

PSYCHOTHERAPISTS' CONFLICTS,
DEFENSE PREFERENCES, AND VERBAL
REACTIONS TO CERTAIN CLASSES
OF CLIENT EXPRESSIONS

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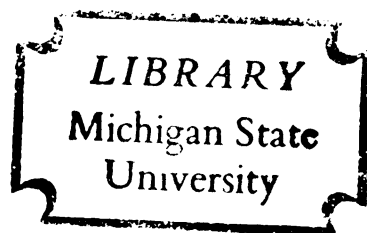
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ABSTRACT

PSYCHOTHERAPISTS' CONFLICTS, DEFENSE PREFERENCES, AND VERBAL REACTIONS TO CERTAIN CLASSES OF CLIENT EXPRESSIONS

By Edward J. Barnes

The purpose of this study was to investigate the relationship between therapist conflict (with respect to hostility, dependency and sexuality) his primary modes of defense, and his approach-avoidance reactions to conflictual expressions initiated by clients. The study was based on theoretical assumptions derived from psychoanalytic theory, as expressed in writings on countertransference reactions, and on recent formulations concerning defense preferences.

Subjects were 26 individuals from two levels of experience: 18 psychotherapy interns, and 8 psychotherapy practicum students.

The subjects were ranked on the following variables: hostility, sex, and dependency expressions. Therapist conflict scores were derived from these measures. Defense measures were derived from rank scores provided by two judges on each of the following defenses: repression, regression, isolation, reaction formation, and undoing.

Therapist approach-avoidance reactions were coded from 54 tape-recordings by means of a system (slightly modified) developed by Winder and Bandura and their associates.

Having operationally defined conflict as a discrepancy between a subject's self-rating and the mean rating of a group of evaluators, it was hypothesized that 1) there is a negative relationship between therapist conflict (for hostility, dependency and sex expressions) and the level of approach to conflictual (hostility, dependency, and sex) expressions, and that 2) non-conflicted therapists,

as compared to conflicted therapists, respond to client conflictual expressions with relatively greater approach than avoidance reactions; it was also hypothesized that 3) therapists with "minus" conflicts receive higher ratings on "repressor" defenses than therapists with "plus" conflicts, and that therapists with "plus" conflicts receive higher ratings on "sensitizer" defenses than therapists with "minus" conflicts; finally, that 4) non-conflicted therapists receive lower overall ratings than conflicted therapists on the use of defenses.

The predictions regarding the relationship between therapist conflict and approach reactions were supported for the intern group. They were not supported for the combined intern-practicum group, nor for the practicum group alone. The intern groups approach level for dependency and hostility was significantly higher than that of the practicum group. These differential findings for the two groups were in terms of the influence of therapy experience on therapist approach-avoidance reactions. These findings are considered highly tentative because of the small number of subjects in the practicum group.

The hypothesis concerning hostility was not supported in a consistent manner. This lack of consistency was discussed in terms of the "object" of the hostility expression. It may be the case that therapists tended to avoid client hostility expressions when they (therapists) were the objects of such expressions.

The predictions concerning the difference in approach reactions between conflicted and non-conflicted therapists were fully supported. It was also found that conflicted therapists tended to approach conflictual material less frequently as therapy progressed

(in late as compared to early interviews, with the exception of hostility), while the opposite reaction was observed for non-conflicted therapists. This was discussed in terms of the increasing intensity of the therapist-client relationship as therapy progresses.

The postulates concerning the relationship between direction of conflict and defense modes were not supported. These findings were considered inconclusive because of the lack of independence between the "repressor" and "sensitizer" defense measures.

The postulate regarding the relationship between therapist conflict status and degree of overall defensiveness was supported for hostility, but not for sex and dependency. A speculative explanation was offered for this lack of consistency. There was an indication that degree of defensiveness is related to the nature and/or magnitude of conflict rather than to its mere presence or absence.

These findings were discussed and specific suggestions were made for further research in this area.

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By
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Dedication

To Norma whose unswerving belief in me makes this entire venture worthwhile.

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I. INTRODUCTION

A. Initial Statement of Problem and Theoretical Considerations

The purpose of this investigation was to examine the relationship between psychotherapists' conflicts with respect to certain needs or impulses, defense preferences, and the nature of their verbal reactions to client initiated expressions which impinge upon the conflictual area(s).

In recent years there has been a trend in psychotherapy theory and research toward viewing the psychotherapeutic process as one in which both therapist and patient engage in a collaborative effort toward a common goal. Increasingly, attention is focused on the necessity of the therapist's personal involvement in the therapeutic process, and the nature of his involvement is seen as influencing his choice of interventions. In tracing the evolution of the doctor-patient relationship, in terms of its historical context, Szasz, Koff, and Hollender (1958) call attention to the revolutionary notion of mutual participation and partnership inherent in the relationship between the modern psychotherapist and his patient.

A survey of the recent literature indicates that the therapy process is commonly studied from the point of view which emphasizes its impact upon the patient. The significance of the therapist's role in this process is readily acknowledged, but only recently has psychotherapy research concerned itself with personal attributes of the therapist. Alluding to this situation Strupp (1962) states:

"One of the important failings of studies concerned with the results of psychotherapy has been the lack of specific information about the method of treatment and the person of the therapist. To describe a therapeutic method by a shorthand label like "psychoanalysis" often conceals more than it reveals; moreover it is clearly unsatisfactory, for scientific purposes, to treat a complex variable in summary fashion.

And a paragraph later:

"... regardless of the theory or the technical desiderata, the therapist is a person with his own feelings, attitudes, and life history, and it is manifestly impossible to associate with another human being over a prolonged period of time without being affected by that person in some manner ..." (pp.580-581).

Freud (1912) early recognized the significance of the analyst's personality in the therapeutic process. He states:

"Amongst the factors which influence the prospects of an analysis and add to its difficulties in the same manner as the resistances, we must reckon not only the structure of the patient's ego, but the personal characteristics of the analyst The analyst because of the peculiar conditions of his work is impeded by his own defects in his task of discerning his patient's situation correctly and reacting in a manner conducive to cure ..." (p.351).

Freud formulated the concept of countertransference to take account of difficulties arising in the therapeutic process which emanate from personal qualities inhering in the therapist. The source of such difficulties was assumed to be more or less eliminated by the training program the prospective analyst had to undergo before he was considered a fully trained and qualified analyst. Fenichel (1945) stipulates certain therapist qualities he feels are necessary for the successful carrying out of analytic activities, but he, too, relates them to the nature of the therapist's own analysis (p.580). Thus, as Strupp (1962) indicates, despite Freud's concern with countertransference, actually he gave the problem scant attention (p.581).

Little (1951) also notes that much attention has been given to the study of transference attitudes of the patient, but until recent years very little attention has been paid to the study of countertransference, which had been assumed to be "absent except in situations where the analyst was incompletely analyzed." She feels that such a state of complete analysis does not exist. This assumption has gradually given way to the recognition that countertransference attitudes are present in all analytic situations--perhaps roughly proportionate to the degree of success of the therapist's analysis - but nevertheless present all (Little, 1951; Winnicott, 1949; Fromm-Reichmann, 1950; Balint, 1950; Heiman, 1950; Ferenczi, 1950; Sullivan, 1949; Alexander, 1955; Reich, 1951; Berman, 1949).

In analytic circles the trend in thinking about the effects of countertransference seems to be away from viewing it solely as a negative element in therapy. Awareness of one's countertransference reactions and the use of them in a self conscious manner is now emphasized (Alexander, 1955).

Strupp (1960) credits Alexander's concept of "corrective emotional experience" as playing a major role in the revival of interest in the therapist's personality as a significant ingredient in the therapeutic process. Alexander (1950) states:

"No doubt the most important therapeutic factor in psychoanalysis is the objective and yet helpful attitude of the therapist, something which does not exist in any other relationship ..." (p.487).

In a more recent paper Alexander (1958) restates his emphasis in these terms:

"The theory of corrective emotional experience leads to still another technical conclusion. This concerns the most opaque (in my opinion) area in psychoanalysis, the question of the therapist's influence on the treatment process by virtue of being what he is: an individual personality, distinct from all other therapists" (p.311).

In a similar vein, Heiman (1950) states that the "analyst's emotional responses to his patient ... represent one of the most important tools for this work" (p.81). The assumption is that if the therapist is to be able to use his emotional reactions to the patient in a therapeutic manner, the awareness of such feelings must not be a source of anxiety for the therapist, i.e., the therapist must be relatively free of conflict over the feelings. If conflict does exist, the result will be the presence of anxiety in the therapist, whether at the level of awareness or defended against and kept from awareness. From this we would expect that when patient-therapist interactions, which touch upon therapist conflict areas, are initiated anxiety is aroused in the therapist, and interferes with therapist-patient communication.

Whatever influence the therapist exerts upon the patient in psychotherapy this influence is transmitted through his communications. The relative effects of verbal aspects of the therapist's communications as opposed to non-verbal elements may not be measurable at this time, but there can be little argument that the verbal aspects are exceedingly important (Wolberg, 1954; Strupp, 1962). Thus, it makes sense to focus on the verbal aspects of the therapist's messages, keeping in mind that tone of voice, gestures, and other non-verbal elements may be important also, even if more difficult to measure.

Rogers (1957) formulated certain conditions which he asserts must prevail in the therapeutic interaction if basic personality change is to be affected in disturbed individuals. Two of them are as follows: a) that the client perceives the unconditional positive regard and empathic understanding of the therapist, and b) that the therapist is congruent (to be explained below) in the relationship. The first condition listed places emphasis upon therapist-patient communication, or more specifically upon the therapist's communication to the patient. The implicit assumption is that if this condition does not obtain, the other conditions necessary for therapeutic change are not communicated to the patient. Thus, the verbal aspects of the therapist's communications to the patient assume great import since it is by this mode, at least in part, that conditions for change are transmitted. The second condition gives recognition to the significance of the therapist being relatively free of internal conflict within the relationship. By congruence Rogers means a lack of discrepancy between one's awareness of his experience and one's actual inner (organismic) experience. When such discrepancy obtains, the therapist is vulnerable to anxiety and threat (Rogers, 1961). Discrepancy between one's symbolization of his experience and actual inner experience is most likely to occur when integration of the latter into the former constitutes a threat to the organism. When this state of affairs exists conflict is present. On the basis of the foregoing, we would expect that when there is impingement upon an area characterized by a discrepancy between the therapist's symbolized and unsymbolized experience, anxiety will be triggered off in the therapist, with the effect that

patient-therapist communication is interfered with by some alteration in the therapist's behavior. Thus, it seems that two different theories of psychotherapy, psychoanalytic and Rogerian, converge in their formulations regarding the effects of therapist conflict upon therapist-patient communication.

Although studies indicate that expert therapists of diverse theoretical orientations do not agree as to the efficacy of a particular technique at a given moment in the therapeutic interaction, they do concur in attributing primary significance to the therapist's communication to the patient and in feeling that such communication is influenced by personality factors of the psychotherapist (Strupp, 1958a,b,c; Parloff, 1956; Betz and Whitehorn, 1956; Fiedler and Senior, 1952; Fiedler, 1950a,b, 1953).

An important therapeutic goal is bringing about effective therapist-patient communication. However the affective involvement required of the therapist, under certain conditions, may militate against this goal. As Bandura (1960) indicates, a minimal condition for resolution of a patient's conflicts would seem to be that the patient's conflictual feelings are permitted to occur within the therapy situation. Bandura believes that if certain classes of expressions are anxiety provoking for the therapist, it is expected that he would be less likely to permit or encourage the patient to express himself in these ways, and that when the patient does express tendencies that are threatening to the therapist, it is expected that the anxiety elicited in the therapist would often motivate him to avoid continuation of the anxiety producing interaction.

Bordin and Cutler (1958) contend that the verbal behavior of the therapist in the therapy interaction can be classified into one of two general categories: "task oriented" or "ego oriented" behavior. Behavior which belongs in the second category is said to be countertransference reactions, and not oriented toward helping the patient undergo therapeutic change. In "ego oriented" responses, the therapist himself becomes the focus, and his responses are directed toward reducing threat, anxiety, maintaining self esteem, etc. This defensive behavior is apt to occur when the therapist encounters patient productions which are conflictual for him. The implicit assumption is that anxiety and/or guilt serve as the motive for the defensive behavior.

In a review of recent writings on countertransference, Cohen (1955) noted that all treatments of the topic have included in their definitions of the concept attitudes which are both conscious and unconscious; attitudes which are responses to both real and to fantasied attributes of the patient; attitudes which are stimulated by unconscious needs of the therapist; attitudes which are stimulated by sudden outbursts of affect on the part of the patient; attitudes which arise from responding to the patient as though he were some previously important person in the therapist's life, and attitudes which do not use the patient as a real object but rather as a tool for the gratification of some unconscious need. What is the common criterion for categorizing the foregoing responses as countertransference? Cohen postulates that the common factor is the presence of anxiety in the therapist, whether conscious or unconscious.

B. A Concept of Conflict

The determination of therapist conflict is a significant operation because of the focus of this investigation. Conflict is generally defined as the presence within the individual of two incompatible needs or impulses. Fenichel (1945) states that "the neurotic conflict, by definition, is one between a tendency striving for discharge and another tendency that tries to prevent this discharge" (p.129). Psychoanalytic theory postulates that when forbidden impulses - forbidden because of internalized standards - press for expression, super ego anxiety and/or guilt are mobilized, and serve as the motive for calling forth defensive operations; these operations serve to bind or ward off further anxiety which would be experienced as beyond the ego's capacity to master. Repression is one such defense against overwhelming anxiety. Repression, commonly used in conjunction with other defensive maneuvers, refers to the withholding or expulsion of an idea or affect from conscious awareness (Freud, A., 1946). It is believed to be an outgrowth of the primitive defense of denial. Fenichel (1945) states that "persons with specific countercauses frequently avoid certain situations, objects, or activities ... sometimes without being aware of the avoidance, sometimes with full awareness of it" (p.169). Dollard and Miller (1950) state that no human being operates so effectively that all his tendencies are congruent and well integrated. In their conceptualization of conflict, as in psychoanalytic theory, two tendencies are posited in the individual; an approach tendency and an avoidance tendency with respect to a goal.

In this investigation conflict is operationally defined as a discrepancy between an individual's self rating and the mean rating of a group of judges with respect to some specified behavior system. Our conceptualization closely approximates the psychoanalytic formulation. Our operational definition suggests a modified formulation to read "the presence within the individual of a need or impulse which is incompatible with the manner in which he perceives himself." Thus if an individual's self evaluation with respect to a class of behaviors, for example hostility, is discrepant in this respect from that of others who are well acquainted with him, that person is said to be conflicted with reference to hostility. His self percept which, in part, is an accumulation of internalized moral precepts, is incompatible with the recognition of the meaning of behavior said to be hostile.

Given this conceptualization, conflict viewed in terms of an absolute discrepancy between a subject's self evaluation and judge's evaluation of him, and/or in terms of a discrepancy which reaches a specified statistical level. In either case it is possible for the subject to be categorized in one of three ways depending upon his self-rating as compared to the ratings of his colleagues. He could be categorized as having a "plus" conflict, a "minus" conflict, or as being non-conflicted. A "minus" conflict is defined as one in which a given therapist-subject's self rating is lower than the average of the ratings assigned to him by his colleagues. A "plus" conflict is defined as one in which a given subject's self rating is higher than

the average of the ratings assigned to him by his colleagues, and non-conflict is defined as the absence of a discrepancy between the two sets of ratings.

But the psychological meaning of this concept of conflict has to be determined. Previous investigators (Cutler, 1953; Rigler, 1957; Munson, 1960) believe that a minus conflict is indicative of the presence of a need or impulse which is incompatible with the self percept. It seems reasonable to assume that, in a self-evaluation, if the subject has to underemphasize or deny the meaning of certain aspects of his behavior, it is because they are not in accord with the way he must see himself. Awareness of the meaning of these behaviors is forbidden because they are the overt expressions of needs or impulses which are threatening. Thus, he underrates himself with respect to these behaviors. The contradiction is between his self report regarding his behavior and the meaning assigned to it by others. This kind of maneuver sounds like the defense of repression and/or denial.

In the case of the "plus" conflict, where the subject assigns an exaggerated rating to certain classes of his behavior, it seems that he is highly sensitized to, or vigilant regarding, the expression of these behaviors. For example, the subject with a "plus" conflict for hostility assigns a meaning to his behavior which departs markedly from that assigned by his associates. Such a person would seem to be highly sensitized to any expression hostility on his part. Apparently he would have fewer expressions of this impulse available to him. He is forced to

restrict himself from the original impulse. The fact of slight hostility being perceived by the subject as strong hostility seems to be predicated upon anxiety about hostility. By this maneuver the subject seems to be protecting himself from manifesting behaviors that may be objectively judged as strongly hostile. This kind of maneuver sounds like reaction formation. So it seems that "plus" conflicts are also "real" conflicts and not artifacts stemming from the manner in which conflict is operationally defined. At any rate, previous research (Cutler, 1953, 1958; Rigler, 1957; Munson, 1960) suggests that they are genuine conflicts, since their effects upon therapist behavior were the same as that of "minus" conflicts. This suggests that absolute discrepancy (direction of discrepancy not considered) is more crucial than direction of discrepancy in its effect upon therapist behavior.

"Non-conflict" is defined as the absence of an observed discrepancy (or a discrepancy which fails to reach the cut-off-point) between the subject's self-rating and the average of the ratings assigned to him by his associates. It is probably the case that an individual could see himself as others see him and yet not be satisfied with what he sees. Would this be indicative of conflict? The answer to this question would depend upon one's definition of conflict. According to our definition such an individual would not be conflicted. The significant element here is that the individual does not have to distort or deny his behavior. Bandura (1956) apparently had a similar idea in mind when he suggested that the individual who is able to evaluate his behavior objectively (objectivity defined as interobserver agreement) seemingly would possess greater insight into those characteristics in question than the

individual who denies or distorts the meaning of his behavior. For the purposes of this investigation it is of no consequence whether a therapist is considered non-conflicted or as having insight into the personality factor under study. In either case it is expected that he will respond with relatively greater approach than avoidance reactions to client dependency, hostility, and sexual expressions than will the therapist with a "plus" or "minus" conflict with respect to these behaviors.

C. Relevant Research

Cutler (1953, 1958) studied the relationship between specific therapist personality factors and moment to moment interactions of patient and therapist. He first identified areas of conflict, which were operationally defined by discrepancies between the therapist's self ratings and others' ratings of him. He was able to demonstrate that the therapist's recollection of his own and of the patient's behavior during therapy was selectively distorted in accordance with the therapist's conflict areas, when this recollection was compared with the transcript of a tape-recording of the session. The therapist's report of his own as well as of the patient's behavior overemphasized, distorted, or omitted those behaviors which impinged upon the therapist's area of conflict. He demonstrated also that the therapists as a group responded less adequately to patient expressions that impinged upon their conflict areas than they did to patient expressions which were relatively non-conflictual for them. The responses judged to be "ego oriented" were considered less

adequate, while those judged to be "task oriented" were considered more adequate.

Bandura (1956) investigated the relationship between the psychotherapist's competence, his anxiety level, and his self-insight into his anxieties. He attempted to establish that: a) competent psychotherapists are less anxious than those judged to be less competent, and b) competent therapists possess a greater degree of insight into the nature of their anxieties than do less competent therapists. His method was to use rating scales in each of three areas which he defined as being conflictual: dependency, hostility, and sexuality. His group of subjects rated each other; the average rating of a given subject by the group constituted a measure of his level of anxiety for a given area. Insight into anxiety was defined in terms of the relative discrepancy between the therapist's self rating and the mean group rating. Anxiety and insight measures were compared with ratings of therapeutic competence made by therapy supervisors. A significant negative relationship between competence and anxiety was found, but no significant relationship between competence and insight. An important limitation of which Bandura is aware is that he based his measure of what happens in therapy upon supervisors' ratings rather than upon direct study of the therapeutic process itself. Another limitation of which Bandura does not seem to be aware is his use of a global measure of anxiety which is not specific to the events occurring between patient and therapist. For example he did not attempt to relate therapist anxiety to specific patient productions which were known to be conflictual for the therapist.

Rigler (1957) investigated some determinants of therapist behavior, and among other things, postulated that certain therapists would exhibit greater anxiety during periods when dealing with conflict areas than when dealing with non-conflict areas. Conflict was determined by noting the disparity or concordance between ratings on a group of traits, made by the subject himself and by a group of raters acquainted with him. The hypothesized relationship between arousal of therapist anxiety, which was assessed by GSR recordings, and the appearance of therapist conflict areas was not sustained when approach to conflict area was initiated by the therapist; however, when it was the patient who initiated the conflictual material, the relationship was decisively supported. The discrepancy was explained by postulating a differential need or ability to defend against anxiety arousing conflict under the two conditions.

Munson (1960) investigated the relationship between patterns of client resistiveness and counselor responses. The independent variable was therapist conflict with regard to nurturance and acquisitive needs. The dependent variable was therapist response to clients who are oppositional and to those labeled as gratifying to the therapist. Among other things Munson hypothesized that conflicted counselors would be unable to respond to oppositional clients in a manner which would facilitate therapist - client communication, whereas non-conflicted counselors would be able to respond in a facilitating manner. Conflict was determined by the method used by Cutler and Rigler, noted above. The hypothesis with respect to nurturance was supported, but

no significant differential trend in approach to clients was found for conflicted and non-conflicted counselors with regard to acquisitiveness.

Bandura and others (1960) investigated therapist's approach-avoidance reactions to patients' expressions of hostility. They predicted that the degree of therapist anxiety about hostility would differentiate therapists in the extent to which they display approach and avoidance reactions to hostile patient-expressions. It was postulated that therapists with high hostility anxiety would tend to respond to patient hostility expressions with avoidance reactions, whereas therapists with low hostility anxiety would tend to respond with approach reactions. Anxiety level of subjects was determined by colleagues' ratings. "Approach" reactions were defined as "responses designed to elicit further expressions of hostile feelings, attitudes, and behavior." "Avoidance" reactions were defined as "responses designed to inhibit, discourage, or divert the patient's hostile feelings, attitudes, and behavior." Patient hostility was defined as "expressions of dislike, resentment, anger, antagonism, opposition, or critical attitudes." Results indicated that therapists who typically expressed their own hostility in direct forms were likely to permit and encourage patient hostility expressions to a greater extent than therapists who expressed little direct hostility.

Essential to all psychotherapy (approaches) is the necessity of the therapist's helping and understanding, and the theoretical material as well as the research reviewed indicate that

the medium through which this takes place is communication for which the therapist has the major responsibility; and further, the nature of the therapist's communication, or the lack of it, seems to be contingent upon certain forces, feelings, or needs within himself.

D. Defense Preferences and Direction of Conflict

Some investigators believe that direction of conflict is related to particular modes of defense (Cutler, 1953, 1958; Rigler, 1957; Munson, 1960). Fenichel (1945) addresses himself to the question of individual differences in defensive reactions. He points out that neurotic characters react to their experiences more or less rigidly with the same reaction patterns. "They are ... fixated ... to certain mechanisms of defense. Even normal persons who are flexible and able to react adequately show habits in this respect ... The problem of fixation to certain defense mechanisms is but a special case of the more comprehensive problem of the relative constancy of character traits in general" (p.523). Anna Freud (1946) makes a tentative statement regarding the connection between special forms of defense and particular neurotic reactions, as for example, between repression and hysteria, and obsessional neurosis and the defenses of reaction formation, isolation, undoing and regression.

Research on defense mechanisms with non-clinical subjects is informative. Generally the results seem to support the notion that defensive modes for a given individual tend to be

stable, at least within the experimental situation. In the perceptual area, for example, some subjects may react with a lowered threshold for tension producing material, and other subjects respond with a heightened threshold (Carpenter, et.al., 1956; Eriksen, 1952a). In the area of memory some subjects tend to recall tension producing material better than neutral material, while for others the reverse seems to be the case (Carlson, 1954; Eriksen, 1952b). Janis and Feshbach (1955) conducting an investigation into the effectiveness of fear arousing propaganda obtained results somewhat incongruent with those cited above. It was found that a message with strong fear appeal was less effective in producing behavior (verbal recall) in a given direction than was a minimal fear appeal. The subjects as a group presumably adopted similar protective mechanisms. They explain the failure of strong fear appeal by recourse to the concept of defensive reaction, and suggest that the arousal of an excessive amount of emotional tension may stimulate in a subject a defensive reaction that is incompatible with the recall at a later date of the recommendations contained in the strong fear message. This sounds like repression. Goldstein (1959) hypothesized that certain defensive reactions facilitate the acceptance of propaganda, while others interfere with its acceptance. He selected subjects on the basis of their characteristic modes of responding to tension-arousing stimuli. The two modes of responding were labeled "coping" and "avoiding." The results support the hypothesis that a strong fear appeal receives greater acceptance among "copers" as compared to "avoiders", while a minimal fear appeal receives greater acceptance

among "avoiders" than among "copers". But the obtained pattern of acceptance was largely due to the marked differential effectiveness of the two appeals on the "avoider" group, and not as originally predicted, to any differential acceptance by "copers". Eriksen (1951) also differentiates two modes of responding to threat. He labels them "repression" and "sensitization". This study indicated that "repressors" as compared to "sensitizers" had a higher threshold for material related to unacceptable needs. Eriksen (1954) also found that "repressors" tended to recall more completed than incompletd tasks. Gordon (1957, 1959) investigated interpersonal predictions, which were regarded as largely determined by response sets. The problem was to determine how the assumed similarity response set changes as a function of changes in the predicted object, characteristics of the predictors, set to predict, and presence of the predicted object. The sample was composed of an equal number of repressors, sensitizers, and neutrals. It was found that sensitizers assume similarity between self and predicted object less frequently than did repressors.

Altrocchi and others (1960), viewing the common elements in the results of the foregoing studies, derived the following definitions or descriptions of "repressors" (avoiders) and "sensitizers" (copers), with respect to defensive operations utilized in face of threat. They state that "repressors" are those who tend to use avoidance (withdrawal), denial, and repression potential threat and conflict as a primary mode of adapting; and that "sensitizers" are those who tend to be alerted

to potential threat and conflict and tend to respond more readily with manifest anxiety, and to use intellectual and obsessive defenses: reaction formation, regression, undoing, and isolation.

Altrocchi (1961) selected sensitizers and repressors according to the above descriptions and compared their perceptions of themselves with the way in which they assume others perceive them. He found that sensitizers assumed more dissimilarity between description of self and the way others perceive them than did repressors. Repressors were also found to have a more positive self-concept than sensitizers (described themselves as higher on Dominance and Love), and they are a more homogeneous group in self-description. Altrocchi states that many sensitizers see themselves as different from and as less desirable than other people.

Altrocchi's description of repressors and sensitizers in terms of defensive modes seems to bear some relationship to what we have termed direction of conflict. The "plus" conflict seems to be related to the "sensitizer" mode of responding to threat. It will be recalled that a "plus" conflict means that a subject overrates certain aspects of his behavior as compared to average ratings of him in this respect by his colleagues. The "minus" conflict seems to be related to the repressor mode of responding to threat. The "minus" conflict derives from the subject's underrating of himself with respect to certain aspects of his behavior as compared to the average of the ratings assigned to him by his colleagues.

E. Final Statement of Problem

We are now in a position to give a complete statement of the problem. The purpose of this investigation was to examine the relationship between therapists' conflicts with reference to hostility, sexuality, dependency, primary modes of defending against threat, and the nature of their verbal reactions (approach-avoidance) to client initiated expressions which imping upon the conflictual area(s).

II. HYPOTHESES

A. The general hypothesis with respect to therapist conflict and his approach-avoidance reactions was as follows: There is a negative relationship between therapist conflict and the level of therapist approach reactions to client initiated expressions which impinge upon therapist conflict area(s).

From this general hypothesis the following specific hypotheses were derived:

1. There is a negative relationship between therapist hostility conflict and the level of approach to hostility expressions.
2. There is a negative relationship between therapist dependency conflict and the level of approach to dependency expressions.
3. There is a negative relationship between therapist sex conflict and the level of approach to sex expressions.
4. Therapists who are non-conflicted with reference to hostility as compared to conflicted therapists respond to client hostility expressions with relatively greater approach than avoidance reactions.
5. Therapists who are non-conflicted with reference to dependency as compared to conflicted therapists respond to client dependency expressions with relatively greater approach than avoidance reactions.
6. Therapists who are non-conflicted with reference to sexuality as compared to conflicted therapists respond

to client sex expressions with relatively greater approach than avoidance responses.

B. The general hypothesis regarding the relationship between therapist conflict and defense preferences is as follows: Therapists who overrate themselves (in comparison with a group of judges' ratings of them) with respect to the expression of hostility, dependency, and sexuality ("plus" conflict) utilize a particular configuration of defenses to cope with threat; whereas therapists who underrate themselves with respect to the expression of these behaviors ("minus" conflict) cope with threat by utilizing a different configuration of defenses.

1. Therapists determined to have "minus" conflicts receive higher ratings on the use of defenses, said to characterize repressors, than therapists who are determined to have "plus" conflicts.
2. Therapists determined to have "plus" conflicts receive higher ratings on the use of defenses, said to characterize sensitizers, than therapists who are determined to have minus conflicts.
3. Therapists who are non-conflicted receive lower overall ratings on the use of defenses than therapists who are conflicted.

III. THE METHODS OF INVESTIGATION

The independent variable in this design is therapist conflict. The dependent variables are therapist approach-avoidance reactions to client expressions which impinge upon therapist conflict area(s), and therapist primary modes of defending against threat.

A. Subjects

Subjects were 26 individuals from two levels of experience: 17 interns, 1 post doctoral trainee, and 8 practicum students. Criteria defining each level were:

1. Interns - These were advanced graduate students accepted for training in psychotherapy at the MSU Counseling Center, and working there a minimum of twenty hours each week. Each intern had completed all the required courses in psychotherapy offered by either the Department of Psychology or the College of Education. For purposes of this investigation the post doctoral trainee was considered an intern since he did not differ from the other interns on variables thought to be relevant; i.e., with reference to number of hours of personal therapy, number of clients seen in which he was supervised, and total number of clients seen in psychotherapy.
2. Practicum - These were graduate students who had completed first courses in psychotherapy; they saw a small number of clients and were supervised intensively. All

had completed or were currently taking courses in psychopathology and personality theory. All were in the Department of Psychology.

All available interns who engaged in psychotherapy during the Spring and Fall terms of 1962 and the Winter and Spring terms of 1963 were used as subjects. Only those practicum students engaged in psychotherapy during the 1962-63 school year were used as subjects.

Even though the two groups differed with respect to level of therapy experience, it was expected that variability within groups would be relatively small. Since subjects within a given group were of the same general level of training and experience, differences in therapist reactions to emotionally significant material that may be due to differing amounts of experience and training seemingly were controlled for all essential purposes. Information was obtained on variables which could have some influence on the nature of the therapist's verbal reactions, such as experience level, personal psychotherapy, etc. See List of Personal Questions, Appendix A.

Table 1 summarizes the personal information obtained from the subjects. The average number of hours of personal therapy, number of clients seen under supervision, and total number of clients seen in psychotherapy; each differentiates the intern from the practicum group. The sample of therapists included 3 females.

Table 1. Summary of Personal Information on Two Experience Levels

N = 26

	Intern		Practicum	
Personal Therapy				
0 hours	3		1	
1 - 20 hours	3		3	
21 - 100 hours	7		3	
over 100 hours	5		1	
Mean of those with therapy	124.2 (N=15)		67.5 (N=7)	
Standard Deviation	69		22.4	
Median	80		30	
Number of clients seen under supervision	Mean	Median	Mean	Median
	25.1	20	10.2	11.5
Standard Deviation	14.9		5.7	
Total number of clients seen in psychotherapy	27.3	20	10.4	14.0
Standard Deviation	16.9		5.15	
Curriculum	Number		Number	
Clinical	7		8	
Counseling	11		0	
Sex of Therapists	Number		Number	
Male	15		8	
Female	3		0	

B. Therapist Measures

1. Ratings

Ranked measures were obtained for each of the subjects on each of the three variables: hostility, sexuality, and dependency. Each of the variables was defined in terms of description of and inference from observed behavior. The definitions of the variables were as follows:

Hostility

Tendency to attack or belittle contrary points of view, to become angry when opposed, to be critical of others, to ask questions or make statements that puts the other person "on the spot"; to direct sarcastic remarks to others; may seem angry or irritated frequently. In general, tendency to be oppositional, antagonistic, argumentative, derogatory, critical, complaining, or resentful.

Dependency

Tendency frequently to ask for and to accept help, advice, suggestion, and direction from others; eager for approval by others; trusting and eager to please; concern to find out what others think; readiness to follow instructions and to do what is expected; lets others make decision; strong tendency to accept leadership of others; ready agreement with authority figures; tendency to form strong attachments, and to make as many friends as possible.

Sexuality

Frequent participation or readiness to participate in discussions about sex; enjoys telling and listening to jokes involving sex; talks about one's own sexual interests and attitudes given the slightest opportunity; tendency to be seductive and flirtatious either openly or in subtle ways.

2. Rating Procedure

Each subject in a group (intern or practicum) ranked all subjects including himself, with respect to expression of behavior relevant to each of the three variables. A rank of 1 was

to be assigned to the subject judged to express the greatest amount of relevant behavior (hostility, dependency, or sex respectively) of his group, and the bottom rank was assigned to the individual judged to express the least amount of relevant behavior. Each subject was asked to provide three sets of rankings, one for each of the three variables: hostility, dependency, and sexuality.

Each ranking task was separated from the preceding one by an interval of a week. In those instances where limited interaction rendered ranking of an individual or individuals unfeasible, the ranker was asked to omit such individual(s) from the group being ranked. Instructions and materials for the ranking task have been reproduced in Appendix B.

(a) Reliability of ratings.

In accordance with the procedure presented by Guilford (1954), the assigned ranks of the intern group were converted into standard scores, with a mean of 5 and a standard deviation of 2. The standard scores were treated as numerical ratings for purposes of determining reliability of ratings for this group.

Since the raters were free to omit ranking those subjects with whom limited interaction rendered such ranking unfeasible, as expected, the number of ratings a given subject received varied from one to another, and the raters were not the same for all subjects in the sample. However no subject was ranked by fewer than 11 other persons and approximately 72% (or 13 subjects) were ranked by 14 or more raters. Horst (1949)

developed a generalized reliability for such a set of measures. The reliability coefficients for the intern group were .93 for hostility, .94 for sex, and .88 for dependency, with the average reliability for the group being .92.

The ranked measures of the practicum group were not converted to standard scores since the number of subjects was less than 10. However, since the set of ranks was complete, the Kendall coefficient of concordance was applied to provide an estimate of reliability. Reliability coefficients for the practicum group were .70 for dependency, .67 for hostility, and .82 for sex.

3. Evaluation procedure for therapist conflict.

The evaluation method used for this purpose is modeled after that of Bandura (1956), and the rationale for determination of therapist conflict is analogous to that developed by Cutler (1953, 1958).

For the combined group (intern and practicum) the conflict measure was defined in terms of absolute discrepancy between a subject's self rating and the mean rating of the group for that subject (self minus group mean). The subject whose self rating was equal to the mean group rating was considered to be non-conflicted; a self rating which was lower than the group mean was considered "minus" conflict, and a self rating higher than the group mean was considered "plus" conflict.

Since the ranked scores for the intern group could be transformed into standard scores, it was possible to subject them to

statistical procedures for the purpose of defining conflict as a discrepancy of a specified magnitude. A priori it was decided that those areas would be designated as conflictual where the subject's self rating differed from the mean group rating by at least one standard deviation of the mean. When a discrepancy failed to meet this criterion for a given area for a given subject, that area was designated as non-conflictual. Table 2 presents the results of this analysis for the 18 interns, for the three variables: sex, hostility, and dependency.

As noted above, since the number of subjects in the practicum group was less than 10 their ranks were not transformed into standard scores. Thus, the foregoing analysis could not be performed for this group. This presents some difficulty but does not prevent our using the practicum group, since absolute discrepancy also can be utilized as the conflict measure. Table 2 presents the observed discrepancies between subjects' self rating and the mean of the group of evaluators for the practicum sample.

Since one set of rankings only was secured for each of the variables investigated, the reliability measures referred to earlier are indicative of interjudge consistency rather than to stability of the rankings over time. For the same reason we have no measure of the stability of the conflict scores.

Table 2. Subjects Self Rating, Mean Rating of Evaluators and Discrepancy Score for Dependency, Hostility and Sex Expressions

Interns

Subjects (N=18)	Dependency Expression			Hostility Expression			Sex Expression		
	Self Rating	Group Mean	Discre- pancy Score	Self Rating	Group Mean	Discre- pancy Score	Self Rating	Group Mean	Discre- pancy Score
A									
n = 14	7.00	6.50	.50	5.00	2.50	2.50*	3.00	2.87	.13
B									
n = 17	5.00	5.53	-.53	3.00	6.53	-3.53*	4.00	1.82	2.18*
C									
n = 15	6.00	4.40	1.60*	4.00	3.62	.38	6.00	4.47	1.53*
D									
n = 16	4.00	5.50	-1.50*	6.00	6.06	-.06	7.00	5.37	1.63*
E									
n = 14	6.00	4.50	1.50*	4.00	4.40	-.40	7.00	5.53	1.50*
F									
n = 16	2.00	3.00	-1.00	6.00	6.69	-.69	6.00	6.44	-.44
G									
n = 15	5.00	6.27	-1.27*	6.00	5.00	1.00*	6.00	4.27	1.73*
H									
n = 15	5.00	4.40	.60	5.00	4.40	.60	6.00	4.73	1.27*
I									
n = 17	6.00	4.88	1.12	5.00	6.67	-1.67*	4.00	5.94	-1.94*
J									
n = 13	8.00	7.46	.54	4.00	1.69	2.31*	5.00	2.15	2.85*
K									
n = 17	6.00	5.59	.41	6.00	5.76	.24	7.00	6.47	.53
L									
n = 16	2.00	5.31	-3.31*	5.00	4.44	.56	9.00	7.76	1.24*
M									
n = 15	6.00	6.40	-.40	9.00	5.00	4.00*	7.00	4.53	2.47*
N									
n = 12	5.00	4.75	.25	5.00	4.31	.69	7.00	4.27	2.73*
O									
n = 14	5.00	4.93	.07	6.00	3.87	2.13*	6.00	5.85	.15
P									
n = 11	3.00	2.36	.64	7.00	7.58	-.58	5.00	3.82	1.18*
Q									
n = 12	5.00	2.50	2.50*	5.00	5.83	-.83	7.00	5.34	1.66*
R									
n = 11	6.00	5.36	.64	6.00	5.36	.64	8.00	6.14	1.86*

* Indicates conflict state. Subject's self rating differs from mean of evaluators' ratings by one standard deviation or more. Sign of discrepancy score indicates direction of discrepancy.

Table 3. Subjects Self Rating, Mean Rating of Evaluators and Discrepancy Score for Dependency, Hostility and Sex Expressions

Practicum N = 8

Subjects (N=8)	Dependency Expression			Hostility Expression			Sex Expression		
	Self Rating	Group Mean	Discre- pancy Score	Self Rating	Group Mean	Discre- pancy Score	Self Rating	Group Mean	Discre- pancy Score
S	7.00	6.43	.57	6.00	2.86	3.14	4.00	4.86	-.86
T	6.00	3.71	2.29	5.00	5.14	-.14	6.00	4.43	1.57
U	6.00	4.43	1.57	4.00	1.71	2.29	3.00	1.28	1.72
V	6.00	2.28	3.72	3.00	2.00	1.00	4.00	2.57	1.43
W	5.00	6.28	-1.28	6.00	3.57	2.43	7.00	5.86	1.14
X	3.00	2.57	.43	7.00	5.14	-3.14	5.00	2.43	2.57
Y	3.00	3.00	0	7.00	4.14	2.86	4.00	4.28	-.28
Z	5.00	3.43	1.57	6.00	5.86	.14	8.00	6.00	2.00

4. Measures of Client-Therapist Interaction

Focus was upon sessions early in the psychotherapeutic process, i.e., on the interval encompassed by the first through sixth therapy sessions. Where possible two tape recordings were obtained early in this interval (1st through 3rd sessions) and one at the end of the interval (4th through 6th session). However, this was not possible in all cases, and in two instances only one recording could be obtained from each of two interns. One practicum student was unable to provide tapes in time for the coding process and only two recordings were obtained from each of the remainder of the practicum students, one at the beginning of the aforementioned interval and one at the end of the interval. A total of 44 tapes were coded for the intern group and 14 for the practicum group. A list (with identifying information, and therapist approach-avoidance ratios)

can be found in Appendix C.

It was necessary to devise criteria for judging therapist reactions to client productions which were defined as conflictual or non-conflictual for the therapist. Bandura and others (1960) developed a system for coding therapists approach and avoidance reactions to certain patient productions. In their dependency study Winder et.al., (1962) used a coding scheme analogous to that of Bandura. It was decided that Winder's analogue of Bandura's system would be utilized in this investigation. Some minor modifications were made in the scoring system. With reference to "patient's response categories," Winder's definitions of sex and sex anxiety have been replaced by Murray's (1956) definitions. The sub-categories of "non," "factual information," and "acknowledgement" were placed in the miscellaneous subcategory. Only the main categories were scored in this investigation. The coding system is reproduced in full in Appendix D. The primary elements of the system are presented in the following:

1. The Scoring Unit: A unit was an interaction sequence consisting of the beginning patient statement, the therapist's immediate response, and the immediately following patient response.
2. Patient Behavior Categories: Categories scored were dependency, hostility, and sex. Dependency was defined as any expression of approval seeking, information seeking, demand for initiation of activity by the therapist, help seeking, company seeking, and ready agreement with others. Hostility was

defined as any statement that includes description of or expression of unfavorable, critical, sarcastic, depreciatory remarks, opposition antagonism, argument, expression of dislike, resistance, irritation, annoyance, anger; expression of aggression and punitive behavior. Sexuality was defined as statements that include descriptions of or expressions of a sexual nature, seductiveness and flirtation.

3. Therapist Behavior Categories: Categories scored were therapist approach and avoidance reactions. Approach reactions were defined as responses of the therapist intended to elicit from the patient further verbalizations of the topic under discussion. Avoidance responses were defined as reactions by the therapist intended to inhibit, discourage, or divert the patient from further verbalizations about the topic under discussion.

(a) Coding therapist approach and avoidance reactions. Two coders were involved in the coding task; both completed a training period utilizing tapes not included in this investigation. Subsequently from a pool of 58 tapes a sample of 39, used for reliability purposes, was selected by means of a table of random numbers. A random order for coding the tapes was determined for each coder. Each individual coded the sample independently and according to his coding order.

Approach ratios are defined as the sum of frequencies of approach reactions over the sum of frequencies of approach plus the sum of the frequencies of avoidance reactions. Avoidance ratios are defined as the sum of frequencies of avoidance

reactions over the sum of frequencies of avoidance plus the sum of frequencies of approach reactions. Since the focus was on therapist approach and avoidance reactions to client expressions of dependency, hostility, and sexuality, assessment of agreement on the following ratios was deemed crucial: approach and avoidance ratios for each of the three client categories of dependency, hostility, and sex. These ratios were determined for each interview of each subject in the reliability sample by both coders. The two sets of ratios were converted to proportions, and the Pearson Product Moment Correlational Method was applied to the proportions to determine interjudge agreement.

(b) Interjudge agreement coefficients for approach ratios were as follows: .95 for dependency (N=39), .80 for hostility (N=39), and .90 for sex (N=27). When tapes in which it was agreed there was an absence of client sex expressions are included, the agreement coefficient for sex rose to .96.

Reliance upon the coding of one individual (the writer) for the remaining 19 tapes in the writer's sample was considered acceptable in view of the level of agreement in the reliability sample. In later analyses the combined ratios of the two coders were utilized.

5. Measures of Therapist Defense Preferences

Three judges were asked to rank independently the subjects on each of the defense mechanisms said to be preferred by "repressors" and "sensitizers". Repressor defenses were avoidance, denial, and repression. Sensitizer defenses were isolation, reaction formation, undoing, and regression (Altrocchi, 1960, 1961). The

judges were Dr. B. L. Kell, Assistant Director of the MSU Counseling Center for Training, Dr. H. Grater, Assistant Director of the Center for Counseling Services, and Dr. J. Morse, Co-leader of the Psychotherapy Practicum for psychology students. Drs. Kell and Grater rated the intern group, and Drs. Kell and Morse rated the practicum group.

The judges were provided with a list of the subjects to be ranked, a set of 3 by 5 cards - each card containing the name of a subject - and with ranking sheets containing name and definition of defenses on which subjects were to be ranked.¹ They were asked to assign a rank of 1 to the subject judged to use a given defense the most in his group, and to assign the last rank to the subject judged to use that defense the least. This procedure was followed for each of the defenses. The judges were asked to rank the subjects first on "sensitizer" defenses.

(a) Reliability of ratings

Two judges were unable to distinguish, on a behavioral basis, repression on one hand versus avoidance and denial on the other. Thus, for the "repressor" defenses the subjects were ranked only on the defense of repression. Interjudge agreement was determined by applying the rank order technique (ρ). The rank order correlations for the two judges ranking the intern group are presented in Table 4, and those for the two judges ranking the practicum group are to be found in Table 5.

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A list of defenses with their definitions, instructions and materials for the ranking task can be found in Appendix E.

These measures seem to have adequate reliability in so far as interjudge consistency is concerned, but we have no information regarding the stability of the measures over time.

The rankings made by each judge were combined and a new ranking for specific defenses was derived. The combined rankings of each of the five defenses are used as the measures of defense in subsequent analyses.

The combined ranks of each defense were intercorrelated. The results for the intern group are presented in Table 6, and those for the practicum group are shown in Table 7. With reference to the intern group, the percentage of the variance that undoing, isolation, and repression share with each other would seem to indicate that these defense measures are not independent. A similar but weaker trend is observed between the intercorrelated measures of the practicum group. The mean intercorrelation of the defense measures for the intern and practicum samples is .60 ($p < .01$) and .52 ($p > .05$) respectively. This lack of independence between defense measures will be discussed later.

Table 4. Defense Rankings: Interjudge Reliability (N = 18)

Intern Group			
Defense	rho	p	Spearman-Brown Correction
Reaction Formation	.71	< .01	.83
Undoing	.73	< .01	.84
Isolation	.68	< .01	.81
Regression	.77	< .01	.87
Repression	.78	< .01	.88

Table 5. Defense Rankings: Interjudge Reliability (N = 8)

Practicum Group			
Defense	rho	p	Spearman-Brown Correction
Reaction Formation	.81	< .05 > .01	.89
Undoing	.90	< .01	.95
Isolation	.68	< .05 > .01	.81
Regression	.86	< .01	.92
Repression	.88	< .01	.94

Table 6. Matrix of Correlations between Defenses (N = 18)

Intern Group					
	Repression	Reaction Formation	Isolation	Regression	Un- Doing
Repression		.89**	.67**	.09	.54*
Reaction Formation			.82**	.35	.73**
Isolation				.48*	.80**
Regression					.59**

* $p < .05 > .01$ ** $p < .01$

Table 7. Matrix of Correlations between Defenses (N = 8)

Practicum Group					
	Repression	Reaction Formation	Isolation	Regression	Un- Doing
Repression		.80*	.82*	.10	.30
Reaction Formation			.58	.41	.51
Isolation				.35	.54
Regression					.83*

* $p < .05 > .01$

IV. RESULTS

A. Intercorrelations of Measures

The initial step in the data analysis was to intercorrelate the mean of the ratings for each of the three variables: dependency, hostility, and sex expression. This analysis was to determine whether these measures were independent. A separate analysis was performed for the intern and practicum groups respectively since these measures for the two groups were not comparable. These intercorrelations are presented in Table 8. They were found to be small and statistically insignificant. The mean of the intercorrelations for the intern and practicum groups were - .03 and .18 respectively.

Conflict (discrepancy) scores for the three areas were also intercorrelated to determine whether conflict is generalized or primarily specific to a given area. The results of this analysis for both groups are presented in Table 9. None of the correlations for the practicum group proved significant ($p > .05$); a significant negative relationship ($r_s = -.43$, $p < .05$) between discrepancy scores for dependency and hostility was found for the intern group.

The final set of intercorrelations was between the subjects' self rating and the mean of the evaluators' ratings for each of the areas of hostility, dependency, and sex expression. For the intern group the intercorrelations were found to be of moderate size positive and statistically significant. For the practicum group a positive relationship was obtained between self and judge's ratings for sex expression only ($r_s = .76$, $p < .05$). These intercorrelations are presented in Table 10.

Table 8. Intercorrelations of Mean Ratings for Dependency,
Hostility and Sex Expression

	Intern Group N=18			Practicum Group N=8		
	Dependency	Hostility	Sex	Dependency	Hostility	Sex
Dependency		-.34	-.18		.09	-.05
Hostility			.26			.49

Table 9. Intercorrelations of Discrepancy Scores for Dependency,
Hostility and Sex Expressions

	Intern Group N=18 Discrepancy Scores			Practicum Group N=8 Discrepancy Scores		
	Dependency	Hostility	Sex	Dependency	Hostility	Sex
Dependency		-.43*	-.04		-.49	.28
Hostility			.11			-.27

*Significant at the .05 level (one tail)

Table 10. Intercorrelations of Self Rating and Mean of Evaluators Ratings for Dependency, Hostility and Sex Expression

	Intern Group N= 18			Practicum Group N= 8		
	Self Rating			Self Rating		
Evaluator's Mean Rating	Dependency	Hostility	Sex	Dependency	Hostility	Sex
Dependency	.52*			.59		
Hostility		.42*			.21	
Sex			.61*			.76*

*Significant at the .05 level or less.

No correlations were computed between the self rating and the conflict measures, since these measures are not operationally independent. The rank order intercorrelations between the defense measures have already been presented in the preceding chapter.

B. Relationship Between Conflict Measures and Therapists Approach Avoidance Reactions

Rank order correlations between conflict measures and approach ratios to client's dependency, hostility, and sex expressions were computed to test the hypotheses concerning the relationship between therapist conflict and approach-avoidance reaction.

For each interview the number of times the therapist approached or avoided a client's expression, coded for one of the foregoing categories, was determined. The proportion of approach reactions was calculated for each therapist, for each tape recording, with reference to each of the categories of dependency, hostility, and sex. The approach proportions were used to test the hypotheses.

This was considered acceptable since the approach and avoidance proportions are not independent. (If p equals the proportion of approach responses for a given therapist, for a given response category, then the proportion of avoidance responses, in this regard, would equal 1 minus p .) Since predictions were made concerning the direction of the expected relationships, all tests of significance were one-tailed.

The initial step in testing hypothesis A-1, involved calculating the rank correlation between the absolute discrepancy scores (direction of discrepancy not considered) for hostility expression and proportions for total approach hostility; i.e., the approach hostility proportions for all tapes. The resulting correlation coefficient was non-significant ($r = -.05$). The same analysis was performed for dependency and sex discrepancy scores and total approach dependency and sex ratios. The results of this analysis are presented in Table 11. The resulting correlations were $-.24$ for dependency and $-.45$ for sex. The latter correlation is significant at the $.05$ level; the former is in the expected direction but does not reach the criterion of the $.05$ significance level.

Further tests of hypotheses A-1, A-2, and A-3 bear on the relationship between discrepancy scores and approach-avoidance reactions at given temporal points in the therapy session. This analysis classified interviews as early or late. Interviews 1 through 3 were categorized as early and interviews 4 through 6 as late. Then, rank correlations were calculated separately for early and late interviews. The resulting correlations are presented in Table 11. The only correlation reaching the $.05$ level of significance is that for sex conflict and approach sex in late interviews. However, with the exception of hostility conflict and approach

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hostility in late interviews the remaining correlations are in the expected direction.

The foregoing findings were for the combined practicum-intern group. Since the practicum and intern samples represent two experience levels in terms of therapy experience, a separate analysis was done for the intern and practicum groups. Analyses identical to those above were performed between discrepancy scores for hostility, sex, and dependency and total approach ratios for each of these are presented in Table 12 for the intern group. Only the correlation for hostility discrepancy scores and total approach hostility failed to reach the .05 level of significance, however, it was in the expected direction. None of the results for the practicum group were significant.

The interviews were again categorized as early and late and approach ratios correlated with discrepancy scores for the three behavior categories. These correlations are also presented in Table 12. Only the correlation between hostility discrepancy scores and approach hostility for late interviews (4-6) proves to be non-significant. It is also noted that with the exception of hostility, the relationship between conflict scores and approach ratios is stronger in late than in early interviews. For the practicum group only the correlation for sex discrepancy scores and total approach sex was significant at the .05 level ($r = -.74$).

The foregoing analyses are based upon conflict defined as an absolute discrepancy between the subject's self rating and the mean rating of a group of evaluators for some system of behavior. The analyses up to now have implicitly assumed a direct relationship between the magnitude of a discrepancy and the magnitude of approach ratios. This is probably not the case; at least the data of

Table 11. Rank Order Correlations between Absolute Discrepancy Scores (Conflict) for Dependency, Hostility, Sex and Approach Reactions (for Total, Early, and Late Interviews)

Intern and Practicum									
Approach Reactions									
Conflict Measures	Dependency		Hostility		Sex				
	Total	Early	Late	Total	Early	Late	Total	Early	Late
Dependency	-.24	-.24	-.33						
Hostility				-.05	-.30	.12			
Sex							-.45*	-.33	-.50*

* Significant at .05 level

N=25 for total interviews, 22 for early and late interviews, except for sex where N is 20 and 18 for early and late interviews respectively.

Table 12. Rank Order Correlations between Absolute Discrepancy Scores (Conflict) for Dependency, Hostility, Sex and Approach Reactions (for Total, Early, and Late Interviews)

		Intern					
		Approach Reactions					
Conflict Measures		Dependency			Hostility		
		Total	Early	Late	Total	Early	Late
Dependency		-.52*	-.46*	-.59*			
Hostility					-.23	-.58*	.01
Sex						-.43*	-.44*
							-.59*

* Significant at .05 level
 N = 18 for total interviews, 16 for early, 15 for late interviews except for sex where
 N = 17 for total interviews, 15 for early, 12 for late interviews respectively.

this investigation suggest that such a relationship does not hold. We need to observe the relationship between approach-avoidance reactions and discrepancies that are equal to or exceed one standard deviation of the mean of the evaluators' rating. The following analysis does this. The practicum group is not included in this analysis, since their ranked scores could not be transformed into standard scores because of the small number of subjects. Such a transformation was necessary in order to treat the ranks as numerical ratings. Given this transformation we could apply statistical procedures to the ratings so as to determine whether or not a given discrepancy was indicative of conflict. The results of this analysis were presented earlier in Chapter 3 (Table 2).

With reference to hypotheses 4-A, 5-A, and 6-A, the prediction was that non-conflicted therapists as compared to conflicted therapists respond to client expressions, which fall into the categories of sex, hostility, and dependency, with relatively greater approach than avoidance reactions. The conflicted and non-conflicted groups were compared with respect to approach ratios for sex, dependency, and hostility. The difference between the approach ratios for the two groups was tested by the Mann-Whitney U test (Siegal, 1956). The difference between the two groups for total approach dependency resulted in a U of 18 ($p < .05$, one tail). The differences between groups for total approach hostility and sex yielded U of 19 ($p = .05$) and 0 ($p < .01$) respectively. The conflicted and non-conflicted groups were then compared on approach ratios for early (1-3) and late (4-6) interviews, Table 13 presents the results of this analysis. With the exception of approach hostility in late interviews, all differences are statistically significant. Also, excepting hostility, the difference in approach behavior for the two groups

Table 13. Comparison of Approach Reactions of Conflicted and Non-Conflicted Therapists for Total, Early, and Late Interviews

Interns									
Approach Ratios									
	Dependency			Hostility			Sex		
	Total	Early	Late	Total	Early	Late	Total	Early	Late
n ₁	6(c)	5(c)	9	7(c)	6(c)	6(c)	3	2	3
n ₂	12	11	6(c)	11	10	9	14(c)	13(c)	9(c)
R ₁	21	23	94.5	47	30	38	48	27	33
R ₂	143	113	25.5	124	106	81	105	94	45
U	7***	8**	4.5***	19*	9**	17	0***	2*	0***

* Significant at .05 level

** Significant at .025 level

*** Significant at .01 level

Note: All significance tests are one-tailed

n = number of cases in smaller of two independent groups

n₁ = number of cases in larger of two independent groups

R = sum of ranks assigned to group whose sample size is n₁

R = sum of ranks assigned to groups whose sample size is n₂

(c) Indicates the conflicted group

is greater in late than early interviews. This same trend was observed in the correlational analysis above. But in the correlational analysis of total approach and absolute discrepancy scores, only the correlations for dependency and sex were significant, whereas in this analysis, the conflicted and non-conflicted groups differ significantly in approach ratios for each variable of dependency, hostility, and sex. In each of the above instances the approach level of the non-conflicted group is greater than that of the conflicted group.

No hypothesis was advanced which requires the following analysis; however, the relative effect of "plus" and "minus" conflicts on therapist approach-avoidance reactions was analyzed. To accomplish this, separate analyses were done for "plus" and "minus" conflicts; i.e., in one instance only plus conflicts were considered as conflicts and in the other only minus conflicts were considered as conflicts. If both have relatively the same effects on therapist approach-avoidance reactions, then one would expect that when only direction of conflict is considered, the above trend of significant differences between groups would tend to disappear. If there were a stronger relationship between minus conflict and avoidance reactions, then the noted differences should be maintained when significant "minus" discrepancies alone are considered as conflict; and the same would be expected for significant "plus" discrepancies. The results of this analysis for total approach and direction of conflict are presented in Table 14. The significance of differences between groups was tested by the Mann-Whitney U test. Two obtained differences reached the .05 level of significance: "plus" sex conflict and approach sex, and "plus" hostility conflict and approach hostility. When the same analysis was applied to approach ratios

Table 14. Difference Between Total Approach Ratios For Conflicted and Non-Conflicted Therapists ("Minus" and "Plus" Directions Considered Separately)

Interns						
Approach Ratios						
Direction of Conflict	Total Dependency		Total Hostility		Total Sex	
	"Minus"	"Plus"	"Minus"	"Plus"	"Minus"	"Plus"
n ₁	3(c)	3(c)	2(c)	5(c)	1(c)	4
n ₂	15	15	16	13	16	13(c)
R ₁	15	20	20	27	7	55
R ₂	156	151	151	144	146	98
U	8	14	15	12*	5	7*

* Significant at .05 level (two-tailed)

(c) Indicates the conflicted group

for early (1-3) and late (4-6) interviews, one observed difference reached the .05 level; that between "plus" hostility conflict and approach ratios for hostility in early interviews. These findings suggest that, though "plus" and "minus" conflicts generally seem to bear similar relationships to therapist approach-avoidance reactions, there is a tendency (in this investigation) for "plus" conflicts to be more strongly associated with the tendency to avoid client expressions which impinge upon therapist conflict areas.

C. Defense Preferences and Conflict Status.

With reference to hypotheses B-1 and B-2, a single defense score was derived for each subject on the two sets of defenses, one score for the "sensitizer" defenses and one for the "repressor" defenses. This was accomplished by combining the ratings for each subject on the two sets of defenses. Discrepancy scores were correlated with "repressor" defense scores in testing hypothesis B-1; and in testing hypothesis B-2, discrepancy scores were correlated with "sensitizer" defense scores. The rank order correlation technique was utilized. In ranking the discrepancy (conflict) scores, the direction of the discrepancy was taken into consideration. "Minus" discrepancies were given smaller rank values and "plus" discrepancies were assigned larger rank values. This procedure was followed since, in this analysis, we were interested in investigating the relationship between direction of conflict ("plus" or "minus" discrepancy score) and mode of defending against threat. According to the predictions "plus" discrepancy scores should be associated with larger "sensitizer" defense measures; and with smaller "repressor" measures. "Minus" discrepancy scores should be associated with larger "repressor" defense measures, and with

smaller "sensitizer" defense measures. These expectations are based on Altrocchi et.al., (1960) contention that individuals who utilize the "sensitizer" defense mode more readily ascribe negative characteristics to themselves than other people; whereas, "repressors" more readily ascribe to themselves positive characteristics. Table 15 presents the results of this analysis. One apparently significant relationship appeared--that between dependency discrepancy scores and "sensitizer" defense measures. However, the relationship is in the direction opposite to that predicted. According to the prediction "plus" discrepancies should be associated with larger sensitizer measures, and minus discrepancies with smaller sensitizer scores, but inspection of ranks values indicate that large sensitizer measures tended to be associated with large "minus" discrepancies, and in several instances "plus" discrepancies were associated with smaller "sensitizer" scores.

The practicum and intern groups were then separated and the foregoing analysis performed for each group. For the practicum group one of six correlations proved significant, that between dependency discrepancy scores and "sensitizer" defense scores ($r = -.74$, $p < .05$). Again the direction of the relationship was opposite that predicted. (Table 16) For the intern group no significant relationship appeared between discrepancy scores for dependency, sex, hostility and defense measures (Table 17). It appears, therefore, that the practicum groups' measures were responsible for the relationship in the opposite direction.

For the final test of hypotheses B-1 and B-2, only those discrepancies that differed from the mean of the evaluators' ratings by one standard deviation or more were utilized. This analysis involved only the intern group. The subjects with "plus" and

Table 15. Rank Order Correlation of Discrepancy Scores (For Dependency, Hostility and Sex) and Defense Measure (Repressor and Sensitizer).

N = 26			
Defense Measure (Type)	Discrepancy Scores (Directional)		
	Dependency	Hostility	Sex
Repressor	-.11	.07	-.30
Sensitizer	-.34*	.08	-.09

* Significant at .05 level (one tail)

Table 16. Rank Order Correlations of Discrepancy Scores (For Dependency, Hostility and Sex) and Defense Measures (Repressor and Sensitizer).

Practicum N = 8			
Defense Measures (Type)	Discrepancy Scores (Directional)		
	Dependency	Hostility	Sex
Repressor	-.50	-.05	-.24
Sensitizer	-.74*	.52	.43

* Significant at .05 level (one tail)

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Table 17. Rank Order Correlations of Discrepancy Scores (For Dependency, Hostility and Sex) and Defense Measure (Repressor and Sensitizer).

Intern N = 18			
Defense Measures (Type)	Discrepancy Scores (Directional)		
	Dependency	Hostility	Sex
Repressor	.16	.22	.37
Sensitizer	-.13	.24	-.18

"minus" conflicts were compared on "repressor" and "sensitizer" defense measures respectively. The prediction was that the "minus" conflict group would receive higher ratings on the "repressor" defenses, while the "plus" conflict group would receive higher ratings on sensitizer defenses. Significance of the difference between groups was tested by the Mann-Whitney U test. Again none of the differences reached the .05 level of significance. Table 18 presents the results of this analysis.

To test hypothesis B-3, it was necessary to derive a single defense score for each subject. This was done by combining the ratings received by each subject on the five defenses. The initial analysis involved correlating the overall defense measures with absolute discrepancy scores for sex, dependency, and hostility for the combined practicum-intern group. The hypothesis predicts that small discrepancy scores should be associated with the smaller defense scores, and vice versa for large discrepancy scores. Thus the relationship expected would be a positive one. However, no significant relationships appeared between discrepancy scores for

the three areas and overall defense measures for the combined intern-practicum group.

The same analysis was performed for the intern and practicum groups separately. For the practicum group the correlation between hostility discrepancy scores and overall defense measures was .64 ($p = .05$). The relationship between the discrepancy scores for dependency and sex and overall defense measures did not reach the criterion level of significance. Regarding the intern group, the correlation between dependency discrepancy scores and defense measures was not significant ($r = -.22$). The relationship for hostility scores and overall defense measures was in the predicted direction and approached but did not reach the criterion level of significance ($r_s = .36, p < .10 > .05$). The relationship between sex discrepancy scores and overall defense measures was not significant ($r = .13$).

For the final test of hypothesis B-3, only those discrepancy scores (plus and minus) which were statistically significant were utilized as conflict measures. This analysis was done for the intern group only, since our decision rule defining conflict could be applied to their discrepancy scores. The prediction was that the overall defense scores of the conflict group would tend to be larger than those of the non-conflict group. For each area, dependency, hostility, and sex, there was a conflict and a non-conflict group. For each area the two groups were compared on overall defense measures. The significance of the differences between groups were tested by Mann-Whitney U tests. The results of the analysis are presented in Table 19. Only the differences between groups conflicted and non-conflicted with reference to hostility reached the criterion level of significance. Again it is noted that conflict defined

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Table 18. Comparison of Conflict Group ("Plus" and "Minus") on
Repressor and Sensitizer Defense Measures

Intern Group (N = 18)												
Defense Type	Dependency				Hostility				Sex			
	Plus		Minus		Plus		Minus		Plus		Minus	
	n ₁	R ₁	n ₂	R ₂	n ₂	R ₂	n ₁	R ₁	n ₂	R ₂	n ₁	R ₁
Sensitizer	3	8.5	3	12.5	5	20	2	8	13	98	1	7
	U = 3				U = 5				U = 6			
Repressor	3	10	3	11	5	20.5	2	7.5	13	100.5	1	4.5
	U = 2				U = 5.5				U = 4			

Table 19. Comparison of Conflict and Non-Conflict Groups
on Overall Defense Measure

Intern Group (N = 18)											
Dependency				Hostility				Sex			
Conflict	Non-Conflict			Conflict	Non-Conflict			Conflict	Non-Conflict		
n_1	R_1	n_2	R_2	n_1	R_1	n_2	R_2	n_2	R_2	n_1	R_1
6	50.5	12	120.5	7	87.5	11	83.5	14	133	4	38
U = 20.5				U = 17.5*				U = 28			

* Significant at the .05 level (one tail)

n = number of cases in smaller of two independent groups

n₁ = number of cases in larger of two independent groups

R = sum of ranks assigned to groups whose sample size is n₁

R₂ = sum of ranks assigned to group whose sample size is n₂

as a discrepancy which deviates from the group mean by one standard deviation apparently is a more sensitive indicator of conflict than absolute discrepancy.

The nature of both the data and the sample of subjects added considerably to the complexity of the analysis. The result is that the findings are often difficult to remember and to keep clearly differentiated. In an attempt to overcome this problem, a summary statement of the hypotheses and the principle findings is presented in Table 20. In testing each hypothesis the analysis of the data involved several components. Separate analyses were performed for total approach reactions and approach reactions in early and late interviews. Separate analyses were also done for the combined group of subjects, and for each group (intern and practicum) separately.

It will be recalled that the personal data indicated that the intern and practicum groups represent two therapy experience levels, the findings presented in Table 20 indicate that the hypotheses regarding the relationship between conflict and approach to client expressions that impinge on the conflict area essentially were not supported by the data from the practicum group; nor by the data from the combined groups. However, when the same analysis was performed for the intern group alone the hypotheses were supported in a consistent manner. No hypothesis was advanced concerning the relationship between experience level and therapist approach-avoidance reactions. But in view of the foregoing findings, the relationship between experience level and approach reactions was analyzed. To accomplish this the approach ratios of the intern and practicum groups were compared. Comparisons were made for approach ratios

for hostility, dependency and sex. The significance of the differences between groups was tested by the Mann-Whitney U test. The results of this analysis are presented in Table 21. The groups differ significantly with respect to total approach ratios for dependency and hostility. In both instances the intern group's approach level is greater than that of the practicum group. The groups do not differ significantly with respect to approach ratios for sexuality.

Table 20. Qualitative Summary of Hypotheses and Principal Findings

Hypothesis	Findings		
	Combined Practicum Intern Group ¹	Intern Group ²	Practicum Group
Hypothesis A-1	1. N. S.	1. S. for early interviews	1. N. S.
Hypothesis A-2		2. N. S. for total and late interviews	
Hypothesis A-3	1. N. S.	1. S. fully	1. N. S.
	1. S. for total & late interviews	1. S. early & late interviews	1. S. total inter- views
Hypothesis A-4	2. N. S. early inter- views approach (significance)	2. N. S. total inter- views (results ap- proach significance)	2. N. S. early & late interviews
		1. S. total & early interviews	
Hypothesis A-5		2. N. S. late interviews	
Hypothesis A-6		1. S. fully	
Hypothesis B-1	1. N. S.	1. S. fully	
Hypothesis B-2	1. N. S.	1. N. S.	1. N. S.
Hypothesis B-3	1. N. S.	1. N. S.	1. N. S.
		1. S. for hostility conflict & overall defensiveness	1. S. for hostility conflict & over- all defensiveness
		2. N. S. for dependency & sex conflict & overall defensiveness	2. N. S. for sex, dependency con- flict & overall defensiveness

1. N. S. - hypothesis not supported

2. S. - hypothesis supported

Table 21. Comparison of Intern and Practicum Groups on Approach Ratios (For Hostility, Dependency, and Sexuality) for Total Interviews.

Approach Ratios			
	Dependency	Hostility	Sexuality
n_1	7(p)	7(p)	6(p)
n_2	18	18	17
R_1	60.5	58	94
R_2	264.5	267	182
U	32.5*	30**	39

* $p > .05 < .10$ (two tails)

** $p = .05$ (two tails)

(p) Indicates the practicum group

V. DISCUSSION

This study was designed to test two general hypotheses: A) There is a negative relationship between therapist conflict and the level of therapist approach reactions to client initiated responses which impinge upon therapist conflict area(s), and B) Therapists who overrate themselves (in comparison with a group of judges' ratings of them) with respect to the expression of hostility, dependency, and sexuality ("plus" conflict) utilize a particular configuration of defense to cope with threat; whereas therapists who underrate themselves with respect to the expression of these behaviors ("minus" conflict) cope with threat by utilizing a different configuration of defenses.

Subsumed under each general statement are several specific hypotheses; six under A and three under B. In the following discussion hypothesis A in its several components will be discussed first, followed by discussion those of B.

Hypothesis A

Because of the characteristics of both the sample of subjects and data, a thorough test of each hypothesis necessitated several analyses; one for the combined sample (practicum and intern) and total approach ratios¹, an analysis for the combined groups for early and late interviews, and one for the practicum and intern groups separately, since these groups represented two therapy experience levels.

¹Total approach ratio refers to total approach reactions for a given category, for the total number of interviews, for a given subject.

Hypothesis A-1 states that: There is a negative relationship between therapist hostility conflict and approach reactions to client hostility expressions.

This hypothesis was not supported by the data for the combined groups. However, when separate analyses were performed for the two groups, the hypothesis for the intern group was supported for early but not late interviews. The relationship between hostility conflict and approach hostility in early interviews was in the predicted direction, and significant at the .05 level of significance (Table 12). The finding for total approach ratios did not reach the criterion level of significance, though it was in the expected direction. The hypothesis was not supported by the data of the practicum group. (Table 20)

The findings suggest a differential interaction between therapist hostility conflict and approach reactions at different time-points in the therapy interval investigated; the significant relationship, between conflict scores and approach reactions in early interviews, disappears in late interviews. Inspection of the data suggests that therapists with larger discrepancy scores are primarily responsible for this differential interaction. The ranks of those with smaller discrepancy scores remain fairly stable over interviews while the ranks of those with larger discrepancy scores change over interviews, with a resulting trend toward smaller difference scores (larger approach ratios for late interviews). On first thought, one would expect the opposite, since the therapist-patient relationship would provide a context more conducive to eliciting therapist reactions indicative of conflict. Cohen's (1955) review of writings on counter-transference indicates that such reactions are more likely to occur in later than in beginning stages

of therapy. Before any conclusion could be forthcoming from these findings, information regarding the object of client hostility expressions would be necessary. The findings by Bandura and others (1960) suggest that therapists with hostility anxiety react differently to hostility expressions depending upon its object, therapist or other. It does not seem likely, but possibly the object of hostility expressions in interviews, defined as late in this investigation, tended to be other-than-therapist, while those in early interviews tended to be therapist.

Hypothesis A-2 states that: There is a negative relationship between therapist dependency conflict and approach reactions to client dependency expressions.

This hypothesis was not supported by the data for the combined intern-practicum group for total approach ratios, nor did the findings for early and late interviews reach the criterion level of significance, but the relationships were in the expected direction (Table 11). When separate analyses were performed for the intern and practicum groups, the hypothesis was consistently supported by the data for the intern group (Table 12). The hypothesis was not supported by the data for the practicum group (Table 20).

Again the differential interaction between therapist conflict scores and approach reactions for early and late interviews was observed. In this instance the differential reaction is present in both early and late interviews. The relationship between the order of conflict scores and approach reactions is stronger in late than in early interviews. Inspection of the rank scores reveal again that the ranks differences of therapists with small discrepancy scores tend to remain fairly stable from early to late interviews, while those of therapists with large discrepancy scores tend to

increase from early to late interviews. An increase in rank difference is associated with a decrease in approach ratios. This trend is more in keeping with our expectations as outlined above in the discussion of the findings for hostility.

Hypothesis A-3 states that: There is a negative relationship between therapist sex conflict and approach reactions to client sex expressions.

This hypothesis was supported by the data for the combined intern-practicum group for total approach ratios (Table 11). It was also supported by the data for the combined group for late interviews, but not for early interviews, although the latter relationship approached the criterion level of significance ($t = 1.68$, $p > .05 < .10$)². When separate analyses were done for the two groups, the hypothesis was supported for the practicum group for total approach but not for early and late interviews. The results for the intern group for total approach did not reach the criterion level of significance but was in the expected direction. The hypothesis was supported for early and late interviews, and again the relationship between discrepancy (conflict) scores and approach reactions was stronger in late than early interviews (Table 12).

The discussion of the results thus far has been based upon conflict considered as an absolute discrepancy. The following discussion of the findings for the last three hypotheses under A are based upon conflict considered as a discrepancy which deviates from the mean of the evaluators' ratings by one standard deviation or more. As indicated previously only the intern group was involved in this analysis.

²Significance of r_s tested by $t = r_s \sqrt{\frac{N-2}{1-r_s^2}}$, t of 1.714 significant at .05 level (one tailed test).

Hypothesis A-4 states that: Therapists who are non-conflicted with reference to hostility, as compared to conflicted therapists respond to client hostility expressions with relatively greater approach than avoidance reactions.

This hypothesis was supported by the data for both total approach and approach in early interviews, but the hypothesis was not supported by the findings for approach reactions in late interviews (Table 13). These findings are analogous to those discussed with reference to hypothesis A-1.

Hypothesis A-5 states that: Therapists who are non-conflicted with reference to dependency, as compared to conflicted therapists, respond to client dependency expressions with relatively greater approach than avoidance reactions.

This hypothesis was supported by the data consistently. The differences between conflict and non-conflict groups were in the predicted direction, and significant at or beyond the criterion level of significance for total approach and approach reactions in early and late interviews (Table 13). Inspection of the mean of the ranks for the conflict group indicates that it tends to decrease from early to late interviews. With respect to approach ratios in early interviews the mean of the ranks is 6.28, and in late interviews the mean is 5.18. With respect to the non-conflict group, these values are 10.21 and 11.22 for early and late interviews respectively. This finding seems to suggest that not only are the approach proclivities for the two groups different in initial interviews, but also that differences in approach tendencies tends to become greater as therapy progresses over the therapy interval investigated. Table 13 indicates that the difference between the

groups in early interviews is significant at the .05 level, and the difference for late interviews is significant at the .01 level. A corollary implication is that the two groups tended to behave differently, with respect to approach behavior, in late as compared to earlier interviews. **This difference in approach behavior for early and late interviews, with reference to the non-conflict group, does not reach the criterion level of significance but it approaches significance ($U=16$, $p=.10$, two tails).** This difference for the conflict group proves to be statistically significant ($U=8.5$, $p=.02$, two tails). The data indicate that as therapy progressed the conflicted therapists tended to approach the conflictual material less frequently, whereas the non-conflicted therapists tended to approach such material with greater frequency. It should be remembered that these findings pertain only to the therapy interval investigated in this study. Also only two temporal points in the interval were compared. If finer time intervals were determined, the differences noted above might break down.

Hypothesis A-6 states that: Therapists who are non-conflicted with reference to sexuality, as compared to conflicted therapists, respond to client sex expressions with relatively greater approach than avoidance responses.

This hypothesis was also supported in a consistent fashion by the data. Differences between groups were in the predicted direction, and significant at or beyond the criterion level for total approach and approach for early and late interviews (Table 13). Again the trend toward differential approach reactions between groups appeared. For the conflict group the mean of ranks decreased from early to late interviews, while the mean for the non-conflict group tended to increase. However, in this instance

difference in approach reactions over interviews did not reach the criterion level of significance for either group, though the direction of the difference for the two groups were congruent with those observed in discussion of the fifth hypothesis. The implications of the findings in this instance should be analogous to those discussed in conjunction with hypothesis five.

Before proceeding with the discussion of those hypotheses under B, an attempt will be made to extend the preceding discussion, with the goal of providing a general overview of the central trends. In general the data did not support the hypotheses (A-1, A-2, and A-3) when the intern and practicum groups were combined, nor were they supported when separate analyses were performed for the practicum group alone. The single exception was with reference to the relationship between sex conflict scores and total approach sex ratios. For the intern group, the hypothesis concerning the relationship of hostility conflict and approach hostility received the least support, while the hypothesis concerning the relationship of dependency conflict and approach dependency was fully supported. The hypothesis regarding sex conflict and approach reactions was fully supported except in the instance of total approach ratios (Table 20). Thus the relationship between therapist conflict scores and approach reactions was less differentiated for hostility than for sex and dependency. One might inquire as to possible reasons for this. One possible explanation might be that therapist approach reactions to hostility expressions are, in part, a function of the object of the expression. As indicated earlier, Bandura and others (1960) found that when the therapist is the object of the expressed hostility, there is less of a tendency to approach than when the object is other-than-therapist.

It is noted that the magnitudes of the significant correlations are only moderate. This is not surprising since, undoubtedly, factors other than therapist conflict state influence his approach-avoidance reactions. Bandura and others (1960) found that therapists who displayed a high need for approval tended to discourage or avoid patient hostility expression. Winder et.al. (1962) found patient characteristics to be a variable in therapist approach-avoidance reactions to patient dependency expressions. The indication was that certain patients make dependency bids which are deemed unapproachable from the standpoint of usual psychotherapeutic concepts. Rigler (1957) found that if the therapist initiates discussion in a conflictual area, he is less likely to avoid subsequent client expressions in that area. The fact that conflict measures and approach reactions for the group with less therapy experience (practicum) consistently fail to demonstrate the expected relationship, suggests that experience level may be a factor in therapist approach behavior. To check this out, the approach ratios of the intern and practicum groups were compared (Table 21). The two groups were found to differ significantly with respect to total approach to dependency and hostility expression. In both instances the intern group's approach level is greater than that of the practicum group. The difference between groups with respect to total approach ratios for sexuality was not statistically significant. These findings plus the fact that the approach ratios and conflict measures for the practicum group consistently fail to demonstrate the expected relationship seem to suggest that experience is a factor in approach reactions for the categories of expressions investigated. If these findings are reliable, an implication is that with increasing therapy experience, one learns

to select and to respond effectively, assuming that approach reactions are more effective than avoidance reactions. Fiedler (1950b) found that less experienced therapists respond in ways more discrepant from the ideal than more experienced therapists. As Bandura (1960) indicated, a minimal condition for the resolution of a patient's conflicts would seem to be that the patient's conflictive feelings are permitted to occur within the therapy situation. Thus it appears that approach reactions, on the part of the therapist, are more effective responses. In this respect Winder et al. (1962) found that when expressions of dependency and aggression are approached by the therapist, the relative frequency of such expressions is sustained or increase and further, that when such expressions are approached the patient tends to remain in treatment. If, on the other hand, there is little positive or even negative reinforcement, then the patient tends to avoid the treatment situation.

A comparison of the findings of the first three hypotheses, A-1, through A-3, with the second three, A-4 through A-6, gives rise to an interesting observation. In the former instance the relationship between conflict scores and total approach ratios for hostility was not significant, but in the latter instance all differences were significant at or beyond the criterion level of significance (Table 13). With reference to the first three hypotheses, an observed discrepancy was considered indicative of conflict, whereas in the instance of the last three, a discrepancy was required to deviate from the mean group rating by one standard deviation or more before it was considered as indicative of conflict. This seems to indicate that the latter procedure of determining conflict provides the more sensitive measure for testing the hypotheses in this investigation.

An analysis was performed to determine the relative effects of direction of conflict upon therapist approach-avoidance behavior, even though previous research and our interpretation of theory led the writer to assume that "plus" and "minus" conflicts have the same influence or bear the same relationship to therapist approach-avoidance reactions. The findings suggest that though "plus" and "minus" conflicts generally tend to bear a similar relationship to approach-avoidance reactions, there was a tendency for "plus" conflict to be more strongly associated with a tendency to avoid conflictual material (Table 14). Apparently those subjects who were overly sensitive to the expression of certain behaviors, on their part, (exaggerated perception of those behavior expressions in themselves) tended to avoid client expressions in those areas with greater frequency than did those subjects who minimized these behavioral expressions in their self evaluation. This seems to bear some relationship to "perceptual vigilance". The exaggerated self evaluation seemingly would be indicative of undue sensitivity about certain behavioral expressions, and theoretically would be suggestive of anxiety about its expression. This apparent trend is at variance with the findings of previous investigators (Cutler 1953, 1958; Rigler, 1957; Munson, 1960) who found that plus and minus conflicts had the same effect on therapist reactions. This finding has some implication for Bandura's (1956) study of anxiety, insight, and therapeutic competence. The findings revealed no significant relationships between therapist's degree of insight into the nature of their anxieties and ratings of psychotherapeutic competence. The significant factor here is that Bandura defined insight as a "plus" discrepancy and lack of insight as a "minus" discrepancy.

Our findings suggest that "plus" conflict is also indicative of a lack of insight. This may be possible reason he did not find a significant relationship between therapist's insight and ratings of competence. However, because of the small number of cases in each group, this finding must be treated as tentative. Nevertheless it does raise the question of whether direction of conflict is a variable in therapist approach-avoidance reactions.

With the exception of hostility, it was found consistently that conflicted therapists tended to approach conflictual material less frequently as therapy progressed, while the opposite reaction was observed for non-conflicted therapists. With reference to hostility, inspection of ranks do not indicate a clearly defined pattern, but there was a tendency for conflicted therapists to have larger approach ratios in late than early interviews. One is tempted to say that these findings suggest that as therapy progresses non-conflicted therapists assume a more active role, while conflicted therapists assume a less active role over time in the conflictual areas. It should be remembered that when reference is made to "conflicted therapist", it is meant to refer to conflict for a given area. No subject in this investigation was found to be free of conflict for all areas investigated. But given this qualification, the above generalization is not justified. Only sessions relatively early in the therapy process were included in this study. We have no way of knowing whether or not these differential trends are maintained beyond the fifth or sixth interviews. Within the framework of this design it is not possible to know how much of this finding may be a function of the relative inexperience of the therapists, all of whom were still in training.

The general trends of the findings, as far as they relate to the hypotheses are positive for the intern sample, and thus offer some support for the theoretical notions advanced in writings on countertransference (Cohen, 1955; Reich, 1951; Little, 1951; Holt and Luborsky, 1958; Sullivan, 1949; Bordin and Cutler, 1958). They also provide additional support for the findings of previous studies, which take therapist approach-avoidance reactions as the point of focus (Cutler, 1953, 1958; Rigler, 1957; Numson, 1960; Bandura, et al, 1960). The findings in this investigation must be held as tentative because of the small number of cases and the small sample of behavior of each therapist. The nature of the sample, the manner in which subjects were selected, and the small phase of the therapy process investigated severely limits generalization of the findings. Within the confines of these limitations, we can conclude that the findings indicate that if certain classes of expressions are conflictual (anxiety provoking) for the therapist, he is less likely to permit or encourage the patient to express himself in these ways; or when the patient does express tendencies that are conflictual for the therapist, the anxiety elicited tends to motivate the therapist to avoid a continuation of the conflictual expressions, or the therapist tends to respond to the conflictual material in an ego-oriented rather than a task-oriented manner.

Hypothesis B

The hypotheses subsumed under the general formulation B will be discussed at this point. Hypothesis B-1 predicts a negative relationship between direction of conflict and the level of ratings on repressor defense measures. The data for the combined intern-practicum group does not support the hypothesis. None of the

relationships between repressor defense measures and discrepancy scores reached the criterion level of significance; however the relationship between sex discrepancy scores and repressor defense scores is in the predicted direction, and approaches the criterion level ($r_s = .30$, $p < .10 > .05$). The results of this analysis are presented in Table 15. The hypothesis was not supported when a separate analysis was done for the intern and practicum groups (Table 16 and 17).

Hypothesis B-2 predicts a positive relationship between direction of conflict and the level of ratings on sensitizer defense measures. Again the data for the combined inter-practicum group does not support the hypothesis (Table 15). A significant relationship was found between dependency discrepancy scores and sensitizer defense measures, but the relationship was in the direction opposite to that predicted. The hypothesis was not supported when separate analyses were done for the intern and practicum groups (Tables 16 and 17). In fact, for the practicum group a sizable and significant relationship in the opposite direction was found between dependency discrepancy scores and sensitizer defense measures (Table 16). This suggests that the data of the practicum group was primarily responsible for the significant relationship in the opposite direction observed in Table 15. This negative finding presents a problem, which will be discussed later.

The final test of hypotheses B-1 and B-2 involved comparing the ratings of "plus" conflicted and "minus" conflicted therapists on repressor and sensitizer defenses. Only the intern group was used in this analysis, since only their discrepancy scores could be subjected to our decision-rule regarding conflict and non-conflict.

None of the differences between groups for either sensitizer or repressor scores proved to be statistically significant; in fact, none approach the criterion level of significance.

Hypothesis B-3 predicts a positive relationship between discrepancy (conflict) scores and level of ratings on the use of overall defenses (combined repressor and sensitizer defense ratings).

The data for the combined practicum-intern group did not support the hypothesis. When an analysis was performed for the groups separately, the hypothesis was supported by the data of the practicum group for hostility discrepancy scores and overall defense measures, but it was not supported with respect to dependency and sex discrepancy scores and overall defense measures. None of the correlations for the intern group were statistically significant. But when conflicted and non-conflicted subjects were compared the hypothesis was supported with respect to hostility, but not with respect to sex and dependency (Table 19).

We can state that the first two hypotheses under B were not supported by the data. On first blush it appears that on the basis of the evidence we can conclude that there is an absence of a statistically significant relationship between direction of conflict and preference for either a "sensitizer" or "repressor" defense mode. In fact the data suggest that there is a tendency for a given subject to be rather consistent in his use of all five of the defenses used in this study. That is, if he is rated high on the use of one defense he tends to be rated in a similar manner with respect to the others. This finding seems to offer evidence against Altrocchi's (1960, 1961) thesis that given individuals tend to prefer the use of certain defensive modes to defend against threat. But inspection

of Tables 6 and 7 reveal that the "repressor" defense measure (repression) shares a large amount of variance with the "sensitizer" defense measures (reaction formation, isolation and undoing). This lack of independence of the defense measures poses a problem. We have no way of knowing whether the high intercorrelation of the defenses indicate that the subjects tend to be consistent in the extent to which they use these defense or whether the consistency means merely that the raters adopted a common frame of reference in the rating task. In other words are the ratings valid, or do they merely represent interjudge agreement about a common frame of reference? To answer this question an external standard against which the ratings could be compared would be necessary. If the ratings proved to be indicative of the true state of affairs, then the obtained results would seem to provide some evidence against the notion of preferences for given defenses in coping with threat, considering of course the limitations placed upon the generalizability of the findings because of the nature of the sample, and the small number of cases upon which the findings are based. If the correlations merely represented agreement between judges concerning a common frame of reference, the results would offer no evidence against the notion of defensive preferences, and we would simply have a phenomenon akin to the "halo effect". For this reason the meaning of the finding in the opposite direction for the practicum group (Table 16) cannot be determined. In view of the foregoing, we can conclude that the question of whether or not given individuals tend to adopt certain defensive modes when experiencing conflict (anxiety), must be left to future research. This points up the fact that other means of determining therapist defensive tendencies should have been used. However to the writer's knowledge

there is no more objective method of assessing defenses which could have been employed with the sample studied.

Hypothesis 3 received partial support from the data. While therapists who were conflicted with reference to hostility tended to have higher overall defense ratings, no significant differences were found between defense measures of the subjects conflicted and non-conflicted with reference to sex and dependency. The inconsistency of the results presents an interesting problem. The factor pointed out in the foregoing discussion regarding the validity of the ratings has some relevance here. However, the lack of independence of measures would seem to be less crucial in a test of this hypothesis since we are concerned with overall defensive behavior, rather than differential defensive behavior. If the results cannot be attributed to an unreliability factor, then they suggest that degree of defensive behavior bears some relationship to the nature of the conflict which theoretically, gives rise to the defensive activity. Inspection of the data in Table 2 suggests that hostility conflict measures tend to be of greater magnitude than dependency and sex conflict measures. Inspection also indicates that the mean of the ranks of defense scores for those conflicted with reference to hostility tends to be larger than the mean of the ranks for the groups with dependency and sex conflict; 8-4 for the dependency conflict group, 12.5 and 9.5 for the subjects conflicted with reference to hostility and sex respectively (Table 19). Thus it seems that the degree of defensiveness is associated with the magnitude or intensity of the conflict. This accords with what one would expect on the basis of psychoanalytic theory. But why should the conflicts of greater magnitude occur in the area of hostility rather than in the areas of sex and/or dependency?

The writer is aware of no theoretical reason of why this should be. However, one might conjecture that it bears some relationship to the beginning therapist's conception of what he, as a therapist, should be like. Perhaps the hostile impulse is the most difficult to integrate into image of the therapist as a warm, accepting, giving individual. Before becoming overly speculative it should be pointed out that the above observations are only trends, for which significance tests could not be done.

Suggestions for Future Research

The inconclusiveness of the findings regarding the hypothesized relationship between direction of therapists conflicts and defense preferences has been discussed. An adequate test of this hypothesis demands that assessment of therapists' defense proclivities be determined by instruments whose validity can be or has been determined. Future studies which attempt to investigate this relationship should be preceded by, or should include, the development of objective and quantifiable measures of defense suitable for use with psychologically sophisticated subjects. But, had the "sensitizer" and "repressor" defense measures been independent, negative findings for hypotheses B-1 and B-2 would not have been unequivocal evidence against such a relationship. Previous studies with positive findings (Altrocchi, et al., 1960; Altrocchi, 1961) utilized as subjects students from the general college population. Our subjects, no doubt, represent a highly homogeneous group, and it could be that their defensive behavior is not characterized by a clearly defined preference for certain defense modes. If this were the case then their defense measures probably would be correlated regardless of the nature of the measuring instrument used.

Also, it may be that therapists do have defense preferences, but that they form configurations different from those which have been labeled "sensitizer" and "repressor" modes. Future studies in this area utilizing therapists as subjects should explore the relation between other configurations of defense and direction of therapist conflict.

The data suggests that therapists (as a group) with hostility conflicts are more defensive than therapists with dependency and sex conflicts. An implication seems to be that therapists may have more difficulty handling their hostile impulses, i.e., these impulses are recognized in themselves less readily than dependency and sexual impulses. The smallness of the sample size on which this finding is based makes them highly tentative, but the finding does suggest a lead for further exploration.

The differential findings with reference to the relationship between hostility conflict and approach hostility on the one hand, and dependency and sex conflict and approach dependency and sex expression on the other, raises the question of whether approach reactions in the latter two cases are partly a function of the object of the expressions. Bandura (1960) found that when the therapist is the object of hostility expressions there is less of a tendency to approach than when the object is other-than-therapist. Future studies should pick to determine whether this relationship holds for the areas of sex and dependency.

The intern group's approach ratios for hostility and dependency were significantly larger than those of the practicum group. Also the approach-avoidance reactions of subjects in the practicum apparently were independent of their conflict scores. This continuation of findings suggests that experience is a factor in

therapists' approach-avoidance responses. However, the small number of subjects in the practicum group renders tentative these differences between experience levels. Future research with a larger sample of subjects at the lower experience level should offer clarifying evidence.

For the intern group the data indicates consistently that conflicted therapists tend to approach conflictual material less frequently as therapy progresses, whereas the reverse trend was noted for non-conflicted therapists. Does this differential trend extend beyond the therapy interval investigated? An answer to this question would necessitate samples of therapists' approach-avoidance reactions over a broad spectrum of the total therapeutic interaction.

Finally, there was an indication that "plus" conflicts tended to be more strongly associated with avoidance reactions than "minus" conflicts. However, this trend is a weak one. This considered with the fact that the number of subjects in each of the categories of conflict was extremely small, requires that these findings be considered only as suggesting a question for further exploration.

VI. SUMMARY AND CONCLUSION

The purpose of this study was to investigate the relationship between therapist conflict (with respect to hostility, dependency and sexuality) his primary modes of defense, and his approach-avoidance reactions to conflictual expressions initiated by clients. The study was based on theoretical assumptions derived from psychoanalytic theory, as expressed in writings on countertransference reactions, and on recent formulations concerning defense preferences.

Subjects were 26 individuals from two levels of experience: 18 psychotherapy interns, and 8 psychotherapy practicum students.

The subjects were ranked on the following variables: hostility, sex, and dependency expressions. Therapist conflict scores were derived from these measures. Defense measures were derived from rank scores provided by two judges on each of the following defenses: repression, regression, isolation, reaction formation, and undoing.

Therapist approach-avoidance reactions were coded from 54 tape-recordings by means of a system (slightly modified) developed by Winder and Bandura and their associates.

Having operationally defined conflict as a discrepancy between a subject's self-rating and the mean rating of a group of evaluators, it was hypothesized that 1) there is a negative relationship between therapist conflict (for hostility, dependency and sex expressions) and the level of approach to conflictual (hostility, dependency, and sex) expressions, and that 2) non-conflicted therapists, as compared to conflicted therapists, respond to client conflictual expressions with relatively greater

approach than avoidance reactions; it was also hypothesized that 3) therapists with "minus" conflicts receive higher ratings on "repressor" defenses than therapists with "plus" conflicts, and that therapists with "plus" conflicts receive higher ratings on "sensitizer" defenses than therapists with "minus" conflicts; finally, that 4) non-conflicted therapists receive lower overall ratings than conflicted therapists on the use of defenses.

The predictions regarding the relationship between therapist conflict and approach reactions were supported for the intern group. They were not supported for the combined intern-practicum group, nor for the practicum group alone. The intern groups approach level for dependency and hostility was significantly higher than that of the practicum group. These differential findings for the two groups were in terms of the influence of therapy experience on therapist approach-avoidance reactions. These findings are considered highly tentative because of the small number of subjects in the practicum group.

The hypothesis concerning hostility was not supported in a consistent manner. This lack of consistency was discussed in terms of the "object" of the hostility expression. It may be the case that therapists tended to avoid client hostility expressions when they (therapists) were the objects of such expressions.

The predictions concerning the difference in approach reactions between conflicted and non-conflicted therapists were fully supported. It was also found that conflicted therapists tended to approach conflictual material less frequently as therapy progressed (in late as compared to early interviews, with the exception of hostility), while the opposite reaction was observed for

non-conflicted therapists. This was discussed in terms of the increasing intensity of the therapist-client relationship as therapy progresses.

The postulates concerning the relationship between direction of conflict and defense modes were not supported. These findings were considered inconclusive because of the lack of independence between the "repressor" and "sensitizer" defense measures.

The postulate regarding the relationship between therapist conflict status and degree of overall defensiveness was supported for hostility, but not for sex and dependency. A speculative explanation was offered for this lack of consistency. There was an indication that degree of defensiveness is related to the nature and/or magnitude of conflict rather than to its mere presence or absence.

The various trends noted in this investigation raises the following questions which point the way for further research in this area.

1. Are therapist approach-avoidance reactions to conflictual material partly a function of experience, i.e., does the beginning therapist learn what to focus on and how to respond, so as to approach the client production?
2. Does the differential trend in the approach-avoidance reactions of conflicted and non-conflicted therapists extend beyond the phase of therapy investigated?
3. Is direction of conflict a variable in therapist approach-avoidance reactions?
4. Is "object" of clients' dependency and sex expressions a variable in therapist approach-avoidance reactions, as previous studies have shown, with reference to client hostility expressions?

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APPENDIX A

LIST OF PERSONAL QUESTIONS

Name of Respondent:

Date:

1. Nature of training: Counseling_____ Clinical_____
Vocational Counseling_____
2. Theoretical Orientation: Rogerian_____ Eclectic_____
Analytic_____ Vocational Counseling_____ Other_____
3. Personal Psychotherapy: Yes_____ No_____ (If Yes) Orien-
tation of your psychotherapist_____
4. Number of hours of personal psychotherapy_____
5. Number of clients seen in which you were supervised_____
6. Total number of clients seen in psychotherapy_____

APPENDIX B

INSTRUCTIONS FOR RANKING

You have been provided a list of individuals with whom you have had some interaction or have observed interacting with others in varying situations. You have also been provided a sheet containing a term referring to a personality disposition. This disposition has been defined in terms of objective behavior, however, inferences from behavior are also included.

You are being asked to rank these individuals (including yourself) with respect to the degree of expression of certain kinds of behavior. The group itself is to serve as the frame of reference for ranking the individual member.

If limited interaction or acquaintanceship with a particular individual or individuals make it impossible to rank him (them) with respect to the variable in question, he (they) should be omitted, and ranking confined to those individuals with whom you are adequately acquainted.

In considering the individual for ranking, attempt to recall situations in which you have observed him interacting with others e.g., the psychotherapy practicum course, personal adjustment conference, informal social groupings, etc.

NOTE: Your rankings will be treated confidentially.

Date _____

This variable is defined in terms of the disposition to express certain behaviors. It refers to the tendency or readiness of the individual to attack or belittle contrary points of view, to become angry when opposed, to be critical of others, to ask questions or make statements that puts the other person "on the spot", to direct sarcastic remarks to others; may seem angry or irritated frequently. In general, tendency to be oppositional, antagonistic, argumentative, derogatory, critical, complaining or resentful.

PROCEDURE: You have been provided with a list of individuals (including yourself) to be ranked on this variable. A rank of 1 should be assigned to the individual, in the group you judge to express the greatest amount of hostility, and the bottom rank should be assigned to the individual you judge to express the least amount of hostility.

[illegible]

Date _____

This variable is defined in terms of the disposition to express certain kinds of behavior. It refers to the tendency frequently to ask for and to accept help, advice, suggestion and direction from others; eager for the approval of others; trusting and eager to please; concern about disapproval; concern to find out what others think; readiness to follow instructions and to do what is expected; lets others make decisions; strong tendency to accept leadership of others; ready agreement with authority figures; tendency to form strong attachments, and to make as many friends as possible.

PROCEDURE: You have been provided with a list of individuals (including yourself) to be ranked on this variable. A rank of 1 should be assigned to the individual, in the group, you judge to express the greatest amount of dependency, and the bottom rank should be assigned to the individual you judge to express the least amount of dependency.

[illegible]

Date _____

This variable is defined in terms of the disposition to give expression to certain kinds of behavior. The definition, in terms of descriptive behavior, refers participation or readiness to participate in discussions about sex; pleasure in telling and/or listening to jokes involving sex; talks about one's own sexual interests and attitudes given the slightest opportunity; tendency to be seductive and flirtatious either openly or in subtle ways.

PROCEDURE: You have been provided with a list of individuals (including yourself) to be ranked on this variable. A rank of 1 should be assigned to the individual, in the group, you judge to express the greatest amount of sexuality, and the bottom rank should be assigned to the individual you judge to express the least amount of sexuality.

[illegible]

APPENDIX C

Sample of tapes used in investigation

Thera- pist & Tape No.	Inter- view	DEPENDENCY		HOSTILITY		SEXUALITY	
		\bar{X} of 2	Coded by	\bar{X} of 2	Coded by	\bar{X} of 2	Coded by
		Coders	1 Coder	Coders	1 Coder	Coders	1 Coder
		Ap. Av.	Ap. Av.	Ap. Av.	Ap. Av.	Ap. Av.	Ap. Av.
A-68	5	.87 .13		.75 .25		-- --	
B-18	1	.765.235		.50 .50		.48 .52	
41	2	.84 .16		.63 .37		.71 .29	
15	3		.86 .14		.78 .22		.89 .11
C-97	2	.685.315		.81 .19		.41 .59	
180	5	.70 .30		.70		.665	
396	1		.45 .55		.75 .25		.84 .16
D147	1	.82 .18		.875.125		.775.225	
T-39	6	.41 .59		.665.335		-- --	
148	4		.63 .37		.87 .13		.56 .44
E388	6	.44 .56		.695.305		.705.295	
389	2	.605.395		.755.245		.47 .53	
FT55	4	.775.225		.685.315		.845.155	
221	5	.715.285		.905.095		.775.225	
FC	3		.81 .19		.89 .11		.85 .15
G325	4	.555.445		.395.605		0 1.00	
284	3	.705.295		.57 .43		.865.135	
320	5		.55 .45		.56 .44		.37 .63
H232	5	.875.125		.675.325		-- --	
261	2	.84 .16		.65 .35		.44 .56	
I163	1	.73 .27		.725.275		.925.075	
T-37	5	.63 .37		.75 .25		.365.635	
68	3	.87 .13		.88 .12		.25 .75	
JT36	6	.715.285		.785.215		.75 .25	
102	3	.70 .30		.875.125		.765.235	
94	1		.74 .26		.85 .15		.79 .21
K- 5	1	.62 .38		.64 .36		.535.465	
g79	5	.54 .46		.695.305		-- --	
45	3		.67 .33		.64 .36		.33 .67
L372	3	.595.405		.545.455		0 1.00	
379	5	.59 .41		.79 .21		-- --	
318	2		.53 .47		.57 .43		0 1.00
M277-1	3	.46 .54		.825.175		.735.265	
317	5	.88 .12		.89 .11		-- --	
277-2	4		.90 .10		.83 .17		.74 .26
N-93	2	.875.125		.57 .43		-- --	
285	5	.975.025		.50 .50		.815.185	
O-30	2	.77 .23		.83 .17		0 1.00	
40	1	.875.125		.815.185		-- --	
P322	6	.765.235		.90 .10		.69 .31	
373	5	.69 .31		.855.145		.55 .45	
66	1	.62 .38		.56 .44		-- --	
1	3	.77 .23		.75 .25		.37 .63	

Thera- pist & Tape No.	Inter- view	X of 2 Coders	Coded by 1 Coder	X of 2 Coders	Coded by 1 Coder	X of 2 Coders	Coded by 1 Coder
R-35	2	.81 .19		.75 .25		.37 .63	
S263	5	.50 .50		.77 .23		-- ---	
HP1	3		.63 .37		.76 .24		-- --
T-S147	3		.76 .24		.49 .51		.43 .57
S282	5		.70 .30		.47 .53		1.00 .00
U-JS2	5		.70 .30		.64 .36		.69 .31
T47	3		.75 .25		.62 .38		.69 .31
V-Lh	3		.68 .32		.70 .30		.75 .25
6134	6	.335.665		.74 .26		.765.235	
W-250/1	4		.77 .23		.51 .49		.46 .54
250/2	5		.78 .22		.54 .46		.67 .33
X-S352	6		.76 .24		.70 .30		.85 .15
S175	3	.585.415		.73 .27		.85 .15	
Y-227	5		.21 .79		.51 .49		.50 .50
306	3	.57 .43		.62 .38		.39 .61	

APPENDIX D

SCORING MANUEL FOR CONTENT ANALYSIS

I. Scoring Unit.

- A. Definition. The scoring unit is composed of three parts: the client's statement, the therapist's total subsequent response, and the client's immediately following verbalizations. (This last element not only completes the first interaction unit, but also serves as the first element of the next interaction unit.)
1. The term "client statement" means any communication which can be noted from a tape recording, such as a statement, a question.
 2. The term "therapist response" means any communication which can be noted from a tape recording, such as a statement, a question, or a silence of 6 seconds or more.
 3. The term "client response" means any communication which can be noted from a tape recording, such as a statement, a question, or a silence of 9 seconds or more. (Client silences are scorable only if it occurs immediately following a therapist response.)
- B. Examples: (C= client; T= therapist)
- C. I felt humiliated.
T. The way you feel now when an authority figure questions you.
C. I don't know why I should still feel that way.
C. You haven't told me what to do about Paul.
T. (Silence of 7 seconds)
C. I guess I should tell you about my mother-in-law coming to see us.
- C. Interruptions. Statements of one person, either client or therapist, interrupted by the other will be one response if the continuity of the verbalization is not altered by the interruption.

One client response

C. I asked him to help me and...

T. Why did you ask for help?

C. He refused to do anything about it.

If the interruption destroys the continuity of the verbalization, then the interrupted verbalization and the interrupting verbalization become elements of a unit as defined above.

Separate client response

C. I don't understand why he does not help me and...

T. Did you ever ask him to help you?

C. Yes I did, but it did not work on him.

In this instance, since the therapist's interruption broke the continuity of the "client's statement", the interruption becomes the "therapist's response", and the second of the "client's verbalizations" becomes the "client response". This is a unit by the definition adopted above.

II. Client response categories.

- A. Hostility. Hostility statements are those that include description of or expression of unfavorable, critical, sarcastic, depreciatory remarks, anger, opposition, antagonism, argument, expression of dislike, irritation, resistance, annoyance, resentment, any expression of aggression and punitive behavior.

Subcategories

1. Anger. (The client indicates that he feels angry)
 - C. I am just plain mad.
 - C. I couldn't think...I was so mad.
2. Dislike. (The client expresses dislike or describes action which would usually indicate dislike)
 - C. I just don't get interested in them and I would rather be somewhere else.
 - C. I've never felt I liked them and I don't expect I ever will.
3. Resentment. (The client expresses or describes a persistent negative attitude which does or might change into anger on specific occasions)
 - C. They are so smug; I go cold whenever I think about having to listen to their "our dog" and "our son", boy!
 - C. They don't do a thing for me so why should I ever ask them over.
4. Antagonism. (The client expresses or describes antipathy or enmity)
 - C. It's nothing very definite, but we always seem at odds somehow.
 - C. There's always this feeling of being enemies.
5. Opposition. (The client expresses or describes oppositional feelings or behavior)
 - C. If he wants to do one thing I want to do another... and it's lousy.
 - C. My roommate is always against things. She is even against things she wants.
6. Critical attitudes. (The client expresses negative evaluation, describes action which usually imply negative evaluation, or expresses negative feelings in a veiled manner)

C. If I don't think the actors are doing well, I just get up and walk out.

C. He is tied to his mother's apron strings.

C. The lecturer just stands there and talks a mile a minute and nobody can take down what he is saying.

C. You are a psychologist, you should know that.

7. Aggressive action. (The client acts so as to hurt another person either physically or psychologically)

C. He deserves to suffer and I'm making it that way every way I can.

C. I hit him because he is always bragging about how tough he is.

B. Hostility anxiety. Any expression which includes expression of fear, anxiety or guilt about hostility, or statement reflecting difficulty in expressing hostility.

C. I just felt so sad about our argument.

C. I was afraid to hit her.

C. After I hit her I felt lousy.

C. My father was a punitive man; both my brother and I were afraid of him.

C. Dependency. Dependency statements are those that include description or expression of help-seeking behavior or statements seeking approval or demanding initiation, demanding or seeking company, information seeking, description of support, and concern about disapproval as well as the agreement with the therapist's reflection or interpretation.

Subcategories

1. Help seeking. (The client asks for help, reports asking for help, or describes help seeking behavior)

C. I asked him to help me out in this situation.

C. I talked to her about it because she always has good ideas.

2. Approval seeking. (The client requests approval or acceptance, asks if something has the approval of the therapist, reports having done so with others, or reports approval seeking behavior)

C. I hope you will tell me if that is what you want.

C. I asked her if she thought I was doing it right.

3. Company seeking. (The client expresses a wish to be with others, describes making arrangements to be with others, describes efforts to be with others)

C. I get so lonesome here; if I were at home I would have my friends.

C. I go to Kewpee's in the evening...I know other kids will be there.

4. Information seeking. (These are statements in which the client asks for some kind of information from others, or arranges to be the recipient of information primarily because of the relationship involved)

C. I asked her (roommate) to tell me why she never called up later.

C. I came here to find out what my I.Q. is.

5. Seeking for Initiation. (The client asks of the therapist that he start the discussion, select the topic, or take responsibility upon himself)

C. What should I talk about today?

C. I don't know how to start; could you give me a hint?

C. I want you to tell me what to do in these situations.

6. Concern about disapproval. (The client expresses fear of disapproval, expresses unusual sensitivity about disapproval, or describes unusual distress about instances of disapproval)

C. She (roommate) doesn't say anything I can put my finger on, but her tone of voice and the way she looks at me makes me wonder what I'm doing wrong.

C. I get the feeling they don't understand me.

C. I showed her one of my poems and when she read it and didn't say anything I couldn't write any-more.

7. Agreement with others. (These are expressions of agreement or readiness to agree with or to accept a statement by the therapist or another because of the relationship between the client and that other person; includes ready agreement with tentative interpretation by therapist)

C. That is absolutely correct! I never thought of it that way before. (In response to a tentative interpretation by therapist)

C. She (roommate) always hits the nail on the head and I have to agree with her.

- D. Dependency Anxiety. (A statement of dependency anxiety includes expressions of fear, anxiety, or guilt about dependency; or statements reflecting difficulty in expressing dependency)

C. I just felt so bad about asking for help.

C. I feel terrible about not being able to take care of myself.

C. I just can't ask you to do this...don't even want to bring it up.

- E. Sexuality. Sex statements are statements that include descriptions of or expressions of a sexual nature, seductiveness and flirtation, include descriptions of sexual attraction and arousal, sexual activity not mixed with fear or guilt; planning for sexual satisfaction, courtship and dating among unmarried people where the erotic element is present but institutionalized, description of homosexual feelings and other perversions, descriptions of masturbation, and discussion of normal sex education.

C. I talked over my affair with my father.

C. He wanted to have sexual relations with me.

C. I don't see any harm if a girl kisses a boy.

C. I don't know what a woman looks like..her sexual organs.

C. My mother would never talk to me about sex.

C. We would play around, masturbating in condoms.

- F. Sex Anxiety. These are statements that include expressions of fear, anxiety, and guilt about sex; denial of sex drive, negative attitude toward sex, feelings of sexual inadequacy or impotence, and statements reflecting difficulty in expressing sexual interests or in expressing sex.

C. I just felt guilty after going out with her.

C. I was nervous and disjused when my brother would wrestle around with me.

C. When I am with my wife I always imagine a strange girl who is behaving aggressively toward me...always teases but never gives in.

C. I was afraid someone would discover us.

C. I got into bed with him then froze up when he wanted to go further.

C. I want to strive for pure intellect and forget about the animal side.

G. Other Client Responses.

1. Silence. Client fails to respond to therapist response before 9 or more seconds.

2. Acknowledgement. Client response indicating acceptance of therapist request of a generalized nature; includes response to therapist statement which ends with a questioning tone of voice, also when client just says "yes" in response to direct question from therapist.

T. Could you tell me more about that.

C. Yes, of course I will.

3. Non-acceptance. These are statements which that the client is either disagreeing with the therapist or is refusing to accept his reflection or interpretation.

T. You seem to be thinking in the same way as your mother did when you were a child.

C. No, not like her at all.

4. Miscellaneous. These are statements which do not belong to any of the above mentioned categories.

C. My brother is 17.

C. I never knew my father very well.

H. Object Categories. Every client expression falling into one of the major categories (Hostility, Dependency or Sex) is scored for object, i.e., the person toward whom the client is oriented.

1. Therapist. (as object)- client has to specify therapist as object.

C. I don't know how to start; could you give me a hint?

C. I want you to tell me what to do in these situations.

2. Other (Objects). Objects in this category refer to all other persons, including the client himself, e.g., friends, teachers, siblings, parents, etc.

III. Therapist Response Categories.

A. Therapist Approach Responses. The approach responses are those verbalizations by the therapist which are designed to elicit from the client further expressions and elaboration of feelings, attitudes, and behavior with respect to the topic under discussion, when that topic falls into one or more of the following categories: dependency, hostility, or sex. The approach responses are defined by the following subcategories: approval, exploration, reflection, labeling, interpretation, and instigation of discussion in response to client's protracted silence.

1. Approval. (The therapist expresses explicit approval of or agreement with the client's attitudes, feelings, or behavior)

C. Can we just be quiet for a moment?

T. Certainly.

T.

C. I like to be with people.

T. I would not blame you for that.

C. I just blew up and hit her.

T. I don't see how you could have done differently.

2. Exploration (probing). (Therapist remarks and questions that encourage the client to describe or express his feelings, attitudes, or behavior further; asks for further clarification, elaboration, descriptive information; calls for details or examples)

C. How do I feel? I feel (pause) idiotic.

T. What do you mean...you feel idiotic?

C. I cannot understand my behavior mostly.

T. What is it about your behavior that you cannot understand?

3. Reflection. (The therapist repeats or restates the client's verbally expressed feelings, attitudes, or actions)

C. I don't like that at all. I don't. I don't.

T. Your reaction is definite dislike.

C. I wanted her help but could not bring myself to ask.

T. It was impossible to ask her at the time.
4. Labeling. (Therapist labels attitudes, feelings, and behavior)

C. When she said that, I had a cold feeling go all through me.

T. You had a strong reaction to that...maybe fear, or anger, or some other feeling.

C. When I had intercourse with her I nearly threw up.

T. I guess you must have felt pretty disgusted.
5. Support. (The therapist expresses sympathy or understanding of the client's feelings)

C. I hate to ask favors from people.

T. I can understand how difficult it would be for you.

C. I find this very difficult to talk about.

T. I know it is not easy for you to talk about it.
6. Generalization. (Therapist points out to the client that his feelings, attitudes and behavior are common and natural)

C. I don't know why I have to react that way.

T. Under the circumstances, most people would act the way you did.

C. When I first came here I was very lonely and a little afraid.

T. Most students feel this way until they have made new friends.
7. Instigation. (Therapist suggests discussion of dependency, hostility, or sex, or he shifts the

discussion to one of these areas, which may or may not have been expressed by the client earlier in the interview or in some previous interview; the therapist may suggest such topic after a protracted silence by client)

C. I was pretty fatigued when I got home. I went to bed right off the bat but I just tossed and turned. When I woke up in the morning I had this pain in the leg. I went to the doctor and he gave me a shot.

T. Yes, let's get back to that evening, that irritated feeling you had.

8. Interpretations. (Therapist points out patterns or relationships in the client's feelings, attitudes, and behavior; explains why the client does something; suggests casual and antecedent relationships; points out similarity in client's dependency, sexual, or hostile feelings, attitudes, or behavior in different situations or experiences or suggests relationships between present feelings or behavior and past experiences)

C. I am always asking her for things.

T. You depend on her a good deal; you usually have a great deal of concern about not making her angry, and don't want to take the chance of doing anything until you know it meets with her approval, but this is the thing that makes her irritated at you. Seems that you are bringing about the very thing you fear. Is that correct?

9. Factual Information. (Therapist responds to client's explicit or implicit request for information)

C. Who can I see about it?

T. You might start at the housing office.

- B. Therapist Avoidance Responses. These are expressions by the therapist which are designed to inhibit, discourage, or divert the client's dependency, hostility, or sexual expressions. The avoidance responses are defined by the following subcategories: disapproval, ignoring, topical transition, silence, and mislabeling.

Subcategories.

1. Disapproval. (These responses include unfavorable, critical, sarcastic, antagonistic reactions toward the client for having expressed feelings or behaved in dependent, hostile, or sexual manner in the past or present; disapproval of the client's decisions to express dependent, hostile, or sexual feelings or behavior in the future; rejection of the client)

C. So I blew my top and hit her.

T. Just for that you hit her.

C. Why don't you make statements? Make a statement. Don't ask questions.

T. I am the therapist here; you are coming to me for help.

2. Ignoring. (An ignoring response is one in which the therapist responds to the content of the client's response but ignores the hostile, dependent, or sexual affect)

C. I lose my temper over his tardiness.

T. What are the results of his being tardy?

C. I am wasting your time but I am interested in what is important to you. Aren't you proud?

T. It pleases you.

3. Topical Transition. (The therapist changes the discussion from a topic of hostility, dependency, or sexuality to one which is non-hostile, non-dependent, or non-sexual)

C. My mother always annoys me.

T. How old is your mother?

C. I was nervous and disgusted when my brother would wrestle around with me.

T. Your brother was older or younger?

4. Silence. (Therapist makes no response for 6 seconds or more after the client's description or expression of dependency, hostility or sexuality)

C. I just dislike it at home so much at times.

T. (Silence)

C. So I just don't know what to do.

C. She is a big tease.

T. (Silence)

C. Builds up a big reputation by leading guys on but never comes across.

5. Mislabeling. (The therapist mislabels as non-hostile, non-dependent, non-sexual, feelings that are clearly hostile, dependent, or sexual)

C. When are you going to give me the results of those tests?

T. You seem to be almost afraid to find out.

C. I want to strive for pure intellect and forget about the animal side.

T. Intellectual achievement is very important for you. You fear not being able to reach your intellectual goal.

C. Other Therapist Responses.

1. Retraction. (When the therapist takes back his interpretation after the client's negative or positive response to it)

T. Maybe I was wrong in putting it that way. There can be various other explanations.

2. Miscellaneous. (These are the therapist's interventions which do not fall into any of the above categories and also the ones that cannot be deciphered from the tape)

IV. Additional Rules for Coding.

1. Therapist approach responses which are general, are scorable as approach to all major categories scored for the preceding client statement. For example; (T. Tell me about your difficulties.) would be an approach response to dependency, hostility, and sexuality if these categories were scored in the client's preceding verbalization.
2. If the therapist's response focuses on a specific aspect in the client's preceding expression, the response is scored approach for that category but avoidance for any other scored category which is a major client category. For example, if the preceding client expression has been scored for dependency, hostility, and sex and the therapist's response focuses on dependency, the response is scored approach for dependency, but as avoidance for hostility and sex.
3. If T. begins his response with either approach or avoidance but modifies his reaction before concluding the response, the scoring is to be on the basis of the modification which concludes his response.
4. Request by T. for repetition of C. verbalizations is scorable as approach, in the event C's original verbalization falls into any major category (sex, hostility, or dependency).

5. The object of client's expression does not in itself determine whether T's response to that expression is approach or avoidance. The determining factor is whether T's response falls into one of the approach or one of the avoidance subcategories.
6. Hostility, with T. as object, will be scored when voice quality of C. is indicative of irritation or anger, and T. is the object of the content of the expression. Such a C. statement may be scored for more than one category, e.g., for Dependency-Therapist and Hostility-Therapist.
7. Client expressions having an undertone of dependency ("I don't know what to do") are not scorable as dependency unless the dependency is made more specific and the object of the dependency can be determined as Therapist or other.
8. Sometimes the client will finish a sentence or statement for the Therapist. In this instance the whole expression is scored as a client statement.

T. You feel.....	T. Understanding it now....
C. Angry.	C. Will make a difference.
9. Therapist verbalizations of the nature "mmm-hmm", O.K., "I see", etc., which are immediately followed by client change of topic are not to be considered as interruptions. If such a response is given in the instance where it is clear that the particular client expression is concluded it is to be scored.
10. "Mmm-hmm", "hu-uh" of either client or therapist are not scorable as anything in themselves. For example, if a T. responded with "mmm-hmm" and did not elaborate, this verbalization would be scored as silence if T. did not respond further before 6 seconds elapse, or if the client did not continue before 6 seconds had elapsed. Such verbalizations may be scored when their meaning can be determined, as when in response to a question they take on the meaning of "yes" or "no".

APPENDIX E

List of Defenses and Definitions

1. Repression: The exclusion from awareness of ideas, thoughts, and feelings that arouse anxiety and threaten damage to the self image. The user of this defense seems to lack provision for affect discharge, in that certain ideas, feelings and attitudes that would be expected as adequate reactions to reality are missing. In general he broadcasts a persuasive message of "emotional frigidity".
2. Avoidance (Withdrawal): Refers to the tendency to avoid or maintain distance between oneself and any aspect of external or internal reality; also implies any escape reactions which will eventually in the individual's failure to perceive aspects of the external or internal environment which might threaten damage to the self image. An example would be, a subject who consistently attempts to avoid or withdraw from situations in which hostility is likely to arise.
3. Denial: The tendency to deny unpleasant parts of reality and/or painful sensations. The subject who uses this defense might seem to indicate that a particular image does not exist in reality, or if its existence is perceived, the subject reacts as if he does not apprehend its meaning. Will on certain occasions and to some extent seem to attach the focus of a certain personal observation away from the area for which it was intended, to another area.
4. Regression: Refers to the adoption of modes of behavior that seem inappropriate agewise, as if it belongs more properly to a much younger age. Yet this behavior seems peculiar satisfying to the subject and brings him a feeling of security in its performance.

Especially during times of stress the subject seems "childlike" and helpless, and adopts behavior patterns less mature than the behavior patterns they replace.

5. Reaction-formation: A development in which conscious, socialized attitudes serve as their primary function the hindering of expression of unconscious, contrary, and opposite attitudes. Expression of the unconscious attitudes would threaten the integrity of the self-image. An example would be an overt attitude of extreme docility which the judge feels masks unconscious attitudes of hostility. The conscious attitude might give the impression of having a forced or compelling quality; in that the attitude is held in face of circumstances in which one would expect expression of contrary attitudes, e.g., docility rather than hostility in anger provoking situations.

6. Undoing: Refers to a maneuver wherein activities are performed which are opposite to activities performed at some earlier time. Undoing is a kind of negative magic which by means of a motor symbolism would "blow away", as it were, not the consequences of an event (an impression, an experience) but the event itself. Examples: When the subject, after having been overtly aggressive toward another, behaves on the next occasion with excessive courtesy and kindness, without bothering to apologize for his previous behavior; or the subject who has a high need to succeed or perform well, but who consistently seems to spoil his performance before a final stage.

7. Isolation: Involves a separation of the emotional from the cognitive aspects of impulses. It is the emotional significance of the ideational content that is stripped away and stands apart. The user of this defense may remember that he was angry and aggressive in his behavior toward another without perceiving the quality

of the anger itself. Such an individual is able to produce verbal expressions with reference to impulses, but such expressions are not accompanied by the expected feeling tones; he communicates a quality during such verbalizations which might be termed an "emptiness of affect".

INSTRUCTIONS FOR RANKING

You have been provided with a list of individuals to be ranked on the use of several defense mechanisms. To facilitate the ranking task, a set of 3 by 5 cards (each containing the name of one of the persons to be ranked) as well as a set of ranking sheets are provided. Each sheet contains the name and definition of a defense on which the group is to be ranked.

If limited interaction or acquaintanceship with a particular person or persons makes it impossible to rank him (them) with respect to a particular defense, he (they) should be omitted and ranking confined to the remainder of the group.

PROCEDURE: A rank of 1 should be assigned to the individual you judge to use a particular defense (on which you are ranking) the most in his group, and the bottom rank should be assigned to the individual you judge to use that particular defense the least. This procedure should be followed for each of the defenses.

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