CLIENT ATTRACTION AND DISTRESS: ANTECEDENTS OF EXPERIENCING IN PSYCHOTHERAPY

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ABSTRACT

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By

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The purpose of this study was to determine the relationship between client variables and behavior in the therapeutic situation. The client variables were attraction to the therapeutic situation, and self-reported distress. The behavior selected as the dependent variable was Experiencing, defined as the extent to which the client refers to his own feelings and searches for the meaning of the personal reactions to events that he is reporting.

A review of the literature suggested that Experiencing early in therapy was a function of the client, not the therapist. Therefore, it was hypothesized that Experiencing would not relate to the level of experience of the therapist. With respect to Attraction and Distress, it was hypothesized that Experiencing would be positively related to each variable. Lastly, it was hypothesized that the independent variables would interact in an additive manner.

The independent variable of self-reported distress was measured by the MMPI. Libo's Picture Impressions Test (1969) was used to measure Attraction. The dependent variable of client

Experiencing was measured early and late in the second interview by Gendlin's Experiencing Scale (Klein et al., 1970).

It was found that Experiencing did not relate to the level of experience of the therapist, which confirmed the first hypothesis. Experiencing was not found to relate significantly to either Attraction or Distress when these variables were analyzed separately. However, the interaction of the two variables was significant, though falling in an unexpected pattern. Low levels of Experiencing were found in the Not Distressed, Not Attracted group and the Distressed, Attracted group. High levels of Experiencing were found in the Not Distressed, Attracted group, and in the Distressed, Not Attracted group.

The unexpected finding that high levels of both independent variables inhibits Experiencing was discussed in terms of security operations. Refinements in the current theories concerning attraction and expectation were suggested. Implications for treatment were discussed.

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CHAPTER I

INTRODUCTION

This investigation will focus upon the process of psychotherapy as it occurs in the setting of a university counseling center. The focus will be on the relationship between client expectations and selected process variables.

In a recent article Kiesler (1971) attacks the "client uniformity assumptions" in psychotherapy research. By this he refers to the assumption that all clients share basically the same characteristics. Kiesler emphasizes the need for researchers to question why different clients respond in different ways to the same treatment. This is essential because a therapist must know as fully as possible who is trying to help before he can determine the most effective way to help him.

Expectations

To learn who a person is involves learning how that person interacts with his environment. Much of this interaction is determined by the mediator of the person's point of view, his internal frame of reference. As Kelly has been often quoted (kelly, 1955), "A person's processes are psychologically channelized by the way in which he anticipates events . . . This is to say that human behavior

may be viewed as basically anticipatory rather than reactive, and that new avenues of behavior will open themselves to a person when he reconstrues the course of events surrounding him."

No person can process completely the infinitely complex data that make up his environment. Therefore in man there has evolved a psychological mechanism for selectively attending and responding to salient aspects of the environment. This mechanism has been conceptualized as a set of hypotheses that the individual posits, on the basis of his past experiences. What he has learned leads the individual to assume that certain consequences, helpful or harmful as the case may be, will occur as the result of a given action in a given situation (J. B. Rotter, 1954). To synthesize Kelly and Rotter's statements, if the client expects change to occur, then he will selectively attend and respond to the aspects of his environment and of himself most relevant to the process of change. Conversely, if the individual does not expect to change, then he will miss cues that are relevant to the process of change.

The client enters into therapy as into any other situation, with a set of expectations based on hearsay and experience. As Strupp observes (1962), clients are usually committed either with or without awareness toward maintaining their psychological status quo. They are reluctant to give up what neurotic gratification they manage to eke out for uncertain, delayed gains. Strupp is one of many who feels that the therapist will get the client to overcome his resistance to change and to look at his inner conflicts only when there is a strong desire to be helped and to collaborate with the therapist. Thus, the

client's attraction to therapy and his expectations concerning the likelihood of success should be major determinants of the client's behavior in the therapeutic situation.

The client's expectations of and attraction to therapy was assessed in this investigation by making use of an aspect of projective testing. Libo (1957) has developed the TAT-like Picture Impression Test as a means of harnessing the recognized effect of the interpersonal situation on a projective test. The Picture Impression Test is designed to assess the client's attraction to therapy following the initial interview. Libo comments that the Picture Impression Test can be used to characterize the client's expectations of therapy, his perceptions of and attitudes towards therapy, and the kind of role that he would prefer to play. Libo asserts that his test measures a temporary state, rather than an enduring, trait-like variable (1969). However, in this investigation, attraction as a relationship-maintaining variable is hypothesized to be an expression of a need for relief which is stable early in therapy. Thus, attraction is the operational definition of some of the enduring aspects of the way that the client construes the therapeutic situation.

The Picture Impression Test was utilized in this investigation to further clarify the antecedent client variables of expectations and attraction that can be correlated with different types of processes that occur over the course of therapy. The research literature as reviewed by Goldstein (1962) deals primarily with outcome rather than process. However, the findings about outcome relate to the hypotheses made in this study concerning process.

In general, Goldstein's review and analysis support the position that the more successful clients tend to be more highly attracted to therapy, have more favorable expectations, and have expectations of playing a more active and collaborative role in therapy than the less successful clients. These are the variables which the Picture Impression Test will be used to measure. A consistent secondary finding in Goldstein's review is the tendency toward greater communicativeness in the clients who are more successful, more attracted to therapy, and have more favorable outcome expectations, and more actively collaborative role-expectations.

Experiencing

The finding of greater communicativeness relates to the focus on process in this investigation. To this end, use was made of a scale designed to measure "experiencing" during the process of psychotherapy. In the manual for the Experiencing scale (Klein et al., 1970), experiencing "refers to the quality of an individual's experiencing of himself, the extent to which his ongoing, bodily, felt flow of experiencing is the basic datum of his awareness and communications about himself, and the extent to which this inner datum is integral to action and thought." Experiencing includes "the broader band of implicit meanings that structure sensations and feelings and articulate one's sense of continuity by supplying the personal coloring of events and the personal significance of one's reactions to them (Klein et al., 1970)." Experiencing must not be equated with emotionality or expressiveness. Experiencing refers to the individual's experiencing <u>of</u> his feelings, sensations,

impressions, cognitions, etc. It must also be noted that ratings of Experiencing reflect the individual's willingness to report what he is experiencing.

This theory of personality emphasizes upon the full availability and the free flow of inner process as the criteria for mental health. This frame of reference stems most directly from the work of Carl Rogers, though its relationship to the psychoanalytic emphasis upon making conscious the unconscious is clear. In his second major book, Client-Centered Therapy (1951), Rogers takes the position that if the client can be provided with a sufficiently non-threatening environment his rigidly defensive behavior will decrease. The source of this defensiveness and lack of awareness is that the client finds aspects of his behavior unacceptable to himself. He therefore must conceal his true nature from himself and from others by distorting or simply not symbolizing his experience. Thus, what is present in the client's experiencing (the organism/environment interaction) is not fully represented in the client's awareness.

In the security of a facilitative relationship the client will "loosen up" in terms of being able to talk, think, and feel more freely. As client-centered therapy proceeds, Rogers notes that the client begins to experience contradictory attitudes towards himself of which the therapist is consistently accepting. Within the safe context the client explores these contradictions and gradually comes to perceive himself more fully and accurately. He becomes more able to accept himself "as is." Greater focus on current feelings and attitudes leads to greater objectivity, lessening the tendency to

emotionally approve or condemn oneself. The client comes to value himself and his experiencing more, and is therefore less tied to the judgments of others. A key aspect of this process is that abstract generalizations about himself and his environment are discarded as unsatisfactory guides for living. Abstract conceptualization of self are replaced by guiding principles which are built more closely on direct experience.

Rogers' emphasis on the importance of the recovery of denied experience is not far from the psychoanalytic frame of reference. The difference lies in Rogers' assertion that the client's concept of self must be changed before he can subsequently accept the denied experiences. Hence the client-centered therapist's emphasis on emitting unconditional positive regard, accurate empathy, and genuineness which facilitate this (1957). On the other hand, the psychoanalytic position holds that treatment effort is directed primarily at uncovering the resistances and repressions first which subsequently leads to change in the patient's self-concept. Thus the psychoanalytically-oriented therapist emphasize directly attempting to uncover what is not conscious, while the client-centered therapist emphasize accepting and clarifying what is conscious.

However, this difference blurs when one realizes that both are working towards the same end, more complete self-awareness. Furthermore, it appears that both techniques focus upon making interpretations or reflections that are only one "step" ahead of the client's present awareness. In this way the client stands the best chance of assimilating the therapist's response (Gendlin et al., 1965). The

most exciting aspect of this issue is the convergence of two trains of thought with vastly different origins. The psychoanalytic position is that the unconscious must be made conscious. The client-centered viewpoint is that what is present in experiencing must become accurately represented in awareness. This suggests that the main area of convergence, the crucial role in the psychotherapeutic situation of rich versus impoverished experiencing, is indeed of prime importance.

The work of Gendlin and his colleagues springs directly from that of Rogers. In fact, the Experiencing scale is an extensive modification and refinement of a set of 7 scales developed by Rogers and his coworkers in 1959. The client's experiencing is important to this group of psychologists because they feel that effective client behavior in psychotherapy requires more than employing certain kinds of cognitive concepts in an attempt to intellectually understand oneself (Gendlin et al., 1968). They assert that productive behavior in psychotherapy requires more than detailed descriptions of external events and situations. It is clear to them that their clients who intellectualize or externalize and do nothing else tend to fail in therapy as they define it. As this point, Kiesler (1966) points out that such a generalization, which implies that there is only one kind of "good" patient and only one kind of productive process in therapy, cannot be totally valid. However, he also points out that Rogers' early theories of the therapeutic process are based on college students. Thus, it may well be that the ability to experience the full range of one's feelings and be aware of the implications of this

experiencing for oneself (Kiesler, et al., 1964) is a key process in therapy for college students.

These researchers and therapists assert that the successful client tends to work with his feelings as well as cognitive explanations and descriptions of events. However, the client must do more than just express and talk about his feelings: he must be able to focus on his not yet conceptually clear but directly felt experiencing of himself and his problems. He must refer to his inner experiencing directly, silently, attending to it and feeling it out further, which hopefully leads to a shift and partial resolution of the more fully experienced feeling complex. If experiencing has been carried forward further, more completely felt through, then cognitive and emotional insight into the full implications and real meaning of one's experience can reveal what the client can do about himself and his situation (Gendlin et al., 1968).

Thus experiencing is conceived of as the means by which painful feelings can be faced and changed. An unclear, fragmented, or unavailable aspect of the client's experience is in this way restructured such that its impact becomes clear, its meaning explicit, and such that it is immediately available as a clear and useful referent for self-awareness, decision and action.

The Experiencing scale has been constructed to measure the degree to which the client engages in experiencing, which is asserted to tend to characterize the interviews of successful rather than unsuccessful clients (Gendlin et al., 1968). The lower levels of the 7-point scale rate the degree to which direct inner reference is

apparent in the client's communication. This refers to the degree to which the client is aware of, focuses on, and expresses the subjective and personal meanings and experiences of events, and his reactions to them (Klein et al., 1970). The higher levels of the scale deal with the experiencing that has been achieved, and the extent to which the experiential perspective is used for exploration and problem solving.

It is clear that experiencing deals with a truly vital aspect of the psychotherapeutic situation. Therefore the hypothetical connections between these areas of research are spelled out and subject to test in the setting of a university counseling center. What will be investigated will be the nature of the client variables which are associated with differing responses during the therapy hour to similar treatments.

It seems that adequate measures of the antecedent variables and their effects have been found in the form of the Picture Impression Test and the Experiencing scale, respectively. The scope of the present study did not permit including a measure of the degree of similarity of treatment administered to the clients. However, treatment received by the clients can be broadly construed as similar to the extent that the therapists at the Michigan State Counseling Center during 1968-1969 emphasized an interpersonal, Sullivanian, "relationship"-oriented approach, as opposed to orthodox psychoanalytic, traditional client-centered, or a strict behavior modification approach. The importance of measuring the treatment variable is recognized for future research which should focus upon

separating the effects of treatment variables from the effects of client variables on process in psychotherapy.

CHAPTER II

REVIEW OF THE RESEARCH LITERATURE

Attraction

The research whose central focus is client attraction to therapy or to the therapist springs from the development of the Picture Impression Test by Libo (1957). This is a TAT-like test whose four cards deal with interpersonal situations that are easily construed as psychotherapy. It is administered after the initial interview. The assumption is that the client's responses on the Picture Impressions Test, like any projective test, will be determined in part by the interpersonal aspects of the situation. Therefore the Picture Impressions Test should reflect to some extent the client's perceptions of and attitudes toward the therapist and the treatment setting (Libo, 1957).

Libo has developed a standardized scoring system which yields an attraction score, defined as the resultant forces acting on the client to maintain his relationship with the therapist. The system is based on differentiating between responses which indicate actual or desired motion towards or away from the therapist in the story. The details of this system will be dealt with in the section on the methodology of this study. What is most important at this point is the reliability of this scoring system.

In the reprint of his manual, (1969) Libo reports reliability obtained in his 1957 study of 87% for two independent coders and 95% for one coder repeating the scoring, concerning the discrimination of attracted from not attracted protocols. He reports three other studies which obtained reliability of 83%, 82%, 73%, and 97.5% dealing with the variable of attraction. Thus it is clear that Libo's scoring system does in fact reliably discriminate between attracted and not attracted protocols.

The validity of the Picture Impressions Test for measuring the construct of attraction, a relationship-maintaining variable, is supported by his 1957 finding that the Picture Impressions Test accurately identifies 6 out of 9 clients who do not return for more therapy, and 24 out of 31 who did return. The relationship between predicted and actual return is significant at the .05 level.

Mullen and Abeles (1967) substantiate the validity of the Picture Impressions Test with their finding that clients with higher attraction scores are more likely to continue in therapy than clients with low attraction scores. They also find that college students coming for an intake interview have significantly higher attraction scores than a similar group of college students who have not sought out an intake interview.

Further support for the validity of the Picture Impressions Test is provided by their finding that the low scores of the no contact group tend to reflect a general feeling of ill will towards medicine or therapy of any kind. The low scores of the group with therapy contact tend to reflect a specific, unsatisfactory interpersonal

situation. On the basis of qualitative analysis of the protocols, highly attracted individuals in both the contact and no contact groups tend to "(1) talk more about advice and psychotherapy (2) express positive feelings about doctors, psychologists, or psychiatrists, and (3) be more communicative about themselves [p. 395]." On the other hand, the individuals with low scores in both groups tend not to get involved in what they are saying an an affective way. This suggests that attracted clients will show higher levels of Experiencing than non-attracted clients.

In the Picture Impressions Test Manual, (1969) Libo reports two studies by Pope and Siegman (1966, 1968) that show that the Picture Impression Test measures a variable which is affected by the quality of the relationship between two people. In the 1966 study, changes in the direction of higher attraction of pre- and post-interview scores is related to verbal fluency as measured by fewer hesitations, pauses, or silences. In the 1968 study, there is a relationship at the .10 level between interviewer warmth and attraction. The only other study focusing on client attraction and using the Picture Impressions Test is one reported by Goldstein and Simonson (in Bergin & Garfield, 1971). They find that attracted clients are less covertly resistant, more talkative, more self-descriptively sick, and that they have more favorable prognostic expectations.

The attracted client has been shown to have a greater likelihood of high participation and affective involvement in the psychotherapeutic situation than the unattracted client. The clients who are less attracted tend to show evidence of being dissatisfied with

the interpersonal relationship with the therapist. The not attracted clients therefore tend to be less communicative about themselves and their feelings, particularly their feelings about the therapist. This probably inhibits the psychotherapeutic process. However, Goldstein and Simonson (1971) are cited as detecting a factor that seemed to be present along with attraction, i.e., more favorable prognostic expectations. The present investigation makes the assumption that the attractiveness of therapy for the client is in part an expression of his favorable prognostic expectations. As was noted earlier, these expectations are assumed to be a relatively enduring, rather than transitory characteristic. Expectations have been found by some studies to effect the psychotherapeutic process.

Prognostic Expectations

In a major review of the research on the outcome of psychotherapy, Luborsky (1971) reports that the extent of the client's expectation of change is predictive of change. However, he also notes that the type of expectation has not been found to be a good predictor of change. Though this research deals with outcome rather than process, it warrants further investigation.

Brady, Zeller and Reznikoff (1959) find that a conscious, favorable attitude towards therapy is significantly related to improvement in therapy in a sample of 135 hospitalized patients. However, in a later study, Brady, Reznikoff and Zeller (1960) do not find a significant relationship between expected and patient-reported improvement nor does Goldstein (1960). In his interpretation of the

Brady et al. study (1960), Goldstein (1962) attributes these results to the intentional heterogeneity of disturbances and treatments sampled in this study. He suggests that a variable like expectation with such complex ramifications calls for greater, not less, control of treatment and client variables.

The contradictory results of the studies reported so far can be found in the rest of the literature as well. Lipkin (1954) finds that the expectation that counseling will be successful and gratifying correlates positively with personality change. Like Goldstein, Lipkin also relies on self-reports of change. Lipkin's results can be explained in terms of minimizing the cognitive dissonance between one's attitudes and one's perception of reality. This analysis applies to four other studies (Frank et al., 1957; Gliedman, et al., 1958; Goldstein and Shipman, 1961; and Friedman, 1963) which also rely on client reports of change and find a positive correlation between favorable expectations and improvement.

Clearly, the need to appear consistent in studies with self-reports as outcome measures could counfound the effects of expectations upon symptom reduction. The problem stemming from the use of self-reports can be avoided by looking at ratings of process by outside observers, as was done in this study.

Degree of Disturbance

The effect of favorable or unfavorable expectations upon process is mediated by the degree and type of client distress. Goldstein and Shipman (1961) and Lipkin (1954) find that the greater

the degree of self-reported distress, the greater the expectation of relief. Goldstein (1962) speculates that this finding can be accounted for by the following theory: The more crucial the confirmation of a hypothesis is to carrying out goal-striving activity, the greater will be the strength of the hypothesis. Thus, great distress interfering with one's satisfaction in vital areas will lead to a strong expectation that this distress will be relieved. This expectation would unrealistically assume instantantaneous cures. Such a client might give up when his expectations were disconfirmed. On the other hand, this expectation could motivate the client to remain in therapy and to make an effort to benefit from therapy. The client who intensely feels the need for help could work hard in therapy. Facilitative or inhibitory effects of expectations on therapy are dependent on two factors: whether or not these expectations are unrealistic, and how the client reacts to possible disconfirmation and disappointment.

For the purposes of this investigation, one must hypothesize how degree of disturbance will interact with the other variables. The studies reviewed above suggest that the more disturbed the client, the greater his need for relief, and the greater his need to participate in a relationship from which he expects some relief. However, it is clear from other lines of research, that degree of disturbance does not always correlate positively with how well the client will do in therapy.

In a brief but incisive review of outcome research, Luborsky et al., (1971) states that the majority of studies show a significant positive relationship between outcome and the overall <u>adequacy</u>, rather than inadequacy, of personality functioning. Contrary to the findings

reviewed above, degree of disturbance seems to impede, rather than enhance, the productiveness of the therapeutic relationship.

Analysis of the studies reported by Luborsky with the nature of the measurement of disturbance in mind reveals a consistent trend. The research shows a significant positive relationship between self-reported anxiety and successful outcome. Furthermore, the greater the number of symptoms checked on a symptom checklist, the better the prognosis. Two studies show that the greater the felt depression, the better the prognosis. Luborsky interprets this as evidence that the presence of strong affect and pain indicates that the client is more likely to ask for and be open to help than clients who have flattened affect and do not feel such pain. The latter may be in the position of not wanting to reach out for help, or of having given up entirely.

It appears that the best affective indicators which suggest openness to change and motivation for therapy are anxiety and depression. From the measurements of disturbance cited, it seems that the MMPI and/ and/or a symptom checklist could be the most appropriate measurements to use. However, Figler (1968) finds that student counselees who are more disturbed on MMPI do not refer to their own feelings, needs, and reactions more frequently than less disturbed student counselees. This seems to contradict Luborsky's conclusion, but this may be a function of differences in population in the two studies.

The assertion that the greater the degree of distress, the better the prognosis seems to contradict the firmly grounded notion from clinical experience that the clients most likely to benefit from psychotherapy are those best off to begin with (Goldstein, 1962). However, the hypothesis that disturbance relates positively to outcome

has to do with the degree of disturbance within the neurotic type of disturbance. Thus, it is not being asserted that, for example, a schizophrenic is more likely to benefit from therapy than a neurotic. As Luborsky's review (1971) might suggest, the college student population which is used in the present study is relatively well-off psychologically. Students who are going through college tend not to fall into the clearly psychotic categories of disturbance. In addition, Luborsky et al., (1971) note that the evidence suggests that those who are younger, more intelligent, and who are high in social achievement do best in psychotherapy. These must be contributing factors to the finding that student status is associated with success in therapy (Luborsky et al., 1971). Luborsky et al., (1971) state that the type of disturbance in overall personality functioning must be within the moderate range because college student status implies a fair amount of ego strength and social competence.

In effect the population presents a situation which fits into what Luborsky et al. (1971) identify as a promising predictive combination: "High affect (anxiety and other forms of distress) with high integration or ego strength form a good combination of prognostic conditions for change through psychotherapy [p. 156]." Thus, for the purposes of this investigation, the hypothesis will be tested that felt distress enhances the process of psychotherapy. To apply Luborsky's analysis (1971), the anxious or depressed student who is still functioning knows that he needs help and is more likely to be open to it. He therefore should be more likely to be attracted to the therapist, and more likely to get affectively involved in the

therapeutic situation than a less distressed fellow student. However, a variable which may possibly interact with these factors is that of the level of the therapist's experience.

Therapist Level of Experience

As Fiske et al. put it (1964), "One would expect that an important concomitant of greater experience is a greater ability to provide benefit for the clients [p. 424]." This ability should be reflected in higher levels of in-therapy process for clients treated by experienced than inexperienced therapists. The review of Luborsky et al. (1971) lists eight out of thirteen studies in which a relationship is found between successful outcome and experience level. However, analysis of these outcome studies raises important questions for a process study.

Fiske et al. (1964) do not find a significant relationship between the square root of the number of clients seen by each therapist and outcome. They speculate that the number of interviews would be a better measure of experience, and perhaps the number of years as a therapist would be the best, since it correlates highly with the number of interviews done and is easier to get. However, they caution against claiming that experience necessarily implies skill. Fiske et al. also note that if experience level is to be proved to effect outcome, it must be shown that each level of experience treated a population that was equally likely to improve.

The findings in Cartwright and Vogel's study (1960) raises yet another question: perhaps experienced therapists generate a qualitatively different change process in their clients than

inexperienced therapists. This could be missed by a study using only one measure of treatment effects. Such a situation is possible in light of two studies examining the relationship between client perceptions of therapists and therapist experience level (Rice, 1965; Grigg, 1961). Experienced client-centered therapists are significantly more expressive, less directive, less interpretive, and tend to focus more on internalized self-exploration than less experienced therapists. This finding is substantiated by Strupp's objective evaluation of client-centered techniques (1955). He finds that experienced client-centered therapists offer more exploratory (asking for opinion) and less reflective responses than inexperienced therapists. However, he does not find significant differences between levels of experience for non-Rogerian therapists. Nevertheless, Strupp speculates that perhaps experience implies a diversification of technique and less reliance on stereotypes of interventions.

In two studies of non-client-centered therapists, Mills and Abeles (1965) and Mullen and Abeles (1971) find significant differences between Ph.D. staff members, interns, and practicum students contrary to Strupp's finding. Mills and Abeles find that need for nurturance and need for affiliation are significantly related only for the least experienced therapists. They also shown that "liking" for the client is significantly related to these needs only for the practicum students. Mullen and Abeles' data also focus on the variable of "liking," because "liking" is significantly related to accurate empathy only for the inexperienced therapists. The experienced therapist's accurate empathy is not related to "liking" the client,

and he offers significantly more accurate empathy than the inexperienced therapist. It appears that experienced therapists are more skilled at understanding and accurately perceiving their clients. They are also more prone to guard against making the client too dependent upon them than inexperienced therapists.

Anthony (1967) looks at the therapist's report of his approach as it changes over time. He finds that, regardless of orientation, the more experienced the therapist becomes, the more involved he becomes with his clients. The more experienced therapist also assigns more importance to the client's understanding of himself, and shows greater concern with how the client relates to him, than the less experienced therapist.

It is clear that experience of the therapist does in fact change the way he conducts therapy. How these differences would interact with the variables of concern in this investigation is less clear. In general, it may be that the more consistent use of accurate empathy by the experienced therapist will have a significant impact.

Research reported by Klein et al. (1970) shows a significant correlation between client Experiencing and therapist empathy. Gendlin speculates (1961) that the more empathic therapist, by his more accurate and direct reference to the client's Experiencing, will help the client to refer to his Experiencing more directly and be more aware of its meaning to him. Research shows that the more experienced therapists are more consistently and accurately empathic than less experienced therapists (Mullen and Abeles, 1971). Therefore experienced therapists should be able to facilitate a higher level of

Experiencing than inexperienced therapists no matter how attracted or how disturbed the client is.

Though such a hypothesis is quite straightforward, it is not warranted in this investigation. It appears from the research on Experiencing, that Experiencing is more a function of the client than of the therapeutic process or the therapist himself. Successful clients have not been shown to significantly increase their level of Experiencing over the course of therapy (Gendlin et al., 1968; Klein et al., 1970). Thus, Experiencing seems to be an "innate" rather than a "learned" ability. The influence of the therapist's level of experience should be even less strong in a sample of non-client-centered therapists as will be used in the present study.

This investigation focuses on the importance of the variable of attraction in psychotherapy process. Therefore it is hypothesized that amount of attraction will most strongly correlate with the highest levels of experiencing found in the clients. If the client is highly attracted to therapy he will be highly involved during the therapeutic situation whether the therapist is experienced or not. It is hypothesized that felt distress will enhance both attraction and Experiencing. At this point the research on experiencing will be dealt with.

Experiencing

In an article on the Process Scale from which the Experiencing scale was derived, the client-centered position is advanced that "If personality development proceeds in the direction of full experiencing

and living in an integrated flow of implicit meaning, then the fully functioning person is one who has become the process of experiencing through which his development has been moving [p. 84, Walker et al., 1960]." Thus, if therapy has been successful, then high levels of Experiencing should be attained by the end of therapy. Such high levels of Experiencing means that the client has overcome the difficulties that blocked his development.

However, evidence does not support the contention that the Experiencing scale measures the key process in successful therapy. In some studies, high levels of Experiencing are associated with successful outcome (Klein et al., 1970). However, in other studies this association was not found (Ryan, 1966; Harris, 1971; Kiesler, 1965). In all studies, it is clear that clients with a moderate Experiencing level, 2.00-2.99, are equally likely to succeed as to fail (Gendlin et al., 1968). In some but not all studies it is shown that clients move from low levels of Experiencing to high levels over the course of therapy (Klein et al., 1970; Gendlin, 1968). Gendlin et al., (1968) find that only 6 of 50 clients move from low to high levels of Experiencing over the course of therapy.

The evidence shows that high levels of Experiencing can be found in both more and less disturbed clients within the neurotic class of disturbances (Ryan, 1966; Harris, 1971; Kiesler et al., 1969; Gendlin et al., 1968; Klein et al., 1970). Well adjusted clients at the end of therapy do not necessarily Experience at high levels, nor do maladjusted clients Experience at low levels.

To summarize, in some but not all studies, higher levels of Experiencing are found in the less well adjusted clients than in the more well adjusted clients within the neurotic class of disturbances (Ryan, 1966; Harris, 1971; Kiesler et al., 1969). In part as a result of this finding, in some but not all studies, higher levels of Experiencing are associated with successful than with unsuccessful therapy. These two general findings are related because success is defined as level of psychological adjustment as measured on personality inventories, problem checklists, and client or therapist judgements. Thus, if Experiencing is not consistently associated with psychological health, it will not be consistently associated with successful outcome as measured by psychological health.

The most significant aspect of these findings is that as Kiesler (1966) points out, the assumption of the uniformity of successful therapeutic process is untenable, at least with respect to the Experiencing process. High levels of Experiencing account for some of the variance of successful outcome, but this process does not account for all of the variance.

It is recognized that the nature of the relationship between Experiencing and outcome is a crucial question. It taps into the vital area dealing with what helps or does not help the client in psychotherapy. However, if this question is to be explored as meaningfully as possible, the construct of Experiencing must first be as well-defined as possible. Establishing a clear relationship between two vague entities is not useful. Therefore, this investigation seeks to

clarify the nature of the Experiencing construct by determining the contribution of selected variables to this in-therapy behavior.

For the purposes of the present study, an operational definition of Experiencing can be posited which makes no assumptions relating to its role in the course of therapy or in psychological adjustment in general. As Kiesler puts it (Kiesler et al., 1964), the Experiencing scale measures the dimension of "The degree to which the client manifests Inward Reference in his verbalizations. The client is referring inwardly when he is referring to his own feelings and reactions - when he is searching for the meaning of the personal events, feelings, and ideas he is reporting [p. 350]." The present investigation limits the construct of Experiencing to this definition. However, previous research can be related to Experiencing within the constraints of this investigation.

The research on Experiencing itself (Kiesler et al., 1965; Ryan, 1966; Harris, 1971) suggests that, within the neurotic type of disturbance, the more stress a client feels, the greater will be his tendency to refer inwardly in an affective and involved way about his immediate feelings of stress. Luborsky et al., 1971, make this same point about outpatient clients who are functioning in society and therefore must have the necessary ego strength. Felt distress for a college student motivates him in the direction of being more open to help because he feels the need for help more strongly than a less distressed college student.

With respect to attraction, Ryan (1966) finds that the group with high levels of Experiencing during the middle stage of therapy

tend to be the ones who showed "strong faith" in psychotherapy initially. In an analogue study done with normal college students who volunteer to discuss a personal problem, Schoeninger (1965) finds that "client" level of Experiencing is closely related to the "client's" expectations. In two studies by Mintz and his associates (Mintz, 1969; Mintz & Luborsky, 1969) ratings of Experiencing saliently load onto factors labeled as "Patient Receptiveness" and "Patient Involvement." Upon analysis of these studies, Klein et al., (1970) conclude that "In general Experiencing can be interpreted as tapping the degree of the patient's involvement in the therapeutic task, including his productivity, his capacity to provide the therapist with experiential material with which to empathize, and his openness to the therapist's experiential approach [p. 26]."

None of these studies employ a measure whose focus is directly centered upon client attraction for therapy and for the therapist. The purpose of the present study is to focus on attraction. Therefore Libo's Picture Impressions Test was used.

In the present study, the central hypothesis was that the clients who are highly attracted to therapy will become involved in the therapeutic situation in such a way that they will refer more frequently to their own feelings and reactions, and explore more frequently the possible implications and significance of their internal process early in the course of therapy. As Strupp asserts (1962) only when the client has a strong desire to be helped and to collaborate with the therapist will he overcome the resistance toward giving up immediate neurotic gratification for uncertain, delayed

long term gains. This desire to be helped is hypothesized to be a function of the client's attraction to therapy and his felt distress. The tendency to collaborate with the therapist and work hard in therapy was operationalized in this study as the frequency with which the client engages in various levels of Experiencing. It is also hypothesized that the therapist's level of experience contributes to the client's willingness to refer directly to his own experience less in the early stage of therapy than in later stages.

CHAPTER III

HYPOTHESES

Hypothesis 1. Experiencing is not related to level of experience of the therapist. Each level of experience of therapists treats a representative sample of clients in terms of:

a) attraction

b) degree of distress

Hypothesis 2. Experiencing is positively related to attraction.

Hypothesis 3. Experiencing is positively related to distress reported on the MMPI.

Hypothesis 4. Felt distress and attraction interact. Therefore, the highest average level of Experiencing will be found where there are high levels of both independent variables, the lowest average level of Experiencing will be found where there are low levels of both variables. Intermediate levels of process will be found in clients where one variable is high and one is low.

CHAPTER IV

METHODOLOGY

Subjects

The subjects of this study are undergraduates at Michigan State University who voluntarily came to the counseling center during the 1968-1969 school year. They presented personal and social problems rather than primarily vocational or academic problems. They were screened via an initial interview to determine the appropriateness of psychotherapy in each case. The tape recordings of the entire case for each client forms the tape library from which the samples are drawn. The possibility of sample bias exists, because tape recordings of cases were made only with the consent of both client and the therapist. All cases are sampled which consisted of at least two sessions, and had data on the MMPI and the Picture Impression Test.

Experiencing

Sampling

The method of sampling the therapy tapes has been arrived at on the basis of Kiesler's recommendation (1966) to make sampling decisions consistent with the theoretical position concerning the

nature of the variables to be empirically investigated. The first issue that is raised by such considerations is the location of the interview to be sampled. It is necessary to test for the hypothesized difference in Experiencing for the different groups of clients where they are most likely to occur (Karl and Abeles, 1969). The scope of this investigation does not permit sampling from more than one stage of therapy. The variables of attraction and distress are hypothesized to affect the client's willingness and need to Experience at high levels, respectively. However, both these variables change over the course of therapy. Therefore, the earliest stage of therapy will be sampled in order to get the best estimate of the effects of the presence of the variables close to the time when these variables were measured. This will be the second interview with the therapist.

The next problem is that of the number of segments and the location of segments within the hour. The research hypothesis that the variable of attraction affects one's readiness to initially engage high levels of Experiencing necessitates non-random sampling early in the hour. This is also recommended by Kiesler's finding (1966) that the Experiencing level early in the hour, at its lowest point, differentiates well among groups differing in degree of disturbance. Sampling the data non-randomly has been selected for the following reason. Sampling the data randomly when the sample is small relative to the data pool runs the risk "of obtaining data that are unrepresentative of the general ordering of group means, or data that are insensitive to meaningful differences [Kiesler et al., 1965]."

Kiesler et al. note that this is particularly true when Experiencing fluctuates differently for different groups, as is hypothesized in this study.

However, one segment early in the hour is not sufficient to capture the behavior of the variables. The work of Karl and Abeles (1969), Gurman (1973) and Kiesler et al., (1965) convincingly show that clients and therapist phenomena of many types are not uniformly distributed throughout the therapy hour. The time that the sample occurs in the hour is a significant determinant of the extent to which a given phenomenon is found to occur in the segment. Karl and Abeles (1969) recommend sampling for the variable of concern where it is most likely to occur.

Kiesler et al. (1965) and Klein et al. (1970) suggest that one is most likely to differentiate among groups if one samples late in the hour. Gurman (1973) shows that therapeutic conditions are highest in the last two-fifths of the hour. This investigation attempts to differentiate between groups in the way that they respond to therapeutic conditions. Therefore samples will be drawn from late as well as early in the therapy hour. The peak facilitative conditions are not expected to confound the differences due to the variables of attraction and distress in the groups of clients, because psychotherapy has not been shown to significantly change client Experiencing (Gendlin et al., 1968). Therefore, the procedure will be to extract one segment each from the first four minutes of the second and fourth fifths of the therapy hour.

Short Form of EXP Scale

Stage	Content	Treatment
1	External events; refusal to participate.	Impersonal, detached.
2	External events; behavioral or intellectual self-description.	Interested, personal, self-participation.
3	Personal reactions to external events, limited self-descriptions; behavioral descriptions of feelings.	Reactive, emotionally involved.
4	Descriptions of feelings and personal experiences.	Self-descriptive; associative.
5	Problems or propositions about feelings and personal experiences.	Exploratory, elaborative, hypothetical.
6	Synthesis of readily accessible feelings and experiences to resolve personally significant issues.	Feelings vividly expressed, integrative, conclusive or affirmative.
7	Full, easy presentation of experiencing; all elements confidently integrated.	Expansive, illuminating, confident, buoyant.

The segments will be four minutes in length. This will result in a manageable amount of data to be coded, approximately 320 minutes for 40 clients and two segments per client. Kiesler et al. (1964) show that this segment length will be as reliably rated, cover a comparable scale range, and be as sensitive to change and group differences as segments of other lengths.

Rater Selection and Training

The two raters other than the author were selected, one a graduating senior and the other a third year graduate student in clinical psychology. The 16-hour training program was administered to the raters just as it is elaborated in detail in the Experiencing Manual (Klein et al., 1970).

The tape segments were copied, coded, and numbered as suggested in the Manual (Klein et al., 1970). The raters were given the segments and instructed to rate them in the manner suggested by Klein et al. (1970), checking the appropriate level for each scorable response on the "Short Form of the Experiencing Scale," which appears on p. 32. Transcripts are not used (Klein et al., 1970) but the raters had as much time per segment as they need. Each rater then listed the mode and peak levels of Experiencing for each segment. Klein et al. (1970) suggest this because of the evidence that mode and peak ratings relate to other variables in different ways. The average of the two modes and two peak ratings on each segment served as the final process scores for the segment.

Degree of Reported Distress--MMPI

Rogers' recent review of the status of the MMPI concluded that it is "the instrument of choice for screening or assessing emotional upset in a research population [Rogers, 1972]." The vast literature dealing with the applications of this instrument reveal a number of ways in which the MMPI can be adapted for the purpose of measuring the client-reported degree of felt distress.

Rogers (1972) points out in detail that any application must conform to the task for which the test was developed--dichotomously discriminating abnormals for normals. He convincingly argues against using the MMPI profiles as a way to place an individual on a continuum, or dimension of a personality trait.

The measure of distress utilized approximated the way that the MMPI is intended to be used, to dichotomously discriminate between normals and abnormals. Mullen's findings (1969) suggest that there are indeed a group of clients with normal MMPI profiles and a group of clients with abnormal MMPI profiles who received counseling. In general, the attempt was made to set criteria for cut-off points on T scores, and to set a criteria for the number of scales within a given range that define a level of distress. Again, the exact values of these criteria was determined after consideration of the range of the MMPI scores, but before work was done with any of the other variables. Clients in the Not Distressed group have less than 3 "T" scores of 70 or greater. Clients in the Distressed group have 3 or more "T" scores greater than or equal to 70.

Attraction

The degree to which the client is attracted to the therapist and the therapeutic situation was assessed using Libo's standardized scoring procedure on his Picture Impressions Test (1969). In this test, after the initial interview the therapist presents four TAT-like cards whose pictures represent situations which can readily be construed in terms of a therapist and his client, or a doctor and his patient. The client is asked to write a story about each picture covering the following areas:

What is happening?

What led up to this?

What is thought and felt?

What will happen? (p. 6, Libo, 1969)

A scoreable unit is defined as any phrase, clause, or sentence that qualifies under one of the scoring categories. A +1 is given for every presumable indicator of attraction in the story as defined in the Scoring Manual (1969). A -1 is given for every presumable indicator of repulsion in the story as defined in the Libo's Manual (1969).

The total score is defined as the algebraic sum of all the "+1" and +-1" scores on all stories. The higher this score, the greater the individual's presumed attraction to the therapist and/or the therapeutic situation. The number of stories receiving a score is considered an indicator of the client's involvement in the task of story-writing.

Concerning the interpretation of each protocol as a whole in terms of attraction or lack of attraction, the present investigation used Libo's criteria (1969). These criteria have significant predictive ability (return vs. non-return) in his own study (1957) and in Mullen and Abeles study (1967) at the MSU Counseling Center. "For an interpretation of 'attracted' to be made, the subject must have received a total score of +1 or higher, while also receiving scores on at least two of the four stories. A subject who has a total score of zero or minus, or who has not received scores on at least two of the four stories would be judged 'not attracted' [p. 4, Libo, 1969]."

Thus, for each protocol, a rating of "attracted" or "not attracted" was made, and the total score and total number of stories receiving a score was obtained.

Level of Experience of the Therapist

The level of therapist experience was operationalized in the manner of Mills and Abeles (1965) and Mullen and Abeles (1971):

> Most experienced - staff members with Ph.D. in counseling or clinical psychology, minimum of 3 years experience.
>
> Moderately experienced - interns, advanced students in clinical or counseling psychology with a minimum of 1 year intensive therapy supervision.
>
> Least experienced - practicum students handling their first cases for an introductory practicum course.

These studies obtained significant differences in therapist behavior between the most and least experienced therapists, particularly with respect to accurate empathy (Mullen and Abeles, 1971). With the finding in mind that psychotherapy does not appear to enhance

Experiencing (Gendlin et al., 1968), level of therapist experience was not expected to correlate with client Experiencing early in the course of therapy.

However, a test was made to see whether each level of therapist experience treats a representative sample of the clients with respect to attraction and level of disturbance. Assuming the samples are equivalent, if there did appear to be some correlation between experience level and Experiencing at the earliest stage of therapy, then one speculatively could attribute the result of the experienced therapist's more consistently high accurate empathy (Mullen & Abeles, 1971). Without a test for sample bias, any differences among the groups on Experienced could be attributed to such a bias, if it existed.

CHAPTER V

RESULTS AND CONCLUSIONS

Reliability of Measures

Two raters were used to establish inter-rater reliability for the Experiencing Scale. Two correlations were computed: one for ratings of modes, and one for ratings of peaks. As can be seen from Table 1, inter-rater reliability was high.

Table 1. Inter-rater Reliability on Experiencing Scale

Rater	Mean	S.D.	Pearson r
Ratings of Modes			
Rater A	2.18	.85	.92
Rater B	2.19	.86	
Ratings of Peaks			
Rater A	2.84	.92	.88
Rater B	2.76	.90	

Reliability on the Picture Impressions Test was established by the author rating 25 randomly selected protocols from the 40 protocols that were independently rated. The first criteria of

reliability was percentage of agreement on the overall rating of Attracted vs. Not Attracted. The rater agreed with the author in 24 out of 25 cases: 96% agreement. The rater classified 11 out of 25 as attracted, whereas the author rated 10 out of 25 as attracted.

A correlation was computed for the total scores (sum of + and - scores) of the author and the rater for the 25 protocols. As can be seen in Table 2, reliability with this strict criteria was excellent.

Table 2. Inter-rater Reliability on the PIT

Rater	Mean	S.D.	Pearson r
Author	2.52	5.16	r = .95
Rater C	3.04	4.82	

Hypotheses

Therapist Level of Experience as Independent Variable

Hypothesis 1. The relationship between therapist level of experience; and attraction, distress, and Experiencing.

It was hypothesized the level of experience of the therapist was unrelated to the level of client Experiencing. In this sample of clients, there were many more senior staff therapists (N = 22) than either first year interns (N = 8) or second year interns (N = 10). Therefore, the first and second year interns were labeled "inexperienced," and the senior staff were labeled "experienced."

In order to definitely establish the equivalency of the sample of clients that were treated by each group of therapists, the following analysis was made. It was hypothesized that the two samples were equivalent with respect to the variables of attraction and distress. It was determined by t tests that level of therapist experience was not significantly related to either variable.

From Table 3 it is evident that no sample bias exists. Therefore, if there is a difference in Experiencing for the clients of the 2 groups of therapists, it is likely to be due to the difference in therapist level of experience.

Table 3. Therapist Level of Experience, and Client Distress and Attraction

Variable	Mean and S^2 for Experienced Therapists	Mean and S^2 for Inexperienced Therapists	Observed
Attraction	Mean = 2.32 S^2 = 21.94	Mean = 2.50 S^2 = 21.36	.08 N.S.
Distress	Mean = 3.36 S^2 = 7.05	Mean = 2.33 S^2 = 6.33	1.44 N.S.

Critical value of $t = t_{.05,\ 40} = 1.684$

To directly test Hypothesis 1, t tests were computed for the variable of client Experiencing for the two levels of therapist experience. It is evident from Table 4 that client Experiencing is <u>not</u> related to the therapist variable.

Table 4. Therapist Level of Experience and Client Experiencing

Category of Experiencing Rating	Mean and S^2 for Experienced Therapists	Mean and S^2 for Inexperienced Therapists	Observed t
Early Mode*	Mean = 2.05 S^2 = .43	Mean = 2.31 S^2 = 1.25	.85 N.S.
Late Mode	Mean = 2.09 S^2 = .63	Mean = 2.28 S^2 = .80	-.66 N.S.
Early Peak	Mean = 2.82 S^2 = .66	Mean = 2.75 S^2 = .95	.23 N.S.
Late Peak	Mean = 2.80 S^2 = .54	Mean = 2.89 S^2 = 1.13	-.29 N.S.

Critical value of $t = t_{.05,\ 40} = 1.684$

*Early rating = first 4 minutes of second fifth of therapy hour. Late rating = first 4 minutes of fifth fifth of therapy hour.

The above data suggest that Experiencing early in the course of therapy is a function of the client, rather than this therapist variable. However it is recognized that other therapist variables may influence client Experiencing.

Attraction and Distress as Independent Variables

Hypotheses 2, 3, & 4. The relationship between the independent variables of attraction and distress, and the dependent variable of client Experiencing.

A two-by-two analysis of variance was used to test Hypotheses 2, 3, and 4. However, before the main analysis was performed, a

chi-squared test was computed to determine the influence of the variables on cell frequencies, which were as follows:

	NA	A
ND	7	13
D	10	10

NA = Not Attracted
A = Attracted
ND = Not Distressed
D = Distressed

The chi-square without the Yates correction was .915. Given a critical value of $\chi^2_{.10,\ 1} = 2.71$, cell frequencies do not seem to be influenced by the independent variables.

The two-by-two analysis of variance was then computed. The variable of attraction was dichotomized using Libo's criteria (1957) for Attracted vs. Not Attracted. To be rated "Attracted," a complete protocol had to have a total score of at least +1 on at least two scorable stories. The variable of distress was dichotomized by selecting a cut-off point of at least three T scores over 70 to qualify as "Distressed."

The unequal N of the cells necessitated the use of the unequal weighted-means analysis of variance, and approximate test which is not excessively sensitive (Tsao, 1946). On the following pages,

Tables 5 through 8 show the F tests and the plots of the means for each category of Experiencing.

Key -

NA = Not Attracted
<+1 on <2 scorable stories

A = Attracted
≥+1 on ≥2 scorable stories

ND = Not Distressed
<3 T scores over 70

D = Distressed
≥3 T scores over 70

The results of the analysis of variance do not confirm Hypotheses 2 and 3: at no type of Experiencing rating did the main effects for the variables of attraction and Distress reach the .05 level of significance.

Hypothesis 4 is partially confirmed. For each type of Experiencing rating, the A X D interaction was significant at the .05 level. Thus, the variables in question do in fact seem crucial, but in a more complex way than predicted. For the early and late model ratings of Experiencing, the lowest mean of Experiencing was found among the clients who were Not Attracted and Not Distressed, as was predicted (ND, NA). However, this was not true for peak ratings of Experiencing, both early and late. In this case, the lowest mean of experiencing was found among clients who were Attracted and Distressed (D, A). It was predicted that these clients would have the highest mean.

In all cases of Experiencing, the two highest means were found among the clients who were either Attracted and Not Distressed

Table 5. Early Modal Level of Experiencing

Source	DF	SS	MS	F
D	1	.48	.48	.66
A	1	.95	.95	1.30
AD	1	4.19	4.19	5.74*
S/AD	36	26.32	.73	

*Significant - $F_{.05;\ 1,\ 38} = 4.10$.

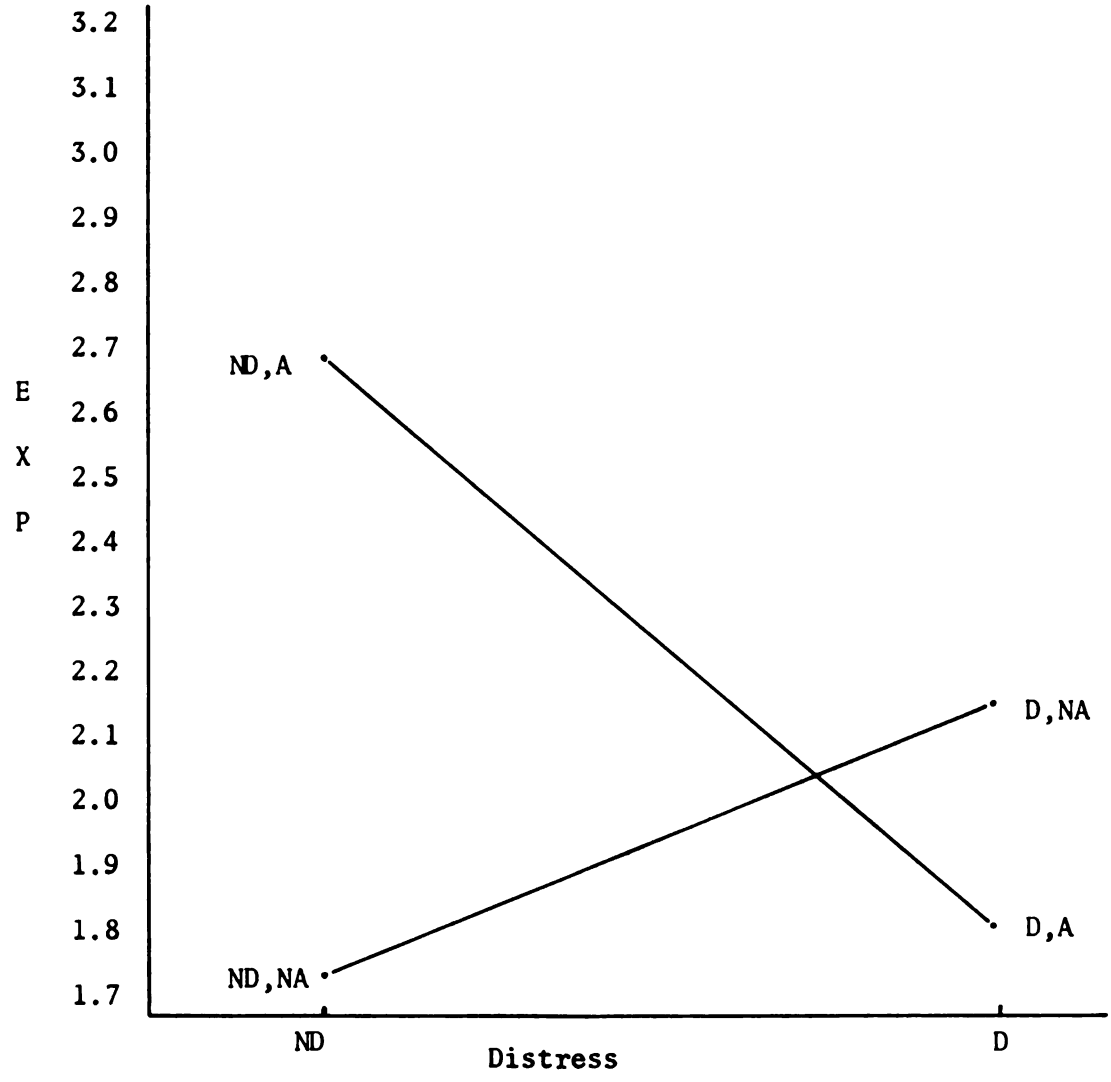


Table 6. Late Modal Level of Experiencing

Source	DF	SS	MS	F
A	1	.10	.10	<1
D	1	.48	.48	<1
AD	1	3.62	3.62	6.83*
S/AD	36	18.95	.53	

*Significant $F_{.05;\ 1,\ 38} = 4.10$.

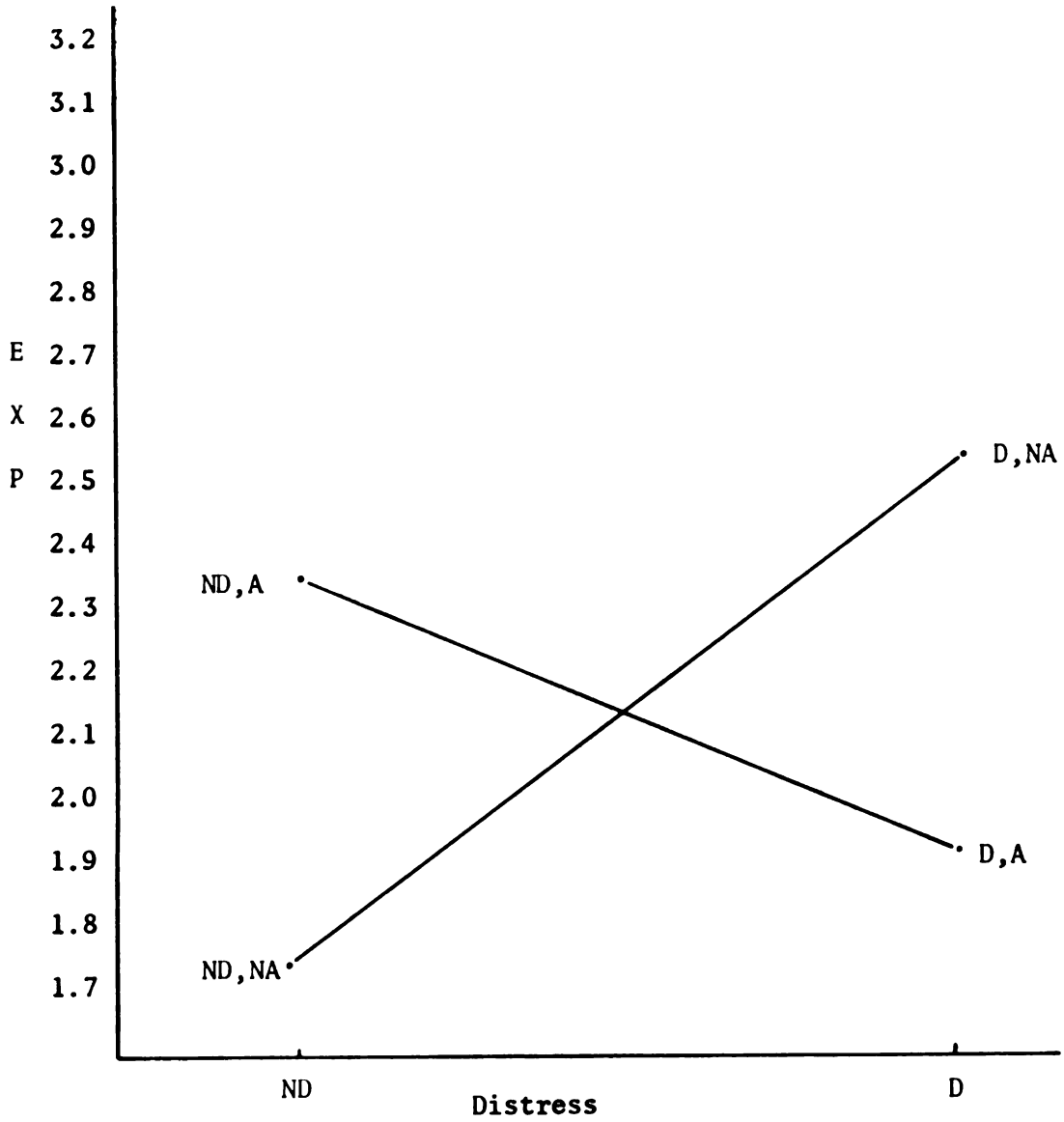


Table 7. Early Peak Level of Experiencing

Source	DF	SS	MS	F
A	1	.95	.95	1.98
D	1	1.90	1.90	3.96
A/D	1	7.81	7.81	16.27**
S/AD	36	17.31	.48	

**Significant $F_{.01;\ 1,\ 38} = 7.35$.

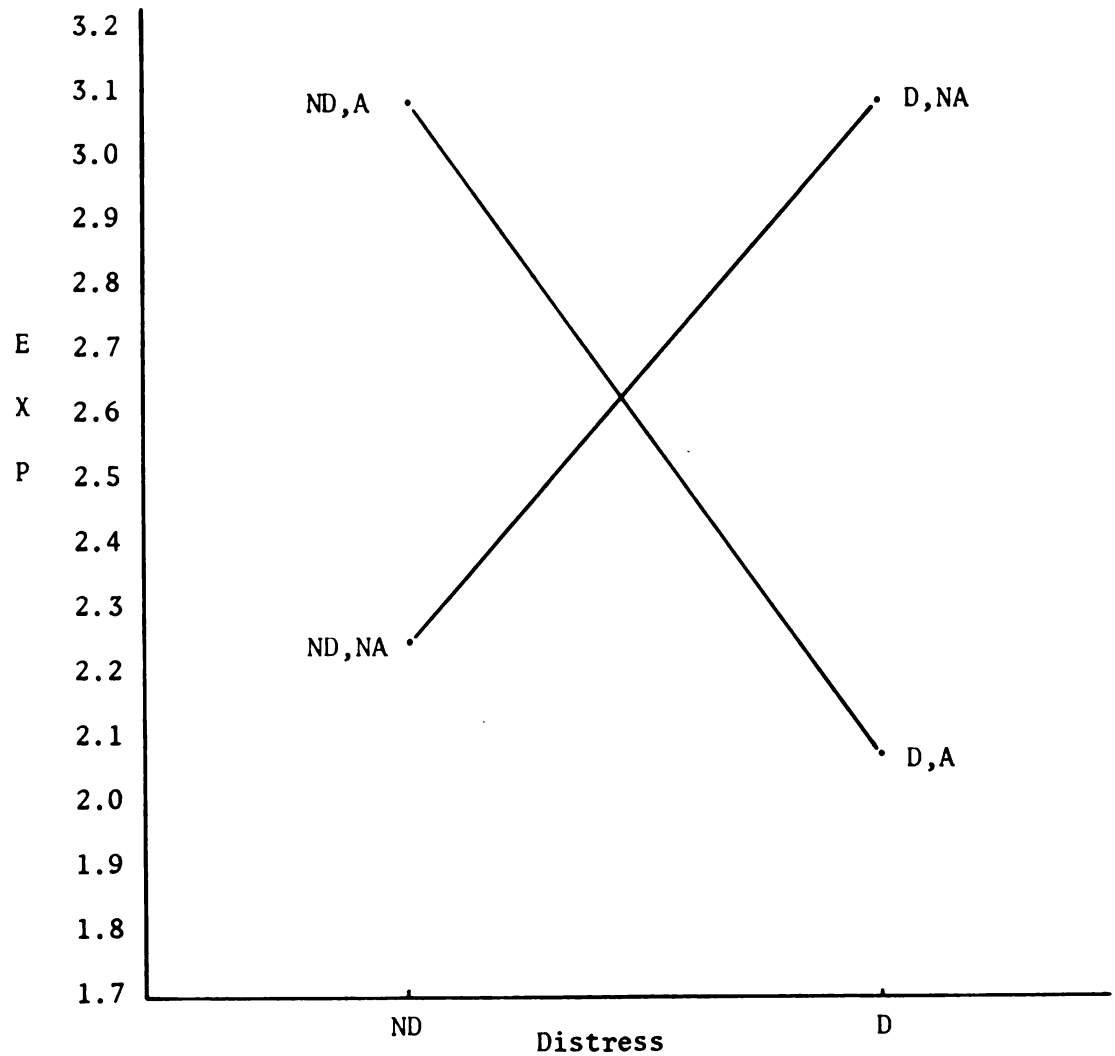
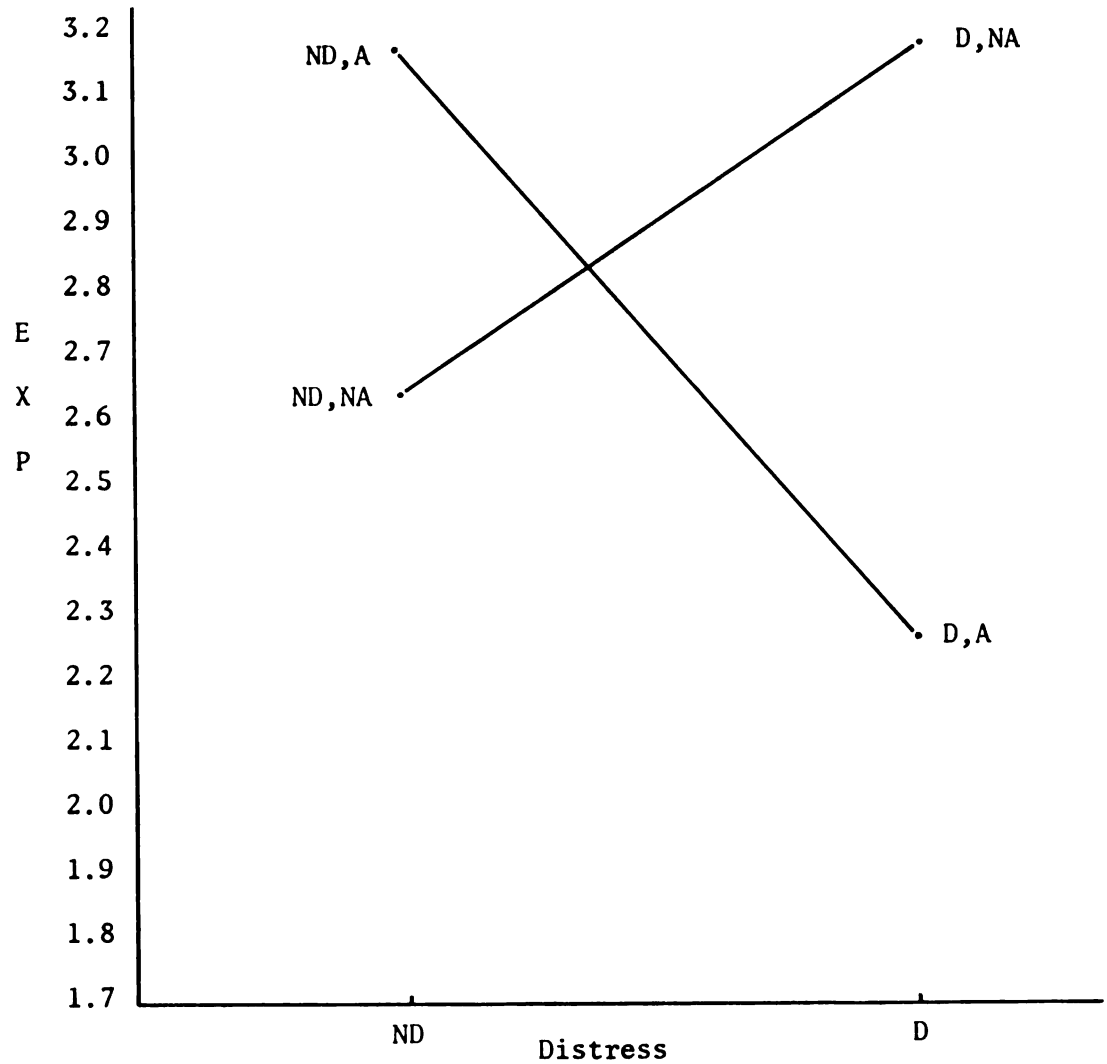


Table 8. Late Peak Level of Experiencing

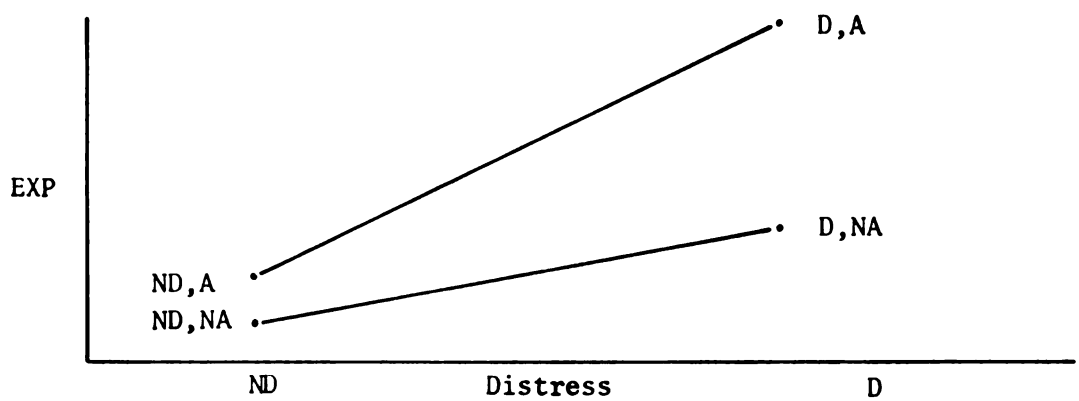
Source	DF	SS	MS	F
A	1	.38	.38	<1
D	1	.38	.38	<1
AD	1	4.67	4.67	6.77*
S/AD	36	24.69	.69	

*Significant - $F_{.05;\ 1,\ 38} = 4.10$.

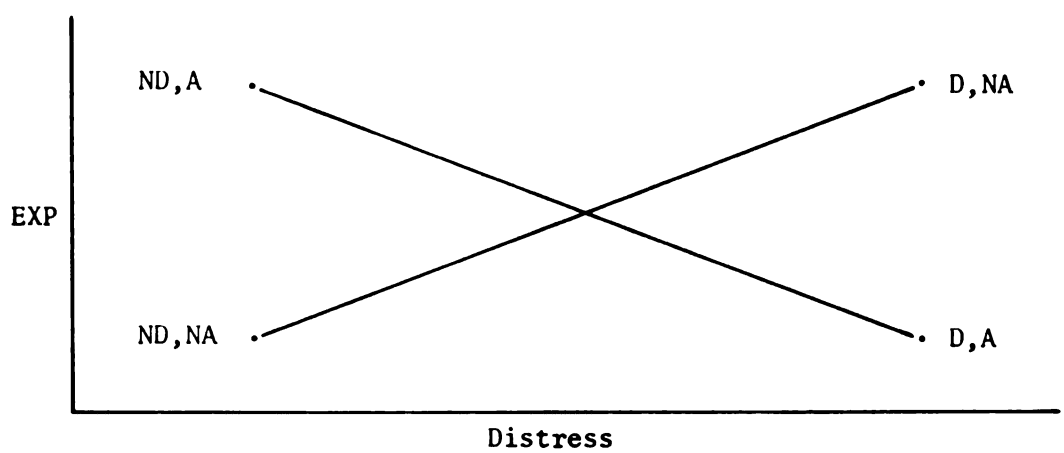


(ND, A), or Not Attracted andDistressed (D, NA). This disconfirmed the hypothesis that the intermediate levels of client Experiencing would be found where one variable was high and one was low.

To summarize, the interaction was significant as predicted in Hypothesis 4. However, the predicted pattern was not confirmed. The predicted pattern was as follows:



The observed pattern, in general form, was quite different:



When Distress was low, the Attracted clients were Experiencing at a significantly higher level than the Not Attracted clients. When Distress was high, the Not Attracted were Experiencing at a significantly higher level. Possible explanations of these unexpected findings, and their implications will be dealt with in the next section.

CHAPTER VI

DISCUSSION

Hypothesis 1: Therapist Level of Experience

It was established that experienced (senior staff) and inexperienced therapists were assigned samples of clients equivalent to one another in terms of the mean level of distress and attraction. The hypothesis that client Experiencing in the samples was not related to therapist level of experience was confirmed. One clear implication of this finding is that client variables seem to be more crucial early in therapy than therapist variables. This in turn suggests that research on therapist variables must focus on the later stages of therapy.

Gendlin argues that therapy per se is not effective in helping a client move from low to high levels of Experiencing (Gendlin et al., 1968). The thrust of his latest work is toward a technique involving explicit instructions by the therapist for the client to focus on Experiencing. The focus on the present study on the second session precludes a blanket endorsement of Gendlin's position. However, these results suggest that perhaps focusing instructions would be useful early in therapy.

Hypotheses 2 and 3: Main Effects of Attraction and Distress

A 2-by-2 analysis of variance yielded no significant main effects for Attraction or Distress. However, these variables did effect level of client Experiencing when their interaction was taken into account (Hypothesis 4). Keeping in mind the confirmation of the interaction hypothesis, the interpretation of the disconfirmation of the main effects hypotheses must be limited.

In light of the confirmation of the interaction hypotheses, it seems that the client's liking for the therapist and/or the therapeutic situation does effect client Experiencing despite disconfirmation of main effects hypotheses. The main effects were not significant because of the nature of the interaction. The nature of the interaction was such that in every pair of cells that comprised one level of each variable, there was always one high and one low Experiencing cell. Thus, significant differences between levels of each variable were not apparent.

Goldstein (1962) suggests that clients who are Attracted are more communicative in therapy than clients who are Not Attracted. The present study suggests that early in therapy, under the condition of low distress, this is true, but that the reverse is true for high distress. The failure to confirm the hypothesis of a main effect for attraction does not disprove Goldstein's theory. Given the significant interaction, these data suggest refinement of the hypothesis.

The same interpretation is applicable to Goldstein's hypothesis (1962, Luborsky et al., 1971) that favorable expectations are

correlates of success in psychotherapy. The PIT to some extent measures expectations (desired locomotion, satisfaction obtained or lost). The results from the main effects and interaction hypotheses show that expectations do have an effect on what the client does in therapy. However, the present results suggest that these effects change for different degrees of client distress. Again, these data suggest refinement, not rejection, of hypotheses concerning expectations.

A possible explanation for the unexpected results is sex differences in the way the independent variables are associated with Experiencing. The cells are composed as follows:

	A_o	A_1
D_o	5 females 2 males	12 females 1 male
D_1	8 males 2 females	6 males 4 females

The Scheffe' method of multiple comparisons (Hayes, 1963) was used to test for sex differences. No significant differences in Experiencing were found. Nevertheless, inspection of the table shows that the high Experiencing Attracted group are females and the high Experiencing Distressed group are males. This suggests that Experiencing is associated with the independent variables in different ways for each sex. Further research is necessary to explicitly test this hypothesis.

To look at the main effects tests by themselves, it becomes clear that early response to therapy cannot be predicted solely on the basis of the client's degree of Distress, or solely on the basis of the client's amount of Attraction. This may be a reflection of Gendlin's observation (Gendlin et al., 1968) that clients who Experience in the range from 2.00 to 2.99 are equally likely to succeed as to fail. However, the confirmation of the interaction hypothesis suggests that if one takes into account both Attraction and Distress, the clients who refer inwardly early in therapy are predictable.

Hypothesis 4: Attraction and Distress Interact

Hypothesis 4. Attraction and distress interact. The highest level of Experiencing will be found where both variables are high; the lowest level where both variables are low. Intermediate levels of process will be found where 1 variable is high and 1 is low.

The 2-by-2 analysis of variance showed that the interaction for Attraction and Distress was significant at the .05 level for modal and peak Experiencing both early and late in the second interview. As predicted, a low level of Experiencing was found where both Attraction and Distress was low. However, low levels of client Experiencing were found where both variables were high in all 2-by-2 analyses.

Apparently, the variable of Attraction interacts with the variable of Distress in unexpected ways early in the course of

therapy. It is not surprising that within the Not Distressed group, Attracted clients Experience at a higher level than Not Distressed clients. What must be accounted for is the following: for the Distressed group, Not Attracted clients Experience at higher levels than Attracted clients.

One possible explanation rests on the following hypothesis. The combination of Attraction and Distress inhibit a client because he wants to make the therapist like him. He is therefore reluctant to express the unpleasantness of his disturbed world because this would run the risk of "turning off" the therapist. This results in low levels of Experiencing.

The Not Attracted, Distressed client is free of Attraction, one of the factors inhibiting the Attracted, Distressed client. This client is not so concerned with pleasing the therapist. He is not inhibited by the possibility of "turning off" the therapist. He can be seen as being preoccupied with his internal pain. The Not Attracted, Distressed client is therefore more likely to disclose what is really bothering him and Experience at higher levels than the Attracted, Distressed client.

The Attracted, Not Distressed client is free of Distress, the other factor inhibiting the Attracted, Distressed client. Both groups are Attracted, and are therefore hypothesized as involved in trying to make the therapist like them. However, the Attracted, Not Distressed group have little unpleasantness in their world to hide. They can be open and expressive, which results in their higher level of Experiencing than the Attracted, Distressed clients. Such an

analysis clarifies how Attraction and Distress can inhibit inward reference when both are at high levels. This also explains how Attraction and Distress can facilitate inward reference when only one is at a high level.

CHAPTER VII

IMPLICATIONS

This research suggests that high Attraction and favorable expectations are not essential for the client to begin Experiencing in psychotherapy. The most striking aspect of these findings is that seemingly encouraging prognostic signs may hinder the client early in therapy. Further research is needed to substantiate such a surprising finding. If replicated, subsequent research should focus on the antecedent conditions, to determine if they are in fact due to the vicissitudes of client security operations.

In light of this research, therapists have a rationale for taking on the "bad," or Not Attracted client, and for making an honest effort in his behalf. Though less pleasant to work with than a "good" client who is Attracted, these data suggest that the Not Attracted client can Experience at high levels even during the unsettling experience of starting therapy.

It was the assumption of this study that the client would get in touch with and disclose his inner feelings if he was Attracted to the person with whom he was talking. It was hypothesized that attraction would facilitate Experiencing. It was

found that for the Not Distressed group, attraction did facilitate Experiencing. However, within the Distressed group, attraction did not facilitate Experiencing.

Thus, the Not Attracted, Distressed clients are Experiencing early in therapy despite the disinterest in the relationship with the therapist that they are likely to have. Critics of behavior modification and psychoanalysis, who object to the impoverished therapist-patient relationship that they claim such approaches utilize, may be mistaken in their view of the necessity of a therapist-patient relationship involving mutual "positive regard" (Rogers, 1957). Further research is needed which more directly measures patient perception of these qualities.

Early identification of the various combinations of Attraction and Distress has implications for treatment. It might prove fruitful to consider the differential impact of confronting vs. non-confronting styles of therapy. Perhaps a confronting approach is more likely to elicit Experiencing in the Not Attracted than in the Attracted clients. The latter might require a more non-confronting style on the part of their therapist, with more emphasis on acceptance. Acceptance and confrontation are not necessarily mutually exclusive. However, this may well be true from the point of view of the client who needs the therapist to like him. Further research is called for to investigate this possibility. The outcome of such a study would be particularly useful in short-term therapy situations, where one must know how to get therapy started as rapidly as possible. In general, it appears that the therapist must

tailor his approach to the client, rather than screen for tailor-made clients (Garfield, 1973).

Three factors not considered in this study may determine whether a client Experiences at high or low levels. One possibility is the actual interventions made by the therapists, which may be differentially effective in eliciting Experiencing. A second possibility are personality variables in the therapists: perhaps the kind of person a therapist presented himself as determined to what extent a client would reveal his inner world to him. A third possibility is that perhaps client variables not dealt with in the present study are major determinants of Experiencing early in therapy. Very likely a combination of all three variables is important: The crucial factor factor may be that a certain type of person is intervening in a specific manner in the life of another particular type of person.

On the whole, the present study shows that client variables of distress and Attraction to therapy are concomitants of behavior in therapy.

APPENDIX

APPENDIX

Table A1. Data for Attraction, Distress, and Experiencing.

Client *	PIT*	MMPI**	Early Exp. Mode	Late Exp. Mode	Early Exp. Peak	Late Exp. Peak
801	+ 5(4)	3	2.0	3.0	2.0	3.0
803	+11(3)	1	2.0	2.0	3.0	3.5
804	+ 5(3)	5	2.0	2.0	3.0	2.0
805	+ 8(3)	0	2.0	3.0	4.0	2.0
806	- 7(4)	6	4.0	3.0	4.5	2.5
808	+10(3)	3	3.0	2.0	3.0	2.0
810	+ 7(3)	0	2.0	3.0	3.0	3.5
812	+10(4)	1	2.0	2.0	2.5	3.0
815	- 2(1)	7	1.5	2.0	2.0	3.0
817	- 3(4)	2	2.0	2.0	2.0	2.5
818	+11(4)	1	2.0	2.0	3.0	3.0
820	+ 8(4)	1	2.0	2.0	2.0	2.5
823	+ 2(1)	1	2.0	1.0	2.0	2.0
824	+ 2(4)	1	2.0	2.0	2.0	3.0
825	- 3(4)	0	1.0	3.0	2.0	4.0
827	+ 3(3)	0	2.0	2.0	2.0	2.0
828	- 1(3)	4	2.0	2.0	4.0	4.0
829	+ 2(3)	0	5.0	4.0	5.0	5.0
830	+ 2(2)	2	3.5	3.0	4.0	3.5
831	+ 2(3)	8	1.0	2.0	2.0	2.0
832	0(2)	1	1.0	1.0	2.0	2.0
834	+ 1(1)	3	2.0	3.0	3.0	4.0
835	+ 3(2)	3	2.0	2.0	2.5	2.0
838	+ 4(4)	4	2.0	1.0	2.0	2.0
842	+ 4(3)	7	2.0	2.5	2.0	3.5
843	- 4(3)	9	1.0	2.0	3.0	3.0
845	- 2(3)	6	2.0	3.0	3.0	4.0
846	0(4)	1	2.0	2.0	2.0	2.0
847	- 1(1)	0	2.0	1.0	2.0	2.0
848	+ 3(4)	0	2.0	1.0	2.0	2.0
849	+ 1(2)	0	5.0	4.0	5.0	5.0
854	+ 1(2)	4	2.0	1.0	2.5	2.0
855	+13(4)	3	1.0	2.0	2.0	2.0
856	+ 1(2)	6	1.0	2.0	2.0	2.0
858	+ 9(3)	0	2.5	2.0	3.0	3.0
859	- 1(3)	1	2.0	2.0	4.0	4.0
861	0(1)	4	2.0	2.0	2.0	3.0
867	0(2)	5	2.0	3.5	3.5	2.0
870	- 3(2)	5	2.0	2.0	3.0	2.0
875	- 5(2)	8	3.0	3.0	3.0	3.0

*Sum of +'s and -'s, followed by number of scorable stories in parentheses.

**Number of T scores greater than or equal to 70.

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