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## The Importance of the Therapists' Inner Experiences in Psychotherapy: A Review of Intentions and Related Literature

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LOYOLA UNIVERSITY OF CHICAGO

THE IMPORTANCE OF THE THERAPISTS' INNER EXPERIENCES IN  
PSYCHOTHERAPY: A REVIEW OF INTENTIONS  
AND RELATED LITERATURE

A THESIS SUBMITTED TO  
THE FACULTY OF LOYOLA UNIVERSITY OF CHICAGO  
IN CANDIDACY FOR THE DEGREE OF  
MASTER OF ARTS  
DEPARTMENT OF COUNSELING AND EDUCATIONAL PSYCHOLOGY

BY

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## PREFACE

As a student of counseling psychology, the need to understand inner experience is imperative. In studying the theoretical underpinnings and skills to practice as a therapist, I felt well equipped to enter a counseling practicum doing individual psychotherapy. Much to my dismay, there the complexity of the psychotherapy process appeared. In sharing my confusion with my practicum supervisors, I was directed to my inner experience.

As a practicum student my supervisor required me to keep process notes. Initially, I felt the system was archaic and later as my supervisor reviewed the notes and asked "Why did you do that?" or "What was going on there?" I began to realize the significance of understanding my own inner experience. At this time, I joined a research team which examined therapist intentions and moreover, the inner experiences of therapists.

As I began to look at various studies that explored intentions I was frustrated because there was nothing which related to the complicated inner experience that I was experiencing as a student in

counseling. Therefore, it seemed fitting to assert the necessity of getting to this level of inner experiencing.

Thus, my personal experience coupled with the direction of the research team of which I was a member, provide the rationale for this thesis.

I would like to thank the director of the research team Dr. Marilyn Susman, as well as Dr. Martha Ellen Wynne for their time and knowledge.

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## CHAPTER 1 - INTRODUCTION

### Inner Experience

#### Definition

A major contemporary focus in clinical psychoanalysis is on the therapist's contribution to the nature of the psychotherapeutic relationship. That contribution has been discussed under the headings of the therapist's personality structure, the therapist's transferences, and the therapist's countertransferences - induced or otherwise. To continue this focus but reduce the level of abstraction somewhat, the inner experience of the therapist appears as a salient component of therapy (Basescu 1987).

Many things occur within the therapist that constitute his/her inner experience. Anna Freud (cited by Kottler, 1984) expresses a viewpoint which it seems that many researchers overlook: "I feel that we should leave room somewhere for the realization that analyst and patient are also two real people of equal adult status, in a real relationship to each other." Yalom (1989) echoes this sentiment when he defines the heart of psychotherapy as an encounter which is a caring, deeply human meeting between two people. So, the client is experiencing a process and the therapist is also having an experience. As systems theory would contend (Greenberg & Pinsof 1986) the interaction between the therapist and client is occurring at the interface between two larger systems -

the therapist system and the client system. Although understanding both of these systems is significant to understanding psychotherapy, for training and clinical practice it seems logical to examine the therapist's system and his/her role in this human interaction. Yalom (1984) describes the dual role of the therapist as an observer and a participator in the life of a patient. The role is demanding and poses many questions for the therapist which contribute to the inner experience. He gives an example of a client's problem being one which the therapist himself has avoided. One could imagine this would certainly provide a stressful inner experience for the therapist which would certainly affect his intentions and thus, his interventions. Similarly, Kottler (1984) describes that clients may raise issues which the therapist has successfully worked through yet, it all comes tumbling forth as the client struggles with the similar issue.

In all of these factors which connect the personal with the professional, the therapist must be seen as a complex being with conflicting desires and multiple urges motivated by altruism, egocentricity, and self-interest. Weinberg (1984) describes that how we respond to a patient is always, to some degree, a result of what we bring to the experience. Therapists are never purely objective instruments, but being human we have a history and a disposition that affect our response. Lee (1983) argues that counselors make assumptions and the counseling process is laden with values, philosophical assumptions and commitments. There is no such thing as a value-free counselor. His or her value commitments may shift from client to client but they are operative in the process nonetheless.



Basescu (1987) offers a nice summary and a simplified definition of the inner experience as thoughts and feelings in the course of functioning as a psychoanalyst. He continues as he explains the on-going nature of experience in sessions, what is said and when, and the interventions chosen. He notes a continual stream of associations- thoughts, words, images, recollections, feelings- some directly related to the person, some related to personal experiences, some seemingly unrelated to either therapist or client, like a joke, a line from a song, or a brief image.

### Inner Experience Versus Countertransference

The distinction between countertransference and the inner experience seems significant as it has occurred to me that some may think I have been describing countertransference. The inner experience may incorporate countertransference however, the two are not synonymous. Most often countertransference refers to the past or present unresolved emotional conflict or needs. Furthermore, the standard approach emphasizes the need to recognize, understand and control these reactions (Patterson 1986). The inner experience may include feelings, thoughts, or perceptions that are not related to any unresolved conflict or needs and while awareness of inner experience is essential control is not always mandatory. For example, a countertransference (which may be considered part of the inner experience) may consist of a male therapist perceiving a female client as domineering and may base some reactions and interventions on this perception. In fact, this perception could be unwarranted and stemming from an unresolved conflict with his mother. The inner experience may consist of any subjective thoughts, feelings or

perceptions even those which are completely unrelated to the therapeutic process. It may be a value, like, dislike, generalization or a preference with no countertransference issues. Yalom (1989) describes a client by whom he was repulsed due to her obesity. He did not have unresolved conflict or needs, he was simply repulsed and this was a part of his inner experience each session.

### Effects on Intervention

Inner experiences affect the choice of intervention. Treadway (1986) describes a case in which a critical decision was based on an inner experience. He describes a case in which he is doing couples therapy. In an individual session with the husband he learns that the husband was having an affair. In a couples session this therapist draws out the affair which consequently splits the couple apart. Later, Treadway states "it was my discomfort with incongruity of knowing about the affair that determined he had to tell his wife about it. Many marriages survive secret affairs. It was me that couldn't keep a secret." Clearly, this is an example of the therapists inner experience influencing his intentions and leading to a choice for a specific intervention.

Therapists' inner experiences are a significant component of therapy. For research purposes it is the absence of this realization which has established a profound gap between research and practice.

Incongruities between practice and research are partially caused by the exclusion of the therapists purposes and goals. Only data that can be observed, measured, studied objectively, and replicated are considered proper data for social science (Woolsey 1986). The reduction of complex wholes into smaller parts, the use of experimentation and

operational definitions, and the reasoning of linear causality, the "correct" methods of science, generally have replaced observation of natural events in field settings and systems analyses. Purposes, goals, motives and intentions (inner experiences) have been excluded from scientific inquiry (Howard 1985). This emphasis has had several consequences. First, behavior has come to be equated with objectivity, whereas inner experience has come to represent subjectivity (Valle & King cited in Woolsey 1894). Because a person's inner reality, including purposefulness, is experienced only privately, it meets none of the criteria for science. Hence inner experience has been excluded as a proper object for scientific study except when outwardly manifested as observable and quantifiable behavior (Valle & King; Van Leeuwen cited in Woolsey 1986).

### Intentions

Recently researchers migrated away from the mindset described above in their examination of intentions (Hill, Carter & O'Farrel 1983; Hill & O'Grady 1985; Hill, Helms, Spiegel & Tichenor 1988; Gelso, Hill & Kivlighan 1991; Kivlighan 1989, 1990). Intentions are defined as a therapists rationale for selecting a specific behavior, response mode, technique, or intervention to use with a client at any given moment within a session. Intentions represent what a therapist wants to accomplish through his or her behavior within a session. An intention is the cognitive component that mediates the choice of intervention. Intentions refer to why, whereas interventions or techniques refer to what the therapist does.

Another area which has been examined and is related to intentions

research is the area of internal dialogue or self-talk statements (e.g. Morran,1986; Morran, Kurpius & Brack,1989). These studies also address the cognitive component of the therapists' inner experience. Later in this paper these studies will be expounded upon and related to the inner experience. Similarly, Martin, Martin, Meyer and Slemon (1986) note the importance between counselor cognitions and behaviors. In fact, Martin (1984) coined the term cognitive mediation as he describes the counseling process with both the client and counselor as cognitively active.

Intentions seem to be a step closer to describing how therapists think about their subjective experience in sessions than are such variables as response modes (e.g., questions, restatements) or nonverbal behaviors which have been given considerable attention in the literature (Elliot, Stiles, Mahrer, Hill, Frielander, Margison 1987; Hill 1978; Stiles 1979). Although intentions research is a step closer and an invaluable area of study, the examination of therapist's inner experiences is the necessary next level. This will not replace the research on intentions and the related concepts; however, it will enrich the data and add to our growing knowledge of the therapy process. In addition, it will begin to close the gap between researcher and practitioner. This would be invaluable to researchers, students and clinicians.

### **Need for This Study**

The research on intentions and related concepts is a valuable addition to the study of the psychotherapy process. Thus, a comprehensive review of the literature will enable researchers and

practitioners to gain a more complete understanding of therapists' inner experiences and therefore a clearer comprehension of the psychotherapy process. Lambert (1989) discusses the abundance of research that has been conducted on therapists' contribution to therapy, however, the individual therapist has been neglected. Many specific personal and professional variables have been studied. Lambert (1989) breaks the variables into two categories. The static traits which include such variables as demographics, training, theoretical orientation and years of experience. The other grouping includes the process variables such as style, technique and relationship attitudes. The research on process variables has been more closely related to psychotherapy outcome. However, these variables assume that the therapist contribution can be broken down into specific dimensions rather than recognizing the complex sum of dimensions (Lambert 1989) .

In this thesis, the need to examine therapists' inner experiences will be addressed. Different methods used to study inner experiences will be reviewed including cued and free recall, field based and analogue studies. Finally, an example of a field based study using free recall will be presented.

## CHAPTER 2 - PROCESS TO OUTCOME

### The Relationship Between Process and Outcome Research

#### Process

The process of psychotherapy has been the object of scientific study for about 30 years. Historically, process research had been defined as behaviors which occur within the counseling session (Hill 1986). Typically, the domain of behavior outside the session was defined as outcome research (Greenberg & Pinsof 1986). This distinction between process and outcome research perpetuated the use of pre- and post-treatment outcome designs which overlooked the form of the change function between the two points studied (Keisler cited in Greenberg & Pinsof 1986). Thus, the process of change was precluded from study.

When therapy was studied more directly because of recordings and one-way mirrors, the research began to focus on how change occurs. Change inherently links process to outcome. So, the past decade has seen the converging interest on the part of both process and outcome researchers to study the relation between process and outcome (Greenberg & Pinsof 1986; Rice & Greenberg 1984). The view of process as limited to in-session activities and outcome as limited to extrasessional and posttreatment behavior has largely been abandoned (Marmar 1990).

#### Process to Outcome

The goal of process to outcome research is to establish what is

therapeutic about psychotherapy. This overall picture is essential as a context within which to study therapists' inner experiences.

Repeated attempts have been made to link specific process variables with outcome. In a somewhat recent review of psychotherapy outcome, Lambert, Shapiro and Bergin (1986) summarized the research on the variables that seem most likely to contribute to patient change. Many factors have been found to be associated with patient improvement, including patient characteristics, extraneous therapeutic events, specific intervention techniques and factors that are common across divergent therapeutic modalities. However, process to outcome research yield has been generally disappointing. Despite great advances in methodological and conceptual sophistication, there does not appear to be substantive progress demonstrating the types of process-outcome causal links that most treatment models propose (Stiles and Shapiro 1989). So, while some interesting findings have been yielded, they have not led to the type of understanding and explanation that the field has needed (Greenberg 1986). This deficiency has lead researchers in several different directions. Some researchers have developed comprehensive theories which include all of the components of therapy.

### Comprehensive Theories of the Process to Outcome Relationship

One response to the inability of researchers to link process positively with outcome is an emergence of complex theories integrating the various aspects of process and outcome. Orlinsky and Howard's (1986) comprehensive overview and integration of process-outcome research, led to one such theory. They concluded their review by answering their central question, "What is effectively therapeutic about psychotherapy?"

in the following terms:

(1) The patients's and therapist's therapeutic bond-that is their reciprocal investment, empathetic resonance, and mutual affirmation....(2) Certain therapeutic interventions, when done skillfully with suitable patients...(3) Patients and therapists focusing their interventions on patient's feelings....(4) Preparing the patient adequately for participation in therapy and collaborative sharing of responsibility for problem solving...(5) Within certain limits having more rather than less therapy (Orlinsky and Howard 1986, p.371).

Greenberg and Pinsof (1986) present a hierarchical progression from small observable units of clearly defined behaviors to longer patterns that include a broader framework within which individual units of therapist and patient activity color the meaning of individual units of therapist and patient activity.

There are four levels in this hierarchy: (1) content, the manifest or literal meaning of distinct communicative acts; (2) speech act, the intended impact of the communication on the listener; (3) episode, a complete communicative interaction with a recognizable opening and closing sequence; (4) relationship, the ongoing rapport of the therapist and patient.

Another comprehensive system is called configurational analysis. This system was composed by Horowitz (cited by Marmar 1990) and it is comprised of three levels. The first level described a pattern of observable recurrent behavior arranged around a primary affect.

The second level referred to as the role relationship models, incorporates the following: (a) the social alliance with each party's reaction to the other's social background, physical characteristics, intellect, style and taste, warmth and other real attributes as the basis; (b) the therapeutic or working alliance including the commitment



and capacity of both parties to engage in the working strategies of the treatment; and (c) transference and countertransference, both positive and negative reactions of each partner to the other

The third level is defined as information processing and tracks the processing of salient events; examines the matching of the events against enduring attitudes, such as models of the world; identifies the emotions generated when incoming information is incongruent with existing models; and specifies the coping and defense mechanisms directed at regulation of emotions and access to conscious experience of ideas.

These theories were included to reveal one response to the disparity experienced by those striving to link process and outcome in an attempt to understand and improve the complicated study of the psychotherapy process. In addition, to expose the theoretical advancements that have been made in understanding the process to outcome relationship. All of the above theories appear to be complete. However, the counseling process is perplexing and intricate and often results in data overload for researchers (Hill 1986). Furthermore, combining the two aspects of process and outcome in terms of conducting a truly high quality study is a formidable task (Garfield 1990). This is not to suggest that it is impossible; in fact, it is desirable to examine both in the same study. However, with the theories suggested it would be necessary to break down the material into plausible studies.

Despite the seemingly negative evaluation of process to outcome studies, there have been some significant findings which appear to be consistent. In examining these variables, the value of examining

therapists inner experience can be seen.

### Proof of a Process Variable Predicting Outcome

The Vanderbilt Psychotherapy project does not represent a complex theory such as those described above but it is extremely significant in its' contribution to understanding the relationship of process to outcome. The voluminous data which resulted from this project lead to the development of a tool that would assess the theoretically and clinically important aspects of the patient, the therapist and their relationship that might be related to the subsequent outcome of therapy. The Vanderbilt Psychotherapy Process Scale was developed.

In developing the scale the following criteria were followed: (a) therapist items were to cover a broad spectrum of theoretical orientations and techniques; (b) items were to be descriptive rather than evaluative; (c) unidimensionality of items was stressed; and (d) the level of inference required for ratings was minimized for the purpose of enhancing interrater reliability. The resulting instrument consisted of 84 Likert-type items. Gomes-Schwartz (1978) first used the scale and found subscales were internally consistent and innerrater reliabilities were reasonably high.

The revised version consisted of 60 items and was used by Gomes-Schwartz (1978) in the first investigation of the predictive relationship of process dimensions to outcome. In this regard, she found the process dimension of patient involvement was highly predictive of the subsequent outcome of treatment. The pattern of predictive relationships observed in the study presented by O'Malley, Suh and Strupp (1983) were largely consistent with the findings of Gomes-

Schwartz (1978). Specifically, the process dimension of patient-involvement showed the strongest and most consistent relationship to outcome. Jones, Cumming and Horowitz (1988) conducted a study which also concluded that outcome could be predicted from a process variable such as patient participation. These researchers concluded by questioning how such variables change throughout the process and how the therapist effects change.

Interestingly, there appears to be an absence of this relationship (patient-involvement to outcome) in the initial session and a weak relationship in the second session. One of the significant conclusions in psychotherapy research literature is that the patient variables are powerful determinants of subsequent treatment outcomes (e.g. Frank 1979; Lumborsky, Chandler, Auerbrach, Cohen & Bachrach 1971: cited by O'Malley et al. 1983). One is likely to reach a similar conclusion when patient characteristics assessed as early as the third session predict outcome. However, the poor association found in the earlier session suggests that the characteristics measured by the dimension of patient involvement are not necessarily the antecedent qualities of the patient. Rather, these characteristics which were associated with positive outcome appear to develop in the course of therapy, presumably as a function of the therapist (O'Malley, Suh & Strupp 1983).

As pointed out earlier the process to outcome studies have generally been interesting as process variables have been found to be associated with outcome. However, there has been no evidence to favor the conclusion that patient improvements are strongly associated with therapeutic techniques. Despite this fact, the role of psychotherapeutic

techniques and corresponding theoretical explanations continue to be emphasized in graduate training and in professional and graduate level textbooks on the subject of psychotherapeutic change (Lambert 1989).

So, given that it has been demonstrated that there are many factors which contribute to patient outcome and research has not revealed that specific techniques are strongly related to the changes that follow psychotherapy; What then is contributing to this change process? As O'Malley, Suh and Strupp suggest (1983) an alternative explanation for the positive change that routinely results from psychotherapy intervention is that they are due to therapists attitudes and characteristics rather than to techniques per se. The therapist plays an essential role as he or she contributes to the process of change. Although characteristics and attitudes contribute to the therapist's role, it seems more appropriate to assess therapist's inner experience. Rowe, Murphy and De Csipkes (1975) state that the focus of research should not be on specific characteristics but rather, on particular behaviors, skills or interactions and their relationship to the counseling outcome. Furthermore, the inner experience of the therapist which occurs during the interaction with the client would furnish deeper insight into what is contributing to the change process.

### The Therapist

Research on therapist variables has been examined by Beutler, Cargo and Arizmendi (1986) as well as Orlinsky and Howard (1986). The findings reported by these researchers suggested both significance and insignificance of many therapist variables. Beutler, Cargo and Arizmendi (1986) concluded that the most promising therapist variables

to study are therapist well being, general attitude similarity, social influence attributes, expectations, intervention style, competence, SES, therapeutic alliance, and democratic attitudes. These variables appear to have effects on therapy and are relevant empirically as well as clinically and deserve attention.

Moreover, in the review of therapist's characteristics, it appears that the consistency with which the characteristic has impact on change increases as one moves either from externally observed to internal characteristics or from enduring, extratherapy traits to in-therapy behaviors. The most consistent and relatively strong effects emerge among studies of inferred, therapy-specific attributes. The more specific the variable to the treatment relationship and the more closely it reflects internal therapist experiences and attitudes, the more consistent the influence exerted by the variable (Beutler, Cargo and Arizmendi 1986).

As the research findings have suggested, there has been a shift toward viewing the therapist as a person rather than a sum of dimensions. The therapist's contribution can no longer be broken down into dimensions such as interpretation, question and the like. The therapist contribution now consists of more than a dimension or sum of dimensions which has traditionally been the focus of study in process to outcome research (Lambert 1989).

Lambert (1989) suggests that this "something more" is a mystical quality that cannot be operationalized. However, he argues that traditional research has not helped us examine the critical aspects of therapeutic change. In addition, Lambert (1989) asserts that there has

been an abundance of research which examines the therapist's contribution to outcome yet, the individual clinician has been neglected.

The position of this paper contends that the therapist inner experience may not encompass all that contributes to the "something more" which Lambert (1989) discusses but, therapist inner experience is a significant component of therapeutic change which has been overlooked. Furthermore, this inner experience is accessible and may be examined for its impact on the change process. Although the direct connection of process to outcome does not emerge, therapists inner experiences provide an invaluable step in the direction of understanding change which directly influences the goals of process and outcome research and consequently, the training of novice therapists.

### Therapeutic Alliance

Some may argue that rather than the therapist, the therapeutic relationship (alliance) is the most important aspect of psychotherapy. Orlinsky and Howard (1986) reveal that a substantial number of studies have reported the salience of relationship characteristics over technique as a process factor related to outcome. However, most therapists, of any orientation, would agree that if a poor relationship develops between therapist and patient, the most likely outcome is premature termination and very little, if any, positive change (Strupp & Binder cited in Garfield 1990). Furthermore, Garfield (1990) mentioned several studies which indicate therapeutic alliance is among the highest correlates predicting outcome. However, a positive therapeutic alliance or relationship does not by itself appear to be sufficient to guarantee

a positive outcome (Garfield 1990).

### Therapeutic Interventions

As described earlier, techniques have not been conclusively related to outcome. However, due to their presence as they comprise much of the therapy hour, therapeutic interventions have been a focus of process research. Some, regard interventions as "the most salient substantive element in psychotherapy. That element is also the most intentional aspect of psychotherapy." (Orlinsky & Howard 1986, p.323) Regardless of ones definition, theoretical orientation, or philosophical underpinnings regarding the process of therapy, interventions are an inherent aspect of therapy. For those who consider therapy a technique, intervention is the only component, or only important component in therapy. Even for those who believe that therapy is a healing process based on a caring relationship and providing the appropriate environment for healing, even those therapists are "doing something" while they are developing this relationship (Orlinsky and Howard 1986). So, no matter what, the interventions occupy the greatest amount of time that patient and therapist spend together.

However, in the comprehensive review presented by Orlinsky and Howard (1986) the studies summarized examining interventions did not reveal any particular intervention as strongly related to outcome. Exploration is found to be often but not consistently helpful. Similarly, support is occasionally helpful and does not appear harmful yet, nothing suggests a consistent impact. Although there are fewer studies on giving advice this intervention does not appear as an aid in psychotherapy. Reflection emerges as neither helpful nor harmful.

Therapist self-disclosure may occasionally be helpful, but generally it does not appear to be a powerful mode of therapy. Therapist skillfulness shows findings which indicate that it is a significant determinant of patient outcome. However, there were only five studies which examine this variable so, it cannot be concluded that this is an essential variable in outcome. Furthermore, it seems to this author that if skillfulness did appear to be a deciding factor that the question remains: What is it that the therapist is skillfully doing?

Findings indicate that different forms of psychotherapy do not determine outcome. In fact, Stiles, Lambert and Shapiro (1986) found that there is a relative lack of differences in outcome when comparing different psychotherapies. However, the effectiveness of psychotherapy has been established by various researchers (e.g. Lambert, Shapiro and Bergin 1986).

Therapist verbal responses were found to have some significant effect upon immediate outcome, with self-disclosure, interpretation, approval and paraphrase being the most helpful response modes. However, when the response modes were examined in conjunction with therapist intentions and client experiencing in the previous speaking turn, both accounted for more variance in immediate outcome than did response modes (Hill, Helms, Tichenor, Spiegel, O'Grady & Perry, 1988).

Thus, it is found that neither theory nor intervention (response modes) are solely effective in producing a positive outcome. However, therapy is effective. With the efficacy established it appears essential to identify what is contributing to therapeutic psychotherapy. This is particularly pertinent at this time because most graduate



training continues to focus on theory and techniques (interventions). Although both theory and technique prove to be potentially significant, neither have produced significant results, and they are certainly not sufficient.

With the efficacy of therapy established, we need to look at variables that may be the most important in contributing to the change which occurs through the process of psychotherapy. Due to the fact that unidirectional studies have produced largely weak and inconclusive results, increasing attention is being directed to understanding complex interactions between the therapist, the intervention, the patient and outcome (Beutler, Crago & Arizmendi 1986). Stiles (1980) asserts that we must address ourselves to the moment -to- moment interchange between the therapist and client if we ever aspire to influence psychotherapeutic practice and understand the complexity of therapy process to outcome.

Moving in this direction, some have made the assertion that we will gain insight by examining the therapists intentions. Intentions bring us a step closer to understanding the therapists subjective experience in therapy.

### Summary

As stated earlier in and throughout this paper, this thesis attests that therapist inner experience is the next prudent area to examine. In the following chapter the current studies on therapist's intentions will be thoroughly reviewed as they are directly relevant to the concept proposed in this paper.

## CHAPTER 3 - INTENTIONS RESEARCH

### Intentions Research Overview

#### Therapists' Intentions in Process Research

The area of therapist intentions has recently become a focus of process research. Similar to the teachers' intentions studies (Brophy 1986), one assumes that therapists' intentions affect their behavior which has an impact on clients. Intentions may provide researchers and clinicians with a better understanding of therapist behavior. In addition, supervision and training can benefit enormously from intentions research as such a process enables one to think through and clarify what one is doing in session (Hill & O'Grady 1985). Intentions research seems to have emerged from the need to do more progressive process research; however, the research has been scattered. In order to comprehensively address intentions, it is important to present the research which includes therapist intentions as a major factor towards developing a better understanding of the psychotherapy process.

#### Response Modes

Extensive research on verbal response modes has contributed to the development of intentions research. The study of verbal response modes in psychotherapy has a long history and many systems have been developed to measure this level of interaction between counselor and client (Hill 1986).

Many studies have been conducted with these various systems. Elliot, Stiles, Mahrer, Hill, Friedlander and Margison (1987) collaborated to compare six therapist response-mode rating systems. The study rated seven diverse therapy sessions and in spite of the differences in measurement and rater characteristics interrater reliabilities were similar. Moderate to strong convergence was found for: question, information, advisement, reflection, interpretation, and self-disclosure. These six modes were rated in all the systems and evidence of convergent and discriminant validity appears for the six modes. So, the results of this study indicate that a set of fundamental response-mode dimensions exist in a variety of divergent systems. Although response modes begin to capture the behavior of the therapist, only one aspect of the response is measured: action. However, they play an integral part in the development of intentions research.

### Intentions Carried Out in Response Modes

Goodman and Dooley (1976) assumed that intentions were carried out in response modes. They described various helping intentions; (1) gathering information, (2) guiding another's behavior, (3) providing interpersonal space, (4) explaining or classifying another persons behavior, (5) expressing empathy and (6) revealing ones personal condition. These six intentions were to be carried out in the following response modes: (1) question (2) advisement (3) silence (4) interpretation (5) reflection or paraphrase (6) self-disclosure.

The framework presented by Goodman and Dooley (1976) was developed to serve as a bridge between research and training. The goal was to establish procedures which can organize and retrieve behavioral units of

help-intended communication regardless of therapy system or therapy context. However, until recently, nothing has been done to validate whether intentions systematically vary with choice of intervention.

## The Research of Robert Elliot

### Using IPR to Access Intentions

Elliot (1986) had been working with the response modes developed by Goodman and Dooley (1976). Upon examination, he found that an assumption was being made that the meaning of a particular type of helping process did not depend on the context in which it occurred. Elliot realized that in a therapeutic relationship the client and the clinician develop a distinctive set of shared understandings which shaped the relationship between them. So, while Goodman and Dooley (1976) concluded that advisements carry the intention of guiding one's behavior etc., Elliot (1986) questioned what was said and what were the perceptions of the participants. Relationship inventories such as Barret-Leonard (cited in Elliot 1986) would not assess what was occurring within the particular session. Therefore, Elliot (1986) decided to play a tape of the session to each participant and ask the individual to describe events. This idea was not a direct result of Kagan's IPR (cited in Elliot 1986), however, upon viewing Kagan's manuscript, Elliot realized the connection. Kagan appeared not interested in using the method for research but, instead used IPR technique as the center of a training program for counselors. Elliot was interested in

IPR as a process research method (Elliot, 1979; Elliot, Barker, Caskey & Pistrang 1982; Elliot 1985). Thus, Interpersonal Process Recall was formatted as a process research instrument which surfaces as a major breakthrough in the field.

### Client Perception of Helper Intention

Elliot (1979) reports on studies conducted which tested how clients perceived helper intentions. He found the following relations to be the most typical: (a) Advisements are perceived as guiding the client (b) Acknowledgements are perceived as reassuring the client (c) Reflections are perceived as communicating understanding of the client's message. (d) Interpretations are perceived as explaining the client to himself or herself. (e) Questions are perceived as gathering information or understanding of the client. (f) Self-disclosures are perceived as using (the helper's) self to help the client. Elliot (1979) used these relations as hypotheses which would be tested by the research.

First an analogue study is conducted with 24 pairs of helpers and clients. There were 12 internship level clinical psychology students as helpers (6 male, 6 female), each saw 1 female and 1 male client. The clients were 24 undergraduate students who were participating to fulfill a requirement in an introductory psychology course. Four other client-helper pairs (3 with clinical psychology faculty were included in order to increase statistical power.

Clients were instructed to discuss a genuine concern with the helper for 30 minutes. Three segments were videotaped through a one-way mirror. The beginning, middle, and end were videotaped. At each point four or five turns of helper talk were sampled. Then using a procedure

adapted from Interpersonal Process Recall, the tape was presented to the client and for each unit the clients were asked "what do you think the helper was trying to do in saying that?" The recall was conducted by recall consultants trained through a number of analogue studies. Helper behaviors and client perception of intentions were transcribed and rated on parallel sets of variables. Both were conceptualized as non-mutually-exclusive dimensions. By allowing multiple classifications of helper responses and averaging ratings across raters the variables became interval scales rather than nominal.

Analysis reveals respectable reliabilities and relationships within each set of variables to be predominantly independent of one another. The simplest test of relations between behaviors and intentions used pooled correlations. In all cases the hypothesized relation was the highest positive correlation in a given column or row of the correlation matrix. A more powerful analysis using partial correlations in a hierarchical multiple regression design yielded virtually the same results.

In general the six hypotheses of helper behavior and perceived intention received small but statistically significant support. Another major finding was that with only a few exceptions every possible combination of helper behavior and perceived intention occurred. In addition a number of statistically significant findings appeared that were not predicted such as: (a) Reflection and interpretation were perceived as equivalent. (b) Similarly, acknowledgement and self-disclosure were perceived as equivalent. (c) Questions were unlikely to be perceived as anything but gathering information or guiding. (d)

Nonquestions were unlikely to be perceived as gathering information. This evidence allows one to question the proposed relationships of intention and behavior (interventions). Also, one must remember that all the clients were students earning credit in a course and met with clinicians, who were students, for only 30 minutes (Elliot 1979).

A subsequent study conducted by Elliot (1979), was a counseling study. Sixteen pairs of clients and helpers in ongoing counseling were recruited from various outpatient settings including: private practice, V.A. hospital, a university neuropsychiatric clinic and a university mental health center.

Clients included 7 females and 9 males that were between 25-35 years old, typically white, with some college education and previous counseling experience. Problems ranged from poor self-esteem to a variety of other interpersonal problems. Clients who were psychotic or organically disturbed were excluded from the sample.

Helpers were mostly white and mostly psychodynamic in orientation. Of the 16 (7 male, 9 female), half were relatively inexperienced interns or psychiatry residents with 1-5 years of experience. The other half with 6-35 years of experience, were practicing psychologists, social workers and psychiatrists.

The counselor-client pairs were divided into a short-term group (5-12 sessions) and a group which consisted of relationships of substantial length. The diads were same sex and the clients reported both peak and poor sessions within the relationship.

Participants were instructed to conduct their customary interview. An audiotape of the session was taken in the usual setting. Three

samples for use in recall were taped, beginning at 5, 25, and 40 minutes into the session. Audiotape was used rather than video to preserve confidentiality. Aside from this revision, the recall was conducted precisely as it was in the analogue study.

Classification of the perceived intention and helper behavior was carried out as it was in the analogue study, however, a 4 point confidence scale was used throughout in order to rate helper behavior. Furthermore, in order to reduce multiple classifications with "explaining", the definition of guiding was tightened.

Again, pooled ratings indicated high reliability. Variables were again found to be substantially independent and moderately mutually exclusive. Pooled and partial correlations offered mixed support for the hypothesis. The analyses uncovered several unhypothesized relations: (a) Acknowledgements were not only reassuring as they were often perceived as using self and communicating understanding. (b) Questions were less likely to be perceived as reassuring, communicating understanding or using self. (c) In addition, partial correlations suggest that advisements were less likely perceived as communicating understanding and reflections were less likely to be perceived as guiding.

When results of the analogue and counseling studies were compared there were few statistically significant differences. Three results did appear between studies. T-tests were used between mean-pooled-correlations for each study. In the counseling study, communicating understanding was perceived more in acknowledgements and less likely in reflections. Also in the counseling study, reassuring shifted from self-disclosure to acknowledgement, strengthening the predicted link between



acknowledgement and reassuring. Overall, the two studies correspond closely.

Elliot (1979) suggests that the clients may have difficulty expressing perceptions. He also warns that random relations among behavior and intention may appear due to multiple classification of variables making it difficult to see what intention is linked with what behavior. The other expressed limitation resulted from the broad sampling which may have caused some behavior intention relations to cancel out because they only applied to one part of the sample.

This study reveals only a moderate relationship between helper behaviors and perceived intentions. Elliot suggests that it is consistent with previous research ( e.g. Hill 1974; Orlinsky & Howard 1975) which suggests that an interaction is complex with multiple meanings or interpretations.

#### Helpfulness of Counselor Verbal Response Modes

Continuing the pursuit of determining the helpfulness of counselor verbal response modes Elliot was joined by Barker, Caskey and Pistrang (1982) in a similar study. In fact, this study extends the previous report from the same data archive, the UCLA Interpersonal Process Recall Project, that was discussed above. Due to the lack of consensus among client, counselor, and rater perceptions of response modes found in previous analyses of this data, response modes will be measured from various points. The response modes will be measured in three ways: (a) trained raters' ratings of counselor behavior (b) clients' perception of counselors' intention and (c) counselors' perception of their own intention. So, this article included data not reported by Elliot (1979):

Counselors' perception of their own intentions and client and counselor ratings of the helpfulness of particular counselor responses. These helpfulness ratings were obtained via Interpersonal Process Recall (IPR). As stated the counseling as well as the analogue sample were the same as described in Elliot (1979) discussed earlier in this review. Again, the recall was conducted by the trained recall consultants with the standard schedule of questions and the standard procedure for stopping the tape after each counselor turn.

With the analogue sample, recall occurred immediately following the interview and was only conducted with the clients. In the counseling sample, both the client and the counselor separately conducted recalls either immediately or within a day after the session.

Helpfulness was rated in the analogue study using the question, "when your helper said that to what extent was it helpful?", answered on a 6 point adjective-anchored Likert-scale (1="not at all helpful"; 6="extremely helpful"). However, the unipolar scale was later considered bias in terms of excluding hindering ratings. Therefore, the counseling sample was asked "when your therapist asked you that did it hinder you or help you?", answered on a 7 point bipolar Likert scale (1="extremely hindering"; 4="neutral"; 7="extremely helpful"). In addition, counselors were asked when you said that did you feel you were helping or hindering your client?", to be answered on the same 7-point scale.

Three methods were used to judge the counselor response modes. The first two were used in both samples. Three undergraduate raters were trained on pilot data. All raters rated each counselor response on a set of 6 response mode dimensions derived from the framework proposed by

Goodman and Dooley (1976). To allow for multiple classification, the dimensions were not mutually exclusive and were rated using a 4 point confidence scale (0=clearly absent; 1=probably absent; 2=probably present; 3=clearly present). Strong interrater reliability was exhibited (Cronbach's alpha average .85 for analogue; .89 for counseling).

Client-perceived intentions were rated by taking recorded free-responses to the question "what do you think your helper was trying to do in saying that?" and transcribing for content analysis along a set of six intention dimensions. Reliabilities (Cronbach's alpha) average .90 for both samples.

Counselor intentions were rated based on free responses from the counselors to the question, "What were you trying to do in saying that?" The answers were recorded, randomized, renumbered and rated by the team of 4 trained content analysts, using the same 6 intention dimensions used with client perspective data. Statistical association between modes and helpfulness was measured by the method of mean correlations. In addition, means and standard deviations were calculated for helpfulness ratings for each response mode. Finally, a meta-analysis of all available correlations between helpfulness ratings and a given response mode and multiple correlations were conducted for the set of response modes within each measurement perspective.

In the analogue sample, helpfulness ratings by clients were 3.8 (SD=1.4), closest to the scale point labeled "moderately helpful." In the counseling sample ratings averaged 5.4 (SD=1.1), using the revised bipolar scale, almost halfway between "slightly helpful" and "moderately helpful." Counselor ratings were significantly lower than client ratings

at 4.8 (SD=1.1), just below "slightly helpful."

Results indicate that observer ratings of counselor behaviors did not significantly predict client helpfulness ratings in the analogue sample but did in the counseling sample. Observer ratings also significantly predicted counselor ratings in the counseling sample.

Client perceptions of counselor intentions significantly predicted clients' own helpfulness ratings in both samples but not the counselors' ratings. Counselor perceptions of their own intentions significantly predicted counselor helpfulness ratings but not client ratings.

Four major conclusions were drawn from this study: First, although the technique needs more developing, an immediate perception paradigm using IPR is a promising tool for measuring effectiveness of counselor interventions. Second, results suggest that interpretations are the most helpful, advisements are the next most helpful and questions are the least helpful intervention. It should be noted that this is incompatible with the training literature on basic helping skills. Third, helpfulness was associated with the perception of the observer. Both counselor and client perceptions matched their own rating but not one another's ratings. Finally, the relationships between response modes and helpfulness ratings were small. Furthermore, if one examines other empirical findings (Hill; Sloane et al. cited in Elliot et al. 1982) the effects are comparable.

So, the results reported in the above studies were statistically significant. However, the correlations were small; ( $r=.10-.30$ ) and, therefore, they were not particularly useful to clinicians.

In attempting methodological improvement Elliot and Feinstein

(cited in Hill & O'Grady 1985) developed a list originally containing 6 and now 10 intentions ("gather information", "give information", "communicate my understanding", "explain", "advise", "guide", "reassure", "disagree", "share myself and "other"). The researchers felt that this list would relinquish the messy procedure of transcription and process analysis.

### A Taxonomy of Helpful and Nonhelpful Events

Elliot (1985) reports on the development of a taxonomy of helpful and nonhelpful events in which he continues his research utilizing the 10 intentions. The assertion made is that most taxonomies classify counseling events on the basis of counselor action intention. Elliot (1985) proposes that the basis for classifying events in counseling be the immediate therapeutic impact which is defined as immediate effects on the client of specific counselor responses. This is closely related to Rice and Greenbergs (1984) suboutcome. The need for this taxonomy is directly from the Elliot, Barker et al. (1982) study, discussed above as Elliot (1985) states that the study overlooked the different ways which counselor responses can help or hinder a client.

Elliot (1985) asserts that experiences described qualitatively by clients using IPR method are much more complex than measures they are usually forced into. Furthermore, if these in-session qualitatively described experiences could be quantified in a taxonomy it would be relevant for theory and research. The following study attempted to uncover such a taxonomy by examining the answer to the question: "How did that counselor response help or hinder you at that time?" Students were asked to select and describe using IPR the most and least helpful

events in a 20 minute interview. A large group of judges sorted and categorized the descriptions which were combined and used for cluster analysis. The study would also explore links between clusters and counselor action variables.

The participants were 24 undergraduate introductory psychology students. Half the data was collected at UCLA and the other half at University of Toledo. A majority of the students were 18-19 years old, white and presented either vocational, other sex relationship or adjustment problems.

Counselors were graduate students in the clinical or counseling psychology program. There were 6 men and 6 women with a mean of 2 years experience. Every counselor saw 2 clients one of each sex.

The helpfulness rating scale was a 9 point bipolar scale ranging from extremely hindering(1) through neutral(5) to extremely helpful(9). The participant was asked to rate the helpfulness of the counselor response at the time of the speaking turn. Evidence for reliability and validity of the scales appeared to be adequate.

Helping intentions were assessed using a procedure developed by Elliot and Feinstein (cited in Elliot 1985) to measure counselor intentions. The unit of analysis is the counselor response and separate versions exist for the counselor and student informants. The 10 counselor intentions are considered non mutually exclusive so that more than one intention may be considered for each counselor response. Students rate the intentions as either present or absent while the counselors have the option to measure the intent as either minor or major with the minor intentions assigned half the weight of major

intentions. Earlier analyses indicated reasonable convergent and discriminant validity. (Counselor intentions correlated with response mode ratings, mean  $r=.44$ , and student client intentions converged with counselor intentions, mean  $r=.30$ , and with response modes, mean  $r=.33$ .)

Therapist response mode measure was based on Goodman and Dooley framework. It allows for more than one action to be present (e.g. question and interpretation) in each response and to be present in varying degrees. So, the modes are rated as non mutually exclusive and independent. Also, a 4 point confidence scale is used. All sessions took place in a research laboratory setting. The session was 20 minutes in which the students were asked to discuss a personal concern. After this session each participant went through the structured recall. All recall sessions were conducted by trained recall consultants. Advanced undergraduates, graduate students and the author were included in the pool of consultants.

Immediately following the session students were asked to identify the four most and least helpful events. Students were instructed to use the Helping Intention Rating Procedure as they went back over the most and least helpful events on the tape rated the intent. In addition, students responded to open-ended questions, "How did the response help or hinder you at the time? and "Did you have any other reactions at the time?"

Counselors participated in a separate recall session, after the student session and within two days of the counseling session, in which they rated their intentions. Counselors rated the responses chosen by the students as well as many other responses to insure the counselors

were not influenced by knowing the student's choices.

Four advanced undergraduates were selected as response mode raters and trained to criterion reliability ( $\alpha = .70+$ ) for all dimensions. Interrater reliabilities average .86 across the 10 dimensions.

A cluster analysis using 86 helpful and 70 nonhelpful events was conducted. Original events were edited resulting in 8 helpful and 3 nonhelpful events being dropped due to redundancy and other biases.

The sort method was utilized in order to generate data for cluster analysis. There were 34 students, colleagues and friends of the author participating in the process. A total of 26 sorts were completed for nonhelpful events and 23 for the helpful events. The sorts for each set were combined into a similarity matrix that matched each event with each other event and the number of judges putting each pair of events into the same category was tallied.

Cluster analyses were performed on each matrix using the Biomed P-Series statistical package program. An average clustering linkage was used to generate more reliable clusters. The clusters were checked using another method, maximum linkage. High levels of agreement existed between the two methods. For the helpful events 71% agreement and for nonhelpful 79% agreement. The obtained clusters were validated for correlating them with counselor action variables.

The helpful events present two large superclusters. The Task supercluster which consisted of four clusters: New Perspective, Problem Solution, Clarification of Problem and Focusing Attention. The remaining four clusters: Understanding, Client Involvement, Reassurance and



Personal Contact comprised the Interpersonal supercluster. The nonhelpful events resulted in 6 clusters: Misperception, Negative Counselor Reaction, Unwanted Responsibility, Repetition, Misdirection, and Unwanted Thoughts.

Once established, the clusters were tested for associations with counselor action variables. The response modes general advisement, interpretation and information were all significant positive correlates of helpfulness. The counselor ratings of the intentions: inform, advise, and reassure are positively correlated with helpfulness, whereas disagree correlated negatively. Student ratings of counselor intentions: advise, reassure and share self all correlated positively with helpfulness, whereas gather information correlated negatively.

Counselor actions associated with Task and Interpersonal superclusters were examined. The Task supercluster was found to have a higher level of the response mode open question. The Interpersonal supercluster portrayed higher levels of counselor ratings of reassure and student ratings of reassure, communicate understanding and share self.

Next each separate helpful event cluster was compared with all other helpful events. The analyses were regarded exploratory due to the large number of correlations. Of the Interpersonal clusters, understanding had the most correlates. Problem solution was significantly correlated with advisement from rater, counselor, and student perspectives. Student ratings revealed a relationship between New Perspective cluster and open questions.

Associations between counselor action and nonhelpful events also

occurred. The Misperception cluster was associated with counselor ratings of gather information and communicate understanding. Reassurance response mode was affiliated with Misdirection. Negative Counselor Reaction events were associated with the response mode self-disclosure and Repetition events as share self and inform.

This study focused on identifying helpful and nonhelpful events and the development of empirical taxonomies based on student clients description of immediate therapeutic impact. A second purpose of the research was to take these findings and explore the associations with counselor intentions and response modes.

Although the study produced some interesting findings the present results are tentative for several reasons, the first being, the methodology. First, the sessions were brief one time simulated meetings. On going relationships may present different results. Next, one must consider the nonhelpful events were of a mild sort not like some of the strongly negatively effects documented by other researchers (Strupp, Hadley and Gomes-Schwartz cited in Elliot 1985). Third, correlations must be considered exploratory due to small clusters and low number of analyses. Fourth, the author and some of his students were included in the judging which leads one to suspect potential researcher bias. Finally, the sort method oversimplifies the complexity of helpful and nonhelpful events.

## The Research of Clara Hill

### The Intentions List

The research of Elliot regarding intentions is incomplete. For example, the system excludes many important intentions which appear in various theoretical models as well as some basic variables which any counselor, regardless of orientation may intend. Hill & O'Grady (1985) cite some examples of these exclusions such as set limits, identify cognitive behaviors, intensify feelings, cause change, or deal with relationship issues.

Hill & O'Grady (1985) also point out that Elliot and Feinsteins' list lacks differentiation between response modes and intentions so that it is unclear that they are actually measuring separate variables.

Hill & O'Grady (1985) state that intentions operate in counseling as the therapist takes in an immense amount of information from global input variables (e.g. presenting problem) concurrently with immediate stimulus variables (e.g. behavior observations). Clinicians then develop goals or intentions for what they wish to accomplish in the next meeting. These intentions are then implemented through both verbal and nonverbal interventions. For example, if the therapist intends to intensify feelings, he or she may choose from a variety of behaviors and techniques. Contingent upon many factors such as the clients dynamics and behaviors, the counselor may choose silence, reflection or confrontation. Certainly, the therapist style or familiarity with a specific technique will also guide the intervention choice.

Hill & O'Grady (1985) describe that the process then continues to

the client experiencing and then responding and the therapist adjusting subsequent intentions and responses according to the client's response. As this process develops and more data enter into the stimulus variables, the therapist and client grow to expect certain response patterns from one another.

Like Elliot (1985), Hill and O'Grady (1985) utilized interpersonal process recall (IPR) to access therapist intent. The tape is stopped after each therapist statement, and the therapist recalls the basis for each statement by indicating which intentions were utilized.

A methodological issue in the development of Hill and O'Grady's (1985) intentions list was the use of generic labels which were unreflective of any particular theoretical orientation. Modalities nor theories should influence the intentions. The list proposes to apply to all counselors therefore, universal definitions and uniform labels were most appropriate to capture the processes that underlie all orientations. Furthermore, the intentions do not concentrate on the content of the change but rather on thoughts, feelings, attitudes and behaviors.

The list was restricted to immediate intentions in order to avoid conflict with broader conceptualizations. In fact, while the ultimate goal of intentions is change, Hill and O'Grady (1985) narrowly defined intentions as building blocks toward change. These blocks are not mutually exclusive and may occur simultaneously.

The list originally was rationally devised as intentions from a variety of theoretical viewpoints and styles were suggested. In addition, sources which outline general goals common to all treatments

Limits, Get Information, Give Information, Support, Focus, Clarify, Hope, Cathart, Cognitions, Behaviors, Self-Control, Feelings, Insight, Change, Reinforce change, Resistance, Challenge, Relationship and Therapist's Needs.

Reliability of the intentions is a difficult issue because the memory of the therapist's thoughts at the moment are what is being assessed. Memory fades over time so, one may question intrarater reliability. Similarly, intentions are subjective rendering the therapist as the only accurate judge thus, the concept of interrater reliability is meaningless.

#### The Intentions List and Response Modes

Like Elliot (Elliot et al. 1982; Elliot 1985), Hill & O'Grady (1985) hypothesized that response modes, both client and counselor, may be systematically linked to intentions. In addition, the issue of responses occurring across sessions arose. Consequently, a case study was conducted and the following questions explored: (a) Do intentions vary across sessions? (b) Are intentions systematically linked with therapist response modes? (c) Are intentions linked systematically with client response modes?

The intentions list was used to assess therapist intentions. The Counselor Verbal Response Category System, based on several other systems, (Hill 1986) consisted of 14 nominal, mutually exclusive categories: minimal encourager, silence, approval-reassurance, information, direct guidance, closed question, open question, restatement, reflection, interpretation, confrontation, self-disclosure, nonverbal referent, and other. The Client Verbal Response Category

System was used to measure client response modes. This system was primarily based on Snyder's client centered system (Hill et al. 1981) and includes 9 nominal, mutually exclusive categories: simple responses, requests, description, experiencing, exploration of relationship, insight, discussion of plans, silence and other. These systems have high agreement and adequate content and face validity which was established in previous research (Hill 1986).

A case study approach was utilized. An experienced female counseling psychologist and a young neurotic female client had a 20 session time limited therapeutic relationship. Approximately 1-2 months after the sessions transcripts were obtained and the therapist marked applicable intentions after each speaking turn. Due to the passage of time, the therapist reviewed case notes and discussed the case with colleagues in order to simulate experiential quality and facilitate memory. Separate teams, consisting of three judges per set, with no knowledge of intentions list, judged each session for counselor and client response modes. After independently rating all response units the judges met and resolved discrepancies. Interjudge agreement was .71 for both counselor and client response modes.

Two-tailed correlations between session number and proportion of each intention used per session were used to examine whether intentions varied across treatment. Results revealed the following decreased across sessions: get information, support, clarify, hope, cathart. Simultaneously, the following increased: insight, change, reinforce change, A t-test was used to look at within session trends. The first third was compared to the final two thirds for all 20 sessions.

Decreases in get information, clarify and cathart appeared. So, intentions do vary systematically across sessions.

A sequential analysis revealed several associations between therapist response modes and intentions. The data provides a preliminary empirical pattern. The results also indicate that there are different manners in which an intention can be carried out. No one response mode matches an intention.

Connections for the client response modes surfaced: Clients make more requests after set limits and give information; do more experiencing after feelings; discuss the relationship more after cathart, resistance, and relationship. However, the results from the client measure were overall, disappointing because they were not parallel to the therapists intentions measure. Consequently, it seems that client's responses were not fully grasped.

### Intentions and Theoretical Orientation

Another study was conducted to illustrate the use of the intentions list across theoretical orientations. Hill & O'Grady (1985) report that difficulty appears in differentiating orientations due to many counselors now choosing eclectic as their orientation. A rank order of which theories are utilized most frequently from three main perspectives of psychoanalytic, behavioral and humanistic provided the best solution. Clients from a variety of settings were used to enhance generalizability. Furthermore, study 1 indicates differences across treatment stages; therefore, there needed to be a control. Due to a majority of work being done in the middle sessions of therapy, it seemed middle sessions would have greatest probability of revealing differences

across orientations. Another issue which molded the study was information from pilot studies indicating therapists have different intentions for different types of clients resulting in control of client type. Only neurotic adult clients were studied.

Forty-two (14 female, 28 male) highly experienced therapists with an average 10.4 years ( $SD=6.27$ ) doing therapy. All the therapists were PhD level residing in either Europe or the United States. Of the 42 sessions, 4 were family and 38 individual cases.

The 19 item intentions list was used to measure intent and the therapist were asked for a brief summary of theoretical orientation. In addition, therapist were asked to rate on a 5 point Likert scale (1=low,5=high) what their beliefs and applications were of psychoanalytic, humanistic, and behavior orientations.

A cover letter requesting participation, a brief overview of intentions, the list of intentions and instructions to audiotape a middle session with a neurotic client were mailed to therapists. Within 24 hours of the session therapists were to listen to the tape and record intentions for each turn.

The session was divided into thirds and the total number of intentions in each category was computed. This frequency was then divided by entire number of intentions.

In a multivariate regression profile analysis, only 7 intentions appeared to differentiate the orientations. Furthermore, in a univariate correlations, feelings and insight were most associated with psychoanalytic orientation; change, set limits and reinforce change were affiliated with behavior orientation; and therapist needs were most



associated with humanistic orientation.

It was surprising that no other substantial intentions were associated with humanistic orientation. Furthermore, Hill & O'Grady (1985) attempt to assert that the intentions found are basically in agreement with theory. Certainly, even the authors allude to the conclusion that this is questionable. In fact, they outline the shortcomings which appear to contradict the previous conclusion. For example, if one examines the possible intentions for psychoanalytic orientation, feelings do not seem to be the most representative. One wonders why relationship and/or resistance did not appear. Furthermore, behavior nor cognition were associated with behaviorist. However, set limits, change and reinforce change did surface for behavior orientation and do agree with the theory. The other 10 intentions were not differentiated among treatments. Hill & O'Grady (1985) attribute this to intentions being contingent upon client and situational variables. However, it appears that this may be applicable to all intentions. Particularly, if one considers the somewhat arbitrary findings of the intentions within specific orientations.

#### Intention to Progression of Session

Another portion of the study divided all sessions into thirds in order to examine the intention related to progression of sessions. Results from the multivariate analysis examined whether the relative use of the 19 sessions varied across the session. It is evidenced that therapists from all orientations move through their sessions in a similar manner. Generally, counselors tend to allow clients to most of the talking and bring things up in the beginning of a session as they

primarily utilize get information and clarify. In other words permitting the client to present the problem and then gaining a clear picture of the problem. The emphasis toward the close of the session moves to cathart, insight and change as the therapist becomes more therapeutic attempting to relieve the problem by promoting insight and change. Furthermore, therapists rated sessions which were positively associated with focus and feelings and negatively related to gather information and support. These findings in conjunction with the findings across session present that therapist seem to agree about what makes a session worthwhile is therapeutically working on the problem.

Hill & O'Grady (1985) present clusters from this study. Assessment encompasses the first cluster of basic skills used in the beginning of each session to determine treatment course. Therapeutic work, the second cluster, is characterized by the counselor helping the client reach a deeper level or emotional or new cognitive understanding and internalize responsibility. In the third cluster change occurs as the therapist helps the client develop and maintain new behaviors, feelings, or attitudes. Activities that hinder therapeutic work fall under the fourth cluster which is problems. The fifth cluster is nonspecific factors which including intentions used at all points in treatment.

### Counselor and Helpee Perceptions of Intentions

Fuller and Hill (1985) follow Elliot's (1979) concern for the client's perception. However, their particular focus was on whether or not they could predict the outcome of a session. Stiles and Snow (1984) developed the Session Evaluation Questionnaire (SEQ) which measures immediate impact of the session. Furthermore, they recommended that

future research correlate the SEQ with process variables such as counselor interventions and client responses. This particular research studies ways to correlate process events to outcome: (a) counselor intentions, (b) helpee perceptions of counselor intentions and (c) match of counselor intentions and client perception of counselor intention.

Another question for this study was whether counselor or client or interaction between the two moderates both process and outcome. Certain clients may elicit positive process and outcome regardless of counselor, or certain counselors may always have positive process and outcome. Another view is that the interaction between specific types of clients and counselors lead to certain events which result in better outcomes. So, this study examines all of these variables and addresses the questions: (a) Are there any differences between counselor and client perceptions of counselor intentions? (b) What are the correlations between counselor's and client's evaluation of session outcome and their perceptions of which intentions were used? (c) What is the correlation between the helpee and therapist evaluation of sessions and helpee's ability to correctly guess the counselor intentions? (d) What effect do counselors, clients and interaction between the two have on perceptions of intentions and evaluations of sessions?

Four experienced counselors each saw 4 undergraduate volunteers for one 50 minute counseling session. There were 2 male and 2 female students, 21-35 years old, with a range of problems and personality profiles. Four counselors, 32-40 years old, 2 male and 2 female, were selected to represent various orientations. Each had at least 5 years post doctoral experience. The students were selected from a pool of 6

which were recruited from undergraduate classes for free counseling in turn for participating in a research project. Counselors were instructed to be as helpful as possible in the time allotted.

After the session each participant filled out the Session Evaluation Questionnaire (Stiles and Snow 1984) and viewed the videotape. Counselors rated their intentions and helpees rated perceived therapist intentions utilizing Hill & O'Grady's (1985) Intention List. Counselors and helpees also rated helpfulness using a 3 point scale (1=nonhelpful, 2=neutral, 3=helpful). The index of match arrived from counselor and client exact match of an intention on a counselor speaking turn. The number of matches were then divided by total number of counselor intentions to yield the proportion of agreement.

Percentages of counselor indicated intentions and helpee indicated intentions for each of the 19 categories reveal that counselors and clients perceived different things to have occurred. Helpees felt that counselors were using more clarify, focus and support and less self-control and resistance than the counselors felt they were using. Helpees were able to guess some of the therapist intentions. Again, a discrepancy appears as match rate was not related to session outcome indicating that clients did not comprehend what the counselor was trying to do.

In examining the client's helpfulness rating of counselor-endorsed intentions, some intentions were found to be more helpful. These may be described as the more therapeutic intentions such as insight, challenge, therapist's needs, resistance, cognition and relationship. Set limits, get information, support and focus surfaced as nonhelpful.

Maintaining the disagreement, counselors' and helpees' ratings of smoothness and depth were related to different intentions. Counselors felt sessions were deep when they did not gather information, reinforce change, focus on behaviors, or deal with relationships but rather, assisted the helpee to cathart, attended their own needs, used insight and helped helpee focus. Helpees associated depth when the counselors helped to internalize and reinforce change and not with gathering of information. Despite the agreement that gathering information was not helpful, there was little to reveal consensus especially when one notes the exact opposite rating given to reinforce change.

Smoothness correlates also differed by participants. Helpees rated smoothness when they viewed more support, hope and reinforce change and less behaviors and challenge. Counselors saw a smooth session as ones in which they had more intentions of change and cognition.

The interaction results are to be taken with caution due to large number of analyses leading to potential Type I error. At any rate, they reveal some support for the conclusion that more of the effects are helpee determined or determined by the interaction effects between the counselor and the helpee than determined by the counselor.

### Client Reaction to Therapist Intervention

Similar to Elliot (1985), Hill et al. (1988) recognized that the clients respond in treatment differently and that they have their own perceptions, goals and intentions. The question of therapist intentions relating to client reactions and the impact of this relationship on session quality is addressed.

Hill, Helms, Spiegel and Tichenor (1988) developed a client

reaction system using Elliot's (1985) taxonomy in addition to brainstormed client reactions to Hill & O'Grady's (1985) Intentions List. The lengthy, redundant list was then organized into rationally distinct categories arriving at a system with 18 negative and 18 positive categories.

The 36 category system was piloted and revised. The subsequent system had 40 categories which appeared to be too much for the clients to remember and use. Therefore, one of the purposes of the study was to reduce the categories. So, a clustering strategy was used to determine underlying categories. Then, a second strategy to determine if some categories could be dropped and combined such as the: (a) used frequently, (b) never used alone or used frequently with other reactions, and (c) similar helpfulness ratings categories could be combined.

It was hypothesized that (a) clients with different levels of pretreatment symptomatology (measured by the Minnesota Multiphasic Personality Inventory (MMPI) taken prior to treatment) would react differently to therapist interventions, (b) therapist intentions would be more related to client reactions more for successful than unsuccessful cases, (c) proportions of reactions would be related to client-rated session and treatment outcome, and (d) reactions would change across the course of treatment for successful vs. unsuccessful cases.

The data used for the study came from reactions obtained in 65 videotaped sessions in five cases of brief (maximum 20 sessions) psychotherapy cases with anxious/depressed female clients with

experienced psychotherapists. Criteria for selection was a relatively homogeneous group which responded well to brief psychotherapy.

Two male and two female therapist 34-78 years old ( $M=50$ ,  $SD=19.25$ ) with 5-24 years post doctoral experience were used. Clients were recruited through a newspaper advertisement for free therapy. Of the responses, five women were selected and were validated as depressed or anxious using the MMPI.

The preliminary Client Reactions System contained 40 mutually exclusive categories of a client's experience of a therapist intervention. The reactions were divided into three groups; positive (Supported, Hopeful, Understood, Relief, Clear, Feelings, Negative Thoughts or Behavior, Responsibility, Challenge, Overcame Block, Feel Better about Therapist, Attracted to Therapist, Better Self-Understanding, New Perspective, Educated, New Ways to Behave, Resolutions and Progress); negative (Misunderstood, Attacked, Angry at Therapist, Disregard for Therapist, Pressure, Lack of Direction, Confused, Distracted, Pitied, Worse, Less hopeful, Felt Like Avoiding, Scared, Feared Disapproval, Stuck, Inpatient or Bored, Envious of Therapist, Felt Like Giving Up, Doubtful or Disagreed with Therapist); neutral (Just Information, Social Conversation and No Particular Reaction) Clients reviewed the taped session and after each counselor speaking turn used up to 5 reactions to describe their subjective experience at the time. The total number of reactions listed for each category was divided by the total number of actions listed by the client.

Therapists' intention were measured with Hill and O'Grady's (1985)

Intention List. The helpfulness Rating Scale, developed by Elliot (1985), provided information about how helpful the client perceived the response at the time it was delivered. Finally, The Session Evaluation Questionnaire (Stiles & Snow 1984), scales of depth and smoothness were used to measure session impact. Each scale has six bipolar adjectives arranged in a 7-point semantic formats. Smoothness assesses perceptions of relaxation, comfort and pleasantness, whereas depth measures value of session.

Outcome was measured with 8 instruments including: the Depression, Psychasthenia, and Social Introversion scales of the MMPI, Global Severity Scale of Hopkins Symptom Checklist and Tennessee Self Concept Scale. Furthermore, affective state was measured using Fear of Negative Evaluation, Social Avoidance and Distress scales. The Target Complaints measured client change in problems focused on by the client.

Clients finished the outcome instruments and had a clinical interview prior to treatment. Clients were randomly assigned to therapist based on availability. Following the first session, the therapist rated their perceptions of the client's severity on the Target Complaints.

Therapist were told to utilize their clinical judgement in choosing interventions. Sessions were 50 minutes and they were videotaped and observed by a researcher in an adjacent room. The number of sessions for each case was 4,12,12,17 and 20.

After each session, clients completed the postsession battery and reviewed the videotape. Clients reviewed the tape and tried to recall what they were feeling in the session. Clients rated helpfulness and



rated up to 5 reactions. Therapists rated helpfulness and up to 5 intentions that best represented what they were trying to achieve in that intervention. One to two weeks after treatment the clients returned to complete the outcome measures.

The system was revised to a 21 category scale with 14 positive: (Understood, Supported, Hopeful, Relief, Thoughts, Self-Understanding, Clear, Feelings, Responsibility, Unstuck, Perspective, New Ways, Challenged) and 7 negative: (Scared, Worse, Stuck, Lack Direction, Confused, Misunderstood, No Reaction).

Co-occurrence tables were examined for intentions and reactions that were listed together in the same turn. Chi-squares for all 19 intentions and 21 reactions were significant for all cases. Individual chi-squares were done for each intention-reaction pair. Eight intention-reaction pairs were significantly associated in at least 2 cases. Moreover, the two cases with the highest average change scores on outcome measures had more significant connections indicating that success is related to convergence of therapist intentions and the client's reactions. However, only eight of the reaction-intention pairs appeared at levels greater than by chance for more than one case. In other words, it surfaced that therapist intentions did not often match the client reactions despite the fact that these clinicians were experienced.

Hill et al. (1988) state that the data from the study demonstrated that therapists were not correctly perceiving the client reactions. Also, the client reacts to the input of the therapist according to his or her needs and perceptions. Hill et al. (1988) conclude that more work

needs to be done examining the covert and overt processes in therapy. The rest of the Hill, Helms et al (1988) study reported no significant relation of client reactions to outcome. Also, it emerged that little can be generalized about the client reactions over time. Each person may be viewed as an individual in how they progress in the therapy situation. Another finding was that clients do not respond well to neutral reactions, it was clear that they were perceived as not helping them change.

Despite the rich amount of information about therapy, the methodology of this research has difficulties. First reliability is difficult to establish with this type of data. Furthermore, it may be assumed that videotaping would effect the process. However, most clients in this study stated that they were unaware that the research was being conducted. Finally, this research allows only for the measure of immediate reaction and does not account for delayed reaction (i.e. the client goes home and thinks about it).

Overall, the Client Reaction System is a functional tool in training. Feedback from clients can assist clinicians in correcting misperceptions. However, Hill, Helms et al. (1988) assert that it is time to move to a full model to examine the process of therapist intentions leading to therapist responses and then to client's reactions.

### Therapist Response Modes

Another study examines therapist response modes (Hill, Helms, Tichenor et al. 1988) in accord with therapist intentions and client experiencing. The study also sought to examine the effects of response

modes in brief psychotherapy.

There were 8 therapists (4 men and 4 women) who were chosen from a pool of nominated "best therapist" in the area by therapists in various agencies, private practices and academic departments. Therapists were from 34 to 78 years old with 5 to 42 years of postdoctoral experience and they were paid a nominal fee.

Client selection occurred by choosing from a pool of women who responded to a newspaper ad for free therapy for women over 25 with self esteem and relationship problems. The 8 women selected were validated as eligible clients by using depression scales on the MMPI.

The Hill Counselor Response Mode System was utilized to assess response modes (Hill, 1985, 1986). Verbatim transcripts were obtained for each session and trained judges rated each session. The Therapist Intentions List (Hill & O'Grady 1985) was used to evaluate therapist intentions. The Client Experiencing Scale developed by Klein et al (cited in Hill, Helms et al. 1988) is a 7 point scale used by judges to determine client involvement. Judges were graduate students trained to do ratings from audiotapes. Ratings of client experience were used as an index of the client's state in the turn prior to the therapist response mode. Also, they served as a measure of immediate outcome. Elliot's (Elliot 1985; Elliot et al. 1982) Helpfulness Scale assisted clients and therapists in rating the helpfulness of each therapist speaking turn both of which took place after the session while viewing a videotape. Also, the Client Reaction System (Hill et al. 1988) allowed the clients to view a videotape of the session and indicate their specific reactions to therapists' response modes. The Session Evaluation Questionnaire

(Snow & Stiles 1984) was completed by each participant after each session. Treatment outcome was assessed by Tennessee Self-Concept scale (Fitts cited by Hill, Helms et al. 1988) and the Depression and Anxiety Scales of The Symptom Checklist-90 Revised (Derogatis et al. cited in Hill, Helms, Tichenor et al. 1988). These measures were completed before treatment and 1-2 weeks after therapy. Therapists conducted 12-20 sessions of 50 minutes using their clinical judgement to choose interventions.

Correlations between immediate outcome measures based on all turns for all subjects combined were significant. A multivariate analysis of variance (MANOVA) with one main effect (response modes) using Pillai's F indicated that response modes were significantly related to the three immediate outcome measures. Post hoc ANOVAS demonstrated that both main effects (response modes and subject) were significant for all three measures. One-way ANOVAS done on client and therapist helpfulness ratings reveal that clients rated approval, information, closed-question and paraphrase, interpretation and self-disclosure higher while direct guidance and open-question received lower ratings. A chi-square analysis indicated that therapist response modes and clusters of client reactions covaried systematically. Different response modes for therapist and client were correlated with depth and smoothness. Nonsignificant relationships for the two session-outcome measures appeared for clients. Treatment outcome measures correlated with response modes reported significant correlations for positive change with modes of open-question and paraphrase.

A MANOVA was run for intentions, response modes, previous client

experiencing, selected interactions and subject. Significant effects for response modes with intentions as well as client experiencing with intentions. Post hoc univariate ANOVAS also reported the above mentioned effects as they related to the three immediate outcome measures. For therapist helpfulness ratings, intentions, the intentions and previous experiencing and subject were significant. For client helpfulness rating, intentions, previous experience the following were related: response modes and intentions, intentions and previous experiencing and subject. For client experiencing, all effects were significant.

Post hoc analyses revealed that clients rated therapist responses as more helpful and attained higher experiencing levels when they had been at higher previous experiencing levels. Therapist helpfulness ratings did not vary based on client previous experiencing.

A co-occurrence table was devised by pairing every therapist intention with every therapist response mode within that same speaking mode for all subjects combined. The chi-square evidenced that the therapist response modes and intentions covaried systematically. The cell chi-squares between each response mode and intention indicated that there were 33 pairs of intention-response which occurred more often than by chance and 41 pairs that occurred significantly less often than chance. The frequency of the occurrence of the 33 intention-response pairs covaried systematically across the high and low experiencing levels.

So, response modes were significantly related to therapist and client helpfulness as well as client experiencing and client reactions.

Although the amount of variance was small, one must consider the modes were not mutually exclusive and other interaction variables were not accounted for. Thus, the amount of variance was substantial.

Client rating of depth as characterized by more interpretation and less information are consistent with higher client helpfulness and experiencing ratings for interpretation and lower ratings for information. Therapist higher ratings of depth and smoothness are associated with more information and direct guidance and less confrontation. Cases with more open question and paraphrase had decreases in anxiety. Cases with more paraphrase but less approval and closed question had more increases in self-concept. Response modes with outcome measures indicate that future research should primarily examine immediate outcome. Also, that new methodologies need to be developed to examine connections between what makes a good session and individual interventions.

Therapist intentions accounted for more of the variance in outcome than did the response modes. In fact, it was concluded that the differences among response modes were due to underlying intentions rather than response modes. Also, previous client experiencing in interaction with intentions accounted for more variance than did response modes. For therapists, there was a lower amount of variance for anything other than intentions which presumably is a result of the therapist choosing the appropriate response mode at any given point. It is concluded that therapist intentions should be used as more adequate descriptors of intervention.

Furthermore, overlap of Hill and O'Grady's (1985) intentions

appeared in this study indicating that only seven are unique and occur frequently. Therefore the following are suggested for future research: (a) set limits, (b) assessment (includes get information, focus and clarify), (c) support (includes support, reinforce change and hope), (d) educate (includes give information) (e) explore (includes cognition, behaviors and feelings), (f) restructure (includes insight, challenge and resistance), and (g) change.

Results also indicated that timing and context are important variables in the psychotherapy process. This was evident in the ratings by both therapist and client of helpful interventions particularly when examined in conjunction with client experiencing. Similarly, evidence appeared that different interventions work with different clients.

Finally, clients and therapists diverge on what is helpful in psychotherapy. Obviously, we can not choose from the two perspectives because both are valid ways of looking at the process.

The plethora of results reported in this study reveal the complexity of the psychotherapy process. While all are important and related, the finding of the intentions studies are the most potent for this paper. The above study contends that intentions behind the response modes carry the impact of the intervention (Hill, Helms et al. 1988).

### The Research of Dennis Kivlighan

#### Training, Intentions, Response Modes, and Client Reaction

Kivlighan (1989) designed a study to examine changes in counselor's intentions and client reactions as a function of training in

interpersonal-dynamic counseling methods. The hypothesis was that graduate students who were trained, in comparison with a graduate student counselors in a no treatment control condition, would show a decrease in use of assessment intentions and an increase in the use of explore and restructure intentions. The response modes were predicted to move away from questions and directions and toward minimal encouragers and complex responses. Also, the assertion was made that students who were trained would provide a deep, more powerful and thus less smooth post interview.

The subjects were 26 graduate student enrolled in a master's counseling program at a large midwestern university. Seven women and six men in the counseling methods class , 22-41 years old with 0-5 years counseling experience participated as the treatment group. The other subjects were first semester students, 9 women and 5 men with 0-2 years counseling experience, in the program but not in the counseling methods class. The clients were 26 undergraduates (18 women, 8 men), 26 - 37 years old enrolled in a counseling theory class. The clients were recruited from announcements in class and credit towards course grade was received.

Measures used have been described in previous studies. The Hill Verbal Response Category System was used to examine response modes. Concurrent validity of the categories with those of other systems was shown by Elliot et al. (1987). The Intentions List (Hill & O'Grady, 1985) and Client Reactions System (Hill, Helms, Tichenor & Spiegall, 1988) were used for this study. The Session Evaluation Questionnaire (SEQ), previously described in Hill, Helms, Tichenor et al. (1988), also



appears as a measure.

A pretest-posttest, nonequivalent group design was used. The pretest took place in the first 2 weeks of the semester, while the posttest took place in the last 2 weeks of the semester. The pretest assessed the counselor skill level while the posttest examined changes in intention and response use.

The graduate student counselors were randomly paired with a student client for the pre and post interview which took place approximately 12 weeks apart. The interviews were audiotaped and consisted of 45 minutes during which the client was asked to discuss a personal problem.

Immediately following the interview both participants filled out the SEQ. In a tape assisted review counselors rated their intentions and clients as well as counselors rated their perceptions of counselor intentions. Three undergraduates who were trained for 10 hours and reached 90% agreement on 100 practice categorizations, rated the transcripts.

A MANOVA was run in order to compare trained versus untrained counselors. The result indicated that trained counselors over time used less assessment intentions and increased exploration intentions relative to those who were not trained. The hypothesis that trained counselors would use more restructure intentions was not supported.

Results from the MANOVA also displayed that clients who saw the trained counselors were more likely to experience painful feelings and do therapeutic work and less likely to use the no reaction response. Again using the MANOVA, the hypothesis that trained counselors would

decrease question response modes and increase minimal encouragers was supported. However, no justification was offered for the hypothesis that trained counselors would decrease their use of directives and increase their complex responses. The SEQ portion of the MANOVA revealed that while trained counselors sessions were rated as deeper their sessions were not rated as less smooth.

The results of the study show that training does affect not only responses but, also how the therapist thinks about the counseling interaction. Similarly, trained counselors received more therapeutic work reactions. Given that this was rated most helpful in the Hill, Helms, Tichenor et al. (1988) study, it seems important to continue to focus on therapeutic work in training.

Kivlighan (1988) points out limitations of the small sample size and the use of students, as well as lack of assessment of their characteristics. Therefore, it is also unclear how closely these students resemble clients who seek treatment. Consequently, these clients may evoke different responses and intentions.

### Intentions and Working Alliance from Client Perspective

Kivlighan (1990) hypothesized that therapist intentions were related to working alliance. Specifically, his conception was that intentions would account for a significant amount of variance in client rated working alliance.

Two groups of college undergraduates were recruited to participate. Twelve were from an adolescent development course and 30 students from an undergraduate psychology course offered fall term. A total of 13 men and 29 women, 19 to 35 years old and all received extra

credit for their course grade. Subjects saw a graduate student counselor at 4 points throughout the semester and each session was videotaped.

Two groups of students enrolled in a master's level prepracticum counseling skills class served as the counselors. The first group consisted of 12 enrolled in the Summer and the second was 30 students enrolled in the Fall semester. There were 30 female and 12 male, 22 to 41 years old with at least minimal counseling experience (e.g. peer counseling).

To collect counselor intentions a revised version of a procedure developed by Martin, Martin and Slemon (1989) who found that often counselors coded similar statements of intentions in different categories on Hill and O'Grady's Intentions List. Their new procedure used a stimulated recall procedure in which the counselor reviewed videotaped segments containing selected statements and then responded to probes about his or her intentions. Counselor statements concerning intentions were then transcribed and rated by trained judges on the presence of the intentions described by Hill and O'Grady (1985). Furthermore, the seven clusters deemed worthy of research (Hill, Helms Tichenor et al. 1988) are those which were used for this study.

The Working Alliance Inventory (WAI) (Horvath and Grath cited in Kivlighan 1990) measured the three dimensions of alliance: Bond, Agreement on Goals and Agreement on Task. These dimensions are measured with 36, 7 point Likert items with 12 measuring each dimension. The three scales can be combined to obtain a composite score indicating working alliance.

The Interpersonal Checklist (ICL) is a self-report checklist of

128 behavioral descriptions designed to measure a person's interpersonal attitudes along two dimensions: Control (dominance-submission) and Affiliation (Love-Hate). The love-hate scale was utilized to assess client's interpersonal attitudes. The quality of the client's interpersonal relationships is related to working alliance and thus it is important to control for the quality of clients interpersonal relationships when examining the association between intentions and working alliance.

The counselors had four interviews with the volunteer client. Prior to the first meeting the ICL was filled out. The second 50 minute interview served as the focus for this study. The videotape of this session was reviewed by the counselor. After each counselor turn, answers to the following questions were written: "What specific thoughts accompanied your statement?"; "What did you want to happen next?"; "Did you want the client to think in some special way?"; and "Describe that way of thinking?" The responses were coded into intention categories by three judges. The judged were graduate students in counseling psychology and were trained to 92% interrater agreement.

A few preliminary analysis were run to address various issues. First, to assess how similar interviews were to interviews in the clinical setting, 10 tapes were randomly selected and 10 experienced supervisors were asked whether the session was with a recruited client or a client in a session at the Counseling Center. None of the 10 supervisors were able to classify tapes at greater than chance level. A correlational analyses revealed that client nor counselor demographics were related to intentions or working alliance. Finally, the frequency

of intentions use was compared for these student counselors with experienced therapists in Hill and O'Grady (1985). No significant differences were found.

A multiple regression inspected counselor intention and client rated working alliance. Therapist intentions significantly predicted client rated working alliance. Therapist intentions account for a moderate amount of variance of overall ratings of working alliance. Three intentions were negatively related to client rated working alliance. When assessment, explore and support were used clients reported a weaker working alliance.

One should be cautious when interpreting results as clients were volunteer undergraduates, not real clients seeking service. Also, the therapeutic encounters studied were brief. Clients in longer relationships or client who weren't aware of the 4 session limit may have reacted differently. Furthermore, the finding that revealed equal intentions use for experienced and student counselors as well as the results that the sessions weren't distinguishable from real sessions are open to question (Kivligahn 1990).

### The Research of Charles Gelso

#### Transference, Insight, and the Counselor's Intentions

Two intentions from Hill & O'Grady's (1985) list were hypothesized to be related to perceptions of positive and negative transference. Theoretically, the presumption is that intentions behind responses would be related to their perceptions of positive and negative

transference. "Insight" and "Feelings" seemed most clearly related to counselors perception's of positive and negative transference. Thus, the premise of the study was that the greater amount of transference perceived by counselors, the more likely they are, in their responses to clients, to aim for the promotion of insight and the exploration of underlying feelings. Gelso, Hill and Kivlighan (1991) noted that given the recency of intentions research, they did not feel that enough information existed to hypothesize about the other intentions on the list.

Thirty-eight (26 male, 12 female) doctoral-level counseling and clinical psychologists with an average of 10.2 years of experience participated. Counselors were asked to rate the three major theoretical orientations behavior, psychoanalytic and humanistic on 5 point scales. Although the counselors tended to lean toward a given orientation, overall the ratings indicate that the group can best be described as eclectic.

Ten single-item relationship rating scales were utilized to measure counselor perceived transference, insight and working alliance in a single session. On these scales, counselors evaluated a session with respect to transference (total positive and negative), insight (overall, intellectual, emotional) and working alliance (agreement on goals, agreement on tasks, implementation of task and therapist-client bonding). A five point Likert scale (1=none or slight to 5=very much) was employed to examine how much of each construct was present.

Transference items were borrowed from Graff and Lumborsky's (cited in Gelso, Hill & Kivlighan 1991) study on those constructs in

psychoanalysis. Interjudge agreement was adequate and validity was supported by the fact that ratings of transference, using those constructs, theoretically made sense and reflected the notes of psychoanalysts. The study conducted by Kivlighan, Gelso, Wine and Jones (cited in Gelso, Hill & Kivlighan 1991) also supported the validity and reliability of these scales.

The Counselor Intentions list (Hill & O'Grady 1985) was employed to evaluate the counselor's intentions. To reiterate the point discussed by Hill & O'Grady (1985) interrater and retest reliability cannot be assessed in any direct way when evaluating counselor intentions. The same argument which explains that asking a counselor to rate a session at two different points in time is more a test of memory than retest reliability, is applicable to counselor's ratings of working alliance, insight and transference.

Session quality was also rated by the counselors. The sessions were reviewed on a 5 point scale (1=very poor and 5=very good). Reliability of the items used in this process research is high (Orlinsky & Howard 1986; Elliot 1986).

Counselors were asked to audiotape a middle session with a neurotic client. Counselors were asked to listen to the tape within 24 hours and rate their intentions for each speaking turn. The number of times each intention was recorded was divided by the total number of intentions recorded during the session. Subsequent to the completion of the intentions task, counselors were asked to complete the 10 relationship scales and rate the quality of the session.

Over 85% of the counselors gave a combined alliance score of 4 and

the mean rating of the working alliance was 3.89. The variables, rated on a 5 point scale, revealed the following means and standard deviations: positive transference ( $M=2.81$ ,  $SD=1.22$ ), negative transference ( $M=1.92$ ,  $SD=1.14$ ), intellectual insight ( $M=3.32$ ,  $SD= 1.22$ ), emotional insight ( $M=2.78$ ,  $SD=.95$ ) and session quality ( $M=3.29$ ,  $SD=.56$ ).

A hierarchical multiple regression analyses was performed with transference entered first, insight second and insight by transference interaction third. Variables were entered in blocks as the hypothesis reflected these general divisions. For example positive and negative transference were additively combined for the first block.

For further illumination of the transference by insight interaction cases were divided into high and low transference and insight, and means on session quality were computed for each of the resulting four conditions. When transference was low, session quality was not affected by client insight. Session quality under high insight was  $M=3.64$  and for low insight it was  $M=3.03$ . So, the rating of session quality peaked when both insight and transference were high and least desirable outcome appeared when transference was high and insight registered low. The general blocks were decomposed to further scrutinize the above interaction. The patterns of means across all insight by transference combinations revealed that the precise interaction presented above existed.

The analyses of counselor intentions in relationship to positive and negative transference found nine of the Pearson  $r$ s between negative transference and intentions were statistically significant. As expected, Insight and Feelings were intentions utilized more by counselors when



negative transference was evident. Furthermore, Relationships and Behaviors were positively related to negative transference. In contrast, the greater the negative transference the less likely counselors were to aim intentions at setting limits, giving information, getting information, change and reinforcing change.

Only one correlation was significant when examining the positive transference with the 19 intentions. Change appeared as the only intention related to positive transference. Of the 19 intentions, 16 intentions correlated with positive transference in the same direction as they did for their relationship to negative transference.

The central finding of the insight by transference interaction did affect session quality. The finding of the same direction pattern (found through intentions) regardless of positive or negative transference, suggests that it may be useful to consider transference more generally. In other words, examine the positive and negative transference as a defense based distortion. Thus, client understanding of strong transferences would be important.

It is argued that clinically and theoretically it makes sense that counselor's intentions to respond would be affected by their perceptions of transference. The relationships of intentions to transference that were previously presented reveal that negative transference signals the counselor to work at facilitating exploration of what the client is doing or feeling underneath. Authors of the study argue that this intent would make sense rather than structuring and directing as one would not expect structuring and directing behavior change to work well when strong negative transference exists in the relationship. Finally,

although it is plausible that these inferences occur when transference is positive, the negative transference findings are substantially stronger. This may indicate that negative transference is a more salient cue to counselors that something needs to be done in the relationship.

The limitations in the study are outlined and are important when interpreting the findings. First counselors were free to choose the client and a middle session from all their cases. Also, the investigation provided field correlations so that we cannot know what caused what. The measures are not firmly established with only preliminary validity and reliability findings. Finally, all judgments were from the counselors perspective which is valuable, however, generalizations to other perspectives such as the client's should be made with caution (Gelso, Hill and Kivlighan 1991).

In addition, Gelso studied countertransference (e.g. Peabody & Gelso 1982). Although this research is not in the area of intentions research, it is worthy of mention as it is relevant to this paper. As discussed previously, countertransference may be considered part of the therapist's inner experience.

Gelso and Peabody (1982) examined countertransference in male counselor trainees. Their theoretically based prediction was that empathetic ability would be negatively related to countertransference behavior but positively related to countertransference feelings. Countertransference was operationalized as the withdrawal of personal involvement. The findings indicated that empathy was negatively related to countertransference behavior with seductive female clients but not in cases of hostile or neutral clients. Counselor empathetic ability was

positively related to counselor reports of openness to countertransference feelings.

In a subsequent study, Hayes and Gelso (1991) theorized that state anxiety created countertransference and the therapist quality of empathy may reduce these adverse effects. The hypothesis was that trainee state anxiety is related positively to countertransference behavior and the negative effect of anxiety would only impact less empathetic trainees. Results demonstrated that state anxiety was related to countertransference but, only for male trainees. The hypothesis that empathy played a role in moderating this relationship was unsupported.

A further attempt to establish factors which may reduce negative effects of countertransference appeared in a study which examined five factors that may assist the therapist in managing countertransference (Hayes, Gelso, Von Wagoner and Diemer 1991). These five factors were: Self-integration, Anxiety Management, Conceptualizing Skills, Empathy and Self-insight. Analysis revealed that all of the factors were somewhat important but, Self-integration and Self-insight were particularly important to management of countertransference.

### The Research of Jack Martin

#### Cognitive Mediation

Martin, Martin, Meyer and Slemon (1986) examined relations among client and counselor cognition. Martin (1984) presents a cognitive mediational paradigm for counseling research. He asserts that counseling effectiveness is determined by the degree to which client's cognitive

perceptions of and reactions to counselor's behaviors and intentions correspond. For perfect correspondence: (a) a counselor verbal and nonverbal behavior must always be consistent with their intentions; (b) the client must perceive the counselor's behavior and intentions and act cognitively to process the counselor's behavior as intended by the counselor; and (c) client's cognitive processing of the counselors actions and intentions must lead to client behavior that is consistent with this processing and conveys this to the counselor.

The study presented examines the relations among the counselor and client cognition, behaviors and ratings. Ten counselor-client dyads engaged in time limited counseling. Seven counselors volunteered, 4 were experienced counseling psychologists averaging 18.4 years of experience and 3 were second year counseling interns. All ten clients, 3 men and 7 women were students at the university and sought counseling from either university counseling center or the counselor education program.

All measures were obtained from coding information on the videotapes of the experimental counseling sessions or the audiotapes of the stimulated recall interviews. Data for counselor intentions for client cognitive processing were obtained by responses to a stimulated recall interview. Client answers for the recall interview were coded to obtain data on client perception of counselor intentions and client cognitive processing. Matches between counselor intentions and client perception of counselor intention occurred if codes for both these variables related to the same cognitive processes. Higher order matches across all possible combinations of the variables in Martin's (1984) model were determined from primary matching data.

All data was coded independently by two research assistants who completed master's level coursework in counseling and cognitive psychology.

Researchers videotaped 29 sessions. After each session client and counselor were interviewed. Counselor behavior was viewed on videotape, and the participants were asked to recall what they were thinking or intending during the session, not at the point of review.

All reasonable matches in counselor- client cognitive and behavioral variables were examined. Cognitive variables such as counselor intention and client perception of counselor intention had a much lower proportion of successful matches than did counselor and client behavior variables. Evidently, to attain consistency between one's own thoughts and behaviors or matching one's observable behaviors to those of another is easier than to read another's mind. Furthermore, a stepwise regression analysis indicated that counselor intention and client perception of counselor intention was not predictive of counselor ratings of session effectiveness. A possibility was offered that this may be due to session content. Familiar content may provide client with previous counselor explanations or justifications for their own behavior. So, when the content is revisited, the client recalls this information and is able to encode counselor intentions more easily. In this study clients were able to rate counselor intentions more accurately when content was familiar, however, counselors rated these sessions as less effective. Perhaps this is a function of the counselors, particularly less experienced feeling need to do something and to "redo" old content may be rated as ineffective.

More consistency was found across all matches in the middle sessions, supporting previous assertions that the middle sessions are the most therapeutic. Another interesting finding is that clients often reported that while counselor's remarks were not understood at the time of the session, later in the day or session client's were able to put it all together.

### Action-Act Sequences

Martin, Martin and Slemon (1989) present descriptive data on probabilities of frequently occurring sequences of counselor intentions, counselor behaviors, client cognitive operations and client responses. The purpose of the study was to determine if there were distinctive patterns of actions and acts in counseling. The rationale for the study was to find these patterns which might provide a basis for social science of counseling psychology.

The participants were 8 experienced psychologists (M=12.7 years experience) employed by a major Canadian university either in the counseling center or the counselor education program. Each counselor met with 1-4 clients. Eighteen clients, 10 women and 8 men, were chosen from a pool of 24 who sought services at the university counseling center. There were 8 graduate students and 10 undergraduates who were interviewed by Jack Martin to ensure their difficulties were appropriate for the study.

Data were obtained from 92 sessions, ranging from 45-60 minutes. Each of the eighteen counselor-client dyads contributed data from 3 to 8 counseling sessions, selected at regular intervals (every 2-3 sessions) across a 10-16 counseling sessions. Eight instances of counselor

behavior at regular intervals were selected by research assistants viewing and videotaping the session. Immediately following each session, a 60 minute stimulated recall interviews were conducted and audiotaped with the clients first and then with the counselors.

Thirty feet of tape preceding the 8 selected instances were viewed on the videotape. The videotape was stopped immediately following each selected counselor statement. The clients were asked to describe what they were thinking after each statement. Counselors were asked what thoughts accompanied their statements, what they wanted to happen next as well as if they wanted the client to think in some specific way.

Hill and O'Grady's (1985) intention list was used to code intentions. Coding of counselor intentions was done by Jack Martin and Wyn Martin rather than participating counselors. Hill's Counselor Verbal Response Category System (Hill et al. 1981) was utilized to code counselor behaviors. The client form of the system was used to code client responses. Client cognitive operations were coded from stimulated recall probes into 1 or more of 11 categories of definitions of cognitive processes described by Martin et al. (1986). Again, all of the remaining coding was independently done by Jack Martin and Wyn Martin.

The most frequently occurring intentions were feelings, clarify, give information and cognitions. The intentions were roughly similar to those reported by Hill and O'Grady (1985). High frequencies of open question, reflection, direct guidance and interpretation appeared for counselor behavior. Client cognitive operations were most frequent in categories of registering information, thinking about feelings, analyzing, recalling something, and thinking about thinking. An

extremely high proportion of descriptions appeared in client response. Other frequently occurring responses include simple responses and experience.

High frequency of counselor intentions feelings, clarify and focus lead to similar patterns of counselor behaviors open question and reflection or interpretation and direct guidance. Overall, there is considerable support for patterns of counselor behavior following specific intentions.

The counselor behaviors open question and confrontation lead most frequently and respectively to client cognitive operations recalling something and analyzing or registering information. All other frequently occurring client cognitive operations lead most often to the same client cognitive operation, registering information. However, in all cases, this most frequently occurring client cognitive operation is accompanied by distinctive groupings or distinctive groups of probabilities of other client cognitive operations.

Evidence of distinctive relations between different client cognitive operations and different groupings or probabilities of client responses is not apparent in the data.

Martin, Martin and Slemon (1989) conclude that there is moderately strong evidence for the existence of distinctive patterns of relations between counselor behaviors and client cognitive operations. The simple recognition only provides an empirical justification for a basic assumption that research on counseling can detect distinctive patterns of therapeutic action-act sequences. The authors warn that there is much more work to be done before this may be considered a possible sufficient



empirical foundation on which to prescribe to practice and training.

Martin, Martin and Slemon (1989) continue by asserting that the action-act determinism in training is tighter than can be supported by results in the area. In fact, they reflect the necessarily probabilistic character of action-act sequences in counseling interactions. They suggest that emphasizing concepts like counselor intentionality, client cognitive mediation, and social actions and acts would provide students with more realistic insight into the complex process of psychotherapy.

### The Research of Keith Morran

#### Counselor Self-Talk

Morran (1986) introduced the concept of counselor self-talk as it relates to task facilitation. Morran, Kurpui and Brack (1989) later link counselor internal dialogue with intentions. It is argued that rather than focusing on immediate cognition one would benefit from examining individual self-talk statements generated by therapist during the counseling process. This study examined naturally occurring self-talk statements and used this raw data to identify meaningful self-talk categories.

Data was used from 23 female and 15 male volunteer counselors. Fourteen participants reported 6 or more years of experience and 13 reported 1-5 years. The remainder had less than 1 year. Four female clients were selected from a larger pool and they were screened for and attempted to be made similar on characteristics that would affect the counseling relationship. they did receive credit in a course for

participation. They were instructed to discuss real concerns.

The measure utilized was a thought-listing procedure using stimulated recall of a videotape to assist the counselor in recalling thoughts during the session. Counselors were prompted to be open and honest about their thoughts regardless of what they were focusing on during the session. The instrument consisted of four pages of empty boxes for counselors to list their thoughts. There were 12 boxes and one thought per box was requested. This measure was designed to assess actual thoughts during the session rather than cognition or reflections.

The thoughts were then categorized by two doctoral level counseling people and an advanced doctoral level student. A second panel with 3 doctoral level students and a doctoral level counseling professional were asked to categorize. The judges were trained and the interrater agreement among all judges was .76.

Counselors were randomly assigned to conduct 25 minute interviews with one of the clients. After completing the interview counselors were instructed on the thought-listing technique. Four 2 min segments were used from sessions beginning at 5, 10, 15 and 20 minutes. Counselors were given 90 seconds to record as many thoughts as possible. A total of 768 statements were reported. The first panel identified 13 categories and the second panel was asked to put thoughts into 14 categories including those above and an unclassified category. There was high agreement among judges for the 14 categories. The categories were: behavior observations, client-focused questions, summarizations, associations, inferences or hypothesis, relationship assessment, self-instructions, anxiety or self doubt, corrective self-feedback, positive

self-feedback, reactions to client, self-questions, external and self-monitoring.

So, despite subjectivity, the high agreement of judges presented 14 categories. Sixty percent of all thoughts categorized fell into four cognitive categories: summarizations, client-focused questions, inferences or hypothesis and self- instructions.

Furthermore, a multidimensional scaling solution suggests that the 14 categories may be viewed as in relation to dimensions of Attending and Assessing versus Information Seeking and Integrative Understanding versus Intervention Planning. Researchers further concluded that these anchors were similar to the intention clusters found by Hill and O'Grady (1985). Also, the assertion is made that the self- talk categories are related to several of the cognitive processes presented by Martin et al. (1986). For example the thought processes of behavior observations, summarizations associations, and self-instructions appear to be counseling specific examples of cognitive process such as attending, rehearsing, associating and assembling.

The limitations of these findings are clear as the sessions were only 25 minute initial interviews of an analogue nature. The similarity to an actual session is undetermined. The initial 25 minutes present a problem for generalizing to even short term counseling relationships not to mention relationships developed over time. Furthermore, no input on categorization of thoughts from the counselors indicates that observers were guessing at meanings of reported self statements. Furthermore, the analogies drawn to previous research by Hill and O'Grady (1985) as well as Martin et al. (1986) are open to question (Morran, Kurpuis & Brack

1989).

### Summary of Intentions Research

Intentions research has offered a multitude of findings and the instruments developed along with the development of IPR donate some important contributions to process research and the understanding of psychotherapy. However, there are limitations with the findings of the actual studies presented. First, most studies were analogue. Although this is a valuable approach to research, the addition of some field studies which are similar seems necessary to generalize findings. Furthermore, most of the studies utilized students which may also skew the findings.

Moreover, while the presentation of intentions research proves that progress has been made in the research, the therapist's inner experience behind the intention has been disregarded which seems to rob the intentions of the richness that the experience appends. Thus, an important area for intentions researchers to consider is the inner experiencing behind the intentions.

## CHAPTER 4 - INNER EXPERIENCE

### Research on Inner Experience

#### The Exclusion of Inner Experience in Research

May (cited in Schmidt 1984) defined intentionality as a two stage process in which people form intentions based on their perceptions of their experiences and use those intentions purposefully to relate to and understand the world around them. This definition highlights the important aspect of inner perceptions (experiences) as well conscious intentions and overt actions.

The assertion of this paper is that in dealing with the therapist's intentions, the inner experience has been overlooked as a component of intentionality. Instead, intentionality has been viewed as defined by Ivey (1969). This description of intentionality includes a therapist who is acting with a sense of capability and deciding from a range of alternative actions. Certainly, research on intentions has progressed towards an understanding of therapist's thoughts and rationale for choosing a specific intervention. However, one would postulate that the event is more complex with more contributing than rationale and thoughts. After all, the therapist is not a computer that processes information but a human being with feelings, likes, dislikes, and previous experiences which may influence his or her choices in therapy. Yet, the accessing of inner experience does not appear in the

literature except by individuals offering a personal account of (e.g. Basecu 1987; Yalom 1989; Treadway 1986) their experience in the therapeutic process.

There may be several reasons that the inner experience has been neglected. Hill (1982) speaks to the difficulty of measuring thoughts, feelings, and perceptions of the behavior of others. It is argued that covert behaviors cannot be inferred from observable behaviors. Rather, only the self-report of those involved can be used. This presents the difficulty of recall issues which also appear in the intentions research. How accurate is the recall? How much of the memory has faded over time? Furthermore, intentions seems to capture the therapist activity, however it is questionable (Hill & O'Grady 1985) whether it is possible to capture with any degree of certainty, the therapist thought processes. Also, as with intentions research, unknown demand characteristics may bias the therapist's report. Hill and O'Grady (1985) give the example of a therapist being reluctant to report that he or she was trying to relieve personal anxiety. Or the therapist could report according to what he or she believes is socially desirable. This point could be taken one step further to say the therapist may report what he or she wishes they had done. Furthermore, only the intentions at the conscious level can be reported.

These same limitations exist to a degree for intentions research so, why then has inner experience been neglected as an area of research. Certainly, the intentions are able to be operationalized as they are based on specific actions. Why did you choose that intervention? This question is directive and the respondent is often presented with a

concise list from which to choose. However, what were you thinking, feeling and experiencing?, is less directive and consequently, the inherent problems discussed above are amplified for this research.

Inner experiences are different than intentions as they probe into a person's inner reality. The experience includes all thoughts, feelings, perception and does not limit itself to those which are outwardly exhibited. Therefore, the inner experience meets none of the criteria for science and so it is excluded. Science requires inquiry and striving for innovative approaches to understanding therefore, the argument that it is too difficult for scientific study is contradictory.

Similar to the concept of social desirability, the risk of loss of integrity seems worth pointing out. Basescu (1987) states that without his personal and professional sense of authority, he would not be sharing his inner experience. Furthermore, the other individuals who have been willing to write about their inner experience (e.g. Yalom 1987; Treadway 1986) are in positions of professional authority by virtue of already proving themselves in practice and/or research. Unfortunately, the continuance of the facade that every good clinician calculates each intervention solely based on knowledge and training is detrimental to training and practice.

If therapists are reluctant to share their inner experience and science continues to denounce inner experience as worthy of scientific study, the progress of understanding the psychotherapeutic process will be severely impaired.

The inner experience is a necessary component of the psychotherapy system. As noted throughout chapter 2, process to outcome has become the

essential framework within which we must work in order to understand psychotherapy. Furthermore, the complex models that are currently offered indicate the beginning of an understanding of the process. The assertion of this paper argues that the therapist inner experience has been excluded from research and the need for inclusion exists. The suggestion does not insinuate that this component should replace any other nor is there an attempt to imply that it is the most significant contributor to the process of psychotherapy. However, it has been grossly neglected and stands to offer some valuable insight.

The emergence of Interpersonal Process Recall as an instrument as well as the intentions research has resulted in valuable findings and certainly brought us to the edge of accessing the therapist inner experience. The inner experience lies behind the intentions which lead to intervention.

### Need for Inclusion of Inner Experiences

One reason to examine inner experience is to tighten the gap between research and practice. Elliot (1983) and Howard (1985) discuss the importance of closing the gap between research and practice. Howard (1985) suggests that an individual's action is best understood by recourse to his or her goals, wishes, hopes, plans or intentions. He argues that practitioners are more concerned with the systematic nature of human functioning. Clinicians prefer comprehension of additive, interactive effects. Researchers need to become sensitive to these needs. It may sound impossible to access therapist's inner experience however, Interpersonal Process Recall empowers researchers to delve momentarily into client's and therapist's experiential worlds. Although



some subjective information such as intentions have been gathered utilizing this technique, therapist inner experience would be an important addition. Once the power of ones inner experience during therapy is investigated rather than ignored, practicing therapists will use this information to understand their role in the process.

Researchers also need to go beyond this refined causal model which simplifies the process. Ivey (1983) presents the intentional individual who strategizes and makes informed choices and then responds to feedback from actions, processes the feedback and then intentionally responds with new and appropriate feedback.

Prior to the development of this intention the therapist must be experiencing a multitude of feelings, thoughts, perceptions and then making sense out of all the stimuli before he or she develops an intention. Of coarse, the unconscious variables of the experience are inaccessible, however, one would presume that these unconscious variables may appear by means of inexplicable thoughts or feelings. In other words, if the therapist is finding himself or herself suddenly feeling intimidated by a particular client for no explainable reason there may be something unconscious occurring.

The information provided by therapist inner experience would enrich the understanding of process also in terms of going beyond the immediate rational for the intervention. For example, perhaps the therapist chooses the intervention based on a culmination of past events and a prediction of the direction that therapy will take. This would be part of their inner experience and then they may decide that the intention support would be advisable and an appropriate intervention

would be chosen. So, one can discern that the inner experience provides rich information which is lost when operationalized into "support".

Also, the need to examine therapists' inner experiences appears in the argument that the exclusion of the therapist's own purposes and goals from research contradicts most theoretical models (Howard 1985). Although one may argue that intentions represent goals and purposes of the therapist, I must again contend that the inner experience is imperative for a full understanding. Intentions research only speaks to the immediate goal overtly expressed in that particular moment. This can not capture the inner experience which stems from overall goals or philosophical underpinnings of the therapist or client. For example, a therapist may be working with a client for several months his inner experience in session may always be laced with a deep sadness which is not overt but rather the therapist is picking up sad undertones from the client. The client may be friendly and amicable but with a prevalent sadness. Some days it may be there and some days not. A point may occur on a day in therapy where the client is not exhibiting this sadness but he or she says something which cues the therapist. The therapist may choose an intervention based on the cue and his or her own mental note of the sadness. Obviously, linear effects appear in the counseling interaction and certainly the research on intentions provides adequate proof of the therapist intention- therapist intervention-client cognition- client response relationship in counseling. However, the complexity of the counseling process needs to be addressed.

### Free Recall

This thesis argues that utilizing a system of free recall will

capture the moment to moment inner experience. Cued recall is comparable to the recognition described by Tulving (1976) in which a copy of the event is remembered. Free recall on the other hand refers to an active search in the brain (Kintsch 1970). The rememberence of a copy will prevent the therapist from hearing their inner voice which accompanies free recall (Basescu, 1987). Therefore, a free recall method would better ascertain the inner experience behind the interventions.

Furthermore, free recall may account for some distal influence. Distal influence (Martin et al. 1986) refers to the thoughts and feelings connected with other moments in therapy that appear at the specific moment of an intervention. For example, one may ask the therapist about their inner experience at a given point and the therapist may respond that the intervention was based on the anger that the client exhibited which the therapist suspected was residual from the prior week. Perhaps the therapist confronted the client the week before but the clients personality consists strongly of a mild manner disposition always presenting a positive image. Given time over the course of the week the client may become angry and upon entering session the following week he or she is no longer able to maintain. So, the specific intervention at a given point may incorporate many thoughts and feelings at that moment but not directly related to that moment which are better captured utilizing free recall.

Obviously, intentions and related research has contributed significantly to the understanding of psychotherapy research. Continued intentions research is encouraged specifically, research that relates to the broader concept of intentionality. However, the future research

needs to aim for an understanding of therapist's inner experience. There seems to be an enormous amount of knowledge to be gained in accessing inner experiences of therapists.

### A Model of Accessing Inner Experience

A research team has investigated therapist inner experiences using free recall (Susman & Wynne, personal communication, March 20, 1992). The team developed an empirical, field-based method to study therapists' recall and intentions to provide a more valid account of therapists' inner experiences. In order to gain insight into the inner experience of therapists during the therapy process, researchers asked licensed psychologists in a large midwestern metropolitan area to complete a structured interview immediately following a taped session from their practice. Immediacy proves to be important so that the therapist's free recall would be less likely to diminish. The therapists were asked to recall the first five minutes, the last five minutes and the most significant moment in therapy. As suggested by Les Greenberg (Elliot 1986) the significant change event in therapy provides the most salient point in the session and therefore, an essential and preferred piece to examine. After recalling each segment, the therapists were asked to freely recall what they were experiencing prior to each intervention. Two weeks later, using cued recall, the therapist again reported their rationale for intervention. The therapists were not provided with any preconstructed list but rather were freely reporting their experiences during therapy. The utilization of both cued and free recall provides a basis for comparison as well as an opportunity for more types of data analyses. At this point, three types of analyses are in progress.

First, freely recalled segments will be compared to the taped version in order to determine what is remembered. The analysis includes recall for main ideas as well as supporting ideas. Furthermore, trained judges will address how well therapist's free recall captures the essence of the therapist-client dialogue. Second, the recall for the three segments will be compared as the importance of saliency in recall has been noted. A third analysis will consider the intentions reported for free recall versus those reported for cued recall for those interventions where agreement exists differences or similarities will provide information.

These analyses are important to the team in order to examine free recall as a technique which may be combined with currently utilized structured methods such as cued recall, analogue studies and predetermined choice lists in order to facilitate the study of therapists' inner experience.

This team has several other adjunct studies within the overall research project. One study (Martin, Susman & Wynne, 1992) examined therapists' internal experiences for free and cued recall and compares these to intentions lists in the current literature. The central hypothesis of this study is that information obtained in a free recall interview will be richer and more complex description of the therapists' inner experience than if cued recall or cued recall with intentions lists. The findings indicate that many of the responses may be reconceptualized along the dimensions of the existing lists, however, that their descriptions behind the intentions using the free and structured recall were personalized, unique and case specific. Some of

the therapists' inner experiencing did not match intention lists and appeared to include affective components. However, this data suggests a certain level of ecological validity for the intentions list due to the fact that the research was conducted in a natural setting.

Another study (Vachon, Susman & Wynne, 1992) explored the reasons behind the refusal of practitioners to participate in psychotherapy process research as well as what would be necessary engage future participation. Based on the high refusal rate in the larger psychotherapy process research, a member of the team developed a telephone survey to investigate the reasons behind this unwillingness to participate. A sample of 156 psychologists who refused to participate was used. The telephone interviews reveal the main reasons as insufficient time, being unwilling to audiotape clients, feeling taping would be intrusive to therapy, and that it would be against their institutions policy to participate. In order to engage future participation in process research, the most frequent answers were more time and no taping of therapy sessions.

In another auxiliary study (Susman & Wynne, personal communication, March 20, 1992), novice and expert therapists subjective inner experiences were compared. Data was collected from 18 master level students enrolled in a counseling skills class. Students viewed their own video tapes of in class role plays. Student transcribed verbatim the client's statements and their responses. The novice therapists then reported their thoughts and feelings corresponding to each intervention or response to the client. The inner experiencing will be compared to both already existing intentions lists as well as the expert therapists

used in the overall psychotherapy process research addressed.

## CHAPTER 5 - CONCLUSIONS

### Final Words on Inner Experience

#### Summary

To reiterate the position of this thesis, it seems important to review the preceding chapters. Chapter one indicated that the therapist inner experience exists and presents a powerful influence within therapy. Although the area lacks empirical findings, it may be argued that this is a function of the lack of inquiry.

The second chapter offers a brief overview of process to outcome and introduced the significance of this relationship to understand psychotherapy. The process to outcome research asks the central question "what is therapeutic about psychotherapy?" The assertion of this thesis is that the inner experience of the therapist will contribute to the answer to this question. The therapist inner experience goes beyond the level of an intervention and reaches behind the immediate intention to ask "what is the therapist thinking, feeling or perceiving?" Obviously, these constructs contribute to the therapy.

Chapter three present the intentions research. The thesis itself resulted from intentions research. This type of study steps closer to the subjective therapist experience however, it does not delve truly into the experiential world of therapists (nor clients). In order to make such an assertion, it seemed obligatory to thoroughly review



intentions literature. The painstaking detailed fashion in which the studies were presented was no attempt to overwhelm readers with meaningless minutia but rather a sincere effort to review all available information in order to establish the progress as well as the next essential step.

Therefore, chapter 4 attempts to stay brief and offer the rationale behind the argument for the next step into the therapist inner experience. Research that is currently being conducted on the therapists' inner experiencing is presented. Some researchers may question whether this type of research is plausible. Certainly, the progress of methodology offers the tools to pursue inner experiences. The introduction of Interpersonal Process Recall as a process research tool (Elliot 1979) provided the field with the necessary tool. IPR offers the opportunity to access the moment-to-moment perceptions, thoughts and intentions and reactions of participants.

### Discussion

One may argue that this was precisely what intentions researchers pursued. Contrary to this, it is evident that the inner experience of the moment to moment interactions was lost. One reason was the use of cued recall assisted by video or audio tapes. This required the therapist to return to cognitions and feelings and may contribute to the reprocessing of information in the session and thus distort the inner experience.

In addition, open ended questions which accompanied the cued recall were suggesting possible answers in that the open ended questions utilized by researchers (e.g. Elliot et al. 1982; Martin et al. 1986)

often asked questions like, "what were you trying to do in saying that?" These questions prompted a concrete simplified answer such as "provide support".

Furthermore, the responses were subsequently given to a few members of a research team who rated the responses and utilized the ratings to revise (Hill & O'Grady 1985) or devise (Elliot et al. 1982) a list. Furthermore, many times the therapists were given the list initially forcing them to choose from and mold responses to an already existing list (Hill & O'Grady 1985). Obviously, the richness of the inner experience is refined into operational compartments which can have statistical analyses run to make associations.

Furthermore, the examination of intentions research reveals that the inner experience behind the intention will be a significant contribution to understanding the psychotherapy process. Elliot (1979) as well as Hill (1988) find that therapists are not relaying the message which they intend. If we as therapist's are not relaying the message we intend, perhaps we need to examine ourselves, in other words study our inner experience.

Furthermore, in several studies (e.g. Elliot 1985) the therapist intentions and the procedure utilized to access the intentions are operationalized to the point of oversimplification. In fact, the conceptualization of intentions appears to be simplified to the degree that the findings are nothing more than exploratory observations. Therapist intentions are a component of a complex process of psychotherapy which did not appear in several intentions studies (Elliot 1985, Hill 1985, 1988).

Similarly, the conceptualization of intention may be oversimplified. For example, Kivlighan (1989) measured intention to move away from assessment toward exploration over time and experience. The counselors were graduate students in a masters level program. It seems only natural that these students of counseling would move toward more therapeutic work as they became more skilled and confident. However, the real question exists behind the response modes and behind the intent to assess or explore. The inner experiencing of these novices as they learn the basics would provide valuable information to researchers and educators. As stated previously this is being done by a member of a research team which is studying therapists' inner experiences.

The particular findings in Hill et al. (1988) address the issue of importance of the therapist inner experience. The counselor is not responding to the client's reactions so: "What is the counselor thinking, feeling, experiencing?" "Why is the counselor not tuning in with the client's experience?" The suggestion is made by Hill et al. (1988) to further investigate covert processes in therapy. The therapist covert experience seems the logical place to start. After all, as clinicians and scientists we will never have control or insight in the client experience however, if the therapist is lucid about their inner experience, the clearer the complex process of therapy will become. In turn, this empowers the clinician as a healer.

Hill, Helms et al. (1988) examine the therapist response modes and conclude that the intention behind the response mode carries out the impact of the intervention. This study asserts that behind the intention

is the strong influence of the inner experience.

The area of working alliance also offers support to the assertion that inner experiencing is an important area to study. Kivlighan (1990) found that the working alliance or therapeutic relationship was related to intentions. A closer look at the components of working alliance would reveal a combination of counselor as well as client inner experiencing. Again the power of therapists inner experience appears as a worthwhile area of study.

Conceptually, the idea of self talk (Morran, Kurpui & Brack 1989) may draw nearer to the actual inner experience of the therapist such as the required open honest report of any thoughts regardless of content. However, this requires much further study and elaboration and perhaps not such a quick jump to categorization and forced fitting into other systems.

For the purposes of this paper it is necessary to present the sequential chain presented by Martin, Martin Meyer, and Slemon (1986). Counselor intention-counselor behavior- client perception of counselor intention and behavior -client cognitive processing -client behavior. Upon examination of this linear concept it appears incomplete. The inner experience of the counselor is deleted. Despite the fact that intentions were first gathered from an open question format, the counselors were asked to describe what they were thinking or intending. This leads the counselor to explanations about what they were trying to "do" for the client. What about how they were feeling? Or how about the many other thoughts that were going through their head unrelated to what they were trying to "do" for the client. Until we are able to adopt a much more

open, honest and less evaluative idea of researching intentions such as examining the inner experiences of therapist we will never gain from examination of or completely comprehend the complex process of therapy.

Ironically, after doing another study very similar to the above, attempting to establish patterns of actions and acts in counseling interactions Martin, Martin and Slemon (1989) have a somewhat similar revelation. Although the researchers argue that further investigation of counselor intentions and behaviors with client cognitive operations is necessary, the conclusion reflects the assertion of this thesis. Martin, Martin and Slemon (1989) conclude that: "the skill, strategy, and intervention training that most students receive in their courses, practicums and internships in counseling psychology may assume a tighter brand of action-act determinism than can be supported by careful scrutiny of extant empirical result in the area." The researchers go on to state that by "emphasizing concepts like client cognitive mediation, social actions and acts and counselor intentionality, students would gain a more realistic expectations concerning the highly complex, multifaceted task of assisting humans to change in counseling and therapy." Furthermore, the conclusion is made that a empirically based social science capturing the intricacies may not be plausible however, we may develop clearer understanding of the patterns of counseling interactions. This philosophy leads directly into the argument to examine concept of intentionality and the significance of therapist inner experience to the study of the therapy process.

### The Missing Piece

The inner experience completes the concept of intentionality. The

examination of therapist inner experience would provide a wealth of information in attempting to understand the intricate process of therapy. Again, this does not replace the current studies but the approach attempted is an additive. It appears that process research has made significant progress in theory such as linking process to outcome. Furthermore, the introduction of multifarious interactive theories represents the field advancement towards a richer understanding of psychotherapy. A recognition of the complexity of the process exposes the client inner experience as an important aspect of the counseling process. However, as researchers and clinicians the inner experience of the therapist provides understanding of our role. Although all perspectives bear relevance, the therapist's inner experience is more pertinent as we attempt to improve our understanding, training and practice of psychotherapy.

To reiterate the significance of accessing therapist inner experience using free recall some anecdotal data from the research on inner experiences presented in chapter 4 confirms the added richness of freely recalled inner experiences. An example of an inner experience includes feelings, thoughts, and goals for the client. A response from a therapist when asked to explain an intervention may be:

"I was thinking she had taken a giant leap last week and that she had gone to her interview and experienced a lot of fear and that she had taken 2 steps backward after taking a giant step forward. I was appreciating how hard this young lady work in here."

Clearly, this inner experience is much more complex than the intention with which it might be identified. The intervention was a

reflection of fear which probably would have been categorized as "support" on an intentions list.

Again, to access the inner experience would provide valuable information for students of counseling psychology. In essence, to acquire basic intervention skills from any theory or teaching perspective is necessary but not sufficient to arm future therapists with the understanding that would assist one in the intricate helping process. A much more difficult task is learning to understand and listen to ones inner voice and this truly prepares one to venture into the process of psychotherapy. Furthermore, the study of inner experience provides an opportunity to tighten the gap between research and practice.

#### Future Research

This study reviewed the intentions literature and provided a brief overview of the process to outcome relationship in order to assert the significance of therapists' inner experiencing. The studies currently conducted were presented to exemplify the possibility and potential value of research which accesses the inner experience.

At this time, there is a dire need to conduct research in several areas. First, the pursuit of free recall studies emerges as a critical area to study. This type of research is needed to establish the validity of free recall as a method for accessing inner experiences. Furthermore, continued and more in depth examination of already existing intentions lists against data collected accessing inner experience using free recall will be important to extract the differences and potential value of the freely recalled inner experiences for research, practice and

training.

In attempting to close the gap between research and practice, there is a need for more open, honest dialogue with practitioners to assess their needs and resolve resistance to participation in psychotherapy process research. Field based studies are much less apparent in the process research literature. Most of the studies seem to utilize students and volunteers within the university setting. Although analogue studies have inherently valuable qualities, a better understanding of the psychotherapy process will appear with the addition of field based research.



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## VITA

The author, Maureen M. O'Hara, was born on June 2, 1967 in Detroit, Michigan. In the fall of 1985, Ms. O'Hara enrolled at the University of Michigan in Ann Arbor. She received her Bachelor of Arts degree in Psychology in May, 1989. During these years, her experiences included: working in a domestic violence shelter, assisting a professor in teaching an undergraduate psychology class, counseling emotionally disturbed children as part of an internship in Cloverdale, California during the summer of 1988, and serving as a full time resident advisor for the University of Michigan.

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APPROVAL SHEET

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

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts in Community Counseling.

April 13, 1992

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