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EMPIRICAL PAPER

Narrative change in *Gloria Films*: Comparing various processes of therapeutic innovation

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Abstract

Aims: The present study focuses on the analysis of novelty emergence in classic *Gloria Films* with Rogers, Perls, and Ellis to understand how the same client formulated her own problem and if and how change occurred in those three sessions. **Method:** The Innovative Moments Coding System was applied to track innovative moments (IMs) and their themes. **Results:** The session with Rogers showed more diversity in disclosed problems and themes of IMs, as well as a higher proportion of reflection IMs. The session with Perls demonstrated a high proportion of protest IMs. The session with Ellis showed less innovation than other sessions. The changes found were based mostly on reflection and protest IMs in three sessions. **Conclusion:** Narrative innovations occurred in the three single sessions. The type of dominant innovation is consistent with the therapeutic model and the IMs model. The exploration of the IMs' themes allowed a more precise identification of Gloria's new narrative positions and their development throughout those sessions.

Keywords: psychotherapy; innovative moments; narrative change

Three Approaches to Psychotherapy, known as the *Gloria Films*, were taped in 1965 (Shostrom, 1965) with the famous psychotherapists Carl Rogers, Fritz Perls, and Albert Ellis and their client Gloria. These films are still an important reference for training and research in psychotherapy. They closely explore the therapeutic experience in three distinct orientations: client-centered therapy, Gestalt therapy, and rational emotive therapy. A reason for the appealing nature of these films in psychotherapy research is the opportunity to watch three different therapists individually interacting with a single client. Currently, there are films of several therapists with various adult clients who show their theoretical orientation in a clinical context, such as the APA Psychotherapy Video Series (e.g., APA's Psychotherapy in Six Sessions Series, 2009). However, films of several therapists with the same client are still difficult to find (for an exception, see recent films with Judith

Beck, Leslie Greenberg, and Nancy McWilliams; APA, 2011a, 2011b).

Since 1965, the *Gloria Films* have become the focus of many studies in psychotherapy using various perspectives. However, none of these previous studies focused on the change events that occurred within these sessions. Did Gloria show any signs of clinical change throughout these sessions, even minimally? What type of change emerged? By studying the processes of novelty emergence, the present study aims to contribute to the ongoing classical debate about the *Gloria Films* by specifying if and how change happened across each of the single sessions.

Previous Research on the *Gloria Films*

Previous research on these films has focused on one of three issues: the therapist, the therapeutic interaction, or the therapeutic model. Among studies

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focused on the therapist, the main findings showed significant differences between the three therapists, consistent with their theoretical positions (Essig & Russel, 1990; Gazzola & Stalikas, 2004; Hill, Thames, & Rardin, 1979; Moon, 2007; Shostrom & Riley, 1968). According to these studies, Rogers was characterized as non-directive, accepting the experience and meanings of the client without any judgment or prejudice (Moon, 2007). In this sense, Rogers presented skills aimed to enhance Gloria's experience (Essig & Russel, 1990; Hill et al., 1979) as well as interventions to help her face difficult feelings in a safe therapeutic context (Shostrom & Riley, 1968). Perls was characterized as a challenger to subjectivity (Essig & Russel, 1990). He used confrontation (Hill et al., 1979) and active analysis of Gloria's experience and challenged her perceptions (Shostrom & Riley, 1968). Ellis's skills intended to give Gloria directions and orientations; he was a more active therapist (Hill et al., 1979). Some studies found common characteristics in the three therapists, namely the interpretations (Gazzola & Stalikas, 2004) and the self-disclosing discourse (Essig & Russel, 1990). However, these characteristics were used with different intentions, emphasizing distinct aspects congruent with each theoretical orientation (Essig & Russel, 1990; Gazzola & Stalikas, 2004).

Studies focused on the therapeutic interaction have found differences between the three sessions (Kiesler & Goldston, 1988; Meara, Shannon, & Murray, 1981). Regarding semantic communication, Meara et al. (1981) found that Perls and Ellis applied more verbs associated with a discourse permeated by more causal links than Rogers, who focused his discourse on client states. To work with what was happening in the moment, Perls also used a higher frequency of experiential verbs compared to Ellis and Rogers. In the same study, it was also noted that Gloria's speech was relatively consistent in the three sessions, but she presented more verbs explaining her experiences in the session with Rogers (Meara et al., 1981). Furthermore, due to Rogers' more emphatic discourse, Gloria's speech was more detailed, which elevated her conversation about the problem to a more complex level (Wickman & Campbell, 2003). In relation to interpersonal behavior, Kiesler and Goldston (1988) characterized the three psychotherapists as follows: Rogers as friendly submissive, Ellis as dominant-neutral, and Perls as dominant-hostile. As for Gloria, she proved to be more dominant and less friendly with Perls and more submissive and friendly with Rogers and Ellis.

Within studies focused on the therapeutic model, only one considered Ellis's intervention as unrepresentative of rational emotive therapy (Weinrach,

1986), but all other studies indicated that the theoretical models were well represented by all the therapists (Dolliver, Williams, & Gold, 1980; Moon, 2007).

Interestingly, one of the most important variables in process-outcome studies has proven to be the client (Bohart & Wade, 2013; Clarkin & Levy, 2004), and despite this finding, little specific attention was paid to Gloria's own perspective. Additionally, none of these studies explored possible changes that occurred in each session. Highly significant clinical changes are not very likely in a single first session, but studying possible change effects that occur remains important. The innovative moments (IMs) model (Gonçalves, Matos, & Santos, 2009b) is a recent perspective of studying change in psychotherapy sessions. This model has been used with various psychotherapy models, such as linguistic therapy of evaluation (Gonçalves et al., 2014), cognitive-behavioral (Gonçalves, in preparation), narrative (Gonçalves, Ribeiro, Silva, Mendes, & Sousa, in press; Matos, Santos, Gonçalves, & Martins, 2009; Santos, Gonçalves, & Matos, 2011; Santos, Gonçalves, Matos, & Salvatore, 2009), constructivist (Alves, Mendes, Neimeyer, & Gonçalves, 2012; Ribeiro, Gonçalves, & Ribeiro, 2009), client-centered (Gonçalves et al., 2012), emotion-focused therapies (Cunha, Gonçalves, Hill, et al., 2012; Gonçalves, Mendes, Ribeiro, Angus, & Greenberg, 2010; Mendes, Ribeiro, Angus, Greenberg, & Gonçalves, 2011; Mendes et al., 2010), and grief therapy (Alves et al., 2014). According to this model, it is possible to trace change by identifying thoughts, feelings, events, and intentions in a client's discourse that differ from the problematic self-narrative that brought the client to therapy (Gonçalves et al., 2009b). Based on this approach to therapeutic change, the present work intends to contribute to the study of the *Gloria Films* by analyzing and comparing possible innovations that occurred in the client's discourse in these three sessions guided by therapists who are still a main reference in the field of psychotherapy.

Narrative Change in Psychotherapy

The IMs model is inspired in the narrative perspective of psychotherapy (Gonçalves et al., 2009b). Client's problematic self-narratives are often disorganized and unspecific (Boritz, Angus, Monette, & Hollis-Walker, 2008; Botella, Herrero, Pacheco, & Corbella, 2004) or are focused on hurt experiences, emphasizing negative events and ignoring, or neglecting, a diversity of other lived experiences (Gonçalves & Machado, 1999; White & Epston, 1990). Change starts to occur as small novelties emerge (termed

IMs) and slowly challenge the problematic self-narrative. The IMs work as windows to the construction of new meanings and alternative narratives (Gonçalves, Santos, et al., 2010).

The Innovative Moments Coding System (IMCS; Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011) was constructed as a tool to identify IMs in psychotherapy sessions according to five categories: action, reflection, protest, reconceptualization, and performing change. Table 1 describes the diversity of IMs and shows examples of each type.

Several studies have analyzed the relationship between IMs and therapeutic outcomes. These studies found that good outcome cases have a higher proportion of IMs than poor outcome cases (e.g., Mendes et al., 2010). In comparing good outcome and poor outcome cases in terms of types of IMs, there are also important differences: the proportion of the session spent by clients elaborating reconceptualization and performing change IMs is significantly higher in good outcome cases but is almost completely absent in poor outcome cases (Gonçalves et al., 2009b; Gonçalves, Mendes, et al., 2010; Matos et al., 2009; Mendes et al., 2010). These IMs usually emerge at the middle phase of the therapeutic process and develop during the final phase (Alves et al., 2014; Gonçalves et al., 2012; Gonçalves, Mendes, et al., 2010; Mendes et al., 2010; Ribeiro et al., 2009; Santos et al., 2009; Santos et al., 2011).

Reconceptualization IMs involve (1) a contrast between a past problematic self-narrative (“I used to care more about what others thought about me”) and an emergent, more adaptive present (“Now I try to put myself first”), and (2) an access to the processes that allow this transformation (“I’m doing this because I understand that giving privilege to others’ thoughts was annihilating myself”) (Gonçalves et al., 2009b; Gonçalves et al., 2011). It was suggested that reconceptualization gives meaning and structure to other more elementary IMs (such as action and reflection), in addition to operating as a bridge between the problematic past and the more adjusted emerging present self, helping the client making sense of this transformation (Cunha, Gonçalves, Valsiner, Mendes, & Ribeiro, 2012; Gonçalves & Ribeiro, 2012). These findings support the claim that reconceptualization IMs are important to promote and sustain therapeutic change. Therefore, narrative change may start with some small novelties (IMs) within and outside of therapy. These IMs are narrated within the sessions, and progressively, these new narrations become more elaborated and further expand change.

In addition to the various types of IMs (e.g., action and reflection) and their evolution (e.g., from reflection to reconceptualization), one can analyze the

evolution of themes present in the IMs (Ribeiro, Bento, Gonçalves, & Salgado, 2010). Specifically, the progress to a new self-narrative can occur by a shift from one theme to another. For example, the theme “self-protection” (i.e., “I need to protect myself from others”) present at the onset of therapy as a facet of the problematic self-narrative may evolve to a more adjusted innovative theme, coded as IMs such as “balance” (i.e., “I do understand that others have no intention of hurting me and now I understand why I felt the way I did”). This change may lead to a new, more adjusted theme, also coded with IMs such as “assertion” (i.e., “I need to consider my needs and stop protecting myself from others”), which may constitute an alternative self-narrative (Ribeiro et al., 2010) by the end of therapy. Across therapeutic conversations about an IM, its themes (in previous work, a theme was referred to as a protonarrative, see Bento, Ribeiro, Salgado, Mendes, & Gonçalves, 2014; Ribeiro et al., 2010; Ribeiro, Bento, Salgado, Stiles, & Gonçalves, 2011) become more detailed, and consequently, their meanings and effects become clearer. This elucidation facilitates the emergence of new IMs as well as the elaboration of new themes. The diversity of IMs and themes throughout therapy indicate flexibility and are associated with successful change (Ribeiro et al., 2011).

Purpose of the Present Study

The purpose of the present study is to explore the novelty emergence in each of the three sessions of the *Gloria Films*, adopting a narrative perspective. We aim to understand how the same client formulated her own problem (problematic self-narrative) and if and how change occurred in each session in terms of IMs and themes.

Specifically, the study aims are to explore and compare the three sessions, answering the following questions: what are the problematic self-narratives developed by Gloria and which type of IMs and innovative themes emerged in each session?

Method

Participants

The study focuses on the famous *Gloria Films* taped in 1965 (Shostrom, 1965). These films consist of three first sessions of psychotherapy with the same client (Gloria). The first session was conducted by Carl Rogers (client-centered therapy), the second by Fritz Perls (Gestalt therapy), and the third by Albert Ellis (rational emotive therapy).

Table I. A brief description of the types of IMs.

Category	Description	Examples
Action IM (A)	Refers to specific actions or behaviors of challenge to the problem	C: Yesterday, I went to the cinema for the first time in months!
Reflection IM (R)	Refers to thought processes that indicate an understanding of something new that makes the problem incoherent and unlawful (thoughts, doubts, questions)	C: I realize that the more I isolate myself, the more depression gets overwhelming. C: I believe that our talks, our sessions, have proven fruitful, I felt like going back a bit to old times, it was good, I felt good, I felt it was worth it.
Protest MIs (P)	Refers to the critical moments that involve some kind of confrontation (directed to others or yourself)	C: I'm feeling stronger now, and won't let depression rule my life anymore! I want to experience life, I want to grow and it feels good to be in charge of my own life again.
Reconceptualization IM (RC)	Includes a description of the process to a metacognitive level. The client not only expresses thoughts, feelings and behaviors outside the problematic self-narrative, as also is able to explain the process of change	C: You know ... when I was there at the museum, I was thinking to myself: "you are really a different person ... A year ago you wouldn't even be able to go to the supermarket"! [Contrast] T: How do you think you were able to change this? C: I think the first important step was starting going out and also not expecting that things would be just wonderful and without any difficulties. Now I know how to tolerate my life difficulties without feeling overwhelmed. Life is life, not a paradise, but also not the hell I thought it was. [Process]
Performing change (PC)	Refers to new goals, experiences, activities and projects, which may be due or planned as a result of the change	C: I want to do all the things that were impossible for me to do while I was dominated by depression. I want to work again and to have the time to enjoy my life with my children. I want to have friends again. The loss of all the friendships of the past is something that still hurts me really deeply. I want to have friends again, to have people to talk to, to share experiences and to feel the complicity in my life again.

Note: IMs, innovative moments.

Source: Adapted with permission from Gonçalves et al. (2011, pp. 499–501).

Client. Gloria was a 30-year-old woman who was recently divorced, had children, and who agreed to participate in these films.

Therapists and therapeutic models. Rogers (1974) followed client-centered therapy, which proposes that the therapeutic relationship assumes full importance, and the attitude of the therapist is the main factor for therapeutic success. According to Rogers, for change to happen, six essential conditions should occur: the existence of two individuals in psychological contact, an incongruent state (discrepancy between actual and ideal self-concept) or client vulnerability, a congruent or genuine state of the psychologist, an attitude of unconditional acceptance, empathic understanding with the client's internal frame, and the therapist's ability to demonstrate acceptance and empathy (Cornelius-White, 2008; Fernald, 2000; Kirschenbaum & Jourdan, 2005; Rogers, 1974; Shostrom, 1965).

Perls (1969) applied Gestalt therapy, which proposes that therapeutic intervention has three aims.

First, the clients are put in contact with the existential centers of the body (sensory and motor systems). Second, clients' awareness about how they work as individuals and organizations is developed, leading them to realize the automatic processes that block awareness of themselves. Third, responsibility and freedom of choice are increased through two strategies: aggressiveness (required to deconstruct experience to later integrate it into the organic self) and induction of frustration (it is in confrontation with the adversity that the client learns to promote the resources needed to change).

Ellis (1995b) used rational emotive therapy, which later developed into rational emotive behavior therapy (Ellis, 1995a, 1999). This therapy aimed to help the clients challenge and question their values and irrational beliefs or dysfunctional life philosophies. Ellis (1995b) saw the therapy as a directive process, didactic, and instructive. The therapist assumes the authority and teaches the client to rationally challenge his or her irrational beliefs (Ellis, 1995b, 1999; Ellis, Shaughnessy, & Mahan, 2003; Shostrom, 1965).

Procedures

Identifying IMs: coding, procedures, and reliability. The sessions were analyzed through the IMCS (Gonçalves et al., 2011) to identify and characterize the IMs in each session according to five mutually exclusive categories: action, reflection, protest, reconceptualization, and performing change (see Table I). This procedure is a qualitative analysis that is applicable to speech, conversations, interviews, and therapy sessions in video format or transcript. The coding procedure involves four phases: (1) training, (2) consensual definition of the facets of the problematic self-narrative, (3) identification of IMs to calculate their proportion (percentage of time each IM occupied in session), and (4) categorization of types of IMs (e.g., action and reflection). The coding of IMs was accomplished individually by judges 1 and 2 (first author and a Master's degree student in clinical psychology) who were previously trained, supervised, and audited by judges 3 and 4 (second and third authors) skilled in applying IMCS.

Initially, judges 1 and 2 conducted the training phase in which they coded two training workbooks (Gonçalves et al., 2009a) where they identified the type of IM for every excerpt. Then, they coded transcripts from two therapy sessions previously coded by experts. The codings were discussed and compared with the ones from expert judges. Afterwards, reliability was calculated from a new workbook with examples of IMs, and the results were highly satisfactory (*Cohen's kappa* of .90).

Next, judges 1 and 2 used the videos and the transcriptions of the *Gloria Films* simultaneously to independently identify the facets of the problematic self-narratives exhibited by the client in each session in a more detailed way. After a discussion between judges, the facets that composed the problematic self-narrative were defined by consensual decision (see Hill et al., 2005).

The identification of IMs within a client's discourse was also performed in an independent way by judges 1 and 2. The IMs were identified every time an exception to the facets of the problematic self-narrative was found. Inter-judge agreement was calculated as the overlapping of words identified by both judges, divided by the total number of words identified by each of them. Disagreements were then solved by consensus between judges (see Hill et al., 2005). The parts of the text identified as IMs were then independently coded for the IM type. Reliability of IM types was also calculated. Finally, the proportion of the IMs, which is a measure of the extension of the IM in comparison with the rest of the session, was computed in the following way:

the time occupied by each IM type divided by the total time of the session. The inter-judge agreement was 87% for the proportion of the IMs, and the *Cohen's kappa* for the identification of the types of IMs was 0.96. This finding shows a strong reliability level of each index (Hill & Lambert, 2004).

Identifying IM themes: coding, procedures, and reliability. The IMs were submitted to thematic analysis to identify the themes/contents of change. Thematic analysis is a way to perform grounded theory approach to qualitative research, which can be applied to counseling and psychotherapy studies (McLeod, 2011; Meier, Boivin, & Meier, 2006, 2008). A theme is a pattern that is present, indicating something significant to the client in the way that he or she looks at the world (McLeod, 2011). The identification of the themes involved the stages suggested by Attride-Sterling (2001). First, the material was coded (the IMs were identified). Then, the codes (IMs) were analyzed to seek common themes. Accordingly, the judges (first and last authors) followed the procedures used in a previous study to identify the themes of IMs. Specifically, for each IM, the judges tried to answer the following question: "What is the potential counter-rule/framework of behaving (acts, thoughts, emotions) present in this IM?" (Ribeiro et al., 2011, p. 6). The answers to this question were formulated in a short statement or word. The themes of IMs were decided by inter-judge consensus (Schielke, Fishman, Osatuke, & Stiles, 2009). In the last stage, the themes were grouped in superordinate categories (Attride-Sterling, 2001), which stand as representative generic themes of IMs. Particularly, themes were compared and, if similar, were grouped into a broader theme. For example, two themes emerged in the session with Perls—"confronting" and "claiming"—that were grouped into the broader theme "defending myself." When strong differences between themes were found, it was considered a different theme. At the end of this stage, judges performed a final check of the themes to verify if they made sense and if there was another way of organizing the categories that better account for the data (Ribeiro et al., 2011). Finally, the results of the three sessions were analyzed and compared to identify differences and similarities between them in terms of facets of the problematic self-narratives, proportion and types of IMs, and themes of IMs.

Results

In this section, we present the facets of the problematic self-narratives formulated by Gloria in the sessions with Rogers, Perls, and Ellis, followed by the

therapeutic change according to IMCS. Next, for each therapeutic session, we present the themes that emerged in the IMs.

Facets of the Problematic Self-Narratives Presented by the Client

The problematic facets that emerged during the three therapeutic sessions diverged in terms of content and diversity (see Table II).

Session Rogers–Gloria. Two problematic facets were identified in the session with Rogers: Gloria's difficulty in addressing sexual issues, which occupied most of the session, and the feeling of not being understood by her father, which only appeared at the end of the session. Regarding the problematic facet about her sexuality, Gloria revealed a fear of being rejected if her daughter became aware of her sex life. She also expressed guilt related to her sexual desires and the necessity to hide or lie about them to get approval from others. In the problematic facet on not being understood by her father, Gloria's speech showed the need to be valued by him, missing a more open and understanding relationship.

Session Perls–Gloria. In the session with Perls, Gloria's problematic facets flowed around the fear that the therapist would not support her, making her feel "trapped in a corner." Associated with this fear, Gloria revealed a feeling of inferiority towards Perls, as she considered him "smarter" than her, given his personal characteristics and training in psychotherapy. She was afraid to show herself as "dumb and stupid."

Session Ellis–Gloria. With Ellis, Gloria expressed her feelings of inadequacy in her relationships with men, showing difficulties in attracting the men with whom she would like to be closely involved. Gloria revealed her frustration in dating men she did not respect and characterized as petulant and uninteresting.

Comparison between the problematic facets.

Despite the differences in the three sessions, the problematic facets show common points. Gloria focused her speech on her need of being accepted by others and in her feeling of inferiority. These two themes were closely related to difficulties in asserting herself against potential criticism or rejection.

In the session with Rogers, Gloria expressed the need to accept herself and to be accepted by her daughter (to accept her sexual behavior with men) and father (to be understood), revealing a feeling of inferiority when she did not meet their or her own expectations. With Perls, the need to be accepted and the feeling of inferiority were addressed to the

therapist. From the beginning, Gloria expressed fear that Perls would not support her, which later was also associated with a fear of feeling inferior ("you can't do anything but I can sure feel dumb and I can feel stupid for not having the right answers"). Regarding the session with Ellis, Gloria expressed a vision of herself as unable to conquer the type of men she wanted, considering herself inferior ("He is superior to me"), while longing for their acceptance.

In this sense, the difficulty asserting herself against potential criticism or rejection emerged in two domains: the need to be accepted and the sense of inferiority. The need to be accepted was associated with the fear of others' rejection (from the father, the daughter, Perls, interesting men), particularly in regard to sexual issues and her family. The feeling of inferiority was associated with a critical stance towards herself (e.g., considering herself as inappropriate, stupid).

General Innovation Produced in Each Session

IMs emerged in the three therapeutic sessions. Looking at the total number of IMs per session, more IMs emerged in the session with Perls (21), followed by the session with Rogers (14), and finally in the session with Ellis (9) (see Figure 1). The proportion of IMs varied between 8.3% and 14.9% (see Figure 2). Sessions with Rogers and Perls showed a similar proportion of IMs (14.9%), whereas the session with Ellis showed a lower proportion of IMs (8.3%).

Comparison of IM type in each session.

Regarding the types of IMs (see Figure 1), reflection and protest IMs were present in all sessions, and one reconceptualization IM was identified only in the session with Rogers. Action and performance change IMs were not detected in any of the sessions.

In analyzing the proportion of each IM (see Figure 2) in the session with Rogers, reflection IMs (12.09%) had the highest proportion, followed with very low percentages of protest IMs (1.91%) and reconceptualization IM (1.32%). In contrast, the session with Perls had a higher proportion of protest IMs (11.13%) and a lower proportion of reflection IMs (3.81%). As in the session with Rogers, reflection IMs (7.50%) had the higher proportion in Ellis, followed by a protest IM (0.83%).

In sum, there was a higher proportion of reflection IMs in client-centered therapy (12.09%) and a lower proportion in Gestalt therapy (3.81%). Regarding protest IMs, the higher proportion occurred in

Table II. A brief description of facets of the problematic self-narratives formulated during the three sessions.

Sessions	Facets of the problematic self-narratives	Examples
Rogers–Gloria	My difficulties in dealing with sexual issues	C: ... there are times when I feel so guilty. Like when I have a man over ... I'm really worried about it and yet I also know I have these desires. C: I want be honest and yet I feel that are some areas that I don't even accepted. C: I'm afraid my daughter could think I'm a devil and I want so badly for her to accept me.
	Not feeling understood by my father	C: ... I miss that my father could talk to me the way that you are. C: Yeah, I couldn't be open with my father. C: ... I really want acceptance and love from him. C: ... He doesn't hear me!
Perls–Gloria	Fear that the therapist will not support me	C: ... I'm afraid you're gonna have such a direct attack that a ... you're going to get me in a corner and I'm afraid of that, I want you to be more on my side.
Ellis–Gloria	Feeling inadequate in my relationships with men	C: ... The men that I'm attracted to, or the type of man I would like to be closely involved with I can't seem to meet or I get too shy with, or something I don't ... doesn't click. The men I seem to be dating nowadays are the ones that I don't respect much, the ones I don't enjoy much, that seem flip and ... uninteresting.

Gestalt therapy (11.13%) and the lower proportion in rational-emotive therapy (0.82%). The reconceptualization IM was only present in client-centered therapy with a proportion of 1.32% (see Figure 2).

Characterization of the Themes Emergent in the IMs

Similar to the problematic facets, the themes of IMs differed in terms of content and number (see Table III).

Rogers–Gloria. In the session with Rogers, the following themes emerged as novelties towards the problematic facets on the difficulties in addressing sexual issues: (1) “clarification of what to do regarding my daughter,” (2) “feeling right about me,” and (3) “accepting myself.” These themes emerged in reflection IMs and in a reconceptualization IM, involving exploration of situations and behaviors in her sexual experience that made her feel guilty and the impact of her decision on her daughter. This process allowed progress from one theme to another. For example, the “clarification of what to do regarding my daughter” was progressive, showing the tendency to decide the truth, reflecting on the positive consequences of that attitude. Similarly, the “feeling right about me” theme developed when the client realized attitudes that enabled her to reduce the intensity of guilt and to achieve well-being, such as acting according to her feelings. As for “accepting myself,” this theme was present in most IMs, starting with the understanding of the need for acceptance and culminating with statements that involved self-approval. Furthermore, in this session, the theme of “asserting myself” arose as an alternative to the problematic facet about the feeling

of not being understood by her father. It emerged in reflection and protest IMs, namely in moments of critique of her father and in moments involving new perceptions into the causes and consequences of her need to be appreciated and understood by him.

Perls–Gloria. The themes “defending myself” and “assertiveness” emerged in IMs related to the fear of not being supported by her therapist. “Defending myself” was addressed to Perls from the beginning of the session and occurred mainly in protest IMs. Gloria’s responses involved a position of confrontation and criticism towards Perls, disagreeing with him and defending her ideas, feelings, and behaviors. “Assertiveness” was present in innovations mainly on reflection IMs in which new understandings and more adaptive thoughts were clear. The themes developed in such a way that at the end of the session, it was possible to identify strategies and alternatives to overcome the problem and new positions to face it. The strategies focused mainly on the demand of self-respect to feel good about herself and understanding that she would have to be aggressive, energetic, and strong. Gloria began to see the therapist as someone like her: a human with weaknesses, vulnerabilities, and capable of being hurt.

Ellis–Gloria. In the session with Ellis, the “self-confidence” theme emerged in IMs related to her feelings of inadequacy in her relationships with men, being expressed mainly in reflection IMs and in a single protest IM. In reflection IMs, this theme was present when Gloria explored the recognition of the factors that underlay the problem and its consequences, as well as her ambition to work to feel confident in relationships with men. In the protest IM, Gloria

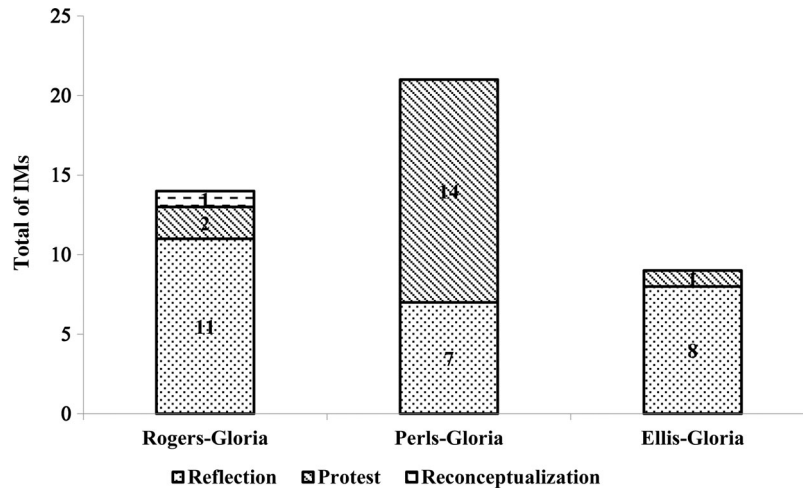


Figure 1. Types of IMs in the different sessions.

presented a critical view of herself as an agent that supported and fed the problem, as well as new positions that involved appreciating herself as a woman with the ability to achieve her objectives. It should be noted that a greater evolution of this theme appeared at the end of the session, in which Gloria expressed intentions to adopt a new attitude facing her problem, revealing greater self-confidence. At this later phase, she showed willingness to be true in relationships with men and worry less about being rejected.

Discussion

The results showed differences in the three sessions in relation to the content of the facets of the problematic self-narratives and in terms of narrative

innovations, namely the proportion and the type of IMs, as well as in the content and diversity of their themes. These results reveal two interesting aspects. They support that a single session may be enough to produce narrative innovations, initiating the process of change. However, the results raise a pertinent question: Why would the same client present differences in the definition of the facets of the problematic self-narrative and in the process of change when guided by different therapists? We will discuss these issues by considering previous findings on the *Gloria Films* and other case studies analyzed with the IMCS.

The differences in the facets of the problematic self-narrative formulation and in the change process appear to be associated with the type of intervention in each session. The sessions were based on various

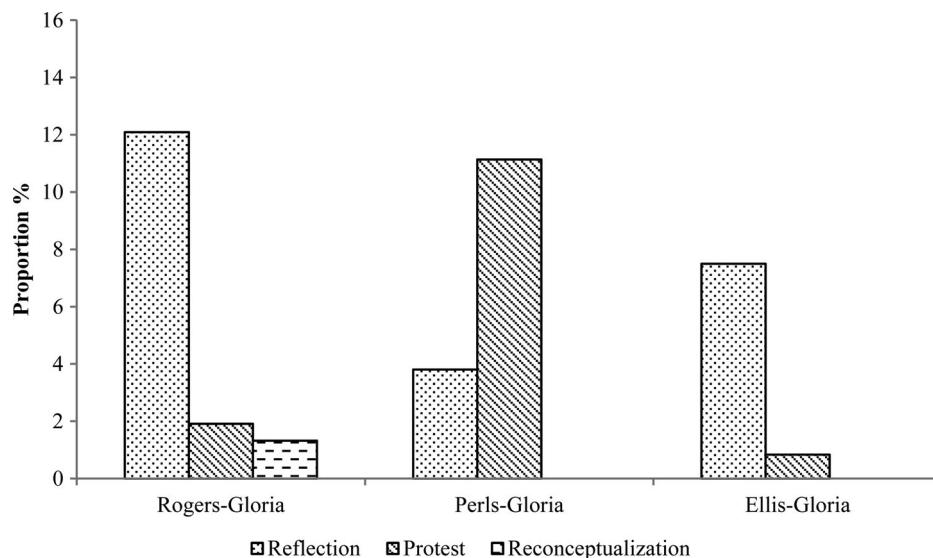


Figure 2. Proportion of types of IMs in each session.

Table III. Themes of IMS emergence in the three sessions and examples.

Sessions	Facets of the problematic self-narratives	Themes of IMs	IMs	Examples
Rogers–Gloria	My difficulties in dealing with sexual issues	Clarification of what to do regarding my daughter	R	C: Yeah, that's why I get encouraged when I'm reading a book from somebody I respect and admire, that this is the right thing, no matter what, honesty will win out, and that keeps giving me confidence "by gosh, I'm right."
			RC	
		Feeling right about me	R	C: I didn't solve a thing, but I feel relieved ... I do feel like you've been saying to me ... you know what pattern you want to follow, Gloria, and go ahead and follow it.
			RC	
		Accepting myself	R	C: when I do follow a feeling and I feel this good feeling inside me, that's a sort of utopia, that's I mean. That's the way I would like to feel. Whether it's a bad thing or a good thing, but I feel right about me.
			RC	
Perls–Gloria	Not feeling understood by my father Fear that the therapist will not support me	Asserting myself	R	C: ... So a ... it's accepting. Want to become more accepting.
			RC	
		Defending myself	R	C: ... And all of the sudden when I did it felt right. I didn't felt mean towards him, I just knew this was what I had to do. That's when I know that I'm following my feelings completely.
			P	
		Assertiveness	R	C: ... I wanna blame it on him. I think I'm more open than he'd allow ... Why do I have always to be so perfect?
			P	
Ellis–Gloria	Feeling inadequate in my relationships with men	Self-confidence	R	C: I'd like you to be aware that I'm kicking my feet and to be aware that I'm giggling when I'm really nervous and accept it instead of putting me on defensive, or having explain. I don't want to have to explain why I'm doing these things.
			R	
			P	
			P	

Note: IMs, innovative moments; A, action; R, reflection; P, protest; RC, reconceptualization; PC, performing change.

theoretical models and therefore had different intervention techniques and different conceptions of the problems that guided the client in a particular direction. Shortly, the facets of the problematic self-narrative are, more than an internal feature of the client, a co-construction between clients and therapists.

Given this assumption and knowing that the intervention of Rogers with Gloria was based on fundamental conditions of client-centered therapy such as empathy, genuineness, and unconditional acceptance (Hill et al., 1979; Wickman & Campbell, 2003), the results found in this session can be understood in accordance with this theoretical model. The session showed more diversity of problematic facets and themes, a greater proportion of reflection IMs, and the emergence of one reconceptualization IM. These results seem to be related to the therapeutic strategies used that led to a reflective exploration from the client, encouraging new thinking processes (Hill et al., 1979). This process is clear in Gloria's periods of reflection for new understandings, increasing the probability of the emergence of reflection IMs, as well as their proportion. Similarly,

Wickman and Campbell (2003) emphasized that the techniques practiced by Rogers encouraged Gloria to speak in a more detailed and complex way about her problem, which may explain not only the emergence of the most basic IMs (reflection and protest) but also the emergence of a reconceptualization IM, as well as a greater diversity of innovative themes. Of course, an alternative view would be that Gloria, as a client, fit Rogers' therapeutic style better.

The session with Perls also evidenced an association between the results and the type of therapeutic intervention. He used confrontation from the very beginning of the session, preventing Gloria from feeling free to expose her problem independently (unlike what happened in the session with Rogers) and making her feel unsupported, which caused the client to focus on the here-and-now relationship with the therapist. This follows the guidelines of Perls' Gestalt therapy in which the purpose is to develop insight within clients about automatic processes that block the awareness of themselves and to develop mechanisms that lead to greater

independence and autonomy (Perls, 1969). According to Hill, Thames, and Rardin (1979), the non-verbal referents and confrontations present in this session helped Gloria focus on her actual experience, becoming aware of her own behavioral discrepancies. Following this idea, the directive stance adopted by Perls as he guided Gloria throughout the session—almost forcing her to experience particular content—intentionally caused confrontation and self-defense moments (protest IMs). This result is consistent with Kiesler and Goldston's (1988) study that classified Perls as hostile and more dominant than the other therapists and indicated that Gloria was also more dominant with Perls than with Rogers and Ellis. Gloria often reacted in an attempt to defend her behaviors, feelings, and thoughts, adopting a critical position towards Perls that especially promoted the emergence of protest IMs and increased the focus of Perls on the development of these IMs. This behavior justifies a greater proportion of protest IMs and the emergence of the themes "defending myself" and "assertiveness" in this session. In this sense, the session with Perls seems to perfectly illustrate Gestalt therapy, which focuses on strategies of aggressiveness and induction of frustration to encourage the client to develop an increasing capacity for self-support and reliance on her own resources. Additionally, the present study also indicates that this strategy was effective in creating changes in the client. However, the protest IMs are clearly associated with counteracting the problematic facet rooted in the therapeutic relationship, namely fearing lack of support from the therapist. This problematic facet was clearly elicited by the aggressive style of Perls, which is congruent with his therapeutic model and goals. In this sense, the IMs configure positive moments of self-assertion, but they also involve a tension between Perls and Gloria, which may put the working alliance at risk. Therefore, we may wonder what would have been the real consequences of these protest IMs if therapy continued after the first session.

In contrast, in the session with Ellis, the proportion of the IMs and the diversity of themes were lower compared with the other two therapists. These findings could also be related to the rational emotive therapy theoretical model. Ellis was considered a more active therapist (Hill et al., 1979; Shostrom & Riley, 1968), expressing advice, suggestions, interpretations, and opinions to explore the irrational cognitions in the problematic self-narrative and to challenge them. In this way, many thought processes were explored by the therapist rather than by the client, resulting in a lower proportion of IMs and a lower diversity of innovative themes. This effect is reinforced by the study of Kiesler and Goldston

(1988), which concluded that Gloria was more submissive to Ellis, the therapist with a more active role. The emergent IMs were reflection IMs. These outcomes were expected because the therapy is a cognitively demanding intervention model used to identify irrational thoughts and replace them with more rational ones. This type of innovative content is typical in reflection IMs.

Despite the clear differences found in the three sessions, there are common aspects in the problematic facets and in the narrative innovations. First, it is important to acknowledge that the specific content of her issues is embedded in a specific cultural background, clearly rooted in the American context and discourses of the 1960s in regard to women and sexuality. As such, there was an implicit cultural narrative *zeitgeist* clearly constraining Gloria's possibilities of meaning-making, which revolved around issues such as asserting women's sexuality and confronting traditional moral standards. When we analyze the commonalities of the problematic facets raised in these sessions, these issues become even more evident. The problematic facets present in the three sessions were based on the difficulty in asserting herself against potential criticism or rejection against moral or societal standards. This difficulty was expressed in two ways: by the need to be accepted and by feeling inferior to others. Moreover, these sessions suggest that these two generic problems were feeding each other. Specifically, by not meeting her own or others' expectations, she not only felt rejected but also inferior. In turn, seeking support from others was generally a way of addressing the feeling of inferiority (e.g., in the session with Rogers or Perls). In this sense, these two problematic issues (need to be accepted and feeling inferior) were probably working as a closed circuit with reciprocal influences, feeding the difficulty in asserting herself against potential criticism or rejection.

In relation to narrative innovations, the types of IMs found were based mostly on the same type of innovations, namely reflection and protest IMs. These results are consistent with the past studies in this area. Few or even no reconceptualization and performing change IMs were expected to be detected, as the study is based on first sessions of psychotherapy, and these types of IMs occur, more often, in a more advanced period of the psychotherapeutic process (Gonçalves et al., 2009b; Matos et al., 2009).

Thematic analysis of IMs produced a more precise identification of Gloria's new narrative positions about her problems. In the session with Rogers and Perls, thematic diversity seemed to indicate a sequential process from the formulation of the problem to the innovations. It began with the exploration of the

problem, with a gradual clarification triggering a process of a greater narrative understanding of the problem. In the session with Rogers, the themes evolved from the clarification of what to do regarding her daughter into self-acceptance, and in the session with Perls, the innovations evolved from self-defense into assertiveness. In the session with Ellis, even in the absence of thematic diversity, the only emergent theme developed from the exploration of the causes of her difficulties to attract the men she wanted into a greater confidence in being true in a relationship with them.

These results of the thematic analysis are also congruent with the previous study of Ribeiro et al. (2011), which suggested that the therapeutic conversation around innovative themes increase the flexibility to develop more themes, and their expansion can become dominant and lead to a new full self-narrative. Moreover, although the IMs indicate the degree of change (e.g., proportion, more or less developed types), the themes of the IMs allow better understanding of its evolution.

We can also briefly discuss the association between the IMs and their themes. Reflection IMs were the most common IMs and were always present in the elaboration of various themes. This finding is congruent with previous studies, in which reflection appears as the most common type of IM and also with the theoretical assumption that they are very basic forms of innovation that need to be further expanded to allow for significant clinical change (Gonçalves et al., 2009b; Gonçalves, Mendes et al., 2010; Matos et al., 2009; Mendes et al., 2010). Protest IMs included themes related to the affirmation against the criticism of others (e.g., “defending myself” and “assertiveness”). Finally, one reconceptualization IM emerged in the session with Rogers, simultaneously involving three innovative themes (“clarification of what to do regarding my daughter,” “feeling right about me,” and “accepting myself”) relating to the same facet of the problematic self-narrative (“my difficulties in dealing with sexual issues”). All of these three themes indicate greater capacity and confidence of Gloria to address rejection and higher self-acceptance. These results illustrate the complexity of reconceptualization IMs and the ability to aggregate and integrate various themes.

The main limitation is that this study focuses on the analysis of the first therapeutic sessions only, and the methods used here usually involve a longer sequence of sessions. Another important aspect is that the therapeutic sessions occurred in an unusual context because participants knew that the sessions would become public. Specifically, the therapists aimed to represent their therapeutic models in a short time, which may have influenced the

interventions (i.e., a more targeted intervention to the results). In turn, Gloria, knowing the purpose and circumstances of those sessions, may have felt pressured to follow the therapists, showing changes that may have not occurred if the therapeutic context was different. Finally, Gloria was seen by three therapists in a short time frame and sequentially. This factor may have had an effect on the results because it was not possible to control the mutual influences of these successive events. However, because this was a natural experiment, these questions remain largely unknown. For example, it may have happened that the positive session with Rogers in which the client felt protected and understood may have impacted her and thereby affected the later sessions (e.g., Gloria could compare both Ellis and Perls to Rogers). Moreover, the number of sessions was reduced (only three), and therefore, any major change in IMs in such a short period was not expected. Our results are coherent with that expectation; the amount of innovation varies but remains relatively low, whereas the main types of IMs correspond mainly to the expected pattern (reflection and protest IMs).

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