elongated speech, a stretched sound</td>
</tr>
</tbody>
</table>
Appendix 5 – Transcript and Coding

<table>
<thead>
<tr>
<th>Line</th>
<th>TIME</th>
<th>Speaker</th>
<th>Text</th>
<th>CCRT</th>
<th>ACTION</th>
<th>RELATION</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>T1</td>
<td>C</td>
<td>I pass.</td>
<td>M12 keeping</td>
<td>withdrawing/rejecting</td>
<td>T-C</td>
<td>T not understanding “pass”</td>
</tr>
<tr>
<td>2</td>
<td>T1</td>
<td>C</td>
<td>I don’t understand the word.</td>
<td>K22 dominatin</td>
<td>testing someone</td>
<td>C-T</td>
<td>T not understanding “pass”</td>
</tr>
<tr>
<td>3</td>
<td>T1</td>
<td>C</td>
<td>P-a-s.</td>
<td>I2 neglecting</td>
<td>being dismissive</td>
<td>T-C</td>
<td>spelling “pass”</td>
</tr>
<tr>
<td>4</td>
<td>T1</td>
<td>T</td>
<td>[I know how to spell it]</td>
<td>L12 being gloa</td>
<td>being cynical</td>
<td>T-C</td>
<td>T knowing how to spell “pass”</td>
</tr>
<tr>
<td>5</td>
<td>T1</td>
<td>A</td>
<td>[Iraucous laughter for 1.5s]</td>
<td>L12 being gloa</td>
<td>laughing at</td>
<td>T-C</td>
<td>T laughing at T-C</td>
</tr>
<tr>
<td>6</td>
<td>T1</td>
<td>T</td>
<td>([chuckles along then stops smiles])</td>
<td>D27 having se</td>
<td>getting serious</td>
<td>T-C</td>
<td>T stops laughing</td>
</tr>
<tr>
<td>7</td>
<td>T1</td>
<td>C</td>
<td>(stops smile turns head to T ))</td>
<td>D27 having se</td>
<td>getting serious</td>
<td>T-C</td>
<td>T stops laughing</td>
</tr>
<tr>
<td>8</td>
<td>T1</td>
<td>C</td>
<td>What you don’t understand?</td>
<td>K22 dominatin</td>
<td>testing someone</td>
<td>T-C</td>
<td>T what T does not understand</td>
</tr>
<tr>
<td>9</td>
<td>T1</td>
<td>T</td>
<td>Ah(0.3) I don’t understand</td>
<td>O14 being cal</td>
<td>being calm / patient</td>
<td>T-C</td>
<td>T doesn’t understand</td>
</tr>
<tr>
<td>10</td>
<td>T1</td>
<td>T</td>
<td>(leans forward)</td>
<td>C11 being clos</td>
<td>approaching</td>
<td>T-C</td>
<td>non-verbal (lean forward)</td>
</tr>
<tr>
<td>11</td>
<td>T1</td>
<td>T</td>
<td>and I’m being serious now</td>
<td>D17 being sen</td>
<td>being sensible</td>
<td>T-C</td>
<td>T being serious</td>
</tr>
<tr>
<td>12</td>
<td>T1</td>
<td>T</td>
<td>I don’t understand uh (.) what gets in the way for</td>
<td>B11 explaining</td>
<td>explaining thoughts</td>
<td>T-C</td>
<td>T doesn’t understand</td>
</tr>
<tr>
<td>13</td>
<td>T1</td>
<td>T</td>
<td>you to say</td>
<td>B12 standing</td>
<td>stimulating dialogue</td>
<td>T-C</td>
<td>C’s not sharing with group</td>
</tr>
<tr>
<td>14</td>
<td>T1</td>
<td>T</td>
<td>where you are at the moment, uh (.)</td>
<td>B11 explaining</td>
<td>explaining thoughts</td>
<td>T-C</td>
<td>T does not understand</td>
</tr>
<tr>
<td>15</td>
<td>T1</td>
<td>T</td>
<td>and I would like to.</td>
<td>B12 standing</td>
<td>encouraging dialogue</td>
<td>T-C</td>
<td>T’s interest to understand</td>
</tr>
<tr>
<td>16</td>
<td>T1</td>
<td>T</td>
<td>(hand gesture)</td>
<td>E21 giving up,</td>
<td>resigning</td>
<td>T-C</td>
<td>non-verbal (hand gesture)</td>
</tr>
<tr>
<td>17</td>
<td>T1</td>
<td>C</td>
<td>I don’t know</td>
<td>G13 not being</td>
<td>being uncertain</td>
<td>T-C</td>
<td>C doesn’t know</td>
</tr>
<tr>
<td>18</td>
<td>T1</td>
<td>C</td>
<td>I go in and out</td>
<td>G13 explaining</td>
<td>being uncertain</td>
<td>T-C</td>
<td>C doesn’t know</td>
</tr>
<tr>
<td>19</td>
<td>T1</td>
<td>C</td>
<td>so many stories and things like that</td>
<td>G21 being we</td>
<td>being overwhelmed</td>
<td>T-C</td>
<td>many other’s stories</td>
</tr>
<tr>
<td>20</td>
<td>T1</td>
<td>T</td>
<td>so I just – I [just want to pass.]</td>
<td>M12 keeping</td>
<td>feeling need to retreat</td>
<td>T-C</td>
<td>C wanting to withdraw</td>
</tr>
<tr>
<td>21</td>
<td>T1</td>
<td>C</td>
<td>[[(shrugs)]</td>
<td>E21 giving up,</td>
<td>resignation / giving up</td>
<td>T-C</td>
<td>non-verbal (shrug)</td>
</tr>
<tr>
<td>22</td>
<td>T1</td>
<td>T</td>
<td>that’s it. w. (hands fall on to lap with a clap)</td>
<td>G11 being we</td>
<td>showing resignation</td>
<td>T-C</td>
<td>non-verbal (nod)</td>
</tr>
<tr>
<td>23</td>
<td>T1</td>
<td>T</td>
<td>(nodds)]</td>
<td>C11 being clos</td>
<td>accepting</td>
<td>T-C</td>
<td>non-verbal (nod)</td>
</tr>
<tr>
<td>24</td>
<td>T1</td>
<td>T</td>
<td>So you have some objection to,</td>
<td>B12 standing</td>
<td>stimulating dialogue</td>
<td>T-C</td>
<td>C’s objection to share</td>
</tr>
<tr>
<td>25</td>
<td>T1</td>
<td>T</td>
<td>unless I ask you, to put out,</td>
<td>B23 helping, a</td>
<td>encouraging communication</td>
<td>T-C</td>
<td>C needs to be invited</td>
</tr>
<tr>
<td>26</td>
<td>T1</td>
<td>T</td>
<td>“I’m feeling (inaudible 3:40). There are so many</td>
<td>B23 helping, a</td>
<td>expressing / impacting</td>
<td>T-C</td>
<td>imitating C’s comment</td>
</tr>
<tr>
<td>27</td>
<td>T1</td>
<td>T</td>
<td>stories.</td>
<td>D23 being am</td>
<td>interepretng / impacting</td>
<td>T-C</td>
<td>imitating C’s comment</td>
</tr>
<tr>
<td>28</td>
<td>T1</td>
<td>T</td>
<td>That’s me.”</td>
<td>D21 being stro</td>
<td>impacting</td>
<td>T-C</td>
<td>imitating C’s comment</td>
</tr>
<tr>
<td>29</td>
<td>T1</td>
<td>C</td>
<td>=Yeah, better listen to what other has to say=:</td>
<td>I21 being self-</td>
<td>being self satisfied</td>
<td>T-C</td>
<td>C rather listen to what others say</td>
</tr>
<tr>
<td>30</td>
<td>T1</td>
<td>T</td>
<td>= You didn’t hear me (.)</td>
<td>D21 being stro</td>
<td>directing / correcting</td>
<td>T-C</td>
<td>C not hearing / not understanding</td>
</tr>
<tr>
<td>31</td>
<td>T1</td>
<td>T</td>
<td>You would prefer not to say that unless I ask you.</td>
<td>D21 being stro</td>
<td>emphasizing / interpreting</td>
<td>T-C</td>
<td>C rather not initiate coming</td>
</tr>
<tr>
<td>32</td>
<td>T1</td>
<td>T</td>
<td>You would rather just [(click)!</td>
<td>D21 being stro</td>
<td>impacting</td>
<td>T-C</td>
<td>C rather withdraw</td>
</tr>
<tr>
<td>33</td>
<td>T1</td>
<td>T</td>
<td>[(hand gesture bends body backwards)]</td>
<td>D21 being stro</td>
<td>impacting</td>
<td>T-C</td>
<td>non-verbal (hand flick)</td>
</tr>
<tr>
<td>34</td>
<td>T1</td>
<td>T</td>
<td>pass.</td>
<td>D23 being am</td>
<td>impacting</td>
<td>T-C</td>
<td>C saying pass</td>
</tr>
<tr>
<td>35</td>
<td>T1</td>
<td>C</td>
<td>Maybe, yeah</td>
<td>D27 having se</td>
<td>showing skepticism</td>
<td>T-C</td>
<td>maybe</td>
</tr>
<tr>
<td>36</td>
<td>T1</td>
<td>T</td>
<td>That’s what I’m interested in,</td>
<td>D16 being trus</td>
<td>being clear</td>
<td>T-C</td>
<td>T’s interest</td>
</tr>
<tr>
<td>37</td>
<td>T1</td>
<td>C</td>
<td>= okay</td>
<td>G14 being pas</td>
<td>doubting</td>
<td>T-C</td>
<td>okay</td>
</tr>
<tr>
<td>38</td>
<td>T1</td>
<td>T</td>
<td>= that choice.</td>
<td>D23 being am</td>
<td>being specific</td>
<td>T-C</td>
<td>T’s interest/ choice</td>
</tr>
<tr>
<td>39</td>
<td>T1</td>
<td>T</td>
<td>[(hand gesture twisting wrist)]</td>
<td>B11 explaining</td>
<td>emphasizing / impacting</td>
<td>T-C</td>
<td>T’s interest/ choice</td>
</tr>
<tr>
<td>40</td>
<td>T1</td>
<td>C</td>
<td>okay?</td>
<td>G14 being pas</td>
<td>being passive</td>
<td>T-C</td>
<td>okay</td>
</tr>
<tr>
<td>41</td>
<td>T1</td>
<td>T</td>
<td>And I can (.) invite you</td>
<td>C11 being clos</td>
<td>showing support</td>
<td>T-C</td>
<td>T inviting to explore</td>
</tr>
<tr>
<td>42</td>
<td>T1</td>
<td>T</td>
<td>to explore that choice</td>
<td>C11 being clos</td>
<td>showing support</td>
<td>T-C</td>
<td>T’s interest</td>
</tr>
<tr>
<td>43</td>
<td>T1</td>
<td>T</td>
<td>I will respect your answer,</td>
<td>A22 giving ind</td>
<td>giving independence</td>
<td>T-C</td>
<td>T’s interest</td>
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<tr>
<td>44</td>
<td>T1</td>
<td>T</td>
<td>but that’s the choice</td>
<td>A11 being curi</td>
<td>showing curiosity</td>
<td>T-C</td>
<td>T’s interest</td>
</tr>
<tr>
<td>45</td>
<td>T1</td>
<td>T</td>
<td>I’m interested in.</td>
<td>B11 explaining</td>
<td>explaining thoughts</td>
<td>T-C</td>
<td>T’s interest</td>
</tr>
<tr>
<td>46</td>
<td>T1</td>
<td>C</td>
<td>(nodds)]</td>
<td>G14 being pas</td>
<td>being passive</td>
<td>T-C</td>
<td>okay</td>
</tr>
<tr>
<td>47</td>
<td>T1</td>
<td>C</td>
<td>so I said it.</td>
<td>J1 opposing,</td>
<td>asserting self/ adaman</td>
<td>T-C</td>
<td>C said it</td>
</tr>
<tr>
<td>48</td>
<td>T1</td>
<td>T</td>
<td>tak!</td>
<td>J2 reproaching / confronting</td>
<td>C non-verbal expression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>T1</td>
<td>T</td>
<td>(jfflicks hand in the air looks at C)]</td>
<td>D21 being stro</td>
<td>impacting</td>
<td>T-C</td>
<td>non-verbal (hand flick)</td>
</tr>
<tr>
<td>50</td>
<td>T1</td>
<td>C</td>
<td>heh. I just said it</td>
<td>K22 dominatin</td>
<td>asserting self</td>
<td>T-C</td>
<td>C sticks to her word</td>
</tr>
<tr>
<td>51</td>
<td>T1</td>
<td>T</td>
<td>= And I feel exactly the way</td>
<td>B11 explaining</td>
<td>explaining thoughts</td>
<td>T-C</td>
<td>T feelings</td>
</tr>
<tr>
<td>52</td>
<td>T1</td>
<td>T</td>
<td>Helen said</td>
<td>B11 explaining</td>
<td>explaining</td>
<td>T-C</td>
<td>[PAST] others’ account of C</td>
</tr>
<tr>
<td>53</td>
<td>T1</td>
<td>T</td>
<td>when you respond, like pushed back, (body back)]</td>
<td>B11 explaining</td>
<td>explaining / impacting</td>
<td>T-C</td>
<td>C’s pushing away</td>
</tr>
<tr>
<td>54</td>
<td>T1</td>
<td>T</td>
<td>= like “so I said it!” (hand flick)]</td>
<td>D21 being stro</td>
<td>impacting</td>
<td>T-C</td>
<td>non-verbal (hand flick)</td>
</tr>
<tr>
<td>55</td>
<td>T1</td>
<td>T</td>
<td>so (hand flick)</td>
<td>J2 reproaching / confronting</td>
<td>non-verbal (hand flick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>T1</td>
<td>T</td>
<td>like = (pakk) (hand flick)]</td>
<td>D23 being am</td>
<td>impacting / confronting</td>
<td>T-C</td>
<td>non-verbal (hand flick)</td>
</tr>
<tr>
<td>57</td>
<td>T1</td>
<td>T</td>
<td>and I don’t know if you know</td>
<td>B11 explaining</td>
<td>explaining thoughts</td>
<td>T-C</td>
<td>questioning C’s awareness</td>
</tr>
<tr>
<td>58</td>
<td>T1</td>
<td>T</td>
<td>that when you speak to me that way,</td>
<td>B11 explaining</td>
<td>explaining thoughts</td>
<td>T-C</td>
<td>C’s manner of speaking</td>
</tr>
<tr>
<td>59</td>
<td>T1</td>
<td>T</td>
<td>you have that impact (.)</td>
<td>B11 explaining</td>
<td>emphasizing / interpreting</td>
<td>T-C</td>
<td>impact other’s feelings</td>
</tr>
<tr>
<td>60</td>
<td>T1</td>
<td>T</td>
<td>(chub!) (left hand push away motion)]</td>
<td>J2 reproaching / confronting</td>
<td>non-verbal (hand flick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>T1</td>
<td>C</td>
<td>(lifts head)]</td>
<td>E12 despairing</td>
<td>showing despair</td>
<td>T-C</td>
<td>non-verbal</td>
</tr>
<tr>
<td>62</td>
<td>T1</td>
<td>C</td>
<td>You embarrass me now</td>
<td>J2 reproaching,</td>
<td>blaming / being subjected</td>
<td>T-C</td>
<td>C embarrassed by T</td>
</tr>
<tr>
<td>63</td>
<td>T1</td>
<td>C</td>
<td>I don’t know what to do ((shrugs))</td>
<td>G24 being infe</td>
<td>being restraing</td>
<td>T-C</td>
<td>C don’t know what to do</td>
</tr>
<tr>
<td>64</td>
<td>T1</td>
<td>C</td>
<td>I understand what your are saying</td>
<td>D27 having se</td>
<td>self skeptic</td>
<td>T-C</td>
<td>C understanding T</td>
</tr>
<tr>
<td>65</td>
<td>T1</td>
<td>C</td>
<td>that’s what I feel like doing.</td>
<td>E22 being indi</td>
<td>dismissing</td>
<td>T-C</td>
<td>C feels like doing (as before)</td>
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<tr>
<td>66</td>
<td>T1</td>
<td>C</td>
<td>Maybe I don't know</td>
<td>F22 being inse</td>
<td>showing frustration</td>
<td>T-C</td>
<td>C doubts understanding</td>
</tr>
<tr>
<td>67</td>
<td>T1</td>
<td>C</td>
<td>I can't, I can't analyze (hand movement) it</td>
<td>F23 being ner</td>
<td>showing frustration</td>
<td>T-C</td>
<td>C can't analyze</td>
</tr>
<tr>
<td>68</td>
<td>T1</td>
<td>C</td>
<td>anymore</td>
<td>G14 being pas</td>
<td>stagnating/impasse</td>
<td>T-C</td>
<td>that's it</td>
</tr>
<tr>
<td>69</td>
<td>T1</td>
<td>T</td>
<td>(leans forward) . hh</td>
<td>A23 approach</td>
<td>approaching</td>
<td>T-C</td>
<td>non-verbal (lean forward)</td>
</tr>
<tr>
<td>70</td>
<td>T1</td>
<td>T</td>
<td>I'm not asking you to analyze it.</td>
<td>D21 being stro</td>
<td>correcting</td>
<td>T-C</td>
<td>T does not want to analyze</td>
</tr>
<tr>
<td>71</td>
<td>T1</td>
<td>T</td>
<td>Right now what I'm asking you is:</td>
<td>D21 being stro</td>
<td>directing / correcting</td>
<td>T-C</td>
<td>T's request</td>
</tr>
<tr>
<td>72</td>
<td>T2</td>
<td>T</td>
<td>Are you aware that</td>
<td>B11 explaining</td>
<td>explaining / questioning</td>
<td>T-C</td>
<td>C to be aware</td>
</tr>
<tr>
<td>73</td>
<td>T2</td>
<td>T</td>
<td>when you respond to me like you do,</td>
<td>B11 explaining</td>
<td>emphasizing / interpreting</td>
<td>T-C</td>
<td>C's pushing away</td>
</tr>
<tr>
<td>74</td>
<td>T2</td>
<td>T</td>
<td>it pushes (hand push in air) me back?</td>
<td>B11 explaining</td>
<td>emphasizing / impacting</td>
<td>T-C</td>
<td>C pushing away</td>
</tr>
<tr>
<td>75</td>
<td>T2</td>
<td>T</td>
<td>it's a – (skk) (hand push in air)</td>
<td>D21 being stro</td>
<td>impacting / confronting</td>
<td>T-C</td>
<td>non-verbal (hand flick)</td>
</tr>
</tbody>
</table>
so I'm willing to hear you talk now
I thought I should work with you (.7)
And ... and ((rubs arm)) that's it.
for, I'm on and off and
It's my turn. um Yeah,
It's encouraging to speak now. ((touches hair))
((nodds))
I'm not asking you for anything about that.
or made you annoyed or et cetera.
I've
When I have contact with you,
((nodds))
I'm not asking you for a deal?
I'm not asking you for a deal?
((nodds))
I'm not asking you for a deal?
I'm not asking you for anything.
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I'm not asking you for anything.
155 T3 T yeah, *yesterday* I wouldn't be a therapist B23 helping, a encouraging T C T will work today
156 T3 C (Okay, so each day is a new day? C45 being glad checking for approval T C "everyday is a new day"
157 T3 T Yes. B23 helping, a encouraging T C yes
158 T3 A (*laughter*) L12 being gloa laughing at T A laughter
159 T3 T That may be the work. C33 letting on relieving tension T A joke
160 T3 A (*laughter*) L12 being gloa laughing at T A laughter
161 T3 C okay (smiles) C32 being relieved C A okay
162 T3 C So if each day is a new day, A21 accepting accepting T C "everyday is a new day"
163 T3 C I thought it's good for me. D21 being stro expressing decision T C C wish to speak to T
164 T3 C (tucks hands together) D15 bearing, e self supporting / coping T C non-verbal
165 T3 T So I'm okay to work B12 standing standing by T C T wish to work
166 T3 T with you sometime this morning D13 being con showing consideration T C T wish to work this morning
167 T3 T do you feel it's pressing now? either -- B23 helping, a supporting T C need
168 T3 T anybody feel pressed? B23 helping, a supporting T A need
169 T3 T *0:40* You want to do it now? B23 helping, a offering help T C need
170 T3 C okay, A21 accepting accepting T C okay
171 T3 C we try F22 being in showing uncertainty T C C will try to speak to T
172 T3 T May I wire you? B23 helping, a helping T C T helping C with wire
173 T3 C yes D14 being cal allowing T C okay
174 T3 T thank you (adjusts client's mic) D11 being tha thanking T C okay
175 T3 C not too much G25 being mo hedging against rejection T C "not too much"
176 T3 T not too much heh (stales seat) C33 letting on making light T C "not too much"
177 T3 T Angela, would you keep 20 minute's time for us? D18 taking res managing T A time boundaries
178 T3 T and give us a few minutes warning? D18 taking res managing T A time boundaries
179 T3 T okay C31 trusting, b being ready T A time boundaries
180 T3 T you ok with 20 D13 being con seeking agreement T C time boundaries
181 T3 C yeah F22 being in passively agreeing T C time boundaries
182 T3 T okay B12 standing being ready T C time boundaries
183 T3 C (*clears throat*) F23 being ner being uneasy T C time boundaries
184 T3 C (*adjusts chair looking down*) D15 being mo, e coping T C adjusting position
185 T3 C You're going to need five. G25 being mo hedging against failure T C time boundaries
186 T3 T if (we only) need five D21 being stro assuring T C time boundaries
187 T3 C (*it's okay.*) G25 being mo resigning T C time boundaries
188 T3 T we can (stop at the) D21 being stro assuring T C time boundaries
189 T3 C (*it's okay.*) F22 being in passively agreeing T C time boundaries
190 T3 T end of five? D21 being stro assuring T C time boundaries
191 T3 C *yeah* G25 being mo resigning T C time boundaries
192 T3 C 20 is just or arbitrary.* B11 explaining explaining T C time boundaries
193 T3 C *yeah, okay* G25 being mo withdrawing T C time boundaries
194 T3 T if we really needed it, B11 explaining explaining T C time boundaries
195 T3 T we could go further D21 being stro emphasizing T C time boundaries
196 T3 C *Mmm-hmm* G25 being mo passively agreeing T C time boundaries
197 T3 T Okay* D14 being cal being ready T C okay
198 T3 C *Okay* D15 bearing, e coping T C okay
199 T3 T *hi* C11 being clos getting close T C hi
200 T3 C *hi* C11 being clos responding T C hi
201 T3 C (*looks down then looks at T*) D15 bearing, e adjusting self T C adjusting position
202 T3 C I find it difficult to look at you (hand gesture look away!)* G22 being inc feeling incapable T C C's difficulty with getting
203 T3 T yeah B23 helping, a supporting T C attention
204 T3 C Yeah D15 bearing, e coping T C yeah
205 T3 T I appreciate your courage A21 accepting showing appreciation T C C's courage
206 T3 T I know it's not so easy for you* A24 perceivin understanding T C not easy for C
207 T3 C *uh hhm* D15 bearing, e coping T C yeah
208 T3 T er to come forward and put yourself here A21 accepting showing appreciation T C C being in center
209 T3 C *yeah* D15 bearing, e coping T C yeah
210 T3 T so I want to help in any way I can B12 standing offering help T C T wants to help C
211 T3 C Okay (*nods*) D15 bearing, e coping T C okay
212 T3 T to support you B12 standing showing support T C T want to support C
213 T3 C yeah D15 bearing, e coping T C okay
214 T3 T doing this, and not make it (.) difficult for you B21 protectin showing protectiveness T C T be careful
215 T3 T but to try and make it more easy for you B23 helping, a showing consideration T C T make easy
216 T3 C Okay (*nods*) D15 bearing, e coping T C okay
217 T3 C group? hhh, hhh E12 despairing expressing uneasiness C-Self C is uneasy with silence
218 T3 T Wajt me to hum?* C33 letting on making light T C T offering to hum
219 T3 C I *don't* like to be in the center. E12 despairing expressing uneasiness T C C uneasiness being in centre
220 T3 T uh humm (*nods*) (.5) A21 accepting validating feelings T C yes
221 T4 T my thoughts was ([points right index finger to forehead]) B11 explaining explaining thoughts T C T's thoughts
222 T4 T I wondered if that's worth exploring B11 explaining explaining thoughts T C T's thoughts
223 T4 T not wanting to be in the center B12 standing validating feelings T C C's uneasiness
224 T4 T and I don't want to rush you A22 giving ind giving independence T C T is not rushing
225 T4 T I so I didn't suggest exploring that B11 explaining explaining thoughts T C only T's thoughts
226 T4 T just told you that was a thought B11 explaining explaining thoughts T C only T's thoughts
227 T4 C *yeah* (*nods*) D14 being cal being calm / patient T C yeah
228 T4 C I'm actually shocked by the fact that I'm asking to T24 being sho being shocked T C being in centre
229 T4 T hmm B12 standing validating feelings T C yeah
230 T4 C And I was thinking should I do it should I not do it? B12 being impl. being uncertain T-C C uncertainty about working
231 T4 C da da da (jwings hands left right looking down) D28 changing, evaluating feelings T-C C uncertain about working
232 T4 C and then suddenly it came out D21 being stro mid deciding T-C C decision to work
233 T4 C ([slaps hands on thighs]) D21 being stro mid deciding T-C C decision to work
234 T4 C (so um) B11 explaining explaining feelings T-C non-verbal
235 T4 T (shocked) in a good way? or in a bad way? A11 being curi being curi T-C T unsure meaning of "shocked"
236 T4 C I dunno F22 being inse being uncertain T-C "shocked"
237 T4 C I'm still digesting that. D28 changing, developing meaning C-Self C needs to digest
238 T4 T Okey B12 standing supporting T-C C[?] okay
239 T4 C (so I can't say ([clears throat])) F22 being inse being uncertain T-C uncertainty/doubts
240 T4 C (.11) F22 being inse being uncertain T-C non-verbal (silence)
241 T4 C heh heh (chuckles) F23 being ner being uneasy T-C non-verbal (chuckle)
242 T4 C I don't like that you look at me. F22 being inse being uneasy T-C C's uneasy looking at
243 T4 C hhh [chuckles] hhh F23 being ner being uneasy T-C non-verbal
244 T4 T hh i don't know D27 having se being contemplative T-C T is uncertain
245 T4 T which ([2 hand gestures]) would be more helpful to you B23 helping a offering ideas T-C C is helpful
246 T4 T If I sit quietly or if I tell you what's going on with me B22 being gen giving options T-C C is helpful
247 T4 C yeah the second one. A21 accepting accepting T-C C's preference that T talks
248 T4 T okay .hh when I told you I was pleased you came B12 standing agreeing T-C C okay
249 T4 T because I know how difficult that is for you uh what I remembered is I felt badly for you uh B16 identifiyin acknowledging T-C T recognize C's unenessness
250 T4 T yesterday B11 explaining explaining thoughts T-C T remember feeling badly for C
251 T4 T with you B11 explaining explaining thoughts T-C C's is being rejected
252 T4 T and you immediately, "oh it's okay, it's okay I know" B22 being gen saying T-C C is saying Okay
253 T4 T that I thought that etc etc. A24 perceivin perceivin T-C C being accepting rejection
254 T4 T so I felt badly for you A25 pitying, b showing sympathy T-C T felt badly for C
255 T4 T but i was in the same bind that if I paid attention to you about that and told B11 explaining explaining feelings T-C T's conflictedness, unenessness
256 T4 T you my concern you might feel hurt B11 explaining explaining feelings T-C T's conflictedness, unenessness
257 T4 T so I was left with avoiding you. B11 explaining explaining T-C T's conflictedness, unenessness
258 T4 C Okay (nods) D15 bearing, e coping T-C C okay
259 T4 T but I want you to know B21 protectin showing protectiveness T-C T want C to know
260 T4 T about you uh (nods) Okay, that makes me feel better A22 giving ind giving attention T-C T was concerned for C
261 T4 C (looks down) D15 bearing, e coping T-C C feels better with T's words
262 T4 C that you say that (glares at T) D12 being tole accepting remark T-C C accepting T's remark
263 T4 T yeah C12 consoling, supporting T-C C's like you
264 T4 C I couldn't really feel G22 being inc being incapable T-C C is not feeling
265 T4 C the genuine concern ([hand gesture]) or the genuine sadness G14 being pas doubting T-C C is not believing in/ trusting C's belief that T is only trying to please
266 T4 C I thought it's a kind of ah ([I trying to please me]? G14 being pas doubting T-C C is trying to please
267 T4 T Hmmmm ([(chuckles)]) L12 being gla finding funny T-C laughing
268 T4 C ([(chuckles)]) F23 being ner being tense T-C C laughing
269 T4 C Although you said you are not that type of person B11 explaining explaining thoughts T-C T's had said that but C has problems believing T's
270 T4 C but I thought I find it very difficult to believe D27 having se being skeptical T-C T's genuineness
271 T4 T Okay (nods) B12 standing supporting T-C C okay
272 T4 C for me (clears throat) to tell you that I was hurt F13 feeling un being incapable T-C C's difficulty to speak to T
273 T4 C from what you said B11 explaining explaining feelings T-C C was hurt by T's remark
274 T4 T and I had to work with Angela and Danila in the trio for about four times B11 explaining explaining T-C (PAST) C had work with group
275 T4 C somebody's eyes and tell him T F22 being inse feeling stupid T-C C is stupid
276 T4 T +Yeah (nods) B32 helping, a supporting T-C T's good C is stupid
277 T4 C I think it's Bob. ([hands towards T]) Nobody can get into Bob but it was like Bob. B11 explaining expressing uneasiness T-C T's conflictedness, C's_VISIBLE
278 T4 T yeah B12 standing supporting T-C C's_VISIBLE
279 T4 C and that eh...hh hhh (deep breath) F13 feeling un being unwell T-C C's_VISIBLE
280 T4 C and it's like exploding and just like all my energy F23 being ner being tense T-C C feeling of exploding (FUTURE) C looks forward to dancing tonight (FUTURE) C needs to get energy back
281 T4 C So it's good that we are dancing tonight D15 bearing, e coping T-C C's_VISIBLE
282 T4 C to get back my energy (hand gesture) D28 changing, explaining wish C-Self C's_VISIBLE
283 T4 C otherwise ([shakes head]) it's gone E22 being indi losing energy T-C C expects loss of energy okay
284 T4 T yeah (nods) B12 standing supporting T-C C's_VISIBLE
285 T4 C (.6 i recognize (nods)) I think how much of a stretch that is for you. A24 perceivin validating feelings T-C T's recognition of C's Visible
286 T4 C yeah (nods) (.8) A21 accepting accepting T-C C okay
287 T4 T hh it looks like some feelings just came up A23 approach giving attention T-C C body language
288 T4 T I noticed your neck get rod A24 perceivin showing interest T-C C body language
289 T4 C yeah hhh A21 accepting affirming T-C C okay
290 T4 T you held your breath your tears got little bit teary A24 perceivin showing interest T-C C noticing C's body language
291 T4 T and then you squeezed. + B12 standing explaining / questioning T-C C noticing C's body language
292 T4 C =It's just that uh ([clears throat]) D27 having se being contemplative T-C C's_VISIBLE
want it would be mis-

and I'm afraid that if I

You're welcome ((wipes eyes))

((takes tissues)) it's for me ((blows nose))

others ((hand gesture))

I don't I don't have the right to speak about my

as well.

I'm trying to put the

((frowning)) our time to talk

if you say your needs:

Now I don't believe you ((shakes head a little))

((shakes head a little))

(right) you're right ((shakes head a little))

acknowledging that (now)

(okay)?! Yeah. Just expr...

I don't I don't have the right to speak about my

So that's your belief and you also think that's what

others (hand gesture) you would think:

Yes? T

their reaction would be that you have no right

so huh (nodding)

To have a need.

you (nodding) and er... hhh hhh hhh

making light

making light

making light

making light

looking at you ((shakes head a little))

You're welcome ((wipes eyes))

and I'm afraid that if I... hh express what i, what i want it would be mis-

misunderstanding? and mm

(3)...

What would the misunderstanding be?

((frowning)) our time to talk about it?

"So it's either so small it's ridiculous, or it's

impossible.

yeah (nodding)

it's too big. It's impossible.

uh hhn ((nodding))

((looks down))

M14 avoiding deny needs

C-Self
<table>
<thead>
<tr>
<th>ID</th>
<th>T</th>
<th>C</th>
<th>Text</th>
<th>A1</th>
<th>A2</th>
<th>A3</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>413</td>
<td>T7</td>
<td>C</td>
<td>such a horrible thing will not happen again.</td>
<td>D15 bearing, e bearing with</td>
<td>T-C</td>
<td>making secure</td>
<td></td>
</tr>
<tr>
<td>414</td>
<td>T7</td>
<td>T</td>
<td>yeah (noodis)</td>
<td>B12 standing</td>
<td>validating</td>
<td>T-C</td>
<td>yeah</td>
</tr>
<tr>
<td>415</td>
<td>T7</td>
<td>C</td>
<td>(3.) I imagine you know the book &quot;Children of the Holocaust&quot;</td>
<td>A11 being curious</td>
<td>showing interest</td>
<td>T-C</td>
<td>book on holocaust</td>
</tr>
<tr>
<td>416</td>
<td>T7</td>
<td>C</td>
<td>yeah</td>
<td>B11 explaining</td>
<td>affirming</td>
<td>T-C</td>
<td>yeah</td>
</tr>
<tr>
<td>417</td>
<td>T7</td>
<td>T</td>
<td>in this...</td>
<td>B12 standing</td>
<td>encouraging communication</td>
<td>T-C</td>
<td>is not alone</td>
</tr>
<tr>
<td>418</td>
<td>T7</td>
<td>C</td>
<td>yeah yeah</td>
<td>D26 being sure</td>
<td>contradicting</td>
<td>T-C</td>
<td>yeah yeah</td>
</tr>
<tr>
<td>419</td>
<td>T7</td>
<td>C</td>
<td>I was avoiding to put myself in this second generation kind of scheme (makes a square with others)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>420</td>
<td>T7</td>
<td>T</td>
<td>yeah</td>
<td>A21 accepting</td>
<td>accepting remark</td>
<td>T-C</td>
<td>yeah</td>
</tr>
<tr>
<td>421</td>
<td>T7</td>
<td>C</td>
<td>because</td>
<td>B11 explaining</td>
<td>explaining</td>
<td>T-C</td>
<td></td>
</tr>
<tr>
<td>422</td>
<td>T7</td>
<td>C</td>
<td>I didn't like, for many years</td>
<td>D25 being sad</td>
<td>being autonomous</td>
<td>C-Self</td>
<td>yeah</td>
</tr>
<tr>
<td>423</td>
<td>T7</td>
<td>C</td>
<td>but (.) it became very strong</td>
<td>E11 being unhappy</td>
<td>being disappointed</td>
<td>C-Self</td>
<td></td>
</tr>
<tr>
<td>424</td>
<td>T7</td>
<td>C</td>
<td>since I'm living outside Israel</td>
<td>B11 explaining</td>
<td>explaining</td>
<td>C-Self</td>
<td></td>
</tr>
<tr>
<td>425</td>
<td>T7</td>
<td>C</td>
<td>It became one of my major identities.</td>
<td>F22 being insecure</td>
<td>being incapable</td>
<td>C-Self</td>
<td>identity</td>
</tr>
<tr>
<td>426</td>
<td>T7</td>
<td>T</td>
<td>uh himm</td>
<td>B23 helping, a</td>
<td>supporting</td>
<td>T-C</td>
<td>yes</td>
</tr>
<tr>
<td>427</td>
<td>T7</td>
<td>C</td>
<td>and I'm out there</td>
<td>G21 being well</td>
<td>being exposed</td>
<td>C-Self</td>
<td>(GEN) being out there</td>
</tr>
<tr>
<td>428</td>
<td>T7</td>
<td>T</td>
<td>yeah</td>
<td>B23 helping, a</td>
<td>supporting</td>
<td>C-Self</td>
<td>yes</td>
</tr>
<tr>
<td>429</td>
<td>T7</td>
<td>C</td>
<td>And it is so strong that</td>
<td>B11 explaining</td>
<td>explaining</td>
<td>C-Self</td>
<td>(GEN) being overwhelmed</td>
</tr>
<tr>
<td>430</td>
<td>T7</td>
<td>C</td>
<td>it. hh</td>
<td>E12 desiring</td>
<td>despairing</td>
<td>T-C</td>
<td>non-verbal expression</td>
</tr>
<tr>
<td>431</td>
<td>T7</td>
<td>T</td>
<td>just eats me all over hh (shakes head)</td>
<td>G24 being info</td>
<td>being overwhelmed</td>
<td>C-Self</td>
<td>(GEN) being overwhelmed</td>
</tr>
<tr>
<td>432</td>
<td>T7</td>
<td>T</td>
<td>yeah</td>
<td>B23 helping, a</td>
<td>supporting</td>
<td>T-C</td>
<td>yes</td>
</tr>
<tr>
<td>433</td>
<td>T7</td>
<td>T</td>
<td>I'm not just talking about the identification of children of the Holocaust. I'm talking about the children of the Holocaust.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>434</td>
<td>T7</td>
<td>C</td>
<td>yeah</td>
<td>B26 understan</td>
<td>clairifying</td>
<td>T-C</td>
<td>clarification</td>
</tr>
<tr>
<td>435</td>
<td>T7</td>
<td>T</td>
<td>the job of the =</td>
<td>B11 explaining</td>
<td>clarifying</td>
<td>T-C</td>
<td></td>
</tr>
<tr>
<td>436</td>
<td>T7</td>
<td>C</td>
<td>yeah (noodis)</td>
<td>A26 understan</td>
<td>confirming understanding</td>
<td>T-C</td>
<td>yeah</td>
</tr>
<tr>
<td>437</td>
<td>T7</td>
<td>T</td>
<td>children =</td>
<td>B11 explaining</td>
<td>clarifying</td>
<td>T-C</td>
<td>clarification</td>
</tr>
<tr>
<td>438</td>
<td>T7</td>
<td>C</td>
<td>=Okay (noodis)</td>
<td>D26 being sure</td>
<td>being sure</td>
<td>T-C</td>
<td>okay</td>
</tr>
<tr>
<td>439</td>
<td>T7</td>
<td>T</td>
<td>of the Holocaust</td>
<td>B11 explaining</td>
<td>confirming</td>
<td>T-C</td>
<td>holocaust</td>
</tr>
<tr>
<td>440</td>
<td>T7</td>
<td>C</td>
<td>= (noodis, sniffs)</td>
<td>E12 desiring</td>
<td>despairing</td>
<td>C-Self</td>
<td>body language</td>
</tr>
<tr>
<td>441</td>
<td>T7</td>
<td>T</td>
<td>which is the one you're talking about</td>
<td>B11 explaining</td>
<td>emphasizing</td>
<td>T-C</td>
<td>job of Holocaust children</td>
</tr>
<tr>
<td>442</td>
<td>T7</td>
<td>C</td>
<td>=yeah</td>
<td>D26 being sure</td>
<td>being sure</td>
<td>T-C</td>
<td>okay</td>
</tr>
<tr>
<td>443</td>
<td>T7</td>
<td>T</td>
<td>Having no needs</td>
<td>B11 explaining</td>
<td>emphasizing</td>
<td>T-C</td>
<td>C having no needs</td>
</tr>
<tr>
<td>444</td>
<td>T7</td>
<td>C</td>
<td>([calls throat])</td>
<td>E12 desiring</td>
<td>despairing</td>
<td>C-Self</td>
<td>body language</td>
</tr>
<tr>
<td>445</td>
<td>T7</td>
<td>T</td>
<td>and dedicating your life to other's needs</td>
<td>B11 explaining</td>
<td>emphasizing / impacting</td>
<td>T-C</td>
<td>C dedicating to other's needs</td>
</tr>
<tr>
<td>446</td>
<td>T7</td>
<td>T</td>
<td>(.2) and feeling badly when you have a need.</td>
<td>B11 explaining</td>
<td>emphasizing / impacting</td>
<td>T-C</td>
<td>feeling bad</td>
</tr>
<tr>
<td>447</td>
<td>T7</td>
<td>C</td>
<td>yeah</td>
<td>E12 desiring</td>
<td>despairing</td>
<td>C-Self</td>
<td>body language</td>
</tr>
<tr>
<td>448</td>
<td>T7</td>
<td>T</td>
<td>it's either too small it's trivial or it's impossible</td>
<td>B11 explaining</td>
<td>emphasizing / impacting</td>
<td>T-C</td>
<td>no right to needs</td>
</tr>
<tr>
<td>449</td>
<td>T7</td>
<td>C</td>
<td>(noodis)</td>
<td>A26 understan</td>
<td>confirming understanding</td>
<td>T-C</td>
<td>yeah</td>
</tr>
<tr>
<td>450</td>
<td>T7</td>
<td>C</td>
<td>But I think that erm hh hh</td>
<td>B11 explaining</td>
<td>explaining thoughts</td>
<td>T-C</td>
<td>thoughts</td>
</tr>
<tr>
<td>451</td>
<td>T7</td>
<td>C</td>
<td>it's like being a child and not being a grown up</td>
<td>B11 explaining</td>
<td>explaining thoughts</td>
<td>T-C</td>
<td>(PAST) C's needs are small</td>
</tr>
<tr>
<td>452</td>
<td>T7</td>
<td>C</td>
<td>person.</td>
<td>F11 feeling gu</td>
<td>feeling guilty / bad</td>
<td>C-self</td>
<td>(GEN) C feels being a like a child</td>
</tr>
<tr>
<td>453</td>
<td>T7</td>
<td>C</td>
<td>to care for its parents.</td>
<td>G23 disappoint</td>
<td>failing</td>
<td>C-Self</td>
<td>(GEN) not caring for parents</td>
</tr>
<tr>
<td>454</td>
<td>T7</td>
<td>T</td>
<td>Mm hhmm</td>
<td>A26 understan</td>
<td>showing understanding</td>
<td>T-C</td>
<td></td>
</tr>
<tr>
<td>455</td>
<td>T7</td>
<td>C</td>
<td>And I can't be a child anymore</td>
<td>G21 being well</td>
<td>denying self</td>
<td>C-Self</td>
<td></td>
</tr>
<tr>
<td>456</td>
<td>T7</td>
<td>C</td>
<td>I have my own children</td>
<td>D18 taking res</td>
<td>being responsible</td>
<td>C-Self</td>
<td></td>
</tr>
<tr>
<td>457</td>
<td>T7</td>
<td>T</td>
<td>yeah</td>
<td>A26 understan</td>
<td>showing understanding</td>
<td>T-C</td>
<td></td>
</tr>
<tr>
<td>458</td>
<td>T7</td>
<td>C</td>
<td>so perhaps what I want from people</td>
<td>D12 being tole</td>
<td>distancing from</td>
<td>T-C</td>
<td>(PAST) C explaining needs Jwants</td>
</tr>
<tr>
<td>459</td>
<td>T7</td>
<td>C</td>
<td>it is just what I give. This affection and love.</td>
<td>C22 loving</td>
<td>giving affection</td>
<td>C-Self</td>
<td>needs others' love</td>
</tr>
<tr>
<td>460</td>
<td>T7</td>
<td>T</td>
<td>yeah</td>
<td>A26 understan</td>
<td>showing understanding</td>
<td>T-C</td>
<td>yes</td>
</tr>
<tr>
<td>461</td>
<td>T7</td>
<td>T</td>
<td>hhh (leans forward))</td>
<td>A23 approach</td>
<td>approaching</td>
<td>T-C</td>
<td>body language</td>
</tr>
<tr>
<td>462</td>
<td>T7</td>
<td>T</td>
<td>child.</td>
<td>A24 perceiving</td>
<td>perceiving feelings</td>
<td>T-C</td>
<td>missed childhood</td>
</tr>
<tr>
<td>463</td>
<td>T7</td>
<td>T</td>
<td>when you were a child you were trying to give</td>
<td>A26 understan</td>
<td>showing understanding</td>
<td>T-C</td>
<td>putting parents before self contradicting self / on the other hand</td>
</tr>
<tr>
<td>464</td>
<td>T7</td>
<td>C</td>
<td>hh but you know if you look outside</td>
<td>D27 having se</td>
<td>contradicting self</td>
<td>T-C</td>
<td></td>
</tr>
<tr>
<td>465</td>
<td>T7</td>
<td>C</td>
<td>a very love child childhood all my needs were met?</td>
<td>D11 being the</td>
<td>displaying thankfulness</td>
<td>T-C</td>
<td>met</td>
</tr>
<tr>
<td>466</td>
<td>T7</td>
<td>T</td>
<td>Yeah but we [not]</td>
<td>B12 standing</td>
<td>supporting / encouraging</td>
<td>T-C</td>
<td>contradicting</td>
</tr>
<tr>
<td>467</td>
<td>T7</td>
<td>C</td>
<td>(so I) feel bad talking about it ([sniff])</td>
<td>F11 feeling gu</td>
<td>feeling guilty / bad</td>
<td>C-self</td>
<td>(C is feeling bad talking about past)</td>
</tr>
<tr>
<td>468</td>
<td>T7</td>
<td>T</td>
<td>ah okay (noodis)</td>
<td>A21 accepting</td>
<td>validating feelings</td>
<td>T-C</td>
<td>okay</td>
</tr>
<tr>
<td>469</td>
<td>T7</td>
<td>T</td>
<td>we're looking at the part that is not met.</td>
<td>B12 standing</td>
<td>encouraging</td>
<td>T-C</td>
<td>talking about unmet needs</td>
</tr>
<tr>
<td>470</td>
<td>T7</td>
<td>C</td>
<td>yeah</td>
<td>A21 accepting</td>
<td>accepting</td>
<td>T-C</td>
<td>yeah</td>
</tr>
<tr>
<td>471</td>
<td>T7</td>
<td>T</td>
<td>and I hear you</td>
<td>A24 perceiving</td>
<td>validating</td>
<td>T-C</td>
<td>hearing the other feeling bad</td>
</tr>
<tr>
<td>472</td>
<td>T7</td>
<td>T</td>
<td>that you feel badly even talking about it was</td>
<td>B12 standing</td>
<td>standing by T-C</td>
<td>feeling bad talking negatively about</td>
<td></td>
</tr>
<tr>
<td>473</td>
<td>T7</td>
<td>T</td>
<td>even anything that wasn't okay.</td>
<td>B11 explaining</td>
<td>emphasizing / impacting</td>
<td>T-C</td>
<td></td>
</tr>
<tr>
<td>474</td>
<td>T7</td>
<td>C</td>
<td>exactly, exactly</td>
<td>B12 standing</td>
<td>agreeing</td>
<td>T-C</td>
<td>childhood exactly</td>
</tr>
<tr>
<td>475</td>
<td>T8</td>
<td>C</td>
<td>because they had nothing in their hands and have to build their life again.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>476</td>
<td>T8</td>
<td>T</td>
<td>yeah</td>
<td>A21 accepting</td>
<td>accepting</td>
<td>T-C</td>
<td>yeah</td>
</tr>
<tr>
<td>477</td>
<td>T8</td>
<td>C</td>
<td>They gave me everything they could</td>
<td>D11 being the</td>
<td>being thankful</td>
<td>C-Self</td>
<td></td>
</tr>
<tr>
<td>478</td>
<td>T8</td>
<td>T</td>
<td>yeah</td>
<td>A21 accepting</td>
<td>accepting</td>
<td>T-C</td>
<td>they could</td>
</tr>
</tbody>
</table>

The text contains conversations and reflections on personal experiences, relationships, and emotional states, reflecting on childhood, family dynamics, and personal growth.
"This is a big step" ((exaggerate mimic))

Yeah? ((nodds))

and about you and your needs

That I was able to talk about something?

down)

Yeah? ((nodds))

"I didn't make it"

Yeah

But I can't do it to my children nor to my husband

and I actually didn't know why I came.

and I actually didn't know why I came.

and I actually didn't know why I came.

and I actually didn't know why I came.

Yeah

and I actually didn't know why I came.

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

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and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

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but I can't do it to my children nor to my husband

and I actually didn't know why I came.

Yeah

but I can't do it to my children nor to my husband

and I actually didn't know why I came.

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T was wondering about whether you would have enough support to stretch or not.

C = I think you drilled there...huh...huh...yesterday.

T just went into this...I think it's blocked (hands in a bowl shape).

T: I was wondering if you would have enough support to stretch or not.

C: = I think you drilled there...huh...huh...yesterday.

T: We just went into this...I think it's blocked (hands in a bowl shape) blocked.

C: I just went into this...I think it's blocked (hands in a bowl shape) blocked.

T: It is not your intent when you do "that" (hand flick)...

C: It is not your intent when you do "that" (hand flick)...
<table>
<thead>
<tr>
<th>Time</th>
<th>Type</th>
<th>Text</th>
<th>Translation</th>
<th>Label</th>
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</thead>
<tbody>
<tr>
<td>625</td>
<td>T</td>
<td>they're [healthy]</td>
<td>C31 trusting, b trusting</td>
<td>T-C healthy</td>
</tr>
<tr>
<td>626</td>
<td>T</td>
<td>(I hope so) (looks down)</td>
<td>O15 bearing, e coping</td>
<td>T-C hope so</td>
</tr>
<tr>
<td>627</td>
<td>T</td>
<td>They are, I don't lie.</td>
<td>C12 consoling, consoling /confirming</td>
<td>T-C not lying</td>
</tr>
<tr>
<td>628</td>
<td>T</td>
<td>okay</td>
<td>C34 being glad being satisfied</td>
<td>T-C okay</td>
</tr>
<tr>
<td>629</td>
<td>T</td>
<td>I'm accused of many things but never lying</td>
<td>C33 letting on allowing humor</td>
<td>T-C never lying</td>
</tr>
<tr>
<td>630</td>
<td>T</td>
<td>heh heh (chuckles)</td>
<td>C33 letting on allowing humor</td>
<td>T-C laughter</td>
</tr>
<tr>
<td>631</td>
<td>T</td>
<td>Yes I believe you.</td>
<td>C33 letting on allowing humor</td>
<td>T-C believing</td>
</tr>
<tr>
<td>632</td>
<td>T</td>
<td>(laughter!)</td>
<td>C33 letting on allowing humor</td>
<td>T-C laughter</td>
</tr>
<tr>
<td>633</td>
<td>T</td>
<td>thank you.</td>
<td>D11 being tha thanking</td>
<td>T-C thank you</td>
</tr>
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Date of Birth: 03.11.1969
Student Number: SFUWI15011128

DECLARATION

I hereby declare that the submitted work was produced independently and without outside assistance, and that any ideas, text and data derived from other sources are properly quoted and cited in the body of the text and in the bibliography. All quotations from books, journals, the Internet and other sources are marked and registered in the bibliography.

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Date Student Signature