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Confrontation Assessment by Therapist Trainees: An Analogue Study of Attitudinal and Personality Factors

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CONFRONTATION ASSESSMENT BY THERAPIST TRAINEES:
AN ANALOGUE STUDY OF ATTITUDINAL AND PERSONALITY FACTORS

by

EDWIN BEN CRAWFORD

A Dissertation Submitted to the Faculty of the Graduate
School of Loyola University of Chicago in Partial
Fulfillment of the Requirements for the Degree of
DOCTOR OF PHILOSOPHY

MAY

1985

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I wish particularly to thank Dr. Silverman, Director, for continual challenges to produce a refined study, and for being a mentor and friend throughout my education at Loyola.

This dissertation is dedicated to the memory of my father, Ben Crawford, to my mother, Brideen Crawford Milner and Step-Father, Andy Milner, all pioneer Alaskans, my sisters' Pat and Jo and their families, and my brother Jim and his family.

VITA

The author, E. Ben Crawford, is the son of Ben Crawford, Sr., (deceased) and Brideen Crawford Milner. He was born November 6, 1944, in Seattle, Washington and raised in Anchorage, Alaska.

His elementary education was obtained in the public schools of Anchorage and secondary education at St. Martin's High School, Olympia, Washington and West Anchorage High School, where he graduated in 1963.

In 1965 he entered the United States Army and served for two years as an administrative assistant and paratrooper. After an honorable discharge from the army, he entered the University of San Francisco and in May 1971, received the degree of Bachelor of Arts with a major in Political Science.

In 1977, while working for the San Francisco Veterans Administration, he re-entered the University of San Francisco and in May 1979 received the degree of Master of Arts in History.

In August, 1980, he left a counseling position in the Department of Psychiatry at the San Francisco Veterans Administration Hospital, to attend graduate school full-time at Loyola University of Chicago. At Loyola, he was granted graduate assistantships for four years and selected for the national Jesuit honor society, Alpha Sigma Nu. While he was in the program his article, "The Modern Psychology of Thomas Reid," was published by *Vitae Scholasticae*.

A MEANS OF BATTLE

.....I have found that life persists in the midst of destruction and, therefore, there must be a higher law than that of destruction. Only under that law would a well-ordered society be intelligible and life worth living. And if that is the law of life, we have to work it out in daily life.....

.....Wherever there are jars, wherever you are *confronted* with an opponent, conquer him with love. In a crude manner I have worked it out in my life. That does not mean that all my difficulties are solved. I have found, however, that this law of love has answered as the law of destruction has *never done*.....

The law of love will work, just as the law of gravitation will work, whether we accept it or not. Just as a scientist will work wonders out of various applications of the law of nature, even so a man who applies the law of love with scientific precision can work greater wonders. For the force of nonviolence is infinitely more wonderful and subtle than the material forces of nature, like, for instance, electricity. The men who discovered for us the law of love were greater scientists than any of our modern scientists. Only our explorations have not gone far enough and so it is not possible for everyone to see all its workings.....

Mahatma Gandhi, 1930 and 1940, quoted in
Instead of Violence,
(1963), Italics added.

....It is the challenge of our generation to understand, as far as psychological assumptions permit, what Gandhi calls truth as an actual force in mental life, the kind of force that 'moves mountains.'

Erik Erikson,
Gandhi's Truth,
(1978).

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CHAPTER I

INTRODUCTION

The central question that this dissertation will address is: How does the personality of the counselor trainee impact upon the ability to perceive (and likely implement), professional challenges to clients? Expert confrontation of clients seems to be one of the most difficult aspects of counseling. It calls upon all skills at once, as well as whatever maturity as a person the counselor has attained, in order to confront therapeutically. Nevertheless, it is in use throughout the helping professions -- not only by psychologists, but by counselors, ministers, social workers, psychiatrists, rehabilitation specialists and medical personnel. Most helping professionals struggle to make their confrontations have a therapeutic impact. This particular aspect of counseling has a unique ability to either help or harm the client. It is thus worthwhile to explore some guidelines for its use in counseling and therapy: how the counselor can extend confrontation's healing aspects and limit its potential harm.

What is written here is not intended to be prescriptive in the practice of psychotherapy. The following will, however, extensively explore some valid and invalid uses of confrontations in the helping professions.

In Chapter Two, it is argued that the type of confrontation that is most helpful arises within a therapeutic alliance which allows the client to realize a lack of authenticity with and responsibility for self. This apparently more useful confrontation seems to be brought about through the impetus of an authentic encounter with the counselor. Humanistic psychologists in particular seem to believe that when a client is fully received as he is, and listened to, within the context of a genuine humanitarian encounter with the counselor, the client will often come to accept more of himself, to take responsibility for himself and build a more integrated self, (for example see Rogers, 1961).

Exceptions to the internal focus of confrontations, would seem to lay in such directive therapies as those represented by Frederick Perls of Gestalt therapy, Albert Ellis of Rational-Emotive Therapy, and William Glasser of Reality Therapy. Their confrontations of clients sometimes seem to be externally 'applied' -- in a manner that appears dichotomous to the therapy relationship. Nevertheless, their confrontations still are intended for the same result: client internalization of responsibility and a more congruent, productive lifestyle.

Enabling the client in the building of a more integrated self requires the counselor to present, not just represent a mentally healthy, alive way of being. One alternative -- forcing the client to follow external prescriptions of behavior -- often results in client avoidance of a necessary decision to change. In other words, forcing the client to make the "right" decision, may well be an impediment to learning as well as to a growth of self-determination.

Blanck and Blanck assert: "Behavioral change at the behest of another does not become internalized and therefore does not include growth." (1974, p. 352). Prescriptions seem to be wrong in general, if done in the name of personality growth, whether they arise from teachers, supervisors, or therapists. The result may be termed "adjustment" or "rehabilitation" or other styles of conformity but one questions what these adjectives of individual behavior have to do with personality change or growth.

Many would disagree with the above, such as those who prescribe "homework" for clients. It appears however, that when clients create their own homework, they take greater responsibility for change, and consequent changes are more likely to be both more meaningful and longer-lasting. On the other hand, a tendency to prescribe change for one's clients may result from a counselor's reluctance to deal with one's own issues in depth. For example, a recently divorced counselor may be unwilling to explore in depth a recently separated client's feelings and instead may confront the client's 'resistance' to dating. Of course, there are appropriate clinical uses for confrontation, yet its maximum therapeutic utilization would seem to emerge from serious consideration of all its alternatives. As we will see, exploring the alternatives to confrontation may require the counselor to examine own personality issues.

Clients often require an understanding of their need to change as well as a knowledge of what their personal and social resources are, prior to asking themselves how and when to change. Clients probably already have significant others demanding that they change. It is

important that the counselor take the time to challenge within a therapeutic context. It would be quite unfortunate if clients end up struggling to overcome not only their own resistance to knowledge and change, but a resistance to knowledge and growth from their counselors as well.

In other words, confrontation of clients involves not only counselor skill, but also personhood. As will be seen throughout this study, the counselor's willingness to face issues in depth may well precede realistic client self-understanding, as well as therapeutic challenges to client attitudes/behaviors that initiate reasonable actions to improve client lifestyle. However, Abraham Maslow (1967) and Eric Fromm (1962) have challenged Western society to confront deep social/psychological issues. Often even trained psychologists avoid dealing with the broader issues that lay behind social and psychological dysfunction and tend toward a linear, if not mechanistic view of peoples' problems.

Need for Studying Counselor Confrontation

Despite its wide use throughout the helping professions as a counseling tool, confrontation is insufficiently recognized as a technique that requires continual evaluation, refinement and accountability. Its definition is eschewed in both Drever's (1982) and Chaplin's (1975) dictionaries of psychology. Is it because helping professionals have a simplistic view of its theoretical bases and practical application? Almost assuredly, the ambiguity of the term allows for its mischievous and unprofessional usage -- such as crudely confronting clients in order to "get the anger out." At the other extreme, confrontation of clients

seems to be such an uncomfortable area for many counselors, that they virtually ignore the need to significantly challenge their clients and perhaps see any client confrontation as ultimately destructive, and thus do not include it in professional jargon.

Beyond overuse or avoidance of use of confrontation, it is a concept that is difficult to operationally define. Some authors see it as a natural outgrowth of empathy for clients (Egan, 1975, Langs, 1973) while many virtually deny it exists. In addition, with a difficult skill to master such as this, it appears problematic to admit personal limitations in relation to confrontational skill level--and awareness of the impact of counselor personality-- rather than mere technical skill. Finally, it is somewhat disheartening to attempt research on such a complicated phenomenon that has variation not only according to counselor intelligence and affect but interaction of personality variables with that of clients.

Despite its difficult nature, confrontation is an area of counseling that requires professional accountability. Egan has noted that confrontation can be "disastrous" for clients without proper support, (although support without confrontation is 'anemic' 1973, p. 132). One focus in this dissertation is to describe and distinguish contexts between facilitative and nonfacilitative confrontation.

This study is devoted to understanding what skill and personality factors may predispose counselors to high and low facilitation of confrontation. A properly timed and empathic confrontation may be extremely important in therapy--but what may predispose a counselor toward proper use of confrontation would seem to merit a great deal more research than what now exists.

Purpose of the Study

Initially the study synthesizes psychological thinking about what the term "confrontation" means. Secondly, it reviews the literature and describes optimal conditions for therapeutic confrontation. Thirdly, the study assesses the skill level of counselor trainees in recognizing confrontation with the use of analogue therapy videotapes.

Videotapes of therapy sessions were used to establish counseling session variables in which trainee skill level is the dependent variable. Different contexts were constructed for rating of the therapist: that of facilitative, nonfacilitative and benign therapy sessions. Within the tapes, therapist challenges to the client which represented different levels of facilitation were edited in. The tapes thus provided a means to assess counselor skill in discriminating between facilitative and nonfacilitative confrontation responses within different contexts.

Finally, this study assesses the use of two well-known psychological tests, the Myers-Briggs Type Indicator and the California Psychological Inventory, in evaluating predispositions toward facilitative or nonfacilitative confrontation. The tests were used to compare recognition of facilitative levels of confrontation with predisposing personality and attitudinal indices.

Definition of Terms

Psychotherapy, Psychotherapist and Therapeutic

In Chaplin's *Dictionary of Psychology*, (1975), "psychotherapy" is defined as:

the application of specialized techniques to the treatment of mental disorders or to the problems of everyday adjustment. In its strictest sense.....includes only those techniques.....utilized by specialists. More loosely, can include informal talks with ministers.....personal discussions with teachers or friends (p. 432).

Strupp's definition of psychotherapy is perhaps more germane to this dissertation:

Psychotherapy is an interpersonal process designed to bring about modification of feelings, cognitions, attitudes and behavior which have proven troublesome to a person seeking help from a trained professional.

. . . the psychotherapist is a trained professional person who has acquired special skills. . . The process of therapy is designed *not to change patients but to help patients change themselves* (1978, pp. 3-4, Italics added).

Chaplin defines "therapeutic" as "pertaining to that which is curative in function." In this paper, 'anti-therapeutic' or 'nontherapeutic' will be used to describe what appear to be inappropriate or noncurative interventions in the helping professions.

The terms 'counselor' and 'therapist' are often used interchangeably throughout this paper. Although there are obvious distinctions that can be made between one who counsels and one who practices psychotherapy, nevertheless, it is hoped that what is written here is appropriate to both.

The reader is referred to Appendices C and D for detailed definitions of the Myers'-Briggs Type indicators and for the scales of the California Psychological Inventory.

Confrontation

For the purpose of relating confrontation to this study's experiment, the present definition will be broken down into three areas: What the author views as "bad" or nonfacilitative/destructive confrontation, "good," or facilitative/constructive confrontation, and "neutral," or therapeutically benign confrontation. The reader is referred to the first section of the following chapter, "Review of the Related Literature," for the larger definition on which the following is based.

Therapeutic Confrontation

"Good" or therapeutic confrontation is comprised of an empathic process in which clients are facilitated in both perceptually and behaviorally moving beyond habituated styles of perceiving and interacting with the world--such that their thoughts, feelings and actions are less discrepant and directed toward making constructive life changes.

Benign Confrontation

"Neutral" or benign confrontation may be described as facilitatively pointing out a discrepancy between thoughts, feelings and actions, but lacking in sufficient therapeutic potency to either challenge the client and/or provide the framework for the client to challenge him or herself.

Nontherapeutic Confrontation

"Bad" or nonfacilitative/destructive confrontation seems to have very little to do with psychological understanding of another, but

rather be based on a personal pique of the confronter. Its result seems to be a ventilation of negative feelings of the confronter toward the confrontee and a diminished relationship between them. As Egan (1982) has indicated, one may naively believe that care providers are unlikely to use this style of confrontation. Unfortunately, all too often, this has not been the case (Lieberman, Yalom & Miles, 1973). Those who use this type of confrontation often seem insensitive to the fact that confrontation *can* be therapeutic -- if the challenge to another takes place within an appropriate context, (reference therapeutic "core conditions").

Limitations

Optimally, this dissertation would have involved the evaluation of live therapy sessions. Nevertheless, it is hoped that the author's creation of an evaluation tool for skill assessment of confrontation may be of value in counselor education.

Another limitation of the study is the reliance on the 'Carkhuff Confrontation Scale' for baseline data. This is a somewhat outmoded tool for rigorous research. The author plans to create his own systematic scale for confrontation assessment. But this particular aspect of confrontation research is far more extensive than this paper can encompass. These limitations and others, will be more thoroughly delineated throughout the paper.

Organization of the Study

Chapter Two will more fully describe some of the factors involved in therapeutic confrontation. This will entail an exploration of its theoretical bases as well as a close look at the context in which confrontation is offered, such as the role that empathy plays, and timing of confrontation. Chapter Two will also present the hypotheses relating to counselor personality and attitudinal indices.

Chapter Three will present the methodology of the study. It will discuss the research design and how the video tape assessment tool was created. It will also describe the sample population. Furthermore, it will describe the psychological tests utilized in this study and discuss their past uses in relevant experiments. Also, it will state how the research design relates to the assessment tools and the hypotheses.

Chapter Four will present and analyze the results obtained through the experimental procedures.

Chapter Five will summarize the study and discuss its possible implications. It will also describe the limitations of the study. A conclusion of the entire project will also be provided.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Theoretical Bases of Confrontation

American Heritage dictionary (1971) defines "confront" as "To come face to face face with; stand in front of. To face with hostility; oppose defiantly. To bring close together for comparison or examination; compare." *Webster* (1968) defines confrontation as a face to face meeting, as of antagonists. Common conceptions of what it means to confront often emphasize the hostile connotation, rather than the comparative. Labor unions hold confrontational, often threatening talks with employers. Teachers may confront noisy students with hostility. Diplomats confront each other about arms reductions.

But what does it mean for a counselor to confront a client? Blanck and Blanck assert that: "Confrontation consists of presentation from without of glimpses of one's own behavior and attitudes (1974, p. 352). The authors suggest that, in general, if clients are allowed to make their own self-confrontations, this will have a more therapeutic impact, an ego-enhancing effect, if allowed to occur within a therapeutic context.

Freud (1949) expressed a position in which it is proper to go to the aid of an ego weakened by internal conflict..."the position is like that in a civil war which has to be decided by the assistance of an ally

from outside" (p. 30). Moreover, he indicates in other writings (1910, 1912, 1913) that helping a client confront issues should not be an overwhelming experience for the client, or lacking in discretion. Freud discerned that the sick ego is often eager to put all its pathology at the counselor's disposal -- all that its self-perception allows it. It is then the therapist's task to use his or her knowledge in a tactful manner to make up for the client's lack of insight.

The analyst/theorist Heinz Kohut cautioned that one must be careful in this (hopefully empathic) alliance with clients to avoid intruding into the client's psyche via "selectively empathic perceptions" that serve only the counselor's world-view (1977, p. 50). It appears all too easy to get out of tune with a client's maturational needs, and, at the seeming behest of the client, create reasons for avoiding the client's (or the counselor's) issues -- all in the name of "therapy."

Indeed, in this chapter, there will be some indication that a counselor who singularly relies on a confrontational approach in therapy, may be having significant life difficulties of his or her own. Adler and Myerson have prefaced *Confrontation in Psychotherapy* (1973, p. 25), with this statement: ". . .if we do not examine the context in which we decide to confront or not confront, we will frequently find that our decision is influenced in part by nonrational factors, in effect by our countertransferences."

Blanck and Blanck (1974, p. 156) suggest that in regard to confrontation "growth is furthered only when the genetic base for the current behavior is found jointly by therapist and patient within the confines of a therapeutic alliance." Disapprovingly they note that there

are techniques of confrontation which "barrage the patient with his deficiencies as though he can mend them if they are pointed out to him" (p. 182).

The Polsters, in *Gestalt Therapy Integrated* (1974, p. 106 ff.), agree that therapy is able to enhance internal contact because of a human ability "to split oneself into observer and observed. This split may be employed in the service of growth, a possibility inherent in much self-examination." This sensing of the other person's thoughts, feelings, attitudes, etc., is possible:

. . .to the extent that we have contacted our own operations and can cast our selves out of this personal concern into the sense of how another person might do the same thing. When a father teaches his son to ride a bike or tie a tie, he goes back to his own motions to develop his sense of what his son might do. In good teaching, the process bounces back and forth between the teacher and pupil. There are times in therapy when the same rhythm is going on. (p. 107)

Ironically, despite the important role of confrontation in therapy, few theoretical models have sufficiently addressed it, according to Carkhuff and Berenson (1967) The authors , like Fromm and Maslow noted above, surmise that counselors who assiduously avoid confrontation (as well as those who seem to constantly confront), may be reflecting a deeply embedded social resistance to face issues in depth. They indicate that often, instead of confrontation of client issues, therapists attempt to seduce the issue or dysfunction away, in other words to deny that the problem exists in reality.

Furthermore, Berenson and Carkhuff argue that appropriate sorts of confrontation should be routinely utilized as part of psychotherapy. They speak of appropriate confrontation as being of enormous potential benefit to clients:

Direct confrontation is an act, not a reaction. It is initiated by the therapist, based on his core understanding of the client....it is a challenge to the client to become integrated....The therapeutic goal is nondestructive and emerging unity with the client....(p. 170 ff.)

They state this with a caveat. They believe no matter how brilliant the offered confrontation, it must be free of toxicity -- otherwise the impact of the confrontation will be destructive, rather than therapeutic. This caveat relates to one of the major themes of this dissertation, that of the necessity for the continual evaluation of confrontation skill and the systematic analysis of the personality of the therapist as a crucial variable in assessing its impact.

It may appear ludicrous to have to discuss the need for careful challenging of clients in states of serious mental dysfunction. Yet Harry Sullivan, the psychiatrist who did such renowned work with schizophrenic patients, felt constrained to address his fellow practitioners on this topic. Prior to challenging the psychotic, Sullivan suggested:

.... putting almost a scaffolding, under the patient's self-system in its relation to you -- that is, establishing a 'me-you' pattern, if you please, between yourself and the patient, which is of an utterly previously unexperienced solidity and dependability. Without this.... no distillation of wisdom, in the sense of a penetrating realization of the type of difficulties the patient has and the picturing of a way of life by which the patient may avoid some of these difficulties, is apt to have the desired result....(1956, pp. 363-65).

Not having a sufficient 'scaffolding' with this particular population may result in regression or worse -- 'the abolition of communication.'

Hansen, Warner and Smith (1980) consider appropriate confrontation to be the result of mastery of counseling skills. If professionally done, it aids clients in a crystallization and reconciliation of their

inconsistencies of expression and behavior. This requires, however, a mature approach: "...an active combination of immediacy, empathy and interpretation"(p. 154)..

Similar to the above-noted theorist-practitioners, Corey, (1977, p. 208) makes a point of discussing ill-considered confrontation: "...a brutal approach is not responsible confrontation....Authentic confrontation is basically an invitation to the client to consider some dimension of self that is preventing positive behavioral or attitudinal change."

Shertzer and Stone, (1980, p. 282), indicate that confrontation can be of extremely high social utility for clients:

Confrontation is designed to give clients a point of view different from their own so that they can see themselves and their behaviors as others view them. It is useful when clients do not know that their behavior is inappropriate or are unaware of its consequences.

Egan (1975) indicates that psychological confrontation lacks a standard definition. Furthermore, there is little agreement in psychological literature, even on the results confrontation should produce, let alone agreement on what it is. Egan himself, however, offers a valuable description of therapeutic confrontation:

.... a responsible unmasking of the discrepancies, distortions, games, and smoke screens the client uses to hide both from self-understanding and from constructive behavioral change. It also involves challenging the undeveloped, the underdeveloped, the unused, and the misused potentialities, skills, and resources of the client, with a view to examining and understanding these resources and putting them to use in action programs. Confrontation is an invitation by the helper to the client to explore his defenses - those that keep him from understanding and those that keep him from action.

The goals of confrontation are to help the client explore areas of feeling, experiences and behavior that he has so far been reluctant to explore. (1975, pp. 158-9)

Finally, to summarize the discussion thus far and help clarify understanding of what psychological confrontation is, a recent dissertation (Brown, 1980, p. 5) offers a definition which seems to succinctly capture the thoughts of several authors who have written on confrontation (Anderson, 1968; Berenson & Mitchell & Moravec, 1968; Carkhuff, 1976; Carkhuff & Alexik, 1967; Egan, 1975; Frank, 1955, and Johnson, 1972): "...therapist interventions in which the discrepancies and perceptual distortions in clients' lives are challenged - in such a manner that the client may gain new understanding which may lead to constructive changes."

In essence, those who write on confrontation, as Brown points out, are referring to a process in which, hopefully, clients are facilitated in seeing beyond habituated styles of perceiving and interacting with the world, and facilitated in making constructive life changes.

Summary of Factors Involved in Therapeutic Confrontation

The popular conception of confrontation is that of meeting someone face to face and bluntly comparing views, sometimes with hostility.

In comparison, rudimentary use of confrontation in therapy may call on the counselor to provide some means of support for the client while the process of confrontation is occurring. There may be some consideration of the whole person, not just "the problem." There may also be some idea of what confrontation is and its power to aid or diminish. The counselor may intuit that without the proper context or framework, the client may be harmed by a confrontation, rather than facilitated by it.

A more sophisticated attitude toward confrontation seems to require therapist self-confrontation, including cognitive and affective states prior to, during and after offering confrontation as therapy. Simply stated, this means sufficient honesty with oneself to be in contact with one's own issues. This process seems to precede meaningful nontoxic contact with others in any area of life and can be a potentiating role model for one's clients (Berenson & Mitchell, 1974; Polster & Polster, 1974).

Confrontation that is maximally therapeutic seems to involve not only intuitive factors and common sense but a systematic professional evaluation of the context in which the therapist offers confrontation as therapy (Adler & Myerson, 1973, Langs, 1973). Relevant to this, therapist defensiveness or rigidity regarding offered confrontations, may indicate that the area being explored is more relative to the therapist's difficulties in life, rather than the client's (Blanck & Blanck, 1974; Kohut, 1977; Sullivan, 1956).

A refined psychological approach to the act of confronting thus seems to demand not only study of the impact upon the confronted, but study of the confronter. The study of the confronter would include evaluating the context in which confrontation is offered and consequent psychological reactions of both counselor and client. Contexts for future research may include how a particular therapist reacts with a particular type of client. For example, it may be that a counselor is more likely to challenge a client in a rudimentary, unrefined fashion - if he or she is either vaguely familiar with the client's background and communication style, or if very familiar with it without knowing it (too close to home).

Another area that may prove fruitful is the evaluation of the therapist's predisposition to form an alliance with the healthy functioning ego, (rather than resorting to an attack on the weakened ego). In other words, does the therapist have the basic ability to gauge the likelihood that the client will absorb and utilize confrontational therapy? Is the counselor possessed of sufficient tact, flexibility, and psychological-mindedness, for example, to accurately perceive the need for and implement appropriate confrontations? Future research may indicate a correlation between the presence or absence of specific personality assets of the counselor and facilitative levels of confrontational counseling, such that counselors with certain personal qualities are known to be more likely to provide certain core conditions necessary in order for their confrontations to be considered therapeutic.

In summary, as can be seen from the general themes throughout this discussion, the present author perceives a need for confrontation in society as well as in therapy. Confrontation may have a therapeutic impact. It may lead to the improvement of society and to better more productive lives for clients in psychotherapy. It seems likely, however, that those who either strive to avoid its use altogether, or simply use it out of habit will not potentiate its possible curative powers. Furthermore, it seems likely that in order for confrontation to have a constructive, rather than a destructive impact, that certain core conditions must be present during the confrontation.

The proper sort of confrontation may be essential to bring us into contact with our deepest feelings and depth psychological processes -- that in many cases precede meaningful life changes. However, if the

therapeutic relationship avoids contextual issues, such as development of a core understanding of the client prior to confronting, and the role that the personality of the counselor plays in how confrontation is carried out, it may become reduced to an attack on the client's defenses. Consequent confrontations may well be experienced as toxic and tend not to help the client but rather to solidify him in his pathology (Corey, 1977; Egan, 1975).

Overview of Therapeutic Context

It appears possible to specify - regardless of theoretical orientation - what sorts of therapist behavior are associated with either progressive or regressive therapeutic movement. For example, Dittman indicated long ago that there is a significant association between high quality therapist behavior and progressive client movement (1952). At the same time, he indicated the significant association between low quality therapist behavior and regressive client movement.

Bergin and Lambert (1978) in a summary of studies on therapy outcomes, have provided clear evidence that some people profit considerably from their experience as clients. Unfortunately, their review also documents that all too often the client is not helped or even harmed -- "by inept applications of the very treatments that are intended to benefit them" (p. 180).

Strupp (1978) suggests that in order to improve services, that greater attention must be paid to each client's uniqueness, (a Rogerian tenet). Toward avoiding harmful procrustean client experiences, Strupp argues that the provider of psychological services should be able to

answer the following type of questions: 1) What specific therapeutic interventions produce specific changes in specific patients under what specific conditions? 2) How can the therapy experience be tailored to the patient, his or her problem, and his or her needs - rather than the therapist's? Put another way, one could assert (Gottman & Markman, 1978), that change measures ought to be specifically tailored for what the therapist specifically intends to accomplish with each individual client.

In relation to the clinical choice to confront, Strupp's suggestions seem to imply the need for a thorough understanding of the client's unique individuality, an evaluation of strengths as well as weaknesses, prior to confronting the issues. Before challenging dysfunctions in the client's life, there seems to be a need for an alliance with the healthy functioning of the client.

Techniques play a crucial role in the implementation of therapeutic confrontation: "Technique is crucial to the extent that it provides a believable rationale and congenial modus operandi for the change agent and client" (Bergin & Lambert, 1978, p. 180). In their attempt however, to focus on a framework for help-intended communication, Goodman and Dooley (1976) noted that few of the various therapy schools had rigorous means of evaluating facilitative response styles for their therapists, even in basic response modes. Unfortunately, the authors noted, "the growing body of evidence for response effects has had too little influence on the development of training programs" (p. 108). One clear-cut use of a therapist's question, they noted, is that of gathering information. However, the authors observed therapists utilizing

questions indiscriminantly - for example, as a vehicle for interpretation, as a means of reflection, as a way of advising, etc.

Beyond the responsibility of the therapist to be aware of the theory and practice of counseling techniques, is the responsibility to be aware of the impact of one's personality on the therapy process. The personhood of the therapist and its role in the implementation of therapy can hardly be overstated in practically any therapeutic undertaking. Bergin and Lambert (1978) put it this way:

Interpersonal and nonspecific or nontechnical factors still loom large as stimulators of patient improvement. It should come as no surprise that helping people to deal with inner conflicts, to form viable relationships, to become less threatened and defensive, or to engage in more productive behaviors can be greatly facilitated in an interpersonal relationship that is characterized by trust, warmth, acceptance, and human wisdom.

The authors, after an exhaustive review of the effects of therapy, state simply that although there is certainly a place for techniques in therapy, that "their power for change pales when compared with that of personal influence" (1978, p. 180).

To summarize much of the above, the quality of the relationship behind a confrontation is as, or more important than the technique of confrontation. Indeed, the personal maturity of the counselor seems to be as, or more important than any skilled techniques the counselor utilizes in confronting (Berenson & Mitchell, 1974; Carkhuff & Berenson, 1967; Egan, 1975, and Truax & Carkhuff, 1963, 1967). In support of this assertion, several researchers have indicated that "high-functioning therapists," therapists rated above average on such personality functions as empathy, warmth and concreteness, confront client resources/strengths oftener than "low-functioning therapists" -- therapists with

below average empathy, etc. (Berenson & Mitchell, 1974; Mitchell & Berenson, 1970; Mitchell & Hall, 1971).

Anderson (1968), one of the first researchers to discover differential effects of confrontation due to quality of context, has indicated that under certain high levels of 'facilitative conditions' (see above), the confronted client has an increased tendency toward self exploration. However, a later study (Kaul, T.J., & Kaul, M.A., & Bednar, 1973), which was based on a much smaller sample, disputed this assertion.

Counselor personality factors often mentioned prominently in psychological literature, seem crucial when discussing confrontation. Such factors would seem of paramount importance when a therapist offers a new perspective to the client on the client's self and/or world view. Indeed, many authors seem to indicate that confrontation that fails to be based in the human vitality of the therapist can have a nontherapeutic, possibly destructive impact on the client (Adler & Myerson, 1973; Blanck & Blanck, 1974; Carkhuff & Berenson, 1967; Berenson & Mitchell, 1974; Goodstein, 1970; Kohut, 1977; Laing, 1978; Lieberman & Yalom & Miles, 1973; Sullivan, 1956; and Truax & Carkhuff, 1967).

In this author's perspective, facilitative challenging of clients relies on such a broad therapeutic context for a progressive client impact that one almost automatically considers the role that the personality of the counselor plays when assessing its impact. It seems to this writer that the choice for clinical confrontation first and foremost involves two fundamental counselor personality attributes: 1) A perceptive attitude which stays open to discrepancies in the way the therapist and the client view reality, and 2) Counselor personality

assets which enable the counselor to interact with the client concerning the observed discrepancies (of either the client's or the counselor's origin), in a growth/change producing manner.

This dissertation's key hypotheses will revolve around the above literature review and statements one and two (nearby above), concerning the crucial role of personality and attitudinal counselor characteristics - in the facilitation or nonfacilitation of clinical confrontation.

In the next section, there will be a description of the core therapeutic contexts, which, if they precede a confrontation, seem to maximize its benefit - because grounded in a therapeutic relationship. They are considered essential because they seem to provide the means for a confrontation to have a progressive rather than regressive impact on the client. Even though they are presented as separate variables, they are described as such for discussion purposes only. They could potentially all be present at once in a therapeutic alliance - prior to a confrontation. For instance, the core condition of honest give and take would, in reality, not be separated from a deeply empathic understanding of the client.

Toward the end of this chapter, the author will review in detail the specific attitudinal and personality factors that may tend to increase or diminish the likelihood that the core contexts are provided by the therapist in the implementation of confrontation. Related hypotheses will be presented in these final sections which will eventually be utilized to experimentally compare expert confrontation with counselor maturity indices and indices of counselor open-minded attitudes.

Core Conditions Necessary In Therapeutic Confrontation

Empathy

Surely, the substantial role that empathy plays in the treatment of one's clients is beyond dispute. However, it appears useful to focus on just how and why empathy is essential to therapeutic confrontation. For instance, although there is reason to believe that while clients may rely on an empathic support system from their therapists in order to explore issues, this does not necessarily mean that they want only one kind of empathic communication. Reisman and Yamokoski (1974) comparing the uses that people in need made of their friendships compared to the uses they made of their therapists, found that expository, interrogative and evaluative responses from counselors were valued at least as highly as those statements that were primarily empathic. Egan (1975) has indicated, that the client desires both a support system and a challenge from the therapist. Indeed, one would think that a deeply empathic relationship would give a natural impetus to growth-productive challenges not only to the client, but to the counselor as well.

Clearly, just as in the implementation of any clinical skill, the ability of the therapist to empathically assess where her or his client is in the therapy process, is extremely important - prior to the act of confrontation itself. This seems to relate to Berenson and Mitchell's assertion that confrontation is always *For Better or Worse* (1974). The authors urged the further exploration of the preconditions of therapeutic confrontation. They wrote of the need to explicitly define the therapy states under which its uses are optimized.

Egan indicates that whether or not the crisis precipitated in the client by the confrontation results in the client's living more effectively, depends to a great extent on the helper's skill. If the client counterattacks in dealing with the counselor's evoked dissonance, it may well be an indication that something is wrong with the intervention, (or its style), rather than with the client. The client may not be experiencing the counselor as with the client, but rather as attacking.

It appears that counselors sometimes need to be reminded that they are not sitting in judgment on their clients, but rather, attempting to help their clients better understand themselves, so as to live more effectively. Indications of the latter, would seem to be post-confrontation client responses that demonstrate client understanding of the counselor's confrontation and indication from the client that some constructive movement has taken place as a result of the new understanding.

Unfortunately, confrontation in therapy has often been observed to be used to neutralize or defeat the client. Berenson and Mitchell assert that this latter phenomenon is most likely to happen with those counselors who possess only marginal helping skills. A "helper" who specializes in confrontation, what Langs (1973) calls a "confrontationist," just as one who specializes solely in reflective responses, would seem to indicate that the counselor may lack general mastery of counseling skills. In contrast, the counselor who limits him or herself to empathically reflective responses, would seem to be much less likely to inflict harm on the client. While empathy appears to be a precondition for much of what is curative in therapy, confrontation does not.

In discussing client-therapist 'complementarity,' (essentially agreement between counselor and client world-views), Dietzel and Abeles (1975) note that in the first stages of treatment, that complementarity is a necessity, a precondition for what follows. Without therapist-client complementarity, the client will likely become increasingly defensive and resistant, and may indeed terminate. In contrast, if there is eventual completion of the relationship-building tasks, the successful therapist will be free to take a position of less complementarity with the client. One surmises that the successful relationship-builders rely heavily on the bonds of empathy.

Later, as the successful therapist presents less complementarity, the client is guided into exploring new behaviors. In other words, empathic complementarity in the hands of a skilled practitioner, can both nurture and challenge. In contrast, those therapists who maintain total complementarity with their clients, may serve only to reinforce "constricted pretherapy behavior patterns.....leading to no change or deterioration" (Dietzel & Abeles, 1975, p. 266). This would likely be as much a failure in empathy as the counselor who is overly confrontative: in this case, the counselor probably does not accurately sense the client's need to challenge him or herself and make life-enhancing decisions.

Egan (1975) agrees that confrontation should not be separated from other skills of the therapist or other aspects of the helping process:

Helping is an organic process, and confrontation must grow organically out of it. The confrontation specialist is often a very destructive person, a person who is not even good at his own specialty....a low level helper persists in his confrontations even when they are doing no good. The high-level helper on the other hand, is a good discriminator: he knows when to unmask, when to challenge (p. 172).

In its use in the relationship-building tasks, empathy can be considered a precondition to client change and to challenging the client through such techniques as confrontation. Confrontation without empathy may have an impact on clients as if their therapists were to reject them outright.

Understanding

Perhaps one of the aspects of therapy most useful to a client, is to simply view oneself as others see one - but without blame or evaluation. This may be particularly true of those clients who have the more socially inappropriate styles of interaction (Boyd & Sisney, 1974). However, schools of therapy seem to differ on just how much of a client's behavior should be responded to during treatment (Dittman, 1952). Nevertheless in general, it appears that leading the client into self-awareness by 'a little bit more' (based on a keen empathic understanding), will be of optimal use to the client (Dittman, 1952). It appears that this discernful "just enough" can be distinguished from a totally "objective" approach to the client and his or her "problems." It also appears that "just enough" can be distinguished from a responsiveness to client needs that utilizes a singular reflection of feelings - of itself- to facilitate client progress, (See for example, Sidney Jourard's *The Transparent Self*). In a general way, neither

extreme seems sufficiently responsive in depth to a keen understanding of client needs.

Carkhuff (1969) has pointed out that the overall sequence of client progress in therapy occurs in roughly three stages. This sequence of helping moves from exploration to understanding and finally to action. Just so, the most effectual confrontations seem to move in the same sequence. Potent confrontations seem to be based on understanding the client's differential needs: often first helping the client explore, then facilitating an understanding of the self and finally in helping the client transfer therapeutic learnings to real-life experiences.

Client involvement in exploration and understanding are considered by Berenson and Mitchell (1974) to be preconditions for the most optimal client use of confrontation. The authors noted that the clients of low-functioning counselors were found to be rarely engaged in "...deep exploration of personally relevant material, hence subsequent helper confrontations are inaccurate and absurd" (p. 48).

Low-functioning counselors often seem to encourage client action without an understanding of the client. They seem to be quick to point out client areas of weakness, rather than strength - which contrasts with the focus of higher-functioning counselors, who often focus on client resources, (which in turn is probably based on a thorough understanding of the client). Berenson and Mitchell provide the following warning for counselors utilizing confrontation: "Anything that you can do by confronting, you can do by understanding." (1974, p. 4). Moreover, they caution counselors that any beneficial effects to be possibly

derived by confronting one's client, are due in large part to the pre-existence of a good understanding between the counselor and the client.

Egan testifies that:

Confrontation at its best is an extension of advanced accurate empathy; that is, it is a response to the client, based on a deep understanding of the client's feelings, experiences and behavior, that involves some unmasking of distortions in the client's understanding of himself and some (at least implied) challenge to action (1975, p. 158).

It seems essential that this deep understanding of the client not only take place on the part of the counselor, but also that it be communicated to the client - in order for the client to act on the understanding - rather than the client blindly responding to a counselor demand that change occur. As Egan and others have consistently pointed out, the purpose of challenging the client's distortions and 'smoke screens,' is not to demolish the distorted world view of the client, but rather to help the client develop a self-understanding, that consequently promotes and gives impetus to constructive decisions and life changes.

Of course, laying a strong basis of understanding with a client is hard work, just as in the building of any sound relationship. Acting on that understanding - through high-level confrontation and mutual explorations of life's alternatives - may be even more difficult. Notwithstanding the difficulty of these relationship-building tasks with each client, they nevertheless seem at the nub of much that leads to client improvement. Indeed, the absence of a baseline understanding of one's client, may result in the relative impotence of an otherwise skilled helper.

Honesty

Abraham Maslow once visited the "Daytop Village" in California. Daytop is an off-shoot of Synanon - an aggressively confrontive encounter group designed for social orientation of hardcore addicts. Maslow emerged from his experience with certain learnings. In an article written afterwards (1967), he reflected about what he had discovered as relevant to the practice of psychotherapy.

Maslow became aware of two things very quickly as a result of his experience at Daytop. One, he realized that he had led a very protected life and two, that he had typically treated his clients as if they were 'brittle teacups.' He suggested that perhaps the Synanon-type encounter offered something that is often not available in traditional therapy.

This something that is often not available in routine therapy, is confrontation with others instead of only with oneself. Maslow suggested however, that perhaps therapists are only reflecting a general social reluctance to be honest. He reflected that American culture is too pampering, despite the need that exists among most to enhance social bonds with the use of greater honesty. Perhaps, he suggested, greater honesty would produce sounder relationships (in or out of therapy), and a greater sense of peace - from the gaining of more profound self-knowledge:

In the world I come from everyone is so polite because they are avoiding confrontation.....The theory that they have developed out of their experience is that it is just this directness that will drive people away from therapy.....|However| maybe it is not possible to form your own identity or a real picture of yourself unless you also get the picture of what you look like to the world (1967, pp. 34-35).

Tesser, Rosen and Batchelor have discussed a general human reluctance to be the bearer of bad news, the "MUM effect." This phenomenon is certainly germane to the process of confrontation - to the degree that counselors reflect this general tendency in avoiding honest interactions with their clients. The authors hypothesize about this human reluctance to be honest. Perhaps it is the result of a process in which a communicator attributes to the person (potentially) communicated to, a desire to be only selectively exposed to feedback. This may be part of "...an erroneous attribution process in which communicators project a greater preference for selective exposure onto their audiences than may in fact be the case" (1972, p. 102).

Unfortunately, many counselors have been observed to be reluctant to be the bearers of any sort of negative news to their clients. As a result, by refusing to take an interpersonal risk, they may be depriving their clients of a rich source of feedback - especially as concerns the here-and-now of the counseling relationship itself (Egan, 1975, pp. 172-173).

It hardly needs to be mentioned here that people do not usually get involved in therapy out of whim. Clients are typically in phenomenological pain. They may not expect much from their counselors, because they have often had prior deleterious relationships with their "significant others." Obviously, counselors should not allow themselves to fall into roles similar to the client's past unfruitful relationships. Clients need more than just the appearance of help. On the contrary, counselors should assist their clients in making discriminations in regard to honest give and take, so that the client's future relationships will be more honest and less toxic.

It seems essential that counselors establish means of being profoundly honest with their clients. Otherwise, expertise in skill or elegance of personal style is of little utility in assisting clients to better their lives. To do less, is likely to deny clients necessary modeling and growth experiences, and probably, at the least fails to arrest client deterioration. This honesty seems to naturally arise as a result of a core understanding of each client and their individual needs, and also seems, if based on deep understanding, to have specific relevance to unique client issues.

Berenson and Mitchell (1974) have indicated that it is the counselor's responsibility to provide the client with potent opportunities for honest experiences with the self. Otherwise, only the appearance of help is occurring. Honesty with one's clients will hopefully demonstrate understanding and respect for the client's ability to utilize feedback that points out the client's distorted views of reality, and for the client's ability to change. Consequently, the counselor is free to provide vivid moments of therapeutic truth and this phenomena role-models healthy, life-assimilating processes that the client may choose to integrate into everyday life.

Unfortunately, the literature review reveals that it is often the counselor rather than the client who is the first to avoid potent moments of truth. If this is the case, the counselor may actually condition the client to avoid challenges that naturally arise out of the psychotherapeutic relationship. Resultant confrontations are then likely to be dichotomous to the therapy relationship. As a consequence, confrontations may give the client a sense of unease as though warning

him or her that what follows is not natural and may be frightening "... may be approaching immediate relevance and personal intensity" (Berenson & Mitchell, 1974, p. 64).

In their review of the uses of confrontation in therapy, Berenson and Mitchell constantly noted the avoidance of honesty in the therapy relationship. They remarked that the counselor can be just as nervous about honest confrontation as the client. Together the counselor and client can ignore confrontation altogether - or learn a wide variety of inappropriate communication patterns in the process of avoiding natural challenges to each other:

Most therapists confront when they are certain the patient is too weak and anxious to fight back; when there is no risk of personal crises for the therapist. Most confrontations are apparent confrontations, rarely are they an honest experience between the therapist and the patient (1974, p. 6).

Immediacy

Counselor confrontations contrast with counselor interpretations of the client - which are relatively passive, objective and disinterested. In contrast, confrontation frequently involves the immediate present and typically has a subjective flavor. It sometimes provides the client with immediate affective as well as cognitive feedback about the client's impact upon the counselor. In essence, the most potent confrontations may evaluate the impact of the therapy relationship itself on client or counselor. Discrepancies between the views of client and counselor about their relationship are an important source of discussion and processing.

Nevertheless, there are important distinctions between confrontation and immediacy. Confrontation is not a necessary precondition to the therapy relationship and any decision to confront must never be taken lightly. However, Carkhuff and Anthony (1979) indicate that helpers have often not distinguished confrontation and immediacy and have used confrontation indiscriminately.

One may, however, reduce the possibility that confrontational immediacy will be toxic by remaining descriptive rather than evaluative. The counselor can provide important confrontational feedback by simply describing in concrete terms, (in an empathic manner), what the counselor sees as counter-productive behavior in the client and describing the impact the counselor believes that the behavior or attitude has on the counseling relationship as well as significant others, (see Egan, 1982, who quotes Wallen).

Confrontation that is employed without the context of high levels of positive regard, immediacy, etc., is, according to Berenson and Mitchell, (1974) "distorted in conception and pathological in function." Also, those counselors who offer confrontation without being in contact with experience of self and/or the client, can employ it only as a technique. The result can easily be irrelevant or destructive:

the lows are really not in tune with the helpee's experiences |they|...appeared to focus on helper pathology...and furthermore, focused on the disordered behavior of those perhaps least able to profit from it....The weakness was frequently created. Most typically, the confrontation by such a helper appears to focus on the real or fabricated pathology of the helpee. In reality, it is often a reflection of the pathology of the helper...puts the focus on others because they themselves, cannot afford scrutiny (1974, pp. 45-46, 51, 72-74, 95).

Egan has indicated that the sine qua non for confrontation is care of the client. If the counselor is too detached from the client, he or she is not likely to confront with care. The result may be that the counselor tends to "dump a load of bricks on the client" when he confronts. As a consequence, the client, instead of benefiting from the confrontation, "will have to pour his energy into recovering from the blow rather than try to assimilate and work with the confrontation" (1975, p. 165).

Fortunately, it appears possible for counselors to virtually teach the client immediacy through use of the counselor-client relationship. Hopefully, clients will be enabled in initiating this learned immediacy in relationships outside the counseling sessions. This may give impetus to the client's knowing how to process interpersonal issues, to become aware of the benefits of mutuality and how understanding can lead to growth.

Of course, as Egan suggests, immediacy should not be an "agenda" to be forced on one's clients. One should proceed cautiously and tentatively in furthering these goals. Also: ".....if the helper does not know how to accept immediacy himself, he can hardly expect the client to learn the skill" (Egan, 1975, p. 176). The counselor should have the capacity to model nondefensive responsiveness to direct communication. The ability to do this well would seem to be a precondition for expert confrontation of others.

Indeed, there appears to be as much a need for counselor self-confrontation as confrontation of clients. For example, in an early study that used counselor self-confrontation through the viewing of

videotapes, counselors reviewed their interactions with clients. Almost one-third, after seeing themselves as they actually were, had a dramatically different attitude about the impact of their interventions, compared to their attitude prior to viewing the tapes (Walz & Johnson, 1963).

If counselors lack maturity of responding to immediacy themselves, they could, as Egan (1975) points out, join experiential training groups. There, confrontational and other experiential skills can be processed during interactions with others (who will ultimately be making somewhat similar interventions with clients). Egan notes, however, that often even carefully supervised training groups have ended on sour notes - because even counselor members seem to often misuse the opportunity to confront. Unfortunately, opportunities for immediacy and confrontation seem to be as often misused in training groups as in routine therapy. The misuse may, for example, consist in the dumping of frustrations and hostilities on other members--thereby avoiding immediacy or the honest exposure of one's self.

To summarize, professional confrontation appears to be at the apex of counseling skills, relatively meaningless (and potentially nontherapeutic), without significant self-knowledge on the part of the counselor. In relation to Egan's training group observations, the present author reiterates the conjecture that confrontation depends ultimately on counselor personality assets for high quality facilitation in therapy.

Personal levels of functioning that the therapist performs at in general (outside of therapy), may predispose the therapist to certain

types of confrontation, rather than just the tendency to confront. In a 1968 study, Berenson, Mitchell and Laney wrote that:

....level of therapist functioning interacts significantly with type of confrontations. In addition to confronting his patient more frequently, the high level therapist most often confronts his patients experientially with didactic confrontation being a poor second choice. The low level therapist confronts his patients with weakness about as often as he does experientially (p. 112).

Friel, Berenson and Mitchell in a 1971 study, indicated that while low-functioning therapists seem to be fully interacting with their clients, yet they typically were "not attending to the client or the immediate relationship." In contrast, the high functioning therapists seemed to interact with and for the client "and are capable of varying the interaction in response to the results of the interactions in the moment" (p. 293).

In summary, it appears that the personality assets of the therapist seem to play a key role in allowing the therapist to interact moment-to-moment according to the changing needs of the client. A legitimate hypothesis in regard to this is that greater personal maturity of the counselor seems to allow for a more spontaneous response repertoire which acts according to the client's rather than the counselor's needs. The counselor who possesses strong personality assets would seem to be more apt to provide the core conditions, (such as understanding and immediacy), that increase the likelihood that subsequent confrontations will be therapeutic, for example, often directed toward client resources, rather than nontherapeutically pointing only to client weaknesses.

Timing of Confrontative Statements

It appears artless to confront a client without consideration of factors such as timeliness. Egan states that "If the client is disorganized and confused at the moment, it does little good to add to his disorganization by challenging him further (1975, p. 166).

Therapeutic confrontation would seem to require the counselor to make a clear assessment of the client's present readiness to assimilate a confrontation. A good measure of the client's readiness would likely be the vitality of the therapeutic relationship. Does the relationship have strong empathic bonds based on a keen understanding of the client -- which has been communicated to the client? Has the therapist in his or her relationship-building with the client, based the relationship on (tactful) honesty and taught the client how to use immediacy in a relationship to grow in self-understanding and mutuality? Has the counselor communicated his respect for the client's ability to change and some expectation that what goes on in therapy will eventually become internalized and transferred in a life-enhancing manner to the client's everyday world?

If the counselor and client have not addressed the preceding issues, counselor confrontations may well overwhelm, confuse or frighten the client. However, if the therapist and client have done the hard work of building such a healthy relationship, it may well become a source of vigor and excitement for both parties - allowing for cogent and life-enhancing give and take between them.

Alfred Adler, founder of Individual Psychology, (the progenitor of Counseling Psychology), used to build just such vigorous relationships

with his clients. He appeared to be quite assertive in challenging the meanings that his clients gave to themselves and to life -- but always in the spirit of friendship: "Any teaching which cannot be given in friendship is wrong teaching" (1931, p. 135).

Adler was often observed "hobnobbing knee to knee" with his clients, while often both smoked their pipes furiously, and with "each trying to outwit the other" (Bottome, 1957, p. 71). Adler is known for repeatedly pointing out the relative benefits of providing clients with the room to confront themselves, (logical consequences of behavior), as well as indicating the harm that can be done in therapy by helpers who attempt to force clients to live according to therapist dictates.

Egan has noted that although confrontation should facilitate the client's attempts to become less defensive, in so doing, "it should not make him feel defenseless" (1975, p. 163). Also, Kaswan and Love indicate that the client typically receives information presented through a confrontation - in terms of existing defense mechanisms or other predispositional response systems. Indeed, confrontations may serve merely to increase the client's defensive repertoire - "unless careful therapeutic guidance is provided to help the client restructure his perceptions, feelings and responses to the information" (1969, p. 236).

As Goodman and Dooley have pointed out: "Reflections that appear outside the other's internal frame of reference are judged inaccurate even when they are precise descriptions of phenomena unrecognized by the other" (1976, p. 112). This relates to the important therapeutic distinction between facilitating a client's talking about certain feelings as opposed to actually helping the client experience certain

feelings (the latter being more related to the possibility of therapeutic re-learning, also see Waskow, 1963).

Dietzel and Abeles (1975) in their discussion of the need for appropriate levels of client-therapist complementarity, seem to indicate that there is not one perfect level that guarantees client receptiveness. There appears to be no single level of complementarity that will guarantee client readiness to be confronted, for example. However, "the therapeutic timing of complementarity levels is crucial to facilitate constructive client change" (1975, p. 271). To generalize, counselor ability to provide the client with timely challenges to the client's world-view that give just enough impetus to change, appears to be as important as the provision of helpful therapeutic factors by themselves.

Unfortunately, the various theoretical orientations often seem to overlook "the specific characteristics of the geographic and behavioral environment, which at any particular point in time are important determinants of what a person does, in fact, perceive and how he behaves" (Kaswan & Love, 1969, p. 236). Feedback from subjects participating in Kaswan and Love's confrontative family therapy experiment, seemed to confirm the need for constant consideration of these variables. Without due consideration of timeliness of confrontation, clients reported not only discomfort from the impersonal nature of the feedback provided but also lack of significant life changes after participation.

Berenson and Mitchell (1974) assert that premature confrontation of clients that urges them on to action too soon in their therapy, will likely have a deleterious impact. Representative of this, would be

challenges to action within the first therapy interview. These untimely confrontations can easily lead the client into precipitous behavior that may only serve to buttress an impotent view of the self. Precipitous confrontations seem to place the client in a no-win situation: if he or she pleases the counselor, then they are in the position of losing precious self-esteem -- due to abortive attempts to change one's life. The alternative -- suffering the displeasure of the counselor -- may result in even greater insistence that the client act precipitously to change his or her life.

Higher-level helpers seem to offer differential levels of facilitative conditions - at least in part as a response to each client's unique needs and timeliness of meeting those needs. Low-level helpers seem to indiscriminately offer the same low levels of facilitation - regardless of the client's changing needs ". . .and apparently independently of the idiosyncratic helper-helpee relationship" (Berenson & Mitchell, 1974, p. 32).

Facilitative Conditions: Impetus From A Flexible Attitude

Hypotheses One and Two

An openness on the counselor's part to own distortions, may be just as crucial as an openness to the client's distortions. This open, perceptive attitude is so important, because, as indicated above, high level confrontation of client distortions may be pivotal to successful therapy. Parloff puts it this way:

Dissimilarity in cognitive content may well be the motive force for change in therapy. The different perspective of the therapist may serve to clarify the perspective of the patient while providing a reference point for the directions in which the patient needs to change (1978, p. 270).

Of course, without counselor openness to differing views of reality this alternative perspective may well be denied the client, (for example through lack of empathy).

Berenson and Mitchell state bluntly that "the low-functioning helper is frequently a very poor discriminator....is....not certain about what is adaptive....and what is maladaptive....compounds the helpee's problem by encouraging the helpee to act as he does: inappropriately" (1974, p. 37).

Combs and Soper (1963) have indicated that rather than simply trying to correlate different types of counselor behavior and client change, that perhaps just as fruitful would be to look at the quality of the relationship constructed between counselor and client and how it becomes what it does: "...effective relationships seem dependent upon the nature of the helper's attitudes and ways of perceiving himself, his tasks, his client and his purposes....it is possible to distinguish good counselors from poor ones on the basis of their perceptual organization" (1963, p. 226).

There will be two hypotheses tested in this dissertation which will compare counselor confrontational skill level with counselor attitudinal-perceptual factors. The instrument used, (The Myers-Briggs Type Indicator), will be discussed in the next chapter, "Methodology." In brief, the two hypotheses that the MBTI will be used to investigate, are as follows:

Hypothesis One: There is a significant relationship between open-minded attitudes (vs concrete) and counselor-in-training agreement with expert confronters.

Hypothesis Two: There is a significant relationship between fellow feeling attitudes (vs intellectual) and counselor-in-training agreement with expert confronters.

In relation to perception variables, Taft (1955) was one of the first to systematically explore the manner in which others are judged. Waskow (1963) compared counselor attitudes and how they relate to eventual client behaviors. Others have explored interpersonal perceptions in regard to verbal and nonverbal cues (ex. Crow, 1957; Sechrest, 1967; Shor, 1976; Smith, 1976). The Schwartz, Fair, Salt, Mandel and Klerman study (1976) while not directly related to this author's aims, meticulously identifies psychophysiological variables relating to the manner in which others are perceived and additionally, how affect is related to self-perception--a confrontational variable. Piat (1974) has factor analyzed the ability to perceive emotions in a comparative study between children, students and psychiatric patients.

Combs and Soper (1963) explored the perceptual organization of counselors who were recognized by their faculty as effective. Faculty consistently indicated that more effective counselors perceive their purpose in counseling as: freeing their clients to experience, rather than attempting to control them; as altruistic, rather than narcissistic; and concerned with larger, rather than smaller meanings, among other factors.

Parloff, Morris, Waskow and Wolfe (1978) have indicated their concern that therapist attitudes be "such that they allow therapists to establish rapport and empathize with patients and facilitate their therapy" (p. 273). This appears all the more essential when views of the

client toward self and/or the world are being significantly challenged. Effective confrontation may well depend on how the counselor is perceiving the client, what attitude the counselor is developing toward the client, rather than mere skill level factors. Edward and McWilliams (1976) relate accuracy of counselor perceptiveness not only to active interventions, but to the very basic core conditions on which interventions are hopefully based. They suggest for example, that people in the helping professions need to perceive others accurately - in order to form precise and helpfully empathic relations with them. They also suggest that this basic issue of counselor perceptiveness is first of all related to the personality characteristics of the counselor.

Boyd and Sisney (1967) in discussing counselor use of self-image confrontation, repeat one of Carl Roger's tenets: "the degree to which the self is misperceived is highly correlated with behavioral or psychiatric disorder"(p. 291). In their clinical interventions with hospitalized schizophrenics, the authors noted a move toward integration of client self-concept with ideal self and self as seen by others - after the clients were carefully guided through self-confrontation: "one's self-concept would shift in the direction of greater appropriateness and/or accuracy and lesser distortion following self-image confrontation" (p. 291).

Egan (1975) suggests that presenting alternate frames of reference to clients, "helps the client break out of self-defeating views of self, others and the world" (p. 161). He notes, however, that it is not likely that a counselor who is caught up in pathological needs can accurately perceive client distortions in the first place. Thus, even

though there may be a legitimate therapeutic need for confrontation, unless the counselor has dealt with own personality structures, it may go unnoticed, distorted or unmet. This seems characteristic of human nature: "People who cannot face things as they really are tend to distort them. The way we see the world is often an indication of our needs rather than a true picture of what the world is like" (p. 160; also see "Introduction," above).

Goodman and Dooley (1976) have asserted that perhaps the most important measureable dimension between counselor and client is that of valence. Valence is related to "whether a response is intended or perceived as positive or negative" by the client (p. 114). The content of therapeutic interactions changes in focus between feelings, cognitions or behaviors. However, what underlies therapeutic processes -- such as therapist consideration of the way in which he or she is being perceived and the provision of means by which the client assimilates and absorbs counselor feedback -- often seem to be the key to therapeutic facilitation, rather than the simple provision of feedback.

One of the processes upon which techniques seem optimally based, is that of "convergence." Convergence relates to how clients acquire certain belief systems, mannerisms, rules of action, etc., of their counselors, ('pipe-smoking therapists beget pipe-smoking clients'). This would seem to not only call for counselor accuracy in assessing client needs but also keen insights on the part of the counselor into own selfhood, as well as a perceptive and flexible attitude toward the processes involved in change itself. Stated another way: Because clients often find themselves relying on the counselor's healthy ego,

the counselor should be able to model an adaptive/flexible approach to perceptions arising from therapeutic processes, particularly those that challenge either the counselor's or the client's world view and call for greater adaptiveness/flexibility of client attitudes and behaviors.

Facilitative Conditions: Impetus from Counselor Maturity

Hypothesis Three

Counselor attitudes are, of course, related to overall counselor personality functioning. Wyatt (1948) was one of the first to identify the importance of and explore the self-experience of the therapist. Gough, Fox and Hall (1972), have argued that therapist personality factors are of leading importance in clinical interventions:

Professional performance involving independent effort, personal relations with individual clients, and responsiveness to both unexpressed and expressed needs of clients, depends on the personal characteristics of the practitioner as well as his technical skills and intellectual abilities (p. 269).

Others have examined such variables as counselor swings in affect and how interpersonal expression of frustration and/or anger impact on the therapeutic relationship -- as well as studying these variables outside the counseling environment (Beymer, 1970; Bobbitt, 1975; Donnella, 1975; Feshback, 1969; Gaines, 1975; Gottman & Lieblum, 1974; Konencni, 1975; Leak, 1969; Saccuzzo, 1976; Savistsky, Izard, Kotsch and Christy, 1974; Summerfield, 1975; Torda, 1974; Worchel, 1972). Gottman and Lieblum (1974) for example, suggest that beginning therapists, may, out of their own frustration, blame a "resistant" (or 'manipulative') client for 'not wanting to change'--rather than examining their own expectations.

However, lack of experience alone may not be the determinant of immature views of the client. In examining the effect that education and experience have on personality variables, Russell and Snyder (1963), for example provide evidence that "graduate training and experiences did not seem to affect the degree of anxiety manifested by counselors" toward their clients (p. 361).

Parloff, Morris, Waskow and Wolfe (1978) have summarized concerns relating to how counselor personality variables may interact with those of client personality variables:

The therapist's personality interacts with that of the patient. The interaction of their personalities affects the way in which treatment is administered as well as the receptivity of the patient to the treatment. The question arises, therefore, as to what combination of personalities fosters positive therapeutic change, and what combinations hinder it (p. 266).

To date, the research gathered on this issue provides little precise information (Bergin & Lambert, 1978; Melnick, 1975); although core conditions (several mentioned above), seem to require a mature personality for implementation.

Nevertheless, many writers who have examined the impact of therapy clearly point out the deleterious effect that pathology of the helper may have on the helpee. Yalom and Lieberman and Miles (1971) provide evidence of immature group leader misuse of encounter groups. One example seems particularly striking. The authors documented a case in which a group leader confronted a 'resistant' member - without prior context which would have somewhat prepared the member - with his opinion that the client was "pre-schizophrenic" (sic). The client soon dropped completely out of therapy - (a group "casualty"). However, the client

did later open up to the authors and reported that for months following her experience, after dropping out of group, that the fear of becoming schizophrenic became an obsession, causing almost total despair. This seems to be an obvious example of how harmful a confrontation can be if tinged with 'helper' toxicity.

Perhaps a reason for the lack of precise information regarding how personality factors interact with types of interventions, is the failure to address specific counseling skills in comparison with specific personality variables--something that this dissertation does attempt in regard to confrontation. In exploring the crucial impact of counselor personality on the therapeutic intervention of confrontation, (and the tendency of the more mature counselor to provide more therapeutic contexts), this study will utilize the widely known California Psychological Inventory (discussed in the "Methodology" chapter following). The CPI will be used to explore and describe which counselor personality variables play a dominant role in effective confrontation. Stated in general form, it will explore the following hypothesis:

Hypothesis Three: There is a significant relationship between indices of counselor maturity and counselor-in-training agreement with confrontation experts.

Summary of the Review of the Literature

As a result of an extensive review of the psychological literature, certain therapeutic conditions have been differentiated and specified which appear necessary in order for a confrontation to have a

progressive rather than a regressive impact upon the client. Furthermore, a flexible attitude and counselor personality assets have been indicated as central factors in the creation of these essential core conditions. It seems likely that counselor personal maturity and flexibility of attitude are pivotal in regard to whether or not counselors will confront their clients in a growth/change producing manner.

It would seem that the factors discussed here would be important in considerations relating to the selection and training of counselors and therapists. To take one example of how keen a role the personality of the counselor may play in confrontation, consider again the core condition of immediacy. Confrontation that involves immediacy is likely to require the counselor to provide the client with affective as well as cognitive feedback -- concerning the client's impact upon the counselor as a person (Carkhuff & Anthony, 1979). In doing this, it seems important that the counselor accurately respond to client needs for a more realistic world view - one not based on the counselor's own distortions (Adler & Myerson, 1973; Berenson & Mitchell, 1974; Egan, 1975).

Other facilitative conditions necessary for confrontation to have a progressive impact such as empathy, understanding, honesty and proper timing, would seem to require such counselor personality attributes as tact, psychological-mindedness and a flexible attitude, along with skill. Factors such as complementarity, valance and convergence would also seem to call on the personality of the counselor in order to address underlying processes -- unexpressed client needs -- necessary for the client to learn how to internalize, assimilate and utilize counselor challenges (Dietzel & Abeles, 1975; Goodman & Dooley, 1976; Gough, Fox & Hall, 1972; Kaswan & Love, 1969).

In reviewing the literature, it seems ironic that some authors seem to criticize counselors for avoiding the use of confrontation, while others, or even the same authors, also criticize counselors for overuse of confrontation (Carkhuff & Anthony, 1967; Carkhuff & Berenson, 1967; Berenson & Mitchell, 1974; Egan, 1975; Lieberman & Yalom & Miles, 1973, Sullivan, 1956). This seeming paradox may actually represent a singular belief: In general, clinical confrontation is appropriate only after the building of the proper therapeutic context. This dissertation has thus described the quality of the therapy relationship in which the use of confrontation is optimal for the client - with the physician's rubric in mind: "Above all, do no harm."

It now seems clear that possession on the counselor's part of a flexible belief system is crucial to effective, life-enhancing confrontation (Adler, 1931; Adler & Myerson, 1973; Braun, 1971; Combs, & Soper, 1963; Edwards, & McWilliams, 1976; Heinberg, 1961). Indeed, accurate and empathic counselor perception of the client may well be the core of the entire process of therapy (Bergin & Lambert, 1978; Boyd & Sisney, 1967; Parloff, & Waskow & Wolf, 1978). It seems that high functioning helpers are able to spontaneously reach out to their clients, because of a rich and varied response repertoire - based on a mature world view (Adler, 1931; Friel, & Berenson, & Mitchell, 1971; Kohut, 1977).

In contrast, low-functioning helpers seem relatively inflexible - and are prone to nontherapeutic jarring of their clients into accepting relatively rigid world views (Anderson, 1968; Berenson & Mitchell, 1968, 1974; Carkhuff, & Anthony, 1979; Egan, 1975; Gottman, & Markhman, 1978; Lieberman, & Yalom, & Miles, 1973; Mitchell & Berenson, 1970; Mitchell & Hall, 1971; Watson & Remer, 1984).

In exploring relevant hypotheses that postulate a correlation between counselor personality assets and expertise in confrontation, use will be made of psychological assessment tools that are commonly used with counselors as well as clients. The Myers-Briggs Type Indicator and California Psychological Inventory will be utilized to test the author's hypotheses regarding perceptual and personality factors--which seem to have such a preponderate influence in the confrontation process. The instruments used to test the relevant hypotheses will be described in detail in the following chapter, as well as the statistical designs and sample populations within which the experiment was conducted.

Research Hypotheses

On the basis of the review of the literature, the following predictions have been generated:

Hypothesis One: There is a significant relationship between accuracy of trainee perception of facilitative and nonfacilitative confrontation and preference for the Feeling over Thinking Myers-Briggs type indicator.

Hypothesis Two: There is a significant relationship between accuracy of trainee perception of facilitative and nonfacilitative confrontation and preference for the Intuitive over Sensing Myers-Briggs type indicator.

Hypothesis Three: There is a significant relationship between accuracy of trainee perception of facilitative and nonfacilitative confrontation and a tendency to score above the norms on the California Psychological Inventory.

CHAPTER III

METHODOLOGY

In attempting to define what specific effect counselor personality may have on offered confrontation, researchers have struggled to find appropriate research paradigms. Berenson and Mitchell (1974) have warned that: "the ecological characteristics of confrontation do play havoc with usual statistical procedures" (p. 22). Studies referred to are those based on tape recordings of live sessions and later rated by trained judges.

Subsequent to trained judges' ratings, there is a correlation obtained between high and low functioning counselors and with such client variables as depth of self-exploration as a function of effective/ineffective confrontation. In contrast to some studies, this study has sought experimental control over the therapy session itself. The same stimuli were therefore presented to 42 subjects. It was believed that this control would give impetus to a more thorough exploration of facilitation/nonfacilitation in regard to confrontation skill.

Whatever the statistical results of this study are, they obviously do not reflect on either the overall effectiveness or ineffectiveness of the subjects as counselors or the training they are receiving. Nevertheless, they do reflect very specifically how personality and attitudinal factors interact with perception of facilitative and nonfacilitative confrontation at one point in time.

Setting

The setting for this study was the downtown campus of Loyola University of Chicago.

Sample

Students in the Department of Counseling Psychology and Higher Education comprised the population from which the sample was taken.

Counseling students in the department of Counseling Psychology and Higher Education were requested to volunteer for a "Psychotherapy Study" involving confrontation assessment. The flyer indicated that volunteers would be asked to view and rate videotapes of analogue counseling sessions and take two psychological tests. An informed consent form fully described these activities. Anonymity was assured in every possible way.

Subject participation was requested by bulletin board announcement and also by direct request to students enrolled in counseling classes. Almost 15 subjects were obtained by offering the test results confidentially returned to them to a class of students involved in utilization of such tests. Another large set of subjects was obtained by approaching a Masters course of one of the Readers.

Demographics of Sample Population

For a breakdown of subjects by sex, age and level of graduate study, please see Table 1, page 54.

The majority of subjects were in some form of counseling program, please see Table 2, page 54.

TABLE 1

Degree Level, Sex and Mean Age of Subjects

	Doctoral	Age	Masters	Age
Female:	10	38	15	28
Male:	9	35	8	27
Total:	19	36.6	23	27.5

N=42

TABLE 2

Graduate Programs of Subjects

<i>Current Graduate Major</i>	<i>N</i>
Counseling Psychology	14
Counseling	8
Community Counseling	9
Counseling/Religious Studies	1
Counseling & Counselor Education	3
Higher Education	1
Student Affairs	1
Student Personnel	3
Unclassified	2
Total:	42

Mean for months of full-time counseling experience was 31.64, although 13 subjects had no prior counseling experience. Many counselor trainees had experience with previous personal therapy for themselves. Mean for months of trainee personal therapy experience was 12.02, although 21 subjects had no prior experience with their own therapy.

For a breakdown of subjects according to which theory of counseling they most identified with, please see Table 3.

TABLE 3

Theoretical Orientation of Subjects

<i>Theory Identified With</i>	<i>N</i>
Eclectic	16
Client-Centered	5
Psychoanalytical	4
Behavioral	4
Rational-Emotive Therapy	4
Existentialist	3
Psychodynamic	1
Family Systems Therapy	1
Gestalt	1
Adlerian	1
Integrative Problem-Centered	1
None	1
Total:	42

Production of Analogue Therapy Sessions

In order to assess skill of perceiving confrontation, (the Dependent variable), analogue therapy sessions were produced. The writer was given much assistance from his Committee in creating videotapes that represent varying degrees of facilitative and

nonfacilitative challenges to clients. The tapes were structured to compare counselor/therapist trainee skill in rating confrontational responses. It was decided to have subjects rate four sets of five confrontational responses within three different therapy contexts. It was also decided that the client statements should remain the same in each context.

Three different analogue therapy contexts were created in order to control for the impact of therapist style on the ratings. The first therapy context (Tape 1) a "good session" represented a facilitative context for challenging clients. The second tape represented a relatively benign session, (neither helpful nor harmful). The third was designed to represent a nonfacilitative context in which the therapist made inappropriate suggestions and comments to the client, a "bad session." The creation of the differing contexts with the same 20 responses in each for rating, allowed exploration of the possibility that facilitation levels of confrontation would be rated differently, according to context.

The sessions were styled after a one-session crisis intervention as part of the routine work of a crisis center. This was done to control for the extraneous variable of length of therapy and its impact on whether a subject would identify with a choice to confront or not. It seemed likely that challenges to the client would appear more appropriate in a one-session crisis context.

Subjects who participated in the experiment, rated how well a therapist challenged an abused wife who was expressing ambivalence as well as anger both toward her spouse and the male therapist. The

analogue structure of the experiment provided similar stimuli to all subjects, so as to make refined statistical procedures possible. Additionally, tapes were constructed so that the goals of the client in crisis would be fairly obvious to the viewer, and so that the therapist could be easily identified with by the subjects. The scripts for the tapes were created over a year's time and refined with input from the Director and Readers.

Although it may have been ideal to create a set of 18 taped sessions to represent all possible combinations of therapist-client sex within differing contexts, the present study limited itself to male therapist and female client. After several auditions, it was decided to use professional actors in order to represent the scripts as accurately as possible. Professional actors and actresses were then auditioned and chosen to play the roles of "therapist" and "client" in videotaped sessions.

After the sessions were taped, therapist responses that subjects were to rate were inserted in the tapes at appropriate intervals in the sessions. Four sets of possible responses per tape of five responses each were inserted. The multiple possible responses represented different levels of confrontation facilitation, according to the five levels of the Carkhuff Confrontation Scale (see Scale, Appendix A, and Transcripts, Appendix B). Please reference Figure 1.

"Good" Session Tape 1	"Neutral" Session Tape 2	"Bad" Session Tape 3
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Client - Therapist Dialogue, (client dialogue in each tape is the same, therapist dialogue varies according to tape context) -----

Insertion One: responses to be rated according to the Carkhuff Confrontation Scale, (Subjects requested to "Please Rate the Following Responses")

Client - Therapist Dialogue -----

Insertion Two: responses to be rated -----

Client - Therapist dialogue, etc. -----

ILLUSTRATION 1: Insertion of Responses To Be Rated

Some responses to be rated were facilitatively confrontative, others were not. The response items to be rated by subjects were sufficiently heterogeneous to provide subjects with a selection of facilitative and nonfacilitative confrontations to be rated. That is, every set of responses inserted in the tapes for rating included therapist statements that were confrontationally facilitative and some that were nonfacilitative in challenging the client. After the multiple possible responses were inserted, transcripts were typed of the completed sessions with the space to rate the multiple responses, (see Transcripts of Analogue Sessions, Appendix B).

In summary, 20 responses were inserted into all three tapes. They were all exactly the same responses, cut from the same master tape used during production. This was done so that the 20 confrontation responses to be rated - according to the Carkhuff Scale, would be evaluated in differing contexts: that of a "good," a "bad" and a benign or "neutral" therapy session.

Limitations and Strengths of Analogue Studies

Analogue studies make results less generalizable and perhaps less useful for future research. Videotapes, although human voices and pictures are used, remain impersonal (Melnick, 1975). In analogue studies, counselors participate only vicariously with their clients. Effects due to extended interrelational factors are not available for scrutiny (Bergin & Lambert, 1978). Large constraints are imposed on counselor responses in terms of the method used to record the responses and usually only one session is available for study (Munley, 1974).

Yet, in response to Berenson and Mitchell's warning concerning need for controls in this area of research (1974), there is ample justification to conduct a study in which identical stimuli will be presented to all of the participating counselor-trainees.

It was hoped that the use of the analogue format would yield a clear and quantifiable means of comparison of counselor skill levels in evaluating such elusive variables as counselor personality and attitude. Despite its lack of authenticity, Munley (1974) points out that in areas that require a high degree of control over therapeutic variables, the analogue study seems to be proving itself as an effective tool.

Additionally, Brown's dissertation on confrontation (1980), made extensive use of the analogue in this area. In a more recent use of analogue taping in this area, the June, 1984 *Personnel and Guidance Journal* contained an article on styles of confrontation - that evaluated the impact of different styles of confrontation through the use of analogue videotapes (Watson & Remer, 1984). Finally, analogue tapes have been noted to be especially effective in investigating specific areas of counseling related to education and training (Munley, 1974).

Establishment of Reliability of Judges

There were several fellow students who had expressed an interest in participating in this research, but for one reason or another were not available as subjects. From this group, three judges were chosen to be trained in the evaluation of confrontation with utilization of the Carkhuff Confrontation Scale. There were two male judges. One is a 28 year-old practicing therapist, who is a recent doctoral graduate in Counseling Psychology with almost five years counseling experience, (one year post-doctoral). The other male is 42 and is currently enrolled in a doctoral program in Counseling Psychology. He has two years of counseling experience. Both males also had extensive teaching experience. The 33 year-old female judge is currently a teacher, has just completed a Masters degree in school counseling and has two years counseling experience.

The judges were first given a broad overview of the term "confrontation" and how it applies to the process of counseling. All of the judges had studied some aspect of therapeutic challenging in their

training, so that the need to provide a cognitive framework was minimal. Nevertheless, relevant bibliography was made available to the judges so that prior education and training would be focused for the task at hand (Carkhuff, 1969; Carkhuff & Anthony, 1979; Cormier & Cormier, 1979; Egan, 1973).

After the readings, the judges were given a detailed presentation on optimal therapeutic challenging of clients. Next, the judges were thoroughly familiarized with the Carkhuff Confrontation Scale. Practice with the scale's five levels of ratings was performed until the judges stated their readiness to use the scale in rating therapy interactions.

When it was determined that the judges had been trained sufficiently, they were given the experiment's three videotapes to rate. Cronbach's Alpha, (*SPSS Manual*, 1983), was used to statistically determine the inter-rater reliability between the judges, reference Figure 2.

	Tape 1 Ratings	Tape 2 Ratings	Tape 3 Ratings	Overall Ratings
J1=	x1....x20	x21....x40	x41....x60	x1....x60
J2=	x1....x20	x21....x40	x41....x60	x1....x60
J3=	x1....x20	x21....x40	x41....x60	x1....x60

ILLUSTRATION 2: Determination of Judge Reliability

The reliability statistic revealed an Alpha between the three judges of .80 on the first tape, .82 on the second tape and .89 inter-rater agreement on the third tape. The overall inter-rater reliability was .80.

Procedure for Subjects

Anonymity was maintained by the substitution of coded symbols for subject names and the rating of tests by someone who did not know the study's purpose or the subjects. Copies of test profiles were confidentially made available to participants for their personal information, and if not claimed, were destroyed.

Every attempt was made to effectively randomize presentation of the tapes so that, as much as possible, groups rating the tapes would be composed of different sexes, educational and experience backgrounds. In addition, the tapes were presented in random order, so that, for example, the "good" session was not always presented first.

A census sheet that was coded to agree with subject transcript ratings and psychological test answer sheets was administered to each participant. It sought baseline data on age, gender, past and current education and both personal and professional counseling/therapy experience. It also asked the subjects to indicate which theoretical approach they identified with. These variables were taken into account to control for extraneous sources of variability.

Both Masters and Doctoral students were included in the study and bases created for comparative analysis of expertise -- based on experience, personal therapy, sex and level of education. It should be

noted, however, that the amount of formal training and experience may not be predictive of skill relative to confrontation (see Berenson & Mitchell, 1974, and Russell & Snyder, 1963, for example).

The groups were each given a common definition of confrontation and instructed in the use of the Carkhuff scale. Questions were welcomed and every attempt made to clarify. For example, many subjects asked for a distinction between Carkhuff rating levels' one and two.

Each subject then viewed all three tapes and rated the inserted responses according to the Carkhuff Confrontation Scale, at the four intervals in which they appeared in the transcripts. Thus, there were 20 ratings obtained per tape and 60 ratings obtained altogether for comparison with the judges' ratings.

After the groups viewed the three tapes and rated them, the MBTI and CPI were administered. After completion of the ratings and tests, the study was explained in detail for those interested, and bibliographies made available. In fact, many subjects did contact the author later, not only in regard to explication of research hypotheses, but for assistance in interpreting their test profiles.

The Instruments

The Carkhuff Confrontation Scale

The studies reviewed in the literature often utilized the Carkhuff Confrontation Scale (ex. Anderson, 1968; Dillon, 1972). Carkhuff's scale will be used in this study to obtain baseline data on whether or not counselor interventions are likely to be facilitative in pointing out to their clients ways of perceiving that are different from their

usual manner of viewing self in the world. This scale differentiates confrontation into five levels of facilitation. For example, a "5" on the scale represents the highest possible facilitation of confrontation -- sensitively and perceptively inquiring into discrepancies in the helpee's behavior. At the other extreme, a "1" on the scale represents the lowest level of confrontation and is almost entirely nonfacilitative in regard to client discrepancies, (see Appendix A).

Limitations of the Carkhuff Confrontation Scale

As with any scale of psychological measurement, there are limitations. The Carkhuff scale does not operationalize many of the factors that the literature review has revealed as integral to therapeutic confrontation. Nor do its categories easily lend themselves to classification or quantification. Nevertheless, its use was noted throughout many studies on confrontation (see Berenson & Mitchell, 1974, for perhaps the largest sample), and will be utilized in the present study. Its refinement must await a future research project planned by the present author (also see Likert measurement of confrontation facilitation in Watson & Remer, 1984). For the current study, The Carkhuff scale's possible sources of variance and confoundment have been closely observed and every attempt made to account for them.

The Myers-Briggs Type Indicator, (MBTI)

The Myers-Briggs Type Indicator, (MBTI), appears to be an instrument with sufficient reliability and validity to measure relevant counselor attitudinal factors that are hypothesized to be important to the process of therapeutic confrontation (Buros, 1978; Myers 1962, 1977).

Split-half reliabilities obtained with the use of the Spearman-Brown formula at two colleges, resulted in reliabilites among the four major categories of from .82 to .89 (Myers, 1962).

Based on Carl Jung's theory of psychological type, the MBTI assesses subject preference in regard to two ways of perceiving: between sensing and intuition. It also assesses subject preference between two ways of judging: between thinking and feeling, (see Appendix D).

Combinations of preferences for type of perception and judgment include *Sensing* plus *Thinking*, *Sensing* plus *Feeling*, *Intuition* plus *Feeling* and *Intuition* plus *Thinking*. According to the MBTI manual, "each combination has qualities all its own, arising from the interaction of the preferred way of looking at life and the preferred way of judging what is seen" (Myers, 1962, p. 53).

Beyond a third major category of Extroversion and Introversion that does not seem to directly apply to this study, there is a final category of *Judgment* or *Perception* preference. This purports to delineate a preference between perception and judgment as a way of life. If one prefers the judging attitude - one must temporarily shut-off perception in order to come to a conclusion. Conversely, with the perceptive attitude, judgment is temporarily shut-off in the search for new developments. With the perceptive attitude, nothing is irrevocable. In everyday life, the *Judgment* vs *Perception* preference is actually a reflection of the above-noted modes of dealing with life: such as a preference for intuition over sensing when challenging or challenged by life. Intuitives are . . . "a good bit more frequent among perceptives than would be expected by chance" (Myers, 1962, p. 11).

The MBTI thus appears likely to assess counselor attitudes relating to openness in perceiving counselor/client discrepancies. As stated in the literature review, it appears that effective confrontation depends in part on an on-going exploration on the part of the counselor to apparent discrepancies between the realities of the counselor and those of the client.

For a class of 500 Cornell engineers, the MBTI was correlated with scales of the *Personality Research Inventory*. There was an r of .47 with *Tolerance of Complexity*, (or flexibility), for the perceptive types ".....reflecting their greater willingness to focus upon an intricacy and try to 'unscrew the inscrutable'" (Myers, 1962, p. 27).

In assessing likely therapist facilitation in this difficult area, it seems crucial that the counselor be open to client views of the world that may not agree with his or her own. It is believed that effective confronters will demonstrate an *Intuitive* preference - an inclination for perceiving the meanings and relationships and possibilities beyond the reach of the senses. Indeed, the MBTI Manual indicates that MBTI studies that have been coordinated with vocational interest tests have consistently indicated that the Intuitive type approach is the type that professional psychologists most prefer among all MBTI categories (Myers, 1962).

It is also hypothesized that facilitative confronters are likely to prefer *Feeling* approaches to others, that they may tend to assess client discrepancies with empathy. According to the manual's summary of past research, the combination of the Intuitive and Feeling type indicates that subjects with this combination have the

"best chance of success and satisfaction in work which involves the unfolding of possibilities, especially possibilities for people. They may excel in counseling, clinical psychology, psychiatry.....teaching, writing, and most fields of research" (Myers, 1962, p. 55).

In sum, it is hypothesized that the lack of indication of either the Feeling or Intuitive preference will be predictive of deviation from expert confronters and the converse will be true: that counselors with these MBTI types will correlate highly with expert confronters.

Utility of MBTI Form G

The present study will utilize Form G of the MBTI. Form G is a 1975 revision of Form F that eliminated 40 items. Form G is a 126 item self-administered questionnaire. Its standardization is based on 1,114 male and 1,111 female high school students with above-average intellectual ability. Tests of validity that correlate test item and psychological type range from .92 to .22. Myers (1977) asserts that this large variability in correlations is partly a result of the fact that scores from those in higher grades and above-average intelligence are more reliable than other samples tested.

The *Thinking vs Feeling* scale was revised on Form G, so as to be more responsive to the changes in social attitude that had taken place in the greater preference for expression of feelings since publication of Form F.

Intercorrelation scores demonstrate that, (as was initially demonstrated with Form F), the *Extroversion* and *Introversion* the *Thinking* and *Feeling* and the *Judgement* and *Perception* scales are

"virtually independent of each other" (Myers, 1977, p. 4), whereas the *Judgement* and *Perception* scale shows a modest correlation with *Sensing* and *Intuition*.

Comparable MBTI Studies

In reviewing related studies that have utilized the MBTI, not all have found it as useful as the manual would seem to indicate. Herrick (1976) tested 36 undergraduate volunteers with the instrument. The author was interested in comparing perceptual--judgmental factors of crisis-line volunteers to peer ratings. The study is of interest to the present writer, because the current analogue study will utilize a crisis therapy session as a paradigm. However, the author found ".....none of the volunteers' Myers-Briggs.....scale scores effective measures" (Herrick, 1976, p. 3576B).

Another study concerned effect of personality type on 'risky shift' in small group discussions. The term "risky-shift" refers to a greater willingness on the part of group members, to make risky decisions while in the group environment than when alone. Rifkind (1976) studied risky shift in 52 groups, using the MBTI. The only significant effect able to be reported was that the *Intuitive* types were somewhat more likely to make risk-taking decisions and *Sensing* types had a tendency to risk less.

Other studies have found the MBTI of greater utility. A Veterans Administration project explored therapist perceptual flexibility as related to client progress and therapist empathy. The study included the evaluation of 25 experienced therapists and how perceptual

flexibility, (among other factors such as professional experience), impacted on degree of client insight. It was found that altogether, the therapists who were most empathic, scored the highest on the *Intuitive* scale of the MBTI. Nevertheless, there was some indication that for the more experienced therapists, empathy was associated with the *Judgmental* attitude (Braun, 1978). All in all, this study relates more MBTI types to significant therapeutic interactions than those noted above and seems to indicate the appropriateness of the MBTI for the issues the present study addresses.

Cain & Smail (1969) in a longitudinal British research project, utilized the MBTI in assessing the effects of trainee attitude on their work during the professional training of psychiatrists and nurses. The authors found the MBTI useful. The *Sensing -- Intuitive* scale had high validity in comparison to how staff actually carried out their work. Contrasted with many other personality tests, the authors reported:

The most promising personality measure which we have so far encountered is the Myers-Briggs Sensing--Intuitive scale, which has a closer relation to psychiatric treatment orientations....than have components derived from a battery of psychological tests measuring a wide range of personality factors (Cain & Smail, 1969, p. 28).

In summary, while some claims in the MBTI manual relating to assessment of Jungian typologies seem somewhat exaggerated (Buros, 1978) the MBTI scales that are intended for present use appear justified by relevant research projects.

Interpretation of the MBTI

According to its manual, "the Indicator is designed primarily for the examination of differences between people with opposite preferences"

(Myers, 1962, p. 12). In evaluating differences in preference, the manual suggests converting raw scores to continuous scores, between the polarities (by adding or subtracting 100). This suggestion was followed. Thus statistics will indicate not only the type subjects prefer, but also the strength of preference for the type indicated. Once the raw preference scores are obtained, they are converted to continuous scores for the purpose of assessing strength of preference.

From these data, inferences may be drawn as to whether the selective forces determining membership in the sample have any relation to type and, if so, whether the relation is to the bare preference or to the strength of preference or both (Myers, 1962, p. 12).

The California Psychological Inventory (CPI)

The California Psychological Inventory (CPI) is adequate to address issues Parloff and others (1978) have raised regarding the role of counselor personality in facilitation of therapy. It appears particularly appropriate for issues in the current study as noted in the literature review, as it was designed with an emphasis on interpersonal behavior and dispositions relevant to social interactions (see Gough, 1975; Buros, 1978). It would thus seem of high utility in researching those areas deemed by this writer to be crucial to effective confrontation, i.e., whether or not the counselor has personality attributes necessary in therapeutic confrontation.

The CPI produces 18 separate scales of personality descriptors which are broken down into four major areas of personality functioning, (see Appendix C for complete description of scales). Class One scales measure poise, ascendancy, self-assurance and interpersonal adequacy. Within this category, the (sense of) *Well-Being* scale seems quite

relevant to confrontation skill. This index seems to identify those who are not defensive and are self-confident enough to be versatile and productive in social interactions.

Class Two scales are measures of socialization, maturity, responsibility, and intrapersonal values. Within this category, the *Self-control* scale is an indicator of self-regulation, or freedom from impulsivity and from irritability and self-centeredness. This measure would seem to relate to variability in the manner in which confrontation is offered and also how the counselor reacts to the (not uncommon) resistance by clients to take responsibility for a discrepancy between self-view and actual behavior.

Commonality, also a Class Two scale, reflects possession of perhaps the most important personality asset in relation to confrontation, that of tact. Even though a counselor may (perhaps brilliantly), point out a client's perceptual distortions, if the intervention lacks tact and good judgment, (also an attribute of Communalilty), any therapeutic gain is likely minimized or nonexistent.

Class Three scales are measures of achievement potential and intellectual efficiency. From this category, *Achievement via Independence* seems quite relevant to counselor confrontation skill. According to Gough, this scale identifies ".....those factors of interest and motivation which facilitate achievement in any setting where autonomy and independence are positive behaviors" 1975, p. 11). This scale would seem to be helpful in identifying those individuals with superior intellectual ability and judgment, who exercise foresight, who possess some degree of self-insight and self-understanding and who, although strong

and demanding, are relatively mature. Most of this scale's factors seem to describe personality attributes necessary for a therapeutic confrontation to be enacted. A person with these attributes may be likely to facilitate the client in significantly challenging him or herself without either inducing guilt or suppressing the client's ability to do for self, (thus avoiding damaging the client with a technique that purports to facilitate growth).

The CPI Class Four indices measure broad and far-reaching attitudes toward life. The *Psychological-Mindedness* scale seems of obvious importance. It measures to what degree the counselor is interested in and responsive to others' inner needs and experiences. Low standard score here would seem to indicate an overly conforming and conventional counselor--a counselor who may be oblivious to the need to provide clients with frameworks in which to significantly challenge their world-views. In contrast, a high standard score on the *Psychological-Mindedness* scale helps to identify counselors with attributes conducive to therapeutic confrontation: perceptive, resourceful, and adaptive to change.

Also from Class Four, *Flexibility* appears germane. It reflects subject adaptability in thinking and social behavior, perhaps a willingness to be humorous and assertive according to differing client needs, (see discussion of 'complementarity' in Chapter Two), rather than methodical and overly deferential.

The presence of counselor traits such as flexibility, as noted in the literature review, may be quite important to the client, as the client often tries out differing aspects of the counselor's selfhood,

(toward testing out new views of the self and the world). Counselors with relatively flexible personality structures would seem in general to offer more growth possibilities to their clients - than those counselors with relatively rigid personality structures. This would seem to be particularly true as concerns the need to be able to role-model adaptiveness to the process of change itself.

Utility of the CPI

The CPI was designed for normal individuals and those with behavior problems, rather than for those with significant psychological dysfunctions. It is a particularly useful assessment tool in identifying personality assets (Weiner, 1976).

Factor analytic studies of the CPI reported by Weiner (1976) have indicated a consistency of basic factors assessed by the CPI. The strongest factor "appears to be a measure of impulse management and socialization" (Weiner, 1976, p. 218). *Socialization (So)*, within Class Two), has had as high a loading as .93 on this factor, a factor which is directly relevant to this dissertation. The second most potent factor appears to be a measure of interpersonal effectiveness, also quite relevant to the present study. Other factors account for less variance: Factor Three appears to assess adaptive flexibility; Factor Four, the internalization of conventional values (super-ego strength); and Factor Five, femininity.

Stability coefficients are generally above .70 for the individual scales. *Communality (Cm)* and *Psychological-Mindedness (Py)* scale scores have been assessed as least stable and (sense of) *Well-Being*

(*Wb*) and *Intellectual Efficiency* (*le*) as the most stable scales. Internal consistency coefficients based on 7500 high school students had only two coefficients below .50, the median value in the .70's. Weiner (1976) notes that even the critics of the CPI - who have criticized its vulnerability to intuitional interpretations, conclude that the CPI offers more valid non-test predictions than most comparable instruments.

Comparable CPI Studies

Gough, Fox and Hall (1972) in using the CPI with psychiatric residents, found that the CPI "pointed the way (albeit modestly) toward factors associated with superior performance in psychotherapeutic endeavor...."(p. 273). Contrary to assertions of high utility, however, the authors pointed out that the use of the CPI in their study fell "far short of what one would require for an operational index...." (p. 273). However, Weiner points out that in the Gough, et. al. study...."Low scorers lacked any descriptors suggesting sentience |capacity for feeling| or the capacity for intuitive responses to others" (Weiner, 1976, p.223). This last statement seems to support the use of the CPI for comparing counselor confrontation skill with indices of personal maturity.

Other studies, relevant to the Gough, et. al. study (1972) have also found CPI indices helpful in accurate assessment of predisposition to therapeutic and nontherapeutic interchanges. One study on cognitive perception abilities, for example, found a 94% agreement between cognitive perception scores and CPI indices (Edwards & McWilliams, 1976). In a study designed to assess individual ability to perceive implications

of dialogues, the CPI was found to be effective in assessing strength of personality tendencies and also in assessing intellectual efficiency (Heinberg, 1961; also see Weiner, 1976). These studies are reported here because they relate to the counselor's basic ability to accurately perceive discrepancies between the manner in which the client views reality compared with the counselor's view. The studies indicate the appropriateness of researching counselor personality factors as they relate to the ability to accurately perceive implications of dialogue with clients.

Williams (1972) compared cognitive performance of counseling trainees with psychological variables. Of relevance here, the author found the CPI of high utility in assessing trainees with elevated ability to discriminate good from poor counseling responses (Williams, 1972).

Another pertinent study (Piroonraks, 1972) involved relating personality characteristics to the counseling success of graduate students in counseling practicum coursework. At least four indices of the CPI : *Sociability*, *Achievement via Conformance*, *Achievement via Independence*, and *Psychological-Mindedness*, were found to be "significant contributors to the prediction of students' successful performance in the counseling practicum" (Piroonraks, 1972, p. 3701A).

Several studies which utilized the CPI have been directed to the sort of simulated crisis conditions this study will create to assess confrontation skill levels (ex. Belanger, 1973; Engs, 1974), although no CPI studies were found specific to confrontation.

Many of the factors this dissertation will explore are exemplified in a study in which helper effectiveness on a hotline telephone was compared with helper personality factors and offered therapeutic conditions (Dillon, 1972). Dillon's CPI study also utilized the Carkhuff scales in interaction with CPI personality variables in assessing therapeutic interaction. The *Tolerance* and *Psychological-Mindedness* scales of the CPI were found to be particularly valuable indices in the assessment process.

Interpretation of CPI Profiles

In summary, previous research utilizing the CPI in evaluating the quality of therapeutic interaction between counselor and client, seems to provide ample justification for its use in the context of evaluation of confrontation skill. The current author believes that certain scales will be predictive in regard to perceptiveness of facilitative confrontation. In line with related research projects, all 18 of the CPI scales will be treated as possible sources of significant variation in relation to counselor facilitation levels, (compared with subjects' Carkhuff ratings). The researchers noted above in general included all 18 indices as possible sources of variance in assessing quality of therapeutic interaction with clients.

Generally, scores above CPI norms suggest positive adjustment, while those below the norms indicate possible problem areas. In relation to the present study, those counselors with scores tending above the norms will be compared with those tending below the norms, on the basis of skill levels in perceiving therapeutic and nontherapeutic confrontation, based on CPI standard scores.

Statistical Procedures for the Testing of Hypotheses

Statistical designs in this study were used to compare the norms of the Myers-Briggs and the California Psychological Inventory with high and low ability to accurately perceive facilitative and nonfacilitative confrontation, (with baseline use of the Carkhuff Confrontation Scale). SPSS-X designs useful for establishing Subject-Judge deviation on ratings scores were utilized. Statistics similar to Hoyt's Intraclass Correlation Coefficient (Winer, 1971) were used to establish deviations from trained confronters (Bergin & Lambert, 1978; Campbell & Stanley, 1963; Dittman, 1952; Gottman & Markman, 1978; Maher, 1964; and Williams, 1972).

Establishment of the Dependent Variable

The dependent variable was derived from comparison of subjects' ratings with that of the judges. Please reference Figure 3.

	Tape 1 Ratings	Tape 2 Ratings	Tape 3 Ratings	Overall Ratings
Judge1=	x1. . .x20	x21. . .x40	x41. . .x60	X60
Judge2=	.	.	.	.
Judge3=	.	.	.	.
Total Judges=	.	.	.	.
=====				
Subject1=	x1. . .x20	x21. . . x40	x41. . .60	X60
2=	.	.	.	.
.
.
.
SubjectN=	x. . .x20	x21. . . .x40	x41. . .60	X60
		i=1, ,42		

ILLUSTRATION 3: Judge and Subject Rating Comparisons

The dependent variable to test the hypotheses came from subjects' deviation in rating scores from the judges' rating scores for the 60 responses. Subject-Judge deviation scores were obtained for each tape as well as an overall deviation score.

Score differences were obtained by first subtracting subjects' ratings from the judges' ratings and obtaining an absolute value (so that there were be no negative numbers). The data that was revealed followed the paradigm of Figure 4.

Judges' Ratings minus Subjects	Differ 1 Tape 1	Differ 2 Tape 2	Differ 3 Tape 3	Overall Total
J's ratings minus S1's ratings=	rxx1	rxx1	rxx1	rxx1

All J-Sub score=	Rnx	Rnx	Rnx	Rnx

ILLUSTRATION 4: The Rating Deviation Scores

On the basis of the Myers-Briggs Type Indicator, the 42 subjects were classified into:

Attitude 1: Thinking vs Feeling

Attitude 2: Sensing vs Intuition

and the following null hypotheses were explored:

Hypothesis One: There is no significant difference between Subject and Judge Carkhuff rating agreement and Subject preference for the Feeling over Thinking Myers-Briggs type indicators.

Hypothesis Two: There is no significant difference between Subject and Judge Carkhuff rating agreement and Subject preference for the Intuitive over Sensing Myers-Briggs type indicators.

The statistical paradigm for hypothesis one appears as follows and tests whether there is any significant difference between *Feeling* and *Thinking* subject types -- using Multiple Regression and Pearson Correlation between MBTI and deviation scores: Please reference Figure 5.

 THINKING

	Differ Tape 1	Differ Tape 2	Differ Tape 3	Differ Overall
	rx	rx	rx	rx
S1=
.
.
.
.
S _n =

 FEELING

	rx	rx	rx	rx
S1=
.
.
.
.
S _n =

 ILLUSTRATION 5:
 Deviation Scores with Myers Briggs
 Thinking and Feeling Types

The statistical paradigm for hypothesis two appears as follows and tests whether there is any significant difference between *Sensing* and *Intuitive* subject types following the same procedures for Hypothesis One. Please reference Figure 6.

 SENSING

	Differ Tape 1	Differ Tape 2	Differ Tape 3	Differ Overall
	rx	rx	rx	rx
S1=
.
.
.
.
S _n =

 INTUITION

	rx	rx	rx	rx
S1=
.
.
.
.
S _n =

 ILLUSTRATION 6:
 Deviation Scores with Myers Briggs
 Sensing and Intuitive Types

In relation to subject variance on the California Psychological Inventory, all 18 variables were set up according to the following paradigm, and Multiple Regression Analyses and a Pearson Correlation were then performed. This function explored the third hypothesis:

Hypothesis Three: There is no significant difference between Subject and Judge Carkhuff rating agreement and those subjects tending

toward higher standard CPI scores compared with those tending toward lower standard scores. Analysis was performed for individual tapes as well as for the overall measure of agreement. Please reference Figure 7.

<i>CPI Scales</i>	<i>Differ Tape 1</i>	<i>Differ Tape 2</i>	<i>Differ Tape 3</i>	<i>Overall Total</i>
CPI 1=	rxv	rxv	rxv	rxv
CPI 2=

CPI 17=
CPI 18=	rxv	rxv	rxv	rxv

ILLUSTRATION 7: CPI Scales With Deviation Scores

Within the confines of interpretational considerations, attempts were made to eliminate variables from the above equation--with the aid of the literature review. The Multiple Regression Analysis and Pearson Correlation were utilized in isolating scales most statistically relevant to Subject-Judge deviations. To validate elimination of these variables, backward and forward step-wise elimination procedures were utilized. Results of these and other of the experiment's procedures are discussed in detail in the next chapter, "Presentation and Analysis of the Data."

CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA

Overview

The subjects' deviation scores comprised the Dependent variable. The scores were derived, as described in Chapter Three, by obtaining an absolute value between subject and judge ratings of the three analogue therapy sessions. Differ 1 is the subject-judge deviation for Tape 1, the "Good" (therapeutic) session. Differ 2 is the subject-judge deviation for Tape 2, the "Neutral" session. Differ 3 is the subject-judge deviation within Tape 3, the "Bad" (toxic) session. The Overall difference is the total deviation between subjects and judges for all three tapes.

This chapter will compare the deviation scores between subjects and judges on the Carkhuff Confrontation Scale with the results of the psychological tests, (see Appendix A for the Carkhuff scale). The subjects' deviation scores will be presented for all Carkhuff levels and separately for deviations from judges' ratings of "1" and "2" (nonfacilitative levels). Subjects' deviation scores will also be separately compared for Carkhuff ratings of "4" and "5" by the judges (facilitative responses). Analyses will be presented of how well the trainees identified with the therapist in the different contexts and of how consistent the subjects were in their ratings within the different contexts.

Mean scores will be displayed for the subjects' psychological tests, (in order to demonstrate test norms). Statistical relationships between the tests and deviation scores will be exhibited using Pearson Correlations and Multiple Regressions. Analyses will then be made of the results of the statistical results.

Norms for Psychological Tests

Mean standard scores for the subjects' Myers-Briggs Type indicators are reported below. Please see Table 4.

TABLE 4

Means of Myers-Briggs Type Indicators

<i>Type Indicator</i>	<i>Mean</i>	<i>Std Dev.</i>	<i>Min.</i>	<i>Max.</i>
Extro-Intro	93.14	23.62	49.00	147.00
Sens-Intuit	124.81	21.91	75.00	151.00
Think-Feel	104.00	21.93	51.00	133.00
Judg-Percep	100.14	28.35	57.00	161.00

Descriptive statistics are also reported below for the subjects' norms on the California Psychological Inventory scales. Please reference Table 5.

TABLE 5

Subject Norms for the 18 CPI Scales

<i>CPI Scale</i>	<i>Mean</i>	<i>Std Dev.</i>	<i>Minimum</i>	<i>Maximum</i>
Dominance	60.36	10.59	39.00	80.00
Cap for Sta	56.31	8.72	41.00	77.00
Sociability	55.12	9.28	32.00	70.00
Soc Presc	59.69	9.91	33.00	82.00
Self-Accept	61.38	9.01	39.00	79.00
Sense of WB	48.93	8.14	28.00	60.00
Responsib	47.83	7.87	29.00	60.00
Socializa	46.81	7.97	21.00	62.00
Self-Cont	47.36	7.44	31.00	60.00
Tolerance	53.14	9.06	27.00	69.00
Good Imp	44.52	7.26	30.00	60.00
Communality	51.64	6.60	33.00	63.00
Achv via Co	54.12	7.95	27.00	68.00
Achv via In	61.26	9.40	39.00	77.00
Intel Effic	55.67	9.33	30.00	74.00
Psych-Mind	58.59	9.99	39.00	82.00
Flex	60.52	9.42	41.00	79.00
Femininity	50.95	10.62	21.00	70.00

N=42

Comparison of Extraneous Variables and Deviation Scores

The dependent variable "Overall," which includes all rating deviations, was compared with the extraneous variables. An Analysis of Variance between the Overall deviation score and the extraneous variables of sex, months of full-time counseling and months of personal therapy is presented in Table 6.

TABLE 6

Variance by Sex with Months of Personal Therapy and
Months of Full-Time Counseling

ANALYSIS OF VARIANCE

OVERALL					
BY	SEX				
WITH	MPT	Months of personal therapy experience			
	MFC	Months of full-time counseling experience			
SOURCE OF VARIATION	SUM OF SQUARES	DF	MEAN SQUARE	F	SIGNIF OF F
COVARIATES	1465.619	2	732.809	0.370	0.693
MPT	108.087	1	108.087	0.055	0.816
MFC	1322.472	1	1322.472	0.668	0.419
MAIN EFFECTS	8756.453	1	8756.453	4.424	0.042*
SEX	8756.453	1	8756.453	4.424	0.042*
EXPLAINED	10222.072	3	3407.357	1.721	0.179
RESIDUAL	75218.333	38	1979.430		
TOTAL	85440.405	41	2083.912		

CELL MEANS

TOTAL POPULATION: Deviation Mean = 506.12

SEX: Male Mean = 488.71 (17); Female Mean = 517.96 (25).

42 Subjects

There appears to be a significant variation according to sex. The deviation mean of the males was significantly below that of the females who participated in the study. However, there were fewer males in the study, so these results should be cautiously interpreted.

There appears to be no significant variation in subject deviation according to subjects' experience with their own therapy, or according to the amount of full-time counseling experience they had prior to the experiment.

There was no significant variation between subjects who identified with the Eclectic approach to counseling and all other approaches. Because of the wide disparity of theories identified with and the few subjects in each cell, (see Table Three in Chapter Three), further analyses of variance were not performed.

No significant variation in expertise of rating was indicated in comparing those currently seeking counseling degrees and those seeking degrees in Higher Education. However, in comparing Ph.D. level subjects with all others for expertise, a statistically significant variation was evidenced. The results are presented in Table 7.

TABLE 7

Variance by Degree Sought with Personal Therapy
and Prior Counseling Experience

ANALYSIS OF VARIANCE

OVERALL

BY DNS Degree Now Sought
WITH MPT Months of personal therapy experience
MFC Months of full-time counseling experience

SOURCE OF VARIATION	SUM OF SQUARES	DF	MEAN SQUARE	F	SIGNIF OF F
COVARIATES	1465.619	2	732.809	0.385	0.683
MPT	108.087	1	108.087	0.057	0.813
MFC	1322.472	1	1322.472	0.695	0.410
MAIN EFFECTS	11661.279	1	11661.279	6.128	0.018*
DNS	11661.279	1	11661.279	6.128	0.018*
EXPLAINED	13126.897	3	4375.632	2.299	0.093
RESIDUAL	72313.507	38	1902.987		
TOTAL	85440.405	41	2083.912		

CELL MEANS

TOTAL POPULATION: Deviation Mean = 506.12

BY DEGREE NOW SOUGHT:

Ph.D. (18) = 486.22
Ed.D. (1) = 570.00
M.A. (7) = 498.29
M.Ed. (15) = 530.20
Unclass. (1) = 494.00

BY PH.D AND ALL OTHERS:

Ph.D. = 486.22 (18); Other = 521.04 (24).

42 Subjects

What these results seem to suggest is that in comparison to the 24 others in the study, the 18 doctoral level Ph.D. students were more skill-

ful in identifying facilitative and nonfacilitative challenges to clients.

Differences in Ratings Between Tapes

Subjects who discussed the experiment later, sometimes expressed disbelief that the twenty responses that they had rated in each tape were exactly the same for all tapes. This supported the author's intention of creating a disparity of therapist style in which to evaluate the responses. What were the discrimination skills of the subjects in being able to perceive facilitative and nonfacilitative counselor challenges regardless of context? It was found that in general, subjects were consistent in their ratings of confrontation regardless of context. Pearson correlations between the deviation scores are presented in Table 8.

TABLE 8

Deviation Score Correlations

	Differ1	Differ2	Differ3	Overall
Differ 1	----	.68	.46	.85
Differ 2	.68	----	.63	.90
Differ 3	.46	.63	----	.80

Means of the resultant deviation scores are presented in Table 9.

TABLE 9

Mean Deviation Scores

<i>Deviation</i>	<i>Mean</i>	<i>Std. Dev.</i>	<i>Minimum</i>	<i>Maximum</i>
Differ1	171.74	18.84	141.00	233.00
Differ2	169.31	17.84	142.00	226.00
Differ3	165.07	16.86	136.00	216.00
Overall	506.12	45.65	425.00	636.00

TOTAL POPULATION: Deviation Mean = 506.12

BY SEX:

Male Mean = 488.71 (17); Female Mean = 517.96 (25).

Subjects appeared to deviate most from the judges in evaluating responses within the therapeutic context (Tape One deviations or Differ1).

Deviation scores were further broken down into subject-judge rating differences based solely on the facilitative responses and solely on the nonfacilitative responses. Pearson correlations between subjects and judges for the facilitative responses only (responses which the judges gave Carkhuff ratings of "4" or "5"), are presented in Table 10.

TABLE 10

Deviation Score Correlations - Facilitative

	Differ1	Differ2	Differ3
Differ 1	----	.47	.61
Differ 2	.47	----	.87
Differ 3	.61	.87	----

Mean deviation scores were also obtained for subject-judge deviation based solely on the responses rated by the judges as facilitative. Please see Table 11.

TABLE 11

Mean Deviation Scores - Facilitative Responses

<i>Deviation</i>	<i>Mean</i>	<i>Std. Dev.</i>	<i>Minimum</i>	<i>Maximum</i>
Differ1	64.17	2.56	60.00	69.00
Differ2	70.36	3.71	61.00	77.00
Differ3	68.64	3.46	62.00	76.00

What these results suggest is that subjects were better able to discriminate facilitative responses within a therapeutic context, (Differ1), less so in the benign (Differ2) and nontherapeutic contexts (Differ3).

Since the responses were exactly the same in all contexts, this is evidence for a "halo" effect in the ratings.

Pearson correlations between subjects and judges for the nonfacilitative responses only (responses which the judges gave Carkhuff ratings of "1" or "2"), are presented in Table 12.

TABLE 12

Deviation Score Correlations - Nonfacilitative

	Differ1	Differ2	Differ3
Differ 1	----	.95	.97
Differ 2	.95	----	.96
Differ 3	.97	.96	----

Also, mean deviation scores were obtained for subject-judge deviation based solely on the responses the judges identified as nonfacilitative. Please see Table 13.

TABLE 13

Mean Deviation Scores - Nonfacilitative Responses

<i>Deviation</i>	<i>Mean</i>	<i>Std. Dev.</i>	<i>Minimum</i>	<i>Maximum</i>
Differ1	68.19	16.92	40.00	128.00
Differ2	62.05	15.28	37.00	116.00
Differ3	58.64	15.36	36.00	114.00

What these results suggest is that subjects were better able to discriminate nonfacilitative responses in the nontherapeutic context, less so in the benign and therapeutic contexts. Again, since the responses to be rated were exactly the same in all contexts, this is evidence for a "halo" effect in the ratings.

Identification with Tapes Compared with CPI Indices

In addition to their response ratings, the subjects were asked to rate at the end of each transcript how well they had identified with the therapist of that particular analogue session. A "1" represented no identification, and a "6" complete identification for each tape, (see Appendix B).

Measures were taken during the experiment of trainee identification with the therapist in the different contexts in order to obtain some gauge of subject involvement in the rating process. Of the 42 subjects, most subjects identified "some" to "well" with the good

therapy session, (Mean=3.51); and slightly less with the benign session (Mean=3.22). In general, subjects shunned identification with the third tape, (Mean =1.85). This session, as was intended, seemed to truly represent nonfacilitative "therapy" to the subjects.

Interestingly, those who identified even slightly with the "Bad" analogue therapy session showed statistically significant correlations below CPI norms. The Tape Three identifiers correlated negatively in reference to the norms: Achievement via Independence $-.32$ ($p=.021$); Psychological-Mindedness $-.32$ ($p=.020$); Responsibility $-.35$ ($p=.013$); and Tolerance $-.38$ ($p=.008$).

However, Tape One identifiers also correlated negatively with some CPI scales: Achievement via Independence $-.39$ ($p=.006$); Intellectual Efficiency $-.28$ ($p=.037$); Capacity for Status $-.33$ ($p=.018$); and Flexibility $-.25$ ($p=.057$).

In comparison, Tape Two identifiers correlated positively with the CPI Dominance $.27$ ($p=.039$) scale and with the Myers Briggs Thinking type, $.27$ ($p=.046$) and Perceptive type, $.26$ ($p=.046$).

What these results seem to indicate is that Tape Two identifiers may exhibit leadership style and may be thoughtful and perceptive, rather than concrete and judgmental. Tape Three identifiers may tend to be irresponsible, lacking in insight and intolerant. Tape One identifiers may be overly methodical and lacking a certain amount of initiative and flexibility. All in all, the relationship between identifications and such psychological measures, indicated the hoped-for involvement of counselor personality factors relevant to therapeutic or nontherapeutic implementation of confrontation.

Presentation and Analysis of the Main Hypotheses

Myers Briggs Types and Counselor Trainee Skill

Hypothesis One

It was hypothesized that a statistically significant relationship would exist between expertise in perceiving differential levels of confrontation and preference for Myers-Briggs Feeling over Thinking type, Hypothesis One: There is no significant difference between Subject and Judge Carkhuff rating agreement and Subject preference for the Feeling and Thinking Myers-Briggs type indicators.

Pearson Correlations between the continuous preference scores of the MBTI and deviation scores are reported below. Please reference Table 14.

TABLE 14

Myers Briggs Type Indicators with Deviation Scores

	<i>SENSING-INTUITIVE</i>	<i>THINKING-FEELING</i>
<i>All Deviations</i>		
Differ 1:	-.20	-.20
Differ 2:	-.20	-.04
Differ 3:	-.12	.17
=====		
<i>Deviations from Facilitative</i>		
Differ 1:	.09	.19
Differ 2:	.28 (p=.033)*	.18
Differ 3:	.22	.28 (p=.036)*
=====		
<i>Deviations from Nonfacilitative</i>		
Differ 1:	-.29 (p=.029)*	.14
Differ 2:	-.28 (p=.034)*	.15
Differ 3:	-.34 (p=.013)*	.15

N for Sensing Type=7; for Intuitive Type=35.

N for Thinking Type=16; for Feeling Type=26.

Note:

Positive correlations = Intuitive and Feeling polarities.

Negative correlations = Sensing and Thinking polarities.

In regard to the Thinking-Feeling polarity (Hypothesis One), the one level of significance indicates a correlation between deviation from judges and the Feeling polarity. This is the opposite polarity of that hypothesized as predictive of confrontation assessment skill. In addition, Step-Wise Multiple Regression Analyses failed to enter any variables for Hypothesis One. Expertise in perception of facilitative and nonfacilitative challenges to clients was found to vary only slightly according to the Feeling/Thinking polarity. No definite trend emerged, although it is interesting to note that the Feeling type seems to have more difficulty than the Thinking type in identifying facilitative challenges within the context of a heated session (Differ3).

Hypothesis Two

It was predicted that a statistically significant relationship would be found between expertise in perceiving differential levels of confrontation and preference for Myers-Briggs Intuitive over the Sensing type, Hypothesis Two: There is no significant difference between Subject and Judge Carkhuff rating agreement and Subject preference for the Intuitive over Sensing Myers-Briggs type indicators.

Pearson Correlations between the continuous preference scores of the MBTI and deviation scores reported in Table 14 above, did show significance between these MBTI polarities. It is interesting to note that low skill and the Intuitive preference correlated positively only in regard to deviation from facilitative ratings, (and was statistically significant in the benign session). In statistical analysis involving only deviation from nonfacilitative responses, less skillful subjects

consistently correlated with the Sensing (concrete, literal) Myers-Briggs type in all contexts, but especially in the nontherapeutic context (Differ3). A multiple regression of the nonfacilitative deviations with the MBTI types is reported in Table 15.

TABLE 15

Nonfacilitative Response Deviation for Differ 3
with MBTI Sensing-Intuitive Polarity

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 1.. Sens-Intuit

MULTIPLE R .34536
R SQUARE .11927
ADJUSTED R SQ .09725
STANDARD ERROR 14.59401

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	1	1153.74094	1153.74094
RESIDUAL	40	8519.40192	212.98505
F =	5.41700	SIGNIF F = .0251*	

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CMBTI2	-.24214	.10403	-.34536	-2.327	.0251
(CONST.)	88.36367	13.17837		6.705	.0000

Expertise in perception of facilitative or nonfacilitative confrontation was found to vary according to the Sensing/Intuitive polarity. Although not consistent in statistical significance, there is a clear trend toward the Intuitive type being more skillful in assessment. Perhaps with a greater number of subjects, this variable might turn out to be more consistent in statistical significance. The null hypothesis for Hypothesis two can be rejected specifically in regard to the

evidence for a relationship between low skill in accurate ratings of nonfacilitative confrontation and the Sensing MBTI type.

The MBTI Manual (1962) indicates that the Intuitive type approach is the type that professional psychologists most prefer among all MBTI categories. Evidence has been presented here that counselors that are skillful in assessing confrontation will demonstrate an Intuitive preference -- an inclination to perceive the meanings and relationships and possibilities beyond the reach of the senses in challenging clients. In other words, they may have a tendency to go beyond "the facts," when dealing with what a less perceptive counselor may perceive as a "resistant" or "manipulative" client. These results also suggest that a counselor might rely too heavily on intuition in challenging the client when therapy is benign or facilitative in context. It may be that optimal facilitation of confrontation is represented by the counselor who has a balance between the MBTI polarities, rather than singular reliance on one approach. For example, results from Table 14 suggest that the Intuitive-Feeling type is not as perceptive in identifying facilitative challenges within contexts that are less clearly therapeutic.

CPI Scales and Counselor Trainee Skill

Hypothesis Three

It was hypothesized that a statistically significant relationship would be found between trainee expertise in rating confrontation and the personality variables of the California Psychological Inventory, (Hypothesis Three): There is no significant difference between Subject and Judge Carkhuff rating agreement and those subjects tending toward higher standard CPI scores compared with those tending toward lower standard scores.

The Pearson Correlation was run between deviation scores and CPI scales toward soliciting the possibility of a link between expertise in perception of appropriate and inappropriate challenges to clients and personality attribute/deficit. There were found to be no statistically significant *positive* correlations of personality strengths, (above the norms of the CPI), with subjects who were less skillful in comparison with confrontation experts. The less skillful perceivers of facilitative and nonfacilitative confrontation tended to have CPI scores below the norms of those who were more skillful. Most deviation scores and CPI indices are found to correlate negatively, or at zero correlation and are evidence of social immaturity. Please reference Table 16.

TABLE 16

Correlation of Deviation Scores and CPI Scales

<i>CPI Scale</i>	<i>Differ1</i>	<i>Differ2</i>	<i>Differ3</i>	<i>Overall</i>
1	-.10	-.09	.09	-.04
2	-.28(p=.036)*	-.09	-.06	-.17
3	.11	.15	-.02	.09
4	.01	.06	-.15	-.02
5	.00	-.02	.05	.01
6	-.15	-.08	-.09	-.13
7	-.23	-.12	-.19	-.21
8	.13	.10	-.11	.05
9	-.25(p=.055)*	-.15	-.14	-.21
10	-.03	.15	.01	.05
11	-.24	-.17	-.08	-.20
12	-.09	-.36(p=.009)*	-.31(p=.024)*	-.29(p=.029)*
13	-.12	-.11	-.24	-.18
14	-.18	.05	-.08	-.09
15	-.10	-.02	-.09	-.09
16	-.20	-.14	-.30(p=.025)*	-.25(p=.055)*
17	-.04	.11	-.02	.02
18	-.09	-.24	-.25(p=.054)*	-.22

N=42

As was predicted in Hypothesis Three, the trend of those counselor trainees who deviated from expert perception of differential levels of confrontation, was below the norms of the 18 scales of the California Psychological Inventory.

In relation to Overall deviation scores between judges and subjects, there were statistically significant negative correlations with Scale 12, Communality at $-.29$, ($p=.029$) and Scale 16, the Psychological-Mindedness scale, at $-.25$, ($p=.055$), reference Table 16.

Other correlations between deviation scores and CPI norms support the hypothesis that a relationship exists between personality strength and accurate perception of confrontation. The Differ One score (reflecting subject-judge Tape One discrepancy), has an r of $-.28$, ($p=.036$) with Scale 2, Capacity for Status; and an r of $-.25$, ($p=.055$) with Scale 9, Self-Control.

The Differ Two deviation scores also evidence a statistically significant negative correlation with CPI norms. Subjects who differed with the judges on the Tape Two ratings correlated negatively with the CPI Communality scale at $-.36$, ($p=.009$).

Other evidence for a relationship between counselor personality and skillful challenging of clients comes from the Differ Three subject-judge rating differences. Those subjects discrepant with judges' ratings for Tape Three, had statistically significant negative correlations with Communality, $-.31$, ($p=.024$), the Psychological-Mindedness scale, $-.30$, ($p=.025$), as well as Scale 18, the Femininity scale, at $-.25$, ($p=.054$).

In addition to Pearson Correlations, Multiple Regression Analyses were performed in order to assess the predictability of assessment skill in relation to psychological test results. Subject-Judge deviation on Tape Two revealed a Multiple R of .36 with the Communalilty Scale. Please reference Table 17.

TABLE 17

Differ2 with Communalities

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 1.. CPI12 COMMUNALITY

MULTIPLE R .36450
 R SQUARE .13286
 ADJUSTED R SQ .11118
 STANDARD ERROR 16.81779

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	1	1733.45837	1733.45837
RESIDUAL	40	11313.51782	282.83795

F = 6.12880 SIGNIF F = .0176*

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CPI12	-.98528	.39799	-.36450	-2.476	.0176
(CONST.)	220.19217	20.71649		10.629	.0000

Subject-Judge deviation on the third tape also revealed a significant Multiple R with the Communality Scale. Please reference Table 18.

TABLE 18

Differ3 with Communality

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 1.. CPI12 COMMUNALITY

MULTIPLE R	.30745
R SQUARE	.09453
ADJUSTED R SQ	.07189
STANDARD ERROR	16.24696

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	1	1102.24089	1102.24089
RESIDUAL	40	10558.54482	263.96362
F =	4.17573	SIGNIF F = .0476*	

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CPI12	-.78567	.38448	-.30745	-2.043	.0476
(CONST.)	205.64575	20.01333		10.275	.0000

Subject-Judge deviation on the third tape had a Multiple R of .43 with the Psychological-Mindedness Scale. Please reference Table 19.

TABLE 19

Differ3 with Psychological-Mindedness

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 2.. CPI16 PSYCH-MINDED

MULTIPLE R	.43114
R SQUARE	.18588
ADJUSTED R SQ	.14413
STANDARD ERROR	15.60184

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	2	2167.50548	1083.75274
RESIDUAL	39	9493.28023	243.41744
F =	4.45224	SIGNIF F = .0181*	

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CPI12	-.77912	.36923	-.30488	-2.110	.0413
CPI16	-.51048	.24402	-.30226	-2.092	.0430
(CONST.)	235.21920	23.85800		9.859	.0000

In reference to the comparison between the Overall deviation score and the CPI scales, those subjects who differed with the judges had statistically significant negative correlations with the CPI Community and Psychological-Mindedness scales.

According to Gough (1975), "Community" measures to what degree a subject's responses correspond to the typical pattern for the entire inventory. Low scorers are seen as guileful and deceitful, inattentive,

and forgetful; and as having internal conflicts and problems and being generally confused. In contrast, high scorers are seen as "dependable, moderate, tactful, reliable, sincere, patient, steady and realistic; as being honest and conscientious; and as having common sense and good judgment," as attentive to others (p. 11).

It was predicted that the Communality scale would be the most important CPI scale in relation to confrontation skill. Those counselors who score high on this scale possess what is perhaps the most important attribute relevant to therapeutic challenging -- that of tact. Without tact, even the most brilliant confrontation would seem to be of little therapeutic value and possibly damaging, rather than curative.

"Psychological-Mindedness" measures the degree to which the individual is interested in, and responsive to, the inner needs, motives and experiences of others. Those who score low on this scale, according to Gough (1975), tend to have interactions with others seen as apathetic, cautious, slow, deliberate and overly conventional. High scorers are seen as quick, perceptive and as socially ascendent.

Low scorers on the Psychological-Mindedness scale may be comparatively oblivious to the need to provide a framework for their clients to absorb and utilize their challenges. In contrast, the high scorers may be predisposed to lead their clients by "just enough" (reference complementarity and valence noted in literature review).

Taken together, the Communality and Psychological-Mindedness scales would seem to be helpful in describing the trainee who is likely to extend his or her personality in a healthy manner in social interactions, and would be sufficiently sensitive to others inner psychology as to avoid jolting types of confrontation.

Tape Two deviation scores appear to substantiate the importance of personality attribute in relation to confrontation skill. Differ² subjects again correlate below the CPI norms on the Communality scale. As indicated in Chapter Three above, the author believed there would be evidence of a strong relationship between Communality and confrontation skill. The counselor, if he or she is to confront well, must express challenges in a tactful and patient manner,(see p. 84 above). High standard scores on this measure help to identify those who are moderate in their demands on others and have realistic expectations in social interactions.

Deviators from Tape One judges, had statistically significant negative correlations with the Capacity for Status scale, $-.28$ and the Self-Control scale, $-.25$ of the CPI. High scorers on the "Capacity for Status" scale are notable for being insightful, effective in communication and for "personal scope and breadth of interests"(Gough, 1975, p. 10). Low scorers are seen as apathetic, shy, conventional, dull and slow, "stereotyped in thinking; restricted in outlook and interests; and as being uneasy and awkward in new or unfamiliar social situations." These variables would seem to relate to the possibility that the counselor will or will not establish a vibrant therapeutic relationship and thus increase the possibility that therapeutic challenges will be a natural part of the therapy.

The Self-Control scale assesses self-regulation, or freedom from impulsivity and from irritability and self-centeredness. Low scorers are viewed as impulsive, excitable, irritable and aggressive and as emphasizing personal pleasure and self-gain. High scorers in contrast

are described as calm, having strict expectations of themselves and others and as honest and conscientious. This measure seems to relate to variability in the manner in which confrontation is offered, such as how subjects reacted to the anger and "resistance" of the videotaped client to the challenges of the therapist.

Finally, Tape Three differences, (or subject-judge discrepancy), correlated significantly with deficits in Communitarity, Psychological-Mindedness and Femininity. These factors seem relevant to whether or not the therapist points out client discrepancies in a therapeutic, humanitarian manner. The "Femininity" scale seems very relevant to predicting therapeutic intervention in the area of challenges to clients. High scorers are described as gentle, moderate and persevering, respectful and accepting of others; as behaving in a sympathetic and conscientious manner. In contrast, low scorers are seen as hard-headed, manipulative, opportunistic, blunt and direct in thinking and action; and "impatient with delay, indecision, and reflection" (Gough, 1975, p. 11).

Deviations from Isolated Carkhuff Levels

In evaluating subject deviations from responses identified by the judges as facilitative, (responses given Carkhuff ratings "4" and "5" by the judges), CPI scale eight, Socialization, was found to be statistically significant, $-.29$ ($p=.033$), for Tape Three (nontherapeutic context). Multiple Regression analyses utilizing subject deviations from Carkhuff levels "4" and "5" only (facilitative responses), did not enter any variables for the CPI scales.

Gough (1975, p. 10) states that the Socialization scale is an indicator of social maturity and personal integrity. Low scorers are seen as defensive, demanding, opinionated, resentful and stubborn, guileful and deceitful in dealing with others, "as given to excess, exhibition, and ostentation in their behavior." A low CPI score on Socialization is then predictive of low skill in recognizing facilitative challenges to clients, especially in contexts that are nontherapeutic.

In evaluating deviations from nontherapeutic responses only, (responses given Carkhuff ratings "1" and "2" by the judges), four CPI scales were predictors of skill in assessment of nonfacilitative confrontation, please see Table 20.

TABLE 20

Deviations from Nonfacilitative Response Ratings
with CPI Scales

<i>CPI Scale</i>	<i>Differ1</i>	<i>Differ2</i>	<i>Differ3</i>
2	-.37 (p=.007)*	-.38 (p=.007)*	-.42 (p=.003)*
7	-.19	-.28 (p=.036)*	-.23
11	-.17	-.26 (p=.048)*	-.19
14	-.25 (p=.052)	-.26 (p=.047)*	-.23

N=42

Low CPI scores on Capacity for Status (Scale 2), Responsibility (Scale 7), Good Impression (Scale 11), and Achievement via Independence (Scale 14), were found to predict low skill in rating nonfacilitative responses.

Multiple Regression analyses using subject deviations from judges' ratings on the Carkhuff Confrontation Scale of "1" and "2"(nonfacilitative responses), entered the two CPI scales of Capacity for Status, (CPI 2), and Sociability (CPI 3), for deviations within all three contexts. The following three tables display the results for Capacity for Status. Subject-judge deviation for nonfacilitative responses in Tape One is presented in Table 21.

TABLE 21

Differ1 Nonfacilitative Deviation
with Capacity for Status

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 1.. CAPACITY FOR STATUS

MULTIPLE R	.37564
R SQUARE	.14110
ADJUSTED R SQ	.11963
STANDARD ERROR	15.88025

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	1	1657.17648	1657.17648
RESIDUAL	40	10087.29971	252.18249
F =	6.57134	SIGNIF F = .0142*	

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CPI2	-.72892	.28435	-.37564	-2.563	.0142
(CONST.)	109.23547	16.19796		6.744	.0000

Subject-judge deviation for nonfacilitative responses in Tape Two is presented in Table 22.

TABLE 22

Differ2 Nonfacilitative Deviation
with Capacity for Status

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 1.. CAPACITY FOR STATUS

MULTIPLE R	.37801
R SQUARE	.14289
ADJUSTED R SQ	.12146
STANDARD ERROR	14.32297

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	1	1368.00725	1368.00725
RESIDUAL	40	8205.89751	205.14744
F =	6.66841	SIGNIF F = .0136*	

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CPI2	-.66227	.25646	-.37801	-2.582	.0136
(CONST.)	99.33999	14.60952		6.800	.0000

Subject-judge deviation for nonfacilitative responses in Tape Three is presented in Table 23.

TABLE 23

Differ3 Nonfacilitative Deviation
with Capacity for Status

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 1.. CAPACITY FOR STATUS

MULTIPLE R .41816
R SQUARE .17486
ADJUSTED R SQ .15423
STANDARD ERROR 14.12596

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	1	1691.43732	1691.43732
RESIDUAL	40	7981.70554	199.54264

F = 8.47657 SIGNIF F = .0059*

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CPI2	-.73641	.25294	-.41816	-2.911	.0059
(CONST.)	99.60997	14.40857		6.913	.0000

The next three tables show statistical significance between the CPI scale of Sociability and subjects low in skill in perceiving nonfacilitative therapist confrontations. This was the second variable entered after Capacity for Status in all three contexts and was the only scale that predicted low skill by high CPI score. Subject-judge deviation for nonfacilitative responses in Tape One is presented in Table 24.

TABLE 24

Differl Nonfacilitative Deviation
with Sociability

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 2.. SOCIABILITY

MULTIPLE R .56552
R SQUARE .31982
ADJUSTED R SQ .28493
STANDARD ERROR 14.31191

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	2	3756.07239	1878.03619
RESIDUAL	39	7988.40380	204.83087
F =	9.16872	SIGNIF F = .0005*	

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CPI2	-1.34653	.32078	-.69392	-4.198	.0002
CPI3	.96488	.30142	.52916	3.201	.0027
(CONST.)	90.83004	15.68975		5.789	.0000

Subject-judge deviation for nonfacilitative responses in Tape Two is presented in Table 25.

TABLE 25

Differ2 Nonfacilitative Deviation
with Sociability

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 2.. SOCIABILITY

MULTIPLE R .53227
R SQUARE .28331
ADJUSTED R SQ .24656
STANDARD ERROR 13.26407

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	2	2712.41941	1356.20970
RESIDUAL	39	6861.48535	175.93552
F =	7.70856	SIGNIF F = .0015*	

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CPI2	-1.15657	.29729	-.66014	-3.890	.0004
CPI3	.77222	.27935	.46907	2.764	.0087
(CONST.)	84.60952	14.54103		5.819	.0000

Subject-judge deviation for nonfacilitative responses in Tape Three is presented in Table 26.

TABLE 26

Differ3 Nonfacilitative Deviation
with Sociability

MULTIPLE REGRESSION

VARIABLE(S) ENTERED ON STEP NUMBER 2.. SOCIABILITY

MULTIPLE R	.56589
R SQUARE	.32023
ADJUSTED R SQ	.28537
STANDARD ERROR	12.98474

ANALYSIS OF VARIANCE

	DF	SUM OF SQUARES	MEAN SQUARE
REGRESSION	2	3097.60882	1548.80441
RESIDUAL	39	6575.53404	168.60344
F =	9.18608	SIGNIF F = .0005*	

-----VARIABLES IN THE EQUATION-----

VARIABLE	B	SE B	BETA	T	SIG T
CPI2	-1.24194	.29103	-.70522	-4.267	.0001
CPI3	.78976	.27347	.47725	2.888	.0063
(CONST.)	84.54495	14.23481		5.939	.0000

The CPI Sociability scale was found to be a strong predictor of subject deviation from responses identified by judges as nonfacilitative. The R Squared of .32 for Tape 1, .28 for Tape 2 and .32 for Tape 3 is one of the strongest indicators in this study (because consistent across context), that confrontation skill relates not just to technique but to counselor personality.

The first variable entered in the Multiple Regressions, Capacity for Status, has been described above. The second variable, Sociability is a measure of sociable, participative temperament. High scorers are seen as outgoing, original and fluent in thought, enterprising, ingenious and competitive and forward. Low scorers are seen as awkward, conventional, detached. Together with other CPI predictors of skill in assessing nonfacilitative confrontation, a trainee with social, outgoing temperament may moderate outgoingness with dependability (CPI Responsibility), superior intellectual ability and judgment (Achievement via Independence), and some concern with how others are reacting (Good-Impression). These other indices seem to isolate competitiveness and forwardness as the factors that correlate positively with low skill in assessing nonfacilitative confrontation.

There appears to be sufficient evidence to reject the null hypothesis in relation to Hypothesis Three. Comparison of deviation scores and CPI scales clearly indicate a trend below CPI norms. Over half of the CPI scales -- including indices from all four major CPI classes -- have been found to be statistically significant in correlations and regressions with deviation from expert ratings of clinical confrontation. Multiple Regressions results, however, indicate that at times only a small percentage of variability between CPI scales and deviation scores was accounted for in these analyses (see R Squared results). Therefore, although the results are shown as statistically significant they should be interpreted with some caution.

Many researchers (eg. Berenson & Mitchell, 1974) have found "low-functioning" counselors to have a deleterious impact on clients during

confrontations. Their interactions with clients were often viewed as unoriginal and lacking in judgment. They were not only seen to fail to respond to the immediate needs of their clients, but to respond to the clients' ongoing needs. The results of this study suggest that difficulties in differentiating facilitative from nonfacilitative confrontation reside not just in lack of skill but are related to specific personality characteristics of the counselor that suggest personal immaturity. Those who tend toward lower standard scores seem to represent an attitude toward others that is methodical in thought and socially immature and may well predispose a counseling relationship toward a power struggle, rather than concentrating on the building of a therapeutic relationship.

Summary of Data Analysis

The data analysis related to the Myers Briggs and Hypotheses One does not indicate a statistically significant relationship between the Feeling type approach and expertise in perceiving differential levels of confrontation.

The data analysis related to the Myers Briggs and Hypotheses Two does indicate a statistically significant relationship between the Intuitive type approach and expertise in perceiving differential levels of confrontation. Its opposite MBTI polarity, Sensing (tendency to literalness, concreteness), has been identified as particularly relevant in the misperception of nonfacilitative responses.

In relation to the CPI, the results of the data analysis for Hypothesis Three seem to persuasively suggest that there is a

significant relationship that exists between subject and judge Carkhuff rating disagreement and those subjects tending toward lower standard CPI scores in comparison with those tending toward higher standard CPI scores. Analyses that were performed for individual tapes, deviations from facilitative and nonfacilitative ratings, as well as for overall measures between skill level and CPI scales support this assertion. Implications in regard to these results will be discussed in the next and concluding chapter.

CHAPTER V

SUMMARY, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

Summary of Study

This study's intent was to explore the possible relationship between counselor trainee personality factors and skill in discriminating between facilitative and nonfacilitative confrontation. First it differentiated between "good," "neutral," and "bad" confrontational interventions. Next it reviewed the literature. In so doing, variables were identified that seemed central to professional utilization of confrontation.

In order for confrontation to take place in a therapeutic context, the counselor must possess a flexible belief system and a certain degree of personal maturity. Prior research, without specifying what personality variables might be involved, indicated the importance of counselor personality in relation to facilitative challenging of clients. Personality factors seem to have some relevance to whether or not counselors offer confrontations in such a way that clients can absorb and utilize counselor challenges in building less discrepant and more congruent lives.

In the helping professions, there often does come a time for therapeutic challenges to be offered. However, in order to do this well, counseling research indicates the need for the existence of core conditions -- or the impact of confronting is likely to be toxic and

noncurative/destructive (Adler, 1931, Adler & Myerson, 1973; Anderson, 1968; Blanck & Blanck, 1974; Corey, 1977; Egan, 1982; Langs, 1973; Sullivan, 1956).

The purpose of this study was to specifically identify which counselor trainee personality variables were most relevant to perception of, (and likely implementation of), facilitative and/or nonfacilitative confrontation. Three hypotheses were tested germane to the comparison of counselor trainee skill in assessing facilitative and nonfacilitative responses and indices of personal maturity.

Subjects were drawn from doctoral and Masters students enrolled in Loyola University of Chicago's Department of Counseling Psychology and Higher Education. Procedures involved having subjects view confrontational videotapes in random order and take the the Myers Briggs Type Indicator and the California Psychological Inventory.

Statistical analysis of results involved the conversion of all data into continuous standard scores and comparisons between indices and skill using Pearson Correlations and Step-wise Multiple Regression Analyses. In addition, Analysis of Variance was used to evaluate the possible impact of the extraneous variables of age, sex, personal therapy, counseling experience and theoretical orientation -- on the Dependent variable of expertise in perception.

The experiment thus examined the assertion that a relationship exists between specific counselor personality variables and perception of facilitative and nonfacilitative counselor challenges to clients. Of course, the experiment has not proven causality. Rather, it has identified to some degree what specific personality traits may be directly

related to the ability or inability to recognize facilitative and nonfacilitative challenges to clients.

Summary of Results

This study has identified such personality factors as psychological-mindedness, social maturity, sense of responsibility, freedom from impulsivity, insightfulness, intuitiveness, a moderate and tactful approach to others, perceptiveness, social resourcefulness and a respectful and accepting approach to others as important variables in the perception (and likely implementation), of therapeutic confrontation. Indeed, it may well be that the combination of these sorts of counselor personality attributes give impetus to the core conditions of psychotherapy, and allows a challenge to be experienced as therapeutic rather than toxic.

The results of this study indicate certain predispositions in the relatively unskillful challenger. In comparison to the high-functioning counselor, the low-level confronter may forge ahead and confront, without consideration of the social-psychological context necessary for confrontation to be therapeutic. This dissertation describes the low-functioning confrontational counselor as perhaps predisposed to blame the client for failure to respond to the counselor's demand for change; and likely to set up a nontherapeutic power-struggle with a client because: 1) Concrete and overly conforming, literal and unoriginal in social interactions; 2) below average in interpersonal sensitivity; 3) in comparison to skillful confronters, disinterested in client's unexpressed needs; 4) lacking patience and control over own

impulsiveness; 5) in comparison with high-functioning counselors, having relatively little responsibility for interactions with the client; possibly combined with 6) a comparative lack of tact and mature judgment in dealing with others; and 7) fewer social resources than the high-functioning counselor to deal effectively with differences in personality and attitude from his or her own.

Limitations

The study would likely have benefited by a greater number of subjects. In addition, if the experiment had been conducted at several counseling program sites, rather than one, the results would be more generalizable.

The results of this study would have been more generalizable in regard to clinical skill if the experiment had been conducted in the context of live therapy interviews. Also, the low predictability of counselor expertise with Myers Briggs type (in contrast with studies that involved live therapy studies), indicates that the use of live therapy contexts may prove a fruitful area for future research in this area.

The present study relied on the participation of volunteers in the experiment. Participants were alerted beforehand that they would be taking part in a study that would involve evaluation of their skill level in confrontation and the taking of psychological tests. It sometimes seemed that only those trainees who were assured of their skill and level of functioning, (see high CPI norms, Chapter Three), chose to participate. Future experiments may show more significance if they involve a more random sample of counselor trainees.

It may have been beneficial for the subjects to conduct the whole exercise within a practicum class -- where all aspects of the experiment could be discussed in detail by the participants. Often subjects desired detailed explanations of their test results, implications of their ratings, and how tests and ratings compared. This all seems fruitful ground for practica classwork, where much more time could be devoted to describing the relationship between counselor personality and attempts at therapeutic challenging. Also, the subjects could be encouraged to discuss what it feels like to be identifying with a confrontational counselor, and perhaps discuss relevant experiences. Indeed, the use of self-confrontation with the use of videotapes seems in general to be a valuable resource in counselor education and training (see Higgins, W.H. & Ivey, A.E., & Uhlmann, M.R., 1970; Walz, G.R. & Johnston, J.A., 1963).

Some subjects suggested that the time allotted to rate the alternate therapist responses was insufficient. Additional refining of the analogue therapy sessions may be necessary in order to achieve their optimal use as tools of assessment skill.

Future research in this area would seem to benefit from refinement of confrontation scales as assessment tools of counselor skill levels, especially in relation to the development of an operational definition of confrontation.

Finally, the indices of the tests used to compare counselor personality to confrontation skill should be further operationalized and made specific to counseling skills. Although it is appropriate to suggest that counselor skill in challenging relates to

psychological-mindedness, for example, what specific psychologically-minded attitudes or behaviors in counseling may retard or give impetus to counselor frameworks that challenge the client therapeutically? Further operationalization of these evaluation tools may facilitate understanding of why certain counselors (perhaps unwittingly), continually attack client weaknesses rather than build client strengths.

Conclusions

This study is not advocating the disuse of confrontation in therapy. At the proper time, and within the right context, challenges to clients may be the most therapeutic choice possible for the clinician. Clients are not 'brittle teacups' (Maslow, 1967) and a healthy, vigorous relationship based on honesty with one's counselor, may be the first step toward a more congruent, more fulfilling style of life (Adler, 1931; Berenson & Mitchell, 1974; Truax & Carkhuff, 1967).

The results of this study indicate a relationship between skill in confrontation assessment, (ability to distinguish between therapeutic and nontherapeutic confrontational interactions), and counselor personality. These results indicate a relationship between ability to perceive skillful challenges to a client in crisis and counselor open-mindedness and maturity.

Those counselor trainees with strengths in the areas of personality functioning such as responsibility, intuitiveness, social skillfulness, psychological-mindedness, femininity, communality, self-control and tactfulness, were more skillful in accurately discriminating between

appropriate and inappropriate challenges to a client in crisis. In contrast counselor trainees with weaknesses in these areas were less skillful in discrimination of therapeutic challenges under exactly the same conditions. In addition, other areas of personality functioning as indicated on the CPI and MBTI were approaching statistical significance and might be found to be so in studies with larger samples.

It is likely that counselors with strengths in these areas of personality functioning are more predisposed to follow therapeutic nuances such as valence, complementarity and other client changes, and therefore avoid nontherapeutic attempts to jolt the client into accepting the counselor's world view. Rather, it is likely that counselors with strengths in these areas will extend their own healthy selves as part of the context for a therapeutic challenge. Conversely, counselors with weaknesses in these areas may convert even a brilliant insight into a toxic experience for the client (also see A. Adler, 1931/1980; Adler & Myerson, 1973; Berenson & Mitchell, 1974; Blanck & Blanck, 1974; Carkhuff & Berenson, 1967; Corey, 1977; Herrick, 1976; Kaswan & Love, 1969; Kohut, 1977; Laing, 1978; Langs, 1973; Maslow, 1968; Polster & Polster, 1974; Rogers, 1961; Sullivan, 1956).

It is interesting to note that nonfacilitative responses were less recognized in good therapy and facilitative responses less recognized in nontherapeutic contexts. These results indicate the need for more training in discriminating therapeutic and nontherapeutic responses in combination with insights into own personality functioning. This is especially true in regard to the fact that low skill in distinguishing nonfacilitative challenges was notably related to results on the CPI

that were below norms. This training may need to be inculcated at the Masters' level. Ph.D students were clearly superior to the Masters' students in assessment skill. Since many M.Ed. graduates will be functioning as full-time counselors, the results suggest a need for additional practica coursework at the Masters' level.

Recommendations

Bergin and Lambert (1978) have indicated that counselor personality factors "...are crucial ingredients even in the more technical therapies." They suggest future training should place reduced importance on creating techniques and instead "increase the emphasis on therapist selection and interpersonal skill development" (p. 180). Results of this study also suggest that counselors need to learn to take responsibility for the reality of the impact of their own personalities on the therapy process, so that they will be free to support the unfolding of their clients' individuality. It seems that the care provider who applies confrontation as an impersonal technique is more often than not simply being destructive. It would seem that future counseling research could more fully address issues relating to how specific counselor trainee personality factors impact upon skill in implementing specific types of intervention.

According to Larson (1982) there is a myth that exists in the training of counselors: that all counselors will act the same in their provision of services if they receive similar training and education. Larson seems to suggest that counselors should not be considered ready for practice until they confront their areas of interpersonal insensitivity -- i.e. bias, areas of blindness, etc.

It would seem that clients with serious mental dysfunction from cognitive or affective bases, need to be challenged by those who are personally mature as well as masters of psychotherapeutic technique (Sullivan, 1956). As Freud (1912,1913) long ago pointed out in his recommendations for therapists, passionate instructions to clients to lead better lives are a relative waste of time. Premature interventions such as telling clients what is wrong with them and how to change are destructive to the therapy process. Additionally, as Sullivan (1956) later indicated, inappropriate challenges to psychotic clients without prior construction of solid support systems, is not only destructive to the therapy relationship but gives impetus to the disintegration of client's very sense of self (also see Larson, 1973).

If this is true, that the greater the pathology, the greater need for professional accountability in the area of challenges to clients, then there seems to be a need to address this area more thoroughly, not only in graduate education and training in psychology, but also in such fields as psychiatric nursing and social work, nursing home staffs, drug abuse counseling, rehabilitation counseling, etc. More ways need to be found which blend development of skilled technique with growth in counselor interpersonal sensitivity.

Perhaps the instruments utilized in this study, or similar tools, could be used in graduate education to assist students in becoming more aware of the relationship between their counseling techniques and personalities. The process of combining the evaluation of discrimination skills with personality variables may assist trainees in becoming more aware of and "owning" their personality functioning as it

impacts on their role as therapist/counselor. Providing feedback concerning identification levels with good, bad and neutral therapy contexts might become the bases for educational and personally relevant discussion. It would also seem that the results of this study confirm the need to encourage counselors to have their own personal therapy, if at all feasible (also see Adler & Myerson, 1973; Carkhuff & Berenson, 1967; Corey, 1977; Johnson, 1972; Laing, 1978; Rogers, 1961).

Finally, in summarizing these results, it seems appropriate to suggest that the instruments used in this study be researched as potential tools for use in admissions screening for therapist trainees, as well as possibly other care providers. Both the videotapes and psychological tests seem of sufficient relevance to what professionals in the field actually perform to provide sufficient credibility for use in relation to evaluating suitability for training. Chapter Three described in detail valid previous uses of the MBTI and CPI in assessing the impact of trainee personality on attempts at therapeutic intervention.

If a subject is wildly divergent from agreement with trained judges in identifying facilitative challenges to clients on simple videotape measures such as these -- wherein the facilitative and nonfacilitative responses are such that they seem to beg for an appropriate rating from the viewer, what will the divergent subject be like under the more severe demands of the live interview?

With further refinement, perhaps combined with more operationally defined constructs specific to counseling skill, measures such as these could be used to help discriminate among applicants who are likely to distinguish curative interventions from noncurative ones -- who are

likely to have a nontoxic therapeutic impact when it comes to implementing knowledge gained in graduate training. However, this would seem to entail a much greater amount of research directed to counselor personality factors as they impact on therapy than is currently being conducted.

Knowledge of and skill in what constitutes truly therapeutic challenging of clients should be a routine part of the didactic and clinical experience in counselor training and practice. No harm should come to clients who often risk much with the care providers who challenge them, especially when such harm could have been avoided by growth in the counselor's interpersonal sensitivity along with the refinement of his or her professional skills.

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APPENDIX A

CONFRONTATION IN INTERPERSONAL PROCESSES - SCALE SIX

A Scale for Measurement by Robert R. Carkhuff*

Level One

The verbal and behavioral expressions of the helper disregard the discrepancies in the helpee's behavior (ideal vs. real self, insight vs. action, helper vs. helpee's experiences).

Example: The helper may simply ignore all helpee discrepancies by passively accepting them.

In summary, the helper simply disregards all of those discrepancies in the helpee's behavior that might be fruitful areas of consideration.

Level Two

The verbal and behavioral expressions of the helper disregard the discrepancies in the helpee's behavior.

Example: The helper, although not explicitly accepting these discrepancies, may simply remain silent concerning most of them.

In summary, the helper disregards the discrepancies in the helpee's behavior and, thus, potentially important areas of inquiry.

Level Three

The verbal and behavioral expressions of the helper, while open to discrepancies in the helpee's behavior, do not relate directly and specifically to these discrepancies.

Example: The helper may simply raise questions without pointing up the diverging directions of the possible answers.

In summary, while the helper does not disregard discrepancies in the helpee's behavior, he does not point up the directions of the discrepancies. Level three constitutes the minimum level of facilitative interpersonal functioning.

Level Four

The verbal and behavioral expressions of the helper attend directly and specifically to the discrepancies in the helpee's behavior.

Example: The helper confronts the helpee directly and explicitly with discrepancies in the helpee's behavior.

In summary, the helper specifically addresses him or herself to discrepancies in the helpee's behavior.

Level Five

The verbal and behavioral expressions of the helper are keenly and continually attuned to the discrepancies in the helpee's behavior.

Example: The helper confronts the helpee with helpee discrepancies in a sensitive and perceptive manner whenever they appear.

In summary, the helper does not neglect any potentially fruitful inquiry into the discrepancies in the helpee's behavior.

*Derived from earlier versions of confrontation scales as used by Anderson, Douds & Carkhuff, 1967; Berenson & Mitchell, 1968; Carkhuff & Berenson, 1967).

APPENDIX B

TRANSCRIPTS OF VIDEOTAPED SESSIONS*

CONFRONTATION ASSESSMENT

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Session 1

TH. I'm glad to see you today. How might I help you?

CL. I'm having some troubles at home.

TH. So you're having some difficulties at home and thought it might be helpful to come in and discuss this.

CL. I guess. I'm not really sure--but it's really bothering me.

TH. It sounds somewhat vague to me. Could you fill me in a little bit?

CL. My husband and I aren't getting along.

TH. So the troubles at home have to do with you and your husband--and its been bothering you to the extent that you decided to come here and talk to someone.

CL. Yes, I don't want to give you the impression he's horrible, but he does have a horrible temper.

TH. It's like he's not a bad person, but has a kind of nastiness at times.

CL. Yea. He hasn't had such an easy time either. He lost his job last year. The situation is partly my fault.

RESPONSES TO SEGMENT ONE (Rate from 1 to 5)

A() You know, maybe this situation doesn't have to be all that upsetting.

B() You act as if you want to tell me about it, but it seems like this is very hard for you to do.

C() I'm not sure that a discussion of your husband is really going to be helpful; you know many marriages have these problems.

D() I realize your husband has probably had a very tough life, but that does not mean that you are to blame.

E() Sounds like you're not quite sure what to fill me in on.

CL. I feel a little confused like I don't know how a person that says he loves me could hurt me so much.

TH. Like he says he loves you but often his behavior hurts you very much.

CL. It hurts a lot. I really need help. I'm starting to feel I can't trust anyone.

TH. Where do I turn for help, now that someone I love and trust abuses me?

CL. Umhmm. Like right now I'm not sure I really can trust you. You kind of remind me of him asking questions all the time.

TH. So even here, where you thought it would be safe to discuss your problems, you're feeling some distrust, since I remind you of him.

CL. I do feel distrust. I wonder if my husband ever feels like I do. We never talk.

TH. You and your husband aren't talking in an open way and that may mean something important is missing in your relationship.

CL. I guess, it's not just him. I know he's under a lot of pressure about work. I just wish he'd talk about it instead of yelling.

RESPONSES TO SEGMENT TWO (Rate from 1 to 5)

A() I can sense that even though you're seeking help, that living with someone with a horrible temper might make you a little skittish about asserting yourself here.

B() Perhaps we need to break some of these relationship dynamics down and analyze them one by one.

C() If you have children, we should probably be discussing them as well.

D() Please help me out by defining your role in all this a little more.

E() So the problems seem to be getting in the way of your relationship. It sounds like he has a horrible temper which has hurt you a lot--but you don't want to blame him for this.

CL. I'm getting a little angry with you. I've only told you a little bit about my husband and myself and you seem to be making all these assumptions.

TH. Like here I am reading all these things into what you're saying when I really hardly know you - and that bothers you.

CL. What I really mean is, I need your help. I need somebody I can trust now.

TH. So right now, it's not so important right away to figure out what's gone wrong with your marriage, but to be able to trust the people you're turning to.

CL. Wouldn't you be upset and scared if the person closest to you turned out to be hurting you all the time?

TH. It sounds like you're having a lot of feelings about what you're going through right now, and are really scared.

CL. Why can't you answer my question?

TH. You really want me to respond in a particular way.

CL. I just feel so bad. And I don't know where to start to try to make things better.

RESPONSES TO SEGMENT THREE (Rate from 1 to 5)

A() If you were to try to build a desirable life for yourself, where would you begin?

B() You say you don't know where to start, but you came here today. I'm wondering what qualities you have that have helped you up to now?

C() I'm not sure if you're upset with yourself, me or your husband and I'm curious why you seem so ambivalent about so many things.

D() Perhaps talking to a male therapist makes it difficult right now--creates some anxiety about revealing yourself in your role with your husband and difficulty in knowing where to start.

E() You know, it seems like you assert yourself O.K. here, how does this feel?

CL.

. . .God damn it. What good is it to come here? Why can't you stop the pain I'm feeling?

TH. Sounds like it really hurts a lot and you wish I could help you right now, immediately.

CL. I'm so scared. What if things get worse? I can't talk to him. Every time I try he just blows up. Sometimes he hits me.

TH. As bad as things are, with him yelling and sometimes striking you, they could even get worse.

CL. It's like I can't do anything right with him--if I'm nice, he acts like it's owed him and if I want something from him, he blows up.

TH. So if you give of yourself, there seems to be no reward and if you need something from him, it's like the sky could fall in before you'd get it.

CL. It feels like the sky has fallen and things will never be O.K. again, at least not between him and me.

TH. Like a feeling that he's hurt you so much in the past that now you are more willing to help yourself.

CL. I'm not sure how I can do that. I guess that's what I came here for.

RESPONSES TO SEGMENT FOUR (Rate from 1 to 5)

A() Perhaps what we've concluded here is that there's some home troubles and you came here to get help for yourself.

B() You still haven't told me much about yourself.

C() I don't see what the conflict is, there's a clear need for separation.

D() You've shared a lot of painful feelings here, including your hesitation to act to protect yourself, knowing that your husband's having difficulties too.

E() It must hurt a lot to have to say these things about your relationship, perhaps especially to a male therapist, but you are expressing them and I think its right that you're deciding to go ahead and help yourself.

PLEASE RATE HOW WELL YOU IDENTIFIED WITH THE COUNSELOR IN THIS TAPE:
None (1); Very little (2); Some (3); Well (4); Very Well (5); Completely (6).

CONFRONTATION ASSESSMENT

Session 2

TH. It's nice you could make it today. How might I be of assistance?

CL. I'm having some troubles at home.

TH. So you're seeking help to deal with these.

CL. I guess. I'm not really sure--But it's really bothering me.

TH. Tell me what "it" is?

CL. My husband and I aren't getting along.

TH. So you're seeking professional help for marital problems.

CL. Yes, I don't want to give you the impression that he's horrible, but he does have a horrible temper.

TH. Not really a *horrible* person?

CL. Yea. He hasn't had such an easy time either. He lost his job last year. The situation is partly my fault.

RESPONSES TO SEGMENT ONE (Rate from 1 to 5)

A() You know, maybe this situation doesn't have to be all that upsetting.

B() You act as if you want to tell me about it, but it seems like this is very hard for you to do.

C() I'm not sure that a discussion of your husband is really going to be helpful; you know many marriages have these problems.

D() I realize that your husband has probably had a very tough life, but that does not mean that you are to blame.

E() Sounds like you're not quite sure what to fill me in on.

CL. I feel a little confused like I don't know how a person that says he loves me could hurt me so much.

TH. Where do you think all this is leading?

CL. It hurts a lot. I really need help. I'm starting to feel I can't trust anyone.

TH. You really are wondering if you can trust anyone.

CL. Umhmmm. Like right now I'm not sure I really can trust you. You kind of remind me of him asking questions all the time.

TH. So even here, you're feeling some distrust.

CL. I do feel distrust. I wonder if my husband ever feels like I do? We never talk.

TH. So neither seems to know what the other person is thinking.

CL. I guess, it's not just him. I know he's under a lot of pressure about work. I just wish he'd talk about it instead of yelling.

RESPONSES TO SEGMENT TWO (Rate from 1 to 5)

A() I can sense that even though you're seeking help, that living with someone with a horrible temper might make you a little skittish about asserting yourself even here.

B() Perhaps we need to break some of these relationship dynamics down and analyze them one by one.

C() If you have children, we should probably be discussing them as well.

D() Please help me out by defining your role in all this a little more.

E() So the problems seem to be getting in the way of your relationship. It sounds like he has a horrible temper which has hurt you a lot--but you don't want to blame him for this.

CL. I'm getting a little angry with you. I've only told you a little bit about my husband and myself and you seem to be making all these assumptions.

TH. You feel like I'm acting like a mind-reader.

CL. What I really mean is, I need your help. I need somebody I can trust now.

TH. I'm trying to understand what it is in the marriage that is causing this lack of trust between you.

CL. Wouldn't you be upset and scared if the person closest to you turned out to be hurting you all the time?

TH. You've mentioned his temper, but I wonder if there are other things going on here.

CL. Why can't you answer my question?

TH. I'm thinking it must be very upsetting to be going through what you're going through right now.

CL. I just feel so bad. And I don't know where to start to try to make things better.

RESPONSES TO SEGMENT THREE (Rate from 1 to 5)

A() If you were to try to build a desirable life for yourself, where would you begin?

B() You say you don't know where to start, but you came here today. I'm wondering what qualities you have that have helped you up to now?

C() I'm not sure if you're upset with yourself, me or your husband and I'm curious why you seem so ambivalent about so many things.

D() Perhaps talking to a male therapist makes it difficult right now -- creates some anxiety about revealing yourself in your role with your husband and difficulty in knowing where to start.

E() You know, it seems like you assert yourself O.K. here, how does this feel?

CL.

. . . God damn it. What good is it to come here? Why can't you stop the pain I'm feeling?

TH. You really sound unhappy.

CL. I'm so scared. What if things get worse? I can't talk to him. Every time I try he just blows up. Sometimes he hits me.

TH. Tell me about one of those situations.

CL. It's like I can't do anything right with him--if I'm nice, he acts like it's owed him and if I want something from him, he blows up.

TH. I can't think of a more difficult situation to be in.

CL. It feels like the sky has fallen and things will never be O.K. again, at least not between him and me.

TH. So, if we're looking at this whole story, you need to help yourself now.

CL. I'm not sure how I can do that. I guess that's what I came here for.

RESPONSES TO SEGMENT FOUR (Rate from 1 to 5)

A() Perhaps what we've concluded here is that there's some home troubles and you came here to get help for yourself.

B() You still haven't told me much about yourself.

C() I don't see what the conflict is, there's a clear need for separation.

D() You've shared a lot of painful feelings here, including your hesitation to act to protect yourself, knowing that your husband's having difficulties too.

E() It must hurt a lot to have to say these things about your relationship, perhaps especially to a male therapist, but you are expressing them and I think it's right that you're deciding to go ahead and try to help yourself.

PLEASE RATE HOW WELL YOU IDENTIFIED WITH THE COUNSELOR IN THIS TAPE:
None (1); Very little (2); Some (3); Well (4); Very Well (5); Completely (6).

CONFRONTATION ASSESSMENT

Session 3

TH. What brought you here today?

CL. I'm having some troubles at home.

TH. Well, this is the place to discuss them, isn't it?

CL. I guess. I'm not really sure--But it's really bothering me.

TH. So what's the problem?

CL. My husband and I aren't getting along.

TH. You're having serious problems with your marriage, eh?

CL. Yes, I don't want to give you the impression that he's horrible, but he does have a horrible temper.

TH. He sure sounds horrible!

CL. Yea. He hasn't had such an easy time either. He lost his job last year. The situation is partly my fault.

RESPONSES TO SEGMENT ONE (Rate from 1 to 5)

A() You know maybe this situation doesn't have to be all that upsetting.

B() You act as if you want to tell me about it, but it seems like this is very hard for you to do.

C() I'm not sure that a discussion of your husband is really going to be helpful; you know many marriages have these problems.

D() I realize your husband has probably had a very tough life, but that does not mean that you are to blame.

E() Sounds like you're not quite sure what to fill me in on.

CL. I feel a little confused like I don't know how a person that says he loves me could hurt me so much.

TH. Perhaps you'll have to divorce him.

CL. It hurts a lot. I really need help. I'm starting to feel that I can't trust anyone.

TH. This situation can only deteriorate.

CL. Umhmmm. Like right now I'm not sure I really can trust you. You remind me of him asking questions all the time.

TH. You don't trust me!

CL. I do feel distrust. I wonder if my husband ever feels like I do? We never talk.

TH. Boy, this is a real stinker of a marriage.

CL. I guess, it's not just him. I know he's under a lot of pressure about work. I just wish he'd talk about it instead of yelling.

RESPONSES TO SEGMENT TWO (Rate from 1 to 5)

A() I can sense that even though you're seeking help, that living with someone with a horrible temper might make you a little skittish about asserting yourself here.

B() Perhaps we need to break some of these relationship dynamics down and analyze them one by one.

C() If you have children, we should probably be discussing them as well.

D() Please help me out by defining your role in all this a little more.

E() So the problems seem to be getting in the way of your relationship. It sounds like he has a horrible temper which has hurt you a lot--but you don't want to blame him for this.

CL. I'm getting a little angry with you. I've only told you a little bit about my husband and myself and you seem to be making all these assumptions.

TH. The only assumption I've made is that you have a lousy marriage and are reluctant to talk about it.

CL. What I really mean is, I need your help. I need somebody I can trust now.

TH. I guess the alternatives here are limited. And I'm not sure talking about this is going to help.

CL. Wouldn't you be upset and scared if the person closest to you turned out to be hurting you all the time?

TH. I've just seen too many cases where the partner returns and keeps getting hurt over and over.

CL. Why can't you answer my question?

TH. What good would that do? You're the patient.

CL. I just feel so bad. And I don't know where to start to try to make things better.

RESPONSES TO SEGMENT THREE (Rate from 1 to 5)

A() If you were to try to build a desirable life for yourself, where would you begin?

B() You say you don't know where to start, but you came here today. I'm wondering what qualities you have that have helped you up to now?

C() I'm not sure if you're upset with yourself, me or your husband and I'm curious why you seem so ambivalent about so many things.

D() Perhaps talking to a male therapist makes it difficult right now-- creates some anxiety about revealing yourself in your role with your husband and difficulty in knowing where to start.

E() You know, it seems like you assert yourself O.K. here, how does this feel to you?

CL.

. . .God damn it. What good is it to come here? Why can't you stop the pain I'm feeling?

TH. I have to know what's wrong before I can prescribe treatment for you.

CL. I'm so scared. What if things get worse? I can't talk to him. Every time I try he just blows up. Sometimes he hits me.

TH. Be more specific.

CL. It's like I can't do anything right with him--if I'm nice, he acts like it's owed him and if I want something from him, he blows up.

TH. Divorce him! Can you stay with family for now?

CL. It feels like the sky has fallen and things will never be O.K. again, at least not between him and me.

TH. Why don't you start helping yourself instead of playing the role of the abused wife and "victim?"

CL. I'm not sure how I can do that. I guess that's what I came here for.

RESPONSES TO SEGMENT FOUR (Rate from 1 to 5)

A() Perhaps what we've concluded here is that there's some home troubles and you came here to get help for yourself.

B() You still haven't told me much about yourself.

C() I don't see what the conflict is, there's a clear need for separation.

D() You've shared a lot of painful feelings here, including your hesitation to act to protect yourself, knowing that your husband's having difficulties too.

E() It must hurt a lot to have to say these things about your relationship, perhaps especially to a male therapist, but you are expressing them and it sounds right that you're deciding to go ahead and help yourself.

PLEASE RATE HOW WELL YOU IDENTIFIED WITH THE COUNSELOR IN THIS TAPE:
None (1); Very Little (2); Some (3); Well (4); Very Well (5); Completely (6).

APPENDIX C

CALIFORNIA PSYCHOLOGICAL INVENTORY SCALES*

Class 1. Measures of Poise, Ascendancy, Self-Assurance and
Interpersonal Adequacy

1. DOMINANCE (Do)

The *Purpose* of the dominance scale is to assess factors of leadership ability, dominance, persistence and social initiative. *High Scorers* are described as aggressive, confident, persistent, and planful; as being persuasive and verbally fluent; as self-reliant and independent; and as having leadership potential and initiative

Low Scorers are described as retiring, inhibited, commonplace, indifferent, silent and unassuming; as being slow in thought and action; as avoiding of situations of tension and decision; and as lacking in self-confidence.

2. CAPACITY FOR STATUS (Cs)

The *Purpose* of the Cs scale is to serve as an index of an individual's capacity for status (not his actual or achieved status). The scale attempts to measure the personal qualities and attributes which underlie and lead to status.

High Scorers on this scale are described as ambitious, active, forceful, insightful, resourceful, and versatile; as being ascendant and self-seeking; effective in communication; and as having personal scope and breadth of interests.

Low Scorers are described as apathetic, shy conventional, dull, mild, simple, and slow; as being stereotyped in thinking; restricted in outlook and interests; and as being uneasy and awkward in new or unfamiliar social situations.

3. SOCIABILITY (Sy)

The *Purpose* of the Sy scale is to identify persons of outgoing, sociable, participative temperament.

Higher Scorers on this scale are described as outgoing, enterprising, and ingenious; as being competitive and forward; and as original and fluent in thought.

Low Scorers on this scale are seen as awkward, conventional, quiet, submissive, and unassuming; as being detached and passive in attitude; and as being suggestible and overly influenced by others' reactions and opinions.

4. SOCIAL PRESENCE (Sp)

The *Purpose* of the Sp scale is to assess factors such as poise, spontaneity and self-confidence in personal and social interaction.

High Scorers on this scale are described as clever, enthusiastic, imaginative, quick, informal, spontaneous, and talkative; as being active and vigorous; and as having an expressive, ebullient nature.

Low Scorers on the Sp scale are described as deliberate, moderate, patient, self-restrained, and simple; as vacillating and uncertain in decision; and as being literal and unoriginal in thinking and judging.

5. SELF-ACCEPTANCE (Sa)

The *Purpose* of the Sa scale is to assess factors such as sense of personal worth, self-acceptance, and capacity for independent thinking and action.

Higher Scorers on this scale are described as intelligent, outspoken, sharp-witted, demanding, aggressive, and self-centered; as being persuasive and verbally fluent; and as possessing self-confidence and self-assurance.

Low Scorers on this scale are described as methodical, conservative, dependable, conventional, easygoing, and quiet; as self-abasing and given to feelings of guilt and self-blame; and as being passive in action and narrow in interests.

6. SENSE OF WELL-BEING (Wb)

The *Purpose* of the Wb scale is to identify persons who minimize their worries and complaints, and who are relatively free from self-doubt and disillusionment.

High Scorers on this scale are described as energetic, enterprising, alert, ambitious and versatile; as being productive and active; and as valuing work and effort for its own sake.

Low Scorers on this scale are described as unambitious, leisurely, awkward, cautious, apathetic, and conventional; as being self-defensive and apologetic; and as constricted in thought and action.

Class II. Measures of Socialization, Maturity,
Responsibility, and Intrapersonal Structuring of Values

7. RESPONSIBILITY (Re)

The *Purpose* of the Re scale is to identify persons of conscientious, responsible, and dependable disposition and temperament.

High Scorers are described as planful, responsible, thorough, progressive, capable, dignified, and independent; as being conscientious and dependable; resourceful and efficient; and as being alert to ethical and moral issues.

Low Scorers are described as immature, moody, lazy, awkward, changeable, and disbelieving; as being influenced by personal bias, spite, and dogmatism; and as under-controlled and impulsive in behavior.

8. SOCIALIZATION (So)

The *Purpose* of the So scale is to indicate the degree of social maturity, integrity, and rectitude which the individual has attained.

High Scorers are described as serious, honest, industrious, modest, obliging, sincere, and steady; as being conscientious and responsible; and as being self-denying and conforming.

Low Scorers are described as defensive, demanding, opinionated, resentful, stubborn, headstrong, rebellious, and undependable; as being guileful and deceitful in dealing with others; and as given to excess, exhibition, and ostentation in their behavior.

9. SELF-CONTROL (Sc)

The *Purpose* of the Sc scale is to assess the degree and adequacy of self-regulation and self-control and freedom from impulsivity and self-centeredness

High Scorers are described as calm, patient, practical, slow, self-denying, inhibited, thoughtful and deliberate; as being strict and thorough in their own work and in their expectations for others; and as being honest and conscientious.

Low Scorers are described as impulsive, shrewd, excitable, irritable, self-centered, and uninhibited; as being aggressive and assertive; and as overemphasizing personal pleasure and self-gain.

10. TOLERANCE (To)

The *Purpose* of the To scale is to identify persons with permissive, accepting, and non-judgmental social beliefs and attitude.

High Scorers are described as enterprising, informal, quick, tolerant, clear-thinking, and resourceful; as being intellectually able and verbally fluent; and as having broad and varied interests. *Low Scorers* are described as suspicious, narrow, aloof, wary, and retiring; as being passive and overly judgmental in attitude; and as disbelieving and distrustful in personal and social outlook.

11. GOOD IMPRESSION (Gi)

The *Purpose* of the Gi scale is to identify persons capable of creating a favorable impression, and who are concerned about how others react to them.

High Scorers are described as co-operative, enterprising, outgoing, sociable, warm and helpful; as being concerned with making a good impression; and as being diligent and persistent.

Low Scorers are described as inhibited, cautious, shrewd, wary, aloof, and resentful; as being cool and distant in their relationships with others; and as being self-centered and too little concerned with the needs and wants of others.

12. COMMUNALITY (Cm)

The *Purpose* of the Cm scale is to indicate the degree to which an individual's reactions and responses correspond to the modal ("common") pattern established for the inventory.

High Scorers are described as dependable, moderate, tactful, reliable, sincere, patient, steady and realistic; as being honest and conscientious; and as having common sense and good judgment.

Low Scorers are described as impatient, changeable, complicated, imaginative, disorderly, nervous, restless, and confused; as being guileful and deceitful; inattentive and forgetful; and as having internal conflicts and problems.

Class III. Measures of Achievement Potential and Intellectual Efficiency

13. ACHIEVEMENT VIA CONFORMANCE

The *Purpose* of the Ac scale is to identify those factors of interest and motivation which facilitate achievement in any setting where conformance is a positive behavior.

High Scorers are described as capable, co-operative, efficient, organized, responsible, stable, and sincere; as being persistent and industrious; and as valuing intellectual activity and intellectual achievement.

Low Scorers are described as coarse, stubborn, aloof, awkward, insecure, and opinionated; as easily disorganized under stress or pressures to conform; and as pessimistic about their occupational futures.

14. ACHIEVEMENT VIA INDEPENDENCE (Ai)

The *purpose* of the Ai scale is to identify those factors of interest and motivation which facilitate achievement in any setting where autonomy and independence are positive behaviors.

High Scorers are described as mature, forceful, strong, dominant, demanding, and foresighted; as being independent and self-reliant; and as having superior intellectual ability and judgment.

Low Scorers are described as inhibited, anxious, cautious, dissatisfied, dull, and wary; as being submissive and compliant before authority; and as lacking in self-insight and self-understanding.

15. INTELLECTUAL EFFICIENCY (Ie)

The *Purpose* of the Ie scale is to indicate the degree of personal and intellectual efficiency which the individual has attained.

High Scorers are described as efficient, clear-thinking, capable, intelligent, progressive, planful, thorough, and resourceful; as being alert and well-informed; and as placing a high value on cognitive and intellectual matters.

Low Scorers are described as cautious, confused, easygoing, defensive, shallow, and unambitious; as being conventional and

stereotyped in thinking; and as lacking in self-direction and self-discipline.

Class IV. Measures of Intellectual and Interest Modes

16. PSYCHOLOGICAL-MINDEDNESS (Py)

The *Purpose* of the Py scale is to measure the degree to which the individual is interested in, and responsive to, the inner needs, motives, and experiences of others.

High Scorers are described as observant, spontaneous, quick, perceptive, talkative, resourceful, and changeable; as being verbally fluent and socially ascendant; and as being rebellious toward rules, restrictions, and constraints.

Low Scorers are described as apathetic, peaceable, serious, cautious, and unassuming; as being slow and deliberate in tempo; and as being overly conforming and conventional.

17. FLEXIBILITY (Fx)

The *Purpose* of the Fx scale is to indicate the degree of flexibility and adaptability of a person's thinking and social behavior.

High Scorers are described as insightful, informal, adventurous, confident, humorous, rebellious, idealistic, assertive, and egoistic; as being sarcastic and cynical; and as highly concerned with personal pleasure and diversion.

Low Scorers are described as deliberate, cautious, worrying, industrious, guarded, mannerly, methodical, and rigid; as being formal and pedantic in thought; and as being overly deferential to authority, custom, and tradition.

18 FEMININITY (Fe)

The *Purpose* of the Fe scale is to assess the masculinity or femininity of interests. (High scorers indicate more feminine interests, low scores more masculine.)

High Scorers are described as appreciative, patient, helpful, gentle, moderate, persevering, and sincere; as being respectful and accepting of others; and as behaving in a conscientious and sympathetic way.

Low Scorers are described as outgoing, hard-headed, ambitious, masculine, active, robust, and restless; as being manipulative and opportunistic in dealing with others; blunt and direct in thinking and action; and impatient with delay, indecision, and reflection.

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APPENDIX D

EFFECTS OF THE COMBINATION OF PERCEPTION AND JUDGMENT*

Sensing plus Thinking, ST people are mainly interested in facts, since facts are what can be collected and verified directly by the senses--by seeing, hearing, touching, etc. And they make decisions on these facts by impersonal analysis, because the kind of judgment they trust is thinking, with its step-by-step process of reasoning from cause to effect, from premise to conclusion.

Sensing plus Feeling, SF people are also interested in facts, but make their decisions with personal warmth, because the kind of judgment they trust is feeling, with its power to weigh how much things matter to themselves and others.

Intuition plus Feeling, NF people make decisions with the same personal warmth. But, since they prefer intuition, their interest is not in facts but in possibilities, such as new projects, things that have not happened yet but might be made to happen, new truths that are not yet known but might be found out, or, above all, new possibilities for people.

Intuition plus Thinking, NT people share the interest in possibilities. But, since they prefer thinking, they approach these possibilities with impersonal analysis. Often the possibility they choose is a theoretical or technical one, with the human element more or less ignored.

The columns in figure 8 present some of the possible results of these combinations.

People who prefer:	ST SENSING + THINKING	SF SENSING + FEELING	NF INTUITION + FEELING	NT INTUITION + THINKING
focus their their attention on:	Facts	Facts	Possibilities	Possibilities
and handle these with:	Impersonal analysis	Personal warmth	Personal warmth	Impersonal analysis
Thus they tend to become:	Practical and matter-of-fact	Sympathetic & friendly	Enthusiastic & insightful	Logical and ingenious
and find scope for their abilities in:	Technical skills with facts and objects	Practical help and services for people	Understanding & communicating with people	Theoretical & technical developments
for example:	Applied science, Business Production Construction Etc.	Patient care Community service Sales Teaching Etc.	Behavioral science Research Literature & art, Teaching Etc.	Physical science Research Management Forecasts & Analysis Etc.

ILLUSTRATION 8: Elucidation of Types

If you can tell which column comes closest to describing you, you can tell which two of the four processes (sensing, intuition, thinking and feeling) you naturally use most. One of those two will be your "favorite" process. The other is the "auxillary" which supplies perception if the favorite is a judging process (T or F), or supplies judgment if the favorite is a perceptive process (S or N). Your greatest strengths come from the two you like, and it is important to trust and develop them. However, for some purposes, your less-liked kinds of perception and judgment will serve you much better--if you remember (and take the trouble) to use them.

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APPROVAL SHEET

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The dissertation is therefore accepted in partial fulfillment of requirements for the degree of Doctor of Philosophy.

Date

4-16-85


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