Sequential Analysis of Therapist and Client Influence Attempts Across the Course of Therapy: Novice Vs Experienced Therapists

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LOYOLA UNIVERSITY CHICAGO

SEQUENTIAL ANALYSIS OF THERAPIST AND CLIENT INFLUENCE ATTEMPTS ACROSS THE COURSE OF THERAPY: NOVICE VS EXPERIENCED THERAPISTS

A DISSERTATION SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL IN CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

LAWRENCE C. KATZ

CHICAGO, ILLINOIS

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Sequential Analysis of Therapist and Client
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Chapter I
INTRODUCTION

Psychotherapy process research involves the examination of interactions between psychotherapists and clients at both the overt, observable level and the covert level (including thoughts, perceptions, inner experiences, etc.). After World War II, researchers began applying the scientific method to the study of these counseling processes, initially using naturalistic methods and later analogue designs to control extraneous variables (Hill & Corbett, 1993). The 1970s were characterized by a growing sense of frustration within the field of psychotherapy process research, stemming from a proliferation of experimentally rigorous studies involving the counting of easily observable behaviors rather than the examination of complex covert phenomena such as transference, intentions, and perceptions.

Concurrently, the systems movement, begun in the 1950s, had been producing research on communication patterns within systems. (Bateson, 1958). Systems theorists began conceptualizing behavior in terms of circular causality, with interactants mutually influencing each other, rather than the linear model previously espoused by researchers. Systems theory and systemic research approaches soon became
integrated into other schools of thought, including psychoanalytic, behavioral, and humanistic theories (Hill & Corbett, 1993).

In the past decade, researchers have turned their attentions to therapists' intentions, client experiences, and critical events in the therapy process, with a burgeoning appreciation for client and therapist inner experiences as well as reciprocal causation. Therapists' intentions, the underlying reasons and goals for their interventions (Hill, 1990), have been examined using cued recall from audio- and video-tapes (Elliott & Feldstein, 1987; Hill & O'Grady, 1985; Martin, Martin, Meyer & Slemon, 1986). Client experiences, including feelings, perceptions of therapists' characteristics, and style of relating to the therapist have been explored by such means as the Experiencing Scale (Klein, Mathieu-Coughlan & Kiesler, 1986) and the Client Vocal Quality System (Rice & Kerr, 1986). Researchers have attempted to exert scientific control over covert, unobservable psychotherapy processes by conducting analogue studies, by imposing methodological structure through cued recall, and by limiting dependent variables through the use of pre-determined choice lists of response modes and intentions.

While psychotherapy researchers turned their investigative efforts to covert processes, social psychology was focusing on interactional and relational dynamics and
laying the foundation for Social Influence Theories, which could then be applied directly to the study of psychotherapy.

Social Influence

In 1961, Jerome Frank introduced the social influence model, the basic tenet of which is that, in any interaction, each party is attempting to influence every other party for his or her own purposes, and is simultaneously the object of the others' influence strategies (Strong, 1987).

The social influence model is an attempt to describe dynamics of behavior in social interactions, based on the assumption that the underlying reason for our ongoing attempts to influence others is that people control many of the materials and conditions we need to survive and grow, and are consequently the most important aspect of our environment. The function of interpersonal behavior is to control the other person (Claiborn, 1986). Influencing others to conform to behavior patterns hospitable to our needs is our most crucial life task.

Indeed, one cannot not influence another person (Brogdan, 1982). We are always observing what happens in relation to ourselves and we cannot avoid influencing what we observe. As systems theorists are fond of saying, one can never "not communicate", for the effort to abstain is in itself a very powerful communication (Wachtel, 1986).

Terms like "influence", "leadership", "persuasion", and
"power" are used interchangeably in the psychotherapy and social psychology literature (Kipnis, 1976). For the sake of simplicity, this dissertation will use the word "influence" throughout the discussion of psychotherapy processes.

Whatever the connotation of the words used, the basic assumption driving the study of influence is that, in any human relationship, one exerts influence if he or she can order the other to behave in a certain way, but also if he or she can provoke the other to behave in that way. Influence tactics are those maneuvers people use to exert control over their social world and so to make that world more predictable (Haley, 1969).

Given, then, that influence is an integral part of every interpersonal process, human interactions may be described in terms of certain dimensions of influence. Prevalent throughout the psychotherapy research and social psychology literature are such dimensions as: 1) symmetry, complementarity, and reciprocity; 2) dominance vs submission, and; 3) content vs relationship level.

Symmetry, complementarity, and reciprocity. A symmetrical interaction is one in which both speakers vie for control, for example, when both take a one-up, superior, controlling position. In symmetrical relationships, each person exhibits the right to initiate action, criticize, offer advice, and so on. On the other hand, a complementary
interaction is one in which both participants assume opposing control positions, such that one takes the one-up and the other takes the one-down stance (Tracey, 1985). In a complementary relationship, one interactant appears to be in the superior position, meaning that he or she initiates action, and the other appears to follow that action. Our interpersonal actions are designed to invite, pull, elicit, draw, entice, or evoke restricted classes of reactions from those with whom we interact, reactions which are complementary to our acts and confirm our self-definitions (Kiesler, 1983). Research shows that complementarity in a relationship is often related to success in that relationship (Duke & Nowicki, 1982). If complementary reactions are not forthcoming, the relationship will either not endure, or it will be altered in such a way that that complementarity is established (Kiesler, 1983).

Reciprocity in an interpersonal exchange represents the constant struggle by each person to control what sort of power relationship is to exist between them (Haley, 1963). Ordinary conversation is normally reciprocal in all aspects, from the smallest single interchange to the structure of the discourse as a whole, from concrete utterances to the abstract intentions behind them (Lakoff, 1982).

**Dominance vs submission.** Dominance means asymmetry in predictability. If B's behavior is more predictable based on A's past statements than conversely, then A is considered
dominant (Wampold, 1984). Because we invite complementary interactions, dominance induces submission and submission begets dominance (Duke & Nowicki, 1982; Kiesler, 1983).

**Content vs relationship level.** There are two levels of messages in interpersonal behavior: content and relationship. The content level refers to what is being communicated (semantic meanings) and the relationship level indicates the psychological relationship and communicates the sender's attitudes about the interpersonal positions they both occupy in the relationship. The sender's behavior inevitably affects the receiver's behavior, predisposing the receiver to make certain kinds of responses. So, to understand communication on the relationship level, one looks at the effects of the behavior on the receiver, i.e., in what position does it place the receiver and how does it alter the receiver's range of possible responses? (Claiborn, 1986).

**Influence Within Psychotherapy**

Psychotherapy, seen as a truly interpersonal process, similar to anything that goes on between two people in any other situation (Strupp, 1982), lends itself to examination through the looking glass of social influence. Society has always accorded the therapist a position of status and power (Tracey, 1991), but the interpersonal dynamics that govern psychotherapy are being increasingly viewed as the same that govern any other human relationship. We are in the midst of
a paradigm shift in the Kuhnian sense, with the growing belief that the proper study of psychotherapy is the study of the interpersonal transactions between client and therapist and the intrapsychic consequences of these transactions (Strupp, 1982).

Psychotherapy involves a two-way process of influencing that is defined by the respective role of each participant (Highlen & Hill, 1984). The successful exercise of influence is a reciprocal process in which both parties allow themselves to be influenced in order to influence the other, attempting to render the other's behavior hospitable to their own needs (Strong, 1987). We will first consider the influence strategies of the client and then the therapist.

**Client.** According to the interpersonal influence theory, an application of the social influence model, clients are expert influence agents who have developed powerful methods that seduce others into certain patterns of interaction and away from feared ("catastrophic") patterns. These patterns meet certain needs but frustrate others.

Clients are extremely adept at manipulating others covertly, with the hidden agenda of being accepted, liked and seen as competent, needs which have been largely frustrated. They enter therapy because of the perceived ineffectiveness of these influence attempts. Their methods of pursuing their purposes no longer achieve the desired effects or they have
unwanted side effects. When changes occurred in their lives, they likely adopted a "more of the same" philosophy, repeating powerful and intractable influence strategies relying on helplessness, withdrawal, self-punishment, or belligerence. These methods are highly resistant to others attempts at promoting change. Thus, although they avoid perceived dangers posed by others, they subvert the achievement of other objectives and frustrate the fulfillment of other needs (Strong, 1987).

Therapist. The other significant component of the system, the therapist, must be able to recognize clients' influence strategies and deduce the underlying needs and objectives associated with them. The therapist cannot rely on the client's own motivation to change, since fear, complacency, or lack of self-awareness minimize the motivation for growth. Although some degree of motivation to risk and change evolves from the client's pain and disequilibrium, the therapist must assist in animating the client to perceive and change destructive processes (Satir, 1967).

Haley (1963) stated that perhaps the issue most central to successful therapy is who is to control what occurs between the participants and thus control the treatment itself. He postulated that therapists must control the relationship in order for therapy to be successful. Strong (1968) suggested that therapists initially build a power
Sequential Analysis

base through expertness, attractiveness, and trustworthiness and in a second phase of influence, create attitude change by communicating dissonant information. Carson (1969) and Cashdan (1988) indicated a three-stage pattern in which the therapist initially takes a complementary stance and once a bond is established, acts in a noncomplementary way, finally ending therapy with a complementary relationship in which clients exhibit less submissive and hostile behavior.

Drawing upon Interpersonal Influence Theory, Tracey (1986) theorized that three stages of influence patterns, throughout the course of therapy, are necessary for successful outcome. In the early stages of therapy, the therapist adheres to the client's expectations and influence attempts in the interest of allowing the client to feel understood and valued. When the therapy relationship enters the middle stage, the therapist has reinforced the client's unrealistic definition of the relationship by accepting that definition. This stage is then characterized by the therapist changing tactics and not acting so much in accordance with the client's realtionship definition. The client resorts to powerful and unrealistic ploys in an attempt to influence the therapist to return to earlier ways of acting. With time, the client is forced to adopt more realistic views of the relationship, and this openness to a mutual relationship definition is a sign of healthier functioning. Finally, in the late stage of therapy, the
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client becomes less wedded to unrealistic, unilateral
definitions of what is to occur in the relationship. This
growth is reflected and reinforced in relationships outside
the therapy dyad, and therefore the therapist is no longer
needed.

Purpose of the Study

The purpose of this dissertation is to examine the ways
in which members of therapeutic dyads attempt to influence
each other. This includes an analysis of how therapist and
client influence attempts and the complementarity of these
attempts change over the course of therapy. In addition,
this study addresses how therapy with experienced therapists
compares to therapy with novice therapists with respect to
influence styles and patterns of complementarity.

In keeping with the current appreciation for systemic
or circular models of causality, both therapist and client
behaviors are addressed and are analyzed using sequential
analysis, an innovation which has begun revealing lawful
correspondence between therapist and client behaviors (e.g.,
Hill, Carter, & O'Farrell, 1983; Hill, Helms, Tichenor,
Spiegel, O'Grady, & Perry, 1988; Lichtenberg & Barke, 1981;
Lichtenberg & Hummel, 1976; Martin, Martin, & Slemon, 1987;
Wampold & Kim, 1989).

Naturalistic research has re-emerged as a widely used
design in the 1980s, in reaction to perceived limitations of
analogue studies (Hill & Corbett, 1993). The current study
uses audiotapes of actual therapy sessions.

In addition, although the observations made in this study are driven by theory, the processes are examined without preconceived notions or null hypotheses. This exploratory approach has been encouraged by several researchers as a productive method of studying psychotherapy processes (Elliott, 1984; Hill, 1990; Hill & Corbett, 1993; Mahrer, 1988). Analyzing process dynamics at different points in the course of therapy also increases the relevance of findings by addressing contextual variables.

Finally, comparing the behavior styles of experienced and novice therapists provides information to clinicians about what works in therapy and guides training programs based on those findings (Hill & Corbett, 1993). Hence, the significance of this study is that the patterns of therapist and client influence attempts across the course of therapy can be described as a guide for practice and training in psychotherapy.

**Summary of introduction.** This chapter presented the historical foundation for this study, within the context of psychotherapy process research, and defined the constructs relevant to the study of influence in psychotherapy. The therapy relationship may be viewed as a social influence process in which both members of the dyad attempt to influence each other. The current study examined this reciprocal process using a strategy that is in keeping with
the current state of the field in the following ways: 1) both therapist and client behaviors are addressed, recognizing the circular, or systemic nature of human interactions and relationships; 2) the therapy relationship is naturalistic (an actual therapy dyad) rather than analogue, thus helping to ensure the clinical generalizability of the findings; 3) sessions from across the course of therapy are analyzed, appreciating that relationships are dynamic and ever-changing and allowing examination of these changes over the course of therapy; 4) and the behaviors of experienced therapists and their clients are compared to those of novice therapist, thereby providing information that may be useful to the development and training of psychotherapists. The following chapter provides a comprehensive view of the historical emergence of these concepts within the field of psychotherapy process research and discusses the theoretical rationale for the research questions guiding this study.
Chapter II

Review of the Literature

The purpose of this study is to investigate how clients and therapists attempt to influence each other, how these attempts change across the course of therapy, and how they differ from novice to experienced therapists. The review will begin by surveying psychotherapy process research as a whole, to provide a framework for the current study. Then, the social influence literature will be reviewed, providing the theoretical rationale for the study of influence in relationships. Finally, literature addressing the construct of social influence within the psychotherapy relationship will be presented, with particular attention to the theoretical models from which the research questions are formulated.

Review of Psychotherapy Process Research

The development of psychotherapy process research can be traced to the middle of the 20th century, concurrent with the inception of counseling psychology. This review will discuss each decade since then, with respect to the developments within psychotherapy process research that precipitated the present study.

Prior to 1950. According to a recent article by Hill and Corbett (1993), two main influences set the stage for the formal examination of the helping process: the advent of audio recording and the post-World War II rationalist belief
in the scientific method in the United States. Audio recording provided a moment-by-moment representation of the therapy session which could then be content analyzed (Kiesler, 1973). Early researchers found that therapy sessions could be recorded with no significantly adverse effects on the participants (Dittes, 1959). At the same time, the great demand for psychological services in the United States following World War II brought the accountability of the helping professions to the fore (Pepinsky, Hill-Frederick, & Epperson, 1978), while researchers espoused an institutional commitment to the application of scientific principles to remedy problems (Schwebel, 1984).

In 1938, Frank Robinson began recording student therapists, analyzing over 100 sessions in ten years. Having developed categories for therapist and client behavior, such as silence, reflection, and interpretation, Robinson's group found that therapist remarks did have an impact on the clients' following statements. He further noted that the type of therapist statements used differed among various therapists, but each therapist tended to use the same types of statements with different clients (Robinson, 1950).

More recently, the reliability of this research strategy, involving the coding of transcribed audiotapes, has been called into question. Perlmutter, Paddock, Duke, and Marshall (1985) used Kiesler's communication theory to
investigate how verbal and nonverbal cues contribute to communication of personality styles (hostile/friendly; dominant/sumissive). Sixty four raters coded sessions presented in three different ways: audiotape, videotape, and audiovisual presentations. They found that different modes of presentation resulted in varying accuracies in judging message styles. On the other hand, Jones and Windholz (1990) transformed clinical data from a six-year course of psychoanalysis into quantitatively analyzable form using transcribed audiotapes. They found that raters' descriptions of the analytic hour were highly reliable. Thus, although some recent literature has pointed to the relevance of mode of presentation in conducting psychotherapy process research, the transcribed audiotape strategy introduced by Robinson continues to be the method of choice for many researchers.

The 1950s. In the 1950s, Carl Rogers and his colleagues began subjecting their client-centered therapy sessions to scientific scrutiny (Truax and Carkhuff, 1967; Truax & Mitchell, 1971). This early process research was naturalistic, (involving examinations of actual therapy sessions), detailed in its analysis of individual segments of operationalized verbal behavior, and dualistic in its consideration of both client and therapist activity (e.g., Porter, 1943; Seeman, 1949; Snyder, 1945). Today, humanistic, or Rogerian psychotherapists continue to study
the therapy hour, exploring such global constructs as belief systems, warmth, empathy, genuineness, and the therapeutic relationship (e.g., Barton, 1992; Cramer, 1993; Lowenstein, 1993; Merrill & Andersen, 1993; Withers & Wantz, 1993).

The 1960s. In the ensuing decade, researchers progressed from simple descriptions of behavior to interpretive levels of examination (Hill, 1982). For example, researchers analyzed clients' needs (Gottschalk & Glesser, 1969), therapists' depth of interpretation (Strupp, 1957), therapist empathy, warmth, and genuineness (Carkhuff, 1969; Truax & Carkhuff, 1967), and client experiencing (Klein, Mathieu, Gendlin & Kiesler, 1970) and self-exploration (Carkhuff, 1969).

Also in the 1960s, debates began over how much control the therapist should exert. Rogers took the position that the therapist needs to minimize control and influence, while Skinner contended that the therapist should actively assert influence over the client (Rogers & Skinner, 1966). Tracey (1991) states that, in the past 25 years, our knowledge of influence within psychotherapy does not appear to have progressed much beyond the issues expressed in that debate.

Process researchers today continue to explore such interpretive, difficult-to-operationalize constructs as therapists' perceptions of client expectations (Tinsley, Bowman, & Barich, 1993) and clients' perceptions of therapist empathy, competence, and trust (Curtis, 1992).
Hill (1990) states that the shift from simple to interpersonal descriptions of psychotherapy is potentially important because it yields approaches that go beyond examining individual contributions to the therapy process to examine the system created by the two members of the therapy dyad.

The 1970s and 1980s. The seventies and eighties brought the emergence of analogue research designs in studying psychotherapy processes (Hill & Corbett, 1993). A departure from the early naturalistic studies, analogue research enabled experimental control of extraneous variables in a laboratory setting in which the independent variable was manipulated. As this methodology permitted the testing of causal relationships (Gelso, 1979), it quickly became the design of choice for many process researchers (e.g., Auerswald, 1974; Highlen & Baccus, 1977; Hill & Gormally, 1977; Hoffman & Spencer, 1977). However, researchers found analogue designs to be limited in generalizability and clinical relevance (Hill & Corbett, 1993; Spiegel & Hill, 1989). Heppner, Menne, and Rosenberg (1986) observed that 44% of the studies reviewed were based on approximately 10 minutes of stimulus material. Furthermore, Heppner and Dixon (1981) reviewed 51 studies of influence in therapy and found that none met all five of Strong's (1971) guidelines for analogue psychotherapy research. These guidelines are: (a) Conditions in a
laboratory setting should approximate those that exist in a natural setting; (b) a difference in status should be imposed upon the two individuals attempting to approximate the therapy relationship; (c) the duration of therapy should be specified; (d) subjects should be motivated to change, as are most people who seek therapy; and (e) researchers should identify behaviors in subjects that approximate clients' strong personal investment. Of the studies reviewed, 29 did not meet any of these conditions, 16 met only the first two, five fulfilled three, and only one met four of the five conditions (Heppner & Dixon, 1981). As Hill and Corbett (1993) summarized, "Essentially, the more similar the research setting is to the counseling setting, the greater the degree to which the results can be generalized to therapy" (p. 14).

Hill and Corbett (1993) suggest that the seventies were characterized by a growing pessimism with psychotherapy process research. They site critics who observed a proliferation of experimentally rigorous research (Goldman, 1976; Malan, 1973; Marsden, 1971; Strupp, 1973) in which easily observable behaviors were tallied, but the study of covert phenomena, such as transference, was largely ignored. Others began to question the relevance of findings to practice (Elliott, 1983; Goldman, 1976, 1979; Gurman, 1984) and suggested that process researchers had borrowed methods from the physical sciences that may be inappropriate to the

The 1990s. Currently, the field of psychotherapy process research is experiencing methodological advances and is integrating research from related fields: (a) Although analogue methods of the past are now believed to serve some research questions appropriately (Lundeen, 1992; Lyddon & Adamson, 1992), naturalistic designs appear to be returning to prominence (e.g., Lineham, Heard, & Armstrong, 1993; Jones & Windholz, 1990; (b) circular models of causality, provided by the systems movement of the 1950s, are increasingly guiding research design (Braverman, 1993; Heppner, Rosenberg, & Hedgespeth, 1992; Ingamells, 1993; Meacci, 1993; Nagy, Krystal, Charney, & Merikangas, 1993; Smith, 1993); (c) the development of sequential analysis techniques is increasing our capacity to address reciprocal causality within therapy relationships (Edelmann, 1992; Holloway, Wampold, & Nelson, 1990; Gardner, 1993; Yoder, 1994; Yoder & Tapp, 1990); and (d) social influence theorists have provided models of interpersonal behavior which are beginning to be applied to the study of psychotherapy (Curtis, 1992; Friedlander, 1993; Friedlander, Wildman, & Heatherington, 1991; Heatherington & Friedlander, 1990; Tracey, 1987, 1991). The remainder of this review will explore these social influence theories and their application to the study of the psychotherapy processes.
Social Influence

In reviewing the social influence literature, it becomes apparent that three parallel developments occurred around the 1950s, coinciding with the beginnings of psychotherapy process research, all of which contributed to our current understanding of influence within social relationships. These include: (a) Sullivan's (1953) interpersonal theory and Leary's (1957) related interpersonal classification; (b) the systems movement, with its focus on circular causality within systems; and (c) Frank's (1961) social influence model. This section will discuss these three developments respectively and review the relevant literature. Finally, interpersonal influence theory, the clinical application arising from these three models, will be explored addressing influence within the psychotherapy relationship.

Interpersonal theory. In 1953, Sullivan proposed that most problems in life are interpersonal in nature, challenging the prevailing psychoanalytic assumption that problems arise from intrapsychic phenomena (Hill & Corbett, 1993). This interpersonal theory is believed by many to have significant implications for the study of personality, abnormality, and psychotherapy (Clarkson, 1992; Friedlander, 1993; Gerson, 1993; Goodheart, 1993; Kiesler, 1992; Safran, 1992; Thompson, Hill, & Mahalik, 1991).

Leary (1957) postulated that interpersonal behaviors
could be classified on a two-dimensional interpersonal circle, with the dimensions of power (dominance vs. submission) and affiliation (love vs. hate) on the axes. He and Sullivan agreed that behaviors that are opposite on one axis and similar on the other could be considered complementary, contributing to harmony within relationships.

This classification of interpersonal behaviors coincided with a proliferation of two-dimensional measures with which to study relationships, such as the Interpersonal Check List (ICL; LaForge & Suczek, 1955; Leary, 1957), the Interpersonal Behavior Inventory (IBI; Lorr & McNair, 1965, 1967), the Interpersonal Adjective Scales (IAS; Wiggins, 1979), and the Impact Message Inventory (IMI; Kiesler, et al., 1976; Perkins, Kiesler, Anchin, Chirico, Kyle, & Federman, 1979). Subsequently, a large body of research reviewed by Berzins (1977), Bierman (1969), Carson (1969), DeVogue & Beck (1978), Foa (1961), and Wiggins (1982) confirmed that interpersonal behavior represents the joint expression of the two underlying dimensions of power and affiliation. These findings supported the assumption that interactants, in each transaction, negotiate mutually satisfying definitions of the relationship in terms of who is to be more or less in control or dominant and what is to be the shared level of friendliness or hostility (Kiesler, 1983, 1992). According to Wiemann (1985), those involved in social relationships develop routines that reinforce the
distribution of control in their relationships. The lack of explicit attention to control issues necessitates that relational partners monitor and mutually "fine tune" their understanding of the allocation of control and mutual influence. He further suggests that, although any single conversation will not necessarily result in the redefinition of a relationship, interactions can serve as microcosms of relationships, and if enough conversation between relational partners is studied, an accurate description of the relationship can be drawn.

Hence, researchers have studied structural features of conversation, such as time spent holding the floor (Cappella, 1983), topic control (Tracey, 1991), and interruptions (Alfred, 1992), to examine the display and/or negotiation of influence within relationships. In the 1980s, researchers shifted their focus from the characteristics of individuals (e.g., who has the most influence in a dyad) to those of the relationship (e.g., how is influence distributed in a dyad and how is a pattern of influence established) (Wiemann, 1985). Through this research, influence emerged as the factor which accounts for the most explained variance in the way people describe their relationships (Heppworth, 1980; Rogers, 1980; Roloff & Campion, 1985). Today, the construct of influence in relationships continues to be the focus of research explorations (e.g., Curtis, 1992; Friedlander, 1993;

Concurrent with the emerging interest in patterns of influence within conversations and relationships, Berne's (1954) Games People Play provided a series of anecdotes to illustrate how people manipulate each other in order to achieve their own ends in social interactions. He defined a game as "...an ongoing series of complementary ulterior transactions progressing to a well-defined, predictable outcome" (p. 48), or more colloquially, as a series of transactions with a gimmick (Clarkson, 1992; James & Jongeward, 1981).

The goal of interactions was described as obtaining as many satisfactions as possible from others, satisfactions being: relief from tension; avoidance of noxious situations; procurement of "strokes"; and maintenance of an established equilibrium. He went on to categorize interactions as complementary (appropriate and expected) or crossed (conflictual), simple (direct) or ulterior (game-playing). Berne's transactional analysis reflects science's growing interest in relational influence in the 1950s, and the development of transactional analysis theory continues today (Clarkson, 1992; Drego, 1993; Rath, 1993; Summerton, 1993).

The systems movement. Also beginning in the 1950s, therapists observed families of schizophrenic children and reported their findings of family communication patterns
(e.g., Bateson, Jackson, Haley, & Weakland, 1956). As these therapists began treating entire families, underlying assumptions about the nature of psychological disturbance shifted from the intrapsychic to the systemic. Von Bertalanffy (1968) described a system as an organized whole that is greater than the sum of its parts and proposed that behavior within a system is to be described in terms of circular patterns, recognizing interactants' mutual influence upon each other. This general systems theory suggested that all systems strive to maintain an equilibrium, or homeostasis, while concurrently managing changes, such as a family coping with inevitable life cycle transitions (Curtis, 1992; Minuchin, 1985).

With the emergence of general systems theory, the field of psychotherapy began viewing the client's behavior as a symptom of the distress within the family system (Fitzgerald and Osipow, 1988) and research attentions turned to interaction patterns within systems (Hill & Corbett, 1993).

Viewing interaction as social exchange, Roloff and Campion (1985) describe the norm of reciprocity, the shared expectation that the recipient of a resource is obligated to and at some time will return to the giver a resource roughly equivalent to that which was received. They posit that violations of reciprocity are a major source of marital and family dissatisfaction, and they found that distressed and nondistressed families differed in their resource exchange
(Roloff & Campion, 1985). Interactions, in systems theory, are viewed as the means by which individuals acquire supplies of resources needed to control their environment (Clarkson, 1992; Foa & Foa, 1974). Six resources supported by research are love, status, services, information, goods, and money (Curtis, 1992). If dissimilar resources are exchanged, satisfaction is lower than if identical or similar resources are traded (Rath, 1993).

Systems and communication researchers studying social exchange identified five paradigms of interactions: (a) partners give one another resources (an exchange); (b) partners deny each other resources (an argument); (c) one party provides restitution to his or her victim (A takes from B, then gives to B); (d) one party is unconditionally benevolent (A takes, then B gives); and (e) one acts in a selfish manner toward the other (A gives, B takes).

Individuals act in a manner calculated to maximize their profits in social interactions, where a profit is the total gains minus the total costs associated with a given behavior (Summerton, 1993).

Behavior in social interactions is determined by the control definition of the relationship, and the person who can regulate the conversation is in a good position to impose his or her allocation of control on the relationship (Tracey, 1991; Weimann, 1985). Commitment to future interaction (Friedlander, 1993) and a low power position
(Heatherington & Friedlander, 1990) induce a cooperative response in a member of a dyad. When both parties know their relative power, the high-power member can achieve control by making contingent promises of the "if-then" form (Slusher, Rose, & Roering, 1978). One may influence another through threats, promises, punishment, reward, or persuasion (Tedeschi, Schlenker, & Bonoma, 1973). When the mode of influence is to threaten, exploitive behavior is rated as being more powerful than accommodative behavior, but when attempting to influence through persuasive communication, accommodative behavior is rated as more effective than exploitive behavior (Kiesler, 1992; Rogers & Bagarozzi, 1983). Depending on which form of influence is used, the source can maximize his or her effectiveness by displaying the appropriate intentions to the target.

Systems theorists have attempted to define the construct of control, power, or influence within relationships, and have reached minimal agreement. Control has been defined as the constellation of constraints people place on one another by the manipulation of both interactional structure and content (Weimann, 1985), the probability that a person can carry out his or her own will despite resistance (Weber 1947), the ability to determine the behavior of others in accord with one's own wishes (Tedeschi, Schlenker, & Bonoma, 1973), the capacity to control, regulate, or direct the behavior of persons or
things (Maddux, Stoltenberg, & Rosenwein, 1987), and any behavioral changes in one person that can at least partially be attributed to the actions of another (powerful) person (Kiesler, 1992). Despite an abundance of systems research on relational dynamics of influence, there remains little consensus about the meaning of influence or its application to concrete social circumstances (Bacharach & Lawler, 1980; Tracey, 1991).

Because theories of influence within human interactions and relationships provide constructs which are pantheoretical, and which have already been applied to many theoretical orientations (Hill & Corbett, 1993), research focusing on social influence may have broad applications within the field of psychotherapy (Pentony, 1981; Curtis, 1992). The systems movement provides a language for discussing these constructs, and the social influence model provides the theoretical basis for recognizing their significance within psychotherapy relationships.

Social influence model. In the midst of the systems movement, Frank (1961) introduced the social influence model, which spawned several theories recognizing the importance of influence within social interactions (e.g., Dorn, 1984, 1986; Friedlander & Schwartz, 1985; Maddux, Stoltenberg, and Rosenwein, 1987; Strong, 1987; Tennon, Rohrbaugh, Press, & White, 1981).

The purpose of the social influence model is to
describe the dynamics of behavior in interactions. It posits that people use interactions to render the environment hospitable to their needs. The social environment is composed of other people and their behaviors, and other people are the most important aspect of our environment because they control the materials and conditions we need to survive and grow. Therefore, influencing others to conform to our needs is our most crucial life task (Strong, 1987).

According to the model, each party in social interactions is attempting to influence every other party for his or her own purposes and is simultaneously the target of others' influence attempts. Therefore, how each individual presents himself or herself controls important aspects of the others' environment, and people can influence each others' behaviors by managing their impression of what they are like. Influencing others is a circular process: the person presents himself or herself in a way that invites others to attempt to achieve their purposes by emitting the behavior that achieves the person's purposes (Frank, 1961).

Three key concepts of the social influence model are self-presentations, needs, and objectives. A self-presentation is what a person says, how he or she says it, and how the person presents himself or herself as feeling and being while saying it (Strong, 1987). Because self-presentations are the tools people use to influence others, researchers have devoted investigative efforts toward
understanding the perceptual and behavioral impacts of different manners of self-presentation (e.g., Claiborn, 1986; Heppner & Claiborn, 1989; Strong & Hills, 1986). Strong and Hills (1986) developed the Interpersonal Communication Rating Scale (ICRS), a coding system used for research on self-presentations in which each verbalization is categorized as: leading, self-enhancing, critical, distrustful, self-effacing, docile, cooperative or nurturant. These categories were derived from Leary's (1957) power and affiliation dimensions. The ICRS coding manual (Strong & Hills, 1986; Strong, Hills, & Nelson, 1988) describes the use of videotapes in conjunction with written transcripts in coding speaker turns, but Tracey and Guinee (1990) found no difference in ratings when audiotapes were substituted for videotapes.

Needs determine the direction and purposes of behavior (Strong, 1987). Through experience, we learn what patterns of others' behaviors render our environment hospitable to our needs, and how to influence others to emit these patterns. An objective, then, is a pattern of another person's behavior that we have found to be associated with need fulfillment. From self-presentations, we learn to identify others' behavioral characteristics as we assess how our own self-presentations are likely to influence others (Frank, 1961).

The social influence model views interpersonal behavior
as driven by three factors: resource control, vulnerability, and influence. A person's self-presentations are seen as being dedicated to stimulating others to emit behaviors (objectives) that make available needed resources. One is vulnerable in the sense that others control the resources one needs. Vulnerability creates responsiveness to another, and a highly vulnerable person will modify his or her behavior to whatever pattern leads the other to make needed resources available. Hence, a person is able to influence another through control of resources the other needs. The successful exercise of influence is a reciprocal process in which each party allows himself or herself to be influenced in order to influence the other. The degree to which each influences the other is a function of each party's vulnerability to the other, as each party attempts to render the other's behavior hospitable to his or her needs (Strong, 1987).

The social influence model considers both first and second order behavior changes. First order behavior change involves a shift from one self-presentation to another in response to the other's behavior or changes in the person's prominent need states (Friedlander & Schwartz, 1985). First order change is observed in all interactions and demonstrates: (a) the person's understanding of the interpersonal significance of the other's self-presentations; (b) the person's objectives in the interaction; and (c) the person's
understanding of which self-presentations are most likely to invite the other to conform to the person's objectives. Objectives themselves may shift in an interaction as a result of dangers or opportunities aroused by the other's efforts to influence the person (Summerton, 1993; Strong, 1987).

Second order change involves a change in how one makes first order changes in response to another's behavior. It reflects: (a) changes in the person's understanding of other's behavioral characteristics; (b) changes in the objectives the person associates with obtaining needed resources; and/or (c) changes in the person's understanding of the likely effects of different self-presentations on others. Thus, second order change reflects fundamental changes in the person's interpersonal behavior, in that one projects a different self in interactions with others following a second order change. Second order change is believed to be facilitated when existing understandings and associations are ineffective in influencing the other and when influence is achieved or needs fulfilled in unexpected ways (Goldstein, Heller, & Sechrest, 1966; Summerton, 1993).

By describing the process of change through conversation, the social influence model provides a theoretical framework for the study of therapeutic change common to all therapy approaches. Research specifically examining the influence process within a psychotherapy
context will now be addressed.

**Influence Within Psychotherapy**

The importance of influence within the context of psychotherapy appears obvious, as therapists are in the business of influencing others to change (Alfred, 1992; Heller, 1985; Tracey, 1986, 1991). However, several authors note that the study of influence was largely neglected in process research until the 1980s (Curtis, 1992; Greenberg, 1991; Jones & Windholz, 1990; Hill, 1993; Summerton, 1993; Tracey, 1991). Throughout the previous 25 years, what little discussion of influence existed centered on debates over the extent to which therapists should exert control over client behavior (e.g., Ellis, 1972; Gilbert, 1980; Haley, 1963; Rogers, 1951; Strong, 1968). Tracey (1991) attributes this lack of progress to ambiguity in defining and operationalizing the construct of influence.

Tracey (1991) proposed a three-dimensional model of therapeutic control. He posited that control indices can be adequately described by three independent dimensions: intrapersonal definitions versus interpersonal definitions, form definitions versus effect definitions, and behavior versus perceptions.

Meetings of 26 clients with 1 of 14 therapists were audio recorded, and each participant was asked to complete control questionnaires after a middle session of therapy. The audiotapes were rated with 5 different control-coding
schemes: the Relational Communication Coding System (RCCS; Heatherington & Allen, 1984; Lichtenberg & Barke, 1981); the topic initiation/following system (Tracey, Heck, & Lichtenberg, 1981; Tracey & Ray, 1984); the Interpersonal Communications Rating Scale (ICRS; Strong & Ellis, 1986); and Penman's (1980) two coding schemes (Holloway, Freund, Gardner, Nelson, & Walker, 1989; Martin, Goodyear, & Newton, 1987), which involve coding at the manifest and at the latent levels.

The resulting sequential ratings were aggregated with 3 different methods: domineeringness, dominance, and dependence. Domineeringness is intrapersonal, involving the attempt to exert control by acting in a controlling manner, and uses straight frequency counts or proportions of controlling behaviors exhibited as the control measure. Dominance is interpersonal, involving "actual" control in that the responding participant acquiesces, and uses as its control measure the proportion of controlling behaviors that are actually adhered to by the other. Dependence focuses not on the control form, but on the predictability of any behavior (Gottman, 1979), and uses statistical dependence or predictability as it control measure. Thus, the dependence method of deriving a control index examines the effect of each behavior, not on the form of the behavior, as do the domineeringness and the dominance methods.

The 5 different control-coding schemes Tracey used and
the 3 methods of data aggregation yielded 15 different behavioral-control indices. Tracey also administered 3 measures of perceived control, or amount of control as rated by the therapist, client, and external raters: the Self and Rater Perceived Control Scales (PCS; Tracey, 1991); and the Checklist of Psychotherapy Transactions (CLOPT; Kiesler, 1984, 1987).

The correlation matrices of the 15 behavioral indices and three perceived-control indices were subjected to multidimensional scaling and cluster analysis. The results supported the three-dimensional model and suggested the relative independence of behavioral and perception definitions of control. That is, there was found to be two ways of characterizing the behavioral dimensions of control (interpersonal-vs.-intapersonal and form-vs.-effect) and a third independent dimension which differentiated behavioral definitions from global perceptions of control.

In the past decade, researchers have begun to view psychotherapy as an interpersonal process, not unlike anything that takes place between two people in any other situation (Curtis, 1992; Hill & Corbett, 1993; Strupp, 1982). This paradigm shift has enabled psychotherapy process research to benefit from the developments of Sullivan's interpersonal theory, the emergence of systems and communication theories, and the social influence model by applying related constructs and research methods toward
understanding processes within the psychotherapy relationship. The remainder of this review will examine the growing body of research addressing patterns of influence in psychotherapy, via five major definitions and measures.

**Methods and Measures of Influence**

Researchers have used a variety of methods for defining influence within psychotherapy, ranging from counting actual "controlling" behaviors to measuring participant and observer global judgements or perceptions of influence (Tracey, 1991). Much of the past research involved frequency counts or proportions of controlling behaviors (e.g., Hill, Thames & Rardin, 1979; Lee & Uhlemann, 1984), while many have argued that a more valid measure of influence would include the extent to which one's behavior leads to acquiescence from the other participant (e.g., Lichtenberg & Barke, 1981; Tracey, 1986). With respect to definitions of influence that rely on counting actual behaviors, researchers have used five major systems of coding client and therapist influence. These five methods will now be addressed.

**Relational Communication Coding System.** Relational communication coding (RCCS; Heatherington & Allen, 1984; Lichtenberg & Barke, 1981) involves coding each speaking turn as one of 50 types of response modes which are then translated as one-up, (assuming control), one-down, (yielding control), or one across (no control information).
conceptually, this translation into control intent is based on culturally stereotypic expectations of control (Ericson & Rogers, 1973; Rogers & Farace, 1975; Rogers-Millar & Millar, 1979). Each speaker turn in a written transcript is first given a three-digit code specifying the speaker, response mode (i.e., assertion, question, talk-over, noncomplete, or other), and the meaning of the message (support, nonsupport, extension, answer-instruction, order, disconfirmation, topic change, initiation-termination, or other). These codes are then translated, with one-up messages viewed as attempts at asserting influence, one-down messages as attempts at being influenced, and one-across messages as neutral with respect to influence (Ericson & Rogers, 1973).

Although several studies (Ayres & Miura, 1981; Folger & Sillars, 1980; Heatherington, 1988; O'Donnell-Trujillo, 1981) have examined the RCCS's construct, predictive, and criterion validity and have suggested reasonable validity, only two studies have examined the RCCS's validity in the therapy domain. Tracey and Miars (1986) compared RCCS's coding of dominance with a measure of dominance based on Tracey, Heck, and Lichtenberg's (1981) topic determination. A moderate convergence was found between the two measures. However, the RCCS pictured the client as having more control, whereas Tracey et al.'s scheme pictured the therapist as having more control. Heatherington (1988) studied observers' perceptions of control with five
different interaction styles (e.g., both one-up; one-up/one-down, etc.). They found that raters' perceptions were generally consistent with the coding, except for the one-up/one-down pattern, which included primarily questions and answers. These two studies indicated that refinement of the RCCS would improve its validity with regard to the coding of questions and answers (Friedlander & Heatherington, 1989).

Lichtenberg and Barke (1981) used the RCCS to analyze two initial sessions each by Carl Rogers, Fritz Perls, and Albert Ellis. Their purpose was to test Haley's (1963) assertion that the therapist should control the therapeutic relationship and what occurs in therapy. They found that the therapists did not have high levels of control over the client.

**Topic Initiation/Following System.** The topic initiation/following schema examines whether a response follows the topic of the previous verbalization or initiates a new topic (Tracey, 1985, 1986, 1987; Tracey, Heck, & Lichtenberg, 1981; Tracey & Miars, 1986; Tracey & Ray, 1984). When the first topic in a speaking turn differs from the last topic of the previous turn, it is rated as an initiation. It may differ from the previous topic in the following ways: 1) contains different content; 2) refers to a different person as subject; 3) contains a different time reference; 4) contains a different level of specificity; or 5) is an interruption (Crow, in 1983, found that
interruptions were highly related to topical control) (Tracey, 1991).

Tracey and Ray (1984) used the topic initiation/topic following schema to examine interpersonal control in all therapy sessions from three successful and three unsuccessful dyads. Focusing on which participant had greater control over what topics were discussed, they found that all therapists, regardless of outcome (successful or unsuccessful) had high levels of control over what was discussed during sessions. That is, when therapists initiated topics, clients tended to follow, whereas therapists following client initiations was much less common.

**Interpersonal Communications Rating Scale.** The ICRS (Strong & Hills, 1986; Strong, Hills, & Nelson, 1988; Strong, Hills, Kilmartin, et al., 1988) is a circumplex system based on Leary's (1957) power and affiliation dimensions. Speaking turns are coded into one of eight categories of Strong and Hills' Interpersonal Behavior Model, distinguishing dominant (leading, self-enhancing, critical, and nurturant) from submissive (distrustful, self-effacing, docile, and cooperative) behaviors. The coding manual for the ICRS (Strong & Hills, 1986; Strong, Hills, & Nelson, 1988) describes the coding of videotape and transcripts, but Tracey and Guinee (1990) found no difference in ratings when audiotapes are substituted for videotapes.
Tracey (1991) had two raters independently code middle sessions of 26 clients using the ICRS with audiotapes and transcripts. They found that ratings were similar the RCCS, Penman's manifest and latent systems, and topic initiation-following, when the same method of aggregating data was used. In addition, the ICRS yielded data regarding dominance that were minimally related to global perceptions. They concluded that having the other person follow one's stereotypic, overt control attempts is somewhat related to perceptions of control.

Penman's Manifest and Latent Coding Schemes. Finally, Penman's (1980) systems categorize speaking turns on the two dimensions of power and involvement, at both the manifest (literal) and latent (meaning) levels of communication. At the manifest level, each message is coded as one of nine categories and three degrees of strength (high, moderate, and low). These categories are: avoid, disagree, agress, exchange, advise, concede, agree, and support. Manifest level is the surface level of communication which reflects the explicit, literal content of a verbalization.

The latent level reflects the subtler messages that often modify the meaning of the manifest message. Verbalizations are coded on the basis of four degrees of strength (very high, high, low, very low) into 16 categories: remove, evade, counter, reject, relinquish, abstain, resist, control, submit, seek, offer, initiate,
cling, oblige, collaborate, and share. A graphic depiction of the two overlapping communication levels and the categories' placements on the two dimensions of power and involvement can be found in Appendix A.

Holloway, Wampold, and Nelson (1990) used the Penman coding system and sequential analysis to examine interactions of a couple and therapist before, during, and after a paradoxical intervention. They noted changes in interactional patterns following the therapist's intervention, including the de-escalation of a power struggle that had emerged before the intervention. They concluded that the use of content analysis of discourse and sequential statistical methods were useful techniques in examining the immediate impact of paradoxical interventions.

Summary of measures. Each of these five systems is based on assumptions about the nature of influence in psychotherapy, and the exact picture of control may be a function of the perspective taken (Tracey & Miars, 1986). As described earlier, Tracey (1991) compared measures of influence and methods of aggregating data. Three dimensions of influence emerged, interpersonal-vs.-intrapersonal, form-vs.-effect definitions, and behavior vs. perceptions. He found that research based on the different measures may be directly compared, but that the method of aggregation differentiates results based on their underlying assumptions. Thus, results from interpersonal (dominance)
methods might be compared with other interpersonal results but not with intrapersonal (domineeringness) results. Previous research found little if any correlation between the two definitions (Courtright, Millar, & Rogers-Millar, 1979; Gray, Richardson, & Mayhew, 1986; Tracey, 1986). Specifically, studies have found little correlation between one's attempts to exert influence by acting in an influencing manner and whether one actually achieves influence by having the other acquiesce.

Tracey and Miars (1986) compared two definitions used to study therapist interpersonal control: the relational coding scheme of Ericson and Rogers (1973) and the topic initiation/topic following scheme of Tracey and Ray (1984), as they apply to actual therapy dyads. All interactions of three psychotherapy dyads were coded independently according to each control coding scheme and then correlated to examine the overlap and to assess whether each yielded similar results. It was found that both schemata were moderately correlated, which indicates marginal convergent validity, but the two models attributed control to different participants. The Ericson and Rogers model yielded results with the client in control, whereas the opposite result was obtained when the topic initiation/following scheme was used. The authors concluded that therapists frequently respond in ways that do not fit in typical relationships and do not appear to exert control according to culturally defined
superior/subordinate definitions. Tracey and Miars further concluded that interpersonal control in psychotherapy is far from simple. They stated that, in areas crucial to the therapeutic relationship (e.g., topic), therapists exert considerable control and influence, but in areas less important to therapy, e.g., how things are stated and responded to, therapists could be viewed as having no control. The exact picture of control appears to be a function of the perspective taken.

Tracey (1991) recommended that, given the ascending view of therapy as a reciprocal interaction, researchers show a preference for interpersonal rather than intra-personal methods of data aggregation. Hill (1990) stated that these approaches are important because they go beyond examining individual contributions to the therapy process to examining the unique system created by the two individuals. They are also important because they have made extensive use of sequential analyses for examining how one participant's behaviors affect the other within subsequent turns in sessions.

In addition to the five major systems of counting influence behaviors, other researchers have asked participants and observers to provide their global perceptions of the amount of influence present in an interaction (Heatherington, 1988; Tracey & Miars, 1986). Only two studies found in the literature (Heatherington,
1988; Tracey, 1991) examined the relationship between global perceptions of influence and behavioral influence measures. These researchers found little relationship: that is, asking a participant or observer to give his or her perception of influence yields information that is different from the information obtained from behavioral measures. Tracey (1991) found that only having the other participant follow one's overt influence attempts was somewhat related to raters' perceptions of control \((z=0.51)\).

Having presented the major measures and methods used to examine influence within the psychotherapy relationship, this review will now explore the research conducted in this area: first considering the theories of influence in psychotherapy that have guided the research and then addressing the research itself in both individual and family therapy.

**Theory**

Haley (1963) stated that perhaps the most central issue in counseling is who is to control what occurs between the participants and thus control the treatment itself. Frank (1978) stated that all forms of psychotherapy, whatever their underlying theories, and whatever techniques they employ, attempt to promote beneficial changes in a patient's attitudes and symptoms through the influence of a therapist with whom the patient has a close relationship. All psychotherapies are concerned with using the influence of
the therapist to help patients to unlearn old maladaptive response patterns and to learn better ones. With regard to psychoanalysis, for example, Wachtel (1986) argued that the ideas and practices associated with therapeutic neutrality are deeply flawed and that analysts would do well to relinquish their ties to that solution to the hazards of doing psychotherapy. The stance of neutrality is designed to assure that the therapist does not disturb the transference or contaminate the field. Sullivan (1953), however, made it clear that the therapist cannot stay outside the field, since one cannot avoid influencing what one is observing.

Strong and Matross (1973) postulated that client change in therapy is a result of the psychological impact of the counselor's remarks on the client. A remark the client perceives to imply a change generates psychological forces impelling as well as restraining change within the client. Impelling forces arise from the power-dependence relationship between the counselor and client. Restraining forces are resistance and opposition. Counselor power arises from the correspondence of the client's need for change and the counselor's resources which mediate need fulfillment. Resistance arises from the perceived legitimacy of the counselor's proposing a change, while opposition is a function of the benefits of current behavior which would be lost if the change were made. They presented therapy as a
series of strategies that systematically operate on the magnitude and direction of the components of the behavior change process.

Several investigators have noted that the process of psychotherapy can be examined within the context of social power (Frank, 1961; Gillis, 1974; Haley, 1969; Hill & Corbett, 1993; Pentony, 1981; Strong, 1968). Strong (1968) contended that extrapolation of principles and research findings in social psychology to counseling psychology can increase our understanding of counseling and our effectiveness as counselors, because in counseling, the therapist attempts to influence the client to attain the goals of the counseling.

Specifically, Sullivan (1953) and Leary's (1957) interpersonal theory suggests that by eliciting complementary behaviors from the other, a person is able to maintain a sense of security or comfort in the relationship. Going beyond Leary, Carson (1969) suggested that psychotherapy clients could be described on the basis of their characteristic interpersonal style of power and affiliation and that the optimal therapeutic environment can be created when the therapist initially behaves in a complementary manner. For example, friendly-submissive clients would fare best with friendly-dominant therapists. He maintained also that complementarity should be reduced after the initial phase of therapy, so as to change the client's typical
interpersonal pattern and thereby modify the client's rigid and self-defeating interpersonal style (Friedlander, 1993).

More recent interpersonal theorists (e.g., Merrill & Andersen, 1993; Gerson, 1993; Goodheart, 1993; Kiesler, 1992; Safran, 1992; Thompson, Hill, & Mahalik, 1991), building on Carson's (1969) model, have outlined psychotherapeutic strategies for working with clients whose rigid and constricted interpersonal styles are related to their life predicaments. For example, two main features of Kiesler's (1982) model are that (a) initial complementarity is needed to build the relationship and to avoid premature termination, and that (b) successful treatment requires the therapist to make noncomplementary or "asocial" responses (Friedlander, 1993; Thompson, Hill, & Mahalik, 1991).

In contrast to interpersonal theory, relational control theory focuses on "the aspects of message exchange by which interactors reciprocally negotiate their positions relative to one another by redefining, constraining, adapting, accepting, and rejecting one another's definitional presentations" (Rogers & Bagarozzi, 1983, pp. 51-52). Thus, from the relational control theory perspective, psychotherapeutic relations are best described by the transactional communication patterns of client and therapist, rather than individual constructs, such as motivation, personality, and emotional states (Friedlander 1993). For counseling to be successful, Haley (1963) asserted that the
counselor must be dominant, that is, have more control than the client over what is to occur. Otherwise, clients will control what is to occur in ways congruent with their symptoms, thereby ensuring no new changes in the client's behavior.

Friedlander (1993) compared 23 interpersonal theory and 19 relational control theory studies of client-therapist interactions in brief individual and family therapy. Interpersonal theory-based research asks, "Are therapeutic interactions predominantly complementary?", with regard to personality styles, while relational control theory-based studies address the same question with regard to communication in a specific interpersonal context (i.e., one-up and one-down messages). In addition, interpersonal theorists maintain that therapists must avoid complementary responses after the initial phase, while relational control theorists assert that therapists should maintain a one-up, dominant, position throughout the course of therapy (e.g., Kiesler, 1992; Safran, 1992). The evidence tended to support interpersonal theory in the context of individual therapy and relational control theory in the context of family therapy. In other words, positive complementarity is optimal in the initial phase of successful individual treatment and lower levels of complementarity may promote change in the middle phase. Therapist one-up and family member one-down seems to characterize early sessions of
family therapy, but the connection to meaningful family change has yet to be determined (Friedlander, 1993). Friedlander concluded that psychotherapy interaction is neither uniquely intrapersonal nor situational but is a "dynamic, ever-changing, reciprocal process in which individuals select and modify their responses based on their own needs and the demands of the immediate therapeutic context, and those responses in turn influence the therapeutic process as it unfolds" (Friedlander, 1993, p. 473).

Complementarity and Symmetry

Interpersonal, or relational, control has figured prominently in the individual psychotherapy literature since it was first introduced in the 1960s (e.g., Hill & Corbett, 1993; Kiesler & Goldston, 1988; Tracey & Ray, 1984). Ericson and Rogers (1973), building on Mark's (1971) work, operationalized the constructs of symmetry and complementarity in natural language. Symmetry refers to transactions in which two speakers behave similarly with respect to relational control. In competitive symmetry both speakers assume a one-up position, attempting to gain control. In submissive symmetry, both speakers try to relinquish control, assuming a one-down position. Complementarity, on the other hand, refers to transactions in which two speakers define their control positions differently, one taking a one-up position and the other a one-down position.
Tracey and Ray (1984) investigated Haley's (1963) hypothesis that the therapist must be dominant and tried to relate the presence of control to outcome. They used the variable of topic determination, which was defined as the proportion of topic initiations by one participant that were subsequently followed by the other. They found that the counselor almost always had a higher degree of topic determination than the client, regardless of outcome. Thus, Haley's contention was not supported regarding dominance being related to outcome. Heatherington (1988) studied observers' perceptions of the control dynamics in five different styles of a dyadic interaction (e.g., both one-up; one-up, one-down, etc.). Subjects' perceptions were generally consistent with RCCS codings, except for the one-up, one-down pattern, which included a large number of questions and answers. This, along with Tracey and Miars's (1986) findings, can be explained by the fact that the RCCS does not differentiate closed and open-ended questions. Both are coded as one-down. In the therapeutic context, therapists frequently use closed, interviewing type questions, which are more correctly assigned one-up control codes (Folger & Sillars, 1980; Freidlander & Heatherington, 1989).

Heatherington and Friedlander (1990) found that complementarity occurred somewhat more frequently with female clients. A significant majority of all reciprocal
interactions were complementary. In about 2/3, the therapist asserted control and the client accepted the definition of the relationship. Therapists used almost twice as many one-up as one-down statements and were most likely to respond with one-up to client's one-up. On the other hand, clients followed one-up from therapist with complementary one-down and vice versa.

Friedlander, Thibodeau, and Ward (1985) investigated whether "better" interviews could be discriminated from "worse" interviews from a) relative client-therapist activity levels and b) the degree of structure implicit in the therapist's messages. Dyads were selected in which therapist and client had congruent perceptions of two sessions, one "good" and one "bad". Group and case-by-case comparisons were made of the natural language in these interviews. Results showed metacomplementary patterns in both good and bad sessions, in which the therapist adopts a passive role but controls the interaction by structuring the client's behavior. Client-therapist activity tended to be more asymmetrical in the worse interviews. Specifically, in the bad sessions these therapists either participated even more actively than their clients or were very passive, while in their good sessions client-therapist participation levels were more balanced. Additionally, in the good interviews therapists consistently provided a moderate degree of structure (reassurance/encouragement, information, and
interpretation) as opposed to lower structure (reflection-restatement) or higher structure (information seeking and guidance/advice) in their bad interviews.

Cooke and Kipnis (1986) examined the process of psychotherapy within the context of social power theory. Therapist influence acts were classified in terms of (a) the goals or reasons why therapists exercised influence and (b) the strength of the influence attempt. These researchers developed their own scheme for identifying the commonalities among therapists in their use of influence, based on prior studies of influence in non-therapeutic settings (Kipnis, 1984; Kipnis & Schmidt, 1983). The strategy involved the rating of each therapist verbalization on a 7-point scale indicating "strength of the attempt" and on a 9-category classification of "goals of influence". The analysis was based on 22 tapes of psychotherapy sessions provided by 5 female and 6 male therapists. Each therapist provided a tape of one male and one female client. Findings indicated that: (a) therapists were consistent in their use of tactics from one client to another; (b) male therapists, compared with female therapists, used significantly more influence tactics and interrupted their clients significantly more often; (c) therapists of both genders used significantly more passive forms of influence earlier in the session and more active forms later; (d) therapists of both genders told female clients what to do significantly
more often than they did male clients, although they significantly more often explained thoughts, feelings, and behaviors to male clients than to female clients; and (e) therapists used stronger influence attempts—those judged as demanding a response from the client—significantly more frequently with female clients than with male clients.

Thus, with some exceptions, the general finding is that, at least in the early stage of treatment, the therapist-client relationship tends to be a complementary one in which the therapist assumes a dominant, one-up position and the client a submissive, one-down role. Preliminary evidence suggests that complementarity may also characterize the therapeutic relationship in family therapy (Heatherington & Friedlander, 1990; Friedlander, 1993; Laird & Vande Kemp, 1987).

**Family Therapy**

Friedlander and Heatherington (1989) extended the Relational Communication Coding System to the family therapy session by identifying relational control sequences among three or more speakers. They coded a brief excerpt from a consultation session by Salvador Minuchin and demonstrated a mean interrater reliability of $K= .82$.

Heatherington and Friedlander (1990) examined relational control communication patterns in systemic family therapy sessions. Therapist interactions with each family member ($N=29$ families) were examined with the Family RCCS.
Results showed significantly more complementarity, which reflects mutuality in the definition of a relationship, than symmetry, which characterizes relational control competition. Transitional probabilities showed that family members were likely to respond to therapists in a complementary manner (following therapist one-up messages with one-down messages and vice versa); therapists were likely to respond to client up and down messages in either a competitive symmetrical or complementary manner. Neither complementarity nor symmetry was predictive of family members' perceptions of the therapeutic alliance as measured by Couple and Family Therapy Alliance Scales.

Friedlander, Wildman, and Heatherington (1991) compared the structural and Milan systemic approaches. Three published transcripts of each treatment were intensively studied using the Family RCCS to identify interpersonal control patterns in naturally occurring language. Results were generally congruent with theory and reflected hypothesized differences in the approaches. Whereas therapists in both approaches engage heavily in complementary transactions in which they are one-up and the family members are one-down, a number of other relational indices show considerable divergence.

In a series of three studies, Friedlander and Highlen (1984) and Friedlander, Highlen, and Lassiter (1985) compared the interpersonal structures and content of the
Hillcrest Family interviews (four consultation sessions with the same family, conducted in the 1960s by Ackerman, Bowen, Jackson, and Whitaker). Some remarkable similarities emerged across the four theoretically diverse interviews. In a subsequent investigation, Friedlander, Ellis, Raymond, Siegel, and Milford (1987) found that Minuchin's structural and Whitaker's experiential approaches converged and diverged in ways that were generally consistent with their respective theories. In addition, there was relatively little variability within each therapist's behavior across six highly diverse families.

In a (1993) review of the family therapy literature, Friedlander concluded that family therapists assume a one-up position and clients a one-down or submissive position, although no family therapy studies have specifically addressed the relationship between complementarity and treatment outcome.

Sequential Analysis and the Therapy Dyad as a System

Essential to an interactional conceptualization of therapy process is consideration of both therapist and client variables. Until recently, what little discussion of influence there was in the process literature centered on the amount of therapist influence that should be exerted over client behavior (e.g., Ellis, 1972; Gilbert, 1980; Haley, 1963). Recently, increasing emphasis is being placed on viewing psychotherapy from an interactional or
interpersonal perspective, i.e., how each participant influences the behavior of the other (Anchin & Kiesler, 1982; Haley, 1990; Hill, 1990; Strong & Claiborn, 1982; Watzlawick & Weakland, 1977).

The frequency approach (summing identified language variables and using the summed scale score to test hypotheses) has been applied in research concerning almost all aspects of psychotherapy and continues to be the most often utilized approach in process studies (Russell & Stiles, 1979; Russell & Trull, 1986). However, with respect to locating influence patterns, the correlations obtained using the frequency approach do not tell us how therapist and patient speech variables are distributed in the time segment sampled. Thus, the same correlation coefficients can be obtained for time segments containing very different patterns of speech variables and, presumably, very different processes. In addition, correlations obtained between process and outcome variables help little to identify the direction of influence, as process/outcome effects can be bidirectional. Gottman and Markman (1978) provided the following example:

"Clients who are changing are likely to be more responsive to their therapists, and those who are not changing will be less responsive. It may be easier for a therapist to maintain high levels of warmth and empathy with clients who are changing." (p. 29).
Thus, the question of the direction of influence is left unanswered by traditional, summing methods. The task of locating and assessing the direction of influence processes in therapy can be productively pursued by using methods capable of assessing reciprocal influence processes. Several authors have stated that ultimately, we will need to develop nonlinear structural or field models of causality better fitted to the interactional and sequential complexities of psychotherapy (see, e.g., Anchin, 1982; Kiesler, 1983; Lewin, 1936; Merleau-Ponty, 1963; Rommetveit, 1979; Strong & Matross, 1973).

The importance of context and timing in counseling and psychotherapy has been well documented (Friedlander, 1993; Russell & Trull, 1986) and has interested theorists for some time (e.g., Watzlawick, Beavin, & Jackson, 1967). Yoer and Tapp (1990) proposed that each person's verbal message be coded according to its pragmatic function in relation to the previous speaker's message and that sequential pairs, or even longer patterns, of messages be viewed as a dance or musical score.

Recently, methodological advances have appeared that are designed to detect the importance of timing in social interactions (e.g., Allison & Liker, 1982; Bakeman & Gottman, 1986; Lichtenberg & Heck, 1986; Wampold & Margolin, 1982). Although several different statistical paradigms have been used to study timing in social interactions,
generically the term sequential analysis has been adopted for these methods. In its simplest form, sequential analysis is used to determine whether a particular behavior emitted by a member of an interacting system is followed by another behavior more (or less) frequently than would be expected by chance, with "by chance" referring to the base rate of responding (Wampold & Margolin, 1982).

Different variations of sequential analysis have been applied successfully to understand counseling process and related areas (e.g., Friedlander & Phillips, 1984; Holloway, Freund, Gardner, Nelson, & Walker, 1989; Holloway & Wampold, 1983; Lichtenberg & Heck, 1979; Tracey, 1985; Tracey & Ray, 1984). Wampold and Kim (1989) re-analyzed a case study presented by Hill, Carter, and O'Farrell (1983) with sequential analysis methods developed by Wampold to demonstrate the usefulness of these methods for understanding counseling process and outcome. They examined the reciprocal influences of counselor and client, whereas Hill et al. only examined the influence of the counselor on the client. Several interactive patterns were investigated including independence and dominance. The sequential analysis revealed several facets of the interaction between the counselor and the client that were undetected by Hill et al.'s analysis. This illustrated that sequential analysis can be used to examine counselor-client interactions over time, reciprocal influence (client to counselor as well as
counselor to client), dominance, and the relations of sequential patterns to more global measures (process to outcome). All of these aspects have been identified as critical elements in the study of influence in psychotherapy (Anchin, 1982; Greenberg, 1986; Haley, 1963; Hill et al., 1983; Orlinsky & Howard, 1986; Russell & Trull, 1986; Watzlawick et al., 1967).

Lichtenberg and Barke (1981) examined the control that the therapist had over the relationship. They used two initial sessions each by Carl Rogers, Fritz Perls, and Albert Ellis and coded interpersonal control according to Ericson and Rogers' relational communication coding schema. They found that the therapist did not have high levels of control over the client in the early stage.

Tracey (1985) examined Haley's (1963) contention that successful counseling is characterized by the counselor being in control, or dominant. He used a statistical dependence definition of control. The three best and three worst dyads, in terms of both client- and counselor-rated outcome, were selected from a pool of 15 time-limited counseling dyads. All interaction was rated for topic-initiation or topic-following responses. The extent to which each participant's topical response was predictable based on the other's previous response was calculated. These two indexes of dependence, one for the client and one for the counselor, were then compared for differences. The results
demonstrated that counselors were dominant in successful dyads, whereas dependency was equal in the unsuccessful dyads. Tracey thus demonstrated that sequential indices can differentiate between or among groups (Bakeman & Gottman, 1986).

In a case study of a couple therapy session by Gerald Weeks, Holloway, Wampold, and Nelson (1988) found that the interactive pattern of both the male and female clients substantially changed from the period before Weeks intervened to the period after he intervened. Hence, sequential analysis can detect changes produced by interventions aimed at changing the interactive pattern.

Russell and Trull (1986) provided rationales for the increased use of sequential analyses of language variables in psychotherapy. They point out this strategy's special applicability in process investigations, its potential for specifying influence patterns, and its ability to produce findings pertinent to the practicing clinician. In a review of sequential analyses of client and therapist speech, Russell and Trull (1985) reported several convergent findings. For example, less controlling therapist interventions preceded client insight or self-exploratory statements significantly more often than expected by chance, and successful therapists were not necessarily in one-up complementary relationships with clients (Anderson, 1968; Bergman, 1951; Frank, 1964; Hill, Carter, & O'Farrell, 1983;
Lichtenberg & Barke, 1981; Snyder, 1945; Troth, Hall, & Seals, 1971). The small number of studies using sophisticated data analysis techniques (e.g., lag sequential analysis) suggest unexplored areas of research, especially concerning reciprocal influence patterns.

**Stages of Psychotherapy**

Researchers and theorists have been interested not only in questions of who controls therapy, but also in how the distribution of influence might change over the course of therapy. From social psychology, we know that power holders change their strategies of influence over time, such that weaker tactics are used earlier and stronger tactics are used later, particularly when power holders encounter resistance from the target of influence (Kipnis, 1976). Applying this principle to psychotherapy, Strong (1968) suggested a two-phase process: 1) Enhance therapist credibility and attractiveness and client involvement to increase the probability of success of later influence attempts; and 2) communicate statements intended to bring about desired opinion and attitude changes.

Subsequent research has found that social influence in therapy is more complex than originally suggested by Strong's (1968) two-stage model (e.g., Corrigan, et al., 1980; Heppner & Dixon, 1981; McNeill & Stoltenberg, 1988). Tracey and Ray (1984) found differences in the sequence of topic initiation/topic following behavior over the course of
treatment for successful psychotherapy dyads, but not for less successful dyads, thus identifying the stages of successful counseling as initial negotiation, rapport attainment, conflict, and resolution.

Tracey (1985) found that counselors were dominant in successful dyads, whereas dependency was equal in unsuccessful therapy dyads. To determine if these results were associated with certain stages of the process of the successful dyads, a post hoc analysis testing for dependency differences across the stages found by Tracey and Ray (1984) was conducted. Counselor dominance was found only in the middle, conflict stage, demonstrating that counselors were acting more independently than their clients were. Client behavior was highly predictable in this stage, given the previous counselor behavior. The counselors may have been engaging in asocial behavior (Young & Beier, 1982), that is, acting in ways that did not fit with what the client did because they were choosing to act somewhat independently from client behavior. Thus, this middle stage may be the key factor differentiating successful and unsuccessful dyads. In the rapport attainment stage there were no differences found in dependency between the client and the counselor, thereby supporting Friedlander and Phillips's (1984) conclusion that each participant has an equal effect or influence on the other in the early stages.
purpose of the Study

The purpose of this study was to explore the influence patterns of both therapists and clients over the course of therapy and to compare the patterns of experienced therapists with those of novices. To address the control significance of verbalizations within the context of the therapy relationship, speaking turns were coded at the latent level of influence and sequential analysis techniques were used. This study is thus in keeping with the current state of the field, emphasizing the complex, reciprocal nature of therapeutic discourse and the importance of interpersonal dynamics in the study of influence in relationships. The comparison of experienced to novice therapists is a unique contribution in this area of research and is designed to provide a preliminary exploration of how therapeutic styles of influence may develop or change with experience.

Summary of the review of literature. This chapter addressed research and theoretical developments within each decade since the inception of counseling psychology in the mid-1900s that precipitated the current study. Specifically, theoreticians and researchers have developed an appreciation for: the importance of influence within human interactions and the relevance of this construct to the psychotherapy relationship; the clinical generalizability afforded by naturalistic research strategies; the systemic and dynamic
nature of relationships, indicating the importance of examining the behaviors of both members of the dyad across the course of therapy; and sequential statistical techniques, allowing timing and reciprocal causation to be considered in studying relationships. These factors formed the theoretical basis and research foundation for the methods used in the current study, which are described in the following chapter.
Chapter III

METHOD

This study uses a naturalistic design (actual therapy sessions as opposed to analogues) to examine influence within the psychotherapy relationship across the course of therapy, from early to middle to late sessions. Both therapist and client behaviors are addressed, and sequential statistical techniques are used to describe the reciprocal relationship between these behaviors. The participation of novice and experienced therapists allows examination of differences in influence styles that emerge with clinical experience.

Overview

The independent variables of this study are session stage (early, middle, or late in the course of therapy), participant (client or therapist), and experience level of the therapist (experienced or novice). The dependent variables are the level of latent power, or influence, reflected by each verbalization and the level of complementarity in influence demonstrated by the dyads.

Questions

The following research questions are addressed.

1. Do therapist and client influence attempts differ overall?

2. Do therapist influence attempts change over the course of therapy?
3. Do client influence attempts change over the course of therapy?

4. Do novice therapists' use of influence attempts and patterns of influence differ from those of experienced therapists?

5. Does the complementarity of the therapy dyad change over the course of therapy?

6. Do novice therapists' patterns of complementarity differ from those of experienced therapists?

Subjects

The subjects for this study included four dyads: two experienced and two novice psychotherapists, each with one client. Experienced therapists were defined as clinical psychologists, licenced by the State of Illinois, with a minimum of five years of post-graduate practice. Novice therapists were defined as graduate students enrolled in a first practicum placement. In addition, criteria for inclusion stipulated that the therapists employ short term psychotherapy (approximately 12-20 sessions) with at least one of their clients, the one chosen to participate in this study.

All four courses of therapy were conducted through the counseling center of a midwestern university, where a short term model of up to 20 sessions was the accepted model for training and practice. One experienced therapist was a male clinical psychologist with 12 years of post-graduate
practice. His client was a 22-year old male who presented with school difficulties and symptoms of clinical depression. The other experienced therapist was a male clinical psychologist with 16 years of post-graduate experience. His client was a 20-year old female presenting with family conflict and sexual identity issues. The novice therapists were both female graduate students completing their first practicum with the same counseling center and both were 26 years old. One client was a 32-year old female who presented with low self-esteem and the other was a 24-year old female who presented with family and relationship problems.

Procedure

The author contacted the administration of a midwestern university counseling center and submitted a research proposal, including a brief description of the study, therapist inclusion criteria, and procedures for maintaining confidentiality. The counseling center administration requested the participation of staff and students, with the understanding that this study would yield useful data pertaining to how therapy is conducted at this center. Potential participants were informed that this study is in partial fulfillment of the Ph.D. requirements for Loyola University Chicago, and that the study involves psychotherapy process research aimed at increasing our knowledge about the process of psychotherapy. The requirements of
their participation were delineated, including: (a) obtaining informed consent from one chosen client to audiotape sessions and to participate in research; (b) providing the researcher with signed documentation that such a consent has been provided; and 3) audiotaping every session in a course of therapy, which may be reasonably expected to consist of approximately 12 to 20 sessions, with one client. They were informed that they would be provided with results of this study upon its completion. Two staff members and two students (described above) agreed to participate.

Upon agreement to participate, each therapist was provided Client Consent Forms (Appendix A) and Therapist Verification Forms (Appendix B) as well as twelve audiotapes. They were asked to assure the clarity of the recording prior to each recorded session, in order to facilitate accurate transcription, and to label each tape with the number of the session recorded. Telephone contact was maintained to identify the beginning and end of the therapy course and assist with any problems that may have arisen. Additional audiotapes were provided as needed. The tapes were collected for transcribing and coding following the course of therapy. All audiotapes were returned to the center following transcription and all transcripts were stored in a locked filing cabinet.
Instrumentation

Penman System. Because this study examined the influence attempts of both participants, sequentially, at the latent level, the message classification structure developed by Penman (1980) served as the most appropriate instrument reported in the literature for analyzing these interactions. This coding scheme is particularly suited to this study because of its theoretical basis in interactional understandings of human communications (Watzlawick, Beavin, and Jackson, 1967).

The Penman (1980) classification system reflects both the manifest and latent levels of communication. The manifest level is a surface description of the message that can be derived from the explicit information in the message. Manifest message codes include Aggress, Advise, Support, Disagree, Exchange, Agree, Avoid, Request, and Concede. These designations may be categorized by their relative positions on the two dimensions of "power" and "involvement".

The latent level represents deeper structures that depend upon the command information as present within the relational context of the message. It exceeds the literal or explicit information in the message to include implicit or latent information. Latent level classification includes the following 16 categories: Reject, Control, Initiate, Share, Counter, Resist, Offer, Collaborate, Evade, Abstain, Seek,
Oblige, Remove, Relinquish, Submit, and Cling. For examples of each category, see Appendix C. The latent level classification scheme also includes both power and involvement dimensions. For a diagram of the classification system, see Appendix D.

The Penman classification system recognizes verbal (including paralinguistic and extralinguistic) speech acts, and was developed by analyzing the interactions of marital dyads under laboratory conditions. Using a point-by-point reliability index for both manifest and latent levels, she reported stable interrater reliability of around 70%. Using this system to analyze the interactional effects of a paradoxical intervention, Holloway, Wampold, and Nelson (1990) obtained interrater reliabilities of .71 for the manifest-level codes and .81 for the latent-level codes, employing two independent coders. Because the purpose of this study was to assess patterns of influence within the context of the developing relationship between the two members of the therapy dyad, verbalizations were coded in terms of "power" at the latent level of communication.

Coding. Three audiotaped sessions from each of the four courses of therapy were transcribed and unitized by the researcher. These included the first session (early stage), the middle session (middle stage) and the last session (late stage). Transcripts identified speaker turn and indicated pauses, sighs, laughter, false starts, and stammers.
Two female graduate students, in their first year of a master's program, who were members of the Psychotherapy Process Research Team at Loyola University Chicago were trained to use the latent level/power schema of the Penman (1980) system. Weekly training sessions were held over a three-month period using Penman's (1980) manual. Following the didactic training period, coders independently classified sample transcripts until they reached an acceptable level of interrater agreement. Based on prior research (Holloway, Wampold, & Nelson, 1990), a point-by-point interrater agreement of .70 served as the criterion for adequate agreement. The coders in this study reached a mean interrater agreement (kappa) of .79 across five sample transcripts, for the 16 categories. After reaching this level of agreement, the individual coders independently rated the transcripts used in this study, but interrater agreement was rechecked for rater drift later in the coding process.

Twelve transcripts (three transcribed sessions from each of the four courses of therapy) were divided equally but randomly between the two coders. Each coder then independently categorized every verbalization in the six sessions assigned to that coder. Transcripts contained no information about the identity of the therapist nor about the stage of the session (early, middle, or late), to avoid any bias that might affect coders' decisions. To check
rater drift and assure the stability of coding decisions over time, late in the coding process two of these transcripts were rated by both coders, and these two transcripts were used as a check of interrater agreement. On these two transcripts, the coders reached interrater agreements (kappa) of .78 and .81, indicating that their decision rules had not substantially diverged over time.

Data Analysis

This study required the use of sequential analysis techniques to explore differences in complementarity across the course of therapy and between novice and experienced therapists. Correlational analyses using summary measures do not address research questions implying an immediate effect, such as, "Are this therapist's high-level influence attempts followed by the client's low-level influence attempts more often than would be expected by chance?". Increasingly, sequential analysis techniques are being developed and refined which are suited to address this type of question (Yoder, 1994).

Therefore, the research questions posed in the current study that consider types of influence attempts used were analyzed using simple percentages, or the frequency of an influence type divided by the total number of verbalizations. The questions that consider complementarity, on the other hand, required the use of sequential analysis techniques.
Sequential analysis is a superordinate label describing many types of analyses. The common element to these is that the sequence of events is central to the question that is being addressed. Specifically, sequential analysis leads us to test whether a pair of behaviors (such as therapist high-level and client low-level influence attempt) co-occurs or occurs in a sequence more or less often than would be expected by chance.

Definition of terms. A "sequential pattern" is a pair of behaviors that co-occur or occur in a sequence. The "antecedent" is the first behavior and the "consequence" is the second behavior in the pattern. In the present study, the first antecedent in a session might be the therapist's use of a high power influence attempt, as the first verbalization in the session. The consequence might be the client's low power attempt which follows it. The client's low power attempt then becomes the antecedent to the therapist's next verbalization, and so forth, so that each verbalization except the first and last in a session serves as both an antecedent and a consequence.

"Sequential dependency" is the extent to which the consequence behavior occurs after the antecedent behavior. The "baserate" is the number of times the consequent or antecedent behavior occurs in the session. Finally, "transitional probability" is computed as the sequential frequency divided by the baserate of the antecedent
behavior. For example, "On the average, the client used a low-level influence attempt 55% of the time the therapist used a high-level attempt". In the present study, questions concerning complementarity are addressed in terms of transitional probabilities, rather than simple probabilities. This allows an examination of which behaviors on the part of one member follow which behaviors on the part of the other member more or less often than would be expected by chance.

**Summary of data analysis.** Most of the research questions addressed by this study were analyzed by traditional statistical methods, and are reported as simple percentages. However, the two questions involving complementarity, "Does the complementarity of the therapy dyad change over the course of therapy?" and "Do novice therapists' patterns of influence and complementarity differ from those of experienced therapists?" required the use of sequential analysis. Therefore, the data were re-coded for input into the Sequential Analysis of Transcripts System (SATS; Yoder & Tapp, 1990), a four-program system designed to address questions of sequential dependency.

**Summary of methods.** This chapter described the methods used in this study. Two raters coded three sessions from each of four therapy dyads, two with experienced therapists and two with novice therapists. This design allows the examination of differences between therapists and clients,
across the course of therapy, and between members of dyads with novice and experienced therapists. In addition, the use of sequential analysis allows the study of reciprocal influence processes in terms of complementarity and how they change over the course of therapy. The following chapter will present the results of these analyses.
Chapter IV

Results

The analyses performed in this study proceeded from the most general to the most specific. Initially, overall differences were examined, without respect to session number or experience level of the therapist. The purpose of these analyses was to understand general patterns and influence styles of therapists and clients, and to then be able to compare these findings with those of previous research and with theoreticians' prescriptions and descriptions of how therapists and clients behave. The first question addressed is, "How do therapists and their clients differ in the type of influence attempts they use?".

Then session number was considered. In other words, two questions were raised pertaining to differences across the course of therapy, from the early stage to the middle stage to the final stage of therapy: "How do therapists change in their use of influence attempt types across the course of therapy?" and "How do clients change in their use of attempt types across the course of therapy?" These questions were addressed in the interest of uncovering general styles of change for therapists and clients, so that session number was considered, but experience level of the therapist was not.

Following these analyses, the findings were examined in light of the experience level of the therapist. The
differences between therapist and client influence attempt use overall and the differences between therapist/client attempt use in early, middle and late sessions, were analyzed for differences in patterns between novice and experienced therapists. Thus, the question was posed, "Do novice therapists' use of influence attempts and patterns of influence across the course of therapy and those of their clients differ from those of experienced therapists?".

All of the above analyses used percentages of influence attempt types employed by therapists and clients to delineate patterns of behavior. The final two examinations parted from this method of data aggregation and instead considered the probability of each member of the dyad following the other's low power influence attempt with a high power attempt, and vice versa. Following a low power attempt with a high power attempt is an example of complementary behavior and reflects relationship harmony by adhering to social norms. Thus, these comparisons allowed analysis of when and how each member of the therapy dyad allowed the other to control the relationship, struggled for control by behaving in an asocial manner, engaged in mutually harmonious, or complementary behavior, and so on. The first of these analyses asked, "How does the complementarity of the therapy dyad change over the course of therapy, in terms of the behavior of both therapists and clients?".
The final analysis posed this same question with respect to the experience level of the therapist. Changes in the complementarity of therapist and client responses were compared for novice and experienced therapists. Thus, the final question posed was, "Do novice therapists' patterns of complementarity across the course of therapy (and those of their clients) differ from those of experienced therapists and their clients?". The results of each of these analyses will now be presented in the order in which they were completed.

**Client/Therapist Influence Attempt Differences**

The first analysis addressed whether therapist and client influence attempts differed overall, that is, when the experience level of the therapist and the number of the session (early, middle, or late) were not considered. This comparison involved the use of simple percentages. With simple percentages, the total number of verbalizations of both clients and therapists equals 100%. The percentage of therapist verbalizations is about 50% as is the percentage of client verbalizations, because all sessions were reciprocal (therapist was always followed by client and vice versa). This analysis asked, what is the percentage of therapists' use of high power influence attempts and low power influence attempts, regardless of experience level, and asked the same question regarding clients. The results are reported in Table 1 and illustrated in Figure 1.
Table 1

ANALYSIS OF THERAPIST AND CLIENT OVERALL USE OF HIGH AND LOW POWER INFLUENCE ATTEMPTS

<table>
<thead>
<tr>
<th>Low Power</th>
<th>High Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist</td>
<td>.30</td>
</tr>
<tr>
<td></td>
<td>734</td>
</tr>
<tr>
<td>Client</td>
<td>.04</td>
</tr>
<tr>
<td></td>
<td>101</td>
</tr>
</tbody>
</table>

\[ x^2 = 728, \ p < .01 \]
Figure 1: Analysis of Therapist and Client Overall Use of High and Low Power Influence Attempts
Overall, clients showed a preference for high power attempts and therapists for low power attempts. Clients were more likely to use high power attempts (46%) than were therapists (20%). Clients also used significantly more high power attempts (46%) than low power attempts (4%). On the other hand, therapists were more likely to use low power (30%) than high power influence attempts (20%). The therapists' preference for low power attempts and the clients' tendency to use high power attempts was statistically significant ($x^2 = 729, p < .01$).

**Therapist Influence Attempt Changes**

The second analysis addressed whether therapist influence attempts changed over the course of therapy. This comparison did take the number of the session into account, (i.e., "early" vs. "middle" vs. "late"), while it did not consider the experience level of the therapist. Hence, data from all four therapists were pooled for each session. Again, simple percentages were used, with the maximum possible percentage for therapist or client verbalizations equalling 50% (half of the reciprocal conversation). The results are presented numerically in Table 2 and pictorially in Figure 2.

Therapist influence attempts remained approximately identical in the early and middle stages, with a slightly higher probability of the use of low power influence attempts than high power. This trend was stronger in the
TABLE 2

ANALYSIS OF CHANGE IN THERAPIST INFLUENCE ATTEMPTS ACROSS THE COURSE OF THERAPY

<table>
<thead>
<tr>
<th>Session:</th>
<th>Early</th>
<th>Middle</th>
<th>Late</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Prob.</td>
<td>.22</td>
<td>.28</td>
<td>.21</td>
</tr>
<tr>
<td>Freq.</td>
<td>239</td>
<td>314</td>
<td>119</td>
</tr>
</tbody>
</table>

\[ x^2 = 18.3, \ p < .01 \]
Figure 2: Analysis of Change in Therapist Influence Attempts Across the Course of Therapy
### TABLE 3

**ANALYSIS OF CHANGE IN CLIENT INFLUENCE ATTEMPTS ACROSS THE COURSE OF THERAPY**

<table>
<thead>
<tr>
<th>Session</th>
<th>Early</th>
<th>Middle</th>
<th>Late</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Prob.</td>
<td>.46</td>
<td>.04</td>
<td>.48</td>
</tr>
<tr>
<td>Freq.</td>
<td>506</td>
<td>47</td>
<td>265</td>
</tr>
</tbody>
</table>

$x^2 = 3.64, \ p > .10$
Figure 3: Analysis of Change in Client Influence Attempts Across the Course of Therapy

x^2 = 3.64, p > .10
late stage, when therapists showed a 35% probability of low power and only 15% probability of high power influence attempt use. The increased use of low power influence attempts in the late stage was statistically significant \( (\chi^2 = 18.3, p < .01) \).

**Client Influence Attempt Changes**

The third analysis addressed whether client influence attempts changed across the course of therapy, from early to middle to late stage. Again, data from all four clients were pooled without regard to the experience level of the therapist. The results of this comparison are reported in Table 3 and Figure 3.

There was no significant variation in clients' tendency to use high power influence attempts in each stage of therapy \( (\chi^2 = 3.64, p > .10) \). The average probability of using high power attempts was 46.33%, while the average probability of using low power influence attempts was 3.66%.

**Novice/Experienced Therapist Attempt Differences**

A further analysis considered these findings on patterns of influence in terms of the experience level of the therapist. In other words, the above reported findings used data pooled from all four therapists, while this analysis compared the patterns of influence (using simple probabilities of high and low power attempts) of the two novice therapists and the two experienced therapists. The results are presented in Table 4 and are illustrated in
TABLE 4
NOVICE AND EXPERIENCED THERAPISTS' INFLUENCE ATTEMPT DIFFERENCES ACROSS THE COURSE OF THERAPY

Novice Therapists

<table>
<thead>
<tr>
<th></th>
<th>Early</th>
<th>Middle</th>
<th>Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high:</td>
<td>31 127</td>
<td>28 84</td>
<td>26 59</td>
</tr>
<tr>
<td>low:</td>
<td>19 82</td>
<td>22 64</td>
<td>24 54</td>
</tr>
<tr>
<td>Client:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high:</td>
<td>42 178</td>
<td>46 137</td>
<td>48 109*</td>
</tr>
<tr>
<td>low:</td>
<td>08 32</td>
<td>04 11</td>
<td>02 4</td>
</tr>
</tbody>
</table>

Experienced Therapists

<table>
<thead>
<tr>
<th></th>
<th>Early</th>
<th>Middle</th>
<th>Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high:</td>
<td>16 112</td>
<td>18 58</td>
<td>10 46*</td>
</tr>
<tr>
<td>low:</td>
<td>34 232</td>
<td>32 106</td>
<td>40 195</td>
</tr>
<tr>
<td>Client:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high:</td>
<td>48 328</td>
<td>47 156</td>
<td>44 213*</td>
</tr>
<tr>
<td>low:</td>
<td>02 14</td>
<td>03 10</td>
<td>06 29</td>
</tr>
</tbody>
</table>

* Chi squared significant, p < .01
Figure 4: Novice and Experienced Therapists' Influence Attempts Across the Course of Therapy
Table 4 presents the analysis of changes in patterns of influence over the course of therapy, using simple probabilities, for both novice and experienced therapists. For both experience levels, clients used consistently more high than low power influence attempts across all three stages (from 42% to 48%). For the novice therapists, the use of high power attempts tended to decrease across the course, though this decrease was not statistically significant, while their clients significantly increased their high power influence attempts ($x^2 = 12.55, p < .01$). The experienced therapists, unlike the novice therapists, used more low power attempts (from 34% to 40%) than high at each stage. In addition, their use of high power attempts increased in the middle stage and dropped again in the late stage ($x^2 = 17.04, p < .01$), while their clients significantly decreased their use of high power attempts across the course of therapy ($x^2 = 13.95, p < .01$).

These results indicate that the previous finding that therapists used more low power attempts than high was more reflective of the experienced therapists in the sample. In addition, the finding that the strength of therapist attempts in the early and middle stages remained about the same reflects the fact that the experienced and novice therapists' patterns were opposite in these two stages, and balanced each other out when pooled. That is, novice
therapists decreased their use of high power attempts while experienced therapists increased the strength of their attempts from early to middle stages. The finding that therapists' strength of influence decreased in the late stage reflects the patterns of both novice and experienced therapists.

**Complementarity Changes Over Course of Therapy**

These first comparisons considered percentages of influence attempts and were based on the frequency of these events within sessions. They provided a global view of the direction of influence across therapy. They suggested that experienced, but not novice therapists used consistently low power attempts and did so even moreso in the late stage, while clients used consistently high power attempts across the course of therapy. The remaining comparisons proceeded beyond these observations to examine the reciprocal interaction itself. In other words, rather than using straight frequencies to determine simple percentages, the remaining comparisons were based on transitional probabilities. Transitional probabilities allow one to ask, for example, "Given that the therapist uses a high power influence attempt, what is the probability that the client will follow with a low power attempt (the complementary response)?"

This level of analysis differs qualitatively from the previously reported comparisons. The results thus far
reported would suggest a consistently high level of complementarity, with the client using high and the therapist using low power influence attempts. However, transitional probabilities take timing into account, and may yield a different result. For example, one may find that, although clients used more high power attempts, these tended to follow the high power attempts used by the therapist more than the low power attempts used by the therapist. This would indicate a non-complementary pattern on the part of the clients rather than the complementary pattern suggested by simple percentages.

The fifth analysis, then, asked whether the complementarity of the therapy dyads changed over the course of therapy. In essence, to answer this question one must address four questions for each of the three stages of therapy: 1) Given the therapist's use of a high power attempt, what are the transitional probabilities of the client's high and low power attempt?; 2) given the therapist's use of a low power attempt, what are the transitional probabilities of the client's high and low power attempt?; 3) given the client's use of a high power attempt, what are the transitional probabilities of the therapist's high and low power attempt?; and 4) given the client's use of a low power attempt, what are the transitional probabilities of the therapist's high and low power attempt?
The complementarity of the interaction may then be addressed in the following way: Given therapist high power attempt (ThH), the complementary response would be client low power attempt (ClL). The transitional probability of the client following the high power attempt with a low power attempt yields an index of the client's complementarity in that interaction. The therapist's complementarity would be computed as the transitional probability of following client high (ClH) with therapist low (ThL), and so on. These analyses were completed through the use of Yoder and Tapp's (1990) Sequential Analysis of Transcripts System, a program written in VAX FORTRAN and run under the VMS operating system on the DEC VAX 8800. The results of the fifth analysis are presented in Table 5 and illustrated in Figure 5.

Across the course of therapy, clients consistently and significantly followed therapist low power attempts with complementary high power responses, from 95% to 98% of the time (Allison-Liker Z = 32.7, p < .01). However, clients did not follow therapist high power influence attempts with low power responses. This only occurred from 9% to 20% of the time (Allison-Liker Z = 13.4, p < .01). Therapists, on the other hand, demonstrated a changing pattern of complementarity across the course of therapy. In early and late stages, therapists were more complementary in their responding to both client low and high power attempts (mean


<table>
<thead>
<tr>
<th>Session:</th>
<th>Early</th>
<th>Middle</th>
<th>Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>ThH: ClL</td>
<td>.16</td>
<td>9.7223*</td>
<td>.09</td>
</tr>
<tr>
<td>ThL: ClH</td>
<td>.97</td>
<td>21.4638*</td>
<td>.98</td>
</tr>
<tr>
<td>ClH: ThL</td>
<td>.60</td>
<td>21.3299*</td>
<td>.58</td>
</tr>
<tr>
<td>ClL: ThH</td>
<td>.74</td>
<td>8.9979*</td>
<td>.57</td>
</tr>
</tbody>
</table>

* = p < .01

X:Y = given X: Y follows
ThH = therapist high power
ThL = therapist low power
ClH = client high power
ClL = client low power
TProb. = transitional probability
A.L. Z = Allison-Liker Z score
Figure 5: Sequential Analysis of Changes in Complementarity Across the Course of Therapy
of 68%; mean Allison-Liker Z= 15.10 for early stage and 13.66 for late stage) than they were in the middle stage (mean of 57.5%; mean Allison-Liker Z= 8.80). This pattern was more pronounced with client low power responses, although therapists in the late stage were more complementary to client high power responses. This finding suggests that therapists did struggle for power in the middle stage of therapy, while seeking to build more harmonious relationships in the early and late stages. In addition, they seemed to "support" (through complementary responding) more low power behavior in clients in the early stage and more high power behavior in the late stage.

Novice/Experienced Therapist Complementarity Differences

The final analysis examined these findings on complementarity patterns with respect to the experience level of the therapist. Data for novice and experienced therapists are presented in Table 6 and Figure 6.

For both novice and experienced therapists, therapist complementarity to client low power attempts decreased in the middle stage (from 81% early to 73% middle to 100% late for novice; from 64% early to 40% middle to 59% late for experienced). Overall, novice therapists were more complementary to client low power responses than to client high power responses (85% complementarity to low vs 46% complementarity to high). The opposite was true for experienced therapists, who provided complementary responses
### TABLE 6

**SEQUENTIAL ANALYSIS OF PATTERNS OF COMPLEMENTARITY ACROSS THE COURSE OF THERAPY: NOVICE VS EXPERIENCED THERAPISTS**

<table>
<thead>
<tr>
<th></th>
<th>Early T.Prob.</th>
<th>Middle T.Prob.</th>
<th>Late T.Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Novice</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-Hi: C-Hi</td>
<td>.77</td>
<td>T-Hi: C-Hi</td>
<td>.89</td>
</tr>
<tr>
<td>C-Low</td>
<td>.23</td>
<td>C-Hi: T-Hi</td>
<td>.56</td>
</tr>
<tr>
<td>T-Low: C-Hi</td>
<td>.96</td>
<td>C-Low</td>
<td>.04</td>
</tr>
<tr>
<td>C-Low</td>
<td>.04</td>
<td>T-Low</td>
<td>.44</td>
</tr>
<tr>
<td>C-Hi: T-Hi</td>
<td>.56</td>
<td>T-Low</td>
<td>.81</td>
</tr>
<tr>
<td>T-Low</td>
<td>.44</td>
<td>C-Low: T-Hi</td>
<td>.19</td>
</tr>
<tr>
<td>C-Low: T-Hi</td>
<td>.81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-Low</td>
<td>.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Experienced</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-Hi: C-Hi</td>
<td>.92</td>
<td>T-Hi: C-Hi</td>
<td>.88</td>
</tr>
<tr>
<td>C-Low</td>
<td>.08</td>
<td>C-Low</td>
<td>.12</td>
</tr>
<tr>
<td>T-Low: C-Hi</td>
<td>.97</td>
<td>T-Low: C-Hi</td>
<td>.98</td>
</tr>
<tr>
<td>C-Low</td>
<td>.03</td>
<td>C-Low: T-Hi</td>
<td>.35</td>
</tr>
<tr>
<td>C-Hi: T-Hi</td>
<td>.31</td>
<td>C-Hi: T-Hi</td>
<td>.69</td>
</tr>
<tr>
<td>T-Low</td>
<td>.69</td>
<td>T-Low: T-Hi</td>
<td>.69</td>
</tr>
<tr>
<td>C-Low: T-Hi</td>
<td>.64</td>
<td>T-Low: T-Hi</td>
<td>.64</td>
</tr>
<tr>
<td>T-Low</td>
<td>.36</td>
<td>T-Low</td>
<td>.36</td>
</tr>
</tbody>
</table>
Figure 6: Sequential Analysis of Changes in Complementarity Across the Course of Therapy: Novice vs Experienced Therapist
to client high power attempts 73% of the time versus 54% complementarity to client low power attempts. The clients of novice therapists decreased their complementarity to therapist high power attempts across the course of therapy (from 23% to 5% complementarity), while clients of experienced therapists increased their complementarity to therapist high power influence attempts (from 8% to 37% complementarity). Hence, the previous finding that client complementarity to therapist high power attempts remained consistently low across therapy reflected an opposite (and thus balancing) pattern on the part of experienced and novice therapists. That clients were consistently highly complementary to therapist low power attempts applied for both novice and experienced therapists. The finding that therapists exhibited more complementary responding to both high and low power client attempts in the early and late stages than in the middle stage was generally consistent for both novice and experienced therapists. However, novice therapists were more complementary across each stage to client low power attempts, while experienced therapists were consistently more complementary to client high power attempts. Therefore, the previous finding that therapists encouraged more low power client behavior in the early stages and high power behavior in the late stage was actually more reflective of experienced therapists' patterns than those of novice therapists.
**Summary of results.** This chapter presented the results of the six analyses conducted in this study. Differences were noted in the use of influence attempts between therapists and clients and between sessions held early, middle, and late in the course of therapy. Additional differences were found between novice and experienced therapists with respect to patterns of influence attempt types used across the course of therapy. Finally, the complementarity of the therapy dyad was found to change across the course of therapy, and this change was different for novice therapists than for experienced therapists. The final chapter will discuss these findings in relation to previous research and theory addressing influence within psychotherapy.
CHAPTER V

Discussion

Overview of Findings

The major finding of this study was that clients and therapists used influence attempts differently. Clients used more high power influence attempts than low power, while therapists used more low power attempts overall, when sessions were analyzed without regard to therapist experience level or stage of therapy. Clients and therapists also differed in patterns of change with respect to the use of influence attempt types over the course of therapy, from early to middle to late stages. Therapists had a higher percentage of the use of low power attempts in the late stage than in early or middle stages, while clients consistently used more high power attempts across the course of therapy, with little change from early to middle to late stages.

Client and therapist differences were also noted when analyzing the complementarity of the therapy dyad. Across the course of therapy, clients followed therapist low power interventions with high power responses, but did not follow therapist high power interventions with low power responses (the complementary response). In the early and late stages, therapists were more complementary to both client high and low power attempts than they were in the middle stage. Closer analysis revealed that therapists tended to be more
complementary to client low power attempts in the early stage and to client high power attempts in the late stage.

The second major finding of this study was that novice and experienced therapists and their clients used influence attempts differently. When novice and experienced therapists' dyads were compared, differences emerged which clarified and elaborated upon the above overall findings. Novice therapists tended to decrease their use of high power attempts across the course of therapy, while their clients' use of high power attempts increased. Experienced therapists increased their use of high power attempts in the middle stage of therapy, while their clients' use of high power attempts decreased across the course of therapy.

When therapists' experience level was taken into consideration regarding patterns of complementarity, differences between novice and experienced therapists were noted. Overall, novice therapists responded more complementarily to client low power attempts than high, while the opposite was found for experienced therapists. With novice therapists, clients decreased their complementarity to therapist high power attempts across the course of therapy, while experienced therapists' clients increased their complementarity to high power attempts. The finding that therapists encouraged more low power attempts in the early stage and high power attempts in the late stage reflected the experienced therapists' pattern more than that
of the novice therapists.

Client/therapist influence attempt differences

Clients used more high power influence attempts than low power attempts, while therapists used more low power attempts, overall. That is, when the experience level of therapists and the stage of the sessions within the course of therapy were not considered, clients used significantly more high than low power influence attempts and more high power influence attempts than therapists. Thus, using Penman's system and analyzing simple frequencies, or percentage of types of influence attempts, the clients appeared to be in control of the therapy relationship, overall.

This finding is congruent with that of Tracey and Miars (1986) who found that when they used the relational coding scheme of Ericson and Rogers (RCCS; 1973) in analyzing three therapy dyads, the client appeared to be in control of the relationship. Lichtenberg and Barke (1981), also using the RCCS, analyzed initial sessions by Rogers, Perls, and Ellis and found that the therapists did not have high levels of control over the client.

However, when Tracey and Miars (1986) used the topic initiation/following scheme (Tracey & Ray, 1984), the therapist appeared to be in control. They concluded that in areas crucial to the therapeutic relationship, such as topic of discussion, the therapist exerts considerable influence,
but in areas less important, such as how things are stated, the client is often in control. This conclusion was not supported by the current study, which considered the important underlying meanings of statements in terms of influence rather than "how things are stated".

Heatherington and Friedlander (1990), also studying frequencies of influence attempt types, found that therapists used almost twice as many one-up, or dominant, as one-down, submissive statements. In a review of the family therapy literature, Friedlander (1993) concluded that family therapists as a whole assume a dominant position and their clients assume a submissive position. Given, then, that the perceived locus of influence appears to be a function of the perspective taken by the observer, this study did support Tracey's (1991) recommendation that researchers employ interpersonal rather than intrapersonal methods of data aggregation. In other words, simple frequencies do not appear to be an adequate method of data aggregation to yield reliable information about who controls the therapy relationship. Researchers must examine the relationship between client and therapist influence attempts within the context of the ongoing therapy discourse.

Therefore, the finding of the current study that clients used high power influence attempts and therapists used low power influence attempts, if accepted at face value, would appear to support some previous findings and
contradict others, thus contributing to an already confusing picture of influence within psychotherapy. Clarification of this construct requires examination of how these influence attempt patterns change over the course of therapy.

Client and Therapist Influence Attempt Changes

When therapist influence attempts were considered across the course of therapy, it was found that therapists had a higher probability of using low power attempts in the late stage than in early or middle stages. In both the early and middle stages, therapists had about a 57% probability of using low power attempts, and this rose to 70% in the late stage. This indicates that therapists assumed a moderately submissive posture in the early and middle stages of therapy, but adopted an even more submissive stance late in the course of therapy.

That therapists are submissive early in therapy has been demonstrated by past research. Lichtenberg and Barke (1981), using the RCCS, analyzed sessions by Rogers, Perls, and Ellis and found that the therapists had low levels of control over the client. These were initial sessions.

Tracey (1985) conducted a post hoc analysis of his 1984 data, which had indicated that therapist dominance is associated with successful therapy. He found that therapist dominance was only present in the middle, conflict stage, demonstrating that therapists were acting more independently than their clients were in the middle stage. When the
therapists in the present study were pooled (that is, all four therapists' data was considered in this analysis, without respect to experience level), this therapist dominance in the middle stage was not found. However, further analyses considering experience level and complementarity, to be discussed later, modified this finding.

Previous researchers and theorists postulated the need for therapist submissiveness in early stages of psychotherapy and some hypothesized the effectiveness of increased therapist dominance later in therapy, in a middle, or "working" phase. However, little has been written about therapeutic stance late in the course of therapy. Tracey's (1986) three-stage model describes the late stage as one in which the client becomes less wedded to unrealistic, unilateral definitions of what is to occur in the relationship. As this growth is reflected and reinforced in relationships outside the therapy dyad, the therapist is no longer needed and therapy terminates. While this may seemingly imply that the therapist assumes a more submissive position, Tracey (personal communication, August 23, 1993) more accurately meant to suggest that the interaction becomes more complementary in the late stage, and not necessarily that the therapist becomes more submissive. Hence, no precedent has been found in the psychotherapy research literature for the finding that therapists
increased their use of low power influence attempts in the late stage.

The overall picture of therapist influence attempts in this study appears to be one in which the therapists allowed the client to dominate the therapy relationship, and did so even moreso by the time therapy was ready to terminate. Past research and theory would indicate that these therapeutic relationships were ineffective, in that the clients were allowed to persist in the use of the same maladaptive controlling behaviors they use in relationships outside of therapy. Again, this finding is clarified by examination of influence complementarity over the course of therapy and by comparison of experienced to novice therapists.

When client influence attempts were analyzed across the course of therapy, it was found that clients consistently used more high power attempts than low power, with little change from early to middle to late stages. This finding supported Tracey and Miars (1986), who used the RCCS scheme to analyze three therapy dyads and concluded that the clients were in control of the relationship. This result, however, differed from the family therapy literature in which clients tend to assume a one-down position (Friedlander, 1993). Much more research attention has been paid to therapist stance as opposed to that of the client, but clearly the picture of client influence is as complex as that of therapist influence. Consequently, the client
dominance found in the present study is also better understood through examination of differences in complementarity across therapy, and between experienced and novice therapists.

**Novice/Experienced Therapist Attempt Differences**

Comparing novice to experienced therapists provides insight into theories about how successful therapy "should" be conducted in relation to how it actually is conducted. When novice and experienced therapists were compared for influence attempt styles, differences emerged. Novice therapists tended to decrease their use of high power attempts across the course of therapy, while their clients' (already frequent) use of high power attempts increased. Experienced therapists increased their use of high power attempts in the middle stage of therapy, while their clients' use of high power attempts decreased across the course of therapy.

These results modified and clarified the previously reported findings. That therapists used consistently more low power attempts than high was primarily reflective of the experienced therapists' predominant use of low power responses, which masked the novice therapists' moderate preference for high power attempts at each stage of therapy. In essence, novice therapists appeared to be in a struggle for control of the therapy relationship throughout therapy, decreasing the intensity of their battle while their clients
increased their efforts to control the definition of the therapy relationship. Experienced therapists, on the other hand, seemingly allowed the client to control the relationship definition, but less so in the middle stage than in either the early or late stages. The clients of the experienced therapists gradually decreased the intensity of their struggle for control as therapy progressed.

In addition, it had been noted that therapists as a whole used more low power attempts in the late stage than in the early and middle stages. The use of low power attempts appeared about equal in the early and middle stages. Considering the experience level of the therapists indicates that this apparent equivalence was a result of opposing patterns among the experienced and novice therapists. Specifically, novice therapists decreased their use of high power attempts from the early to middle stage, while experienced therapists increased their use of high power attempts. In other words, when progressing from the rapport attainment stage to the working phase of therapy, novice therapists began to relinquish their battle for influence while experienced therapists began to challenge the client's relationship definition. However, this should be considered in relative terms, given that the novice therapists remained more controlling (using high power attempts) than did the experienced therapists at each stage of therapy.

The finding that therapists' use of high power attempts
decreased in the late stage did reflect both novice and experienced therapists' patterns. However, for novice therapists, this illustrated a continued decline in the strength of their influence attempts, while for experienced therapists it reflected a return to the more passive stance established in the early stage of therapy.

Relational control theorists, emphasizing communication within a specific interpersonal context (i.e., one-up and one-down messages), have asserted that therapists should maintain a one-up, dominant position throughout the course of therapy (Friedlander, 1993). Haley (1963) asserted that the therapist must be dominant, that is, have more control than the client over what is to occur. Otherwise, clients will control the relationship in ways congruent with their symptoms, thereby sabotaging the opportunity for changes in the client's behavior. The novice therapists in this study appeared to have espoused this control, but were steadily losing the battle to the clients' pressures to act according to their definition of the relationship. The experienced therapists did not appear to seek to control the relationship at any point, but did begin to challenge their clients' relationship definition in the middle phase of therapy.

Tracey and Ray (1984), investigating Haley's (1963) hypothesis that the therapist must be dominant for successful therapy, found that the therapist almost always
had a higher degree of influence than the client, regardless of outcome. They used topic determination as an overt measure of influence. In contrast, the present study, examining the latent, underlying meaning of messages with regard to influence, found that the client, not the therapist, used high power influence attempts more frequently. However, the finding that the novice therapists, and not the experienced therapists, frequently used high power attempts would argue against Haley's contention. Given the assumption that the experienced therapists molded their behavior based on the patterns of interaction that appeared to lead to more successful therapy in the past, this study did not support a connection between therapist dominance and therapy success. Rather, the implication of this study is that a moderately low degree of therapist influence, particularly in the early and late stages, may be optimal. The novice therapists in this study appeared to be engaged in a losing battle for control of the relationship, while the experienced therapists established a trusting relationship early, began to confront and challenge in the middle stage, and returned to a more accepting stance in the late stage of therapy.

Friedlander, Thibodeau, and Ward (1985), using the degree of structuring implied by therapist's messages to distinguish "good" from "bad" sessions, found that in the sessions identified as "good", therapists consistently
Sequential Analysis

provided a moderate degree of structure (reassurance-encouragement, information, and interpretation), as opposed to lower (reflection/restatement) or higher (information seeking, guidance/advice) degrees of structure. Tracey (1985) initially found that therapists were dominant in successful dyads, whereas dependency was equal in unsuccessful therapy dyads. However, further analysis revealed that this dominance was only present in the middle stage of therapy. Both of these investigations were supported by the current study, in that the experienced therapists exerted a moderate degree of influence throughout, with a higher degree of influence attempted in the middle stage of therapy.

That the findings of these studies are congruent with the behavior of the experienced therapists further supports the assumption that the level of experience may be related to expectations about therapy outcome. In other words, the experienced therapists in this study acted more similarly to previous studies' "successful therapy" findings than did the novice therapists.

Discrepancies in previous research findings may be the result of researchers viewing influence from different perspectives. The present study's use of latent, or underlying contextual meanings of verbalizations circumvents complications inherent in systems analyzing overt behaviors and prescribed categorizations, such as "one-up" for
verbalizations in the form of questions. In studying complex and dynamic human relationships it seems imperative to be able to code verbalizations based on what the speaker appears to be trying to convey, rather than simply coding the form of the statement. The present study found that, when this latent level of influence is analyzed, experienced therapists do conform to hypotheses regarding the need to confront the client's relationship definition once a trusting relationship has been established, while novice therapists struggle for control throughout the course of therapy. This finding is elaborated upon further by using sequential analysis to study the complementarity of clients and therapists.

Complementarity Changes Over Course of Therapy

The use of sequential analysis and transitional probabilities rather than straight frequency counts allows examination of the complementarity of the interaction, or how each member's use of influence attempts relates to the other's influence behavior. Across the course of therapy, clients followed therapist low power interventions with high power responses, but did not follow therapist high power attempts with low power responses (the complementary response). In the early and late stages, therapists were more complementary to both client high and low power attempts than they were in the middle stage.

As noted earlier, Tracey's hypothesized changes in
influence patterns across three stages of psychotherapy were based on the complementarity of the therapy interactions, rather than the frequency of use of particular influence attempts. There is extensive theoretical basis for his emphasis on the importance of complementarity with respect to influence within relationships. Sullivan (1953) and Leary (1957) proposed that behaviors can be classified on the two dimensions of power (dominance/submissiveness) and affiliation (love/hate) and that behaviors that are opposite on one dimension and similar on the other are considered complementary and contribute to relationship harmony. Thus, by eliciting complementary behaviors from the other person, one is able to maintain a sense of security or comfort within the relationship.

Interpersonal theorists have maintained that therapists must avoid complementary responses after the initial phase of therapy. Friedlander (1993) provided evidence to support interpersonal theory in the context of individual therapy. That is, complementarity was found to be optimal in the initial phase of successful therapy and lower levels of complementarity were found to promote change in the middle phase.

Carson (1969) was perhaps the first to suggest that complementarity should be reduced after the initial phase of therapy, so as to change the client's typical interpersonal pattern and thereby modify the client's rigid and self-
defeating interpersonal style. Kiesler (1982), building on Carson's model suggested that initial complementarity is needed to build the therapy relationship and avoid premature termination but that successful therapy requires the therapist to make noncomplementary or "asocial" responses later in the course of therapy. Tracey (1985) found that therapists acted more independently than their clients in the middle phase of therapy. Client behavior was highly predictable in this stage, given the therapist's previous behavior. Thus, therapists seemed to engage in asocial behavior, acting in ways that did not fit with client expectations. He postulated that this middle stage is the key factor differentiating successful from unsuccessful therapy dyads. In contrast, he found no dependency differences in the early stage of therapy, thus supporting Friedlander and Phillips's (1984) finding that each member of the dyad has an equal influence on the other in the early stages of therapy. As noted earlier, Tracey (1986) expanded on previous models to discuss the third, or late stage of therapy in which the members of the dyad return to complementary interactions.

The present study's analysis of therapist complementarity supports these interpersonal theories and previous research findings pertaining to patterns of influence within psychotherapy. The therapists in this study decreased their complementarity in the middle stage of
therapy, and increased it again in the late stage. Although all four therapists in this study espoused the same short-term therapy model, it appears reasonable, particularly since this same pattern has been found by other researchers, that this finding is atheoretical. It may be assumed that the changes across the course of therapy are relative, with a gestalt therapist, for example, being more asocial and confrontive early in therapy than a psychoanalyst. However, in both cases, the therapist is likely to become more confrontational (less complementary) in the middle, working stage of therapy. More extensive research using therapists of different theoretical orientations may be necessary to support this assumption, but even in non-therapeutic interpersonal relationships, we tend to be more willing to challenge and confront another once trust has developed in earlier stages of the relationship. As therapists are in the business of eliciting change, it seems reasonable to expect that this same dynamic would apply in the psychotherapy relationship.

On the other hand, when examining client complementarity, the results are not congruent with previous findings. Heatherington and Friedlander (1990), using the RCCS, found that in about two-thirds of all reciprocal interactions studied, the therapist asserted control and the client accepted the definition of the relationship. Therapists were most likely to respond with one-up to
client's one-up statements. Clients, on the other hand, followed the therapist's one-up with the complementary one-down response and the therapist's one-down with the complementary one-up response. In addition, Friedlander, Wildman, and Heatherington (1991) found that in family therapy, therapists engage heavily in complementary interactions in which they are one-up and the family members are one-down. These studies considered only the initial stages of therapy.

Thus, the general finding in the past has been that, at least in the early stage, the therapy relationship tends to be a complementary one in which the therapist assumes a one-up position and the client a submissive, one-down role. The opposite was found in the present study, with the clients in the early stage behaving in a complementary manner only to therapist low power, or "one-down" statements. The reason for this discrepancy may lie in the researchers' choice of measures of influence. The latent power classification of Penman's systems, used in the current study, reflects the subtler messages that often modify the meaning of the manifest message. For example, "And just what do you mean by that?" is in the form of a question, but has a much different manifest meaning than the question, "How old did you say she is?". In contrast, the RCCS, used in previous research on "one-up" and "one-down" messages does not provide that level of sensitivity to meaning. For example,
the RCCS does not differentiate closed and open-ended questions. Both are coded as one-down, although in the therapeutic context, therapists often ask closed, interviewing type questions which are more correctly assigned one-up control codes (Folger & Sillars, 1980; Friedlander & Heatherington, 1989). Further research considering latent meanings of verbalizations may be helpful in exploring and clarifying the complementarity relationship between therapists and clients in the early stage of therapy.

Novice/Experienced Therapist Complementarity Differences

When experience level was taken into consideration regarding these patterns of complementarity, differences emerged between novice and experienced therapists. Overall, novice therapists responded more complementarily to client low power attempts than high, while the opposite was found for experienced therapists. This indicates that novice therapists, using primarily high power influence attempts, encouraged, through complementary responding, their clients to use more low power influence attempts, though unsuccessfully. Experienced therapists, in a more submissive stance, encouraged their clients to use more high power attempts. With novice therapists, clients decreased their complementarity to therapist high power attempts across the course of therapy, while experienced therapists' clients increased their complementarity to high power attempts. If
we consider this finding in relation to the therapists' use of attempt types, we see that while novice therapists' clients were encouraging less high power influence attempts, the therapists were indeed using less high power attempts. Clients of the experienced therapists were relinquishing control by encouraging more high power influence attempts by the therapist. Concurrently, the experienced therapists did increase their high power influence attempts in the middle stage, but, despite the increased encouragement in the late stage, decreased their control and encouraged their clients to use more high power influence attempts.

One might conclude that the experienced therapists were establishing harmony and rapport in the early stage, challenging their clients to change in the middle stage, and empowering their clients in the late stage. Indeed, the finding that therapists encouraged more low power attempts in the early stage and high power in the late stage reflects the experienced therapists' pattern more than the novice.

Haley postulated that the middle stage is the key factor differentiating successful from unsuccessful therapy dyads. Friedlander (1993) provided evidence to support Haley's theory in the context of individual therapy. That is, complementarity was found to be optimal in the initial phase of successful therapy and lower levels of complementarity were found to promote change in the middle phase. Experienced therapists decreased their complementarity to
both client high and low power attempts in the middle stage. In other words, they did appear to behave in an "asocial" manner, as Haley prescribed for successful therapy.

On the other hand, novice therapists in the middle stage decreased their complementarity to the clients' low, but not high, power influence attempts. However, their complementarity to client low power attempts remained substantially higher than to client high power attempts. In essence, then, novice therapists did not appear to be following interpersonal theorists' prescriptions for change, but rather continued to struggle for control of the relationship throughout the course of therapy.

Limitations of the Study

One of the limitations of the study is that it is based on only four courses of therapy. This sample size was chosen to provide preliminary data with respect to complex relationships and to do so in a timely and practical manner. In addition, keeping the sample limited to four therapists allowed the participation of experienced and novice therapists who practiced at the same facility, thus reducing variability in length of treatment, physical environment, administrative constraints, and other aspects of the therapy relationship which may otherwise have introduced intervening variables peripheral to those under investigation. However, this small sample size potentially limits the generalizability of the findings of this study to other therapy
relationships. Specifically, all four therapists in this sample espoused the same short term therapy model, and while the patterns of influence within psychotherapy are assumed to be pantheoretical, a larger sample size using therapists of differing theoretical orientations may have lent validity to this assumption.

In addition, both experienced therapists were male and both novice therapists were female, with female clients. This introduces a potential gender confound to the novice versus experienced comparisons. Cooke and Kipnis (1986) found differences in the use of influence attempts correlated with the gender of therapists and clients: Male therapists used more influence tactics than female therapists; therapists of both genders told female clients what to do more often than male clients, and; therapists used stronger influence attempts more frequently with female clients than with male clients. Therefore, one might argue that the novice therapists' use of high power influence attempts in the current study was a byproduct of the fact that they had female clients, rather than the fact that they were novice therapists. This seems unlikely, because the two experienced therapists had one male and one female client, thus mediating any systematic bias in terms of client gender. Also, the Cook and Kipnis results would seem to suggest that the experienced therapists, being male, would use higher power influence attempts than the female
novices, which is contrary to what was found. However, that gender differences have been found raises the possibility that gender may have served as an intervening variable in the present study. Both experienced therapists were also older than the novice therapists, raising the possibility that differences are due to age or life experience rather than a honing of therapy skills with more extensive clinical practice. No reported research was found in the influence literature to either support or contraindicate a bias in terms of age of the therapist.

Another limitation is that data was collected on only three points in the course of therapy, for each dyad. Resource constraints prohibited the transcribing, coding, and analysis of each session, though this would be the optimal research strategy in terms of examining patterns of changes across the course of therapy. With only one session selected from each of the three stages of therapy, the possibility remains that results would have differed had the session directly before or after the one chosen been selected for analysis. Thus, only by analyzing each session may we obtain a clear picture of the patterns of influence as they evolve throughout the course of therapy.

In addition, the initial session and final session in each dyad was selected for analysis, because the courses were so brief that it was believed that this would maximally detect any changes in the relationship. However, these end-
points in therapy may not accurately represent the overall tone of the relationship in the early and late stages. An analysis of the second or third session and second or third from the last session, using longer courses of therapy, would perhaps be more representative of these phases of therapy. Again, a more comprehensive examination involving an analysis of each session in the course would be optimal in eliminating this concern.

Another problem is that the Penman classification systems have not been widely used in process research, making comparisons to previous findings difficult. Tracey (1991) pointed out that most of the research on influence in psychotherapy has "focused on more overt types of control", although the more covert control detected by the Penman systems "could be the type of control that needs to be used skillfully by therapists" (p.276). However, because the Penman systems have not been frequently used to analyze influence data, their convergent and divergent validity have not been well established. Assumptions must be made in order to compare findings from this study to others, for example, that the use of high power influence attempts, by Penman's classification, in some way correlates to "one-up" statements, by the Relational Communication Coding System of Ericson and Rogers (1973). In fact, discrepancies between the findings of this study and previous studies may be attributable to differences in these definitions of
influence, as in the case of how questions are coded.

Another problem with the current study is the lack of an outcome measure. As a criterion for inclusion in the study, each course of therapy came to a natural end, with no course being prematurely terminated by either party, and we might therefore assume at least a moderate degree of client satisfaction in every case. However, because neither therapists nor clients provided reports of perceived outcome, no direct relationships between patterns of influence and therapy outcome could be analyzed. Thus, assumptions were made that the patterns exhibited by experienced therapists may be more closely associated with positive outcomes. These assumptions were based on: (a) the finding that the patterns of influence exhibited by the experienced therapists, subjectively and objectively more closely matched theoretical prescriptions for successful therapy outcomes found in the influence literature; and (b) the rationale that experienced therapists have a broader base of trial-and-error practice upon which to have honed their styles of exerting influence in ways most likely to bring about change.

Another limitation of this study is the lack of statistical comparisons of transitional probabilities. Much of the discussion of the results of this study was presented in terms of subjective differences, whether between stages of therapy or between novice and experienced therapists.
This is because statistical procedures have not yet been developed which would compare patterns of sequential dependencies to yield an objective measure of significance. Therefore, examination of these findings was limited to pictorial illustrations and subjective impressions. Consequently, comparison of these findings with those of future replications or similar research would necessarily be speculative and global in nature.

**Implications of the Study**

This study has important implications for the field of psychotherapy as well as the field of psychotherapy process research. In relation to the practice and training of psychotherapy, this study sheds light on the issue of influence, bypassing questions of whether influence is desirable and addressing the questions of what type and degree of influence is beneficial when and how. Thus, the very theoretical foundation of this study is important in its recognition that the state of the field today is one of acceptance of the realization that therapists and clients are members of a relationship, and as such have a vested interest in influencing each other. Understanding how this happens and how it might happen most effectively in terms of evoking positive changes within the client is the complex challenge facing the field of psychotherapy and thus psychotherapy process research.

Specifically, this study supports the interpersonal
theories of those who have hypothesized that therapists change influence tactics, or stances, throughout the course of therapy. It illuminates the previously unaddressed issue of what happens late in the course of therapy, after the "working" phase and toward termination of the relationship, in terms of influence and complementarity. In its inclusion of client data throughout its investigations, this study provides insight into the circular effects of therapist and client behavior, recognizing that neither the therapist nor the client exist in a vacuum, but effect each other in an ongoing manner throughout the relationship. By including and comparing novice and experienced therapists, this study, unlike any found in the influence literature, yields implications for how therapy styles may develop with experience. In terms of training, education and practicum programs may benefit from a focus, not on how we think professionals should conduct therapy, but on how professionals with years of experience do conduct therapy, and use these findings as guidelines for the training of psychotherapists. Student therapists and therapists already practicing in the field may become more aware of the relative strength of their attempts at influencing clients in relation to the phase of therapy, and alter their behavior accordingly. In addition, an awareness of the client's influence attempts and his or her resistance to the therapist's challenging of the relationship definition would
be crucial to understanding the emerging and ever-changing feelings of the client and the therapist within the context of the relationship.

With respect to implications for psychotherapy process research, this study highlights the importance of relinquishing linear models of causality when examining therapy relationships in favor of seeking a circular, or systemic understanding of complex interpersonal dynamics. The picture of influence attempts and the locus of power within these four dyads was greatly modified and clarified by the examinations of the sequential dependencies, the temporal relationships within the client/therapist interactions. These analyses yielded information that could not be obtained by straight frequency counts and percentages, as have been used primarily in this area of research in the past. Thus, it seems imperative that those studying psychotherapy relationships become familiar with sequential analysis theory and the techniques associated with it. This study illustrated how the use of sequential analysis, with its focus on contextual and temporal relationships, can effect the interpretation of psychotherapy process research findings.

Considerations for Future Research

Several areas for future research stem logically from the limitations of this study. Sampling sessions from each stage of therapy yields different information than much
research conducted in the past, in which only one stage (usually the early stage) has been examined. However, a research strategy analyzing each session, though cumbersome and resource-intensive, would be invaluable in providing a more comprehensive understanding of patterns of behavior throughout the relationship. Consideration of influence dynamics amongst different gender pairings and amongst therapists with different theoretical orientations would improve our understanding of these variables in relation to influence patterns.

Given that there are a variety of ways in which to exert influence apart from stereotypic-based assumptions about overt behavior, it seems useful to use instruments such as Penman's latent systems which address more overt types of control likely to be exhibited by therapists and their clients. In addition, given the ascendance of the view of therapy as a reciprocal interaction, there should be a preference for methods of data aggregation that take reciprocal interaction into account. As the field of psychotherapy becomes increasingly accountable to the public and third-party agencies, it has become incumbent upon psychotherapy process researchers to include outcome measures in their investigations. Such measures would be helpful in clarifying the relationship between types of influence patterns and "successful" therapy. Thus, this study could be replicated using therapists and clients of
different genders, therapists of different theoretical orientations, analysis of each session in every course of therapy, and outcome measures to correlate with patterns of influence. Finally, further research designs comparing novice and experienced therapists would increase our understanding of how clinical styles develop with experience and may assist in the formulation of training models for psychotherapy.
Appendix A

Client Consent Form

THERAPIST AND CLIENT INTERACTIONS

CLIENT CONSENT FORM

I, __________________________, state that I am over 18 years of age and that I wish to participate in a research study being conducted by Ph.D. candidate Larry Katz. This research involves a study of therapist and client interactions across the course of therapy sessions. I understand that there are no risks involved by participating in this study. Benefits include a greater understanding of therapist/client relationships, and the findings may aid in the development of training models for psychotherapy. I freely and voluntarily consent to my participation in the research project. I understand that I may withdraw from participation at any time without prejudice and that the results will be made available to me upon request.

__________________________________________
Signature of Therapist

__________________________________________
Signature of Volunteer

______________
Date

______________
Date
Appendix B

Therapist Verification Form

THERAPIST AND CLIENT INTERACTIONS

THERAPIST VERIFICATION FORM

I,______________________, verify that I have in my files a signed consent form from my client. He/she has agreed the tape made during our therapy session can be used in a research study. The client understands that his/her identity will not be revealed to the primary investigator nor to any member of the research team and that he/she may withdraw from the study at any time.

__________________________________  _________________________
Signature of Investigator             Signature of Therapist

______________________________  ________________
Date                              Date
Appendix C

Penman's Latent Power Categories

**High Power**

<table>
<thead>
<tr>
<th>REJECT</th>
<th>CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows hostility</td>
<td>Maneuvers to gain control</td>
</tr>
<tr>
<td>Discredits other</td>
<td>Forceful challenges</td>
</tr>
<tr>
<td>Denigrates task/other</td>
<td>Takes over, directs</td>
</tr>
</tbody>
</table>

**INITIATE**

<table>
<thead>
<tr>
<th>Influences other</th>
<th>SHARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leads without control</td>
<td>Joins forces</td>
</tr>
<tr>
<td>Stands for self while</td>
<td>Openly forces</td>
</tr>
<tr>
<td>inviting other</td>
<td>Affirms self and other</td>
</tr>
</tbody>
</table>

**Medium High Power**

<table>
<thead>
<tr>
<th>COUNTER</th>
<th>RESIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defies, refuses</td>
<td>Counteracts</td>
</tr>
<tr>
<td>Defends self</td>
<td>Is cynical, skeptical</td>
</tr>
<tr>
<td>Stands for self at</td>
<td>Sets up obstacles</td>
</tr>
<tr>
<td>expense of other</td>
<td></td>
</tr>
</tbody>
</table>

**OFFER**

<table>
<thead>
<tr>
<th>Tentatively suggests</th>
<th>COLLABORATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informs other</td>
<td>Reciprocates other</td>
</tr>
<tr>
<td>Is task-oriented</td>
<td>Consents to co-operate</td>
</tr>
</tbody>
</table>

**Medium Low Power**

<table>
<thead>
<tr>
<th>EVADE</th>
<th>ABSTAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vague and wordy</td>
<td>Is indecisive</td>
</tr>
<tr>
<td>abstracting</td>
<td>Uses delaying tactics</td>
</tr>
<tr>
<td>Does not respond directly</td>
<td>Is unwilling to commit self</td>
</tr>
<tr>
<td>Maneuvers out of situation</td>
<td></td>
</tr>
<tr>
<td>SEEK</td>
<td>OBLIGE</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Seeks confirmation</td>
<td>Willingly accepts</td>
</tr>
<tr>
<td>Requests information</td>
<td>Concurs with other</td>
</tr>
<tr>
<td>Allows other to start</td>
<td>Endorses other</td>
</tr>
</tbody>
</table>

**Low Power**

<table>
<thead>
<tr>
<th>REMOVE</th>
<th>RELINQUISH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refuses to participate</td>
<td>Concedes defeat</td>
</tr>
<tr>
<td>Ignores other</td>
<td>Backs away</td>
</tr>
<tr>
<td>Dissociates self</td>
<td>Abandons previous position</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBMIT</th>
<th>CLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defers to other</td>
<td>Seeks control by other</td>
</tr>
<tr>
<td>Gives responsibility to other</td>
<td>Accepts any directives</td>
</tr>
<tr>
<td>Takes path of least resistance</td>
<td>Mutually colludes</td>
</tr>
</tbody>
</table>
Appendix D

Diagram of Penman's System

<table>
<thead>
<tr>
<th>Power</th>
<th>Reject</th>
<th>Control</th>
<th>Initiate</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Counter</td>
<td>Resist</td>
<td>Offer</td>
<td>Collaborate</td>
</tr>
<tr>
<td></td>
<td>Evoke</td>
<td>Abstain</td>
<td>Seek</td>
<td>Oblige</td>
</tr>
<tr>
<td></td>
<td>Remove</td>
<td>Relinquish</td>
<td>Submit</td>
<td>Cling</td>
</tr>
</tbody>
</table>

Involvement
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VITA

Lawrence C. Katz is currently completing requirements for a Ph.D. in Counseling Psychology at Loyola University Chicago, while concurrently serving as Associate Clinical Director for ComPsych Substance Abuse Programs and Employee Assistance Program therapist for Comprehensive Psychological Centers. He obtained his Bachelor of Science degree in psychology at the University of Illinois at Champaign and his Masters of Science degree in psychology at Indiana State University.

Mr. Katz has held a number of positions within the field of psychology, including clinical, research, and teaching positions. He completed a full-time, APA-accredited internship at the Illinois State Psychiatric Institute in 1993, where he had served as a psychology extern the prior year. From 1991 to 1992, he also conducted group, individual, and family outpatient therapy as an Associate with ComPsych Centers and taught a graduate level Counseling Skills course as a teaching assistant for Loyola University Chicago. Prior to that, Mr. Katz worked as a Psychology Extern for Comprehensive Psychological Centers, conducting outpatient therapy and psychological assessments and serving as behavioral consultant to Charter-Barclay Hospital. He concurrently worked as a research assistant to Loyola
University's psychotherapy process research team, where he developed an interest in studying processes within the therapy relationship. In his first year at Loyola University Chicago, Mr. Katz helped teach a graduate level Group Therapy course as a teaching assistant and served as administrative assistant for the Department of Counseling and Educational Psychology.

Prior to beginning the doctoral program at Loyola, Lawrence Katz had worked as a therapist for the Ray Graham Association, Charter Hospital of Terre Haute, Indiana, and the Champaign County Mental Health Center. He had served as the Vocational Development Coordinator for the Little City Foundation and as a teaching assistant and research assistant at Indiana State University.

In addition, Mr. Katz has presented professional seminars on codependency, stress management, personality disorders, Post-Traumatic Stress Disorder, legal and ethical issues, interpretation of psychological assessments, and sex education of the mentally handicapped. His research presentations include three presentations of his findings on influence patterns across the course of therapy: at APA in Toronto, Canada, 1993; Illinois Psychological Association, 1993; and North American Society for Psychotherapy Research in Santa Fe, New Mexico, 1994. He also presented research on therapists' inner experiences at APA in Washington, D.C. in 1992 and on therapists' recall at NASPR in Panama City.

Currently, Lawrence Katz maintains his interest in studying psychotherapy processes and continues to enjoy providing psychotherapy services and training. He hopes to obtain a teaching position with a university and to continue his research endeavors.
The dissertation submitted by Lawrence C. Katz has been read and approved by the following committee:

Marilyn Susman, Ph.D., Director
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Professor, Educational Psychology
Loyola University Chicago

Jack Kavanagh, Ph.D.
Professor, Educational Psychology
Loyola University Chicago

The final copies have been examined by the director of the dissertation committee and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the committee with reference to content and form.

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

11-30-74
Date

[Signature]
Director's Signature