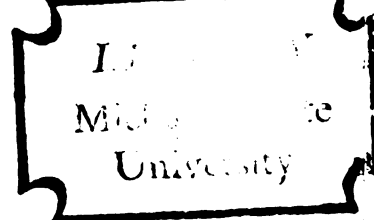


A PRELIMINARY STUDY OF
NURTURANT AND / OR AGGRESSIVE
THERAPISTS' RESPONSIVENESS TO
EXPRESSIONS OF DEPENDENCY AND
HOSTILITY IN THE INITIAL
PHASE OF PSYCHOTHERAPY

Thesis for the Degree of Ph. D.
MICHIGAN STATE UNIVERSITY

John P. Hartzell

1967



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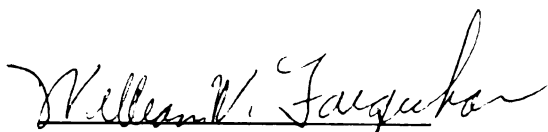
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John Paul Hartzell

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Major professor

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ABSTRACT

A PRELIMINARY STUDY OF NURTURANT AND/OR AGGRESSIVE THERAPISTS' RESPONSIVENESS TO EXPRESSIONS OF DEPENDENCY AND HOSTILITY IN THE INITIAL PHASE OF PSYCHOTHERAPY

by John P. Hartzell

The incipient investigation of therapists' needs has focused almost exclusively upon nurturance and aggression, since many authors feel they relate to central conflict areas of most psychotherapies. Characteristically, this small body of research has treated these therapist variables as conflicted or anxiety laden. Therefore, a preliminary investigation of this crucial sphere of need intervention was designed which would explore the effects of therapists' nurturant and/or aggressive verbal responsiveness to clients' dependent or hostile statements. Attention was also given to the therapists' need behaviors as effected by level of professional experience and sex in conjunction with the sex of their clients.

Four simple correlation hypotheses were tested for association between combinations of therapists' nurturant or aggressive need strengths and therapists' frequency of

approach to clients' dependent or hostile bids. Two additional hypotheses of multiple correlation were tested for relationship between therapists' nurturant with aggressive need strengths and therapists' frequency of approach to each class of client verbal behavior. Tests were also made for increase in precision of predicting which, if not both, of the therapists' variables contributed significantly to the therapists' approach behaviors.

The sample was composed of forty-two therapists, all associated with the Michigan State University Counseling Center during the 1963-1964 academic year. The thirteen, full-time staff members (9 male and 4 female) held Ph.D. degrees. Nineteen interns (15 male and 4 female) were engaged in half-time, two year traineeships at the advanced doctoral level in either clinical or counseling psychology programs. Ten beginning, male practicum therapists were pursuing masters degrees.

Each therapist completed a professional background sheet. Need strength scores for nurturance and aggression were obtained from self-administrations of the Edwards Personal Preference Schedule for the independent therapist variable. The dependent variables were the therapists' approach-avoidance statements to clients' bids for dependency or hostility during fifth interviews of relatively short-term but intensive psychotherapy. Each of the forty-two, one hour taped interviews (a separate client for each

therapist) was entirely analyzed according to the Winder and Bandura modifications of the Edward J. Murray model of content-analysis of verbal interaction. All statistical tests were based upon averages of the judges' global approach percentages.

Neither of the simple correlation hypotheses relating to the therapists' nurturant approach was confirmed. The results for approach to client dependent bids were attributed to what former investigators have described as "training for independence," i.e., prior to fifth interviews therapists characteristically begin to train clients to become more independent by declining to entertain dependent statements in therapies of relatively short duration. In regard to the inversely significant (positive) results obtained for approach to hostile client bids, the entire sample, all males, and especially the practicum group did meet their clients' hostile statements. Ostensibly, the practicum therapists had not begun to consider the difficulties that insue from inappropriate gratification of their own nurturant needs.

The two simple correlation hypotheses relating to the therapists' aggressive approach were likewise not supported. The inversely significant (negative) result for the staff group's approach to client hostility was interpreted as the highly skilled therapists' avoidance of premature, counter-transference initiated responses in anticipation of a more

sensitive handling of client hostility in subsequent interviews. Moreover, the inversely significant (positive) finding for the staff's approach to client dependency indicated that increased experience was also accompanied by a heightened awareness that aggressive needs did not have to intrude upon the therapists' ability to cope with clients' dependency conflicts.

Tests of the first multiple correlation hypothesis yielded a significant result for the practicum group's combined nurturant-aggressive approach to client dependent bids--both needs contributing equally in the test for increase in precision of predicting approach. Apparently these inexperienced therapists, as compared with the staff and intern groups, were not as successful in differentiating and controlling their needs in dealing with dependent clients.

The second multiple correlation hypothesis (regarding approach to hostile bids) was supported by the practicum group. The nurturant variable for the entire staff, all male therapists, and especially for the practicum group contributed significantly in increasing the precision of predicting approach. It appeared that the practicum group's needs were of such magnitude as to provide a need set in their handling of client hostility.

Content analysis of the data yielded several factors. Significant differences appeared between the experience groups for the need to nurture. The profile of group means suggested that the staff therapists had already become comfortable with this need, the practicum trainees were only beginning to entertain the problem, and the interns were intensely involved in working with it. With regard to the need for aggression, the data suggest that this need--while modifiable--was not as dramatically effected by the training milieu and experience with clients as was nurturance. Analysis of the therapists' approach behaviors resulted in significant differences between experience groups in approach to dependency bids--the data indicating that apparently approach to this client need is to a large extent learned. However, the data generated from tests for approach to client hostility appeared to indicate an uneven development in this variable, particularly as the therapists progress up through the training interventions of supervision and personal psychotherapy.

These results were discussed and related back to the theory of the study. Specific recommendations were also offered for further investigation of the variables.

A PRELIMINARY STUDY OF
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TO EXPRESSIONS OF DEPENDENCY AND HOSTILITY
IN THE INITIAL PHASE OF PSYCHOTHERAPY

By
John P. Hartzell

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College of Education

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G 45072
6/28/57

Dedicated to

Sacrifice

and

Endurance...

unwanted companions, both.

PREFACE

While this study and the study completed by David H. Mills* were independently designed, they used essentially the same data. A common use of data was seen as advantageous, because one of the factors studied (the therapists' nurturant needs) was of interest to both investigators.

The authors, therefore, collaborated in the data collection and in the scoring of the fifth interview tapes--both studies employing the same revised system of verbal analysis. Inasmuch as the two investigations made identical demands upon the data at several points, a few of the statistical findings from the earlier study were incorporated into the present investigation.

*D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interview, Unpublished Ph.D. Dissertation, Michigan State University, 1964.

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CHAPTER I

THE PROBLEM

Both theory and folklore are replete with implicit and explicit principles about what occurs in the psychotherapeutic dyad as a consequence of the personal characteristics of each party.¹ Formerly, theoretical interest and process studies have focused upon the client, strongly advising therapists to refrain from expressing their own values, dynamics, needs, and like traits. The logic behind this admonition held that the personality of the client, or, more specifically, his ego is tender and as such can be unwittingly damaged. Thus any personal expression from the therapist, which could not be justified as orthodox technique, was often labeled a crass encroachment upon client dignity and worth.² Recently,

¹E. S. Bordin, "Inside the Therapeutic Hour," in E. A. Rubinstein and M. B. Parloff (eds.), Research in Psychotherapy, American Psychological Association, Washington, D.C., 1959, 135-146; and W. U. Snyder, "Some Investigations of Relationship in Psychotherapy," in E. A. Rubinstein and M. B. Parloff (eds.), Research in Psychotherapy, American Psychological Association, Washington, D.C., 1959, 247-259.

²C. H. Patterson, "The Place of Values in Counseling and Psychotherapy," Journal of Counseling Psychology, 1959, Vol. 5, 9-13.

however, many investigators have become more intent upon analyzing what transpires between client and therapist regardless of the behavior's implications. As a result both theory and research have begun to reflect a growing interest in the therapist's personal characteristics as crucial variables in the counseling and psychotherapeutic relationship.³ However impartial this new attitude may seem, it has not been without its own bias. While many of the therapist's personal traits are now considered important to client growth--e.g., his degree of congruence or empathy--an implicit assumption has developed which implies that his personal needs are not or should not be influential in therapy.

Only a small body of theoretical and research literature acknowledges or encourages empirical study of therapists' needs. Most of these references have appeared since 1961. Of the fifteen needs defined by Edwards,⁴ nurturance and aggression have received almost exclusive attention since many authors feel they are central conflict areas in

³W. U. Snyder, "Some Investigations of Relationship in Psychotherapy," in E. A. Rubinstein and M. B. Parloff (eds.), Research in Psychotherapy, American Psychological Association, Washington, D.C., 1959, 250-253.

⁴A. L. Edwards, Edwards Personal Preference Schedule, Psychological Corporation, New York (Revised, 1959), 11.

most psychotherapies.⁵ Grater, Kell, and Morse have sketched the developmental soil out of which the need to nurture is thought to arise.⁶ They hypothesized that nurturance is the impetus behind the "social service" interest of the counselor. Munson's study also assumed that nurturance is a major factor determining one's choice of a counseling or psychotherapeutic career.⁷ Aside from the largely negative connotations associated with the therapist's aggression in psychoanalytic and client-centered literature, his use of this need has received little theoretical attention.⁸ Five studies are known to have investigated some related aspect of either nurturance or aggression associated with both

⁵N. Cameron and A. Margaret, Behavior Pathology, Houghton Mifflin, Boston, 1951, 43, 253, 559; F. Fromm-Reichmann, "Psychotherapy of Schizophrenia," in C. F. Reed, I. E. Alexander, and S. S. Tomkins (eds.), Psychopathology: A Source Book, Harvard University, Cambridge, 1963, 409; H. P. Laughlin, The Neuroses in Clinical Practice, Saunders, Philadelphia, 1956, 60, 680; and E. J. Murray, "The Content-Analysis Method of Studying Personality," Psychological Monographs, 1956, Vol. 70 (13, Whole No. 420), 1-32.

⁶H. A. Grater, B. L. Kell, and J. Morse, "The Social Service Interest: Roadblock and Road to Creativity," Journal of Counseling Psychology, 1961, Vol. 8, 9-13.

⁷J. E. Munson, Patterns of Client Resistiveness and Counselor Response, Unpublished Ph.D. Dissertation, University of Michigan, 1960.

⁸This point will be discussed in Chapter II, "Theory of the Study."

client and therapist.⁹ However, only one of these studies (Mills, 1964) investigated nurturance as a non-conflicted or non-anxiety laden therapist need, positively associated with client bids for dependency and hostility.¹⁰

Thus, the area of therapists' needs--as viewed as essentially free of neurotic conflict--is virtually unexplored. A preliminary investigation of this reportedly crucial sphere of therapeutic intervention is needed which will (1) isolate and measure the relative strength of the therapist's needs to be nurturant and/or aggressive, and (2) describe his need behavior as he is confronted by client requests that he entertain their needs to be dependent or hostile.

⁹A. Bandura, D. Lipsher, and P. Miller, "Psychotherapists' Approach-Avoidance Reactions to Patients' Expressions of Hostility," Journal of Consulting Psychology, 1960, Vol. 24, 1-8; E. J. Barnes, Psychotherapists' Conflicts, Defense Preferences, and Verbal Reactions to Certain Classes of Client Expressions, Unpublished Ph.D. Dissertation, Michigan State University, 1963; J. J. R. Goldman, The Relation of Certain Therapist Variables to the Handling of Psychotherapeutic Events, Unpublished Ph.D. Dissertation, Stanford University, 1961; H. Lerman, A Study of Some Effects of the Therapist's Personality and Behavior and of the Clients' Reactions in Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963; and D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964.

¹⁰Ibid., 21.

Purpose

As noted above, a void appears in the research literature which suggests the need for a preliminary exploration of the therapist's nonconflicted nurturant and/or aggressive need behavior.

The fundamental question raised is to determine if there are any specific verbal approach behaviors associated with therapists who have been identified as having essentially nurturant and/or aggressive needs. This question may be translated into operational language for the purpose of expressing its intent more clearly. For example, there is a positive relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' dependent bids. One may immediately raise cogent variations of this model by manipulating several dynamically probable combinations of therapist-client need interaction (of nurturant-dependent with aggressive-hostile). However, in spite of the various hypothetical forms that can be assigned to this model, the basic question it raises remains unchanged. Therefore--in keeping with the opinion of many psychotherapists regarding which needs are thought to be central in most psychotherapies--it is the purpose of this study to investigate therapists' verbalized nurturant and/or aggressive need behavior with regard to:

1. The differential effects, if any, of the intensity of these needs upon the therapist's approach to client expressions of dependent or hostile conflict.
2. The differential effects which the therapist's degree of professional experience may have upon his need behavior with clients, and
3. The differential effects which the sex of the therapist in conjunction with the sex of his client may have upon the therapist's need behavior.

Hypotheses

Research literature suggests that one and perhaps two requisite needs may be identified in the therapist's manifest behavior which, to some extent, are thought to be independent of sex differences.¹¹ While investigators proceed upon the basis that both needs exist in the same therapist,¹² evidence indicates that one is usually experienced

¹¹D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964, 32ff.

¹²E. J. Barnes, Psychotherapists' Conflicts, Defense Preferences, and Verbal Reactions to Certain Classes of Client Expressions, Unpublished Ph.D. Dissertation, Michigan State University, 1963; H. Lerman, A Study of Some Effects of the Therapist's Personality and Behavior and of the Clients' Reactions in Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963; E. J. Murray, "The Content-Analysis Method of Studying Personality," Psychological Monographs, 1956, Vol. 70, 1-32; and C. L. Winder, F. Z. Ahmad, A. Bandura, and L. C. Rau, "Dependency of Patients, Psychotherapists' Responses, and Aspects of Psychotherapy," Journal of Consulting Psychology, 1962, Vol. 26, 129-134.

more strongly and consistently than the other.¹³ Further, insofar as the therapist is quite generally perceived by his client as either an essentially accepting or rejecting person,¹⁴ need-based communication between client and therapist appears tantamount to a mutually satisfying and productive therapeutic relationship. Thus, upon the basis of manifest need preponderance, three groups of therapists are postulated for investigation:

1. Those whose manifest need behavior is essentially nurturant,
2. Those whose manifest need behavior is essentially aggressive, and
3. Those whose manifest need behavior is essentially nurturant and aggressive.

Both needs have been operationally defined by Edwards as:

Nurturance--to help friends when they are in trouble, to assist others less fortunate, to treat others with kindness and sympathy, to forgive others, to do small favors for others, to be generous with others, to sympathize with others who are hurt or sick, to show a great deal of affection toward others, to have others confide in one about personal problems.

Aggression--to attack contrary points of view, to tell others what one thinks about them, to criticize others publicly, to make fun of others, to

¹³D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964.

¹⁴H. H. Strupp, Psychotherapists in Action, Grune & Stratton, New York, 1960, 300-309.

tell others off when disagreeing with them, to get revenge for insults, to become angry, to blame others when things go wrong, to read newspaper accounts of violence.¹⁵

These definitions--based upon statements of EPPS items--will serve to identify the therapist's essential need patterns in his response to client bids (i.e., client expressions which clearly reflect dependent and/or hostile conflict). Using Edward's definitions as an operational baseline from which the therapist's need responsiveness may be hypothesized, the following research hypotheses are proposed for investigation:

- H₁: There is a positive relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' dependent bids.
- H₂: There is a negative relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' hostile bids.
- H₃: There is a positive relationship between therapists' aggressive need strengths and therapists' approach behavior to clients' hostile bids.
- H₄: There is a negative relationship between therapists' aggressive need strengths and therapists' approach behavior to clients' dependent bids.
- H₅: There is a relationship between therapists' nurturant and aggressive need strengths and therapists' approach behavior to clients' dependent bids.
- H₆: There is a relationship between therapists' nurturant and aggressive need strengths and therapists' approach behavior to clients' hostile bids.

These hypotheses may be expressed in a matrix as shown in Figure 1.1 page 9.

¹⁵A. L. Edwards, Edwards Personal Preference Schedule, Psychological Corporation, New York (Revised, 1959), 11. *Italics mine.*

Given Client:	Client A: Dependent		Client B: Hostile	
	Seeking personal-adjustment help, with dependency conflict.		Seeking personal-adjustment help, with hostility conflict.	
By Therapist	H ₁		H ₃	
	The essentially nurturant therapist approaches the client's bids (via approval, generalization, information, reflection, support, etc.) out of his own need to deal with the threat of desertion.		The essentially aggressive therapist approaches the client's bids (via approval, generalization, information, reflection, support, etc.) out of his own need to deal with the threat of frustration.	
Met Needs	H ₄		H ₂	
	The essentially aggressive therapist avoids the client's bids (via disapproval, ignoring, mislabeling, topic transition, etc.) out of his own need to defend against his dependent impulses.		The essentially nurturant therapist avoids the client's bids (via disapproval, ignoring, mislabeling, topic transition, etc.) out of his own need to defend against his hostile impulses.	
Of Needs	H ₅		H ₆	
	The essentially nurturant and aggressive therapist approaches the client's bids for dependency (via approval, generalization, information, reflection, support, etc.) out of his own needs to deal with the threats of desertion and frustration.		The essentially nurturant and aggressive therapist approaches the client's bids for hostility (via approval, generalization, information, reflection, support, etc.) out of his own needs to deal with the threats of desertion and frustration.	

Figure 1.1 A schematic representation of the hypotheses to be tested.

Comparative examination of the hypotheses reveals several generalizations about the therapist's experience of his own needs--in response to his client--in the following ways:

1. His manifest needs cause him to approach similar client bids; e.g., a nurturant therapist will respond favorably to (i.e., approach) a client seeking to be dependent.

Psychodynamically speaking, the above statement assumes that the therapist's nurturant response enables him to reduce the threat of a partial reconstitution of his primary anxiety--desertion--brought about by the client's request, thus meeting the client's need in the process. This rationale is applicable to hypotheses one and three.

2. His manifest needs cause him to avoid complementary client bids; e.g., an aggressive therapist will respond unfavorably to (i.e., avoid) a client seeking to be dependent.

The second statement assumes that the therapist's avoidant response enables him to defend against the threat of his own unacceptable impulses to give and receive tenderness, which have been aroused by the client's request or bid.

This rationale relates to hypotheses two and four.

3. The therapist in whom the needs for nurturance and aggression are experienced as essential need strengths responds favorably to client bids for dependency or for hostility.

While it is understood that the developmental roots of one of these needs--e.g., aggression--may have a predominant history in the therapist's childhood, the revival or development of the other need--viz., nurturance--may take place as

a result of learning, thus enabling him to have access to both needs. This dynamic interpretation relates to hypotheses five and six.

Overview

Chapter II is devoted to the underlying theoretical concepts of the research problem and hypotheses, viz., the concepts of transference, countertransference, positive regard, and needs as dynamics.

Chapter III is comprised of a review of the research related to the therapist and an examination of the specific studies which have contributed directly to this investigation.

In Chapter IV the method of the study is described in terms of the sample, measuring instruments, statistical hypotheses, experimental design and statistical analyses.

Chapter V is devoted to a report of the results of the data analysis and is accompanied by appropriate, tabled summaries of the findings.

In Chapter VI a discussion of the data relevant to each hypothesis is presented. In addition, the general characteristics of the therapist's tape data, EPPS need scores, and behaviors related to experience level and sex are interpreted.

In keeping with the overview, attention is directed to the theoretical concepts of this study in the next chapter.

CHAPTER II

THEORY OF THE STUDY

The psychodynamic assumptions made in the first chapter are based upon several important theoretical concepts which have had a long, related history. The concepts--viz., transference, countertransference, positive regard, and the concept of needs--have directly and tangentially influenced each other's development until, today, their individual utility is impaired by a number of varying interpretations and usages. Such confusion adds to the task of this chapter--that of delineating the influence of these concepts upon the development of the problem being investigated.

Related Aspects of the Problem

Historically, practitioners first focused upon patients' psychopathology exclusively. However other important aspects to the patient's recovery were soon identified. Chief among these is the interaction between patient and therapist, a discovery which is usually attributed to Freud.

Today therapists are equally concerned about what occurs between them and their clients, particularly how

certain clients cause them to respond. Many freely admit a preference for specific types of clients over others, and not with reference to pathological types. They indicate that they have difficulty with certain client needs--which the therapist experiences as demands--whether such needs are clearly stated or not. Classical psychoanalytic literature describes such an involvement as the transference manifestations of both patient and therapist.¹

Transference

In keeping with prevailing opinion, Strupp has observed that:

The dynamics of the therapist-patient relationship are the sine qua non of psychoanalytic psychotherapy, and all major contributions have taken as their point of departure Freud's revolutionary conceptions of transference and countertransference.²

Transference was originally formulated as the focal concept of the psychoanalytic relationship. The concept was defined by Freud as a special form of emotional attachment

¹S. Freud, An Outline of Psychoanalysis (1938), Norton, New York, 1949, 66-70; S. Freud, "Further Recommendations in the Technique of Psycho-analysis: Observations on Transference-love" (1915), in Collected Papers, Vol. II, Hogarth, London, 1953, 377-391; and S. Freud, "Analysis Terminable and Interminable" (1937), in Collected Papers, Vol. V, Hogarth, London, 1953, 320-323, 350-353.

²H. H. Strupp, Psychotherapists in Action, Grune and Stratton, New York, 1960, 290.

which the patient came to develop for his analyst.³ The intensity and ensuing demands of the attachment were thought to take on the characteristics of an artificially acquired neurosis.⁴ This development became the psychological framework in which the patient's emotional conflicts were resolved.

Freud generically categorized the characteristics of this "neurosis" as varying between "the most affectionate devotion [to] and the most obstinate enmity" for the analyst.⁵ Thus, through transference manifestations Freud thought the person of the analyst represented the patient's unconscious, irrational, infantile instinctual conflicts with significant people in his past, particularly his parents. These manifestations were also seen as distorting the patient's present relationships, obviously not excluding his association with the analyst.⁶ Moreover, Freud considered transference

³S. Freud, "Two Encyclopedia Articles: (A) Psychoanalysis" (1922), in Collected Papers, Vol. V, Hogarth, London, 1953, 122.

⁴S. Freud, A General Introduction to Psychoanalysis (1924), Washington Square Press, New York, 1960, 449-453.

⁵S. Freud, "Two Encyclopedia Articles: (A) Psychoanalysis" (1922), in Collected Papers, Vol. V, Hogarth, London, 1953, 122; and S. Freud, An Outline of Psychoanalysis (1938), Norton, New York, 1949, 66-70.

⁶S. Freud, "Fragment of an Analysis of a Case of Hysteria: IV. Postscript" (1905), in Collected Papers, Vol. III, Hogarth, London, 1953, 138f; and S. Freud, An Outline of Psychoanalysis (1938), Norton, New York, 1949, 462-464.

phenomena to be present in varying intensities in every interpersonal relationship.⁷

Further discussion of the Freudian formulation of transference involves mention of infantile instinctual derivatives, their energistic force (libido), and the psychological mechanism involved in their transfer (repetition-compulsion). Revisionary theorists have either wholly rejected or ignored the concept of libido; instead, they have become concerned with the nature of what is transferred as well as with the mechanism involved in its accomplishment.⁸

Wolstein's commentary on the Freudian mechanism of repetition-compulsion typifies this recent change in emphasis:

This deterministic view makes the very possibility of psychoanalytic therapy theoretically dubious; it seems, moreover, to reverse the actualities of the case, since the compulsion to repeat, as we know today . . . acquires new features which must also be treated in their own terms.⁹

If repetition-compulsion in transference is to be handled as an endlessly evolving dynamic, then it follows that the client's transference behaviors are not necessarily the instinctual derivatives of infancy or childhood, as Freud

⁷S. Freud, "The Dynamics of the Transference" (1912), in Collected Papers, Vol. II, Hogarth, London, 1953, 312f.

⁸D. W. Orr, "Transference and Countertransference: A Historical Survey," American Psychoanalysis Association Journal, 1954, Vol. 2, 621-670.

⁹B. Wolstein, Transference, Grune & Stratton, New York, 1954, 37f.

maintained.¹⁰ Wolstein has made this point quite clear in referring to Rado's observation:

. . . that the analysis of transference, as Freud practiced it, tended to infantilize the patient . . . [Freud] was also caught up in the method he evolved; that is, the patient had to be infantilized in order to achieve the hypnotherapeutic goals which Freud accepted as the essential conditions of successful therapy.¹¹

And Wolstein concluded:

If we initially treat him as the adult he is, we do not find him turning to infantile sexual experiences. . . . He does not . . . experience them . . . as the things that matter most; instead he will follow out the various threads of his problems in the various contexts in which they occur.¹²

Today personality development is generally understood as taking place through the complex interaction of interpersonal experiences, as opposed to fluctuations in libidinal energy. Thus the nature of what is transferred and the mechanism involved in its accomplishment is currently conceptualized in terms of learned behavior; i.e., conscious and unconscious generalization from past interpersonal relationships.¹³ Hall and Lindzey have called attention to these changes:

¹⁰Ibid., 153.

¹¹Ibid.

¹²Ibid., 153f.

¹³J. Dollard and N. E. Miller, Personality and Psychotherapy, McGraw-Hill, New York, 1950, 218-220, 261-268.

The concept of the death instincts, but not that of aggression, is either ignored or openly rejected. . . . There is less discussion of such topics as the "instincts and their vicissitudes" or the libido theory and more of how personality traits are acquired . . . as a result of social conditioning.¹⁴

Theorists now view the client's transferred values, attitudes, feelings and needs as by no means wholly the productions of his irrational past. Present reality variables in the client's life are also seen as being much involved, particularly the cultural and personal characteristics of the therapist that serve as stimuli for client fantasies and reactions. Lerman has succinctly distinguished these variables in the following comparative statement:

Each patient is assumed to be likely to exhibit somewhat different transference behaviors with different therapists, the differences, of course, being the result of variables associated with the therapist while the similarities would be more revealing of the patient's psychological life.¹⁵

However, further consideration of the effects of the therapist's traits upon the client requires examination of the less explored area of countertransference.

¹⁴C. S. Hall and G. Lindzey, Theories of Personality, Wiley, New York, 1957, 66.

¹⁵H. Lerman, A Study of Some Effects of the Therapist's Personality and Behavior and of the Client's Reactions in Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963, 5.

Countertransference

In commenting on the difference between transference and countertransference, Wolstein has called attention to the relative nature of these concepts in terms of their theoretical definitions and manifestations in the therapeutic situation. Essentially both processes are defined as personal distortions, the crucial distinction being in the degree of self-awareness and control that the client and therapist has over them. Thus for the therapist who has a considerable wealth of self-knowledge, his countertransference observations may become a rich source of data from which the client may gain insight into his own transference distortions. In emphasizing this point, Wolstein noted that:

The analyst's clarity about his countertransference may enable him to get at important clues about the patient's contribution to the interaction, assuming he has some reliable understanding of what it is about others that evokes this kind of reaction from him.¹⁶

The general tenor of Wolstein's statement--particularly in the contribution of countertransference clues--is in opposition to what Freud thought about the role and feelings of the analyst. However his staunch position regarding these factors was replete with ambivalence. For example, in 1912 he wrote:

¹⁶B. Wolstein, Transference, Grune & Stratton, New York, 1954, 193.

I cannot recommend my colleagues emphatically enough to take as a model in psycho-analytic treatment the surgeon who puts aside all his own feelings, including that of human sympathy, and concentrates his mind on one single purpose, that of performing the operation as skillfully as possible. . . .¹⁷

A few years later (1915) he advocated that the analyst be "bold," self-assertive ". . . in bringing to light all that is hidden" as he directs the treatment through to its proper conclusion.¹⁸ Then in 1937, near the end of his career, Freud referred to the analyst as a "model" and "teacher" in noting that:

Amongst the factors which influence the prospects of an analysis . . . , we must reckon not only the structure of the patient's ego but the personal characteristics of the analyst.¹⁹

But this encouraging remark was abruptly dropped in deference to the necessity of a personal analysis for every practitioner. Suffice it to say that these latter two references clash with his metaphor of the cool, detached surgeon.

¹⁷S. Freud, "Recommendations for Physicians on the Psycho-analytic Method of Treatment" (1912), in Collected Papers, Vol. II, Hogarth, London, 1953, 327.

¹⁸S. Freud, "Further Recommendations in the Technique of Psycho-analysis: Observations on Transference-love" (1915), in Collected Papers, Vol. II, Hogarth, London, 1953, 385.

¹⁹S. Freud, "Analysis Terminable and Interminable" (1937), in Collected Papers, Vol. V, Hogarth, London, 1953, 351.

It has been suggested that Freud's intense interest and involvement in the labyrinth of transference manifestations tended to discount the importance of countertransference in his thinking, a concept which followed his discovery of transference by only five years!²⁰ It was at this time that Ferenczi's now classical paper on countertransference appeared²¹ and, thereafter, the topic was pursued with increased interest by others. Nevertheless, in keeping with Freud's early dictum, the young psychoanalytic school was reticent to consider the vast unknown region of the therapist's feelings and needs. Quite to the contrary, countertransference was formulated by Freud to account for the difficulties in the analytic relationship that developed as a result of the analyst's personal characteristics. The expression of such traits was not only seen to interfere with therapeutic progress, but was also considered as direct evidence of the incompleteness of the practitioner's own analysis.²²

²⁰K. Menninger, Theory of Psychoanalytic Technique, Basic Books, New York, 1958, 84.

²¹S. Ferenczi, Further Contributions to the Theory and Technique of Psychoanalysis, Hogarth, London, 1926.

²²S. Freud, "Further Recommendations in the Technique of Psycho-analysis" (1913), in Collected Papers, Vol. II, Hogarth, London, 1953, 352f; and O. Fenichel, The Psychoanalytic Theory of Neurosis, Norton, New York, 1945, 580.

More recently Annie Reich's view, that countertransference is an inevitable feature and necessary prerequisite for successful psychotherapy, stands as a strong indication of the growing interest in the concept.²³ Within the past two and one-half decades the phenomenon has received an increasing amount of attention, and opinion has tended to favor Reich's position.²⁴ However, as is true of most

²³A. Reich, "On Counter-transference," International Journal of Psycho-analysis, 1951, Vol. 32, 25-31; cf., A. Reich, "On Counter-transference," International Journal of Psycho-analysis, 1947, Vol. 28, 1-6.

²⁴A. Balint and M. Balint, "On the Transference and Countertransference," International Journal of Psycho-analysis, 1939, Vol. 20, 223-230; L. Berman, "Countertransferences and Attitudes of the Analyst in the Therapeutic Process," Psychiatry, 1949, Vol. 12, 159-166; D. W. Winnicott, "Hate in Countertransference," International Journal of Psycho-analysis, 1949, Vol. 30, 69-74; P. Heiman, "On Countertransference," International Journal of Psycho-analysis, 1950, Vol. 31, 81-84; M. Little, "Countertransference and the Patient's Response to It," International Journal of Psycho-analysis, 1951, Vol. 32, 32-40; M. Gitelson, "The Emotional Position of the Analyst in the Psychoanalytic Situation," International Journal of Psycho-analysis, 1952, Vol. 33, 1-10; T. Benedek, "Dynamics of the Countertransference," Bulletin of Menninger Clinic, 1953, Vol. 17, 201-208; D. W. Orr, "Transference and Countertransference: A Historical Survey," American Psychoanalysis Association Journal, 1954, Vol. 2, 621-670; R. A. Spitz, "Countertransference: Comments on Its Varying Role in the Analytic Situation," Journal of American Psychoanalytic Association, 1956, Vol. 4, 256-265; T. S. Szasz, "On the Experiences of the Analyst in the Psychoanalytic Situation: A Contribution to the Theory of Psychoanalytic Treatment," Journal of American Psychoanalytic Association, 1956, Vol. 4, 197-223; L. E. Tower, "Countertransference," Journal of American Psychoanalytic Association, 1956, Vol. 4, 224-255; and H. Racker, "The Meanings and Uses of Countertransference," Psychoanalytic Quarterly, 1957, Vol. 26, 303-357.

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psychoanalytic concepts, many conflicting definitions of countertransference have been advanced. While the majority emphasize the therapist's needs and motives and their impingement upon his perception and handling of clients, disagreement has been expressed over other aspects. Sharp's definition includes both conscious and unconscious factors.²⁵ On the other hand Menninger considers only those manifestations which "may be conscious although the intrapsychic conditions resulting in its [countertransference] appearance are unconscious."²⁶ This latter view is more in keeping with Reich's statement of the concept, the position which has been selected as the standard psychoanalytic definition by such widely used reference works as that of Hinsie and Campbell.²⁷

Within the last few years, however, leading theorists and practitioners have given serious consideration to the important functional distinctions which are implied by the concept. Operationally, all studies which deal with the

²⁵E. F. Sharpe, "The Psycho-analyst," International Journal of Psycho-analysis, 1947, Vol. 28, 1-6.

²⁶K. Menninger, Theory of Psychoanalytic Technique, Basic Books, New York, 1958, 88.

²⁷L. E. Hinsie and R. J. Campbell, Psychiatric Dictionary, Oxford, New York, 1960 (3rd Edition), 164f.

therapist's dynamics in the therapeutic relationship fall under the rubric of countertransference. After a comprehensive review of the literature, Cohen observed that most analysts feel that countertransference manifestations include conscious or unconscious reactions which are stimulated by real or fantasied attributes of the patient. These reactions can contain positive and/or negative feelings about the analysand.²⁸ Orr, in differentiating transference from countertransference, has called attention to two functional features of countertransference which were implied in the early literature of those who questioned Freud: (1) the distinction between the analyst's reality oriented reactions to patient transference behaviors, and (2) his own unresolved neurotic behavior resulting from his transference to the patient.²⁹

Apparently Freud's self-imposed dictum that the therapist must keep himself as near normal as possible³⁰ is, as it should be, ever with us. While contemporary counselors

²⁸M. B. Cohen, "Countertransference and Anxiety," in C. Thompson, M. Mazer, and E. Witerberg (eds.), An Outline of Psychoanalysis, Random House, New York, 1955, 539-561.

²⁹D. W. Orr, "Transference and Countertransference: A Historical Survey," American Psychoanalysis Association Journal, 1954, Vol. 2, 621-670.

³⁰S. Freud, "Recommendations for Physicians on the Psycho-analytic Method of Treatment" (1912), in Collected Papers, Vol. II, Hogarth, London, 1953, 328f.

and therapists are much in agreement with Freud, their position is more therapeutic in its stress of the positive use of countertransference reactions. In other words, to become aware of one's countertransference reactions to the point where these feelings can yield fairly accurate clues about the client's interpersonal distortions (cf., Wolstein), requires a characteristically near normal level of emotional health. Heiman has stated this position with regard to its possible negative effects. He noted that, if the analyst chooses to use his own emotional responses therapeutically, he runs the risk of raising the patient's anxiety if his (the analyst's) feelings are not largely conflict-free.³¹

These promising departures from Freudian countertransference theory seem to have one thing in common with Annie Reich's 1951 position, viz., that the therapist's feelings and needs are essential for successful therapy. Beyond this point, however, many contemporary psychotherapists reject the conservative overtones which her once "radical" view reflected. Few emphasize unconscious elements, the unresolved feelings and needs over which the practitioner is not in control. Such present-day therapists as Franz Alexander have consistently taken an active role with clients

³¹P. Heiman, "On Countertransference," International Journal of Psycho-analysis, 1950, Vol. 31, 81f.

in becoming aware of their own countertransference reactions and in using them positively in the relationship.³² Strupp has cited Alexander's active intervention, which Alexander termed "corrective emotional experience," as a primary stimulus in the current inquiry into the importance of the therapist's personal traits.³³

The theory of corrective emotional experience leads to still another technical conclusion. This concerns the most opaque (in my opinion) area of psychoanalysis, the question of the therapist's influence on the treatment process by the virtue of being what he is: an individual personality, distinct from all other therapists.³⁴

Three years later Alexander became more emphatic:

The full recognition of the countertransference phenomenon should introduce the therapist into the therapeutic equation as an individual person with his own idiosyncratic qualities.³⁵

Today this interest in the positive aspects of countertransference is being stressed and redefined by investigators representing many persuasions of counseling and psychotherapeutic practice. Moreover, important distinctions

³²F. Alexander and T. M. French, Psychoanalytic Therapy, Ronald, New York, 1946, 55-70. For a more recent statement of the author's position, see F. Alexander, The Scope of Psychoanalysis, Basic Books, New York, 1961, 568-586.

³³H. H. Strupp, Psychotherapists in Action, Grune and Stratton, New York, 1960, 294.

³⁴F. Alexander, "Unexplored Areas in Psychoanalytic Theory of Treatment," Behavioral Science, 1958, Vol. 2, 311.

³⁵F. Alexander, The Scope of Psychoanalysis, Basic Books, New York, 1961, 577f.

within this interest promise not to go unexplored. For example, Browning and Peters are representative of those who feel that, likely, only some personality traits facilitate the counseling process.³⁶ Frankl summarized this view in terms of its far-reaching effects:

The most important and unfortunately the least understood situational variable in psychotherapy is the therapist himself. His personality pervades any technique he may use, and because of the patient's dependence on him for help, he may influence the patient through subtle clues. . . .³⁷

Positive Regard

Much like Frankl, Rogers views the client as dependent upon the therapist for help; consequently, he has conceptualized the psychotherapeutic process as a "helping relationship."³⁸ In attempting to redefine and formulate the characteristics of this relationship, he asked:

Can I let myself experience positive attitudes toward this other person--attitudes of warmth, caring, liking, interest, respect? It is not easy. . . . We are afraid that if we let ourselves freely experience these positive feelings toward another we may be trapped by them. They may lead to demands on us. . . .³⁹

³⁶R. Browning and H. Peters, "On the Philosophical Neutrality of Counselors," Educational Theory, 1960, Vol. 10, 142-147.

³⁷V. Frankl, The Doctor and the Soul, Knopf, New York, 1955, 17.

³⁸C. R. Rogers, On Becoming a Person, Houghton Mifflin, Boston, 1961, 39f.

³⁹Ibid., 52.

Rogers has given Standal credit for the initial conceptual development of the above view, which was termed "positive regard."⁴⁰ In his latest formal statement of theory Rogers defined the concept as:

To perceive oneself as receiving positive regard is to experience oneself as making a positive difference in the experiential field of another.⁴¹

Rogers has incorporated this concept into his schema of human development, giving it generic status as a basic human need for love and affection.⁴²

As the awareness of self emerges, the individual develops a need for positive regard. This need is universal in human beings, and in the individual, is pervasive and persistent. Whether it is an inherent or learned need is irrelevant to the theory.⁴³

Several construct distinctions were made within the theory of positive regard as it was examined against therapeutic behaviors. Thus one of the key terms of the theory, viz., "unconditional," was prefixed to positive regard to call attention to the unqualified valuing of the client as

⁴⁰C. R. Rogers, "A Theory of Therapy, Personality, and Interpersonal Relationship, as Developed in the Client-centered Framework," in S. Koch (ed.), Psychology: A Study of a Science, Vol. 3, McGraw-Hill, New York, 1959, 256.

⁴¹Ibid., 208.

⁴²Ibid.

⁴³Ibid., 223.

a unique, whole person. Rogers has defined this distinction as:

. . . to value the person, irrespective of the differential values which one might place on his specific behaviors. A parent "prizes" his child, though he may not value equally all of his behaviors.⁴⁴

Translating this definition into clinical terms, Rogers continued:

It is the fact that he [the therapist] feels and shows an unconditional positive regard toward the experiences of which the client is frightened or ashamed, as well as toward the experiences with which the client is pleased or satisfied, that seems effective in bringing about change.⁴⁵

Thus, unconditional positive regard is to the client-centered therapist what transference and countertransference are to the conservative analyst, the sine qua non of psychotherapy. And much like Freud, Rogers has also been criticized regarding the restrictions which unconditional positive regard places upon the role and personal behavior of the therapist. In this vein Strupp noted that:

⁴⁴C. R. Rogers, "A Theory of Therapy, Personality, and Interpersonal Relationships, as Developed in the Client-centered Framework," in S. Koch (ed.), Psychology: A Study of a Science, Vol. 3, McGraw-Hill, New York, 1959, 208.

⁴⁵Ibid., 208.

The emphasis . . . of entering completely the patient's phenomenologic field . . . neglects the important therapeutic need for realism. The patient must be enabled to . . . experience his feelings and especially his irrational needs and expectations in relation to a realistic model of reality, not an all-loving and all-giving mother image. . . .⁴⁶

Strupp continued with the importance of coping with the patient's hostile demands.

It is evident that a therapist who indiscriminately showers the patient with the gifts of human kindness does not succeed in evoking the patient's retentive and negativistic attitudes, thus depriving himself and his patient of the opportunity of understanding them in all their ramifications.⁴⁷

With tongue-in-cheek Ford and Urban speculate as to which therapist behaviors should be expressed in accordance to the concept of unconditional positive regard:

By this he [Rogers] seems to mean that the therapist should think certain kinds of thoughts, have affectionate feelings toward the patient, and that he should make only some kinds of verbal statements and gestures. This concept covers a great deal of territory.⁴⁸

They conclude:

. . . each time a Rogerian conveys his "understanding" to the patient, he is selective in what he says,

⁴⁶H. H. Strupp, Psychotherapists in Action, Grune & Stratton, New York, 1960, 298n.

⁴⁷Ibid., 300.

⁴⁸D. H. Ford and H. B. Urban, Systems of Psychotherapy, Wiley, New York, 1965, 680.

and this represents an implied judgment that he will try to modify certain responses with certain statements.⁴⁹

Perhaps Hall and Lindzey state the case against unconditional positive regard most succinctly in noting that, in actual practice, unconscious motivation is foreign to Roger's theory. It gives credence only to the conscious (positive) class of client experience.⁵⁰

In spite of this impressive variety of comment against positive regard generally--and against unconditional positive regard specifically--these concepts called attention to the importance of nurturance and dependency at a time when the therapeutic profession was still highly influenced by psychoanalytic orthodoxy. At that time the need to give tenderness and receive affection was still considered largely manifestations of countertransference and transference, i.e., infantile instinctual conflicts to be analyzed away. Commenting on this very point Freud wrote:

There is no love that does not reproduce infantile prototypes. The infantile conditioning factor in it is just what gives it its compulsive character which verges on the pathological.⁵¹

⁴⁹D. H. Ford and H. B. Urban, Systems of Psychotherapy, Wiley, New York, 1965, 681.

⁵⁰C. S. Hall and G. Lindzey, Theories of Personality, Wiley, New York, 1957, 497f.

⁵¹S. Freud, "Further Recommendations in the Technique of Psychoanalysis: Observations on Transference-love" (1915), in Collected Papers, Vol. II, Hogarth, London, 1953, 387.

The above reference to Freud brings this discussion of the concepts which contribute to the understanding of the research problem back to its theoretical baseline.

The Concept of Needs

It may be said that Freud was one of the first major theorists who gave serious consideration to the concept of needs as a psychodynamic or motivational force.

As early as 1915 Freud noted that:

A better term for a stimulus of instinctual origin is a "need"; that which does away with this need is "satisfaction." This can be attained only by a suitable (adequate) alteration of the inner source of stimulation.⁵²

Grossly equating need with instinct, Freud proceeded to define the distinguishing characteristics of an instinct or need as: (1) a stimulus of the mind (having biological counterparts), which (2) appears as a constant force, that (3) "no actions of flight avail against it."⁵³ In the same paper--showing an obvious preference for the term instinct over that of need--he made a distinction between the functions of ego- and sexual-instincts. He noted that the ego-instincts serve to preserve the individual and are in

⁵²S. Freud, "Instincts and Their Vicissitudes" (1915), in Collected Papers, Vol. IV, Hogarth, London, 1953, 62.

⁵³Ibid., 61-63

ascendence over sexual-instincts.⁵⁴ In his last book he further clarified these functional differences in observing that the id's purpose consists in satisfying its innate sexual needs, while:

No such purpose as that of keeping itself alive or of protecting itself from dangers by means of anxiety can be attributed to the id. That is the business of the ego, which is concerned with discovering the most favorable and least perilous method of obtaining satisfaction. . . .⁵⁵

Thus ego-instincts, as contrasted with sexual-instincts, have access to and are influenced by consciousness and reality-testing. Id-instincts (sexual needs) are wholly unconscious. These needs are separated from the self-preservation needs through the ego's use of anxiety. Anxiety, as a learned drive, serves as a warning signal within the ego. The aroused ego then deals with the threat posed by id-instincts in a manner which gives the human being the least amount of social discomfort and, at the same time, as much need gratification as one's internalized forms of convention allow.⁵⁶

⁵⁴S. Freud, "Instincts and Their Vicissitudes" (1915), in Collected Papers, Vol. IV, Hogarth, London, 1953, 68.

⁵⁵S. Freud, An Outline of Psychoanalysis (1938), Norton, New York, 1949, 19.

⁵⁶Ibid., 109-112.

While Freud felt that our knowledge about needs is too limited to attempt a quantitative and qualitative taxonomy, he proposed that all could be generically classified as either life (Eros) or death (Thanatos) instincts. The former group includes both ego- and sexual-instincts and the latter group the destructive instincts. The displaced form of the death instincts is the aggressive need or drive.⁵⁷ Freud at length concluded that aggression is as primary a motive as self-preservation or sex.⁵⁸

If orthodox psychoanalysis attempts to explain human motivation with too many ad hoc interpretations which do not follow the scientific canons of parsimony, quantification and prediction, certainly experimental psychology attempts the same task with too few simple but carefully quantified drives. The motivational work of H. A. Murray may be viewed as an attempt to incorporate the best of both traditions. His need theory employs several features of the psychoanalytic view of personality development and of conscious and unconscious motivation, but also emphasizes the environmental

⁵⁷S. Freud, New Introductory Lectures on Psychoanalysis (1933), Norton, New York, n.d., 132f. The above description of Freud's classification of instincts is obviously oversimplified. However this presentation is felt to be sufficiently accurate to convey Freud's views on instincts as they relate to needs.

⁵⁸S. Freud, "Two Encyclopedia Articles: (B) The Libido Theory" (1922), in Collected Papers, Vol. V, Hogarth, London, 1953, 134f.

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determinants of needs--a variable which Freud all but neglected in stressing intrapsychical determinants.⁵⁹

As characteristic of most of Murray's motivational formulations, he was more precise than Freud in defining the concept of need.

A need is a construct . . . which stands as a force . . . in the brain region, a force which organizes perception, apperception, intellection, conation and action in such a way as to transform in a certain direction an existing, unsatisfying situation.⁶⁰

In an early publication, Murray specified a tentative list of twenty needs which he felt to be of prime importance in this culture. Of these the abbreviated definitions for nurturance and aggression are:

n Nurturance--To give sympathy and gratify the needs of a helpless object: an infant or any object that is weak, disabled, tired, inexperienced, infirmed, defeated, humiliated, lonely, dejected, sick, mentally confused. To assist an object in danger. To feed, help, support, console, protect, comfort, nurse, heal.

n Aggression--To overcome opposition forcefully. To fight. To revenge an injury. To attack, injure, or kill another. To oppose forcefully or punish another.⁶¹

⁵⁹C. S. Hall and G. Lindzey, Theories of Personality, Wiley, New York, 1957, 156f.

⁶⁰H. A. Murray et al., Explorations in Personality, Oxford, New York, 1938, 123.

⁶¹Ibid., 152-226; cf. with A. L. Edwards' definitions in Edwards Personal Preference Schedule, Psychological Corporation, New York, 1959 (Rev. Ed.), 11. *Italics mine.*

Murray's schema classifies both of these needs as learned determinants of behavior. Each is accompanied by a specific emotion or feeling and tends to use certain behaviors to further its aim. Both may be experienced as "weak or intense, momentary or enduring."⁶² Furthermore, their environmental equivalents (dependency and hostility) serve as elicitors of each. In this sense an object or person facilitates (or impedes) the efforts of the individual to realize the rewards of nurturant and aggressive behavior. Murray has designated such environmental stimuli as "press" and has defined this term as:

The press of an object is what it can do to the subject or for the subject--the power that it has to affect the well-being of the subject in one way or another.⁶³

Thus while needs represent a person's directional tendencies, press signifies how he interprets his environment. Murray has sharpened this distinction by borrowing the Freudian concept of cathexis. This term refers to the capacity of an object or person to attract or repel the individual. The object's or person's cathectic power is said to be positive if it is attractive to the person (elicits approach behavior), or negative when the object engenders dislike

⁶²H. A. Murray et al., Explorations in Personality, Oxford, New York, 1938, 124.

⁶³Ibid., 121.

(elicits avoidance). A second concept--"sentiment"--refers to the enduring disposition within the individual to be attracted or repelled by specific stimuli.⁶⁴

An example of the evolvement of the need to express nurturance may serve to place Murray's concepts of need, press, cathexis and sentiment into proper perspective. A child comes to associate a kind of anxiety-producing tension --the form of deprivation experienced as psychological desertion or unmet dependency--with his parent's frequent state of discomfort. Furthermore, he also learns that he cannot demand as much affectionate attention as he may need, because his demands only exacerbate his parent's already burdened condition. At length, however, he discovers that his helpful behavior causes him to be needed by his parent; such behavior also elicits his parent's deeply approving, warm response (a positive cathesis). Thus the youngster's repeated helpfulness (nurturance) becomes a relatively consistent, enduring character trait (a need). It predisposes him to be attracted (sentiment) to future interactions with needful persons (press) whom he may nurture.

In brief, the nurturant need is said to arise from a particular type of conditional affection and approval given

⁶⁴H. A. Murray and C. D. Morgan, "A Clinical Study of Sentiments," Genetic Psychological Monograph, 1945, Vol. 32, 3-311.

by significant persons in one's formative years. In the home in which the child's efforts to be needed and helpful were often psychologically too costly in terms of delayed gratification, nurturant impulses often become associated with loneliness and limited dependency. Such conditioning eventually results in reticence to make personal demands which cannot in some way be repayed.⁶⁵ Obviously there are other forms of adult behavior which give evidence of an intense nurturant-dependent conflict.

Murray has developed a concept accounting for the above developmental conditions. The concept--unity-thema--also characterizes the individual's unique need make-up:

A unity-thema is a compound of interrelated--collaborating or conflicting--dominant needs that are linked to press to which the individual was exposed. . . . The thema may stand for a primary infantile experience or a subsequent reaction formation to that experience . . . it repeats itself in many forms during later life.⁶⁶

This concept reflects the psychoanalytic interpretation of personality development that was in vogue when Murray formulated unity-thema (ca. 1938). Close inspection of many of

⁶⁵H. A. Grater, B. L. Kell, and J. Morse, "The Social Service Interest: Roadblock and Road to Creativity," Journal of Counseling Psychology, 1961, Vol. 8, 10.

⁶⁶H. A. Murray et al., Explorations in Personality, Oxford, New York, 1938, 604f. *Italics mine.*

the currently prominent need theories reveals similar reliance upon neo-analytic theory regarding the origin and development of needs.⁶⁷ However, numerous theorists have disagreed with the neo-analytic interpretation of the normal behavioral characteristics associated with needs in adulthood.

A comparative study of the more prominent dynamic-cultural need theories discloses marked similarities and differences. Nonetheless, some agreement was found concerning the origin, development and ultimate expression of nurturance and aggression:

1. For the most part each need is thought to be acquired, having its origin in a specific anxiety-producing tension;⁶⁸
 - a. Unmet dependent needs, which are largely psychological in nature, give rise to the tension to reduce feelings of psychological desertion,⁶⁹

⁶⁷This statement refers to the influence of neo-analytic theory upon the need formulations advanced by Horney, Sullivan, Fromm, Erik Erikson, and Dollard and Miller.

⁶⁸The extent to which a specific tension is supported by constitutional and present physiological factors, which may provide a certain degree of specific tension vulnerability and strength, is unknown. See J. J. Michaels, "Character Structure and Character Disorders," in S. Arieti (ed.), American Handbook of Psychiatry, Vol. I, Basic Books, New York, 1959, 369; M. Ostow, "The Biological Basis of Human Behavior," in S. Arieti (ed.), American Handbook of Psychiatry, Vol. I, Basic Books, New York, 1959, 81f; and I. Portnoy, "The Anxiety States," in S. Arieti (ed.), American Handbook of Psychiatry, Vol. I, Basic Books, New York, 1959, 316.

⁶⁹H. A. Grater, B. L. Kell, and J. Morse, "The Social Service Interest: Roadblock and Road to Creativity," Journal of Counseling Psychology, 1961, Vol. 8, 9f.

- b. The need for aggression (both constructive and destructive forms) arises out of the tension to reduce feelings of frustration.⁷⁰
- 2. The feelings experienced with each tension ultimately become associated with their source(s) of satisfaction;
 - a. The feelings satisfied by affectionate approval become associated with significant persons who supply nurturance,⁷¹
 - b. The feelings satisfied by aggressive expression become associated with specific modes of behavior which serve instrumentally in the reduction of frustration.⁷²
- 3. It is learned that each source of satisfaction is conditionally made available, i.e., its attainment requires a specific class of responses;⁷³
 - a. Helpful, supportive (nurturant) behavior elicits psychological closeness and affection from otherwise discomforted, significant adults,⁷⁴

⁷⁰J. Dollard and N. E. Miller, Personality and Psychotherapy, McGraw-Hill, New York, 1950, 82-84; O. Fenichel, The Psychoanalytic Theory of Neurosis, Norton, New York, 1945, 58-61; H. P. Laughlin, The Neuroses in Clinical Practice, Saunders, Philadelphia, 1956, 594f; and A. P. Noyes and L. C. Kolb, Modern Clinical Psychiatry, Saunders, Philadelphia, 1958 (5th Ed.), 78f.

⁷¹O. Fenichel, The Psychoanalytic Theory of Neurosis, Norton, New York, 1945, 41; and H. S. Sullivan, The Interpersonal Theory of Psychiatry, Norton, New York, 1953, 40.

⁷²Fenichel, op. cit., 41.

⁷³J. Dollard and N. E. Miller, Personality and Psychotherapy, McGraw-Hill, New York, 1950, 93f.

⁷⁴H. A. Grater, B. L. Kell, and J. Morse, "The Social Service Interest: Roadblock and Road to Creativity," Journal of Counseling Psychology, 1961, Vol. 8, 9.

- b. Aggressive behavior which is positive in nature elicits approval, respect and admiration from significant adults (modes of esteem which are gradually internalized, becoming self-evaluative standards).⁷⁵ These sources of satisfaction are highly, culturally defined and attenuated, e.g., hostility is usually punished while positive self-assertion is rewarded--both types of reinforcement often occurring after the act.⁷⁶
- 4. Each adaptive class of behavior (nurturant and aggressive) is repeatedly elicited and rewarded. Consequently, each ultimately becomes a relatively enduring character trait, being generalized to other similar experiences toward which the individual is now predisposed;⁷⁷
 - a. Psychological desertion, when it is not based on fact, is now perceived in terms of dependent need in other persons,⁷⁸
 - b. Frustration is now experienced in relation to persons, objects, or situations that thwart goal attainment and so threaten self-degradation through loss of control and/or failure to achieve self-expectations. (The individual is now able to label the difference between feelings of anger and frustration; thus he is better able to suppress non-rewarding impulses in preference to those which reward.)⁷⁹

⁷⁵E. H. Erikson, Childhood and Society, Norton, New York, 1950, 226f; and J. Dollard and N. E. Miller, Personality and Psychotherapy, McGraw-Hill, New York, 1950, 93f.

⁷⁶Ibid., 148f; and H. S. Sullivan, The Interpersonal Theory of Psychiatry, Norton, New York, 1953, 212.

⁷⁷Dollard and Miller, op. cit., 51-53.

⁷⁸H. A. Grater, B. L. Kell, and J. Morse, "The Social Service Interest: Roadblock and Road to Creativity," Journal of Counseling Psychology, 1961, Vol. 8, 10.

⁷⁹Dollard and Miller, op. cit., 446-453.

The above outline is thought to represent areas of theoretical agreement in regard to the origin, development and non-pathological (adult) expression of nurturance and aggression. Point four of the outline implies that the normally adjusted adult is capable of exercising some degree of control over his dominant need responsiveness. However, in the established psychotherapeutic dyad in which the client is known to have a dependent or hostile conflict, the therapist is presumed to be able to help his client by virtue of his knowledge and use of his own needs as therapeutic "tools" of his unique character. To the extent that this happens, the dyadic need interaction is said to be unilateral.⁸⁰ Strupp emphasized a primary effect of unilateral interaction upon the client:

The therapist, unlike significant people in the patient's past and present life, minimizes his own emotions, feelings, and needs and maximizes the patient's. Usually for the first time in his life, the patient has the unique experience of hearing himself, or experiencing himself.⁸¹

Grater, Kell and Morse have described important need limitations which unilateralism imposes upon the therapist:

⁸⁰F. Fromm-Reichmann, "Notes on Personal and Professional Requirements of a Psychotherapist," Psychiatry, 1949, Vol. 12, 361-378 passim.; and H. A. Grater, B. L. Kell, and J. Morse, "The Social Service Interest: Roadblock and Road to Creativity," Journal of Counseling Psychology, 1961, Vol. 8, 10.

⁸¹H. H. Strupp, Psychotherapists in Action, Grune & Stratton, New York, 1960, 296.

The counselor knows but is not known. Although in many cases the responses of counselees may be intensely rewarding to the counselor, again the counselor is forced to limit the expression of his own needs and to derive his satisfactions essentially from meeting the needs of others. . . .⁸²

Summary of Implications

Due to the disagreement in authoritative views on the concepts just reviewed, this summary will: (1) emphasize those interpretations which best define the research problem and (2) relate them to the major characteristics of the hypotheses.

Psychoanalysts, counselors, psychotherapists and motivational theorists--i.e., those of dynamic-cultural convictions--conceptualize the development and expression of personality traits as a continuous, complex interaction between biological, intrapsychical and interpersonal factors. This interpretation is much a product of the impact of neo-behaviorism upon the metaphysical concepts of orthodox psychoanalysis. As a result, both the meaning and usage of the concepts influencing the problem and hypotheses of this preliminary study have undergone marked transformation during the past thirty years. A few outstanding examples of the

⁸²H. A. Grater, B. L. Kell, and J. Morse, "The Social Service Interest: Roadblock and Road to Creativity," Journal of Counseling Psychology, 1961, Vol. 8, 10.

content and process changes in the formulations on nurturance and aggression should convey this point.

The term needs is now much preferred to that of instincts by personalistic psychologists and psychotherapists. The largely unspecified Freudian view of the biological origin and libidinal energy source of instincts has given way, for the most part, to consideration of specific constitutional vulnerabilities and physiological tension-strength factors. Freud's myopic concentration on intrapsychic determinants has been softened by a growing emphasis of reality and interpersonal factors, all three classes of determinants being currently seen as crucial to the development and ultimate expression of nurturance and aggression. Freudian instinct theory would classify dependent and nurturant needs as acquired derivatives of the ego-instincts, insofar as these impulses serve to preserve the organism. On the other hand, the somewhat parallel implications made by positive regard and unconditional positive regard--to the extent that these concepts may be equated content-wise with dependency and nurturance respectively--emphasize self-enhancement in addition to the aim of self-preservation. Grater, Kell and Morse, along with Murray, likewise note the self-protecting and enhancing characteristics of this need complex. With regard to aggression, Freud hypothesized that it is an acquired, displaced form of the death instinct

whose generic aim is destruction. Laughlin and many other dynamic-cultural psychiatrists (who likewise accept the destructive aim of aggression), offer substantial clinical evidence of common social-cultural modifications of aggressive behavior; these modifications are now recognized as having self-preservative and (in their most healthful form) self-enhancing and altruistic aims. Thus aggression is probably not the grossly destructive need that Freud hypothesized, since it appears to be far more complex.

The foregoing, preferred interpretations lead to the following summary conclusion (the first in a series of three):

1. That the hypotheses of this study, which are designed to describe the therapist's nurturant and aggressive need behaviors, are derived from dynamic-cultural interpretations of personality development and psychodynamics.

In terms of process and content, Freud observed that the analyst and analysand perceive and experience the therapeutic relationship differently. The analyst is to function mostly as a sensitive observer and is, hopefully, emotionally detached from the patient's productions. This role induces the patient to unwittingly regress psychosexually and, as a result, transfer aspects of his primary conflicts onto the person of the therapist. Moreover, Freud conceptually divided the range of transference affect and its attendant repetitious demands into two classes, viz., positive and negative.

Dynamic-cultural psychotherapists now actively collaborate with their clients, to varying degrees. They frequently respond to reality-oriented, interpersonal concerns in attempting to prevent unnecessary regression. The client's repetitious feelings, attitudes and demands--formerly viewed as evidence of the repetition-compulsion mechanism which accomplished the transfer of conflicted material--are now handled as the interpersonal patterns which characterize the client's present conflicts, reality-based and neurotic. To the extent that such patterns resemble unrealistic (positive or negative) demands upon the therapist, the client is said to be consciously and unconsciously appealing to certain personal traits of the therapist. Need-wise, the client is seen as attempting to resolve an unmet (conflicted) need alternative through the therapist; e.g., the therapist perceived as "caring" (nurturant) will help his client with unsatisfied dependency needs.

Such collaborative efforts between therapist and client are viewed, nonetheless, as unilateral; however, not in the same sense as Freud maintained. He generalized that therapeutic responses based upon personal character traits--as distinguished from the appropriate application of recognized psychoanalytic technique--are to a large degree countertransference manifestations, i.e., evidence of the analyst's own unresolved psychopathology. Contrariwise,

Wolstein, Alexander, and Strupp--with a majority of the dynamic-culturalists--observe that the therapist's non-conflicted responses, which originate from his character traits, frequently aid the patient in making important self-insights. Rogers and his associates have incorporated this observation into the concept unconditional positive regard. They maintain that inasmuch as unconditional responses stem from the therapist's feelings, needs and like traits, that such non-condemnatory behavior gradually enables the client to function more effectively, or experience less conflict. Again, translating this position into a need framework--the extent to which the practitioner is familiar with and in control of his need behavior, he may gain and communicate important data about his client's conflicted need demands. As Grater, Kell and Morse note, "The counselor knows [himself and his client] but is not known." Thus he collaborates unilaterally, at times quite forcefully, in a relationship which is perceived and experienced very differently by each party.

A second summary conclusion may be drawn:

2. That the therapeutic interviews observed for this study may be considered as unilateral dyads, in which client and therapist collaborate for the purpose of further acceptance and mastery of the client's conflicted needs.

The operational terms of the research hypotheses of the present preliminary study rely upon several inferences made about the dynamic interaction of the two needs selected for investigation. In that the terms of all six hypotheses

are relative and are employed within a unitary research design, the following restatement of the first hypothesis will also serve to represent the other five:

H₁: There is a positive relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' dependent bids.

In accordance with the motivational formulations of H. A. Murray and also those of Dollard and Miller, this study assumes that therapists' nurturant and aggressive behaviors are both response elicited and response produced.⁸³ Thus the operational terms "a positive relationship between . . . need strengths and . . . approach behavior" refer to the strength of the therapist's enduring need tendency or disposition to be positively stimulated by the client's unmet need demand or bid. This determining characteristic is understood to be equivalent to Murray's concept of sentiment.

⁸³H. A. Murray and C. Kluckhohn, "Outline of a Conception of Personality," in C. Kluckhohn, H. A. Murray, and D. Schneider (eds.), Personality in Nature, Society, and Culture, Knopf, New York, 1953 (2nd Ed.), 3-52; and J. Dollard and N. E. Miller, Personality and Psychotherapy, McGraw-Hill, New York, 1950, 42 and footnote. While it is understood that most needs lead to types of persistent behavior recognized as ultimate consequences of generalized reinforcements (associations to a class of stimuli) and may thus be considered emitted, evidence also indicates that secondary reinforcement is likewise received from time to time. Hence, the old argument over emitted verses elicited need responses appears academic and is, perhaps, an oversimplification of the highly complex phenomena of need origin, development and patterned expression.

Moreover, the client's bid is seen as having the capacity to elicit specific response behaviors from the therapist, being equivalent to Murray's term cathexis.

Thus, motivationally speaking, the dyadic need interaction between therapist and client is to some extent circular, however, not in an absolute sense. For example, should the therapist's need sentiment be known to be dissimilar to his client's need bid (i.e., a bid for hostile interaction made to an essentially nurturant therapist), a negative (avoidant) response would be predicted. Such a finding is also in keeping with Murray's formulation that certain cathexes (need appeals) have the capacity to repel (just as some may attract). This theoretical rationale supports the second and fourth hypotheses of this study. Likewise, hypotheses three, five, and six raise cogent variations of the research design through the employment of different combinations of several dynamically probable client-therapist need interactions--(viz., of either combinations or permutations of nurturant, aggressive, dependent, and hostile behaviors). All variations are similarly supported by Murray's formulations.

The final summary conclusion may be made:

3. That the units of need interaction in this study are based upon the essential nature of the therapist's need-based approach responses to his client's complementary (similar or dissimilar) need bids in the therapeutic interview.

Several of the theoretical themes described above will be referred to in the following chapter, in which the designs of six related investigations will be discussed.

CHAPTER III

RELATED RESEARCH

Freud's early attitude (ca. 1912) on therapeutic research was highly ambivalent, and remained so. His investigatory interests were confined to the content of psychopathological functioning. He publicly discouraged process study, reasoning that the introduction of anything foreign into his analytic procedure would have adverse effects upon therapeutic outcomes.¹ This attitude--abetted by his failure to recognize the full meaning of the therapist's personal contribution to the dyad--helps to account for the thirty-five year delay in therapist-centered research. Since about 1950, however, many therapist variables have been investigated, particularly those which are manifest. The present preliminary study is in keeping with this growing interest.

The Scope of Research Interest in the Therapist

In a review of objective process research, Frank observed that "investigations into psychotherapy can be

¹S. Freud, "Recommendations for Physicians on the Psycho-analytic Method of Treatment" (1912), in Collected Papers, Vol. II, Hogarth, London, 1953, 326f.

oriented towards trying to find the answers to one of at least three questions," viz., (1) progress and outcome, (2) theory, and (3) process.² While this scheme brings order to (and enhances the meaning of) a large body of research about therapists' behavior, the complexity of such studies often requires multiple classifications--as evident in the following review.

Of the three investigatory areas distinguished by Frank, progress and outcome research has received the least amount of attention during the past fifteen years. Nonetheless, some noteworthy examples may be seen in the studies of Ahmad and Winder et al. Each investigator found that the proportion of clients who abort therapy, during the initial phase, is reduced as therapists approach dependency statements.³ Hiler offered data which indicates that the sex and professional affiliation of the psychiatrist, clinical

²G. H. Frank, "On the History of the Objective Investigation of the Process of Psychotherapy," Journal of Psychology, 1961, Vol. 51, 89.

³F. Z. Ahmad, Aspects of Psychotherapy Related to Psychotherapists' Responses to Dependency, Unpublished Ph.D. Dissertation, Stanford University, 1961; and C. L. Winder, F. Z. Ahmad, A. Bandura, and L. C. Rau, "Dependency of Patients, Psychotherapists' Responses, and Aspects of Psychotherapy," Journal of Consulting Psychology, 1962, Vol. 26, 129-134.

psychologist, and psychiatric social worker are unrelated to continuance and discontinuance of treatment.⁴

Theory oriented research--that focuses upon the therapist--has continued to receive attention over the years, perhaps because many of the variables are easily observed. For example, the theoretical orientation of the therapist has been observed to affect his feelings toward clients, in part determine which topics he will attend, and is thought to be a determining factor in the length of treatment.⁵ Professional affiliation has been associated with such phenomena as the loss of fewer productive patients by analytically oriented therapists, the psychiatric social worker's predilection for assurance, and with numerous distinctions

⁴E. W. Hiler, "An Analysis of Patient-Therapist Compatibility," Journal of Consulting Psychology, 1958, Vol. 22, 341-347.

⁵W. F. Fey, "Doctrine and Experience: Their Influence Upon the Psychotherapist," Journal of Consulting Psychology, 1958, Vol. 22, 403-409; F. E. Fiedler, "The Concept of An Ideal Therapeutic Relationship," Journal of Consulting Psychology, 1950, Vol. 14, 239-245; F. E. Fiedler, "Quantitative Studies on the Role of Therapists' Feelings Toward Their Patients," in O. H. Mowrer (ed.), Psychotherapy: Theory and Research, Ronald, New York, 1953, 296-315; C. R. Rogers, "The Attitude and Orientation of the Counselor," Journal of Consulting Psychology, 1949, Vol. 13, 82-94; H. H. Strupp, "An Objective Comparison of Rogerian and Psychoanalytic Techniques," Journal of Consulting Psychology, 1955, Vol. 19, 1-7; D. M. Sundland and E. N. Barker, "The Orientations of Psychotherapists," Journal of Consulting Psychology, 1962, Vol. 26, 201-212; and W. Wolff, Contemporary Psychotherapists Examine Themselves, C. C. Thomas, New York, 1956.

between psychologists and psychiatrists.⁶ Within the last decade interest in the relationship between the therapist's theoretical orientation and technique seems to have diminished;⁷ however, researchers continue to investigate the close tie between the therapists' theoretical inclinations and degree of experience⁸ and/or competence.⁹ Extrapolating

⁶E. W. Hiler, "An Analysis of Patient-Therapist Compatibility," Journal of Consulting Psychology, 1958, Vol. 22, 341-347; M. Korman, "Implicit Personality Theories of Clinicians as Defined by Semantic Structures," Journal of Consulting Psychology, 1960, Vol. 24, 180-188; H. H. Strupp, "An Objective Comparison of Rogerian and Psychoanalytic Techniques," Journal of Consulting Psychology, 1955, Vol. 19, 1-7; and H. H. Strupp, Psychotherapists in Action, Grune & Stratton, New York, 1960, 83-96.

⁷F. E. Fiedler, "The Concept of an Ideal Therapeutic Relationship," Journal of Consulting Psychology, 1950, Vol. 14, 239-245; H. H. Strupp, "Psychotherapeutic Technique, Professional Affiliation, and Experience Level," Journal of Consulting Psychology, 1955, Vol. 19, 97-102; and A. H. Tuma and J. W. Gustad, "The Effects of Client and Counselor Personality Characteristics on Client Learning in Counseling," Journal of Counseling Psychology, 1957, Vol. 4, 136-141.

⁸A. Bandura, "Psychotherapist's Anxiety Level, Self-Insight, and Psychotherapeutic Competence," Journal of Abnormal and Social Psychology, 1956, Vol. 52, 333-337; F. E. Fiedler, "A Method of Objective Quantification of Certain Countertransference Attitudes," Journal of Clinical Psychology, 1951, Vol. 7, 101-107; F. E. Fiedler, "Quantitative Studies on the Role of Therapists' Feelings Toward Their Patients," in O. H. Mowrer (ed.), Psychotherapy: Theory and Research, Ronald, New York, 1953, 296-315; E. W. Hiler, op. cit.; R. R. Holt and L. Luborsky, Personality Patterns of Psychiatrists, Basic Books, New York, 1960; E. L. Kelly and D. W. Fiske, The Prediction of Performance in Clinical Psychology, University of Michigan Press, Ann Arbor, 1951; and A. O. D. Patterson, W. U. Snyder, G. M. Guthrie, and W. S. Ray, "Therapeutic Factors: An Exploratory Investigation of Therapeutic Biases," Journal of Counseling Psychology, 1958, Vol. 5, 169-173.

⁹N. Abeles, "Awareness and Responsiveness to Affect as a Function of Training and Supervision," paper presented

from Frank's classification, the dimensions of experience and competence qualify as both theoretical and process oriented considerations; process investigators have found each factor to be associated with important personal traits of the therapist that influence his effectiveness with clients.

Therapist-centered process investigation is the least mature of the three areas of research. Investigators had to first broach the sacrosanctness of the therapeutic relationship--and likewise overcome the profession's strong resistance against self-examination--before exploration of this type could be accepted as a legitimate concern. Furthermore, many technical advancements were needed before reliable measures of behavior could be obtained.

Historically, process research in psychotherapy received its impetus from Lasswell's (1929) experimentations

at Michigan Academy of Arts and Sciences (Psychological Section), March, 1962; E. J. Barnes, Psychotherapists' Conflicts, Defense Preferences, and Verbal Reactions to Certain Classes of Client Expressions, Unpublished Ph.D. Dissertation, Michigan State University, 1963; E. Chance, Families in Treatment, Basic Books, New York, 1959; Fey, op. cit.; Fiedler, op. cit.; H. H. Strupp, "An Objective Comparison of Rogerian and Psychoanalytic Techniques," Journal of Consulting Psychology, 1955, Vol. 19, 1-7; H. H. Strupp, "Psychotherapeutic Technique, Professional Affiliation, and Experience Level," Journal of Consulting Psychology, 1955, Vol. 19, 97-102; and H. H. Strupp, Psychotherapists in Action, Grune & Stratton, New York, 1960.

with electronic recording instruments.¹⁰ Shortly thereafter, Rogers suggested that such data could enhance the quality of training and research.¹¹ His interest eventually led to the Rogers and Dymond volume (1954), which detailed a large variety of psychotherapeutic process findings as related to his major interest--that of outcome research.¹² During this period other investigators concentrated upon developing coding instruments and objective verbal categories for the analysis of interview content initiated by both therapist¹³

¹⁰H. D. Lasswell, "The Problem of Adequate Personality Records: A Proposal," American Journal of Psychiatry, 1929, Vol. 85, 1057-1066.

¹¹C. R. Rogers, "Electrically Recorded Interviews in Improving Psychotherapeutic Interviews," American Journal of Orthopsychiatry, 1942, Vol. 12, 429-435.

¹²C. R. Rogers and R. F. Dymond (eds.), Psychotherapy and Personality Change, University of Chicago Press, Chicago, 1954; and D. S. Cartwright, "Annotated Bibliography of Research and Theory Construction in Client-Centered Therapy," Journal of Counseling Psychology, 1957, Vol. 4, 82-100.

¹³E. F. Carnes and F. P. Robinson, "The Role of the Client Talk in the Counseling Interview," Educational and Psychological Measurement, 1948, Vol. 8, 635-644; J. E. Finesinger, "Psychiatric Interviewing: I. Some Principles and Procedures in Insight Therapy," American Journal of Psychiatry, 1948, Vol. 105, 187-195; C. D. Keet, "Two Verbal Techniques in a Miniature Counseling Situation," Psychological Monographs, 1948, Vol. 62 (whole No. 294); A. T. Dittman, "The Interpersonal Process in Psychotherapy: Development of a Research Method," Journal of Abnormal and Social Psychology, 1952, Vol. 47, 236-244; R. M. Coller, "A Scale for Rating the Responses of the Therapist," Journal of Consulting Psychology, 1953, Vol. 17, 321-326; N. I. Harway et al., "The Measurement of Depth of Interpretation," Journal of Consulting Psychology, 1955, Vol. 19, 247-253; and H. L. Raush et al., "A Dimensional Analysis of Depth of Interpretation," Journal of Consulting Psychology, 1956, Vol. 20, 43-48.

and client.¹⁴ With the appearance of Dollard and Miller's publications (1950),¹⁵ learning theorists began to offer therapeutic process research the theoretical and operational rationale needed to place it on a more sophisticated, objective plane.¹⁶ Learning theorists conceptualized psychotherapy as a verbal conditioning process in which healthy behaviors are reinforced and the maladaptive extinguished.¹⁷

¹⁴E. J. Murray, "A Case Study in Behavioral Analysis of Psychotherapy," Journal of Abnormal and Social Psychology, 1954, Vol. 49, 305-310; L. A. Gottschalk and G. Hambridge, Jr., "Verbal Behavior Analysis: I. A Systematic Approach to the Problem of Quantifying Psychologic Processes," Journal of Projective Techniques and Personality Assessment, 1955, Vol. 19, 387-409; E. J. Murray, "A Content-Analysis Method for Studying Psychotherapy," Psychological Monographs, 1956, Vol. 70, (whole No. 420); F. Auld, Jr. and A. M. White, "Sequential Dependencies in Psychotherapy," Journal of Abnormal and Social Psychology, 1959, Vol. 58, 100-104; and T. Leary and M. G. Gill, "The Dimensions and a Measure of the Process of Psychotherapy: A System for the Analysis of the Content of Clinical Evaluations and Patient-Therapist Verbalizations," in E. A. Rubinstein and M. B. Parloff (eds.), Research in Psychotherapy, American Psychological Association, Washington, D.C., 1959.

¹⁵J. Dollard and N. E. Miller, Personality and Psychotherapy, McGraw-Hill, New York, 1950.

¹⁶B. F. Skinner, Science and Human Behavior, Macmillan, New York, 1953.

¹⁷L. Krasner, "Studies of the Conditioning of Verbal Behavior," Psychological Bulletin, 1959, Vol. 55, 148-170; K. Salzinger, "Experimental Manipulation of Verbal Behavior: A Review," Journal of Genetic Psychology, 1959, Vol. 61, 65-95; and J. Greenspoon, "Verbal Conditioning and Clinical Psychology," in A. J. Bachrach (ed.), Experimental Foundations of Clinical Psychology, Basic Books, New York, 1962, 510-553.

However, laboratory situations were invariably used to simulate actual psychotherapeutic interactions. It was not until 1956--with the appearance of E. J. Murray's content-analysis method for analyzing continuous verbal interaction¹⁸--that therapeutic process investigation received the degree of accuracy needed to reliably measure the less easily quantified client-therapist contributions to the dyad. Subsequent modifications of Murray's method by Bandura et al.¹⁹ and Winder et al.²⁰ have produced the method of molecular analysis which will, with slight modification, be employed in the present study. The outstanding feature of this system is that it reliably analyzes verbal behavior as a series of inter-locking units of interaction.²¹

¹⁸E. J. Murray, "A Content-Analysis Method of Studying Psychotherapy," Psychological Monographs, 1956, Vol. 70.

¹⁹A. Bandura, D. H. Lipsher and P. E. Miller, "Psychotherapists' Approach-Avoidance Reactions to Patients' Expressions of Hostility," Journal of Consulting Psychology, 1960, Vol. 24, 1-8.

²⁰Winder et al., "Dependency of Patients, Psychotherapists' Responses, and Aspects of Psychotherapy," Journal of Consulting Psychology, 1962, Vol. 26, 129-134.

²¹Bandura et al., op. cit.; E. J. Barnes, Psychotherapists' Conflicts, Defense Preferences, and Verbal Reactions to Certain Classes of Client Expressions, Unpublished Ph. D. Dissertation, Michigan State University, 1963; P. Caracena, Verbal Reinforcement of Client Dependency in the Initial Stage of Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963; D. A. Kopplin, Hostility of Patients and Psychotherapists' Approach-Avoidance Responses in the Initial Stage of Psychotherapy, Unpublished Master's Thesis, Michigan State University, 1963; H. Lerman, A Study of Some Effects of the Therapist's

Typifying all approaches to process research involving the psychodynamic traits of the therapist are the following problems and limitations:

1. An unsatisfactory specification and control of variables due to the extremely broad and, at points, relative nature of behavioral theory;
2. Consequently, variables often prove difficult to operationalize;
3. The manifest content of variables is often contaminated by underlying, highly related latent material and cues;
4. To date, the instruments employed to analyze this complex data are still primitive and time consuming--requiring specialized training and highly skilled personnel to insure reliability of measurement;
5. The demands important to therapeutic process research design are such that large numbers of therapists, having specific characteristics, are difficult to locate. Consequently, such investigations are frequently carried out with small samples.

In spite of the above obstacles, a large amount of attention has been given to psychotherapeutic process variables during the last decade. The more manifest, personal traits of the therapist have been of special concern to investigators because of their effects upon specific client behaviors. To date, the following therapist characteristics

Personality and Behavior and of the Clients' Reactions in Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963; D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964; and Winder et al., op. cit.

have been found to be important in the therapeutic relationship--the nature and effects of his degree of conflict upon the client's hostility, dependency, commitment to treatment, and upon various other relationship variables;²² the therapist's level of anxiety with regard to specific client behaviors;²³ his tolerance for ambiguity in the dyad;²⁴ the characteristics and consistency of his therapeutic sensitivity;²⁵ the effects of his sex upon his responsiveness to client

²²E. J. Barnes, Psychotherapists' Conflicts, Defense Preferences, and Verbal Reactions to Certain Classes of Client Expressions, Unpublished Ph.D. Dissertation, Michigan State University, 1963; R. L. Cutler, "Countertransference Effects in Psychotherapy," Journal of Consulting Psychology, 1958, Vol. 22, 349-356; J. E. Munson, Patterns of Client Resistiveness and Counselor Response, Unpublished Ph.D. Dissertation, University of Michigan, 1960; D. Rigler, Some Determinants of Therapist Behavior, Unpublished Ph.D. Dissertation, University of Michigan, 1957; and V. G. Williams, Jr., The Conflicts of the Psychotherapist and His Commitment to the Patient, Unpublished Ph.D. Dissertation, University of Michigan, 1963.

²³A. Bandura, "Psychotherapist's Anxiety Level, Self-Insight, and Psychotherapeutic Competence," Journal of Abnormal and Social Psychology, 1956, Vol. 52, 333-337; and P. D. Russell, Counselor Anxiety in Relation to Clinical Experience and Hostile or Friendly Clients, Unpublished Ph.D. Dissertation, Pennsylvania State University, 1961.

²⁴J. M. Brams, "Counselor Characteristics and Effective Communication in Counseling," Journal of Counseling Psychology, 1961, Vol. 8, 25-30.

²⁵N. Abeles, "Therapeutic Sensitivity and Self Consistency--An Exploratory Study," Paper presented at Michigan Academy of Arts and Sciences (Psychological Section), March, 1961; and E. H. Rosenberg, Correlates of a Concept of Therapeutic Sensitivity, Unpublished Ph.D. Dissertation, Michigan State University, 1962.

hostility, dependency, and as associated with client termination;²⁶ the nature of his need behavior in response to client dependency²⁷ and hostility;²⁸ the nature of his need characteristics affecting his ability to like clients

²⁶E. J. Barnes, Psychotherapists' Conflicts, Defense Preferences, and Verbal Reactions to Certain Classes of Client Expressions, Unpublished Ph.D. Dissertation, Michigan State University, 1963; J. J. R. Goldman, The Relation of Certain Therapist Variables to the Handling of Psychotherapeutic Events, Unpublished Ph.D. Dissertation, Stanford University, 1961; E. W. Hiler, "An Analysis of Patient-Therapist Compatibility," Journal of Consulting Psychology, 1958, Vol. 22, 341-347; E. P. Ivey, "Significance of the Sex of the Psychiatrist," American Medical Association Archive of General Psychiatry, 1960, Vol. 2, 622-631; H. Lerman, A Study of Some Effects of the Therapist's Personality and Behavior and of the Client's Reactions in Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963; and D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964.

²⁷P. Caracena, Verbal Reinforcement of Client Dependency in the Initial Stage of Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963; Lerman, op. cit.; and Winder et al., "Dependency of Patients, Psychotherapists' Responses, and Aspects of Psychotherapy," Journal of Consulting Psychology, 1962, Vol. 26, 129-134.

²⁸A. Bandura, D. H. Lipsher and P. E. Miller, "Psychotherapists' Approach-Avoidance Reactions to Patients' Expression of Hostility," Journal of Consulting Psychology, 1960, Vol. 24, 1-8; Goldman, op. cit.; D. A. Kopplin, Hostility of Patients and Psychotherapists' Approach-Avoidance Responses in the Initial Stage of Psychotherapy, Unpublished Master's Thesis, Michigan State University, 1963; Lerman, op. cit.; and E. B. McNeil and J. R. Cohler, Jr., "The Effect of Personal Needs on Counselors' Perception and Behavior," Paper presented at Michigan Academy of Arts and Sciences (Psychological Section), March, 1956.

expressing similar or dissimilar needs;²⁹ the effects of his compatibility with clients (in terms of his training, sex, warmth, competence and passivity) upon client productivity and termination;³⁰ and the effects of client-counselor personality similarity upon therapeutic learning³¹ and outcome.³²

Six of the above process investigations relate to the present study and are reviewed in greater detail in the section below.

²⁹F. E. Fiedler, "The Concept of an Ideal Therapeutic Relationship," Journal of Consulting Psychology, 1950, Vol. 14, 239-245; D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D Dissertation, Michigan State University, 1964; N. Stoler, "Client Likability as a Variable in the Study of Psychotherapy," Psychiatric Institute Bulletin, University of Wisconsin, 1961, Vol. 1, 1-9; and N. Stoler, "Client Likability as a Variable in the Study of Psychotherapy," Journal of Consulting Psychology, 1963, Vol. 27, 175-178.

³⁰E. W. Hiler, "An Analysis of Patient-Therapist Compatibility," Journal of Consulting Psychology, 1958, Vol. 22, 341-347.

³¹A. H. Tuma and J. W. Gustad, "The Effects of Client and Counselor Personality Characteristics on Client Learning in Counseling," Journal of Counseling Psychology, 1957, Vol. 4, 136-141.

³²G. A. Mendelsohn and M. H. Geller, "Effects of Counselor-Client Similarity on the Outcome of Counseling," Journal of Counseling Psychology, 1963, Vol. 10, 71-77.

Recent Research Related to the Therapist

The reader will recall that the current investigation is designed to describe therapists' nurturant and aggressive need interaction with clients' expressions of dependent and hostile conflict. The effects of therapists' experience level and sex upon the need behavior of both parties are also considered. With the exception of Mills' study (1964), none of the related investigations have dealt with the therapist's nurturance, aggression, sex, and experience level with the same theoretical and operational intent as advanced by the research design of the present study. Nonetheless, certain findings do seem to corroborate several assertions made by this preliminary investigation.

Syllogistically speaking, if it may be assumed that an absence or minimum of dependency conflict does not negate the social service interest (the need to nurture) of the therapist, then Barnes' (1963) finding supports the assertion made in the first hypothesis of the current study-- which states:

H₁: There is a positive relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' dependent bids.

By correlating ratings made by expert judges with the self-ratings of therapists, Barnes was able to separate therapists into two discrete groups, viz., the dependency conflicted and the non-conflicted. Using essentially the same modification

of Murray's method of verbal analysis as employed in the present study, tape codings were completed on one "early" interview (first through the third) and one "late" (fourth through the sixth) for each of the 26 therapists of his sample. Scores for the percentage of approach to expressions of client dependency were compiled. Barnes found that the scores of approach to client dependency statements for the non-conflicted groups of therapists were significantly greater than those of the conflicted, beyond the .05 level for early interviews and the .01 level for late interviews (Mann-Whitney U test). These findings also held across experience groupings (18 advanced doctoral interns and 8 beginning practicum students). Barnes concluded,

The data indicate that as therapy progressed the conflicted therapists tended to approach the conflicted material less frequently, whereas the non-conflicted therapists tended to approach such material with greater frequency.³³

As with the nurturant-dependent dimension above, if it may be assumed that the absence or near absence of hostility conflict in therapists does not preclude manifest aggressive behaviors, then a second finding of Barnes' study has relevance for the third hypothesis of the present investigation.

³³E. J. Barnes, Psychotherapists' Conflicts, Defense Preferences, and Verbal Reactions to Certain Classes of Client Expressions, Unpublished Ph.D. Dissertation, Michigan State University, 1963, 65.

H₃: There is a positive relationship between therapists' aggressive need strengths and therapists' approach behavior to clients' hostile bids.

By comparing the approach scores of the two groups of therapists, which constituted his entire sample, Barnes found that the non-conflicted group approached expressions of client hostility significantly more than did the hostility conflicted group (beyond the .05 level). However, in comparing the early and late interviews of these groups, only the approach of the early group proved significant in the desired direction (.025). As before, these findings held across experience groupings. In interpreting this differential finding, Barnes observed that an "inspection of the data suggests that therapist with larger discrepancy [hostility conflict] scores are primarily responsible . . ." for the nonsignificant level of approach in the late interviews.³⁴

The above finding on the aggressive-hostility dimension receives some corroboration from the investigation by Bandura et al. (1960). He successfully separated 12 advanced clinical psychology interns (2 females and 10 males) into six groups on two need dimensions--viz., direct, indirect, and

³⁴E. J. Barnes, Psychotherapists' Conflicts, Defense Preferences, and Verbal Reactions to Certain Clases of Client Expressions, Unpublished Ph.D. Dissertation, Michigan State University, 1963, 61.

inhibition of hostility--and help seeking, approval seeking, and dependency inhibition. High and low need strength distinctions were also made within these groups. Employing Murray's verbal analysis method (with the same modifications used by Barnes), 110 therapeutic interviews were coded for therapists' approach to dependent and hostile client bids.

Bandura concluded that,

therapists who typically express their own hostility in direct forms and who display low need for approval were more likely to permit and encourage their patients' hostility than were therapists who expressed little direct hostility and who showed high approval seeking behavior³⁵

(significant at the .03 level, Mann-Whitney U test).

Bandura also carried out correlational analyses on therapists' dependency needs, finding that those

who displayed a high need for approval were more likely to avoid the patients' hostility, whether directed toward the therapist ($p < .06$) or toward others ($p < .002$), than were therapists who were rated low on the approval seeking scale.³⁶

This result is quite similar to the assertion of the second hypothesis of the present study, which states:

³⁵A. Bandura, D. H. Lipsher and P. E. Miller, "Psychotherapists' Approach-Avoidance Reactions to Patients' Expression of Hostility," Journal of Consulting Psychology, 1960, Vol. 24, 8.

³⁶Ibid., 5.

H₂: There is a negative relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' hostile bids.

The fourth hypothesis of the current preliminary investigation appears to receive analogous confirmation from Goldman's (1961) study.

H₄: There is a negative relationship between therapists' aggressive need strengths and therapists' approach behavior to clients' dependent bids.

Goldman separated 34 therapists into categories characterized by high or low hostility and dependency anxiety, along with like measures for warmth and sex. All therapists in the sample were either advanced clinical psychology students or established professional psychologists--all working with adult patients. The therapists' self-ratings, word association tests, and paper-and-pencil questionnaires--describing therapeutic and extratherapeutic hostile behaviors--proved much more successful in predicting behavior in therapy than the similarly designed ratings completed by judges. Each therapist's interview behavior was subsequently analyzed from the coding of tapes: this scoring system proved highly reliable in yielding the needed indices of the therapist's reaction to hostility. One of Goldman's conclusions was that therapists manifesting a high level of hostility avoid patients' dependency bids.³⁷ While the present study does

³⁷J. J. R. Goldman, The Relation of Certain Therapist Variables to the Handling of Psychotherapeutic Events, Unpublished Ph.D. Dissertation, Stanford University, 1961, 67.

not equate aggression with hostility, both behaviors are recognized as highly related ways of coping with frustrating interpersonal events. Hostile behavior is understood as frequently being a less productive defense against the dependent demands of clients than aggressive self-assertion. In this sense Goldman's finding is not wholly unrelated to the fourth hypothesis.

The independent investigations of Caracena (1963) and Kopplin (1963) offer evidence of what this study anticipates as the effect of the therapist's level of experience upon his approach to client dependency or hostility. While these investigators used the same sample and also collaborated in analyzing interview tapes, Caracena confined his study to the examination of the nurturant-dependent need dimension and Kopplin focused on aggressive-hostile interaction. Both studies failed to employ extra-therapy measures in assessing therapists' needs, inferring the presence of these variables from the tape analysis of client-therapist need interaction. Parenthetically, it should be noted that the authors employed the same revised model of Murray's method of verbal analysis as used in the present study.

Caracena and Kopplin used a sample of 30 therapists --comprised of 6 professional staff, 12 advanced doctoral interns, and 12 beginning practicum students--who provided 72 tapes (48 first and 24 second interviews); this tape pool

represented a total of 60 clients. In Caracena's study, the interjudge product-moment correlation on 77 per cent of the tape sample yielded significant levels of agreement on therapists' approach to client dependency (.01 for first interviews and .05 for second interviews). Kopplin used 36 per cent of the tape pool in computing a product-moment interjudge correlation that yielded a .01 level of significance in agreement on therapists' approach to hostility. Having established judge reliability for the approach to the need variable in question, each investigator proceeded to examine the effects of experience upon therapists' approach behavior. Caracena found that with increased experience, therapists' approach to client dependency increases significantly (staff > intern .02, staff > practicum .03, practicum > intern .29--Mann-Whitney U test).³⁸ Kopplin found a similar experience trend for therapists' approach to client hostility: the mean approach per interview for staff was .69, for interns .59, and practicum students .44--yielding .01 and .04 levels of significance for staff and intern groups respectively (Kruskal-Wallis H test). A .01 level of significance, in the desired direction, was obtained by Kopplin across all experience groupings (Kruskal-Wallis H

³⁸p. Caracena, Verbal Reinforcement of Client Dependency in the Initial Stage of Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963, 42.

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test).³⁹ Thus, aside from the question of validity of measurement of the experimental variable in each of these studies, they suggest that--in the present preliminary investigation--the therapist's experience level will affect his nurturant and/or aggressive need behavior(s). At a later point in this review the experience level findings of Mills' investigation (1964) will be reported.

One of Mills' hypotheses was designed to investigate therapists' nurturant behavior as a specified need, rather than as an inferred behavior based wholly on the data resulting from tape coding (as in the Caracena and Kopplin studies). Mills hypothesized that, "there will be a significant positive relationship between the therapists' need for nurturance and their approach to hostility and to dependency."⁴⁰

Mills and the present investigator served as independent scorers in establishing global percentages for therapists' approach behavior on 33 of the 37 interview tapes (one therapist per client) used by Mills. Product-moment correlation values for judge reliability on this

³⁹D. A. Kopplin, Hostility of Patients and Psychotherapists' Approach-Avoidance Responses in the Initial Stage of Psychotherapy, Unpublished Master's Thesis, Michigan State University, 1963, 20.

⁴⁰D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964, 47.

sample were $+.9435$ and $+.8872$ for approach to dependency and hostility respectively. In using the same sample, Edwards Personal Preference Schedule raw scores and fifth interview tape coding data that the current study employs,⁴¹ Mills computed product-moment correlations across all experience levels between 36 therapists' raw nurturant scores on the EPPS and their interview approach percentages to client hostility and to client dependency. Positive significant results were obtained for the approach of all therapists to hostility (at the .05 level). Furthermore, the senior staff's approach to hostility was significant at the .05 level, while the practicum group's approach was significant at the .005 level; the approach of interns proved nonsignificant. Regarding the therapists' approach to client dependency, none of the values for the total sample or experience groupings reached significance--quite to the contrary, except for the practicum group, all values were negative.

In interpreting these contradictory findings, Mills noted that "the approach to dependency is . . . stable across interviews (Caracena, 1963) and, hence, relatively speaking there was more approach to hostility as compared to the approach to dependency in fifth interviews than there

⁴¹The only difference to be noted between the sample used by Mills and the present investigator is that five advanced male doctoral interns were added to the intern group in the current study. Thus the total sample for each study is $N = 37$ (Mills) and $N = 42$ (Hartzell).

had been earlier" (i.e., in the first and second interviews used in Caracena's study on dependency). Mills concluded, "In other words, it may make sense, after therapy is started, to find that nurturant therapists begin to train the patient for independence rather than reinforce his present dependency."⁴²

In exploring the possible effects of therapists' level of experience upon their approach to client dependency and to client hostility, Mills ran Kruskal-Wallis H tests. The results suggest a positive relationship between degree of experience and approach to dependency for the entire sample of therapists (significant at the .005 level), the means of the three groups indicating that an increase in experience is accompanied by an increase in approach (the mean of the senior staff = 84.77, intern = 80.79, and practicum = 71.90). While the group means of approach to hostility were similar in direction (staff = 76.92, intern = 73.50, practicum = 69.80), these differences did not prove significant.⁴³

Mills also computed both Median and adjusted t-tests to determine if the approaches to dependency and hostility were functions of the sex of the therapist or client.

⁴²D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964, 62f.

⁴³Ibid., 33f.

Concerning dependency, both tests proved nonsignificant-- indicating that neither the sex of the therapist nor of the client relates to the therapist's approach to dependency. However, with the approach to hostility, both tests revealed that female therapists approach hostile client bids significantly more often than their male peers (Median test yielded a .02 level and t-test .01) and that "aggressive bids of male patients are more often approached than aggressive bids from female patients" (Median and t-tests yielded .05).⁴⁴

Summary

In Figure 3.1 (see pages 73 and 74) a comparative summary is offered of those aspects of the six studies just reviewed which relate to the problem and research design of the current investigation. This synopsis emphasizes points of similarity and difference of which the following are outstanding.

1. While it may not appear obvious, Figure 3.1 discloses that each of the above investigations are like the present study in that they rely upon the dynamic-cultural interpretation of behavior, employ the same or equivalent learning theory terms, and use the same or essentially

⁴⁴D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964, 33f.

Author	Sample	Interviews Used	Needs of Therapists Assessed By
Bandura <u>et al.</u> 1960	17 parents; 12 clinical interns.	? N=110	Judge ratings; Murray's content analysis method (revised).
Barnes 1963	26 college undergrads; 18 interns, 8 practicum.	"early" 1st-3rd:N=26 "late" 4th-6th:N=26	Judge ratings; Murray (revised).
Goldman 1961	Hospitalized adults; Interns and staff (N=34)	?	Self-ratings, word association, questionnaire; content analysis.
Mills 1964	37 college undergrads; 13 staff, 14 interns, 10 practicum.	5th only N=37	EPPS inventory; Murray (revised) collaborated with present investi- gator (same data used in both studies).
Caracena 1963	60 col. undergrads. 6 staff, 12 interns, 12 practicum.	1st:N=48 2nd:N=24	Murray (revised) collaborated with Kopplin.
Kopplin 1963	Used same data as Caracena.	Used same data as Caracena	Murray (revised) collaborated with Caracena.

Figure 3.1. A comparative summary of investigations relating to the research design of the present study.

Definition of Therapists' Needs	Findings of Approach to or Avoidance of Client Bids*
<u>Dependency</u> ; help seeking, approval seeking, inhibited. <u>Hostility</u> ; direct, indirect, inhibited.	App. of low need for approval to clients' hostility > high need (H_2). App. of high direct hostility + low approval seeking to client hostility. > low direct + no approval (H_3).
<u>Hostility</u> conflicted and non-conflicted.	App. of non-conflicted to client hostility > conflicted (total & "early") (H_3).
<u>Dependency</u> conflicted and non-conflicted.	App. of non-conflicted to client dependency > conflicted ("early," "late") (H_1).
High and low <u>hostility</u> anxiety. High and low <u>dependency</u> anxiety.	High hostile avoid client dependency (H_4).
<u>EPPS definition of need to nurture.</u>	App. to client hostility sig. (.05); app. to client dependency nonsig. Effect of experience upon app. to depend. (.005); app. to hostility nonsig. Effect of sex upon app. to depend. nonsig.; app. to hostility (female > male .02); app. to hostility of male clients > female (.05).
<u>Nurturance</u> inferred from interview content.	Effect of experience upon app. to depend. (staff > intern .02, staff > practicum .03, practicum > intern .29).
<u>Aggression</u> inferred from interview content.	Effect of experience upon app. to hostility (staff .01, intern .01, practicum n.s.; across groups .01).

*Those hypotheses of the present study which are analogous to the findings reported above in the far right-hand column are identified by number; e.g., H_2 , etc.)

equivalent method of verbal analysis of client-therapist need interaction.

2. Regardless of the form of need assessment instrument employed in each of these investigations, all of the devices appear to have used as their theoretical base Murray's need formulations--which recognize the proactive (intra-psychic) and reactive (environmental) determinants of nurturant-dependent and aggressive-hostile behaviors. However, with the exception of Mills' study, the research designs of the above five studies treat therapists' needs as largely reactive, i.e., as though the therapist is making the same demands upon the therapeutic relationship as his client. In short, client-therapist need interaction is viewed as reciprocal instead of unilateral. For example--dependent therapists are said to approach dependent clients in Barnes' investigation--rather than nurturant therapists approaching dependent clients. This relative treatment of need concepts (as though "dependent-dependent" were equivalent to "nurturant-dependent") makes it impossible to relate research findings back to theoretical antecedents. In keeping with Mills' investigation the present study considers both the proactive and reactive characteristics of the therapist's need behavior. This position does not deny that a certain degree of conflict accompanies every therapist's need behavior--which is frequently observed as essentially elicited (reactive).

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At the same time a proactive-reactive position acknowledges the unilateral aspects of the healthy therapeutic dyad and offers a definition and rationale for the therapist's use of his own need-produced feelings (hence, proactive) in helping the client master and resolve need conflict. The unspecified, yet clearly inferred, reactive positions of the above five studies neglect this important theoretical consideration.

3. In spite of the fact that Bandura et al. and Goldman used adult clients whose emotional and reality-oriented problems differ markedly from those of the college undergraduate clients used in the other (and present) studies, the findings of Bandura and Goldman are analogous to the assertions made by hypotheses two, three, and four of this investigation (see Figure 3.1). Should the findings of the current study confirm those of Bandura and Goldman, then several explanations may be offered: (1) that the proactive character or the therapists' needs in these three samples was stronger than the reactive, causing therapists to determine topics to a greater extent than formerly supposed, (2) that dependent and hostile need conflicts are more universal in the population at large and less restricted to developmental epochs than formerly supposed, or (3) a combination of these two factors pervaded the therapies of these clients, or (4) other unknown factors were operating which, due to their complexity and/or subtlety, escaped detection.



4. The results of Mills' hypothesis testing nurturant therapists' approach to client dependency (nonsignificant) and hostility (significant) run contrary to the prediction of certain aspects of the first and second hypotheses of the present study. Mills reasoned that therapists begin conditioning or training for client independence long before the fifth interview in psychotherapies which are designed as intense but moderately short-term. He also noted that Kopplin's first and second interview data (which is open to question) suggests clients become more concerned about hostile laden material as therapy progresses in that, by the fifth interview, many of their major dependent needs have been met. While these explanations may hold, it should not be forgotten that the nurturant/hostile-dependent design of Mills' hypothesis failed to test for four of the six dynamically probable combinations of need interaction asserted in the current research design. Furthermore, the two hypotheses of the present design (viz., H_1 and H_2)--which are similar to Mills' trivariant hypothesis--require a less complex correlational treatment (Spearman rank) than the product-moment test demanded by Mills' more exacting design. Therefore, it is felt that these design differences--in addition to the above mentioned findings of Bandura and Barnes in contradiction to Mills' nurturant/hostile finding--warrant further preliminary investigation of these need variables.

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5. The positive differential effects of therapists' experience level upon their approach to dependency reported by Caracena and Mills should be corroborated by the present study. Likewise, this study should also obtain results confirming Mills' findings regarding the effects of the clients' and therapists' sex upon therapists' approach behavior.

In conclusion, the research literature reviewed above generally supports (at most points) the assertions made about therapists' nurturant and aggressive need behavior in the present research design. Without exception, the six investigations just discussed make no reference--even syllogistically speaking--to the multiple correlational design of the fifth and sixth hypotheses of this study. The only serious divergence in opinion between this study and those reviewed is on theoretical dimensions, i.e., between the proactive-reactive position taken by this investigation and the implied reactive reasoning of Bandura et al., Barnes, Caracena, Goldman, and Kopplin.

The foregoing review and discussion of the research related to the present study has doubtlessly raised questions about the investigation's design and procedure. Such concerns are detailed in the chapter which follows.

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CHAPTER IV

METHOD

In the five major sections which follow, an outline is presented of the research procedure of the present preliminary exploration of therapists' nurturant and aggressive need behaviors in the early phase of relatively short-term psychotherapy.

Sample

Each of the 42 therapists serving as a subject in the study was associated with the Michigan State University Counseling Center as either a staff member, intern, or practicum student during the 1963-1964 academic year. The sample represents 87.5 per cent of the entire complement of Counseling Center personnel engaged in psychotherapeutic practice.

Therapists' Demographic Information

All of the 13 staff members included in the sample were employed as full-time practitioners, having received the Ph.D. degree in either clinical or counseling psychology. As to be expected, the mean and range values noted in Table 4.1 (page 80) suggest that this group of therapists

Table 4.1. Characteristics of participating therapists of the Michigan State University Counseling Center

	Senior Staff	Advanced Doctoral Intern	Advanced Practicum Student
Male	9	15	10
Female	4	4	0
Total	13	19	10
Age Range	W = 31 - 55	W = 24 - 39	W = 24 - 37
Training background: Clinical Counseling	5 8	11 8	5 5
Years active as a thera- pist	$\bar{X} = 12.15$ W = 3.5 - 25.0	$\bar{X} = 3.15$ W = 1.0 - 6.5	$\bar{X} = 2.44$ W = .5 - 6.0
Years active as a thera- pist in the counseling center	$\bar{X} = 7.03$ W = 1.5 - 18.0	$\bar{X} = 1.34$ W = .5 - 2.5	$\bar{X} = .90$ W = .5 - 1.5
Have received a personal therapy	Yes = 5 Several = 3 Now = 0 No = 5	Yes = 7 Several = 7 Now = 3 No = 2	Yes = 4 Several = 2 Now = 2 No = 2
Theoretical orientation of subject's therapist	Client-cen. = 1 Eclectic = 2 Interper. = 1 Neo-analy. = 3 Relationship = 1 No therapy = 5	Client-cen. = 2 Eclectic = 11 Relationship = 4 No therapy = 2	Client-cen. = 2 Eclectic = 6 No therapy = 2
Theoretical orientation of subject's own practice	Client-cen. = 2 Eclectic = 5 Interper. = 1 Neo-analy. = 4 Relationship = 1	Client-cen. = 2 Eclectic = 15 Relationship = 2	Client-cen. = 1 Eclectic = 9

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are highly professionally trained. Most of the members of this senior staff had either therapeutic or supervisory contacts with the intern and practicum trainees either just prior to or during the collection of data for the study.

The 19 interns in the sample were all advanced doctoral students, having completed the psychotherapeutic course work offered by either the clinical division of the Department of Psychology or the Counseling Psychology Program with the College of Education of Michigan State University. Each member of the group was working at least twenty hours a week in the Counseling Center's services. Much of their block of time was invested in individual psychotherapy with undergraduate students. The group's mean (3.15) and range (1.0 - 6.5) of total "years active as a therapist" indicate that many of its members had had considerable experience prior to receiving doctoral internship appointments from the Counseling Center. All of the intern (and practicum) therapy interview tapes used in this investigation were of cases carried under systematic senior staff supervision.

The ten practicum students in the sample were, as a group, somewhat more advanced than the usual practicum group seeing clients in psychotherapy for the first time. However, contrary to the implications that may be drawn from the data in Table 4.1, they were not nearly as experienced as the

members of the intern group. The slight mean and range experience differences are thought to be more a function of the subject's interpretation of the first question on the "Professional Background Sheet" (see Appendix B), than reflective of a small magnitude of true experience variance. Unfortunately, the first question was so phrased as to encourage practicum students--while discouraging interns--to include pre-masters and masters level training and employment experiences in the total number of years they had practiced as psychotherapists. In short, the mean and range experience figures reported by the practicum group are seen as spuriously high.

Comment should be made upon the "pecking order" that was evident in the professional and social contacts between the two training groups. This line of condescension was largely built around the perception of interns as more or less full-fledged members of the Counseling Center staff and the fact that many practicum students were striving after internship appointments for the following academic year. It is anticipated that this social-psychological phenomenon, exacerbated by the usual feelings of inadequacy experienced in professional training programs of this kind, will be reflected in each group's EPPS need scores and approach percentages to clients' dependent and hostile bids.

Therapists' Work Setting and Clientele

The Counseling Center policy followed in the handling of psychotherapeutic clients during the 1963-1964 academic year accounts for certain factors of selectivity in the data.

1. All students requesting psychological help for primarily personal-social reasons were required to be seen for one evaluative interview. The therapist serving as the intake interviewer for this hour emphasized the exploratory use of this pre-therapy contact. Thus, the interview of the client's therapy selected for study was the sixth contact hour--or his fifth therapeutic interview.

2. The intake interviewer frequently requested specific therapist qualifications--such as age, sex, and experience level--in the intake interview write up. Hence, many of the 42 dyads studied were diagnostically determined.

3. Due to the heavy demand for psychotherapeutic assistance, the Counseling Center found it necessary to maintain a waiting list during the winter and spring quarters of 1963-1964. Thus, a large portion of the clients who participated in this study had to survive a delay of treatment of from one, to as long as ten weeks between their intake interviews and first therapeutic hours. Quite generally, then, survival of this delay may to some extent indicate a lack of severe personality disorganization among these clients.

4. Counseling Center policy encouraged short-term counseling and psychotherapy, arbitrarily setting a 20 interview limit whenever possible. However, a much smaller portion of long-term clients were accepted and continued in treatment. The clients who participated in this study were accepted as candidates who, in all likelihood, would require long-term treatment.

Several additional factors distinguish the 42 clients in this investigation: (1) 39 of them were undergraduate students--quite generally of sophomore and junior standing--who (2) were still experiencing conflict with their separation from home in establishing a more adult identity and in coping with independence from parental controls, and (3) the majority of whom had never undergone psychotherapeutic treatment. Tables 4.2 and 4.3 contain data relating to the sex of clients and therapists.

Table 4.2. Sex identity of clients according to the experience level of therapists

Therapist Experience Level	Therapist			Client		
	Male	Female	N	Male	Female	N
Staff	9	4	13	5	8	13
Intern	15	4	19	5	14	19
Practicum	<u>10</u>	<u>0</u>	<u>10</u>	<u>4</u>	<u>6</u>	<u>10</u>
Total	34	8	42	14	28	42

Table 4.3. Sex identity of dyadic pairs according to the experience level of therapists

Therapist - Client Dyadic Pairing	Staff N	Intern N	Practicum N	Total Pairings
Male - Male	3	4	4	11
Male - Female	6	11	6	23
Female - Female	2	3	0	5
Female - Male	2	1	0	<u>3</u>
				42

Measuring Instruments

The independent variable in the study is the therapist need trait. The dependent variables are the therapist approach-avoidance behaviors to certain client expressions which impinge upon the therapists' needs during the interview.

Edwards Personal Preference Schedule¹

The EPPS was used to obtain raw scores of the therapists' needs to be nurturant and aggressive. Because each therapist participating in the study was familiar with the testing procedure required by the EPPS, he or she was

¹Henceforth referred to as EPPS.

asked to self-administer the test. In addition to following the test's standardized instructions, each subject was requested to take the test in privacy and to complete it in one sitting. For purposes of anonymity, subjects were assigned code numbers by an independent person. All answer sheets were scored and normed by the Counseling Center's psychometric staff.

The EPPS has been standardized for college and adult populations. In the absence of more highly specified normative data, the EPPS adult male and female norms were used for the sample. A comparative summary of this data is offered in Table 4.4.

Table 4.4. Means and standard deviations of the EPPS variables for the normative and therapist samples

Variable	General Adult Normative Sample				Therapist Sample			
	Means		Standard Deviations		Means		Standard Deviations	
	Male	Female	Male	Female	Male	Female	Male	Female
Nurturance	15.67	18.48	4.97	4.43	17.32	19.25	4.29	4.06
Aggression	13.06	10.16	4.60	4.37	13.32	10.25	3.95	4.39
Consistency score	11.35	11.59	1.96	1.83	11.91	10.11	1.79	1.69

The low negative intercorrelation reported for nurturance and aggression $(-.33)^2$ suggests that these variables, as measured by the EPPS in the present investigation, should be relatively independent.

Tape Recordings and Scoring System

Measures of the therapists' nurturant and aggressive need interactions with clients were obtained from the verbal analysis of the entire hour of each fifth interview recording. The majority of these tapes were drawn from the longitudinal research library recently established by the Counseling Center. Because the Center's collection was to include only the psychotherapeutic cases carried by staff and interns, the ten practicum tapes in the sample had to be obtained directly from the trainees and their supervisors. Hence, the study analyzes the need behaviors of 42 therapists, who represent three experience levels--all 42 interview dyads being composed of one client per therapist.

The selection of the fifth therapeutic hour as the best single interview source for nurturant and aggressive need data--representing the initial phase of treatment--was based upon deductions made from recent research. Kopplin's

²A. L. Edwards, Edwards Personal Preference Schedule, Psychological Corporation, New York (Rev. 1959), 20.

first and second interview findings, though preliminary, suggest that the therapist's approach to hostility increases across interviews with the same client.³ In analyzing the same tape recordings as used by Kopplin, Caracena found that therapists' approach rate to dependency remained stable across first and second interviews.⁴ This observed stability in approach rate to dependency was found to hold through the sixth interview in Barnes' study.⁵ Logically, then it seemed that around the sixth therapeutic hour the approach rates to both need variables might be near equal. As it happened, however, the Counseling Center's longitudinal tape collection was far more complete for the fifth interview hour and, hence, a concession had to be made to the desired optimum point of entry.

As noted in the previous chapter, the coding-scoring system of verbal interaction--as used in analyzing tapes in the present study--is the product of the modifications of Bandura et al. (1960) and Winder et al. (1962) on E. J.

³D. A. Kopplin, Hostility of Patients and Psychotherapists' Approach-Avoidance Responses in the Initial Stage of Psychotherapy, Unpublished master's thesis, Michigan State University, 1963, 36.

⁴P. Caracena, Verbal Reinforcement of Client Dependency in the Initial Stage of Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963, 28-44 passim.

⁵E. J. Barnes, Psychotherapists' Conflicts, Defense Preferences, and Verbal Reactions to Certain Classes of Client Expressions, Unpublished Ph.D. Dissertation, Michigan State University, 1963, 46ff.

Murray's 1956 content-analysis model. With this system, a client-therapist interaction unit consists of three parts: (1) the client's initial statement, followed by (2) the therapist's total response, and (3) the terminal statement of the client, which not only completes the first interactive scoring unit but also initiates the next. Thus, due to the inter-locking design of the scoring unit, the continuous interaction of needs is never disrupted.

Briefly, the system was designed as follows:

1. Client statements were scored as to whether they convey need for expression of dependency or hostility. There is a miscellaneous category--viz., "Other"--for statements whose content can not be classified as dependent or hostile. Multiple scoring is possible, i.e., a single statement may have content in more than one area. Hostility is defined as any verbal expression of anger, dislike, resentment, antagonism, opposition, critical attitudes, or aggressive action. Statements expressing hostility anxiety and hostility acknowledgment are also scored. Dependency is any verbal expression of problem description, help-seeking, approval-seeking, company-seeking, information-seeking, agreement with another, concern about disapproval, and initiative-seeking.

2. Therapist statements were scored on the basis of whether the therapist approached or avoided the client

verbalization immediately preceding the therapist's statement. Statements of dependency and hostility initiated by the therapist, as well as his silences, are also accounted for in this scoring system. Approach reactions include verbal expressions which are primarily designed to elicit from the client further expressions of the Dependent, Hostile, or Other feelings, attitudes, or actions expressed in his immediately preceding statement. Sub-categories are approval, exploration, reflection, labeling, interpretation, generalization, support, and factual information. Avoidance reactions include verbal responses which are primarily designed to inhibit, discourage, or divert further expression of the Dependent, Hostile, or Other client categories. Sub-categories are disapproval, topic transition, ignoring, mislabeling, and silence. The complete scoring manual appears in Appendix A.

The present investigator and the aforementioned advanced doctoral student in Clinical Psychology employed the above content-analysis system in scoring the 42 tapes used in the present investigation. Each judge independently scored 38 tapes of the total interview sample. In training for scoring reliability, the judges began by scoring a series of therapy tapes to acquaint themselves with the system and, then, separated to score another series independently. The results of the second trial series were compared and found reliable. At this point all the taped interviews used in

the investigation were checked out from the tape library and received from the practicum therapists to be independently scored.

Reliability for the entire tape sample was established from 33 tapes, representing 78.5 per cent of the sample. While each of the judges did score 38 out of the total sample of 42 tapes, five were excluded from the reliability pool--two of the five personally involved one of the scorers, two others were inadvertently erased before the second scoring, and one interview tape was not completed in time to be scored by the second judge. Global percentages of approach to dependency and to hostility were computed on each tape scoring. Product-moment correlations, used as non-parametrics as prescribed by Pitman (1937) and Koran (1958),⁶ were then computed by the second scorer for the percentages between the two independent judges. His results are reproduced in Table 4.5⁷ (see page 92).

All analyses in the present study involving therapists' approach percentages to nurturance and aggression

⁶E. J. G. Pitman, "Significance Test Which May be Applied to Samples from Any Population; II. The Correlation Coefficient Test," Supplement to the Journal of the Royal Statistical Society, 1937, Vol. 4, 225-233; and B. P. Karon, The Negro Personality, Springer, New York, 1958.

⁷D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964, 30f.

are based upon averages of the judges' global approach percentages to each of these variables for individual therapists.

Table 4.5. Correlations between the approach percentages of the two scorers across 33 tapes

Area of Approach	Correlation
Approach to Dependency	+.9435
Approach to Hostility	+.8872

Statistical Hypotheses

The following null hypotheses and directional alternatives are designed to test the effects of therapists' nurturant and aggressive need traits upon their approach-avoidance behavior to client dependent or hostile bids.

Null hypothesis: No relationship exists between therapists' nurturant need strength scores and therapists' frequency of approach to clients' dependent bids.

Symbolically: $H_0: r_{xy} = 0$

When: x = therapists' EPPS nurturant need strength scores,
 y = therapists' tape approach percentages to clients' dependent bids.

Alternate hypothesis: A positive relationship exists between therapists' nurturant need strength scores and therapists' frequency of approach to clients' dependent bids.

Symbolically: $H_{1a}: +r_{xy} > 0$

When: x = therapists' EPPS nurturant need strength scores,
 y = therapists' tape approach percentages to clients' dependent bids.

The null and alternate forms for the aggressive-hostile hypothesis (H_3) are identical to the above nurturant-dependent statements of the first hypothesis. While the null and alternate forms of hypotheses two and four are also identical to each other, the negative relationship predicted for these variables warrants the following specification. Thus:

Null hypothesis: No relationship exists between therapists' nurturant need strength scores and therapists' frequency of approach to clients' hostile bids.

Symbolically: $H_o: r_{xy} = 0$

When: x = therapists' EPPS nurturant need strength scores,
 y = therapists' tape approach percentages to clients' hostile bids.

Alternate hypothesis: A negative relationship exists between therapists' nurturant need strength scores and therapists' frequency of approach to clients' hostile bids.

Symbolically: $H_{2a}: -r_{xy} < 0$

When: x = therapists' EPPS nurturant need strength scores,
 y = therapists' tape approach percentages to clients' hostile bids.

The null and alternate forms of the fifth and seventh (also sixth and eighth) hypotheses are identical in design-- dependency being the dependent variable in the fifth and sixth hypotheses and hostility the dependent variable in the seventh and eighth. Thus:

Null hypothesis: No relationship exists between therapists' nurturant and aggressive need strength scores and therapists' frequency of approach to clients' dependent bids.

Symbolically: $H_0: r_{y.1,2} = 0$

When: 1 = therapists' EPPS nurturant and aggressive need strength scores,
2 = therapists' tape approach percentages to clients' dependent bids.

Alternate hypothesis: There is a relationship between therapists' nurturant and aggressive need strengths and therapists' approach behavior to clients' dependent bids.

Symbolically: $H_{5a}: r_{y.1,2} \neq 0$

When: 1 = therapists' EPPS nurturant and aggressive need strength scores,
2 = therapists' tape approach percentages to clients' dependent bids.

Null hypothesis: Adding the therapists' nurturant and aggressive need strength scores will not increase the precision of predicting the therapists' frequency of approach to clients' dependent bids.

Symbolically: $H_0: r_{y.1,2} - r_1 = 0$

When: $r_{y.1,2}$ = multiple correlation,
 r_1 = zero order correlation.

Alternate hypothesis: There is an increase in precision of prediction of therapists' frequency of approach to clients' dependent bids when therapists' nurturant and aggressive need strength scores are added together.

Symbolically: $H_{6a}: r_{y.1,2} > r_1 > 0$

When: $r_{y.1,2}$ = multiple correlation,
 r_1 = zero order correlation.

The symbolic forms of the above eight null and alternate hypotheses may be diagrammatically reviewed in relation to the specific variables they test (see Fig. 4.1).

Experimental Design and Procedure

The questions raised by the present preliminary exploration of therapists' need behaviors are problems of correlation. In brief, the study is designed to determine if there is any association between therapists' nurturant and/or aggressive need strengths and their approach behavior to clients' dependent or hostile need conflict bids. Accordingly, the method and elements of the design follow.

Independent Variable

The Edwards Personal Preference Schedule (EPPS) was used to identify and measure therapists' manifest nurturant and aggressive need traits and their strengths. Insofar as therapists reportedly frequently experience one of these

Therapists' Tape Approach Percentages To Clients' Bids For:	Therapists' EPPS Need Strength Scores		
	Nurturant	Aggressive	Nurturant and Aggressive
Dependency	Ho: $r_{xy} = 0$	Ho: $r_{xy} = 0$	Ho: $r_{y.1,2} - r_1 = 0$
	H _{1a} : $+r_{xy} > 0$	H _{4a} : $-r_{xy} < 0$	H _{6a} : $r_{y.1,2} > r_1 > 0$
Hostility	Ho: $r_{xy} = 0$	Ho: $r_{xy} = 0$	Ho: $r_{y.1,2} - r_1 = 0$
	H _{2a} : $-r_{xy} < 0$	H _{3a} : $+r_{xy} > 0$	H _{8a} : $r_{y.1,2} > r_1 > 0$

Figure 4.1. Summary of null and alternate hypotheses in context with the variables tested.

needs more strongly and consistently than the other, and inasmuch as the client reportedly tends to perceive his therapist as either an essentially accepting or rejecting person--these intra- and inter-personal factors were accounted for by ranking the therapists' raw EPPS need strength scores. Thus, every therapist in the sample received a ranking on the intensity of his need to be (a) nurturant and to be (b) aggressive. These ranked classifications apply to the simple correlation hypotheses one through four. A third classification was formed--(c) nurturant and aggressive--to account for therapists' who have near equal access to both needs in the therapeutic dyad: this classification is relevant to the multiple correlation hypotheses five and six.

Dependent Variables

A revised method of verbal content-analysis was employed to code the 42, fifth interview tapes. The frequency of each therapist's approach to and avoidance of his client's dependent and hostile bids throughout the interview was summed for each form of response to each of the two classes of client need behavior. These frequency totals were used to calculate global percentages of approach to dependency and to hostility for each therapist. The approach percentages of the two judges were then averaged for each therapist in the sample, on each need dimension, to further

tighten the observed measures of the dependent variables. These approach averages were subsequently ranked. Thus, each therapist received a dependent variable ranking concerning his magnitude of approach to each of his client's need behaviors.

Diagrammatic Plan of Design

The therapists' ranked EPPS need scores were correlated with the therapists' averaged percentages (ranked) of approach to client need statements to determine the extent, if any, to which the above eight hypothesized need patterns hold for the 42 therapists of the sample. All single and multiple correlations were computed for (a) the total sample, (b) experience level, and (c) sex factor effects.

While the design of this preliminary study does not make predictions about the effects of sex or experience level on any of the therapist's need behaviors, statistical analyses on these factors were arbitrarily made so that the research problem might be explored as far as the sample size permitted. It is recognized that the statistical examination of sex and experience factors ideally requires larger subsample groups than the present sample provides.

In Figure 4.2 (page 99) the research design plan is graphically presented.

Therapists' Tape Approach Percentages To Clients' Bids For:	Therapists' EPPS Need Strength Scores											
	Nurturant				Aggressive				Nur. and Agg.			
	S		I		P		M		F		Ts	
	Ts											
Dependency												
Hostility												

Legend:	Total Sample	Experience Level Group	Sex Group
	Ts = Total sample	S = Staff	M = Male
		I = Intern	F = Female
		P = Practicum	

Note: Correlations were computed for each need interaction of the above six subgroupings, yielding a total of 36 correlations (24 simple and 12 multiple correlations).

Figure 4.2. Diagrammatic plan of the experimental design.

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Analysis

Tests of correlation, both simple and multiple, were the main statistical treatments applied to the study. Insofar as the sample cannot be said to be truly representative of psychotherapists as a population, the descriptive application of correlation only assumes that all cases are distinct, each having two numerical scores.⁸ However, in using correlation techniques descriptively,

we describe the data as though a linear rule were to be used for prediction, and this is a perfectly adequate way to talk about the tendency for these numerical scores to associate or "go together" in a linear way in these data.⁹

The Spearman rank coefficient was used to test the first four hypotheses requiring the simple correlation technique. This nonparametric statistic is reportedly 91 per cent as efficient in rejecting the null hypothesis as the most powerful parametric alternative, viz., the Pearson r .¹⁰ Like most nonparametrics, the Spearman r also accommodates small sample sizes, a requirement demanded by the present sample when tests for the effects of therapists' sex and experience level were made.

⁸W. L. Hays, Statistics for Psychologists, Holt, Rinehart, and Winston, New York, 1963, 509f; and S. Siegel, Nonparametric Statistics, McGraw-Hill, New York, 1956, 202.

⁹Hays, op. cit., 510:

¹⁰Siegel, op. cit., 213.

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Due to the preliminary nature of the study, all tests of significance were arbitrarily set at the .05 level.

Summary

The present study was designed to explore, in a preliminary manner, therapists' nurturant and aggressive approach-avoidance need reactions to clients' statements of dependent and hostile need conflicts in the initial phase of psychotherapy.

The sample of 42 therapists represented 87.5 per cent of the entire complement of Counseling Center personnel at Michigan State University engaged in psychotherapeutic practice during the 1963-1964 academic year. Thus, the study investigated the nurturant and aggressive need behavior of both male and female therapists on three levels of experience, viz., senior staff, intern, and practicum. Seven professional background dimensions of the therapists were discussed along with four points of Counseling Center policy which account for factors of selectivity in the 42 therapeutic dyads analyzed.

Measures of the independent variable--the therapists' need traits--were obtained for nurturant and aggressive need strengths through the employment of the Edwards Personal Preference Schedule. By ranking the EPPS raw scores, each therapist was identified with the three need groups proposed

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for investigation on the basis of the need to be (1) nurturant, (2) aggressive, and (3) nurturant and aggressive. Measures of the dependent variables--the therapists' approach percentages to clients' dependent and hostile need bids--were derived from the content-analysis of 42, fifth psychotherapeutic interview tapes (one client for each of the therapists in the sample). Reliability for the two tape scorers was established from a non-parametric application of product-moment correlation on 78.5 per cent of the tape sample ($+.9435$ for approach to dependency and $+.8872$ for approach to hostility).

Eight null hypotheses and their directional alternatives were stated for use in testing the extent and direction of association between therapists' need-based approach to clients' statements of dependent and hostile conflict. The significance level was arbitrarily set at the .05 level for all hypotheses. The statistical technique employed to test the first four hypotheses was the Spearman rank correlation: the multiple correlation technique was required by hypotheses five and seven which associate both need variables with therapists' approach behavior. The assumptions for these techniques were discussed. While the research design did not make specific predictions about the effects of the therapists' sex and experience level upon his need behavior, correlations were computed on each of these factors.

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CHAPTER V

ANALYSIS OF RESULTS

The results of the study are presented under two major divisions. In the first division the findings relating to the general characteristics of the data are detailed, viz., those aspects of the therapists' needs, experience level, and sex which are thought to influence the need behaviors under investigation. The second division consists of a systematic outline of the results of the hypotheses tested.

General Characteristics of the Data

As noted in Chapter III, former research findings suggest that the therapists' degree of experience and, possibly, sex effect their need-based approach-avoidance behaviors. The present study explored these factors, the results of which are presented in the following three subdivisions.

Edwards Personal Preference Schedule Variables

The needs investigated--viz., nurturance and aggression--were reported as being relatively independent in the

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EPPS normative sample (-.33 intercorrelation).¹ In order to determine the extent of relationship between these variables in the present sample, product-moment intercorrelations were computed on the therapists' raw need scores across experience levels. As can be observed from the data in Table 5.1, none of the experience group coefficients were significant. Moreover, the degree of negative relationship reported for the EPPS normative sample was not corroborated in the experimental sample.

Table 5.1. Correlations between nurturance and aggression across experience levels

Group	N	Correlation	P. of Diff. from 0.00
Total Sample	42	-.0827	n.s.
Staff	13	-.4069	n.s.
Interns	19	+.0779	n.s.
Practicum	10	-.2820	n.s.
EPPS Normative Sample		-.33	....

¹A. L. Edwards, Edwards Personal Preference Schedule, Psychological Corporation, New York (Manual revised 1959), 20.

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The possibility that the therapists' level of experience in doing psychotherapy might effect their expression of nurturant and aggressive needs was explored by computing two simple analyses of variance on the raw EPPS need scores. As may be observed from Table 5.2, the three experience groups did differ significantly for the need to nurture ($p < .01$)--the mean of the interns being the highest of the group means for this variable. The result obtained for the need for aggression was nonsignificant.

Table 5.2. Need for nurturance and need for aggression as a function of experience

	Group Means			F	d.f.	P. Value
	Staff	Intern	Practicum			
Nurturance	15.00	19.78	17.20	6.20	2,39	.01
Aggression	11.30	12.84	14.40	1.60	2,39	n.s.

Approach as a Function of Experience Level

In order to determine the extent of relationship between the therapists' degree of experience and their approach to expressions of client dependency and hostility conflict, two simple analyses of variance were computed on these approach variables across experience levels (see Table 5.3). The data indicate that positive differences did exist

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between the three therapist groups for their approach to client dependency during fifth interviews. The progressive increase in mean magnitudes across experience groups suggests that increase in approach to dependency may have been related to increase in practice in doing psychotherapy. No difference resulted from the test for experience level differences and approach to client hostility.

Table 5.3. Approach to dependency and to hostility as a function of experience

	Group Means			F	d.f.	P. Value
	Staff	Intern	Practicum			
Dependency	845.38	808.42	721.50	5.55	2,39	.01
Hostility	713.46	761.31	723.50	+.32	2,39	n.s.

Approach as a Function of Sex

The therapists' approach behaviors were further analyzed in order to determine if approach to dependency or to hostility was a function of the sex of the therapist or of the client. Accordingly, four simple t-tests were run and Cochran and Cox's method for samples with different variances was employed.²

²W. G. Cochran and G. M. Cox, Experimental Designs, Wiley, New York, 1950.

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As may be observed from the data summarized in Tables 5.4 and 5.5, neither the sex of the therapist nor the sex of the client seemed to effect the frequency of approach to the clients' dependent statements.

Table 5.4. Effect of the sex of the therapist upon the approach to dependency over all clients

Test	Value	d.f.	P. Value
t-test	1.334	40	n.s.

Table 5.5. Effect of the sex of the client upon the approach to dependency over all therapists

Test	Value	d.f.	P. Value
t-test*	.517	40	n.s.

*Cochran and Cox's method for samples with different variances.

The data in Table 5.6 suggest that female therapists in the sample approached hostile client statements significantly more often than their male peers ($p < .0005$).

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Table 5.6. Effect of the sex of the therapist upon the approach to hostility over all clients

Test	Value	d.f.	P. Value	Direction
t-test*	3.561	40	.0005	Female approach more than male

*Cochran and Cox's method for samples with different variances.

The sex of the client, however, did not effect the therapists' approach to hostility--as indicated by the nonsignificant result in Table 5.7.

Table 5.7. Effect of the sex of the client upon the approach to hostility over all therapists

Test	Value	d.f.	P. Value
t-test	0.000	40	n.s.

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Restatement of the Hypotheses Tested

In accordance with the plan of experimental design (see Chapter IV), the sample was partitioned as follows in testing each of the hypotheses of the study: (1) raw score grouping of the sample, (2) total sample grouping ranked, (3) experience level groupings ranked according to staff, intern, and practicum (all ten practicum therapists being male), (4) sex groups ranked, and (5) sex and experience level groups ranked for male staff and male intern (the female groups of this category were too small to warrant testing). Thus tests of significance were made for nine sample groups for each hypothesis.

Simple Correlation Analyses

The Spearman rank correlation was used to test the first four hypotheses to determine the extent of relationship, if any, between various combinations of the therapists' nurturant or aggressive need strengths and the therapists' frequency of approach to clients' dependent or hostile conflict statements. Due to the preliminary nature of the investigation, all tests of significance were arbitrarily set at the .05 level of confidence.

Hypothesis one. A positive relationship was predicted to exist between therapists' EPPS nurturant need strength scores and therapists' frequency (in percentages)

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of approach to clients' dependent bids. Accordingly, the following null hypothesis was tested:

Null hypothesis: No relationship exists between therapists' nurturant need strength scores and therapists' frequency of approach to clients' dependent bids.

The coefficients for the nine group tests are summarized in Table 5.8. As none of these values reached significance--indeed, seven are negative quantities--the null hypothesis was not rejected. It was concluded that the therapists' nurturant need strength scores and their frequency of approach to clients' dependent bids were not related in the sample.

Hypothesis two. In the second hypothesis a negative relationship was predicted for the therapists' EPPS nurturant need strength scores and the therapists' frequency of approach to clients' hostile bids. The Spearman rank correlation was computed to test the null hypothesis that:

Null hypothesis: No relationship exists between therapists' nurturant need strength scores and therapists' frequency of approach to clients' hostile bids.

In accordance with the findings summarized in Table 5.9, both the null and alternate hypotheses were rejected. Four of the nine values were significantly different from zero; consequently, the null hypothesis was rejected. Moreover,

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Table 5.8. Correlations between therapists' nurturant need strengths and their approach to clients' dependent bids

Nurturance Measure	N	Correlation	P. Value
Raw Score	42	-.101	n.s.
Total Rank	42	-.103	n.s.
Experience Rank:			
Staff	13	-.163	n.s.
Intern	19	-.064	n.s.
Practicum (only male)	10	+.156	n.s.
Sex Rank:			
Male therapists	34	-.142	n.s.
Female therapists	8	-.071	n.s.
Sex and Experience Rank:			
Male staff	9	+.465	n.s.
Female staff*	..	....	....
Male intern	15	-.286	n.s.
Female intern*	..	....	....
Practicum (only male)**	..	....	....

*Sample too small to run a test of significance.

**Same Sample that appears above under Experience Rank.

the positive findings were also in contradiction of the negative relationship postulated in the alternate hypothesis.³

³Extended comment upon all inverse findings is reserved for Chapter VI, entitled "Discussion."

Table 5.9. Correlations between therapists' nurturant need strengths and their approach to clients' hostile bids

Nurturance Measure	N	Correlation	P. Value
Raw Score	42	+.322	.05***
Total Rank	42	+.337	.025***
Experience Rank:			
Staff	13	+.308	n.s.
Intern	19	+.080	n.s.
Practicum (only male)	10	+.774	.01***
Sex Rank:			
Male therapists	34	+.376	.01***
Female therapists	8	-.131	n.s.
Sex and Experience Rank:			
Male staff	9	+.085	n.s.
Female staff*	..	....	....
Male intern	15	-.036	n.s.
Female intern*	..	....	....
Practicum (only male)**	..	....	....

*Sample too small to run a test of significance.

**Same sample that appears above under Experience Rank.

***Value is significant in opposite direction of prediction.

Hypothesis three. Therapists' aggressive need strengths and their approach behavior to clients' hostile bids were predicted to be positively related in the third hypothesis. The null hypothesis tested stated:

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Null hypothesis: No relationship exists between therapists' aggressive need strength scores and therapists' frequency of approach to clients' hostile bids.

With the exception of the negatively significant correlation obtained for the staff experience rank ($p < .025$), the coefficients tabulated in Table 5.10 supported the null hypothesis which predicted no relationship to exist between the variables. The alternate hypothesis was summarily rejected by the results, the staff rank result being significant in the opposite direction of the prediction.

Hypothesis four. In the fourth hypothesis a negative relationship was predicted between the therapists' aggressive need strengths and their approach behavior to clients' dependent bids. Accordingly the following null hypothesis was tested.

Null hypothesis: No (negative) relationship exists between therapists' aggressive need strength scores and therapists' frequency of approach to clients' dependent bids.

Eight of the nine coefficients failed to reject the null hypothesis which stated no relationship to exist between the variables (see Table 5.11). The alternate hypothesis was summarily rejected by all group findings because the significant result obtained for the staff experience rank was positive ($p < .05$), not negative as postulated.

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Table 5.10. Correlations between therapists' aggressive need strengths and their approach to clients' hostile bids

Aggressive Measure	N	Correlation	P. Value
Raw Score	42	-.112	n.s.
Total Rank	42	-.090	n.s.
Experience Rank:			
Staff	13	-.554	.025***
Intern	19	+.256	n.s.
Practicum (only male)	10	+.060	n.s.
Sex Rank:			
Male therapists	34	+.001	n.s.
Female therapists	8	+.284	n.s.
Sex and Experience Rank:			
Male staff	9	-.303	n.s.
Female staff*	..	....	....
Male intern	15	+.225	n.s.
Female intern*	..	....	....
Practicum (only male)**	..	....	....

*Sample too small to run a test of significance.

**Same sample that appears above under Experience Rank.

***Value is significant in opposite direction of prediction.

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Table 5.11. Correlations between therapists' aggressive need strengths and their approach to clients' dependent bids

Aggressive Measure	N	Correlation	P. Value
Raw Score	42	-.118	n.s.
Total Rank	42	-.035	n.s.
Experience Rank:			
Staff	13	+.525	.05***
Intern	19	+.200	n.s.
Practicum (only male)	10	-.147	n.s.
Sex Rank:			
Male therapists	34	-.074	n.s.
Female therapists	8	+.602	n.s.
Sex and Experience Rank:			
Male staff	9	+.584	n.s.
Female staff*	..	....	....
Male intern	15	+.123	n.s.
Female intern*	..	....	....
Practicum (only male)**	..	....	....

*Sample too small to run a test of significance.

**Same sample that appears above under Experience Rank.

***Value is significant in opposite direction of prediction.

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Multiple Correlation Analyses

Hypotheses five and seven were designed for multiple correlation treatment: hypotheses six and eight further analyzed the multiple correlation data to determine precision in predicting therapists' approach.

In hypotheses five and seven relationships were predicted between the independent variable--i.e., the sum of the therapists' nurturant and aggressive need strength scores--and the dependent variables (the therapists' approach to the specific class of client behavior under consideration, dependent or hostile). Accordingly, null hypotheses of "no relationship" were stated (see page 94). However, it was recognized that cessation of the analyses at this point would fail to determine which of the therapists' need variables--if not both--was contributing significantly to the obtained multiple correlation value. Therefore, hypotheses six and eight were so stated as to test for an increase in precision of predicting the therapists' frequency of approach to clients' dependent or hostile bids, when the therapists' nurturant and aggressive need strengths are added together (see page 94). Hypotheses six and eight thus required null hypotheses which stated:

Adding the therapists' nurturant and aggressive need strength scores will not increase the precision of predicting the therapists' frequency of approach to clients' dependent [or hostile] bids.

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The statistical procedure required to test these precise null hypotheses necessitated two separate operations. First, the therapists' nurturant and aggressive need strength scores were each tested for significance from zero. The result of these tests indicated whether the variable under consideration significantly predicted approach to the specified class of client bid; however, they did not reveal a significant precision increase over employing the other independent need variable. Therefore, a second test was used to determine increase in precision of adding one need variable to the other in predicting the therapists' frequency of approach to either class of clients' bids.⁴

As with the first four hypotheses, all group tests of significance for hypotheses five through eight were arbitrarily set at the .05 confidence level.

⁴The unpublished formula used in making this F test was developed by Philip J. Clark, Department of Zoology, Michigan State University. It appears, as follows, in W. W. Farquhar, "A Comprehensive Study of the Motivational Factors Underlying Achievement of Eleventh Grade High School Students," Final Research Report, U.S. Office of Education Cooperative Project #846, January, 1963, 119n:

$$F_{(1, N-m-1)} = \frac{\sum d_1^2 - \sum d_2^2 / 1}{\sum d_2^2 / N-m-1}$$

"The $\sum d_1^2$ is the squared deviations (error variance) about the regression line with one variable estimation and the $\sum d_2^2$ is the squared deviations (error variance) about the regression plane with two variable estimations."

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Hypotheses five and six. The following null form of the fifth hypothesis of multiple correlation was tested:

Null hypothesis: No relationship exists between therapists' nurturant and aggressive need strength scores and therapists' frequency of approach to clients' dependent bids.

Examination of the data summarized in Table 5.12 disclosed that only one coefficient, that of the practicum experience group, was significant ($p < .05$). Aside from this exception it may be said that the null hypothesis was not rejected.

The null form of the sixth hypothesis for increase in precision of predicting approach was subsequently tested, which stated:

Null hypothesis: Adding the therapists' nurturant and aggressive need strength scores will not increase the precision of predicting the therapists' frequency of approach to clients' dependent bids.

The tests of significance of the therapists' need strength scores from zero and for increase in precision of predicting the therapists' frequency of approach are summarized in Table 5.12. Only the test for the staff experience group proved significantly different from zero ($p < .05$). Moreover, only the results for the practicum experience group significantly increased the precision in predicting approach to client dependency--both variables (nurturance and aggression) at the .025 level of confidence. Therefore, the above null hypothesis for increase in precision was generally not rejected.

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Table 5.12. Tests of significance of increase in precision of adding each of the therapists' need strength scores to therapists' frequency of approach to clients' dependent bids

Sample Group	Zero Order Correlation		Multiple Correlation		F's		d.f.	P. Value	
	Nur.→Dep.	-Agg.→Dep.	Nur.+Agg.→Dep.	Nur.→Dep.	Nur.	Agg.		Nur.	Agg.
Raw Score	-.1012	-.1184	.1626	.1626	.49	.65	1, 39	n.s.	n.s.
Total Sample	-.1034	-.0358	.1088	.1088	.41	.04	1, 39	n.s.	n.s.
Experience:									
Staff	-.1634	.5250 ^c	.5270 ^a	.5270 ^a	.02	3.47	1, 10	n.s.	.10
Intern	-.0642	.2008	.2574	.2574	.44	1.06	1, 16	n.s.	n.s.
Practicum	.1564	-.1472	.8003 ^c	.8003 ^c	12.06	12.00	1, 7	.025	.025
Sex:									
Male therapists	-.1425	-.0741	.1544	.1544	.58	.11	1, 31	n.s.	n.s.
Female therapists	-.0714	.6024	.0648	.0648	.02	2.84	1, 5	n.s.	.20
Sex and Experience:									
Male staff	.4685	.5847	.6972 ^a	.6972 ^a	1.68	3.14	1, 6	n.s.	.20
Female staff*	...	...	...	...	...	...	...	...	...
Male intern	-.2862	.1234	.1742	.1742	2.31	1.34	1, 12	.20	n.s.
Female intern*	...	...	...	...	...	...	...	...	...
Practicum	...	...	...	...	...	...	...	...	...
(male only)**	...	...	...	...	...	...	...	...	...

*Sample too small to run a test of significance.

**Same sample that appears above under Experience Rank group.

^aSignificant at the .20 and^c.05 levels.

Note: The formula for making the above F test was developed by P. J. Clark and is detailed on page 117n. Legend: Nur. = nurturant need strength; Agg. = aggressive need strength; →Dep. = predicting approach to dependent bids.

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Hypotheses seven and eight. The entire statistical procedure used in testing hypotheses five and six was employed in the treatment of the seventh and eighth hypotheses. Thus, the seventh null hypothesis tested for the multiple correlation involving approach to hostile client statements.

Null hypothesis: No relationship exists between therapists' nurturant and aggressive need strength scores and therapists' frequency of approach to clients' hostile bids.

Only the test for the practicum experience group proved significant ($p < .05$). Hence, upon the strength of the remaining eight nonsignificant group tests, the null hypothesis was generally not rejected.

The eighth null hypothesis for increase in precision in predicting approach was tested. It stated that:

Null hypothesis: Adding the therapists' nurturant and aggressive need strength scores will not increase the precision of predicting the therapists' frequency of approach to clients' hostile bids.

Table 5.13 contains the data resulting from the tests of significance of the therapists' need strength scores from zero and for increase in precision of predicting the therapists' frequency of approach to clients' hostile bids. Five of the nine group tests were significantly different from zero ($p < .05$, and greater). Further, four of the five significant zero order coefficients were borne out in significant increases in precision of predicting therapists' approach to

Table 5.13. Tests of significance of increase in precision of adding each of the therapists' need strength scores to therapists' frequency of approach to clients' hostile bids

Sample Group	Zero Order Correlation		Multiple Correlation	F's		d.f.	P. Value	
	Nur. → Hos.	Agg. → Hos.	Nur. → Agg. → Hos.	Nur.	Agg.		Nur.	Agg.
Raw Score								
Total Sample	.3228 ^c	-.1126	.3342 ^b	4.36	.33	1,39	.05	n.s.
Experience:	.3370 ^d	-.0907	.3513 ^b	4.55	.08	1,39	.05	n.s.
Staff	.3087	-.5548 ^d	.5856 ^a	.53	3.77	1,10	n.s.	.10
Intern	.0804	.2568	.2574	.00	1.02	1,16	n.s.	n.s.
Practicum	.7744 ^e	.0609	.8003 ^c	12.41	.79	1, 7	.01	n.s.
Sex:								
Male therapists	.3761 ^e	.0013	.3781 ^b	5.17	.05	1,31	.05	n.s.
Female therapists	-.1317	.2848	.2946 ^a	.02	.38	1, 5	n.s.	n.s.
Sex and Experience:								
Male staff	.0851	-.3038	.3320	.12	.69	1, 6	n.s.	n.s.
Female staff*	....	....	....	....	....	....	....	....
Male intern	-.0362	.2257	.2823	.37	1.02	1,12	n.s.	n.s.
Female intern*	....	....	....	....	....	....	....	....
Practicum	....	....	....	....	....	....	....	....
(male only)**	....	....	....	....	....	....	....	....

*Sample too small to run a test of significance.

**Same sample that appears above under Experience Rank group.

^aSignificant at the .20 level, ^b.10, ^c.05, ^d.025, and ^e.01.

Note: The formula for making the above F test was developed by P. J. Clark and is detailed on page 117n. Legend: Nur. = nurturant need strength; Agg. = aggressive need strength; →Hos. = predicting approach to hostile bids.

clients' hostility statements for the nurturant variable ($p < .05$, and greater).

Summary

The first four simple correlation hypotheses of this study were designed to test for relationship between various combinations of the therapists' EPPS nurturant or aggressive need strength scores and the therapists' frequency of approach to clients' dependent or hostile statements.

The above variables were further analyzed through the use of progressively precise hypotheses. These have been designated as hypotheses five through eight, and were tested as follows:

1. for zero order correlation of each of the therapists' needs with each of the therapists' approach behaviors to dependent or hostile client bids,
2. for multiple correlation of both therapist needs with each class of therapist approach behavior to dependent or hostile client bids, and
3. for increase in precision of adding each of the therapists' need strength scores to the therapists' frequency of approach to clients' dependent or hostile bids.

For the reader's convenience, both the research and null forms of all hypotheses appear in the summary of results (see Table 5.14).

Table 5.14. Summary of the hypotheses and their results

Hypotheses	Results
1. There is a positive relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' dependent bids. <u>Null</u>: No relationship exists between therapists' nurturant need strength scores and therapists' frequency of approach to clients' dependent bids.	1. Null hypothesis not rejected by any of the group tests of significance (at the .05 level).
2. There is a negative relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' hostile bids. <u>Null</u>: No relationship exists between therapists' nurturant need strength scores and therapists' frequency of approach to clients' hostile bids.	2. Null hypothesis rejected by four of the nine group test results (.05). Group results significant in the opposite direction of the alternate hypothesis prediction: Sample raw score (.05), Total sample rank (.025), Practicum experience rank (.01), Male sex rank (.01).
3. There is a positive relationship between therapists' aggressive need strengths and therapists' approach behavior to clients' hostile bids. <u>Null</u>: No relationship exists between therapists' aggressive need strength scores and therapists' frequency of approach to clients' hostile bids.	3. Null hypothesis supported by eight of the nine group test results (.05). Staff experience rank result significant in the opposite direction of the alternate hypothesis prediction (.025).

Table 5.14--Continued

Hypotheses	Results
4. There is a negative relationship between therapists' aggressive need strengths and therapists' approach behavior to clients' dependent bids. <u>Null</u>: No relationship exists between therapists' aggressive need strength scores and therapists' frequency of approach to clients' dependent bids.	4. Null hypothesis supported by eight of the nine group test results (.05). Staff experience rank result significant in the opposite direction of the alternate hypothesis prediction (.05).
5. There is a relationship between therapists' nurturant and aggressive need strengths and therapists' approach behavior to clients' dependent bids. <u>Null</u>: No relationship exists between therapists' nurturant and aggressive need strength scores and therapists' frequency of approach to clients' dependent bids.	5. Null hypothesis only rejected by the practicum experience group result (.05).
6. There is an increase in precision of prediction of therapists' frequency of approach to clients' dependent bids when therapists' nurturant and aggressive need strength scores are added together. <u>Null</u>: Adding the therapists' nurturant and aggressive need strength scores will not increase the precision of predicting the therapists' frequency of approach to clients' dependent bids.	6. Null hypothesis rejected by the practicum experience group results for nurturance (.025) and aggression (.025). (Staff experience group result for aggression, in predicting approach to dependency, significantly different from zero (.05).)

Table 5.14--Continued

Hypotheses	Results
7. There is a relationship between therapists' nurturant and aggressive need strengths and therapists' approach behavior to clients' hostile bids.	7. Null hypothesis only rejected by the practicum experience group result (.05).
<u>Null</u>: No relationship exists between therapists' nurturant and aggressive need strength scores and therapists' frequency of approach to clients' hostile bids.	
8. There is an increase in precision of prediction of therapists' frequency of approach to clients' hostile bids when therapists' nurturant and aggressive need strength scores are added together.	8. Null hypothesis rejected by the following group results for nurturance: Sample raw score (.05), Total sample (.05), Practicum experience (.01), Male therapists (.05).
<u>Null</u>: Adding the therapists' nurturant and aggressive need strength scores will not increase the precision of predicting the therapists' frequency of approach to clients' hostile bids.	(Results for nurturance, in predicting approach to hostility, significantly different from zero: Sample raw score (.05), Total sample (.025), Practicum experience (.01), Male therapists (.01).) (Staff experience group result for aggression, in predicting approach to hostility, significantly different from zero (.025).)

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CHAPTER VI

DISCUSSION

This chapter has two major divisions. The first is devoted to a discussion of the data relevant to each of the hypotheses tested. In the second division, the general characteristics of the data associated with the therapists' EPPS¹ need scores, tape approach behaviors, and behaviors related to experience level and sex factors are discussed.

Hypotheses

The hypotheses are considered individually and consecutively, as reported in the preceding chapter.

Hypothesis One

A positive relationship was predicted to exist between therapists' EPPS nurturant need strength scores and therapists' frequency of approach to clients' statements about their dependency conflicts as observed from fifth interview tape recordings. This relationship was not supported by any of the findings obtained for the nine group tests for significance.

¹Edwards Personal Preference Schedule.

The results are contrary to the dynamic-cultural theory detailed earlier, which summarily stated that the therapist's nurturant responses enables him to reduce the threat of a partial reconstitution of his own primary anxiety--viz., desertion--brought about by the client's dependent bids (see pages 10, 38-40). Syllogistically speaking, these findings also raise questions regarding the universality of the Rogerian concept of positive regard as the sine qua non of psychotherapy (see pages 26-28, 43). Moreover, it will be recalled that Henry A. Murray's concepts of need and press--when considered on the nurturant-dependent adient dimension--suggest that need similarity should exist between the highly nurturant therapist and his dependently conflicted client.

Mills has offered a plausible explanation for the contradictory results obtained for hypothesis one. He noted that the initial dependency bids of the clients in his sample--essentially the same sample investigated in the present study--had been met, for the most part, by the nurturant therapists:

It must be remembered that the interviews from which the approach percentages were obtained were fifth interviews and, since the therapeutic stress at the Counseling Center is towards short term psychotherapy, therapy was well started in most of the cases.²

²D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964, 62.

Mills further noted that the therapists' approach rates to client hostility were increasing beyond the base level established during the first interviews,

. . . if one can extrapolate from Kopplin (1963) who found a significant increase in the approach to hostility from the first to the second interview and predicted that this increase would continue over further interviews.³

At the same time, Mills continued,

The approach to dependency is, nonetheless, stable across interviews (Caracena, 1963, and Schuldt, 1964) and, hence, relatively speaking there was more approach to hostility as compared to the approach to dependency in fifth interviews than there had been earlier.⁴

Thus, in agreement with Mills, Grater et al., and Snyder, the therapist may find that he must limit his expression of nurturance--after therapy has begun--so that the ultimate goals of relatively intensive, short-term psychotherapy may be realized.⁵ The above interpretation is in keeping with the view that the therapeutic relationship is unilateral, as

³Ibid.

⁴Ibid.

⁵D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964, 62f; H. A. Grater, B. L. Kell, and J. Morse, "The Social Service Interest: Roadblock and Road to Creativity," Journal of Counseling Psychology, 1961, Vol. 8, 10; and W. U. Snyder, Dependency in Psychotherapy, Macmillan, New York, 1963, 6.

discussed earlier.⁶ In summary, then, once the relationship has been established via the expression and definition of the client's core conflict(s), the nurturant therapist may "begin to train his client for independence rather than reinforce his present dependency."⁷

Mill's conclusion is not seen as being incompatible with the theoretical views cited above. Similarity between need variables, as predicted, may have existed in the interviews preceeding the interview selected for investigation-- (as suggested by the findings of Caracena and Kopplin)--only to change, becoming dissimilar, as deemed necessary by the therapists in subsequent interviews. Becker expressed a like conclusion in his review of the research on the complementary-needs hypothesis:

. . . researchers may well fail to recognize limiting factors or special conditions under which complementarity may hold for a given variable (and other conditions under which similarity may hold).⁸

⁶H. A. Grater et al., "The Social Service Interest: Roadblock and Road to Creativity," Journal of Counseling Psychology, 1961, Vol. 10. Cf. the discussion of this concept in Chapter II, p. 41f.

⁷D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964, 63.

⁸G. Becker, "The Complementary-Need Hypothesis, Authoritarianism, Dominance, and Other Edwards Personal Preference Schedule Scores," Journal of Personality, 1964, Vol. 32, 45.

Hypothesis Two

In the second hypothesis a negative relationship was predicted between the therapists' EPPS nurturant need strengths and therapists' frequency of approach to clients' hostile statements. Not only did the results unequivocally fail to support this prediction, but four out of the nine group coefficients were inversely significant. Thus, the need theory advanced earlier in support of this hypothesis (see page 10)--viz., that nurturant therapists avoid their clients' hostile statements out of the need to defend against their own (i.e., the therapists') hostile impulses--appears to be open to further exploration and possible revision.

The positive findings of the second hypothesis suggest that nurturant therapists--at least the male therapist and male practicum trainees in the sample--approach clients' hostile bids. Moreover, in spite of the obtained low, negative correlation for the female group, the total sample of therapists ranked also positively approached their clients' hostile bids. These findings are corroborated by Muncie's statement that, in addition to the need to nurture in the usual sense, i.e.,

. . . the need to support the patient in his own efforts at betterment, encouraging the use of the known assets, stressing the compensating assets, and giving alternative interpretations to the excessively damaging ones he makes,

the therapist should be constantly sensitive to

. . . the need to uncover the damaging personality aspects in their actual workings, thereby generating additional suffering as guilt, anxiety, and hostility directed against us [therapists] or against self [of the client].⁹

In emphasizing the therapeutic importance of both of these needs, Strupp cautioned:

It is evident that a therapist who indiscriminately showers the patient with gifts of human kindness does not succeed in evoking the patient's retentive and negativistic attitudes, thus depriving himself and his patient of the opportunity of understanding them in all their ramifications.¹⁰

These clinically based comments support the view that the strongly nurturant, male staff and (especially) male practicum therapists of the sample were able to tolerate and/or cope with client hostility--an interpretation identical to the conclusion of Mills.¹¹ Moreover, it would seem that the high, positive coefficient of the practicum group (+.774) partially accounts for the positive coefficients obtained for all male therapists in the sample. To the

⁹W. Muncie, "The Psychobiological Approach," in S. Arieti (ed.), American Handbook of Psychiatry, Vol. II, Basic Books, New York, 1959, 1325. Additions mine.

¹⁰H. H. Strupp, Psychotherapists in Action, Grune and Stratton, New York, 1960, 300.

¹¹D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964, 63.

extent that this inference may hold, it may be reasoned that practicum male therapists had not as yet considered the difficulties which often ensue from excessive gratification of their own nurturant needs.

Hypothesis Three

A positive relationship was predicted for therapists' EPPS aggressive need strengths and their approach to clients' hostile bids. The hypothesis was not confirmed by any of the nine group tests. Moreover, the staff experience rank coefficient ($-.554$) was inversely significant, suggesting that this group of highly aggressive therapists tended to avoid hostile client statements.

The above puzzling results seem to contradict the need theory of the dynamic-culturalists and of Henry A. Murray, as outlined in Chapter II. The theory stated that highly aggressive therapists interact with their hostile clients out of the need to deal with the threat of frustration posed by the clients' verbal behaviors. Thus, in keeping with the theory of need similarity in the unilateral therapeutic dyad, highly aggressive therapists should be capable of distinguishing between their own feelings of anger--which are not a legitimate part of the interaction--and frustration in channeling their aggressive responses along therapeutic lines.

The above frustration rationale, given the current level of sophistication of need theory, may be insensitive to important special conditions which invalidate need similarity in the moderately intense, short-term psychotherapeutic dyad. Perhaps a more cogent and parsimonious explanation of the present findings involves the Neo-analytic phenomenon of countertransference, which functions as an indirect check upon the therapist's expression of aggression in the initial phase of treatment (see page 24ff). Accordingly, the staff therapists of the present sample would be expected (more than their less accomplished trainees) to refrain from reinforcing client hostility initially, as evidenced by their avoidance behavior during fifth interviews. Such avoidance, at this point in treatment, served to free the therapists from premature, countertransference initiated responses, to the end that they were more sensitive and skillful in handling clients' major hostile defenses in subsequent interviews.

While the above explanation for the inverse result obtained for the staff experience group is plausible, it is stated with reservation because of the small sample used in the computation ($n = 13$).

Hypothesis Four

Consistent with the results for all of the previous hypotheses, the fourth hypothesis was not supported--the prediction being that there is a negative relationship between therapists' aggressive need strengths and their approach to clients' dependency statements. The inversely significant coefficient obtained for staff experienced therapists suggests that they did entertain their clients' dependency bids.

The above findings appear to contradict the need theory summarized in Chapter II. According to the formulation derived from the theory of Henry A. Murray and the dynamic-culturalists, therapists with strong aggressive needs should avoid dependent client statements in defending against their own (i.e., the therapists') unmet dependent needs.

Examination of the experience rank coefficients (see Table 5.11, page 115) disclosed that, as experience in doing psychotherapy increases, the tendency for aggressive therapists to approach client dependency bids increases. While this trend was not significantly confirmed at the practicum and intern levels, the smooth rise in coefficients across experience groups suggests that the experience level factor may account for some of the discrepancy between need theory and the results obtained for the fourth hypothesis. Hence,

it may be that increased experience was also accompanied by a heightened awareness on the part of the therapist that his or her needs did not have to intrude upon the therapeutic dialogue. This interpretation emphasizes that the therapist's ability to control his or her aggressive needs, in coping with client dependency, was more commensurate than not with his or her degree of experience as a practitioner.

Hypotheses Five and Six

The hypothesis designed to examine the multiple correlation interaction between the therapists' two need strengths (nurturance and aggression) and the therapists' approach to clients' dependency bids was largely not supported. Only the test for the practicum group yielded a significant result. This finding, moreover, was consistent with the results obtained in testing for an increase in precision of predicting the therapists' frequency of approach to client dependency. The latter results suggest that both of the practicum therapists' needs were equally motivating in predicting approach (see Table 5.12, page 119).

The absence of significant results for the intern and staff groups, coupled with an equal level of significance for the two needs of the practicum group, places emphasis upon experience in doing psychotherapy as a factor in predicting frequency of approach to client dependency. Apparently the inexperienced therapists (as compared with

their more seasoned colleagues) were not as successful in differentiating and controlling the need determinants of their behavior with dependent clients.

Hypotheses Seven and Eight

The results for the multiple correlation hypothesis--predicting a relationship between the product of the therapists' two need strengths and the therapists' approach to clients' hostile bids--(with the exception of the practicum group's approach) were nonsignificant (see Table 5.13, page 121). However, inspection of the data relating to tests for increase in precision of prediction indicate that the nurturant variable contributed significantly in the frequency of approach for the total sample, the practicum group, and all male therapists.

The high zero order coefficient for the nurturant approach of the practicum group (.7744, $p < .01$) appears to have made the greatest single contribution to the significant precision of prediction result obtained for the total sample. This observation lends additional support to the interpretation that apparently neophyte therapists tend to excessively and indiscriminately gratify their needs to nurture. Hence inexperienced trainees, who have strong nurturant needs, may approach client hostility with a rather pronounced nurturant need set. Presumably, this set dissipates with additional professional training and experience with clients.

General Characteristics of the Data

The following discussion of data characteristics is intended to expand the above commentary on the results of the hypotheses.

The Edwards Variables

As noted earlier, no relationship was found to exist between the therapists' needs to nurture and be aggressive (see Table 5.1, page 104). This finding is not considered analogous to the relative independence reported for the EPPS normative sample ($-.33$ intercorrelation), particularly since the latter sample was comprised of college students.¹²

The results obtained for therapists' needs to nurture were found to be definitive as to the absolute amounts of the need expressed (see Table 5.2, page 105). Significant differences appeared between the three experience groups for nurturance ($p < .01$), the interns having the most intense average need (19.78) and the practicum and staff groups following in order (17.20 and 15.00). This pattern is thought to reflect the differential effects of experience in doing psychotherapy--or, more specifically, indicative of the disturbing influence of training upon the neophyte's expression

¹²A. L. Edwards, Edwards Personal Preference Schedule, Psychological Corporation, New York (Manual revised 1959), 20.

of nurturance. The interns' expressed strength to nurture is seen as somewhat proportional to their degree of ambivalence toward the potent but often deleterious effects of their nurturing behaviors. Additional training and therapeutic practice should enable this group to develop greater clarity of and control over this need. Presumably staff therapists had already worked this issue through and had also found more appropriate objects for their nurturance extratherapeutically, as reflected in their low need mean (15.00). Insofar as the practicum students were just entering this ambivalent stage in training--being largely unaware of the dangers of satisfying their needs to nurture at their clients' expense--it is not surprising that they had the second highest average need (17.20).

No significant difference was found between the absolute amounts of aggression expressed by the three experience groups (see Table 5.2, page 105). The smooth decrease in means across groups as experience increased suggests that therapists' aggressive need, while modifiable, is not as dramatically effected as is nurturance by experience with clients and the training milieu.

The effects of the training milieu upon the intern and practicum groups' need behaviors warrant further discussion. It was suggested that the interns' strong need to nurture was related to their ambivalence with this need--and, by comparison, that the practicum students were not as

intensely involved with this issue. The summary of demographic information does not, as reported, offer much support for the interns' intense awareness of the effects of nurturance (see Table 4.1, page 80). However, in spite of the fact that the data relating to each groups' personal psychotherapies suggest a near equal level of motivation to nurture, the elements of recency, intensity and length of the interns' therapies far exceeded those of the practicum group. Moreover, the positive elements of the interns' need to nurture was further intensified through various training involvements with the senior staff of the Counseling Center's internship program, whereas the practicum students' contact with these gratifying figures was characteristically limited and fragmentized. Thus it seems that the interns were immersed in a cross fire, as it were, between (1) experiencing the rewards of being nurtured and encouraged to nurture from their own therapists and supervisors and, at the same time, (2) coming to grips with the often uncomfortable results of their excessive nurturing behaviors with clients. Presumably this state was conducive to a tendency for interns to confuse their own nurturant-dependent needs with those of their clients, at least until such time when they (the interns) sufficiently clarify this issue. This latter stage of personal and professional maturity was not seen as well established when the data for the present investigation was collected.

While appropriate expressions of the trainee's nurturing need were generally highly valued by the Counseling Center's senior staff, positive reinforcement of the trainee's aggressive verbal interactions with clients was seen as less frequent and direct. Comparison of the EPPS raw score group means for the staff therapists on these variables disclosed that their needs to nurture were significantly stronger than their needs to be aggressive ($t = 6.109$, d.f. 24, $p < .0005$). This difference suggests that the need to nurture was handled more effectively than aggression in the training program--an assumption raised earlier (see page 38ff).

Therapists' Approach Behaviors

The approach to client dependency was found to increase significantly across experience levels, the staff having the highest group mean (see Table 5.3, page 106). Using the same basic method in analyzing taped interviews as employed in the present study, former investigators have likewise found approach to dependency to be positively and significantly related to experience.¹³ In agreement with

¹³P. Caracena, Verbal Reinforcement of Client Dependency in the Initial Stage of Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State University, 1963; D. A. Kopplin, Hostility of Patients and Psychotherapists' Approach-Avoidance Responses in the Initial Stage of Psychotherapy, Unpublished Master's Thesis, Michigan State University, 1963; H. Lerman, A Study of Some Effects of the Therapist's Personality and Behavior and of the Clients' Reactions in Psychotherapy, Unpublished Ph.D. Dissertation, Michigan State

with this finding, Mills concluded:

So it would appear that approach to dependency is an experience variable, something that is learned with increasing exposure to psychotherapy.¹⁴

It is not surprising that the present finding corroborates Mills' evaluation in that, with the exception of five additional intern subjects in the present sample, the two samples are identical in every respect.¹⁵

With regard to therapists' approach to client hostility, no significant difference was observed across the three experience groups (see Table 5.3, page 106). The findings relating to this variable in the studies cited above are divided. While the result obtained by Mills is supported by the present finding, it seems noteworthy that the trends in means across experience groups in these two studies differ markedly. In Mills' study a smooth increase in means was reported (practicum = 68.80, intern = 73.50, senior staff = 76.92; nonsignificant, Kruskal-Wallis H tests).¹⁶ Mills interpreted his findings thusly:

University, 1963; and D. H. Mills, Liking as a Therapist Variable in the Psychotherapeutic Interaction, Unpublished Ph.D. Dissertation, Michigan State University, 1964.

¹⁴Ibid., 64 f.

¹⁵See page 70 (footnote 41) for more complete descriptions of the two samples.

¹⁶D. H. Mills, op. cit., 32.

The approach to hostility does not appear to be as simple and almost univariate a variable as the approach to dependency. It is much more tied to the individual therapist regardless of experience and is multiply determined. Hence, the data suggest that the therapist can and does learn to approach dependency, but his approach to hostility is greatly determined by his own dynamics and characteristics, those of his patient, and the dyadic interaction of the two.¹⁷

In the current study the mean magnitude for the intern experience group was highest (761.31), followed by decreases in group means for the practicum (723.50) and senior staff (713.46). The difference in group mean trends between the findings of Mills and the present investigation suggests an alternative explanation for this approach variable.

Mills noted that the therapist's approach to hostility "is greatly determined by his own dynamics and characteristics, and those of his patient." These variables--which, parenthetically, were not treated in the former studies in the same manner in which Mills used them in his interpretation of results--primarily refer to the sex characteristics of the therapists and clients in the sample common to the investigations of Mills and Hartzell. Mills found that female therapists approached hostile client bids significantly more than their male colleagues ($p < .01$): moreover, "aggressive bids of male patients are more often approached than aggressive bids from female patients" ($p < .05$).¹⁸

¹⁷Ibid., 66

¹⁸Ibid., 34.

The present study only corroborated the finding of Mills related to the approach of female therapists ($p < .0005$, see Table 5.6, page 108). The dynamic factors to which Mills referred in his interpretation concern the mixed results obtained for "the therapist's needs for nurturance and for affiliation in interaction with experience."¹⁹ Thus, his explanation of the results relating to the therapists' approach to hostility appear to be based upon extrapolations which minimize or ignore the effects of experience upon this variable.

In the present study, therapeutic experience with clients and the training milieu are seen as being factors of no less importance in the approach to hostility as to dependency. However, the way in which experience and training effect each of these approach variables appears to be quite different. Rather than the smooth rate of response to the effects of training and experience as discussed earlier for approach to dependency, the therapist's approach to client hostility seemed to undergo an uneven transformation as he or she progressed up through the experience levels. In keeping with this rationale, such factors as the therapist's sex role behavior and unique psychodynamic characteristics--while viewed with Mills as important determinants of the

¹⁹ Ibid., 66 and 49f. Italics mine.

therapist's frequency of approach to client hostility--are seen as being highly effected by the various experiences provided by the training milieu. By using the senior staff group mean for approach as a base rate (713.46), it follows that the experience group most effected by such training interventions as supervision and personal therapy would be the interns. This latter group had the highest level of approach (761.31), with the practicum students following (723.50). Thus, what seems to have happened is that as the impingement of training and experience intensified, an approach crescendo was reached and sustained for an indefinite period during the internship experience. Presumably, once the trainee has graduated and has had time to work through the effects of training, his or her approach level to client hostility deminishes. Hence his need to be aggressive and his approach level to hostility are then commensurate with his advanced experience level (cf, Table 5.2 with 5.3, pages 105 and 106).

Experience Level Factors

Generally, experience level differences were found to exist for almost every variable or combination of variables. Individual differences within groups, such as the sex of the therapist, appeared to be of second order importance when compared with the preponderance of evidence relating to the degree of training or experience in doing

psychotherapy per se. Such evidence only reinforces the importance of intensive psychotherapeutic training programs insofar as the degree of training and experience does seem to result in need-based behavioral differences in the therapeutic dyad.

The results of the present study suggest that the impingement of the complex effects of training and experience with clients tended to be most disruptive for the intern experience group. Staff and practicum therapists, identified as strongly nurturant, looked similar in their approach to client hostility (cf., Tables 5.3, especially 5.9 and 5.13--pages 106, 112 and 121, respectively). As suggested earlier, the interns' dissimilarity to these groups may be partially attributed to a recently acquired ambivalence toward nurturant verbal expression--i.e., a clash between old feelings associated with pre-training nurturant patterns in meeting hostile bids and with the new feelings connected with the nurturant patterns these trainees were developing in working with hostile clients. One can readily extrapolate from this interpretation that, once this difficulty is worked through, the interns will nurture more appropriately and securely in responding to hostile bids, then being congruent with the results obtained for the staff therapists on these variables--but never again with those obtained for the practicum group (see Table 5.9, page 112).

Staff and intern therapists (irrespective of the therapists' need variable investigated) were seemingly alike in their approach to client dependency (cf., Tables 5.3, especially 5.8 and 5.11 and 5.12--pages 106, 111 and 115 and 119, respectively). Moreover, the approach of these two groups was consistently in the opposite direction of the predictions. On the other hand, the practicum group conformed to prediction expectations (albeit nonsignificantly), again irrespective of the need variables in question.

CHAPTER VII

SUMMARY AND CONCLUSIONS

Collation of Summaries

Only a small body of literature acknowledges investigation of therapists' needs in the psychotherapeutic dyad. Nurturance and aggression have received almost exclusive attention, since many authors feel they are responsive behaviors to central conflict areas of most psychotherapies. Moreover, only one investigator (Mills, 1964) is known to have dealt with one of these therapist variables, viz., nurturance, as essentially conflict-free. Therefore, the present preliminary study explored the effects of therapists' nurturant and/or aggressive verbal behaviors in response to clients' dependent or hostile statements. The independent variable was the therapists' need strengths; also considered were the possible effects of the therapists' level of professional experience and sex in conjunction with the sex of their clients.

The study was based upon contributions from several theoretical persuasions accounting for client-therapist behaviors. It was concluded from the literature that the

specific client need verbalized in the transference is associated with the predominant need make-up of the therapist as well as indicative of the unique characteristics of the client's need-conflicted life. Furthermore, recent departures from orthodox countertransference theory suggest that the therapist's need-based behaviors yield fairly accurate clues about client distortions. Finally, the Rogerian concept of positive regard was seen as calling attention to an aspect of the therapist's nurturant responsiveness which is not exclusively the product of countertransference defensiveness.

It was determined that therapists' nurturant and aggressive needs have their origin, development and non-pathological expression in specific anxiety reducing patterns--viz., nurturance being an adaptive behavior which reduces feelings of psychological desertion, and the constructive expression of aggression a way of coping with feelings of frustration. Thus therapists' expressions of these needs were viewed as both elicited and emitted behaviors, depending upon whether the conditions of a given therapist-client interaction reflected need complementarity or similarity.

Four simple correlation hypotheses were designed to test for association between combinations of therapists' nurturant or aggressive need strengths and the therapists'

frequency of approach to clients' statements of dependent or hostile conflicts. Two additional hypotheses of multiple correlation were tested for relationship between the therapists' nurturant with aggressive need strengths and the therapists' frequency of approach to each class of client verbal behavior. Tests were also made for increase in precision of predicting which, if not both, of the therapists' need variables contributed significantly to the therapists' approach.

The study sample was composed of forty-two staff and trainee therapists, all associated with the Michigan State University Counseling Center during the 1963-1964 academic year. Each of the thirteen staff members (9 male and 4 female) were employed on a full-time basis and held Ph.D. degrees. The nineteen intern subjects (15 male and 4 female) were engaged in half-time, two year traineeships, all being advanced doctoral students from clinical or counseling psychology programs. The ten beginning practicum therapists were all male and were pursuing masters programs.

Each therapist completed a professional background sheet. Need strength scores for nurturance and aggression were obtained from self-administrations of the Edwards Personal Preference Schedule for the independent therapist variable. The dependent variables were the therapists' approach-avoidance statements to clients' bids for dependency or

hostility during fifth interviews of relatively short-term but intensive psychotherapies. Each of the forty-two, one hour interviews (a separate client for each therapist) was entirely analyzed according to the Winder and Bandura modifications of the Edward J. Murray model of content-analysis of verbal interaction. Interjudge reliability, established from 78.5 per cent of the tape sample, was $+.943$ for approach to dependency and $+.887$ for approach to hostility. All of the statistical tests were based upon averages of the judges' global approach percentages. The fifth interview tape recordings for staff and interns were drawn from the Counseling Center tape library, recently established for research purposes. The tapes from the practicum group were collected with the mutual consent of the students and their case supervisors.

Neither of the simple correlation hypotheses relating to the therapists' nurturant approach behaviors was confirmed. Failure to obtain a significant positive approach to client dependency was attributed to what other investigators (Caracena, 1963; Mills, 1964; Schuldt, 1964) have described as "training for independence," i.e., prior to fifth interviews therapists characteristically begin to train clients to become more independent by declining to entertain dependent statements. In regard to the inversely significant (positive) results obtained for the negative

relationship predicted for nurturant therapists' approach to hostile client bids, it was found that the strongly nurturant therapists (i.e., the entire sample, all males and the practicum experience group especially) did meet their clients' hostile statements. In agreement with Mills, it was concluded that the male practicum therapists had not begun to consider the difficulties that typically ensue from inappropriate gratification of their own nurturant needs.

The two simple correlation hypotheses relating to the therapists' aggressive approach behaviors were likewise not supported. Instead, an inversely significant (negative) result was obtained for the staff experience group's approach to hostile client statements. This outcome was interpreted as the highly skilled therapists' ability to avoid premature, countertransference initiated responses in anticipation of a more sensitive handling of client hostility in subsequent interviews. With regard to the approach to client dependency, an inversely significant (positive) coefficient resulted for the staff therapists. Thus it seemed that increased experience was also accompanied by a heightened awareness that aggressive needs did not have to intrude upon the therapeutic dialogue in coping with client dependency.

The multiple correlation hypothesis designed to examine the relationship between the therapists' combined need strengths (nurturance and aggression) and the therapists' frequency of approach to client dependency bids was

only significantly supported by the results for the practicum experience group ($p < .05$)--both needs contributing equally to the approach ($p < .025$). Apparently these inexperienced therapists--as compared with their staff and intern colleagues--were not as successful in differentiating and controlling their own needs (nurturance and aggression) in dealing with dependent clients.

The second multiple hypothesis received partial support (testing for correlation between the therapists' combined need strengths and frequency of approach to hostile client statements). The nurturant variable for the entire staff, all male therapists, and especially for the practicum group contributed significantly in increasing precision of predicting approach to hostility ($p < .05$, $.05$, and $.01$, respectively). It appeared that the neophyte's nurturance was of such magnitude as to provide a need set in his handling of client hostility.

Content analysis of the data yielded several factors. Significant differences appeared between the three experience groups for the need to nurture ($p < .01$), the interns expressing the most intense average need and the practicum and staff groups following respectively. This pattern was seen as indicative of the disturbing influence of training upon the neophytes' expression of nurturance. Presumably the staff therapists had already clarified and gained control

over this need, the practicum students were only beginning to entertain the issue, and the interns were intensely involved in working with it. No difference was found between the experience groups for the need for aggression--the smooth decrease in means across groups as experience increased suggested that this need, while modifiable, was not as dramatically effected as was nurturance by the training milieu and experience with clients.

With regard to the therapists' approach behaviors, a significant difference was observed between experience groups for approach to client dependency bids ($p < .01$). The smooth increase in group means was accompanied by an increase in experience level, suggesting that approach to dependency is learned with added exposure to doing psychotherapy and with continued exposure to various types of training experience. However, tests for the approach to client hostility did not prove significant for any of the experience groups. The irregular group mean profile was interpreted as indicative of an uneven development in this approach variable as therapists progress up through experience levels. The training interventions of supervision and personal psychotherapy were thought to be the strongest factors effecting the intern group (having the highest mean, followed by a decrease in means for the practicum and staff groups, respectively).

A composite view of the general characteristics of the data disclosed an orderliness in the therapists' need behaviors. Strongly nurturant staff and practicum therapists looked similar in their approach to hostility. The interns' dissimilar approach to hostility was largely attributed to an ambivalence between their habitual pre-training patterns of nurturing hostile persons and new ways of expressing this need in interacting with hostile clients and with related aspects of the training program. Irrespective of the variables in question, the staff and intern groups looked alike in their approach to dependency.

Conclusions

Edwards Personal Preference Schedule Variables

1. Intercorrelation of Needs. An intercorrelation of $-.33$ for nurturance and aggression was reported for the EPPS normative sample. The product-moment tests for the experimental sample (on the raw need scores across experience groups) did not prove significant and, hence, failed to corroborate the degree of negative relationship reported for the normative sample (see Table 5.1, page 104).
2. Needs as a Function of Experience. The possibility that the therapists' level of experience might effect their expression of nurturance and aggression was explored by computing analyses of variance on the raw EPPS need scores.

The three groups only differed significantly ($p < .01$) for the need to nurture--the mean of the intern group having the greatest magnitude, followed by the means of the practicum and staff groups respectively (see Table 5.2, page 105).

Tape Scoring Variables

1. Approach as a Function of Experience. The two simple analyses of variance tests on the therapists' approach to client dependency and to hostility bids disclosed that a significant (positive) difference existed between the three experience groups for the dependency variable ($p < .01$) during the fifth interviews. A smooth and progressive mean increase may be observed across groups as experience increased (see Table 5.3, page 106).

2. Approach as a Function of Sex. Four simple t-tests on the approach behavior of the therapists were computed to determine if approach to the client variables was a function of the sex of the therapist or of the client. The sex of neither party was found to effect the frequency of approach to clients' dependency statements. However, it was disclosed that female therapists did approach hostile client bids significantly more often than their male peers ($p < .0005$ --see Table 5.6, page 108).

Testing of the Hypotheses

1. Hypothesis one: There is a positive relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' dependent bids. As with each of the first four hypotheses, Spearman rank correlations were computed for nine groupings of the sample in testing this hypothesis (viz., for the total raw scores; total sample ranked; staff, intern, and practicum experience levels; male and female therapist groups; male staff and male intern groups). None of these group test findings supported hypothesis one. Moreover, seven of the nine coefficients were negative (see Table 5.8, page 111).

2. Hypothesis two: There is a negative relationship between therapists' nurturant need strengths and therapists' approach behavior to clients' hostile bids. All of the group coefficients failed to confirm this hypothesis. Furthermore, four group coefficients were positively significant at the .01 to .05 levels (viz., for the total raw scores, total sample ranked, practicum group, and male therapists--see Table 5.9, page 112).

3. Hypothesis three: There is a positive relationship between therapists' aggressive need strengths and therapists' approach behavior to clients' hostile bids. Again, the results failed to support the hypothesis. The staff experience group coefficient was significant ($p < .025$) in the opposite direction of prediction (see Table 5.10, page 114).

4. Hypothesis four: There is a negative relationship between therapists' aggressive need strengths and therapists' approach behavior to clients' dependent bids. Likewise, this hypothesis did not receive support. The staff experience group coefficient was positively significant ($p < .05$ --see Table 5.11, page 115).

The fifth and seventh hypotheses required multiple correlation treatment. Hypotheses six and eight further analyzed the multiple data for increase in precision of predicting the frequency of approach to the client variables in question. This procedure necessitated zero order tests.

Only the aggressive staff experience group was found to significantly approach dependent client bids in the zero order treatment of the data ($p < .05$ --see Table 5.12, page 119). However, this finding did not hold up in the subsequent test of the multiple hypothesis, which stated:

5. Hypothesis five: There is a relationship between therapists' nurturant and aggressive need strengths and therapists' approach behavior to clients' dependent bids. One of the multiple coefficients, that of the practicum experience group, was significant ($p < .05$). Aside from this result, it may be observed that this hypothesis did not receive support (see Table 5.12, page 119).

6. Hypothesis six: There is an increase in precision of prediction of therapists' frequency of approach to

clients' dependency bids when therapists' nurturant and aggressive need strength scores are added together. Both need variables of the practicum experience group were found to significantly increase the precision in predicting approach to dependent client bids ($p < .025$ for nurturance and aggression--see Table 5.12, page 119).

Four of the zero order group tests yielded significant findings for the approach of nurturant therapists to hostile client bids, viz., for the raw scores ranked, total sample ranked, practicum experience group, and male therapists ($p < .05$, $.025$, $.01$ and $.01$, respectively--see Table 5.13, page 121). However, in regard to the aggressive need variables, only the result for the staff experience group was significant ($p < .025$). One of these coefficients, that of the nurturant practicum group, held up in the multiple treatment of the data.

7. Hypothesis seven: There is a relationship between therapists' nurturant and aggressive need strengths and therapists' approach behavior to clients' hostile bids. As noted above, the practicum experience group's approach proved to be significant ($p < .05$ --see Table 5.13, page 121).

8. Hypothesis eight: There is an increase in precision of therapists' frequency of approach to clients' hostile bids when therapists' nurturant and aggressive need strength scores are added together. Just the therapists'

nurturant need strengths were found to significantly increase the precision in predicting frequency of approach to hostile client statements--for the raw scores, total sample, practicum experience group, and male therapists ($p < .05$, $.05$, $.01$ and $.05$, respectively--see Table 5.13, page 121).

Discussion of Findings

In spite of the inverse nature of the results of this preliminary study, the findings do present a definite orderliness when related back to the supporting theory.

Three summary statements of the theory were made in Chapter I regarding need similarity and need complementarity in the psychotherapeutic dyad (see page 10). The first statement asserted that:

The therapist's manifest needs cause him to approach similar client bids; e.g., a nurturant therapist will respond favorably to (i.e., approach) a client seeking to be dependent.

Theoretically, it was assumed that the therapist's nurturant responses enabled him to reduce the threat of a partial reconstitution of his primary anxiety--viz., desertion--brought about by the client's need-based statements, thus meeting the client's need in the process. This rationale was applicable to hypotheses one and three, which were designed to explore the dyadic need similarity dimensions of nurturance-dependency and of aggressivity-hostility

respectively. Without exception, neither hypothesis received support. In the second summary statement it was posited that:

The therapist's manifest needs cause him to avoid complementary client bids; e.g., an aggressive therapist will respond unfavorably to (i.e., avoid) a client seeking to be dependent.

The theory governing this state of need complementary assumed that the therapist's avoidant responses enabled him to defend against the threat of his own unacceptable dependent or hostile impulses--whichever the case may be--that had been aroused by the client's need-based statements. This rationale was in support of hypotheses two and four. While neither hypothesis was confirmed, their positive results did unintentionally substantiate the theory of need complementarity. Succinctly then, it appears that the results of the first four hypotheses offer evidence against the similarity needs theory and, instead, support the complementary needs theory as related to nurturance and aggression in fifth interviews of relatively intensive, short-term psychotherapy.

As discussed in Chapter VI, Becker offered an explanation for the above conclusion. He summarized that:

. . . researchers may well fail to recognize limiting factors or special conditions under which complementarity may hold for a given need variable (and other conditions under which similarity may hold).

The results of the fifth through the eighth hypotheses of the present study appear to corroborate Becker's opinion.

It will be recalled that both nurturance and aggression were found to contribute significantly and at the same probability level ($p < .025$) to the practicum group's frequency of approach to client dependency (findings obtained for the fifth hypothesis--see Table 5.12, page 119). These results suggest that the therapists' needs did not function independently, an assumption contrary to the theoretical position which supported the first four hypotheses of this study (cf., pages 38-40). Instead, it may be that certain needs functioned dependently or according to the "special condition" of triggering each other. This latter position assumes that the presence of a particular need strength in the therapist's need system is necessary before the appropriate need in question can be elicited or emitted in interaction with a client--the special condition being the minimal intensity of the triggering need. Thus, in applying this theoretical view to the results of the fifth hypothesis, the therapists' expressions of nurturance (in response to client dependent bids) were possible because of a rather substantial but non-elicited or -emitted level of aggression. Aggression, then, served as a mobilizer for the expression of nurturance. This interpretation also offers a cogent explanation for the significant findings obtained for the

seventh hypothesis (see Table 5.13, page 121). Moreover, this view is in keeping with the third (original) theoretical summary statement underlying hypotheses five and seven, which is restated at this time in conjunction with a condensation of the theoretical rationale generated by the present discussion.

1. The therapist in whom the needs for nurturance and aggression are experienced (manifestly) as essential need strengths responds favorably (i.e., approaches) to client bids for dependency or for hostility (see page 10).
2. The therapist's verbal expression of each of these needs conforms to the theory of need complementarity during the initial phase of relatively short-term, intensive psychotherapy.
3. The therapist's verbal expression of one of these needs presupposes the presence of the other; however, one of the needs may be more available to the therapist than the other in verbal interaction with complementary client need bids.
4. Both the experience level of the therapist and the sexes of the therapist and client are seen as secondary conditional factors which effect the therapist's expression of either of these needs.

Implications of Future Research

It should be obvious that the sustained commitment of judges in analyzing taped interviews makes this type of research feasible. And since investigation of the above theoretical conclusions will likely require analysis of a tape sample exceeding the size of the sample used in the present study, the following research design is viewed as a problem in which two investigators share.

In the above reconciliation of research findings and theory it was concluded that it may prove profitable to extend the inquiry into therapists' needs by focusing upon the problem of need complementarity. It is felt that both a revision and an extension of hypotheses two, four, six and eight will serve this end. Thus, it is hypothesized that:

- H_{2a}: With therapists identified as high in aggressive needs, a positive relationship exists between their nurturant need strengths and their frequency of approach to clients' hostile bids.
- H_{2b}: With therapists identified as low in aggressive needs, a negative relationship exists between their nurturant need strengths and their frequency of approach to clients' hostile bids.

These hypotheses are designed to investigate the triggering effect, if any, of a given need (here aggression) upon the verbal expression of a second therapist need (nurturance) seen as essential in meeting the client's need-based statements. As such, need complementarity in the therapeutic dyad is thought to be contingent upon the existence of certain strengths of paired needs within the therapist's behavioral repertoire. Theoretically, similar revision and extension of the fourth hypothesis is seen as essential to a more complete study of the therapist's needs in question. Hence, it is hypothesized that:

- H_{4a}: With therapists identified as high in nurturant needs, a positive relationship exists between their aggressive need strengths and their frequency of approach to clients' dependent bids.

- H_{4b}: With therapists identified as low in nurturant needs, a negative relationship exists between their aggressive need strengths and their frequency of approach to clients' dependent bids.

Examination of the Edwards Personal Preference Schedule need scores for the therapists of the present sample disclosed that the cutoff points, distinguishing low from high need strengths, should be separately established upon the median of the raw scores for each of the independent variables.

Inasmuch as the above four correlation hypotheses fail to account for which of the independent variables contributes most to the therapists' approach, revision of the fifth and seventh hypotheses of the present study is essential. Therefore, since the sixth hypothesis is exemplary of the eighth, the following statement will serve as the model for both:

- H_{6,8}: There is an increase in precision of prediction of therapists' frequency of approach to clients' dependent (or hostile) bids when therapists' nurturant and aggressive need strength scores are added together and are also differentially weighted.

These hypotheses require the moderated multiple regression treatment since nurturance and aggression, differentially weighted as continuous variables, moderate the predictive power of the relationship between the approach variable and

the sum of the therapist need strength score variables¹
 (i.e., $Nurturance_a + Aggression_b + Nurturance \times Aggression_c \rightarrow$
 Dependency, when $c \neq 0$).

Several characteristics in the composition of the therapist sample appear crucial to the testing of the above proposed hypotheses.

1. As experience level was found to make significant differences in the approach behaviors of therapists in the present investigation, the three experience groups (viz., practicum, intern, and staff) should be retained.

2. The small number of female therapists in the present sample placed a definite limitation upon the investigation's effectiveness. Furthermore, as one of the tests of the sex of the therapists upon approach to hostility was found to be significant for females, it is felt that an equal amount of attention should be given to the study of female therapists' needs in the future.

3. Due to the exploratory nature of the present study, the subjects of the therapist sample were obtained from one training institution; hence, any serious extrapolations from the findings to therapists in genere was largely curbed. A penetrating investigation of the proposed problem of need complementarity should require a sample representative of several institutions.

¹D. R. Saunders, "Moderator Variables in Prediction," Educational and Psychological Measurement, 1956, Vol. 16, 209-212.

4. Finally, one modification in the selection of interviews for content-analysis of the dependent variables appears appropriate. As earlier related investigators suggest, the nonsignificant relationship found between nurturant therapists and dependent clients in the present study may have resulted from a general tendency for therapists to begin training clients for independency prior to fifth interviews in moderately short-term, intensive psychotherapy. Concomitant with this interpretation is the implication that, near or during the fifth interview, the aggressive-hostile need interactions in dyads are maximally intense, or certainly greater in frequency than interactions identified as nurturant-dependent. By selecting third interviews for analysis of the nurturant approach variable and fifth interviews of the aggressive approach variable--both interviews being taken from the same client-therapist dyad--these potential problems might be considerably diminished; thus, the frequency of approach for each dependent variable would be near equal. The obvious difficulty of this solution, of course, would be a hundred per cent increase in the judges coding task.

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APPENDIX A

SCORING MANUAL FOR TAPE RECORDINGS

Scoring Manual for Tape Recordings

This manual is a modification of the manuals used in the following studies: Winder et al. (1962) and Bandura et al. (1960). It is identical with the manual used by Caracena (1963), Kopplin (1963), and Mills (1964).

A. Scoring Unit and Interaction Sequence

1. Definition. A unit is the total verbalization of one speaker bounded by the preceding and succeeding speeches of the other speaker with the exception of interruptions.

There are three types of scoring units: the "patient statement" (P St.), the "therapist response" (T R), and the "patient response" (P R). A sequence of these three units composes an "interaction sequence." The patient response not only completes the first interaction sequence but also initiates the next sequence and thereby becomes a new patient statement.

Example:

P. I can't understand how you can stand me. (P St)

T. You seem to be very aware of my feelings. (T R)

P. I am always sensitive to your feelings. (P R)

2. Pauses. Pauses are not scored as separate units. The verbalization before and after the pause is considered one unit. Therapist silences are scored as prescribed under Part C2e of this manual. There are no patient silences in this system.

3. Interruptions. Statements of either therapist or patient which interrupt the other speaker will be scored only if the content and temporal continuity of the other speaker is altered by the interruption. Then, the interrupting verbalization becomes another unit and is scored. A nonscored interruption is never taken into account in the continuation of the other speaker.

Interruption scored as one unit:

P. I asked him to help me and--

T. Why was that?

P. --he refused even to try.

Non-interruption scored as 3 units, one interaction sequence:

P. I asked him to help me and--

T. Why was that?

P. I don't know.

Verbalizations such as "Um hmm" or "I see" are ignored in scoring unless they are so strongly stated as to convey more than a listening or receptive attitude.

Patients' requests for the therapist to repeat his response are considered interruptions and are not scored. However, therapists' requests of this sort are scored as units (as approach or avoidance of the patient statement).

B. Categories of Patient Statements and Patient Responses

There are three categories: Dependency, Hostility, and Other. They are scored as exhaustive categories. All discriminations are made on the basis of what is explicitly verbalized by the speaker in the unit under consideration. One statement may be scored for several categories.

When dependency and/or hostility units occur, the object of the patient's behavior is also scored as either Psychotherapist or Other.

1. Hostility category. The subcategories of hostility listed below are not differentiated in the scoring but are listed here to aid in the identification of hostility.

- a. Hostility. Hostility statements include description or expression of unfavorable, critical, sarcastic, depreciatory remarks; oppositional attitudes; antagonism, argument, expression of dislike, disagreement, resentment, resistance, irritation, annoyance, anger; expression of aggression and punitive behavior, and aggressive domination.

- 1) Anger:

P. I'm just plain mad!

P. I just couldn't think--I was so angry.

P. My uncle was furious at my aunt.

- 2) Dislike. Expresses dislike or describes actions which would usually indicate dislike.

P. I just don't get interested in them and would rather be somewhere else.

P. I've never ever felt I liked them and I don't suspect I ever will.

P. He hates editorials.

- 3) Resentment. Expresses or describes a persistent negative attitude which does or might change to anger on a specific occasion.

P. They are so smug; I go cold whenever I think about having to listen to their "our dog" and "our son." Boy!

P. They don't ever do a thing for me so why should I ask them over.

P. Dad resents her questions.

- 4) Antagonism. Expresses or describes antipathy or enmity.

P. It's really nothing definite, but we always seem at odds somehow.

P. There is always this feeling of being enemies.

- 5) Opposition. Expresses or describes oppositional feelings or behavior.

P. If he wants to do one thing, I want to do another.

P. It always seems she is against things. She is even against things she wants.

P. No, I don't feel that way (in response to T's assertion).

- 6) Critical attitudes. Expresses negative evaluations or describes actions which usually imply negative evaluations.

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

P. There is something to be critical about in almost everything anyone says or does.

- 7) Aggressive actions. Acts so as to hurt another person or persons, either physically or psychologically.

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

P. I can remember Mother saying, "We slap those little hands to make it hurt."

- b. Hostility anxiety. A statement including expression of fear, anxiety, guilt about hostility or reflecting difficulty expressing hostility.

P. I just felt so sad about our argument.

P. I was afraid to hit her.

P. After I hit her I felt lousy.

- c. Hostility acknowledgment or agreement. A statement agreeing with or acknowledging the therapist's approach towards hostility. May give example. May convey some conviction or may simply agree with the therapist's response.

T. You were angry.

P. Yes!

2. Dependency categories.

- a. Definition. Any explicit expression or description of help-seeking, approval-seeking, company-seeking, information-seeking, agreement with others, concern about disapproval, or request that another initiate discussion or activity.

- b. Scoreable categories. The subcategories listed below are scored exhaustively.

- 1) Problem description. States problem in coming to therapy, gives reason for seeking help, expresses a dependent status or a general concern about dependency.

P. I wanted to be more sure of myself.
That's why I came.

P. I wanted to talk over with you my reasons for dropping out of school next quarter.

P. Part of the reason I'm here is that everything's all fouled up at home.

P. I depend on her, am tied to her.

P. I want to be babied and comforted.

- 2) Help-seeking. Asks for help, reports asking for help, describes help-seeking behavior.

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

P. What can you do for him?

P. I try to do it when he can see it's too hard for me.

- 3) Approval-seeking. Requests approval or acceptance, asks if something has the approval of another, reports having done so with others, tries to please another, asks for support or security. Includes talk about prestige. Expresses or describes some activity geared to meet his need.

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

P. If there was any homework, I did it so Dad would know I was studying like a good girl.

P. Is it alright if I talk about my girl's problem?

P. That's the way I see it, is that wrong?

P. I asked him if I were doing the right thing.

- 4) Company-seeking. Describes or expresses a wish to be with people, describes making arrangements to do so, describes effects to be with others, talks about being with others.

P. It looks as if it'll be another lonely weekend.

P. Instead of studying, I go talk with the guys.

P. I only joined so I could be in a group.

P. We try to see if other kids we know are there, before we go in.

- 5) Information-seeking. Asks for cognitive, factual or evaluative information, expresses a desire for information from others, arranges to be the recipient of information.

P. I asked him why he thought a girl might do something like that.

P. I came over here to see about tests you have to offer. I want to know what they say.

P. I'm planning to change my major. I'd like to know how to do it.

- 6) Agreement with another. Responds with ready agreement with others, readily accepts the therapist's reflection. Often illustrates therapist's remarks with examples, draws a parallel example to indicate agreement. May accept preceding statement on authority or if preceding statement was a therapist approach to Dependency, may simply agree with it.

P. Oh, yes! You're absolutely right about that.

P. Immediately I felt he was right and I had never thought about it that way.

T. Then you wanted to get some help?

P. Yes.

- 7) Concern about disapproval. Expresses fear, concern, or unusual sensitivity about disapproval of others, describes unusual distress about an instance of disapproval, insecurity, or lack of support. Little or no action is taken to do something about the concern.

P. She didn't ever say a thing but I kept on wondering what she doesn't like about me.

P. My parents will be so upset about my grades, I don't even want to go home.

P. It seems like I always expect I won't be liked.

P. I can't understand how you can stand me when I smoke.

P. I'm sorry I got angry at you.

- 8) Initiative-seeking. Asks the therapist or others to initiate action, take the responsibility for starting something (to start discussion, determine the topic). Arranges to be a recipient of T's initiative. May solicit suggestions.

P. Why don't you say what we should talk about now?

P. If you think I should keep on a more definite track, you should tell me.

P. I got my advisor to pick my courses for next term.

P. Tell him what to do in these circumstances.

3. Other category. Includes all content of patient's verbalizations not classified above.

C. Categories of Therapist Responses

Therapist responses to each scored patient statement are divided into two mutually exclusive classes, approach and avoidance responses. When both approach and avoidance are present, score only the portion which is designed to elicit a response from the patient.

1. Approach responses. The following subcategories are exhaustive. An approach response is any verbalization by the therapist which seems designed to elicit from the patient further expression or elaboration of the Dependent or Hostile (or Other) feelings, attitudes, or actions described or expressed in the patient's immediately preceding statement, i.e., the part of the preceding statement which determined its placement under Dependency, Hostility or Other. Approach is to the major category, not specific subcategories.

- a. Approval. Expresses approval of or agreement with the patient's feelings, attitudes, or behavior. Includes especially strong "Mm-hmm!"; "Yes."
- P. May I just be quiet for a moment?
- T. Certainly.
- P. I have my girl friend's problems on my mind. Could we talk about them?
- T. Why don't we talk about that?
- b. Exploration (probing). Includes remarks or questions that encourage the patient to describe or express his feelings, attitudes, or actions further, asks for further clarification, elaboration, descriptive information, calls for details or examples. Should demand more than a yes or no answer; if not, may be a "label."
- P. How do I feel? I feel idiotic.
- T. What do you mean, you feel idiotic?
- P. I can't understand his behavior.
- T. What is it about his behavior you can't understand?
- c. Reflection. Repeats or restates a portion of the patient's verbalization of feeling, attitude, or action. May use phrases of synonymous meaning. Therapist may sometimes agree with his own previous response; if the patient had agreed or accepted the first therapist statement, the second therapist statement is scored as a reflection of the patient statement.
- P. I wanted to spend the entire day with him.
- T. You wanted to be together.
- P. His doing that stupid doodling upsets me.
- T. It really gets under your skin.
- d. Labeling. The therapist gives a name to the feeling, attitude, or action contained in the patient's verbalization. May be a tentative and broad statement not clearly aimed at exploration, i.e., those not explained to the patient. May be a question easily answered by yes or no.

- P. I just don't want to talk about that any more.
- T. What I said annoyed you.
- P. She told me never to come back and I really did have a reaction.
- T. You had some strong feelings about that-- maybe disappointment or anger.
- e. Interpretation. Points out and explains patterns or relationships in the patient's feelings, attitudes, and behavior: explains the antecedents of them, shows the similarities in the patient's feelings and reactions in diverse situations or at separate times.
- P. I had to know if Barb thought what I said was right.
- T. This is what you said earlier about your mother
- f. Generalization. Points out that patient's feelings are natural or common.
- P. I want to know how I did on those tests.
- T. Most students are anxious to know as soon as possible.
- P. Won't you give me the scores?
- T. Many students are upset when we can't.
- g. Support. Expresses sympathy, reassurance, or understanding of patient's feelings.
- P. It's hard for me to just start talking.
- T. I think I know what you mean.
- P. I hate to ask favors from people.
- T. I can understand that would be difficult for you.
- h. Factual information. Gives information to direct or implied questions. Includes general remarks about the counseling procedure.
- P. Shall I take tests?
- T. I feel in this instance tests are not needed.
- P. What's counseling all about?
- T. It's a chance for a person to say just what's on his mind.

2. Avoidance responses. The following subcategories are exhaustive. An avoidance response is any verbalization by the therapist which seems designed to inhibit, discourage, or divert further expression of the Dependent, Hostile, or Other patient categories. The therapist attempts to inhibit the feelings, attitudes, or behavior described or expressed in the immediately preceding patient statement, i.e., the part of the preceding statement which determined its placement under Dependency, Hostility, or Other. Avoidance is avoidance of the major category, not specific subcategories.
 - a. Disapproval. Therapist is critical, sarcastic, or antagonistic towards the patient or his statements, feelings, or attitudes, expressing rejection in some way. May point out contradictions or challenge statements.

P. Why don't you make statements? Make a statement. Don't ask another question.

T. It seems that you came here for a reason.

P. Well, I wonder what I do now?

T. What do you think are the possibilities? You seem to have raised a number of local possibilities in our discussion.

P. I'm mad at him: that's how I feel.

T. You aren't thinking of how she may feel.
 - b. Topic transition. Therapist changes or introduces a new topic of discussion not in the immediately preceding patient verbalization. Usually fails to acknowledge even a minor portion of the statement.

P. Those kids were asking too much. I would have taken too much of my time.

T. We seem to have gotten away from what we were talking about earlier.

P. My mother never seemed interested in me.

T. And what does your father do for a living?
 - c. Ignoring. Therapist responds only to a minor part of the patient response or responds to content, ignoring affect. May under- or over-estimate affect. May approach the general topic but blatantly ignore the affect verbalized.

P. You've been through this with other people so help me out, will you?

T. You are a little uneasy.

P. You can see I don't know what to do and I want you to give me advice.

T. Just say whatever you feel is important about that.

P. My sister gets me so mad I could scream.

T. Mm-hmm. How old did you say she was?

- d. Mislabeleding. Therapist names attitudes, feelings, or actions which are not present in the actual verbalization preceding the response.

P. I just felt crushed when she said that.

T. Really burned you up, huh?

P. I don't know how I felt--confused--lost--

T. I wonder if what you felt was resentment.

- e. Silence. Scored when it is apparent that the patient expects a response from the therapist but none is forthcoming within 5 seconds after the patient stops talking. If the therapist approaches after 5 seconds have elapsed, silence cannot be scored and the therapist's response is merely "delayed."

P. If you think I should keep on a more definite track, tell me because I'm just rambling.

T. (5 second silence)

T. It is very confusing not to know what to do.

3. Dependency and Hostility initiated by therapist.

Scored whenever the therapist introduces the topic of Dependency or Hostility, i.e., when the patient statement was not scored as the category which the therapist attempts to introduce.

P. Last week I talked about Jane.

T. You've mentioned a number of things you have done to please her.

P. (enters office)

T. Now, how may I help you?

P. I was late for class this morning.

T. I wonder if you dislike the teacher or the class?

P. I like to run around in blue jeans.

T. You hate your mother.

APPENDIX B

PROFESSIONAL BACKGROUND SHEET

Professional Background Sheet

1. How long have you been active as a counselor, including your internship experience if any (to the nearest half year) _____?
2. How long have you been working in a counseling capacity in our Center program (to the nearest half year) _____?
3. Have you at some time received personal therapy of a personal-adjustment nature (if you are receiving counseling at this time, answer "now"--if you have received counseling from more than one counselor, answer "several") _____?
4. If your answer to question 3 was "yes" or "now" or "several," select one of the following counseling orientations which most closely approximates your most recent counselor's framework _____.
 - a. Rational therapy
 - b. Client-centered
 - c. Eclectic
 - d. Psychoanalytic
 - e. Neo-analytic
 - f. Learning theory
 - g. Other (specify)
5. Perhaps you find that you tend to operate out of one specific counseling framework more than another. Select one of the orientations offered in question 5 which most closely approximates your frame of reference _____.

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