The Therapeutic Process of
Interactive Drawing Therapy

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Abstract

As clients move step-by-step through their psychological processes of addressing and adapting to significant conflicts or opportunities, their words, the images they use, and their behaviours can be seen to change in quite distinct and characteristic ways. These processes have a predictability that forms the basis for the Interactive Drawing Therapy (IDT) therapeutic schema. On the basis of therapist observations of client processes, seven primary stages of change have been mapped, each reflecting a shift in a client's condition and capabilities, each bringing a different set of therapeutic tasks for client and counsellor to attend to, and each requiring a different type of therapeutic alliance and way of working. This schema provides a new framework for recognising clients' conditions and for shaping stage-appropriate interventions. In addition, because it identifies stage-specific client attributes, it also has value as a research framework for investigating clients' experiences, processes, and mechanisms of therapeutic change.

Introduction

Psychological progress usually proceeds in stages, and is generally not random or sudden, but the result of selected therapeutic activities that have a good fit and cumulative consequences for clients. This view supports the claim by Prochaska, DiClemente, and Norcross (1992) that "efficient self-change depends on doing the right things (processes) at the right time (stages)" (p. 1110). Identification of these activities constitutes an important and challenging task for counsellors. This article describes seven stages of change that can be observed when using Interactive Drawing Therapy (IDT), indicates the value of working stage-specifically, and outlines some of the stage-specific features that contribute to therapeutic effectiveness. It supplements

my earlier article (Withers, 2006) which described the IDT method of working with therapeutic imagery, and presents the wider context and purpose in which IDT interventions are made. By describing observable client responses when working on paper (referred to as "pages"), this article aims to provide an explanation of theory-in-practice (Argyris & Schon, 1974), thereby paving the way for a future comparison of IDT theory and practice with those of other modalities.

In IDT practice, clients are encouraged to write, diagram, and draw as they talk and experience their emotions and, because this is all put onto paper, their pages become an archival record of their therapeutic progress. As layers of related (but now graphic) material accumulate on the same page, a perceptual shift occurs in the client, provoking new insight and an enhanced psychological response. As successive pages are developed, a process of preferred direction, psychological momentum, therapeutic gain, and observable steps and stages becomes evident.

Method

Over a period of two to three years in the mid 1990s, several hundred client drawings and detailed case notes provided my original research data which revealed a pattern of changes that occur over time for clients. The schema has been mapped and refined over the last fifteen years, and evidentially validated by clinical feedback from approximately 150 IDT practitioners who have attended the IDT Advanced Course and checked for similar phenomena with their own clients. Although initially observed in the change processes of individuals who were clients in a general counselling practice in New Zealand, the pattern of changes may also apply to the processes that families and groups can work through, and appears to hold true when working cross-culturally (Zhang, Chan, & Campbell, 2009).

Mapping the structure of the IDT therapeutic schema did not occur suddenly and a comprehensive picture did not emerge at once but, like a complex jigsaw puzzle, it emerged a few tentative pieces at a time, with each cumulative component adding increased structure and detail to the big picture. The naming of each stage was intended to approximate the client's attitude or response to the issues that were emerging at that stage. While the schema presented in this paper is based on a large amount of client-generated data and has been informally validated by IDT practitioners, more formal research is required to verify the credibility of the underlying observations, and the validity of its uses.

Therapeutic process

The term "process" is used sometimes to refer to the workings and manifestation of unconscious material (Malan, 1979), and sometimes to refer to matters of procedure and interpersonal dynamics (Tuckman & Jensen, 1977). Process is to be differentiated from "content." Whereas content typically refers to *what* the client's issues are about, "process" is generally used to refer to *how* that content emerges and is addressed. Content cues and process cues inform each other, are mutually interactive, and both provide opportunities for therapeutic intervention.

From a metaphorical perspective, a "therapeutic" process can be envisioned as a container that reflects and shapes the psychological efforts and procedures of clients as they learn progressively how to achieve their therapeutic goals. In addition, a therapeutic process also denotes the schema by which counsellors act with conscious intent, as well as efficiency of time and effort, to support and guide clients as they do their work.

Therapeutic processes are to be distinguished from developmental processes, such as the normative stage-of-life paradigms proposed by Piaget (1936) with regard to cognitive development; by Erikson (1959) with regard to psychosocial development; or Kohlberg (1981) with regard to moral development. Although therapy may extend over many years, its timebound nature inherent in the intention to reach a conclusion also differentiates a therapeutic process from lifelong processes of maturation, such as Jung's process of individuation (Edinger, 1992), and Hillman's (1992) process of soul-making.

The IDT therapeutic process

The IDT method is essentially a process-oriented practice, with the counsellor engaging in three primary roles: supporting the client's welfare; managing the current session; and attending to the overall psychological process that the client is experiencing, leaving the client with the primary role of engaging with the content. Because clients' content keeps changing according to the level (Withers, 2006) and stage of the therapeutic process, they can benefit from counsellors using a process-oriented framework that is not content-dependent.

In IDT practice, a client's words, images, and behaviours (WIB) often acquire a congruent or corresponding expression, considered to reflect an alignment of the client's perception and experience. (Note that the term "behaviours" as used by IDT includes actions, feelings, and bodily sensations.) The WIB changes in clients' outward presentations are believed to mirror a set of corresponding changes in their inner condition and sense of self. These clusters of matching WIB cues can be seen to change

Figure 1: The IDT therapeutic process
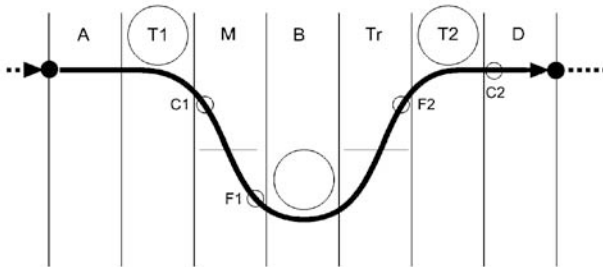
over time in quite distinct and patterned ways that acquire a predictable sequence and character, and the IDT therapeutic schema is based on these observable changes (see Figure 1 and Table 1). Seven primary stages have been mapped, each appearing to have a different and important function.

An overview of the seven stages

The first three stages (Arriving, Transition One, and Meeting) are oriented toward the past. The process starts with the client experiencing an increasing lack of environmental fit, which Arriving-stage clients defiantly resist and protest against. In contrast, the Transition One stage finds clients overwhelmed by their experience of events, unable to cope, and withdrawn. At the Meeting stage, clients acquire sufficient ego-strength, perceptual discrimination, and motivation to seek help in addressing their presenting issues. The middle stage (Being) brings the attainment of self-constancy and offers a present-time plateau of detachment from earlier conflicts. The last three stages (Transforming, Transition Two, and Departing) are oriented to the future, with the Transforming stage expressing clients' new inner resourcefulness and sense of potential. The Transition Two stage brings an existential reconsideration of values and objectives, and the Departing stage reveals clients' pragmatic commitment to acquiring new skills and fulfilling new projects.

The seven stages

The following descriptions illustrate clients' experiences and examples of counsellor responses at each stage of the IDT therapeutic process (although the presentation of clients varies according to their issues, condition, and readiness—as will the counsellor's interventions). These are indicative descriptions and not intended to be prescriptive.

Pre-therapeutic process

Typically, clients are repetitively operating within a familiar (though not necessarily rewarding) environmental milieu that provides sufficient consistency of place, purpose, and sense of self for them not to challenge the status quo, and therefore not to seek help.

Stage 1. Arriving stage

The therapeutic process starts with disruptive issues arriving for "the client" that are being resisted or denied. This stage is characterised by the protagonist's intolerantly complaining about events, disowning any culpability, and blaming and abusing others. In the extreme, clients can become violent or paranoid, and aggressively seek to control their environment—a biologically normal (but developmentally regressive) fight response to threat. Clients at this stage have usually been referred to counselling and are there under duress, with high levels of projection and storytelling, and without an agreed contract. They are usually very vociferous about what they don't want and don't like, and IDT counsellors can usually get these statements written down, thereby helping their clients to feel heard. With the page acting as a mirror, the counsellor can start a process of goal-setting, exploring boundaries, and provoking curiosity to continue—a preliminary agreement.

Stage 2. Transition One stage (T1)

As clients' previous resistance to change becomes ineffective, exhausting, and counter-productive, so they commonly give up the struggle and shut down at this stage. Clients' loss of trust in their external world is internalised and they can abandon themselves
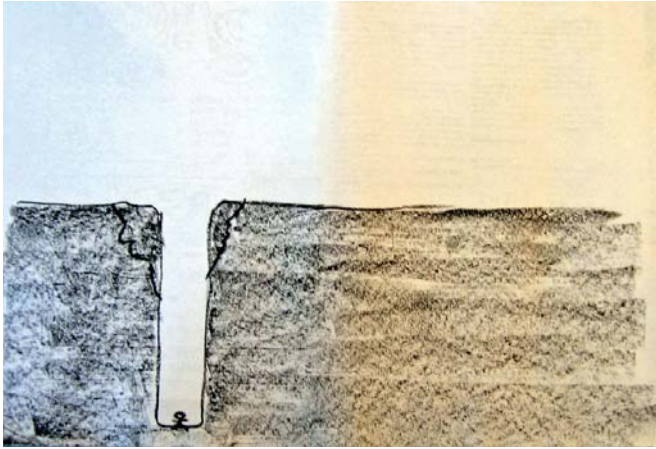
(often punitively), becoming hopeless and helpless, despairing and depressed, self-condemning, at risk and, in the extreme, suicidal. In contrast to the overactive display-behaviour of the previous stage, clients at T1 tend to be passively compliant, overly quiet, and almost invisible. Because of their ego collapse, T1 clients who have withdrawn have lost much of their "adult" functioning, so the counsellor needs to step forward, contain risk, build relationship, actively nurture and carry hope, as well as working to connect to more resourceful parts of the client's psyche. One of the counsellor's tasks is also to prepare the client for safely reactivating strong feelings and rediscovering motivation. Addressing the more basic levels of Maslow's (1943) "hierarchy of needs," the T1 client needs to establish a reliable routine of sleeping, eating, engaging in activity, and social support, while regaining self-worth and hope for the future.

Stage 3. Meeting stage
In contrast to the earlier two stages of avoidance, clients now seek help to admit and address their issues. As successive layers of naming and feeling are released and recorded on the page, clients typically move from surface-level issues (about their environment) to deeper-level issues (about their sense of self). By the end of this stage, a particular quantum of unfinished business has been addressed, enabling clients to substantially dis-identify from their history of overly influential experiences or other people, and to reclaim a core part of themselves. With each step downwards (to a more internal focus and deeper level of content), anxiety rises as a client moves

from known and familiar issues to lesser-known and often more challenging issues. The counsellor's role at this stage is to work level-specifically (Withers, 2006), add safety with each level change, support the client's psychological encounters with significant others, encourage confession and catharsis, appreciate the client's fortitude, and build the client's trust in the process.

Stage 4. Being stage

Having assertively stepped out of conflict and into their own presence, clients in this middle stage feel a deep sense of strength, autonomy, empowerment, wholeness, and inherent self-worth. This is an affirming and validating stage for clients that counters their long history of being negated and hurt, and it is important to spend time here naming their new strengths, qualities, and capacities, and consolidating their inner changes. Because they no longer experience confusion or being divided, it is easy for clients (or counsellors) to terminate counselling at this stage (now that the original presenting

issues seem resolved, or at least tolerable), or skip to the next stage, without realising that the work of this middle stage is the foundation for the whole second half of the therapeutic process.

Stage 5. Transforming stage

With a newly felt sense of a fresh start, clients turn optimistically towards a yet-to-be-discovered future of possibilities. An innate sense of freedom, trust, and capacity calls them to exploration and adventure, as they reach out into a symbolic landscape of opportunity and promise. It is common for clients in the middle of this stage to address spiritual matters explicitly and discover synchronicity. However, the last quarter of this stage provokes increasing angst and doubt as they discover a very real sense of unreadiness to face the external realities embodied in the question, "What shall I do with my power and potential?"

The second half of the therapeutic process requires counsellors to act with a very different purpose and manner from those they adopted in the first half, because clients now have a strong sense of self, feel an innate resourcefulness, and have connected with a "greater than self" sense of transcendence. At this stage the pace is faster, the client has more libidinal energy, and the therapist needs to keep an eye on client naivety and impulsiveness. With each level change upwards and outwards, the counsellor adds resources, keeps the symbolic journey (that is unfolding on the page) moving onwards, and works to get clients' positive projections about their new "story" reframed into generic principles of self-guidance.

Stage 6.   Transition Two stage (T2)
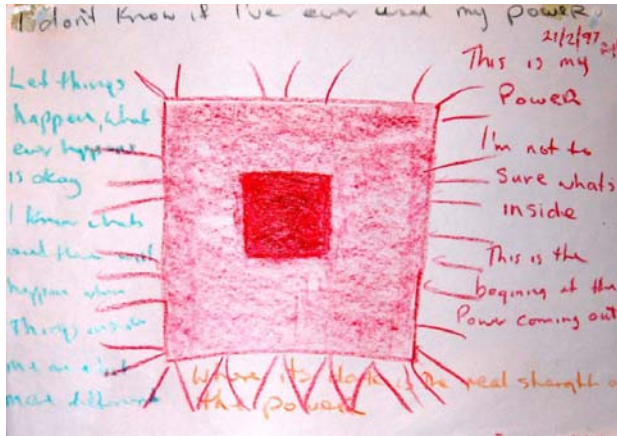
Despite the gains of the two previous stages, T2 clients now feel a distinct lack of fit with their external world: they have changed but the world seems the same. The return of doubt and uncertainty causes them to once again withdraw from the world (often for a long time) and they can feel that they are back at T1. In contrast to T1, which was about overwhelming loss, T2 is about overwhelming potential. T2 is a time of searching for values, and the reconciliation of paradox and ambiguity, for clients are now searching for a new paradigm on which to build a new future, and their question of the previous stage now takes a subtle and important shift to become, "What is worth doing with my power and potential?" It is essential that the counsellor distinguishes T2 from T1, and maintains a stage-appropriate, holding-the-faith relationship with the client.

Stage 7.   Departing stage

After the long psychological hibernation of the previous stage, this last stage is characterised by clients suddenly stepping out of T2 with a determined external-world focus, wanting to "get real" and to fulfil an inner imperative to "actualise" themselves. There are no psychological conflicts here, just a quiet sense of practical need and capability as they develop pragmatic skills, organise themselves, claim their future, and find peers, purpose, and projects. This last stage is still part of the therapeutic process, but because the client is now finished with internal and regressive work, the therapeutic alliance is now "adult to adult," and can be mistakenly read as being beyond therapeutic attention. Although the counsellor's role now moves from being
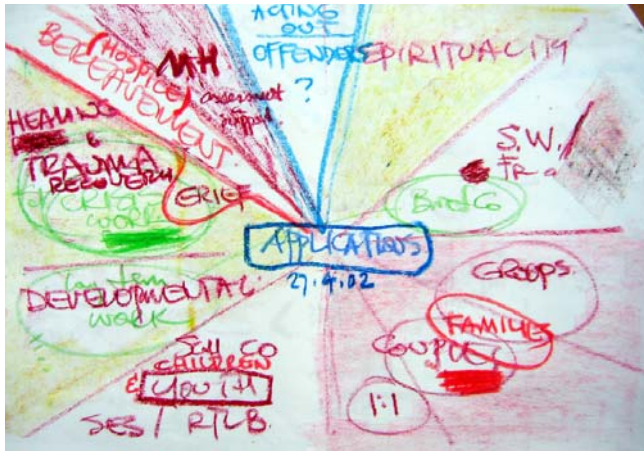
therapist to being more of a coach or mentor, one of the main tasks of this stage is to help clients maintain a very real and important connection with their resourceful unconscious, despite their increasing busyness in the external world.

Post-therapeutic process
With an empowered sense of having found themselves and their place in the world, clients systematically set about their new lives (typically with a sense of vocation, service, energy, delight, and success).

Comment
At each stage, a different aspect of the client's psyche or personality structure can be seen to emerge—sometimes seeming like a different client. Because each stage brings a different therapeutic focus, the counsellor needs to adjust the clinical objectives, therapeutic relationship, and way of working at each stage. Being able to read and understand each client's condition accurately and shape stage-specific interventions that have a good fit for the client is a skill that increases the counsellor's effectiveness and the client's satisfaction.

Each stage seems to integrate and build on the achievements of previous stages and reflects an attitudinal shift for the client toward increasing authenticity, security, and capability, and decreasing projection, risk, and compensation. In a sense, each stage can be seen to serve as a prerequisite for advancing to the next, but this is not an automatic or lineal graduation, for clients can spontaneously return to earlier stages

and deeper levels of work, or suddenly produce a new priority to be addressed, while some stages may appear to be passed over altogether.

Clients' movement across these seven stages of change is not constant but ebbs and flows, for their tenure or time spent in any particular stage can vary widely, sometimes reflective of the work at hand, and at other times seemingly outside the intent of client or counsellor. At times, their position is quite precise, while at other times their position might widen and straddle the end and beginning of adjacent stages, giving out more of a mixed message about what they are experiencing. Each stage consists of early, middle, and late sub-stages, so that the transition between stages tends to be more seamless and not as fractured as the determination of "stages" might suggest.

A therapeutic process represents a discrete period of dedicated psychological endeavour, existing between times of less overt or conscious therapeutic engagement where the client has a more pragmatic orientation to the realities of life. Although change is a constant dynamic in people's lives, and therapeutic experiences can occur in unplanned and unexpected ways, as a purposeful course of action within a contractual relationship, a therapeutic process can therefore be considered to have a beginning and an end. For most clients, a therapeutic process does not continue indefinitely (although many clients will not go through what a therapist might consider to be a whole or complete process of change, and clients with a severe predisposition may find themselves stuck at certain places in the process). Although clients often use movement metaphors such as "journey" or "growth" to give a subjective measure of their sense of progress (for example, "I'm starting to open up and trust again"), counsellors require more objective and practical criteria. Models of therapeutic process aim to provide such a framework, relating generic processes of change to specific client situations and capacities.

Reading the client's stage

Table 1 summarises some of the recurring clusters of words, images, and behaviours (WIB) that clients exhibit when using IDT, providing cues for reading the stage these reflect, as well as cues that guide the shaping of appropriate stage-specific interventions.

As a general principle, IDT counsellors look for congruence across all three WIB categories to identify a stage. Note that IDT makes a strong distinction between "reading" and "interpreting." For example, counsellors *read* the client when they identify their position along the therapeutic process continuum, but *interpret* the client's

condition when they analyse the client's pages. "Reading" the client's position is a process observation, whereas "interpreting" the client's drawings is content-oriented.

Table 1: Word, image and behavioural characteristics of each IDT stage (see stage-specific client drawings shown in the text)

Words	Images	Behaviours
1 ARRIVING		
Angry, abusive, blaming, complaining, rationalising, deny responsibility, lies, swearing, shouting.	Refuse to draw, or obedient and then push page away. Dark isolated objects, no context, fragmented.	Resentful, alienating, critical, suspicious, opinionated, manipulative, dominating, intolerant.
2 TRANSITION ONE		
"I don't know," "Yes but," minimal talk, unfinished sentences, disconnected thought.	Minimal presence, small isolated figure, entrapment, covered over, alone, at-risk situations, unstructured.	Hopeless, helpless, despairing, depressed, numb, minimal feeling, overwhelmed, withdrawn.
3 MEETING		
Name issues, address the past, express feelings, confront "bad others," declare unmet needs.	Side of page, side-on encounters, unequal relationships, different parts in conflict.	Seek and accept help, accept vulnerability, emotionally cathartic, brave and determined.
4 BEING		
"Whole," "Strong," "Here and now" talk, self-affirming, celebratory, no conflicts or issues.	Centred, face on, full page, portrait orientation, symmetrical and flanked, large, coloured, grounded.	Independent, autonomous, empowered, stand tall, calm, pleased, satisfied, tolerant, unshakeable.
5 TRANSFORMING		
"Free," "New," "Journey," "Potential," describing an unfolding and unplanned story, words of discovery.	Natural landscape, moving object, changing form, brightly coloured, full page, allied elements.	Open and adventurous, enthusiastic energy, playful, sense of new opportunities, trusting, optimistic.
6 TRANSITION TWO		
"Paradox," "I don't know," impatient and frustrated or quiet acceptance, self-reflective silences.	Encapsulated and shaded interior, no exterior, abstract primary shape, central on page.	Social withdrawal, live simply, existential angst or patient trust and waiting.
7 DEPARTING		
"Get real," pragmatic concerns, external-world focus, goals and plans.	Abstract and analytical diagrams, charts, maps, lists, boundaries, and forces, time-lines and tasks.	Purposeful, wanting to apply themselves, project-based skills focus, seek peership.

Working strategically and with therapeutic intent

Working stage-specifically is the aim of IDT counsellors, for it adds an overarching, long-term perspective to the more tactical IDT interventions that occur within each session. If counsellors can achieve stage-based accuracy in their responses, then clients are believed to work more efficiently and with greater motivation, sustainability, and results. Although Prochaska and Norcross (2001) operate within a behavioural schema, IDT experience validates their generic observations that "the cumulative evidence indicates that tailoring the therapy-relationship and treatment intervention to the stage of change can enhance outcome, specifically in the percentage of patients completing therapy and in the ultimate success of treatment" (p. 443).

Because all IDT stages are seen to consist of fundamental work for a client, no single stage is considered to be more important than another. The IDT goal is therefore not to get clients to the end of the process, but to help clients do the work of the stage they are currently in (because their condition and capacity are seen to progress naturally once the work of that stage has been attended to). When clients get stuck at a particular stage, it is hypothesised that there is still more work from a previous stage to attend to, so in those circumstances the IDT principle is to "go back a stage in order to move on a stage." The overall IDT schema represents clients' shift from overidentification with an old order (that no longer serves or is no longer available) to their discovery of a new order of perception and opportunity, resulting in an improved relationship with their external world and a more cohesive and stable sense of self.

While the IDT therapeutic process constructs an overall sequence of client changes, many clients will traverse only a reduced range of stages. For example:

- In a general counselling practice, most self-referring clients have been carrying their issues for some time and commonly introduce themselves while in the first half of the Meeting stage.
- Clients sent under coercion (from the courts, teachers, parents, or disgruntled spouses) are understandably defensive and uncommitted to begin with, and are generally located in, and reluctant to move from, their position in the Arriving stage.
- Specialist agencies or practitioners will find their clients typically aggregated at particular stages. For example, chronically depressed or suicidal clients generally hold to the Transition One stage. Borderline clients often sit simultaneously across the first three stages, reflecting their characteristic ambivalence of "I don't need help" (Arriving stage), "No-one can help me" (Transition One stage), and "Help me!" (Meeting stage). Spiritual directors working with clients in the second half of life will

possibly find that much of their service corresponds to mid-Transforming and T2 stages.

- In contrast, children can often make two to three big jumps across the overall process within one session.

Working with stage-specific process variables

IDT practice has revealed a range of therapeutic phenomena that exhibit stage-specific attributes. It is surmised that the particularity of these occurrences may well be influenced by the presence of an "IDT page" between client and counsellor (in contrast to the more singular and direct client-counsellor relationship of the talking therapies). The IDT schema serves to forewarn and guide counsellors' responses to such occurrences.

Projection and transference

In addition to the inevitable projections of ego, and IDT's conscious use of projection as a drawing tool (Withers, 2006), the seven stages of change vary in their ease and difficulty for the client, often provoking strong projections and transferences in their own right. For example, the uncertainties for the client at the Arriving, T1, late Transforming, and early T2 stages can arouse significant impatience, doubt, anxiety, and criticism in the client about the value of therapy or the ability of the therapist. In contrast, the first half of the Transforming stage often brings strong positive projection and transference from the client, who may now arrive for sessions bearing invitations and gifts.

Affect and catharsis

In an IDT session, the client's feelings are put onto the page and energised (or contained) through the use of different colours, characterisation, shading, and encrypted writing. Working with pages often seems to transmute or reframe clients' feelings, so their emotions can at times become less physically affective, and they become more open to disclosing vulnerability, unmet needs, deeply held values, historic wounding, or an encounter with archetypal content. Conversely, mark-making (such as slow repetitive shading or vigorous strikes of line) can, where appropriate, be used to intensify cathartic discharge.

Each stage brings a characteristically different response in terms of feelings. For example, the Arriving and Meeting stages often bring a loud discharge of strong emotion. The T1 stage typically reveals the client as being shut down and often dangerously split off from any expression of feeling. The Being and early Transforming

stages typically have the client experiencing libidinal delight and excitement. Late Transforming and T2 stages are often places of high existential angst, while the Departing-stage client generally shows emotional stability and resilience. An IDT counsellor generally does not pursue cathartic discharge as a generic goal, but responds to the client's feelings in a stage-specific manner as and when they are revealed by the client's psyche.

Contracts

Because each client's content and therapeutic tasks vary at each level and stage, no single, pre-arranged contract is considered adequate, so the IDT counsellor regularly checks and reframes the contract at each stage. IDT can be used to clarify issues and shape a contract, as well as then working within that contract. Immediately following the "not-knowing" that accompanies the T1 and T2 stages, clients can be seen to pause naturally and reflect more explicitly on the objectives of their therapeutic endeavour, marking two places of significant and natural contract review—Contract 1 (C1) and Contract 2 (C2) (see Figure 1). C1 negotiates the client's entry into the journey within, and C2 negotiates the client's re-entry back into the external world. Both are best treated with some formality and detail, whereas at other stages or levels (for example, when working with metaphor at the early-Transforming stage), a quick, informal check can be sufficient, such as "Is what we're doing here helpful and useful?" (Note that this is not a good question when clients are in either of the two Transition stages, because they will typically answer, "I don't know," and may interpret the question as indicating that their counsellor is not sure about things, just at a stage when strong and reliable containment is needed. Hence the importance of stage-specific contracting.) Because many clients are inclined to terminate counselling at the Being stage, now that they are feeling a lot better about themselves, this is also an important place for a contract review.

During the first two stages (Arriving and T1), clients are generally immersed in strong and archaic defences, have not yet explicitly asked for (or accepted) help, nor are they interested in the bigger contextual picture. However, from the mid-Meeting stage onwards, they are typically interested in being shown a simple line diagram of the IDT process (Figure 1 or Figure 2), and appreciate seeing that their condition and pathway are normal and achievable. This also reassures them that the counsellor has a good understanding of their current condition, what they have been through, and what lies ahead.

Farewells

Near the end of each of the major level changes of the Meeting and Transforming stages, clients will often unconsciously enact two places of significant separation—Farewell 1 (F1) and Farewell 2 (F2) (see Figure 1). F1 reflects the clients' detaching from the impact that significant others have had over them, and F2 reflects their detaching from identification with their own no-longer-appropriate "old self." IDT's page-based use of symbol and ritual fits well with this work.

Stage-specific risks

Each stage in the IDT therapeutic process brings a different and foreseeable set of psychosocial risks for the client. For example, the client at the Being stage has substantially reclaimed a sense of empowerment and independence, and is no longer willing to return to restricting or dysfunctional relationships. However, this newly found autonomy can sometimes lead clients at this stage to mistakenly believe that they are no longer accountable in relationships. In addition, their re-awakened narcissism can combine with their renewed capacity to envision a better future, sometimes leading to inflationary beliefs about their own importance and role in society. Each stage also brings a concomitant set of risks for the counsellor. For example, a risk for T2-stage clients is that they may not want to return to the mundane outer world, and can loiter in this stage for months (even years), appearing to procrastinate and avoid opportunities for stepping more fully into their own lives, often provoking a strong countertransference of impatience, frustration, and doubt in the counsellor.

Figure 2: The IDT seven-stage therapeutic process metaphor
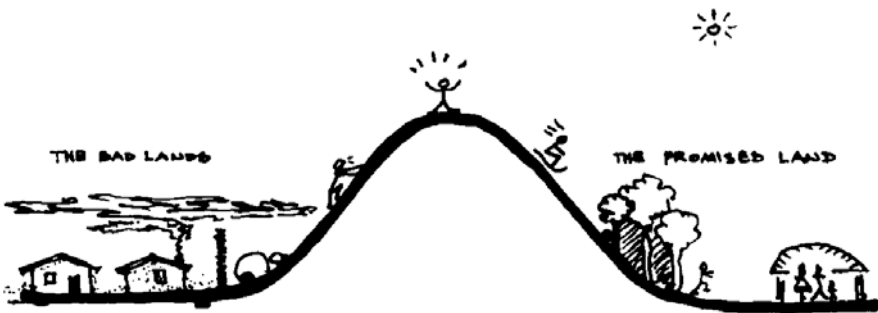
Discussion

Although the therapeutic schema described in this article was initially discovered through observation of client drawings, the process itself comes from within the client's psyche and exists without drawings. It is considered therefore that, although named here as the IDT therapeutic schema, it may be a universal process that can be used by counsellors and social workers of other modalities, as well as being a useful tool in supervision and counsellor education.

The schema has a dual nature, in part describing the spontaneous and self-governing movement of the client's psyche, and on the other hand offering a model to enable counsellors to work more strategically with clients at each stage. Although the schema reflects a psychodynamic perspective, it also locates external-world issues, thereby providing a comprehensive framework for reading the inner and outer aspects of the client's journey.

In addition to conscious factors that motivate a client to do the "work" of each stage, a more inherent and spontaneous impulse can often be recognised (seemingly independent from the chosen goals of client or counsellor) that presents the client with unanticipated material that can have profound facilitative and transformative consequences, frequently shunting the client unexpectedly into a different level or stage of work. The source of this impetus might fit with what Jung named as the Self, or what Sedgwick (2001, p. 26) refers to as "the energising and organising centre of the personality," the function of which Corbett (1989, p. 11) describes as "[guiding] the development of the personality autonomously toward its natural unfolding, in a manner which is not directed by conscious intent." This phenomenon of spontaneous therapeutic activity can be seen to occur quite often when using pages in an IDT way, and may explain the timing of the client's move from one stage to another.

Conclusion

Although it has been proposed here that working in a stage-specific manner increases professional effectiveness, Perepletchikova and Kasdin (2005) invite practitioners and researchers not only to describe clusters of stage-specific changes, but also to evaluate the clinical significance of those changes. In their eyes, mechanisms of change are a neglected area of research and there is a need to create meanings and measurements that can increase methodological quality and evidence-based practices. The IDT stage-based schema outlined here provides both a theoretical and a practical tool that can be used to help advance such research. IDT's previously presented schema of "levels"

of change (Withers, 2006) and this paper's schema of "stages" of change combine to provide a detailed and innovative framework for tracking clients' therapeutic progress, aiming thereby to increase professional effectiveness, enhance client satisfaction, and further clinical research.

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