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THE FUNCTIONAL SIGNIFICANCE OF
INTERPERSONAL BEHAVIOR IN PSYCHOTHERAPY

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Victor R. Nahmias

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THE FUNCTIONAL SIGNIFICANCE OF INTERPERSONAL BEHAVIOR
IN PSYCHOTHERAPY

BY

Victor R. Nahmias

A DISSERTATION

Submitted to
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ABSTRACT

THE FUNCTIONAL SIGNIFICANCE OF INTERPERSONAL BEHAVIOR IN PSYCHOTHERAPY

By

Victor R. Nahmias

This study of personal conflict in the psychotherapeutic process attempted to delineate the nature of a clients' personal conflicts and his means of coping with these conflicts through the unwitting structuring of the psychotherapeutic relationship. Using projective techniques, the client's most pressing interpersonal desires, wishes or fears were determined. This was followed by an assessment of his conscious self-image. The disparity between these two measures yielded a measure of conflict within the client's personality. The client's style of relating to the therapist in the first and seventh sessions was coded and compared. Whereas the behavior in the first session was said to represent the client's stable and consistent manner of defending himself against anxiety and integrating himself in a relationship, the seventh session was thought to reveal the emerging conflictual themes as they expanded and found, focus and force in the therapy relationship. It was hypothesized that these themes would be the ones revealed in the pre-therapy assessment, and the extent to which this process occurred would be related to the amount of intrapsychic conflict experienced by the client.

Subjects were 12 clients at the University Counseling Center who were seen by clinical and counseling psychology interns. A pre-therapy

assessment included administration of the Thematic Apperception Test and the Interpersonal Checklist. Tapes of sessions one and seven were selected and rated for the interpersonal behavior of both client and therapist.

Analysis of the data failed to support any of the experimental hypotheses. Repressed behavioral trends did not surface in the later psychotherapy interviews nor did measures of multi-level personality conflict predict change in manifest behavior.

In reevaluating the rationale underlying the hypotheses it was suggested that several factors left uncontrolled might have affected the process that was presumed to occur. The nature of the clients' conflicts, specifically their ability to tolerate anxiety, the type of treatment delivered, and the session sampled could have had an accountable effect upon the unfolding of the clients' latent conflicts in the therapy relationship. Some methodological revisions were also suggested. Further research that controls for these variables and incorporates some of these revisions might yield more positive results.

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DEDICATION

TO SUSAN SHAFFER-NAHMIAS - wife, lover and friend.
You glowed as a warm light in a dark tunnel, and, as a
beacon at its end. With your help we are at the end now,
so, at last, we can embark on a new adventure together.

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Going to graduate school was like traveling through a long dark tunnel. Sometimes it was easy to forget that the tunnel was meant to bring me from one place to another; instead it became a dark and gloomy world of its own. Several people brought light to that tunnel, making it possible for me to continue on, and, ultimately to reach the other end. I'd like to thank them now that my trip is finally over.

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With him I've grown professionally and personally. Such friends are hard to come by. I trust our friendship will continue to grow.

Wendy Sabbath and Richard Genirberg, graduate students in clinical psychology, coded the therapy tapes and TATs for this study. I appreciate the time and effort they put into this task. Cathy Beutler, typist extraordinaire, and friend, took on the job of transcribing tapes and typing drafts of this dissertation. Without her devotion and persistence this project would have been next to impossible.

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INTRODUCTION

It has long been recognized that psychological conflict originates in early transactions of a person with his environment, particularly with significant others such as parents and siblings. Later experiences may modify or correct the warps of development from these earlier times, but the major modes of being in the world and dealing with organismic and environmental demands are shaped and formed by these infantile and childhood experiences.

Out of these experiences, children develop multiple configurations of self and object representations of increasing complexity which are bound together with a distinctive affective coloring (Atwood and Stolorow, 1980; Sandler and Rosenblatt, 1962). These representational configurations serve a variety of functions to the total personality including wish-fulfilling, self-guiding and self-punitive, adaptive, restitutive-reparative, and defensive purposes. Intrapsychically, the child organizes his subjective world so as to maintain positively valenced self-images by actualizing those configurations of himself in which he is acting or responding to others in ways approved of by his parents. Conversely, aspects of themselves that might lead to interactions with others that could potentially undermine those established images of one's self or others, or are laden with anxiety, fear, shame, guilt, or some other disturbing affect, are systematically dissociated or disavowed. (Sullivan, 1940, 1953, 1954). The impulse to act which forms the basis of the self-other paradigm is thrust

out of awareness so as to prevent the actualization of the dreaded relationship from crystallizing into consciousness (Atwood and Stolorow, 1980, 1981).

Interpersonally, the child, and later the adult, acts in ways and elicits responses from others that stabilize these overlearned patterns of relating, and reduce any dysphoric affect associated with negative self-other interactions. By maintaining a stable self-image based upon the reflected and positively valued aspects of one's self in response to important others, the person maintains a sense of well-being. He knows himself to be what significant others value, and he feels reassured that he will continue to be in the good graces of these important others. By dissociating those aspects of the self which contained wished for yet feared interactions with others, ones that are associated with anxiety, the person remains tolerably free of anxiety and fear.

The study of psychodynamics reveals that the wishes and fears that are dissociated do not disappear or diminish in intensity. There remains a dynamic tension between that which is considered part of the self and that which is dissociated or disavowed. And anxiety occurs when dissociated strivings become conscious, because they are associated with negative implications about one's self and the reactions of others. To a certain extent, the pressure of these dissociated strivings is reduced through the unconscious discharge of these wishes within the confines of the self-system.

For example, a person who represses his anger and acts in an obsequious or ingratiating manner may still express his contempt for authority indirectly by the mockery of power that total submission frequently implies. Thus, a balance or equilibrium is established within a personality between conscious and unconscious trends, and this equilibrium is intimately

connected to and maintained by interactions with others.

Under new or different circumstances this delicate balance of forces may become disturbed or disrupted. Conflicting trends may develop leading to anxiety, fear, or anticipated rejection. Earlier developed means of coping with organismic and environmental demands may be ill-suited to the new circumstances, so that the change becomes necessary to reestablish the delicate balance. If, however, the very means of coping stimulates forbidden wishes or requires strivings or potential interactions with others that are associated with anxiety, the basic ability to cope anew is severely limited; the very strategies that are required are not available. Perhaps it's fortunate that disowned aspects of the self still remain potent, because with proper modification they become a resource to be used in furthering adaptation. Psychotherapy can be a medium towards such an integration. In therapy, dissociated strivings are brought into awareness and integrated into the total personality resulting in lessened anxiety, an enlarged self-concept, and an expanded repertoire of behavioral responses.

REVIEW OF THE LITERATURE

Transference and Interpersonal Behavior

Freud was the first to recognize that infantile and childhood experiences shape the personality in a consistent and systematic manner. He also recognized the displacement of earlier parent-child conflicts onto the therapist-client relationship (Freud, 1963). Though at first he believed that this transference, as he called it, was a major impediment to therapeutic technique, because the client acted out rather than recalled characteristic patterns of interaction with significant persons in childhood, Freud later changed his mind, believing, instead, that the transference provided the greatest opportunity for changing the psychic structures that were at the roots of his client's difficulties. Psychoanalysis was conceived of as a systematic analysis of the transference reaction leading to an alteration of internal psychic structures. For Freud, conflict was intrapsychic and greater significance was attached to that which was warded off by the client.

Sullivan, on the other hand, bothered little with intrapsychic structure. Instead, he focused his attention on the consistent and reliable means by which a person relates himself to others. Sullivan (1953) believed that distorted patterns of interactions were at the root of psychological difficulties. He, too, traced the origin of these patterns to the child's earliest anxiety-laden interactions with its parents. But for Sullivan greater significance was attached to that which was observable: behavioral

patterns, called security operations, that reduce anxiety and maintain self-esteem. Theoretically, a conflict within the personality existed, one that associated anxiety with the warded-off response patterns, but Sullivan rarely discusses the disowned contents, other than to allude to its anxiety-producing properties.

The differences between Sullivan's and Freud's conceptualization of psychological functioning and the nature of psychopathological processes may seem small when compared to their apparent similarities. However, these differences are substantive, if only subtle in theory, and significant in technique. Though this may be an exaggeration in the service of making a comparison, it could be said that for Freud man lived in a world of psychic structure with occasional forays into the interpersonal world. The phenomena of interest was the psyche, the relationship was instrumental in the determination of psychic structures and contents, and as such, it should remain as uncontaminated as possible.

For Sullivan, however, man lived in close and intimate contact with his fellow man. His manner of relating was the phenomena of interest and the relationship itself was the object of study. Only a relationship that was fully participated in by the therapist could be a close enough approximation to the client's conflicted relationships with others.

From an interpersonal point of view certain recurrent patterns of relating, called security operations, are the fundamental objects of scrutiny. The functions of these security operations are the reduction of anxiety and the maintenance of self-esteem. From a more strictly psychoanalytic point of view, transference refers to the reviving in the therapeutic relationship of an intrapsychic complex consisting of forbidden wishes, impulses, fears, or fantasies related to infantile love objects.

The function of this revival has been a subject of some debate; it has been ascribed wishfulfilling, defensive, and adaptive components. However, most investigators agree that it does occur with a high degree of regularity. And most therapists, like Alexander and French (1946), maintain that working with it is central to the therapeutic process, whether one analyzes it or not.

The Functional Utility of Interpersonal Behavior

Actually, a comparison between transference and a security operations is not quite an apt one. Though their genesis in early family dynamics is a common one, their functional significance to the total personality is different. Security operations are interpersonal strategies for the reduction of anxiety and the maintenance of self-esteem. Insofar as these maneuvers elicit reflexive responses from others thereby evoking secure and stable self-other configurations, they serve as an interpersonal invitation to collude in defense against anxiety, which would have a disintegrative effect upon relatedness. Psychodynamically, they serve defensive and adaptive functions, and structurally they would be a manifestation of ego functioning. The choice of security operations gives little indication of what nuclear conflicts are being defended against, that is, what other means of relatedness are associated with anxiety and therefore avoided.

On the other hand, transference refers to the revival of earlier wished for modes of relating to others (Sandler, 1981). The main aim of this revival, strictly speaking, is the satisfaction of archaic wishes that these modes of interacting embody. These wishes are usually opposed by equally archaic fears, and the complex of wish and fear are closely bound together in the form of some unconscious fantasy (Arlow, 1969). Because of the anxiety associated with these fears, the fantasy is repressed or

thrust out of awareness. In this sense, transference refers to a intrapsychic phenomena (a nuclear conflict taking the form of an unconscious fantasy) that seeks actualization in an interpersonal field, yet conscious awareness is restricted by the ego's mechanisms of defense (A. Freud, 1946). Security operations can be readily observed, but the nuclear conflict itself can only be hypothesized prior to its overt manifestation, usually with much anxiety, in the therapeutic relationship.

Looked at another way, security operations serve the purpose of defending against the emergence of transference wishes. Insofar as they represent stereotypical patterns of defense, they are stable, even rigid, characterological attitudes similar to what Reich (1949) called "character armor". In this context, it should be noted that Reich was among the first of the early analysts to investigate the relationship in intrapsychic conflict and enduring patterns of ego defense within an interpersonal field. He believed that these defenses armored the ego against instinctual wishes and that to reach the neurotic core these defenses had to be analyzed and resolved.

Reich emphasized the defensive function of character patterns almost to an extreme. Freud (1908) focused upon their wishfulfilling function, Melanie Klein (1938) considered their reparative-restitutive function, and Hartmann (1958) detailed their adaptive function. Of course, no piece of behavior satisfies only one function; all behavior is multi-determined (Waedler, 1936) and multi-functional (Brenman, 1952). The relevance of a particular character pattern leading to a specific configuration of self and object must be determined by the therapist within the evolving therapeutic relationship (Atwood and Stolorow, 1980).

An example might be helpful at this point. An individual struggling

with wishes for power and dominance might have reasons to fear the consequences to himself if indeed he should ever gain such ascendancy. His wish for a power-oriented relationship with another is opposed by the fearful connotations of just such a relationship. In response to this fear, the person may develop an obsequious or ingratiating manner when interacting with others thereby ensuring his safety at the expense of his ambitious wishes. He may even come to favor this particular paradigm of relating, thinking of himself as a passive or unambitious fellow who harbors no conscious wishes for dominance. Yet underneath this stable facade of interpersonal and self-acknowledged passivity, he harbors disowned wishes for power that could manifest themselves in unpredictable ways such as to cause him anxiety or symptoms.

Should such a person come for treatment, the more manifest layers of his personality, particularly his interpersonal behavior and his conscious self-representation, would need to be understood as attempted solutions, defensive as well as adaptive, to more latent or unconscious conflicts. A therapist who responds reflexively to these more manifest layers will not be able to move beyond that level of relatedness to the nuclear conflict at the center of this man's personality. His therapist will be in contact with only one aspect of this man - his false self - and not the more conflicted, yet vital, real self (Winnicott, 1965).

Review of the Empirical Literature

Despite the centrality of transference phenomena to the theory and practice of treatment, little actual work has been done to investigate it empirically. Clinical case studies abound, but controlled investigation is scarce. The difficulty seems to be the lack of an adequate methodology, though attempts have been made which have yielded positive results.

In a study designed to investigate common relationship variables in psychotherapy, Luborsky (1977) was able to determine what he called "the core conflictual relationship theme." He began by marking off the relationship episodes reported by clients, reviewing these episodes and creating a theme formulation, and then scoring each relationship episode for theme components. Luborsky found that a core conflictual relationship theme could be detected when the relationship episodes were abstracted by this method; independent scoring of the theme components in each episode agreed moderately well; and the core conflictual relationship theme appeared similar across virtually all types of objects. Furthermore, he reported that the same theme could be identified in early and late sessions, and that in later sessions this theme became more deeply experienced within the therapeutic relationship. One of the major differences of the high improvement patients was their greater sense of mastery over the conflictual elements condensed in the core conflictual relationship theme.

In reviewing the concept, Luborsky suggested that the core conflictual relationship theme might be related to the main transference theme though he claims that no ". . . method exists for deriving the transference pattern and showing consensus in its content" (p. 386). He goes on to relate this core theme to unconscious fantasy and he suggests that both unconscious fantasy and the core theme arise out of overlearned relationship patterns. Finally, Luborsky recommended that these overlearned relationship patterns might be determined using techniques designed to assess these stable self-object representations.

Though Luborsky laments the lack of an adequate methodology to study transference, such a methodology does exist and it has been used by Mueller (1969 a, b) to study transference phenomena. This methodology, which involves the interpersonal System of Diagnosis, first outlined by Freedman

Leary, Ossorio, and Coffey (1951) and later compiled by Leary (1957), employs the concept of the behavioral reflex: the unwitting response to the behavioral stimulation of another person. Sixteen categories of responses form a circumplex with two major axes affiliation-disaffiliation and dominance-submission. Theoretically, any behavior can be located on the circumplex and coded according to these two factors. Through the complex interplay of stimulus and response patterns, emotional conditions are elicited and maintained in a dyadic interaction that serve functionally to reduce the anxiety experienced by members of the dyad (Leary, 1957). Insofar as these mechanisms reduce anxiety, allow for the maintenance of self-esteem, and thereby, perpetuate human relatedness, they are functionally equivalent to security operations evoked by one member of the dyad with the collusion of the participating member. When these behavioral responses are conflicted or derivative of some nuclear conflict they function similarly to what has been called the "acting in" of transference wishes in the therapy relationship.

The choice of the interpersonal behavioral response as a concrete unit of measurement is a good one. A behavioral response is the vehicle through which a particular self-object paradigm becomes actualized in a dyadic encounter. Depending upon its functional relationship to the rest of the personality it can serve adaptive, defensive, or wishfulfilling purposes. Thus security operations (adaptive and defensive maneuvers) and transference wishes (expressive or wishfulfilling maneuvers) can be rated according to the same system of measurement thus reducing the possibilities of error and enhancing observational technique.

In a carefully designed study using this system, Mueller (1969) has shown that the emotional conditions established between client and therapist during periods of anxiety are similar to those reported by the

client to have occurred between himself and his parents or significant others. Mueller's work supported the genetic proposition that earlier learned behaviors in the family network which enhance adaptation by the successful mastering of anxiety are likely to be repeated in current situations requiring renewed efforts to control anxiety. If these adaptational patterns prove ineffective in a current crises, then psychotherapy becomes an extraordinarily powerful medium of change because the genetic conflicts which gave rise to the now maladaptive behavior patterns are reevoked and become subject to modification.

Interestingly enough, Mueller also found that therapists' behavior towards their clients repeated the behavior of those significant others with whom the clients reported anxiety-filled interactions. In other words, therapist response patterns complemented client transference in an orderly fashion and those patterns were repetitious of earlier conflictual ones occurring in the client's history of developmentally significant relationships.

In a study of client-therapist complementarity and therapeutic outcome, Dietzel (1971) investigated the varying levels of behavioral complementarity in successful and unsuccessful psychotherapy. From a purely interpersonal point of view, a subject's behavior has both eliciting and reinforcing value to its target (Leary, 1957). Furthermore, particular behaviors tend to elicit and reinforce other specific classes of behavior (Carson, 1969). Behavioral complementarity refers to the ". . .degree of reward (i.e.: interpersonal reinforcement) experienced by both interaction participants as a result of particular behaviors exchanged" (Dietzel, 1981, p. 6).

Dietzel used the behavioral circumplex to chart the reciprocal

behavioral stimulation that develops into complementary response patterns. In terms of the circumplex, complementarity occurs with reciprocity on the dominance-submission axis and correspondence on the affiliative-disaffiliative axis (Carson, 1969, p. 112). The purpose of developing patterns of behavioral complementarity is to evoke its anxiety-reducing ability and to seek mutual gratification of underlying complementary needs. Therefore, the pattern of behavioral complementarity that develops between client and therapist will be related to the needs and security operations of each member of the dyad.

Dietzel hypothesized that the levels of complementarity would change throughout the course of therapy. Early in therapy, during the relationship building stage, the therapist responds with complementary responses to his client's security operations so as to keep both of their anxiety levels at a tolerable level. This encourages the establishment of a therapeutic alliance. Analysis of the data supported this hypothesis.

In the middle stage of treatment, Dietzel hypothesized the therapist's response patterns would change to lower levels of complementarity, thereby inducing their clients to respond in previously neglected ways. With the reduction of complementarity the effectiveness of security operations is reduced, anxiety increases, and so does the potential for transference (Mueller, 1969 b). Presumably, in unsuccessful therapy, either through client rigidity or therapist error, complementarity levels remain high, suggesting that the client's maladaptive, self-confirming behaviors continue to elicit complementary responses from the therapist. These hypotheses were also supported.

During the later stage of treatment higher levels of complementarity should reoccur for both groups. Dietzel reasoned that the therapist will be responding reflexively to his client's use of new behaviors. This

hypothesis was rejected with the trend of the data going in the opposite direction.

Overall, Dietzel's study accurately predicted the course of the interpersonal relationship throughout the beginning and middle stages of treatment, using a methodology that has been employed successfully in the investigation of transference phenomena.

Individually, each of these studies contributes a piece of information about personal conflict in the psychotherapy process. Dietzel's study, as a study of security operations, suggests that ". . . relationships in which constructive changes occur are characterized by periods in which the behavior of both participants are integrated, disintegrated, and reintegrated" (p. 84). His study gives no clues about what occurs during that middle period where there is a lower level of complementarity and, presumably, greater anxiety.

Mueller's study, a study of transference, provides a clue and additional information. During the middle stage of treatment, when anxiety is high, the client recapitulates his generic conflicts within the therapy relationship. He acts towards the therapist as he acted towards significant others, including his parents, and he induces the therapist to respond towards him as these others had done.

Thus it would seem that the therapist's responses to his client during the middle stage serve a two-fold purpose. By reducing his level of complementarity (colluding less in his client's security operations) the therapist allows the clients to increase transferentially-based responses. Once this occurs, he must be careful to not respond in complement to the new transference-based elicitations or he risks becoming bound in a transference-counter-transference interlock (Wolstein, 1959). In this way,

he can help the client experience the generic conflicts more deeply within the relationship and yet gain active mastery over them.

Mueller's study also gave good indication from whence these nuclear conflicts arise:

. . . it is assumed that through earlier interactions in the family the child has learned which behaviors are likely to be rewarded or punished. Those behaviors which provoke anxiety may be dropped from the person's repertoire while other behaviors are repeatedly reenacted if they have been found useful as a means of mastering anxiety (1969 b, p.2).

Luborsky indicated that these generic conflicts form a core conflictual relationship theme that may be related to the main transference theme, unconscious fantasies, and ultimately, over-learned behavior patterns. He goes on to suggest that the nature of these conflictual relationships may be determined using a variety of techniques such as the collection of early memories or dream interpretation.

These techniques utilize associative material that the client provides to either internally derived or externally applied stimuli. The data are then distilled into summary form. Projective techniques, particularly ones aimed at interpersonal data such as the Thematic Apperception Test, should be especially useful in eliciting associations that reveal the underlying dimensions or emotional constellations upon which a subject organizes his subjective world (Rapaport, Gill and Schafer, 1968). Being standardized in content and administration they provide more reliable data than dream interpretation or early memories. This reliability is enhanced by the application of a comprehensive scoring system, particularly if the same system is used to code other data that will be compared to the projective material.

PROPOSED STUDY

This is a study of personal conflict in the psychotherapeutic process. It will attempt to delineate the nature of a client's personal conflicts and his means of coping with these conflicts through the unwitting manipulation or structuring of the psychotherapeutic relationship. The client, guided by two frequently opposing principles, the wish to get better and change, and the wish to reduce anxiety and maintain self-esteem, shapes the therapist's behavior towards him so as to maintain a stable equilibrium between these forces. Though initially the therapist may respond reflexively to his client's stereotypical manner of forming a relationship in a way that reduces anxiety for both participants, eventually, for him to be effective and helpful, the therapist must disengage from the client and move into other ways of relating that are fraught with anxiety and conflict. Thus the therapist's behavior is also directed by two frequently opposing principles: the wish to maintain a secure relationship with his client in which they may both feel free of anxiety and the need to observe the process and expand the relationship to new levels of understanding.

Using projective techniques, the nature of the client's most pressing interpersonal desires, wishes, or fears will be determined. This will be followed by an assessment of his conscious self-image. The disparity between these two measures yields a measure of conflict within the client's personality. The client's style of relating to the therapist in the first and seventh session will be rated and compared. Whereas the behavior in the first session may be said to represent the client's stable and consistent

manner of defending himself against anxiety and integrating himself in a relationship, the seventh session should reveal the emerging conflictual themes as they expand and find focus and force in the therapy relationship. Presumably, in the interval between sessions the therapist and client will have established a working relationship with an acceptable level of anxiety for both participants. And, if the client is not too heavily defended, the therapist has begun intervening in ways that allow more conflictual, anxiety-laden themes to emerge into the relationship. It is hypothesized that these themes are not the ones that will be revealed in the pre-therapy assessment.

Subjects were clients at the University Counseling Center who were asked to participate in this study. The therapists were clinical and counseling graduate students interning at the Center. A pre-therapy assessment period included administration of the Thematic Apperception Test and the Interpersonal Check List. Tapes of therapy sessions one and seven were secured and rated for the interpersonal behaviors of both client and therapist.

The Interpersonal System of Diagnosis and Assessment

The Interpersonal System of Diagnosis was the product of collaborative work carried on at the Kaiser Foundation in the 1950s (Freedman, et al., 1951). It attempts to define personality functioning as a collection of explicit interpersonal processes. As such, it is a natural outgrowth of Sullivan's conceptualization of personality development. Within this system, the concrete unit of analysis is called the behavioral reflex: the unwitting response to the behavioral stimulation of another person. Reflexes have both a stimulating and a reinforcing value to their targets. The purpose of a reflex is to establish a particular emotional condition

between the subject and his target. In this sense, then a reflex may be thought of as the kernel of a particular self-object representation configuration.

Sixteen categories of reflexes form a circumplex that has two major orthogonal axes: affiliative-disaffiliative (Love-Hate) and dominance-submission (Dom-Sub). The categories, coded by alphabetical letters and descriptive words, are as follows: A=dominate; B=boast; C=reject; D=punish; E=hate; F=complain; G=distrust; H=condemn self; I=submit; J=admire; K=trust; L=cooperate; M=love; N=support; O=give; P=teach (Freedman, et al. 1951). On the dominance-submission axis, A-I, role differentiation is maximal and affective regard is minimal. Conversely, on the love-hate axis, E-M, affective regard is maximal and role differentiation is minimal. Theoretically, the interpersonal significance of any behavioral response can be coded upon this circumplex.

Three levels of personality functioning may be operationally defined by their manner of assessment (Leary, 1957). The same system of analysis, using the behavioral reflex as a unit of measurement, can be applied to all three levels of behavior making interlevel comparisons very straightforward.

On the first level of behavioral functioning, the level of manifest behavior, a person engages in observable behavior that elicits a certain class of responses from the participant(s) in the interaction. This behavior serves a number of functions some of which include gratifying needs, reducing anxiety, boosting self-esteem, and serving as a basis upon which to build a relationship. Such behavior stabilizes and maintains a person's self-image by calling forth responses from others that reinforce the impression he has developed about himself as the object of other's actions and appraisals.

Level One behavior can be assessed a variety of ways. Leary (1957) recommends using a modified scoring of the M.M.P.I. to develop a summary score. Mueller (1969 a, b), Mueller and Dilling (1968, 1969), Crowder (1970), Dietzel (1971) and others have used audio-tapes scored by judges with good results. Appendix B includes an updated version of Crowder's scoring manual.

The second level of behavior relates to the self-concept - what a person says about himself. This self-image, or self-representation, is a fundamental construct, one that is often overlooked in discussions of manifest and latent behavioral trends. According to Chrzanowski (1977, p. 16), it is ". . . perceived as the content of consciousness during a person's socialization, acculturation, and the formation of his relational patternings." It is the experiential core of the personality. Continuity and stability of the self-representation is essential for a state of well-being; anxiety is experienced when the consistency or integrity of the self-representation is undermined either from external threat, or the crystallization of some dissociated self-object representational configuration into consciousness.

LaForge and Suczek (1955) have published an interpersonal checklist for assessing Level Two behavior. In effect, a person diagnoses himself according to the sixteen categories of the circumplex. LaForge (1963) has provided a more detailed presentation of the checklist. Clark and Taulbee (1981) have documented the extensive use of the checklist in personality and psychotherapy research.

The third level of functioning may best be described as the pre-conscious; it lies, topographically, between the conscious and unconscious layers of the personality. It refers to latent wishes, aims, or strivings that exist as action tendencies within an individual's personality, but are

not immediately in use, or are associated with anxiety and therefore beyond the reach of untroubled functioning. Since these latent responses are represented yet kept from actualization, they form the basis or reservoir of potential responses (Leary, 1957). Insofar as their employment is associated with anxiety, they are unavailable for use even if their employment could further adaptation.

Leary (1957) has suggested using the T.A.T. as one method of assessing Level Three behavior. Though he mentions a possible molecular scoring of each story, he has published data using only a global system of analysis. Mueller, Genirberg, and Nahmias (unpublished manuscript, Appendix A) have refined the molecular scoring system suggested by Leary. Briefly, a judge selects from each story the figure with whom the subject most likely identifies. He then scores the interpersonal exchanges between this "hero" and the "others" who populate the story according to the behavioral circumplex. Those reflexes attributed to the hero represent Level Three aspects of functioning. Leary suggests that the reflexes attributed to others may represent more deeply submerged or dissociated trends that have been split off and projected on to others. Though no research using the molecular system has been published yet, it is a promising approach to be undertaken.

From this brief description it is possible to locate security operations and generic conflicts within the levels of the personality. Early in psychotherapy security operations are Level One phenomena. And generic conflicts, as long as the anxiety-laden action tendencies do not manifest themselves in behavior, are Level Three phenomena. Later in psychotherapy the functional significance of Level One behavior changes as the transference wishes and the generic conflicts they represent are experienced within the therapeutic relationship.

The amount of variability between each of these three levels is a

measure of conflict within the personality. Optimum functioning involves a minimum of interlevel variability and moderate within-level variability. Interlevel variability refers to the conflicting patterns of predominate reflexes used on each of the three levels; within-level variability measures the breadth of behavioral responses available within a certain level's repertoire.

Individuals come into therapy because their present level of adjustment is inadequate and they are unable to change on their own. The extent to which they are pathologically bound to a particular style of interacting will be revealed by the amount of variability between their self-representation and security operations. If they present a "united front" little change even in therapy could be expected. Or if the conflicted aspect that they need to integrate into their personality to enhance adaptation is "buried deep" - associated with so much anxiety as to be beyond recall - then, again, little change can be expected.

If, on the other hand, they are not pathologically bound to a particular mode of relating to others or in thinking about themselves, or if they are able at some level to conceive of acting differently, perhaps in as yet unacceptable ways, then the therapeutic relationship may have a transformative effect. Earlier conflicts about unacceptable modes of responding may be revived in the relationship and, ultimately, resolved, leading to an integration of new response styles, a broadened view of one's self and others, and a more flexible means of relating successfully with others.

HYPOTHESIS SECTION

In this study, interpersonal behavior will be ascertained through the analysis of psychotherapy tapes. The most frequently employed security operations will be the ones that the client demonstrates in his first therapy session with his therapist (Dietzel, 1971). Mueller's study (1969 b) suggested that transference reactions occur during periods of anxiety when, presumably, security operations are less effective and ideas about one's self and parents are changing. Session seven was the mean interview used in his study of transference to sample transferentially based behavior. The same level of personality is still being investigated; its functional significance to the total personality will have changed. The amount of change should be related to the degree of conflict between manifest and latent trends in the personality.

Hypothesis I: The difference between the client's session one behavior towards the therapist and the TAT hero's behavior towards the other will be positively correlated with the difference between the client's session one and session seven behaviors toward the therapist.

If transference-induced behavior is linked to earlier unresolved relationship issues, then the nature of the transference could be determined through the use of projective techniques. By providing subjects with the opportunity to structure ambiguous interpersonal situations along the dimensions that are of personal significance to them, the core conflictual relationship patterns can be determined and the main transference themes predicted. Session seven behavior should be related to this main

transference theme.

Hypothesis II: The difference between the client's session one behavior towards the therapist and the TAT hero's behavior towards the other will be greater than the difference between the client's session seven behavior towards the therapist and the TAT hero's behavior towards the other.

Mueller (1969 b) and Dietzel (1971) have both documented the reciprocal relationship patterns that develop between client and therapist both in terms of paradigms based upon defense (security operations evoking high complementarity), and wish-fulfillment (transference-counter transference complementarity). Thus, it will be interesting to see if the therapist's behavior in session seven resembles the client's anticipated behavior of others as revealed through his TAT productions. Mueller's study (1969 b) showed that this similarity occurred when the measure of the nuclear conflict was the client's report of earlier interactions with significant others. If the TAT is tapping the same nuclear conflict, the same conflictual self-other representational configuration, then a similar counter-transference on the part of the therapist could be predicted.

Hypothesis III: The difference between the therapist's session one behavior towards the client and the TAT other's behavior towards the hero will be greater than the difference between the therapist session seven behavior towards the client and the TAT other's behavior towards the hero.

The degree of variability between the levels of personality is also the subject of this study. If the client is pathologically bound to a particular style of interacting and self-representation, then little change from session one to session seven is expected.

Hypothesis IV: The difference between the client's pre-therapy self-report and his session one behavior towards the therapist will be positively correlated with the difference between the client's session one and session seven behavior towards the therapist.

The defensive system is for all intents and purposes impenetrable so that transference wishes do not reach the level of actualization in the interpersonal field.

Hypothesis V: The difference between the client's pre-therapy self-report and his session one behavior towards the therapist will be negatively correlated with the difference between the client's session seven behavior towards the therapist and the TAT hero's behavior towards the other.

Similarly, if the preconscious wishes are merely extensions of the person's self-image, indicating little interlevel conflict, then the motive power behind the change of behavior from session one to session seven is lost. This could mean that the person has no latent conflicts, or, more likely, that the latent conflicts are so anxiety-laden that they are buried deeply beyond symbolization even by projective methods.

Hypothesis VI: The difference between the client's pre-therapy self-report and the TAT hero's behavior towards the other will be positively correlated with the difference between the client's session one and session seven behavior towards the therapist.

METHODS

Subjects

Subjects, actually therapist-client pairs, were interns and university students at the Counseling Center at Michigan State University. The five therapists who volunteered were doctoral students in clinical or counseling psychology interning for a year at the Center. Clients who were asked to volunteer for this study were students at the University who presented themselves to the Center requesting psychological services. These clients were not psychotic and were considered well-motivated for treatment. Nine of the twelve clients were female; three of them were male. They ranged from 18 to 27 years of age with a mean age of 21.3 years. An earlier study (Dietzel, 1971) found no sex differences in complementarity so this study did not attempt to control for the sex of the client. All the therapists were male, so this control occurred naturally in the sample.

Instruments Administered

Interpersonal checklist - self-report only.

Thematic Apperception Test (TAT)

Males: 1, 2, 3BM, 4, 6BM, 6GF, 7BM, 12M, 13MF, 18BM.

Females: 1, 2, 3GF, 4, 6BM, 6GF, 7GF, 12M, 13MF, 18GF.

Procedure

When students present themselves at the Counseling Center requesting treatment they are seen by an intake therapist who develops a general assessment of the potential client's situation. At the time of the

assessment, if the student seemed to be a likely candidate for psychotherapy he was asked to participate in this study. The potential subject was asked to sign a consent form (Appendix C) and told the following:

- 1) the project involved a study of the psychotherapy process;
- 2) what will be requested of the subject is his participation in a pre-therapy testing session involving the administration of two tests and his consent to review tapes of selected therapy interviews;
- 3) that his anonymity would be protected;
- 4) that his decision to participate now or in the future would in no way affect the availability of services provided to him.

Every student who agreed to participate in this study was scheduled for a testing session prior to his first therapy hour. In those cases in which the client was seen by the intake therapist, the client was tested during the interval between the structured intake session and the first designated therapy hour. During the pre-testing, the client was asked to fill out a consent form, and complete the Interpersonal Checklist describing himself. The TAT was then administered by the examiner. The subject was asked to make up a story about each card specifying what is happening in the picture, what events lead up to the situation depicted, how the situation will turn out, and how each character is thinking or feeling. Except for minor prompting when one of these details was excluded, no further instructions were included. This administration follows Rapaport, and Gill, and Schafer (1969). The TAT protocol was scored for interpersonal themes according to a system suggested by Leary (1957) but using a molecular analysis of themes. A copy of the scoring manual can be found in Appendix A. This scoring procedure yields a measure of preconscious wishes, fears and potential self-other interactions.

For those therapy dyads that participated in this study, tapes of

the first and seventh sessions were solicited. In all but one case the first and seventh sessions in their entirety were used to develop baseline and dependent measures of manifest or Level One behavior. In the exceptional case, the first and fifth session was used because the subject terminated therapy prematurely. Though this deviated from the methodology, the opportunity to study an abruptly terminated case from a transferential/counter-transferential point of view seemed valuable enough to include the subject in the analysis.

Even though some of the clients saw their therapists for a routine intake interview, session one was used as a baseline assessment of Level One interpersonal behavior before any change due to psychotherapeutic intervention could be presumed. Session seven represents the dependent measure of behavior where, with therapeutic intervention, the emergence of conflictual themes that were defended against earlier began shaping behavior in different directions. Session seven was chosen for specific reasons. In his successful study of the transference of familial patterns of behavior to psychotherapeutic relationships, Mueller (1969 b) used two criteria for determining when clients were most anxious and therefore most likely to be exhibiting a transference of behavior patterns from family to therapy. The across-subject median interview chosen for analysis was 6.5 and the mean interview was 7.9. In lieu of repeating the same methodology used by Mueller to ascertain these critical times, session seven was chosen as a most probable session within which these processes may be found to occur.

Scoring Procedures

The system of analysis used to score the TAT's and the therapy interviews was developed by Freedman, et al (1951), elaborated by LaForge,

et al (1954), LaForge and Suczek (1955), LaForge (1963) and compiled by Leary (1957). These authors maintained that all interpersonal behavior can be described as a function of two main factors, dominance-submission and affiliation-disaffiliation. They developed a circumplex with 16 categories of behavior plotted according to these two axes. The behavioral units, called reflexes, are the unreflected responses to another's interpersonal stimulation. Subsequent studies of clinical families (MacKenzie, 1968) hyper-aggressive and normal boys (Raush, et al, 1959; Raush, et al 1960) and psychoprocess (Mueller, 1969 a, b; Mueller and Dilling, 1969; Crowder, 1970; and Dietzel, 1971) have demonstrated the validity of this system and its utility in clinical research.

The actual analysis of the tapes (Appendix B) followed Mueller and Dilling (1969) and Crowder (1971). The method of molecular scoring of the TAT was adapted by Mueller, Genirberg and Nahmias (unpublished manuscript, Appendix A) following Leary (1957).

The Interpersonal Checklist, a self-report inventory formulated according to the Interpersonal System of Diagnosis, consists of 128 items that the subject checks if they apply to him. In essence, the person diagnoses himself upon the two main factors. It has been used successfully in numerous studies, including studies of the therapy process.

Reliability

The raters of the TAT were the author and an advanced clinical psychology graduate student both of whom have had previous experience scoring TATs according to this method. The raters of the therapy tapes were the author and a second clinical psychology graduate student. Both raters were new to the task of scoring therapy transcripts and tapes, though the author had previous experience using the Interpersonal System of Diagnosis. Training sessions were held intermittently throughout the scoring process. At first,

actual examples of the tapes were used, later sessions focused more on generic problems of scoring. Though the author had knowledge of the experimental hypotheses, he scored the tapes of one group and the TATs so that he could not bias the results.

In order to code the data, the twelve subjects' TATs, and their first and seventh therapy interviews were divided into two groups of six subjects. From each of these two groups two TATs, two first and two seventh interviews were coded by both raters resulting in a total of twelve reliability segments or one-third of the entire sample.

Table 1 presents the percent agreement between raters on identifying the hero and other in the TAT protocol. The raters agreed 84% of the time on the hero and 83% of the time on the other as initiators of interpersonal activity. Agreement fell to 58% when both the hero and other were described in a mutually engaging activity. Such activity occurred relatively rarely so this lower reliability score is of less significance than the other two. Overall, the level of agreement was well within acceptable limits.

Table 2 summarizes the results of inter-rater percentage agreement scores for identifying hero-other responses. The data are presented as percentage agreement around the periphery of the interpersonal circumplex, from complete agreement to bipolar disagreement. The table shows the number of units at each level of discrepancy, the percentage of each of these discrepancies, and the cumulative interjudge percentage agreement scores. Dittman's $\bar{R}$ (Dittman, 1958), computed from the sum of the level-by-level discrepancy scores multiplied by the reflex agreement at each level yields an $\bar{R}$ which is converted to a t score and reported as a summary statistic.

For the TAT, the resultant $\bar{R} = 0.73$, yielded a t score of 16.89 (Table 2). Reliability in coding therapy interviews was prepared similarly

and yielded an $\bar{R} = 0.63$, $\underline{t} = 21.87$ for session one interviews (Table 3), and $\bar{R} = 0.63$, $\underline{t} = 23.94$, for session seven interviews (Table 4). All of these $\underline{t}$ scores are values of highly improbable chance events. Thus the ratings of hero-other and client-therapist interactions were considered acceptable enough to test the hypotheses based upon the coding of these interactions.

Table 1
Percentage Agreement on Hero-Other Ratings for the TAT

Hero			Other			Hero/Other			Overall						
Agree	Disagree	Total	%	Agree	Disagree	Total	%	Agree	Disagree	Total	%				
77	15	92	84	53	11	64	83	7	5	12	58	137	31	168	82

Table 2
Percentage Agreement Scores
for Identifying Hero-Other TAT Responses

Agreement Discrepancy	Units of Agreement	% of Agreement	Cumula- tive %	Dittman's d	$\bar{R}$, $\underline{t}$
0 - D	104	57	57	0	$\bar{R} =$
1 - D	44	24	80	44	0.73
2 - D	13	7	88	26	
3 - D	6	3	91	18	$\underline{t} =$
4 - D	1	1	91	4	16.89*
5 - D	2	1	92	10	
6 - D	5	3	95	30	
7 - D	5	3	98	35	
8 - D	4	2	100	32	
Total	184				
Sum $\underline{d}$				199	

* $p > .001$

$$\bar{R} = \frac{\sum \bar{d}}{N} // m$$

$$\underline{t} = \bar{R} (1.706) \sqrt{N}$$

Table 3
Percentage Agreement Scores for Identifying
Client-Therapist Session 1 Responses

Agreement Discrepancy	Units of Agreement	% of Agreement	Cumula- tive %	Dittman's d	$\bar{R}$, $\underline{t}$
0 - D	221	53	53	0	$\bar{R} =$
1 - D	39	9	63	39	00.63
2 - D	39	9	72	78	
3 - D	50	12	84	150	$\underline{t} =$
4 - D	22	5	90	88	21.87*
5 - D	20	5	94	100	
6 - D	15	4	98	90	
7 - D	4	1	99	28	
8 - D	4	1	100	32	
Total	414				
Sum $\underline{d}$				605	

* $p > .001$

Table 4
Percentage Agreement Scores for Identifying
Client-Therapist Session 7 Responses

Agreement Discrepancy	Units of Agreement	% of Agreement	Cumula- tive %	Dittman's d	$\bar{R}, \underline{t}$
0 - D	270	54	54	0	$\bar{R} =$
1	51	10	65	51	0.63
2	47	9	74	94	
3	33	7	81	99	$\underline{t} =$
4	49	10	91	96	23.94*
5	12	2	93	60	
6	18	4	97	100	
7	4	1	98	28	
8	12	2	100	96	
Total	496				
Sum $\underline{d}$	732				

* p > .001

RESULTS

Preparation of Data to Test Hypotheses

Each subject had four different sets of data: Interpersonal Checklist, Thematic Apperception Test, session one therapy interview, and session seven therapy interview. Each set of data was a pattern of 16 scores representing the proportion of responses that the client sent to the therapist (or actor to target in the TAT) in each of the 16 categories of the circumplex. In cases where multiple reflexes were scored in one unit, only the last response sent entered into the analysis. This sacrifices the complexity of the internal processes but it captures the stimulus power of the last response. Appendix D shows the overall frequency of behavioral responses in the ICL, TAT, Session 1, and Session 7.

The experimental hypotheses were all stated in terms of the correlation or divergence of difference scores over time. Difference scores were derived by squaring and summing each scale by scale derivation as described by Cronbach and Gleser (1953). The square root of this sum was taken as a single index of similarity between two behavior samples; this index could then be used in an analysis with another similarly derived index.

TAT Predicted Behavior

Hypothesis II predicted that the client's session one behavior towards the therapist and the TAT hero's behavior towards the other would be greater than the difference between the client's session seven behavior towards the therapist and the TAT hero's behavior towards the other.

Hypothesis III predicted that the difference between the therapist's session one behavior towards the client and the TAT other's behavior towards the hero would be greater than the difference between the therapist's session seven behavior towards the client and the TAT other's behavior towards the hero. Because the Wilcoxon matched-pairs signed-rank test (Siegel, 1956) accounts for the magnitude of discrepancy as well as the direction of change, it was used to test these hypotheses. Table 5 presents the results.

Table 5
Wilcoxon Tests of Hypotheses II and III

Interaction	Wilcoxon Value T	Sample Size N	P
Clients to therapist vs. hero to other	21	12	nonsignificant
Therapists to client vs. other to hero	19	12	nonsignificant

Neither of the hypotheses were borne out by this study. The clients' behavior toward the therapist did not change in the direction predicted from the clients' TAT stories. Nor did the therapists' behavior take on any similarity to the TAT others' behavior.

Variability Hypotheses

Hypotheses I, IV, V, and VI attempted to explore inter-level variability in personality functioning. Hypothesis I predicted that the difference between the client's session one behavior towards the therapist and the TAT hero's behavior towards the other would be positively correlated with the

difference between the client's session one and session seven behaviors towards the therapist. Hypothesis IV predicted that the difference between the client's ICL and his session one behavior towards the therapist would be positively correlated with the difference between the client's session one and session seven behavior towards the therapist. These hypotheses predicted the correlation of one set of difference scores with another set of difference scores - the product moment correlation coefficient was used as a measure of this relationship. Table 6 presents the results.

Table 6
Results of Product Moments Correlation of Inter-level
Variables and Selected Indices of Change

Levels in Conflict	Change in Manifest Behavior Sess. 1 - Sess 7	Similarity of Clients' Sess. 7 and Hero's Behaviors
Client Sess. 1 - Hero	-0.40* (I)	(0.32)**
ICL - Client Sess. 1	-0.20* (IV)	0.17 (V)
ICL - Hero	-0.28* (VI)	(0.17)**

* p .10

** no predictions made

Hypothesis V predicted that the difference between the client's ICL and his session one behavior towards the therapist would be negatively correlated with the difference between the client's session seven behavior towards the therapist and the TAT hero's behavior toward the other. Hypothesis VI predicted that the difference between the client's ICL and the TAT hero's behavior towards the other would be positively correlated with

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the difference between the client's session one and session seven behavior towards the therapist. These hypotheses also predicted correlations of difference scores; these product-moment coefficients can be found in Table 6.

The data failed to support these experimental hypotheses as well. Thus, this study's empirical measures of personality conflict were not successful in predicting the amount of change or direction of change from initial to later psychotherapy interviews.

DISCUSSION

The data failed to support any of the experimental hypotheses. Repressed behavioral trends did not surface in the later psychotherapy interviews nor did measures of multi-level personality conflict predict changes in manifest behavior. Yet the results, or a lack of them, are instructive, nonetheless. They force a reconsideration of the underlying theory and the methodology used to verify it. This discussion section will touch on three important areas: 1) General theoretical rationale, 2) the role of the therapist in the therapeutic process, and 3) methodological revisions.

Theoretical Rationale

This study attempted to explore the complex relationship between intrapsychic and interpersonal events. Personality structure reflects its interpersonal roots and interpersonal relationships manifest the personality conflicts of its participants. Fantasy can reveal the generalized schemata of object relationships with its hidden wishes and fears, all which figure prominently in the shaping of ongoing relationships. These latent trends express themselves through a variety of roots: free association, free imagery, and the developing process in an interpersonal relationship. Defenses against the emergence of latent trends take equally as many forms: the intrapsychic mechanisms of defense, and interpersonal security operations, both of which guard against the anxiety and the loss of self-esteem

associated with the emergence of conflicted wishes. This study traced the courses of twelve psychotherapy relationships seeking to document the gradual emergence of latent trends in the client-therapist relationship, but the data failed to support this view of the psychotherapy process. Perhaps it rushed this process.

This study attempted to prove that the macrostructure of the therapy relationship shifts between session one and session seven becoming isomorphic with the structure revealed by the TAT. In order for this to occur, there would have had to have been a rapid falling away of security operations and the emergence of a good deal of anxiety - probably too much for the client or the therapeutic relationship to endure. Perhaps there were moments in session seven that recapitulated the themes from the TAT just as Mueller's study (1969 b) found in regard to family patterns. But it was a mistake to think that the general overall structure, as revealed by a gross pattern analysis of the entire therapy session, could shift that rapidly. Perhaps this distinction reflects the difference between momentary transference distortions and a true transference neurosis. The former occurring intermittently, the latter only after a good deal of time has elapsed.

This is not to say that transference does not occur until later on in therapy. In fact, clients seem to be transferring all the time. Luborsky (1977) reported that the core conflictual theme could be identified in early and late sessions. But what is acted out interpersonally early on in therapy may be relationship paradigms based upon the maintenance of security and not unconscious wishes. It probably takes a good deal of time before the latent trends, which may be visible earlier in symbolic form, emerge and expand within the interpersonal relationship.

The time that it takes will depend on many factors. This study attempted to investigate one factor - the amount of conflict within the

client's personality. It hypothesized that the greater the conflict the more rapid the shift in the structure of the therapy relationship. No such relationship was found, in fact all the correlations were in the opposite direction. It may well be that there is an optimal level of conflict or defensiveness that prepares a person to do productive work. Too much or too little will stall the therapy process. This, then, suggests that the amount of intrapsychic conflict is a variable that needs to be controlled in doing psychotherapy process research.

The Role of the Therapist

The previous section discussed the client's level of defensiveness and tolerance for anxiety as it relates to his readiness to transfer unconscious wishes to the therapy relationship. This section reviews the role of the therapist in allowing this process to occur. Earlier it was suggested that the therapist responds reflexively to his clients' stereotypical manner of forming a relationship so as to reduce anxiety for both participants. But later, for him to be helpful, the therapist must disengage from the client and create the proper conditions for the emergence of latent conflictual trends. In this way, the client can experience the generic conflicts more deeply within the relationship and gain an active mastery over them.

The vein in which this analysis was presented implied that the client engages a therapist in a manner that is idiosyncratic to the client and that the therapist at first responds to the "pull" of the client and then resists this transformation. In fact the process is a bit more complex. Though the client may be new to a psychotherapy relationship he does have other prototypes of help-giving relationships and therefore a working model in his mind by which to relate to the therapist. In effect, the client

generalizes from previous learning to the current environment. Most therapists also have a notion about what it takes to be helpful in a therapy relationship. For most people in this culture the model of a good helping relationship is a quasi-authoritarian/nurturant one wherein the helpee conforms to the benevolent administrations of the helper (Wolstein, 1959). Unless the therapist challenges these expectations the relationship can continue along swimmingly, and important material be discussed, but little expansion of the client's interpersonal repertoire will occur. In fact, for many clients, a deferential/conforming mode of adaptation is a very effective means of controlling anxiety and maintaining self-esteem. Hence, the prototype of the helpful relationship becomes a form of defensive adaptation for this type of client. A helpful therapist, in affect, colludes with his client in maintaining a nonthreatening environment.

In this study the average number of exchanges between therapist and client in session one ran 103, and in session seven it was 117. For session one the average frequency of client L or collaborative agreeable responses was 0.50, in session seven it averaged 0.36. Conversely, the average number of therapists' N or nurturant reflective responses was 0.63 and 0.55, respectively. The average number of therapist-client interactions increased over time; the average number of L and N responses decreased, but they still constituted a major portion of each therapy session. If this analysis were expanded into a quadrant which combined all of the therapist dominant-affiliative responses and all of the client submissive-affiliative responses, almost all of the therapists' responses and over half of the clients' responses would be accounted for (see Appendix D). Clearly, very stereotypical modes of interacting were perpetuated in these therapy sessions.

This is not to say that the therapist perpetuated this course of events. The structuring of the therapeutic relationship is a bilateral

affair in which a therapist responds to as well as elicits complimentary responses from his clients. The therapists' capacity to tolerate anxiety and his ideas about what is helpful are going to affect the way he interacts with a client. However, it is instructive to note that most of the therapists' reflections were on the level of manifest content, few were of observations about the therapeutic process itself. Unwittingly, these therapists may have helped to structure the therapeutic relationship into a safe, perhaps less than optimally productive working environment where latent trends in the client were not allowed to emerge and expand interpersonally. In fact, several therapists felt that the work they did with their clients was less than successful.

One conclusion that should not be drawn is that there is limited value to empathic or nurturant responses. A distinction must be made between constructive empathic responses that allow for the emergence and exploration of dynamically significant material and those responses that perpetuate a comfortable yet unproductive relationship. One solution is for the therapist to respond less frequently and remain a bit more veiled (Mueller and Kell, 1972), thus allowing the client room to expand his latent trends within the context of the therapeutic relationship. The therapist could then respond reflectively with process observations as well as content observations. In this way, a balance between a supportive yet revealing relationship can be struck.

Methodological Revisions

It is apparent now that a good deal more control should be exercised in selecting clients, therapists, and sessions to be analyzed for studies of this sort. The process of latent structure surfacing in therapy may be virtually inexorable as it was assumed to be, but several factors seem to

affect the rate at which it occurs. Type of patient, type of therapy administered, by whom, and for how long are not issues that can be ignored. Of course, putting together a study that can control for these variables will be a major undertaking, beyond the scope of a single investigator.

Some methodological improvements should be considered before further research is carried out. Data for this project was collected from therapist-client volunteers in the form of audiotapes which were then transcribed and scored. A good deal of time, money, and effort is necessary to prepare the data for analysis. If no other form of data collection is attempted, researchers should at least supply therapists with good quality tapes and recorders - no use in making it any more difficult than it is already.

Coding TAT and therapy data according to the Interpersonal System of Diagnosis is a wonderful methodological advancement over global rating systems - it is not as simple as the original authors would have one believe. It requires a fair amount of experience and compatibility among coders. A high interrater reliability is not too difficult to attain for therapy tapes when the majority of the responses are stereotypically nurturant/collaborative. Although there are no figures for it, interrater agreement probably dropped for coded interactions that deviated from this norm. Ideally, future raters would be part of a research team working together on several projects and who are calibrated more precisely with one another.

Some modification of the data analysis should also be considered. Significant differences are easily masked in a gross pattern analysis of the data. As was suggested above, some session seven behaviors might have been qualitatively different, but the predominance of the more stereotypical interaction pattern would easily wash out these differences. It has been argued that these patterns were not artifactual, rather they were significant to the total process. Nonetheless, a macroscopic analysis obscures any

differences that might have existed. Developing ways to compensate for this effect on a macroscopic level, or switching to a mincroscopic level of analysis should be considered.

The possibility also exists that the patterning of significant events in therapy may be more important than the overall process. These significant events may still be interpersonal but their importance to the overall process outweigh their frequency of occurrence. Mueller (1969 b) took this into account when he identified critical sessions through the use of two criteria measurements. This appears to be an important methodological improvement over random sampling. Future researchers should consider ways of identifying important events within sessions too. The patterning of these significant interactions may be similar to those predicted by the TAT or recalled family interactions. The reverberation of these events upon the total process would be worth further study.

SUMMARY

This study failed to verify the hypothesized changes in therapy relationships predicted by pretherapy testing. In reevaluating the rationale underlying the hypotheses it was suggested that several factors left uncontrolled might have affected the process that was presumed to occur. The nature of the clients' conflicts, the type of treatment delivered, and sessions sampled could have had an unaccountable effect upon the unfolding of the clients' latent conflicts in the therapy relationship. Further research that controls for these variables may yield more positive results.

LIST OF REFERENCES

LIST OF REFERENCES

- Alexander, F. and French, T.M. Psychanalytic Therapy: principles and application. Lincoln, Nebraska: University of Nebraska Press, 1974.
- Arlow, Jacob A. Unconscious fantasy and disturbances of conscious experience. The Psychoanalytic Quarterly, 1969, 38.
- Atwood, G. E. and Stolorow, R. D. Psychanalytic concepts and the representational world. Psychoanalysis and Contemporary Thought 1980, 33 267-290.
- Atwood, G. E. and Stolorow, R. D. Experience and conduct. Contemporary Psychoanalysis, 1981, 17. 197-208.
- Brenman, M. On teasing and being teased: and the problem of "moral masochism.": The Psychoanalytic Study of the Child. New York: International Universities Press, 1952
- Carson, R. C. Interaction concepts of personality. Chicago: Aldine, 1969
- Chrzanowski, G. Interpersonal approach to psychoanalysis: contemporary view of Harry Stack Sullivan. New York: Gardner Press, 1977.
- Clark, T. L. and Taulbee, E. S. A comprehensive and indexed bibliography of the Interpersonal Checklist. Journal of Personality Assessment, 1981, 45, 505-525.
- Cronbach, L. J. and Gleser, G. Assessing similiarities between profiles. Psychological Bulletin, 1953, 50, 456-473.
- Crowder, J. E. Transference, transference dissipation and identification in successful vs. unsuccessful psychotherapy. Unpublished doctoral dissertation, East Lansing: Michigan State University, 1970.
- Dietzel, C. S. Client-therapist complementarity and therapeutic outcome. Unpublished doctoral dissertation, East Lansing: Michigan State University, 1971.
- Dittman, A. T. Problems of reliability in observing and coding social interactions. Journal of Consulting Psychology, 1958, 22, 430.
- Freedman, M. B., Leary, T. F., Ossorio, A.G. and Coffey, H. S. The interpersonal dimension of personality. Journal of Personality, 1951, 20, 143-161.

- Freud, A. The ego and the mechanisms of defense, New York: International Universities Press, 1946.
- Freud, S. Character and anal erotism. Standard Edition. London: Hogarth Press, 1959, 9: 169-175.
- Freud, S. Therapy and technique. New York, Collier, 1963.
- Hartman, H. Ego Psychology and the problem of adaptation. New York: International Universities Press, 1958.
- Kiesler, D. J. An interpersonal communication analysis of relationship in psychotherapy. Psychiatry, 1979, 42, 299-311.
- Klein, M. A contribution to the psychogenesis of manic-depressive states. In: Contributions to Psychoanalysis 1921-1945. London: Hogarth Press, 1948, 282-310.
- LaForge, R. Research use of the ICL. ORI Technical Report: 3, No. 4, Eugene: Oregon Research Institute, 1963.
- LaForge, R., Freedman, M. B., Leary, T. F., Naboisek, H. and Coffey, H. S. The interpersonal dimension of personality II: an objective study of repression. Journal of Personality, 1955, 23, 129-153.
- LaForge, R. and Suczek, R. F. Ther interpersonal dimension of personality III: an interpersonal checklist. Journal of Personality, 1955 24, 94-112.
- Leary, T. Interpersonal diagnosis of personality. New York: Ronald Press, 1957.
- Levenson, Edgar, A. The fallacy of understanding. New York: Basic Books, 1972.
- Luborsky, Lester Measuring a pervasive psychic structure in psychotherapy: the core conflictual relationship theme. In Freedman, N. and Grand, G. (Eds.) Communicative structures and psychic structures. New York: Plenum Press, 1977.
- Mackenzie, M. H. The interpersonal behavior of normal and clinic family members. Unpublished doctoral dissertation, East Lansing: Michigan State University, 1968.
- Mueller, W. J. Mapping the psychotherapeutic process through analysis of interpersonal behavior. Paper presented at APA Symposium on "Interpersonal process and personality development and change." Washington, D.C., 1969 (a).
- Mueller, W. J. Patterns of behavior and their reciprocal impact in the family and psychotherapy. Journal of Counseling Psychology, 1969 (b), 16, (Monograph supplement).

- Mueller, W. J. and Dilling, C. A. Therapist-client interview behavior and personality characteristics of therapists. Journal of Projective Techniques, 1968, 32, 281-288.
- Mueller, W. J. and Dilling C. A. Studying interpersonal themes in psychotherapy research. Journal of Counseling Psychology, 1969, 16, 50-58.
- Mueller, W. J. and Kell, B. L. Coping with conflict. New York: Appleton, Century, Crofts, 1972.
- Rapaport, D., Gill, M., and Schafer, R. Diagnostic psychological testing. R. R. Holt (Ed.). New York: International Universities Press, 1968.
- Raush, H. L. Interaction sequences. Journal of Personality and Social Psychology, 1965.
- Raush, H. L., Dittmann, A. T. and Taylor, T. J. The interpersonal behavior of children in residential treatment. Journal of Abnormal and Social Psychology, 1959, 58, 9-26.
- Raush, H. L., Dittmann, A. T. and Taylor, T. J. Person, setting and change in social interaction. Human Relations, 1959, 12, 361-379.
- Raush, H. L., Farbman, I. and Llewellyn, L. G. Person, setting and change in social interaction, II. A normal-control study. Human Relations, 1960, 13, 305-333.
- Reich, W. Character Analysis. New York: Oregon Institute, 1949.
- Rioch, J. M. The transference phenomenon in psychoanalytic therapy. Psychiatry, 1943, 6, 147-156.
- Sandler, J. Unconscious wishes and human relationship. Contemporary Psychoanalysis, 1981, 17, 180-196.
- Sandler, J. and Rosenblatt, B. The concept of the representational world. The Psychoanalytic Study of the Child, 1962, 17, 128-145.
- Siegel, S. Nonparametric statistics. New York: McGraw-Hill, 1956.
- Stolorow, R. D., Atwood, G. E. and Ross, J. M. The representational world in psychoanalytic therapy. International Review of Psychoanalysis, 1978, 5, 247-256.
- Sullivan, H. S. Conceptions of modern psychiatry. New York: Norton, 1940.
- Sullivan, H. S. The interpersonal theory of psychiatry. New York: Norton, 1953.
- Sullivan, H. S. The psychiatric interview. New York: Norton, 1954.
- Waedler, R. The principle of multiple function: observations on overdetermination. Psychoanalytic Quarterly, 1936, 5, 45-62.

- Winnicott, D. The maturational processes and the facilitating environment.
New York: International Universities Press, 1965.
- Wolstein, B. Countertransference. New York: Grune and Stratton, 1959.

APPENDICES

APPENDIX A

PROCEDURAL MANUAL FOR SCORING THEMATIC APPERCEPTION TEST (TAT)
PROTOCOLS ACCORDING TO THE MOLECULAR ANALYSIS PROPOSED BY LEARY

APPENDIX A

PROCEDURAL MANUAL FOR SCORING THEMATIC APPERCEPTION TEST (TAT), PROTOCOLS ACCORDING TO THE MOLECULAR ANALYSIS PROPOSED BY LEARY¹

Prepared by: William J. Mueller, Richard Genirberg, and Victor R. Nahmias

Leary (1957) proposed two methods for an interpersonal diagnosis of Thematic Apperception Test (TAT) protocols: A molecular and a molar scoring system. Leary found that the molar scoring system "proved more convenient" (Leary, 1957, p. 176) and a manual was developed which described that method (Leary, 1956, pp. 17-21).

In general, the molar system of interpersonal diagnosis of Level III (TAT) data (Leary, 1956, 1957) consists of administering a written form of the TAT to subjects. According to the manual, ten cards of the TAT are administered, and the subject is asked to limit response to a few sentences per card. The protocols are then scored in terms of the interpersonal themes that are reflected in the action, interpersonal motives, and feelings of the characters in subject productions.

The characters are divided into two categories. Briefly, the hero (H) is the person with whom the subject identifies in the story, and the others (O) are the characters who interact with the hero. (H) and (O) are identified according to the fantasy figures they represent (e.g. parent, child). The thematic productions of the (H) and (O) are scored with reference to sixteen categories of interpersonal themes which can be defined

¹Leary, T. "The Level of Private Perception: The Interpersonal Symbol.: Chapter 9 in Interpersonal diagnosis of personality. New York: Ronald, 1957, pp. 169-175."

in terms of a circumplex with a dominant-submissive and an affiliative-disaffiliative axis. Illustrative themes are listed in the manual, but caution is noted in that the theme is assigned to a category in terms of its interpersonal meaning in relation to the two axes of the circumplex.

The generic themes and their code letters are as follows: A = Power; B = Narcissism; C = Exploitation; D = Punitive Hostility; E = All Forms of Pure Hostility; F = Unconventional Activity; G = Deprivation; H = Masochism; I = Weakness; J = Conformity; K = Trust; L = Collaboration and Agreeability; M = All Forms of Pure Love; N = Tenderness; O = Generosity; P = Success (1956, p. 18).

For each of the ten selected cards of the TAT, two judges independently provide a summary interpersonal rating for (H) and a second rating for (O). A judge's molar rating may consist of more than one thematic category for (H) or (O) in order to reflect the multiple themes in a story. A criterion judge is used in the event of disagreement between the two raters, and the criterion judge's "ruling is final" (Leary, 1956, pp. 17-21; Leary, 1957, pp. 464-471).

Limitations of the Molar Scoring System

The molar analysis of TAT protocols presents several limitations. Global ratings of thematic productions are probably satisfactory when subject response is limited to several sentences per card. However, when administration of the TAT is oral and productivity is unlimited, a global rating of the content may prove unreliable. In addition, global scoring does not take into account the repetition of themes or the introduction of sub-themes within a given story. Such thematic repetitions may prove diagnostically meaningful.

Second, an overall rating of (H) and (O) does not provide opportunity

for assessing reflexive linkage. That is, the system does not provide for analysis of what the actor's behavior [(H) or (O)] specifically provokes in the target. The evocative power of interpersonal behavior is one of the powerful cornerstones of Leary's system and may be useful in tracking/following relational tendencies/variables and in anticipating transference/counter-transference phenomena during psychotherapy.

Third, the global rating does not take into account the time perspective of subject productions. Whether the interaction is described as a past, present, or future event may be useful information in predicting psychotherapeutic process. For these reasons the molecular method of analysis proposed by Leary (1957, pp. 169-175) was used in this study and a procedural manual was prepared for training raters.

Procedures Used in Scoring TAT Protocols

According to Leary's Molecular Analysis

In this study, Leary's molecular analysis of the TAT protocols was implemented with some modifications: (1) A scoring unit was defined; (2) changing or co-existing emotional conditions within a unit were scored to reflect such shifting or ambivalent feelings; (3) a time perspective was included in the scoring procedure; (4) a target of an action was designated where possible; and (5) reliability was determined by inter-rater agreement without recourse to a referee judge.

The Scoring Unit

Operational Definition

Leary notes that in a "molecular scoring" of protocols, "every interpersonal feeling or action" is "given a separate score." These ratings "for every interpersonal detail" can then be "graphically" portrayed

so as to represent the cumulative interpersonal themes of (H) and (O) in a story (Leary, 1957, p. 175). To implement that method in this study, TAT stories are subdivided into units. Following Leary, the scoring unit is defined as containing an interpersonally oriented emotional condition: a feeling state, action or motive by (H) or (O) regardless of whether the target is explicitly designated. Within any given unit, the dominant feeling being expressed is scored according to the emotional state the actor is attempting to establish (Leary, 1957, pp. 171-175; see also, Leary, 1956, pp. 17-19).

Two additional scoring procedures are incorporated into this study: (1) Within unit changes in the emotional states established by an actor are sequentially scored as they occur and (2) if two emotional states (e.g. love/hate) are simultaneously expressed by an actor, they are scored so as to reflect the actor's ambivalence. A new unit is determined by a change in actor, target, time perspective, or scenario.

Procedures

A typescript of an orally administered TAT is prepared. The criterion judge listens to the audio recording of the protocol to gain a sense of the story and marks the typescript, identifying the units within a story and the number of themes occurring within a given unit. The criterion judge then scores the actual themes on a separate record sheet which is not available to the reliability judge. The actual interpersonal thematic categories used in rating have been described earlier. The marked typescript is then scored independently by the reliability judge who listens to the audio recording for a sense of the interactions before scoring the protocol. In this way, reliability is obtained on the thematic activity, but the unit length and number of themes to be scored within a unit are predetermined

by the criterion judge.

Operationally, the criterion judge scores the typescripted protocol first and indicates the unit length by placing a slash (/) at those points in the story which encompass a unit. Units are numbered sequentially as they occur in the story. Multiple themes within a unit are indicated by the criterion judge's bracketing ([]) the number of themes to be scored within the unit (e.g. / [1] [2] [3] /). If two emotional conditions are considered to be simultaneous events, the criterion judge so indicates with a tee-slash (e.g. / [1] I [2] /). The criterion judge follows the same procedure in defining the interpersonal units for the remainder of the story, recording ratings on a separate record sheet.

Identifying the Hero and Other in TAT Stories

Whether using a molecular or molar analysis of the data, Leary describes the "Hero" (H), the "Other" (O), and "role" designations as follows. The Hero (H) is described as "most likely to be the character" with whom the subject "seems to identify;" "writes most" about; "mentions first;" and is "the same sex and most similar in age and status." The "Other" (O) "refers to any character, except the Hero, involved in the story, to whom feelings or actions are explicitly assigned by the subject."

The characters (H) and (O) are identified according to sex, fantasy figure and/or "familial status," and their respective "roles" (circumplex thematic codes) in the story are designated. This procedure of identifying the actor as "hero" or "other" and classifying the "fantasy images" permits (1) a sequential analysis of the behaviors provoked by (H) and (O), and (2) linking behavior to the fantasy figures involved, yielding, e.g. "pre-conscious" identification scores (Leary, 1956, pp. 17-21; Leary, 1957, pp. 167-169, p. 175).

In many stories the target of an action is often the actor of succeeding or preceding units. However, in situations where the target of the action is a person other than the actor of contiguous units, the scoring can be deceptive. Unless a target is identified for each action, potentially useful dynamic information is lost.

For example, if only the actor is considered, the following sequence would be misleading:

Unit #1 Actor (H), "son" is rejecting ("C") toward target (O), "mother."

Unit #2 Actor (O), "father" is punitive ("D") toward Target (H), "son." The intra-familial dynamics reflected in the story consist of a son being rejecting of his mother and his father being punishing toward the son for such behavior. If only the actors are scored without regard for targets, the crucial dynamic link between the maternal target and projected paternal retaliation is lost.

Therefore, in addition to following the procedure outlined above, the judges were also requested where possible to identify the fantasy target (receiver) of each action. The format of the rating sheet is a variant of the TAT Molar Rating Sheet (Leary, 1956) modified to incorporate the target as suggested by MacKenzie's (1968) analysis of Level One behavior and adapted by Mueller (1969) for analyzing psychotherapy interviews.

Although refined procedures for identifying targets were not implemented in this study, the following observations are advanced for consideration in future scoring of protocols. A refined scoring would consist of identifying the actor (H) or (O) and target (H) or (O) and classifying both as to sex and role relationship. In cases where a feeling state is expressed, e.g., actor (H), girl, is self-punitive, the target (H) herself, would be represented with a reflexive pronoun. The format of the scoring

sheets used by judges in this study would need little revision to accommodate such a more refined scoring.

Identifying the Time Perspective

For each unit scored, the criterion and reliability judge also independently identify the past, present or future time perspective of the themes. The following guidelines are used by judges in defining the time perspective of a given unit:

Past: All events using past tense or past perfect tense verbs are scored as having occurred in the past. In other words, events are scored in the past if the roots exist in the past and remain as past events.

Present: The present is defined as the instant the picture was taken. All events using present time verbs are scored as occurring in the present. If the events have roots in the past but continue into the present, they are scored as present events.

Future: All events using future tense or future perfect tense verbs are scored as future events.

The time perspective permits analysis of units in terms of whether the themes refer to past events, are perceived in the present, or are anticipated interactions.

The Thematic Categories

The interpersonal thematic categories and code letters used in this study to rate hero-other interactions are taken from Leary (1956, p. 18; 1957, pp. 170-171) and have been reported earlier in the description of the molar rating system. In addition, guidelines for scoring themes within

this framework are taken from Leary's "TAT Cookbook" (Leary, 1956, pp. 104-105). To reiterate an important consideration, the thematic categories are considered with reference to a circumplex of sixteen categories which are defined in relation to a dominant-submissive and affiliative-disaffiliative axis. For a full description of the circumplex, nodal points, and the positioning of categories and code letters, see Leary (1956, 1957).

In scoring the themes, the judge takes the position of the "target" of the interaction and empathizes with the emotional conditions the "actor" is attempting to establish in relation to the "target" (Freedman, et al, 1951, pp. 143-160; Bales, 1950). In orienting themselves to the circumplex, the judges did not use the dominant-submissive ("A," "I" categories) and affiliative-disaffiliative ("M," "E" categories) as reference points. Rather, they used the mid-points between the axes as nodal points and scored the data in terms of whether the theme was "more or less" dominant or submissive and affiliative or disaffiliative in relation to those nodal reference points.

In rating the themes, the following clarifications of different categories of the circumplex were incorporated into the study.

1. The categories (B = Narcissism and P = Success) created rating problems and the following clarification was advanced. Using "teaching" as an example, the raters score a "P" when the teaching function is in the interests of an (O). In this respect, the "needs" of (O) are being served. If, however, the teaching is in the service of self-serving motives without regard for (O), then the category is scored "B." When "teaching" is in the interests of (O) even though (O) resists as in the case of the child who resists ("F") the input ("P") of a parent, the scoring remains "P." If, however, the teacher (parent) concentrates on controlling the child, the category is scored "A" to reflect the controlling behavior.

2. The categories (B = Narcissism and J = Conformity) also presented rating problems which were reconciled as follows. The major issue was whether a person overcoming a set of difficulty circumstances is scored "B" or "J." If an illness, for example, is overcome through conformity, (e.g. "but in time she (H) gets better, and goes on with her life and comes out of it"), the unit would be scored "J." If, however, (H) actively pushes against great odds and achieves, the unit would be scored "B."
3. The categories (G = Deprivation and H = Masochism) presented additional scoring problems which were scored as follows. If the persecutory object of the masochistic behavior is internal, it is rated "H." If this personification is felt in relation to others, the behavior is rated "G." As an example, if the person feels that he/she is deprived, persecuted, or hurt by a personified other, it is rated "G." If the person is acting with reference to an internal superego (object), it is rated "H."

Exemplifying the Scoring System

A rating sheet was prepared which identified the subject and rater and included the following information: TAT Card #; Unit #; Time Sequence; Actor: Hero (H) or Other (O); Mechanism (Theme); and Target: Hero (H) or Other (O).

TAT RATING SHEET

Client Code # _____ Judge _____ Page _____

Hero-Other Interaction

Card	Unit	Time Sequence	(Actor)		Mechanism	(Target)	
			Hero	Other		Hero	Other
6GF	1	present	son		H		mother
	2	present		mother	A	son	
	3	present	son		A...H...C		mother
	4	present	son		M/E		mother
	5	future	son	mother	M	mother	son

Legend:

In Unit #1 the actor H ("role" son) is self-depreciating in relation to the target O ("role" mother) O .

In Unit #2 O makes a controlling response to H .

In Unit #3 H initiates the unit with controlling (A) behavior but becomes self-depreciating (H) and then rejecting (C) of O . Since these changing emotional states occurred within a unit they are scored in the same sequence in which they occurred A...H...C .

In Unit #4 H expresses ambivalent love/hate feelings toward O . Since these feelings are simultaneously expressed, they are scored to reflect oscillation of feeling states (M/E).

In Unit #5 H and O anticipate reciprocally loving (M) behavior and the scoring reflects H is (M) to O and O is (M) to H .

The time perspective across units suggests that the H son and O mother are currently (present) having difficulties but that the (future) projected outlook for son and mother is toward increasing mutual love.

REFERENCES

- Bales, R.F. Interaction process analysis. Cambridge, Mass.: Addison Wesley Press, Inc. 1950.
- Leary, T. "Interpersonal diagnosis of level three behavior" and "TAT cookbook" in the Multilevel measurement of interpersonal behavior: A manual for the use of the interpersonal system of personality. Berkeley: Psychological Consultation Service, 1956.
- Leary, T. "The level of private perception: The interpersonal symbol" and "The administration, scoring and validation of the level three TAT" in Interpersonal diagnosis of personality. New York: Ronald, 1957.

APPENDIX B

SCORING MANUAL FOR THE INTERPERSONAL BEHAVIOR RATING SYSTEM

APPENDIX B

SCORING MANUAL FOR THE INTERPERSONAL BEHAVIOR RATING SYSTEM^{1, 2}

General Considerations

The interaction between a therapist and client can be rated according to the reciprocal impact each's behavior has upon the other. The units of study, called interpersonal mechanisms or reflexes, capture the functional component of the behavior in a social context (Freedman, et al. 1951). These reflexes form a circumplex consisting of 16 categories into which all interpersonal behaviors may be rated. It is divided into quadrants by orthogonal axes. The vertical axis covers the dimension of dominance-submission, while the horizontal axis represents the affiliative-disaffiliative (or love-hate) dimension.

Leary (1957) recommends using a modified scoring of the MMPI to determine a summary score of manifest behavior. Mueller (1969) and Mueller and Dilling (1969) suggest scoring actual therapy audiotapes and transcriptions according to the behavioral circumplex. In this way a pattern of scores can be obtained that reveals the subject's use of different reflexes by frequency of actual occurrence. Crowder (1970) included a scoring manual in his study of transference patterns in successful vs. unsuccessful psychotherapy. This manual is an updated version of his manual.

In this scoring system, a criterion judge listens to an audiotape

¹Adapted from Crowder, J. 1970; and Freedman, et al 1951

²The current author wishes to thank Wendy Sabbath for her helpful contributions in clarifying difficult scoring categories.

of a therapy session while reading (and correcting if necessary) a typed transcript of the session. In rating behaviors into categories, the behaviors are first judged in terms of the axes, thereby placing them into quadrants of the circumplex. Then, a behavior is judged into a specific category within the quadrant by matching it with the descriptive terms of those categories. Statements sometimes include behaviors of more than one category, in which case multiple scorings are used. The criterion judge indicates that more than one category was used by placing parenthesis around the different reflexes. Later, a reliability judge can independently rate selected portions of the data sample using the criterion judge's prepared transcript. Inter-rater reliability can then be determined according to the percentage of agreement between judges (Dittman, 1958).

Problems arise because (1) the categories are not mutually exclusive, (2) the meaning of behaviors are determined partly by the context in which they occur, (3) affect and content (i.e., words) are sometimes incongruent, and (4) raters may use different levels of interpretation. These problems are demonstrated below by the use of examples.

Consider the client statement: "I like you." If this statement were genuine, it would be rated "M". If it were said sarcastically, it would be rated "D". If it came after an interpretation which the client did not wish to consider, it would be rated "F".

For another example, consider the following client statement: "You look tired today." If this statement connoted genuine sympathy, it would be rated "N". If it evolved out of the client's guilt for seeking help from the therapist, one could argue that it should be rated "H", but this rating would require deeper interpretation than the sympathetic "N".

The client statement, "I don't trust you," implies distrust "G" and rejection "C". It is necessary to choose one or the other in this rating

system.

The therapist's interpretive ability can serve a number of different interpersonal functions. When the therapist interprets the client's material going beyond his conscious feelings, and it is for the benefit of the client, his behavior is rated "0". If, however, the therapist's interpretation is motivated by attempts to enhance his own self-esteem, it is rated "B". Interpretations can serve other functions as well. They can be "C" when they're used to reject or push the client away. Or they could be rated "A" as when the therapist attempts to control the client's behavior. Thus it is necessary to discriminate the function of the interpretation within the ongoing relationship.

In rating the client and therapist behaviors, the following priorities are listed so that the above problems will be minimized: (1) Context takes precedence over affect, (2) affect takes precedence over content, and (3) interpretation does not go beyond the immediate context.

Below, descriptive words and examples of behavior for each category are given; where helpful, explanatory statements are included. It is impossible to provide examples for some of the meanings of some of the reflexes because the meanings are dependent upon the tone of voice, e.g., sarcastic behavior (reflex "D").

Examples of Behavior for Each Category

Reflex "A" - Dominating, directing, commanding, probing (diagnostic) and controlling behaviors.

1. Therapist or client changes subject, begins new topic.

Note: Occasionally, a change of subject should not be rated "A". Example:

C: "Yes, I do have finals next week. (pause)

I hate you."

In this example, strong emotion is expressed in the change of subject. In this case, the rating would be "L". . ."E".

2. Therapist asks questions of an information-gathering kind.

Example:

T: "How old are you?"

3. Therapist or client is dominating, bossy. Example:

T: "Do your studying between three and six o'clock."

(When no advice was asked for.)

Reflex "B" - Independent, self-enhancing, self-stimulating, boasting, and narcissistic behaviors.

1. Therapist or client is boastful. Examples:

C: "I made the highest score on the final examination."

T: "Looks like I really helped you."

2. Wandering, free-associating conversation in which the speaker provides his own stimulation. This category usually applies more to the client than the therapist. Examples would include client statements in which a "list" of activities since the previous session is covered without emotion, and without a previous therapist eliciting question. This is generally a long, rambling statement, which may have been started by a therapist question, but which continued with the client providing his own stimulation. In this case, the client's statement would be rated in two parts, the answer to the therapist's questions would be rated an "L", and the rest of the client's statement a "B".

3. Therapist or client intellectualizes.

Therapist example:

C: "I feel really affectionate toward you."

T: "That's because you once had that feeling toward your father."

Client example:

T: "What is it that's troubling you?"

C: "I haven't worked out my Oedipus complex."

4. Therapist interprets the client's dynamics to enhance his own estimation of himself rather than to benefit his client.

Reflex "C" - Rejecting, withholding, competing, accusing, and exploitative behaviors. Self-enhancement at another's expense.

1. Client or therapist rejects previous statement (regardless of whether previous statement was true). Examples:

C: "No, that isn't right. What bothers me is that no one seems to really care for me." In this example, the "No, that isn't right" would be rated "C". The second part would be rated "P" if no strong emotions were attached to it. Of course, if the client expressed feelings of hurt or sadness, the second part may be rated "K". A "no" statement following a therapist questions with no point of view attached (i.e., where therapist does not make a positive statement that is subsequently rejected) should be rated "L" instead of "C".

2. Client and therapist are arguing, competing, usually with an undercurrent of hostility. Examples:

T: "You can find people like that in New York."

C: "I've looked and there are no people like that here."

T: "You haven't looked in the right places. You've met only a few people here."

C: "I know I can't find people like that here. I need to go somewhere else."

The first therapist statement in this interchange may not be rated a "C", depending on the previous client statement that elicited it. For instance, if the previous client statement had been "I need to find some people that I could trust," the first therapist statement above might be rated "P".

3. Client or therapist refused a previous suggestion, a directive, etc.

T: "I will not see you twice a week."

C: "No matter what you say, I won't stay here."

Reflex "D" - Sarcastic, mocking, threatening, quarreling, and punishing behaviors. Hostility with an element of superiority implied.

T: "If you don't get out of that relationship, I'll stop seeing you."

C: "People are going to keep bugging me until I kill myself."

Reflex "E" - Hateful, attacking disaffiliative behaviors. Including all forms of violence and aggression. Usually involves a minimum of role differentiation.

C: "Go to hell."

T: "You're an idiot."

T: "Get out of my office."

Reflex "F" - Complaining, rebelling, nagging, sulking, and passively resistant behavior. Acting in an unconventional manner as a means of protest.

1. Client passively resists therapist's interpretation put

in the form of statement or question. Examples;

a. T: "Sounds like you get anxious around competent females."

C: "I don't know."

b. T: "Is it that your boyfriend reminds you of your father in some ways?"

C: "I don't know. (pause) One thing that really disturbs me is that I can't concentrate when I study."

c. T: "Do I hear some resentment in there?"

C: "I don't know. (pause) You may be right. Yeah, I wasn't aware of it but I really do resent him for that."

Note: In example a, the client's "I don't know" is rated "F", because it indicates passive resistance to the therapist's statement. In these cases, the client is demonstrating an unwillingness to even consider the validity of the statement, but at the same time is not flatly rejecting it either. In example b, the "I don't know" is followed by the change of subject. In this case, it is rather obvious that the change of subject is a defensive maneuver, seemingly unrelated to the therapist's question. The "I don't know" should be scored "F", and the change of subject should be scored "A". In example c, the "I don't know" was intended to indicate thoughtfulness, an attempt

to deal with the therapist's question, which is validated by the rest of the client's statement.

In this example, the "I don't know" is not scored, but the remainder of the statement should be enclosed in parentheses and scored "L".

2. Sometimes the therapist or client angrily withdraws (sulks), with some such comment as "I don't know." These should be scored as "F".

Reflex "G" - Distrustful, suspicious and skeptical behavior. Acting victimized or persecuted in the presence of another.

1. Therapist or client expresses skepticism at the previous statement of the other party. Examples:

"What?"

"What do you mean?"

"Maybe."

The first two examples would be scored "G" when the previous statement and its meaning were perfectly clear. The "maybe" expresses incomplete acceptance, but does express skepticism.

2. Therapist or client is suspicious of feelings, motives, etc., expressed by the other party. Examples:

C: "I don't think you really like me."

T: "Are you sure you're dealing with the thing that's really bugging you?"

Note: If the statement is an unconditional rejection or accusation (e.g., "You don't like me!"), it should be rated "C", not "G".

Reflex "H" - Apologetic, withdrawn, anxious, guilty, self-effacing and self-condemning behaviors. Directing hostility against one's self.

1. C: "I feel worthless."

T: "You wouldn't feel that way if I were a good therapist."

2. Client (or therapist) cries in a self-pitying manner.

Reflex "I" - Submissive, deferential and obedient helpless behaviors.

1. Client or therapist submits more to avoid confrontation than to accept a statement because of its validity. This sometimes occurs after an argument, or to end an argument.

2. Client expresses extreme helplessness, inability to cope, without underlying belief that change is possible, that therapist will help.

3. "I guess so," and "yeah" responses, which are total responses, when the therapist is actually trying to elicit elaboration on something, or after therapist has made a statement about something.

Reflex "J" - Respectful, praising, and admiring behaviors. Passively relying upon the goodwill of others.

1. C: "What should I do?" (Asking for an opinion.)

C: "You're the best therapist in the Counseling Center."

Reflex "K" - Dependent, trusting behaviors. Attempts to elicit help from another.

1. C: "This is a problem which I hope you will help me with."

Reflex "L" - Cooperative, confiding, agreeing, and collaborative behavior.

1. Client cooperates with therapist, works on problems, answers questions, elaborates on reflective or interpretive statements. Examples:

T: "How old is your sister?"

C: "She's 18."

T: "It sounds like you have difficulty in accepting positive feelings."

C: "Yeah, I think you're right. The other day my roommate said she liked me, and . . ."

Note: a. Sometimes it is difficult to discriminate between elaboration and self-stimulating conversation.

In general, self-stimulating conversation is much longer, and less affect-laden. Also, the focus of self-stimulating conversation shifts frequently.

b. When the client's agreement comes after an argument, is less sincere, and without elaboration to support it, "I", instead of "L" should be scored.

2. Client's "Yeah" statements which merely lubricate comments coming from the therapist. Examples:

T: "You remember last week when we were talking about sex."

C: "Yeah"

T: "You got very angry with me."

Note: Lubricating comments on the part of the therapist are not scored.

Reflex "M" - Affiliative, identifying with, friendly, and intimate behaviors. Usually involves a minimum of role definition.

1. T: "I really like you."

C: "I feel close to you today."

2. Therapist over-identifies with client, sacrificing his

measure of objectivity and accepts the client's interpretations of events as reality, not just the client's reality.

Reflex "N" - Supporting, sympathizing, reflecting and summarizing feelings, approval, nurturant, and probing (therapeutic) behaviors.

1. C: "I'm sure you're intelligent, and capable of making it here." (Support, reassure)
- T: "Sounds like you're very lonely, and feeling incapable of establishing any real friendships." (Reflect feelings)
- T: "You said that your father really preferred your brother." (Therapeutic probe)
- C: "Looks like you're very tired today." (Sympathize)
- C: "Well, I think you're doing a very good job." (Support)

Note: The above therapist statements are rated "N" only if he is responding to data and feelings in the previous client statements. For instance, if the third therapist statement above had come after a client had said "I had final exams yesterday," the therapist statement would be rated "A" (Directive). As a rule of thumb, reflecting feelings, therapeutic probes, generalized feelings, when rated "N", must come after a client statement which contained the data that is reflected, generalized, etc. Of course, support and reassurance, to be rated, does not suffer this limitation. The client statement above is rated "N" if it seems genuinely sympathetic; the fact that it may be prompted by guilt over receiving help is irrelevant to the rating system.

- b. Reassurance occasionally turns into an argumentative,

competitive exchange, in which the first therapist statement should be rated "N", but the following ones should be rated "C": Example:

T: "I know you can handle it." (Supportive)

C: "I know I can't!" (Angry)

T: "No, you don't want to, but I know you can!"

Reflex "O" - Giving help and interpreting (beyond conscious feeling) behaviors.

1. T: "If you feel uptight next week, we could meet twice."

T: "Your relationship with your boyfriend appears to be similar to the one you had with your father."

Reflex "P" - Advising, teaching, giving opinions and informing behaviors.

1. Therapist or client gives opinion, acts as authority on the state of things in the world. Examples:

T: "The way I see myself as being helpful to you is in trying to understand you, and in the process, helping you to understand yourself."

T: "To get some information about your interests, you should take the Strong."

T: "You may have that feeling, but not be aware of it. It may be unconscious."

C: "In my experience, I've found that people in this society are like that."

C: "To make money farming, you have to do most of the work yourself. If you hire people to work for you, your expenses will be greater than your income."

Note: a. "P" is often scored after "C" in the same statement (example: "No, I don't really feel

that way. The way I feel is. . ."). Of course, if rejection is not followed by explanation, "P" would not be scored. If the whole statement is a rejection of the previously stated point of view, with an argument as to why the speaker's point of view is correct, or just an assertion that he is right, the whole thing should be scored "C". "C"... "A" or "C"... "B" might also be scored (i.e., rejection might be followed by a change of subject or self-stimulating conversation).

- b. Sometimes, statements of the way things are in the world are made to reassure, and should therefore be scored "N" instead of "P". Example:

C: "I really feel like I'm coming apart!"

T: "When people begin to change, they often feel like they're disintegrating. That seems to be what's happening to you."

- 2. Client provides information about himself that goes beyond simple compliance with therapist's inquiry. In this case the initial remarks may be scored "L", but additional remarks are scored "P".

Additional Remarks on Scoring Audiotapes

The examples listed above are useful for establishing in the mind of the rater the emotional attitudes associated with each of the 16 reflexes. Unfortunately, they are of limited value in the actual coding of therapy

tapes because few of the interactions between client and therapist actually refer explicitly to their ongoing relationship and to each other as the above examples seem to suggest. What the rater must do, instead, is constantly ask himself; what emotional condition is the client (therapist) attempting to establish?". Determining the answer to this question requires both an actual analysis of the therapeutic exchange and a reliance upon a more intuitive level of understanding. More frequently than implied above, the rater must evaluate the unspoken interpersonal motive of the client (therapist) for telling the therapist (client) whatever it is he is saying. This does not mean that the rater interprets deeper levels of meaning, but rather the rater must determine what unspoken conditions exist while the exchange is taking place.

In discussing these issues the raters have found it helpful to make some of the categories more explicit and to characterize some of the frequently encountered relationship paradigms they've encountered. The following "Scoring Differentiations" are offered for this purpose.

Scoring Differentiations

1. The B/J categories present special problems to raters. Sometimes it's difficult to determine whether a client is doing something for himself, the therapist, or for some other reason. The following classifications have been made:

B is less asking for help, is more independent, boasting, implying the client needs no help.

J is seeking sympathy; attempts to elicit nurturance by acting helpless as though appearing unable to change except through the therapist's benevolent assistance. Client appears to idealize the therapist.

To a certain extent, in both B and J the content is insignificant,

the emotional impact is the more compelling component of the communication.

2. Differentiating between I and J sometimes presents difficulties, particularly when the client begins to sound whiny. The following may be helpful:

I is helplessness without hope of changing.

J is helplessness with hope of changing through the intervention of an idealized other (therapist).

3. In both L and P the exchange of information is significant, but:

L-client is expressing himself while directly experiencing the recalled events or affects. Elaboration takes place without a change in perspective.

P-client expresses himself while observing himself; elaboration takes place with a change in perspective as in providing information about one's self or gaining insight into one's self.

4. Additional characterization of docile conforming behaviors:

J-client attempts to establish a good parent-child relationship with therapist.

K-client actually attempts to elicit therapist's aid.

L-client attempts a more collaborative engagement of therapist.

5. Rule of thumb: In cases where latent content comes close to the surface, it may be difficult to determine the nature of the client's responses. For example, in responding to a therapist's question, the client may give information imbued with a good deal of conscious or unconscious feelings. These feelings may be apparent to the listener, but it is the emotional condition that the client is attempting to create with the therapist that should be scored and not the rater's reading of the client's evolving dynamics.

APPENDIX C

CONSENT FORM

APPENDIX C

CONSENT FORM

I, _____, hereby agree to participate in the project about psychotherapeutic processes and human conflict which is being conducted at the Counseling Center and which is described herein. The project is under the direction of Victor Nahmias, M.A., an advanced doctoral student in Clinical Psychology under the supervisor of Albert Aniskiewicz, Ph. D., a professor in the Counseling Center.

I understand that my participation in the project will consist of my completing some psychological measures before psychotherapy. The psychological measures will be administered in one session and will take about two hours.

I understand that I will not be provided with the results of the psychological testing that I complete for this project.

I also understand that my participation will consist of permitting each of my psychotherapeutic sessions to be audio-tape recorded.

I understand that Victor Nahmias as investigator or those designated by him to assist in the project will prepare verbatim typescripts of excerpted passages or entire sessions for use in his professional writing and research.

I understand that the matter of confidentiality is the only foreseeable risk and that Victor Nahmias will take very precaution to assure my anonymity by having identifiable data deleted and material disguised as

necessary so that the confidentiality of the materials is protected.

I further understand that I may withdraw from this agreement at any time without its in any way affecting my continuing work with my counselors. Finally, I understand that, except for the above-mentioned procedures, the project will in no other way intrude into my relationship with my counselor.

I have read this form and agree to participate.

Witnessed: _____

Signed: _____

Dated: _____

APPENDIX D

OVERALL FREQUENCY OF RESPONSES
IN THE ICL, TAT, FIRST AND SEVENTH SESSIONS

APPENDIX D

Table 7

Overall Frequency of Responses in the
ICL, TAT, First and Seventh Sessions

	<u>ICL</u>	<u>TAT</u>		<u>Sess. 1</u>		<u>Sess. 7</u>	
		H	O	Cl.	Th.	Cl.	Th.
A	.02	.03	.04	0	.13	.01	.12
B	.02	.10	.06	.06	0	.06	.01
C	.03	.06	.13	.01	0	.02	.02
D	.03	.02	.07	0	0	.01	.01
E	.04	.05	.08	0	0	0	0
F	.04	.09	.06	.04	0	.07	0
G	.04	.10	.09	.03	0	.02	0
H	.04	.16	.09	.05	0	.06	0
I	.02	.16	.08	.04	0	.10	0
J	.02	.06	.02	.04	0	.07	0
K	.03	.04	.01	.04	0	.02	0
L	.03	.06	.07	.50	.02	.36	.03
M	.03	.04	.07	0	.01	.02	.01
N	.03	.01	.02	0	.63	.01	.55
O	.03	.02	.07	0	.09	0	.07
P	.04	.02	.05	.18	.12	.20	.18