

EBSCO Publishing Citation Format: MLA (Modern Language Assoc.):

NOTE: Review the instructions at http://support.ebsco.com/help/?int=ehost&lang=&feature_id=MLA and make any necessary corrections before using. Pay special attention to personal names, capitalization, and dates. Always consult your library resources for the exact formatting and punctuation guidelines.

Works Cited

Greyling, W.J., P.M. Heyns, and K.G.F. Esterhuysen. "Therapist-client discourse as evidence of therapeutic constructs-in-action: the therapeutic styles of Rogers, Perls and Ellis." *South African Journal of Linguistics* 17.1 (1999): 37. *Academic Search Complete*. EBSCO. Web. 15 Mar. 2010.

<!--Additional Information:

Persistent link to this record (Permalink): <http://search.ebscohost.com.libproxy.troy.edu/login.aspx?direct=true&db=a9h&AN=1922260&loginpage=Login.asp&site=ehost-live>

End of citation-->

**THERAPIST-CLIENT DISCOURSE AS EVIDENCE OF THERAPEUTIC CONSTRUCTS-IN-ACTION:
THE THERAPEUTIC STYLES OF ROGERS, PERLS AND ELLIS**

Received April 1998; accepted September 1998

The main aim of this article is to show that a multi-levelled discourse model, such as Berry, may be used to great effect in a sustained comparative analysis of the typical discourse features of three therapeutic styles (i.e. those of Rogers, Perls and Ellis). These therapists' interactions with the client Gloria were transcribed in full, and then analyzed in terms of Berry's discourse model. The so-obtained codings were then converted into numerical format for the 45 (3 x 15) samples of discourse. The scores expressed as proportions - on the variables, delayed primary knower (dk1), primary knower (k1), secondary knower (k2), secondary knower follow-up (k2f), propositional base (pb), propositional completion (pc), propositional support (ps), initiating move (a moves) and responding move (b moves), were entered into a SAS data set, whence an ANOVA and the Scheffe test were performed to establish whether the differences among the three therapeutic styles were statistically significant for the nine variables. These variables were then subjected to a stepwise discriminant analysis to predict membership of the criterion, psychotherapeutic style (therapeutic style 1 = Rogers; 2 = Perls and 3 = Ellis). It was found, firstly, that the discursive differences in style were statistically significant for the three levels of the criterion, and, secondly, that k2, dk1, k1 and pc were the best predictors of therapeutic style.

Introduction

The therapeutic process is mediated through language, and the therapist occupies a pivotal position in initiating learning experiences and creating conditions that will promote movement, change and development in the client. Moreover, if individual therapists engage in the process with a given set of beliefs about therapy, then these constructs will be manifested in their interaction with clients. The central concern in this article is to show that different therapists employ individual, and therefore typical, interactional styles in their therapeutic engagements with their clients. Put differently, therapists' beliefs about therapy become constructs-in-action, and have typical manifestations in therapist-client discourse. The therapist imposes his constructs about therapy on the discourse process, actively constructing an ideological structure or framework for the process. This premise places this article in the field of Critical Discourse Analysis (CDA).

The notion that subjective edifices of meaning are reflected in situationally contextualized discourse seems to be uncontested in the literature on CDA and critical linguistics. For example, Fowler argues that

'... language is a major mechanism in this process of social construction. It is an instrument for consolidating and manipulating concepts and relationships in the area of power and control (as well as other areas of social and ideological structure)' (1985:61).

More recently, Kress (1990: 86-87) has explored the premises of Critical Discourse Analysis, claiming that language is social practice in context, where 'texts are the result of the actions of ... speakers and writers (who) operate with relative degrees of choice always within structurings of power/domination'. Fairclough (1995: 7) echoes this premise in his claim 'that "discourse" is use of language seen as a form of social practice, and discourse analysis is analysis of how texts work within socio-cultural practice'.

Fairclough (1995: 10) contends that the interpersonal, ideational and textual functions outlined in systemic linguistics provide a meaningful, yet not definitive, framework for CDA. The systemic framework is at the heart of the model proposed by Berry (1981); for this reason, the latter model was selected as a framework for analyzing the typical discursive features of the therapeutic styles of Rogers, Perls and Ellis. Moreover, following Green (1995: 1-18), who contends that researchers have to match research purpose and the choice of research tools, Berry's model was selected because an exhaustive analysis of the three therapeutic discourses would yield discrete codings, which, in turn, would allow the researchers to prepare a numerical data set that could be subjected to quantitative analysis. The findings of such a quantitative analysis would allow the researchers to estimate the probability that the typical differences isolated in this way could - or could not have - occurred as a result of coincidence or chance.

Methodological orientation

The first step in the study of psychotherapeutic style involved the process of obtaining valid discourse data - and the data, it was argued, had to be available in the public domain so that the study would in no way constitute a threat to confidentiality. For this reason, the choice fell on the well-known sessions between Gloria and the three renowned therapists, Rogers, Perls and Ellis (cf. Shostrom: *sine anna*). The contrastive nature of the therapists' orientations was a further consideration. The three therapies may be classified as either directive or non-directive. Rogers' non-directive, client-centred therapy is founded on the premise that congruence or genuineness, unconditional positive regard and empathy are critical elements in the therapist-client relationship. Given such a relationship, the client comes into touch with his/her inner self, plugging into an inner wisdom that will facilitate a natural tendency towards self-actualization and a more constructive perception of self (Rogers, 1951/1984: 137-140).

On the other hand, Perls and Ellis adopt directive and confrontational styles of therapy. In Gestalt Therapy, Perls actively guides clients towards a heightened awareness of experiences in the here and now, as well as inconsistencies and splits that reveal fragmentation of aspects of the self (Perls, 1970a: 14; 17; 1970b). Gestalt therapists tend to tell their clients what they should do - the directive nature of the therapy is also reflected in the therapist feedback, as well as confrontational questioning and interpretations (Ivey, Ivey & Simek-Downing, 1987: 286-289). In Rational-Emotive Therapy, Ellis too adopts a directive and confrontational style in counteracting the client's propensity for irrational thinking. He claims that these irrational beliefs 'are essentially deifications or devilifications of themselves and others, and when empirically checked and logically assailed, they tend to evaporate' (Ellis, 1989: 199).

Moreover, it was argued that the three therapists agree in their assessments of the sessions with Gloria that their experiences of the therapeutic process in these interactions were consistent with their views of psychotherapy. This was seen as an important source of triangulation or cross-validation (cf. Long, 1983: 20-21; Seliger & Shohamy, 1989: 122-123; Van Lier, 1988: 61).

Next, the full video recordings were transcribed on a turn-by-turn basis and doublechecked for accuracy of transcription. As mentioned earlier, a discourse model was then sought for purposes of analyzing the entire corpus of data. Berry's 1981 model was selected as an appropriate research tool for describing the typical features of the three psychotherapeutic styles (Berry, 1981). The multi-levelled and exhaustive coding of the three discourses, it was argued, would allow statistical analyses and the computation of various multivariate and other procedures. First, the operational definitions of the nine variables that were used in the analysis are listed in Table 1.

Then, at six-month intervals, and on three occasions, the full corpus of data was subjected to an exhaustive analysis. The problem codings were then presented to a specialist in English and a

registered psychologist who performed the necessary triangulation. The final codings were made and the coded transcripts finalised. Each transcript was divided into fifteen samples of discourse (the rule of thumb, Huysamen [1988: 170] claims, is that one should have at least five subjects or, in this case, samples of discourse per variable - i.e. 9 variables x 5 = 45 samples). The variables were then counted per sample for therapist turns only, and then entered into a SAS data set as a proportion of the total number of codings per sample.

In addition, a literature study was done - it was felt that the interpretation of the statistical findings would be contingent on one's knowledge of the core constructs of the three therapeutic styles. Although the literature study is not included in this article, it will become clear from the interpretation of the research findings that these constructs have been used as a basis for the interpretation. The literature study has been reported in Greyling (1994); however, the reader is also referred to Rogers (1951/ 1984; 1961) and Raskin & Rogers (1989) for more information on non-directive Rogerian therapy; to Perls (1970a; 1970b) and Parlett & Page (1990) for the core constructs of Gestalt Therapy; and Ellis & Bernard (1985), Ellis & Dryden (1987), and Ellis (1958; 1989) for the essentials of Rational-Emotive Therapy.

Statistical analyses were then performed on the data in the Statistical Analysis System. In addition to computing means, we also performed an ANOVA, Scheffe test and stepwise discriminant analysis on the variables. These procedures were aimed at identifying those variables that could best discriminate among the three psychotherapeutic styles (SAS/STAT User's Guide, Version 6, Fourth Edition, Volume 1, 1989).

Berry's model of analysis

Berry's 1981 discourse model was used as research tool in achieving the research purpose, namely, that of establishing whether the variables in the discourse model could discriminate among the three therapeutic styles. At this juncture three excerpts of discourse from the three therapists' interactions are discussed to illustrate the multi-levelled codings generated by the model.

Interpersonal layer

The interpersonal layer of Berry's model encapsulates four roles: delayed primary knower (dk1), secondary knower (k2), primary knower (k1); and secondary knower follow-up (k2f). The primary knower (k1) move is obligatory in interactional exchanges.

In excerpt (1) from the Perls-Gloria session, these functions are in evidence:

(1)

- 17 P: /OK/Are you a little girl? [dk1]
- 18 G: Well no [kS], but: it's the same feeling [k2].
- 19 P: Are you a little girl? [dk1]
- 20 G: This feeling reminds me of it [k2].
- 21 P: Are you a little girl? [dk1]
- 22 G: (high-pitched) NO no no/[k2].
- 23 P: No, at last [k1].

In turn (17) Perls initiates an exchange in response to an utterance in turn (16) in which Gloria states that her experience at that moment reminds her of the time when she was a little girl. Perls knows that she is not a little girl any longer; therefore, the coding of his question in turn (17) has to be that of delayed primary knower, [dk1]. He wants to make this proposition explicit in Gloria's experience: she is no longer a little girl! For this reason, she is cast in the role of secondary knower to whom this insight is blocked from awareness; therefore, the codings in turn (18) are both that of secondary knower, [kS]. Her lack of awareness, so it seems, is reinforced by her use of the contrastive conjunction, but. This response forces Perls to re-initiate: he is again in the role of [dk1]. In turn (20) Gloria assumes the secondary knower role [k2], and again, Perls re-initiates as [dk1] in turn (21). In turn (22) Gloria provides the preferred response as [k2]. Perls is clearly pleased that she has at last gained insight, and follows up her response with a primary knower move, [k1]. As a primary knower he gives his stamp of authority to, and approval of Gloria's response.

Textual level

The textual level refers to the sequencing of turns in the discourse. The speaker who initiates an exchange will be coded [a1], second speaker [b1], third speaker [c1], and so forth. Once a new exchange is initiated, irrespective of speaker, the first turn will be coded as [a1], second turn as [b1], and so forth. However, in the two-participant interactions used in this study only a moves and b moves occur. The following excerpt shows how these codings may be used to identify speakers who respond to initiations, or initiate exchanges themselves. The excerpt is taken from the Ellis-Gloria interaction:

(2)

- 24 G: I don't know if this follows in the context of what you're saying, but the thing I do feel is that I get suspicious, then 'Am I the kind of woman that will only appeal to the ones that are ... not my type of guy anyway?' [a1]
- 25 E: Yeah/[b1].
- 26 G: Is there something wrong with me? Am I never going to find the kind of guy. I enjoy? I always seem to get the other ones/[a2].

In turn (24) Gloria initiates an exchange, which is coded as [a1]. Turn (25) is coded as a propositional support; so, at the level of the textual, it is a response to an initiation, and therefore codable as [b1]. Because turn (25) also acts as an encourager, turn (26) remains part of the exchange, and is therefore coded as [a2]. The textual level of analysis provides insights into the patterns of initiation and response. This level allows us to focus on the therapist's dominance in the discourse process. Again, the initiating move by a speaker is obligatory for an exchange to occur. So the [a1] move is obligatory, and all subsequent codings [b1, c1, d1] are contingent on the initiating move. It will be noticed in excerpt 5 that the a and b codings have also been inserted within turns-at-talk where transition-relevance places occur.

Ideational layer

The ideational level of analysis refers to the information content and functions of utterances in extended discourse. Three functions are proposed by Berry (1981): a propositional completion [pc] refers to a complete proposition which occurs in a turn-at-talk; a propositional base [pb] refers to a speaker contribution which forms the basis of a completion by another speaker, for example, a question is a propositional base which is expected to be followed by a [pc]; while a propositional support [ps] provides support for a [pc] in a preceding utterance. These functions may be explained in terms of the following excerpt of data from the Perls-Gloria interaction:

(3)

- 13 P: /Let's imagine [pb] that you are in this corner [pc] ... you are perfectly safe now [pc]. What would you do in that corner? [pb]
- 14 G: I'd just sit/[pc].
- 15 P: Just sit [ps]. How long would you sit? [pb]
- 16 G: I don't know [pc].

First, turn (13) contains a directive, coded as a [pb], and two propositional completions [pcs], which occur in the following sequence:

(4a) Let's imagine X.

(4b) X equals 'You are in this corner'.

(4c) You are perfectly safe now.

The propositional base and the two propositional completions are followed by a second propositional base [pb]: 'What would you do in that corner?' The second [pb] is followed by a [pc] in turn (14), and a [ps] in turn (15). The propositional support is a repetition of the [pc] in turn (14), which signals to Gloria that he has heard her [pc].

A propositional completion [pc] is an obligatory element in a well-formed exchange, while [pbs] will always precede, and [pss] follow, such propositional completions.

Let us now map the three layers of textual function onto one another so that at levelled coding is obtained for the excerpt quoted directly above:

(5)

- 13 P: /Let's imagine [k1 a1 pb] that you are in this corner [k1 a1 pc] ... you are perfectly safe now [k1 a1 pc]. What would you do in that corner? [k2 a1 pb]
- 14 G: I'd just sit/[k1 b1 pc].
- 15 P: Just sit [k2f a1 ps]. How long would you sit? [k2 a2 pb]
- 16 G: I don't know [k1 b2 pc].

When Perls sets up imaginary conditions in turn (13), he is in the [k1] role, embarking on the first initiation of this particular exchange [a1] - he engages in the k1 function in the initial directive [pb] and two [pcs], but in the second [pb] the therapist switches to the [k2] role. In turn (14), Gloria assumes the primary-knower role [k1], takes the responding role [b1] and produces a response to the [pb] in the form of a [pc]. In turn (15), Perls embarks upon a propositional support [ps] in the secondary-knower follow-up role [k2f], in completing the exchange pattern as [a1].

Once an exhaustive analysis of the full transcriptions had been performed, and the process of triangulation concluded, the codings were converted into proportions of the total number of codings per discourse sample. The SAS data set was prepared, checked for errors and then analyzed.

The typicality of the three therapeutic styles

Both descriptive and multivariate statistical procedures (an ANOVA and a Stepwise Discriminant Analysis) were performed on the variables. The stepwise procedure generated a MANOVA statistic for a comparison of the group centroids of the dependent variables selected in providing a description of the three therapeutic styles. It was found that Berry's discourse model revealed a statistically significant difference in distinguishing among the various styles of therapy; therefore, a Scheffe test was used to compare the means on all the variables for the three levels of therapeutic style.

Findings

The Statistical Analysis System was used in performing the statistical procedures, and the following findings were generated.

Descriptive statistics

The scores on the discourse functions (in the context of this study, the predictor variables), entered as proportions, were subjected to analysis, and the findings are expressed as mean proportions of the total number of functions that occurred in the individual discourse samples for each therapist. In this section the means and standard deviations for each variable in the model are quoted in Table 2.

Analysis of Variance (ANOVA)

As stated above, the Stepwise Discriminant Analysis generated a MANOVA statistic as part of the output. The Hotelling-Lawley Trace test statistic yielded a value of 10.743 which transformed into an F value of 19.696 for 18 and 66 degrees of freedom with a significance at the 1% level. This result indicated that the mean differences among the three levels of the classification variable, therapeutic style, for the composite set of nine variables, were significant at the 1% level. An analysis of variance (ANOVA) was then performed to identify differences among the three levels of the classification variable, therapeutic style, for the nine variables included in the model. It is clear from Table 3 that all the F values yielded by the ANOVA for these variables were significant at the 1% level:

Although the ANOVA results indicated that the three psychotherapeutic styles differed significantly, it was then necessary to compute the Scheffe test, which yielded a comparison of means for the three levels of therapeutic style on all the variables in the model. The results of this procedure are quoted in Table 4.

Stepwise Discriminant Analysis

A Stepwise Discriminant Analysis on the composite set of nine variables showed that secondary knower moves (k2), delayed primary knower moves (dk1), primary knower moves (k1), and propositional completions (pc) were the most efficient variables for distinguishing among the three therapeutic styles. These findings are reported in Table 5. Interestingly, variable pb was entered in step 3, but then removed in step 6 of the procedure.

Discussion of results

What do these statistical findings mean? The ANOVA procedure showed that all the variables in the model could be used in *distinguishing among the three therapeutic styles*. In this section, the variables are dealt with individually in a comparative interpretation of the three therapists' discourse styles.

Figure 1 shows that Rogers adopts k2 status far more often (mean proportion = 0.22273) than either Perls (mean proportion = 0.05727), or Ellis (mean proportion: 0.02827), and that Ellis employs far fewer k2 moves than Perls.

The distribution of the k2 function in the therapists' discourse reflects their therapeutic orientations. For Rogers, the client is consistently cast in the role of primary knower (k1), and the therapist in the role of secondary knower (k2), who facilitates the process of self-discovery and growth in the client. Rogers adheres to the dictum that ultimately the client knows best, and possesses an inner wisdom that encapsulates the potential for constructive movement and change. Given the appropriate conditions and a supportive relationship, the client will be able to change in constructive ways.

On the other hand, Ellis adopts a directive style of therapy; as a result, he uses the k2 move merely to elicit responses from the client, and upon the occurrence of an irrational statement, he employs a plethora of propositional completions (pcs) in disputing the client's dysfunctional reasoning (see Figure 4). These pcs are produced from a k1 stance, while the client is cast in the role of k2. The client is cast in the role of a secondary knower who, in the therapist's view, does not have insight into his/her dysfunctional thinking, which has to be disputed vigorously by the therapist. This interpretation is borne out by the Scheffe test result which shows that there is a statistically significant difference in group means between Rogers' style and those of the other therapists. However, as expected, there is not a statistically significant difference in the k2 means for the directive styles of Perls and Ellis (see Table 4).

Figure 2 shows that Rogers' use of k1 moves is almost non-existent (mean proportion = 0.01740); in fact, he does not set himself up as a primary knower, and he consciously avoids being cast in the role of k1. Rogers adopts k2 status because he believes firmly in the client-knows-best principle: as a therapist he cannot decide or know anything on behalf of the client. Interestingly, Perls employs more k1 moves (mean proportion = 0.20713) than Rogers, but far fewer than Ellis (mean proportion = 0.26093). The Scheffe test result indicates a significant difference in group means for k1 moves when Rogers' discourse is compared with those of the other two therapists; however, the latter two's use of k1 moves does not differ significantly (cf. Table 4).

It is clear from Figure 3 that Rogers does not employ dk1 moves at all (mean proportion = 0.000) because he avoids the primary knower role. The dk1 move presupposes that the speaker casts himself in the role of a primary knower who desires to check on the secondary knower's knowledge. This is good reason for Rogers to avoid the dk1 move: his constructs regarding the therapeutic process preclude his casting himself in a role such as dk1. On the other hand, one of Perls' primary concerns in the therapeutic process is to check on, or promote, the client's awareness of inconsistencies in her verbal and non-verbal communication; or to issue directives to that end, all of which cast Perls in the role of dk1 (mean proportion = 0.05660). Although the non-occurrence of dk1 moves in Rogers' discourse is understandable; it is less obvious why Ellis uses so few dk1 moves (mean proportion = 0.00167) in his interaction with Gloria. Socratic questioning presupposes dk1 status, and one might want to predict that Ellis would use this kind of move in guiding clients towards understanding their dysfunctional reasoning. One possibility is that the time factor in preparing the video session precluded such time-consuming, extended question-answer sequences; instead, Ellis opts for propositional completions (pcs) as the primary means of disputing the client's dysfunctional patterns of thought. The non-occurrence (or minimal occurrence) of dk1s in Rogers' and Ellis' discourse is highly significant, especially in the former therapist's case.

Moreover, the Scheffe test result indicates that on variable dk1 a statistically significant difference in group means obtains between Perls and the two other therapists. A comparison of group means for Rogers and Ellis shows that the difference between the dk1 means is not statistically significant for them (see Table 4).

Figure 4 depicts the therapists' differential use of propositional completions (pcs). The use of propositional completions (pcs) is typically associated with Ellis who generally produces a plethora of pcs (mean proportion = 0.25673) in disputing the client's dysfunctional reasoning. The Scheffe test results show a statistically significant difference in group means between therapeutic style 3 (Ellis'

discourse) and those of Perls (mean proportion = 0.18680) and Rogers (mean proportion = 0.15026) on variable pc. Again, the means of the latter two therapeutic styles do not differ significantly on this variable.

Figure 5 displays the distribution of propositional bases (pbs) in the discourse of the three therapists. The reason that Perls asks more questions (pbs) (mean proportion = 0.10567) than Rogers (mean proportion = 0.08827) is due to Perls' adopting the dk1 stance which is associated with eliciting known-information. Ellis uses a far greater number of pcs than pbs (mean proportion = 0.03133). The Scheffe test result indicates that a statistically significant difference exists in group means between Ellis and the other two therapists on this variable (see Table 4).

Figure 6 shows that Ellis uses fewer k2f moves (mean proportion = 0.04267) than Rogers (mean proportion = 0.09327). Indeed, Rogers uses significantly more k2f moves than either Perls (mean proportion = 0.01247) or Ellis. If Rogers avoids k1 status, he is bound to be in the role of a secondary knower, providing support for k1 moves by the client. See the Scheffe test result, which suggests that there is a statistically significant difference in the k2f means for Rogers and the other two therapists (cf. Table 4). At the same time, Ellis, acting the role of a directive k1, would rarely find himself in the k2f role.

Figure 7 depicts the distribution of propositional supports (pss) in the therapists' discourse. Of the three therapists, Rogers embarks upon pss most often (mean proportion = 0.09460). Both Ellis (mean proportion = 0.04547) and Perls (mean proportion = 0.04073) employ this function far less. The therapists' use of this function shows that the directive therapists (Perls and Ellis) tend to avoid propositional supports, while the reverse is true for the non-directive therapist, Rogers. This finding is reinforced by the Scheffe test result reported in Table 4.

Figures 8 and 9 show that Rogers works towards shedding his role as initiator, and that the client is allowed and encouraged to initiate. Rogers employs slightly more a moves (mean proportion = 0.19887) than b moves (mean proportion = 0.13460). The reverse is true for both Perls (mean proportions of 0.30967 for a moves, and 0.02100 for b moves) and Ellis (mean proportions of 0.28573 for a moves, and 0.04720 for b moves). They adopt a more directive style of therapy in either promoting client awareness of inconsistencies in their verbal and non-verbal modes of communication, or disputing irrational client statements. The directive therapists will produce a moves, and cast their clients in roles that require b (responding) moves. Rogers seems able to recreate conditions in which the client assumes greater responsibility for initiating exchanges. The Scheffe test results in Table 4, which compare the group means on these two variables, confirm this interpretation. Figures 8 and 9 elucidate the interpretations of the findings on these variables.

In sum, it is clear from this comparative analysis that Rogers

- a. avoids using delayed primary knower moves (dk1); instead, he adopts a non-directive style of therapy, which would preclude his using either dk1 or k1.
- b. assumes the secondary knower interpersonal function (k2) more frequently than the primary knower interpersonal function (k1) because of his premise that, as a therapist, he cannot decide or know anything on behalf of the client. For this reason, the discourse shows that the client-knows-best principle is at the heart of his interactional style. The client is therefore cast in the k1 role.
- c. assumes the secondary knower follow-up function (k2f) more often than either dk1 or k1 because the latter two functions are typically associated with a directive style of therapy, while Rogers prefers to support the client's contributions to the discourse.
- d. employs propositional completions (pcs) more often than either propositional bases (pbs) or propositional supports (pss), which implies that these pcs are presented from a k2 stance as reformulations of the client's concerns (i.e. reflecting the client's concerns).
- e. initiates exchanges (a moves) slightly more often than engaging in responding (b moves); indeed, he encourages the client to initiate exchanges (a moves).

Figures 1 to 9 show that Perls

- a. employs the primary knower interpersonal function (k1) most often of the four interpersonal functions, and this is the case because he adopts a directive style in which he is concerned with bringing into awareness the inconsistencies in the client's verbal and non-verbal communication.
- b. employs a significant proportion of dk1 moves, especially in comparison with the two other therapists who tend to minimise, if not entirely avoid, the use of the dk1 interpersonal function. This is the case because he believes that as a primary knower and assessor of the client's verbal and non-verbal communication, he is able to guide the client towards insight in this regard.
- c. employs a minimal number of secondary knower follow-up moves (k2f); therefore, propositional supports (pss) are restricted to a minimum. Perls' concern is to produce an awareness of inconsistencies in the verbal and non-verbal aspects of the client's communication.
- d. produces more propositional completions (pcs) than propositional bases (pbs), albeit that both occur frequently in his discourse. This function is employed from a k1 stance, in other words, he employs pcs in guiding the client towards achieving his therapeutic aims.
- e. is the initiator of exchanges (a moves), restricting his use of responding moves (b moves) to a *minimum*, casting the client in the responding role.

From these figures, it is also clear that Ellis

- a. employs the k1 function almost to the exclusion of the remaining three interpersonal functions because he assumes a directive style of therapy. He is the expert on irrational thinking, and is ready to pounce once such behaviour occurs.
- b. employs pcs almost to the exclusion of pbs and pss for purposes of exposing irrational thinking.
- c. initiates exchanges to the extent that the majority of his moves at the textual level are a moves - he is the directive therapist who is in charge of the therapeutic process.

These findings show that Berry's discourse model can be used to distinguish among the three therapeutic styles. Indeed, it is clear from the analysis that the three therapists' constructs about therapy have a fundamental impact on the language they use in their interactions, and that Berry's model is highly efficient in distinguishing among the three styles of therapy.

Conclusion

The analysis reported in this article shows that within a specific text type (that is therapeutic discourse); much heterogeneity exists when different therapeutic styles are compared; however, the individual discourses display a high measure of homogeneity or consistency, which derives from the therapeutic constructs of the individual therapists (cf. Fairclough, 1995: 8). As a concluding remark, we have to refer to the usefulness of these findings. Language practitioners and the trainers of psychotherapists may find such analyses useful as part of target-centred needs analyses aimed at developing courses in English for Specific Purposes (Bloor, 1984: 15-25; Hutchinson & Waters, 1987: 12), and/or courses intended to promote the development of what Spady (1994: 62; 1998) refers to as complex and/or life-role performances - a fundamental focus in outcome-based education.

Table 1 Predictor variables from Berry's Discourse Model

Interpersonal layer of functions

- dk1 delayed primary knower: current speaker employs a known-information elicitation. The aim is to check whether the next speaker knows the appropriate response. The dk1 function is non-obligatory in well-formed exchanges.
- k2 secondary knower: a speaker who does not know specific information. A participant who asks an information-seeking question is in the secondary knower role; so is the participant who does not know the answer

to another participant's elicitation. The rk2 utterance is non-obligatory in well-formed exchanges.

- k1 primary knower: a speaker who knows information, and can give the stamp of authority to the information expressed. The k1 utterance is obligatory in well-formed exchanges.
- k2f secondary knower follow-up: a secondary knower who responds positively or negatively to a primary knower's utterance. The k2 utterance is non-obligatory in well-formed exchanges.

Ideational level

- pc propositional completion: a completed proposition uttered by a participant. The clause is used as the basic unit of meaning. This may include any utterance, such as uhm-hu or a phrase that can be assigned a discourse function. A [pc] is an obligatory element in a wellformed exchange.
- pb propositional base: an elicitation that sets up the basis for a subsequent response by another speaker. A [pb] is a non-obligatory element in a well-formed exchange.
- ps propositional support: an utterance expressing positive or negative support for a preceding propositional completion. A [ps] is a non-obligatory element of a well-formed exchange.

Textual layer

- a initiating speaker: the speaker who initiates an exchange. A speaker may change status within an utterance, for example, the first part of an utterance may see a speaker in the [b] function, but a subsequent part of the same utterance may involve an initiation by the same speaker. The speaker then assumes [a] status. This function is obligatory.
- b responding speaker: the speaker responding to an initiation by a first speaker. This function is non-obligatory.

Table 2 Distribution of functions in the three therapists' discourse expressed as a proportion of the total number of therapist moves

Legend for Chart:

- A - Var
 B - N
 C - Rogers, X
 D - Rogers, s
 E - Perls, X
 F - Perls, s
 G - Ellis, X
 H - Ellis, s

A	B	C F	D G	E H
dk1	15	0.00 0.03991	0.00 0.00167	0.05660 0.00400
k2	15	0.22273 0.03579	0.03136 0.02827	0.05727 0.04369
k1	15	0.01740 0.03483	0.02757 0.26093	0.20713 0.09833
k2f	15	0.09327 0.01240	0.02588 0.04267	0.01247 0.06328
pb	15	0.08827 0.03738	0.02311 0.03133	0.10567 0.04163
pc	15	0.15026 0.04303	0.04570 0.25673	0.18680 0.09655
ps	15	0.09460 0.02560	0.02462 0.04547	0.04073 0.06259
As	15	0.19887 0.02393	0.06666 0.28573	0.30967 0.08356
Bs	15	0.13460 0.02423	0.06645 0.04720	0.02100 0.08321

Table 3 Analysis of Variance (ANOVA)

Variables	N	F Value	Degrees of freedom
dk1	45	28.95 [**]	42
k2	45	118.68 [**]	42
k1	45	73.27 [**]	42
k2f	45	15.54 [**]	42
pb	45	18.56 [**]	42
pc	45	9.93 [**]	42
ps	45	7.73 [**]	42
a moves	45	12.75 [**]	42
b moves	45	13.35 [**]	42

** p <= 0.01

Table 4 Scheffe test results

Alpha = 0.05; df= 42; Critical value off = 3.21994. Means with the same letter are not significantly different.

Variable	Scheffe grouping	Mean	N	Therapeutic style
dk1	A	0.056600	15	Perls
	B	0.001667	15	Ellis
	B	0.000000	15	Rogers

Variable k2	A	0.22273	15	Rogers
	B	0.05727	15	Perls
	B	0.02827	15	Ellis
Variable k1	A	0.26093	15	Ellis
	A	0.20713	15	Perls
	B	0.01740	15	Rogers
Variable k2f	A	0.09327	15	Rogers
	B	0.04267	15	Ellis
	B	0.01247	15	Perls
Variable pb	A	0.10567	15	Perls
	A	0.08827	15	Rogers
	B	0.03133	15	Ellis
Variable pc	A	0.25673	15	Ellis
	B	0.18680	15	Perls
	B	0.15027	15	Rogers
Variable ps	A	0.09460	15	Rogers
	B	0.04547	15	Ellis
	B	0.04073	15	Perls
Variable a moves	A	0.30967	15	Perls
	A	0.28573	15	Ellis
	B	0.19887	15	Rogers
Variable b moves	A	0.13460	15	Rogers
	B	0.04720	15	Ellis
	B	0.02100	15	Perls

Table 5 Stepwise discriminant analysis

Step	variable	No	Partial	Wilks'	F
Enter	remove	In	R ²	Lambda	Stat
1	k2	1	0.8497	0.1503	118.67 [b]
2	dk1	2	0.5579	0.0665	25.87 [b]
3	pb	3	0.1589	0.0559	3.78 [a]
4	k1	4	0.2306	0.0430	5.84 [a]
5	pc	5	0.1549	0.0363	3.48 [a]
6	pb	4	0.0283	0.0374	0.55

a p \leq 0.05

b p \leq 0.01

GRAPH: Figure 1. Secondary knower moves (k2)

GRAPH: Figure 2. Primary knower moves (k1)

GRAPH: Figure 3. Delayed primary knower moves

GRAPH: Figure 4. Propositional completions (pcs)

GRAPH: Figure 5. Propositional bases (pbs)

GRAPH: Figure 6. Secondary-knower follow-up (k2f)

GRAPH: Figure 7. Propositional support (ps)

GRAPH: Figure 8. Initiating moves (A moves)

GRAPH: Figure 9. Responding moves (B moves)

References

Berry, M. 1981. Systemic linguistics and discourse analysis: a multi-layered approach to exchange structure. In Coulthard, M. & Montgomery, M. eds. *Studies in discourse analysis*. London: Routledge & Kegan Paul, 120-145.

Bloor, M. 1984. Identifying the components of a language syllabus: a problem for designers of courses in ESP or communication studies, *ELT Documents*, 117:15-24.

Dryden, W. ed. 1984. *Individual therapy in Britain*. London: Harper & Row, Publishers.

Dryden, W. ed. 1990. *Individual therapy. A handbook*. Buckingham: Open University Press.

Ellis, A. & Bernard, M. E. 1985. What is Rational-Emotive Therapy (RET)? In A. Ellis & Bernard, M. E. eds. *Clinical applications of rational-emotive therapy*. New York: Plenum Press, 1-30.

Ellis, A. & Dryden, W. 1987. *The practice of rational-emotive therapy*. New York: Springer Publishing Company.

Ellis, A. 1958. Rational psychotherapy, *Journal of General Psychology*, 59: 35-4.

Ellis, A. 1989. Rational-Emotive Therapy. In R.J. Corsini & Wedding, D. eds. *Current psychotherapies*. Fourth Edition. Itasca: F.E. Peacock Publishers, 197-240.

Fairclough, N. 1995. *Critical discourse analysis*. Longman: Singapore.

Fowler, R. 1985. Power. In Van Dijk, T.A. ed. *Handbook of discourse analysis*. Vol. 4: 61-82.

Green, G. 1995. The right tool for the job: techniques for analysis of natural language use. In Bouton, L.F. ed. *Pragmatics and language learning*. University of Illinois: Urbana-Champaign.

Greyling, W.J. 1994. A discourse analysis of the therapeutic styles of Rogers, Perls and Ellis. Unpublished MA dissertation. Bloemfontein: University of the Orange Free State.

Hutchinson, T & Waters, A. 1987. *English for specific purposes*. Cambridge: Cambridge University Press.

Huysamen, G.K. 1988. *Psychological and educational test theory*. Van Schaik: Bloemfontein.

Ivey, A.E., Ivey, M.B & Simek-Downing, L. 1987. *Counseling and psychotherapy*. Second Edition. Needham Heights: Allyn and Bacon.

Kress, G. 1990. Critical discourse analysis, *Annual Review of Applied Linguistics*, CUP: Cambridge, 84-99.

Long, M.H. 1983. Inside the 'black box': methodological issues in classroom research on language learning. In Seliger, H.W. & Long, M.H. eds. 1983. *Classroom oriented research in second language acquisition*. Newbury House: Rowley, 3-36.

Parlett, M. & Page, F. 1990. Gestalt therapy. In Dryden, W. ed. *Individual therapy. A handbook*. Buckingham: Open University Press, 175-198.

Perls, F.S. 1970a. Four lectures. In Fagan, J. & Shepherd, I.L. eds. *Gestalt therapy now*. Palo Alto: Science and Behaviour Books, 14-38.

- Perls, F.S. 1970b. Dream seminars. In J. Fagan & I.L. Shepherd eds. Gestalt therapy now. Palo Alto: Science and Behaviour Books, 204-233.
- Raskin, N.J. & Rogers, C.R. 1989. Person-centered therapy. In Corsini, R.J. & Wedding, D. eds. Current Psychotherapies. Fourth Edition. Itasca: F.E. Peacock Publishers, 155-196.
- Rogers, C.R. 1951/1984. Client centered therapy. London: Constable and Company.
- Rogers, C.R. 1961. On becoming a person. Boston: Houghton Mifflin Company.
- SAS/STAT User's Guide, Version 6, Fourth Edition, Volume 1, Cary, NC: SAS Institute Inc., 1989. 943 pp.
- Seliger, H.W. & Shohamy, E. 1989. Second language research. Oxford: OUP.
- Shostrom, E.L. sine anno. Three approaches to psychotherapy (Parts 1, 2 and 3).
- Spady, W.G. 1994. Outcome-based education. Critical issues and answers. Arlington: American Association of School Administrators.
- Spady, W. 1998. Keys to achieving powerful language outcomes. Workshop presented at the 26th Annual SAALT Conference, held from 29 June to 1 July 1998, at Stellenbosch University.
- Tabachnick, B.G. and Fidell, L.S. 1983. Using multivariate statistics. New York: Harper & Row.
- Van Lier, L.A.W. 1988. The classroom and the language learner. London: Longman.

~~~~~

By W.J. Greyling, Department of English, University of the Free State, P.O. Box 339, Bloemfontein 9300 South Africa fgwg@engl.uovs.ac.za; P.M. Heyns, and K.G.F. Esterhuyse, Department of Psychology, University of the Free State, P.O. Box 339, Bloemfontein 9300 South Africa

---

Copyright of South African Journal of Linguistics is the property of NISC Pty Ltd (National Inquiry Services Centre) and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.