THE ROLES OF DIFFERENTIATION OF SELF, ANXIETY AND EMOTIONAL SELF AWARENESS ON DESTRUCTIVE COUNTERTRANSFERENCE REACTIONS

A DISSERTATION IN
Counseling Psychology

Presented to the Faculty of the University of Missouri-Kansas City in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

APRIL L. CONNERY
B.S., State University of New York at Buffalo, 2006
M.A., University of Missouri-Kansas City, 2009

Kansas City, Missouri
2012
THE ROLES OF DIFFERENTIATION OF SELF, ANXIETY AND EMOTIONAL SELF AWARENESS ON DESTRUCTIVE COUNTERTRANSFERENCE REACTIONS

April Lee Connery, Candidate for the Doctor of Philosophy Degree
University of Missouri-Kansas City, 2012

ABSTRACT

The present study investigated the mediating role of emotional self awareness and state anxiety in predicting overinvolved and underinvolved countertransference feelings and behaviors from level of differentiation of self. The study was a between subjects design with participant counselors randomly assigned to viewing an interpersonally hostile-submissive (low demand) or interpersonally hostile-dominant (high demand) video client. At ten time points in the video participants rated overinvolved, underinvolved and appropriate responses to the client, according to the likelihood that they would actually say the given responses. After the video session, participants also rated items measuring their underinvolved and overinvolved feelings in towards their client.

Mediation was not observed as initially hypothesized. Follow up analyses suggested that both clarity of feelings (emotional self awareness) and anxiety may only be predictive of countertransference feelings, not behaviors. Additionally, mediation analyses also suggested that differentiation of self may better explain the relationship between anxiety and countertransference feelings, and partially explain the relationship between emotional self awareness and countertransference feelings.
Analyses examining moderation found that counselors lower in differentiation of self reported significantly more overinvolved countertransference behaviors, overinvolved feelings and underinvolved feelings compared to those higher in differentiation of self regardless of client analog condition.
The faculty listed below, appointed by the Dean of the School of Education, have examined a dissertation titled, “The Roles of Differentiation of Self, Emotional Self Awareness and Anxiety on Destructive Countertransference Reactions”, presented by April L. Connery, candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

Supervisory Committee

Carolyn Barber, Ph.D.
Division of Counseling and Educational Psychology

LaVerne Berkel, Ph.D.
Division of Counseling and Educational Psychology

Chrisanthia Brown, Ph.D.
Division of Counseling and Educational Psychology

Nancy L. Murdock, Ph.D., Committee Chair
Division of Counseling and Educational Psychology

Johanna Nilsson, Ph.D.
Division of Counseling and Educational Psychology
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ACKNOWLEDGEMENTS

Thank you to my inexplicably wonderful husband Danny and precious little Hazel-nut, whose love and undying support has gotten me to where am today. I’d be lost (and picking apples 😊) without you.

I also want to thank my advisor Dr. Nancy Murdock for helping me formulate this research project and for answering my questions and concerns along the way. I also want to extend a special thank you to Dr. Michael Jolkovski who contributed to this research immensely by kindly allowing me to reuse his analog tapes and to Dr. Carolyn Barber who spent numerous hours editing my manuscripts and answering my ridiculous statistical inquires.
CHAPTER 1
REVIEW OF THE LITERATURE

Theorists agree that all counselors have experienced countertransference at some time or another in their work with clients. However, over the years an important point researchers have pondered is that not every therapist experiences countertransference reactions in every session. This reality has led many investigators to examine not only the type of clients that might contribute to countertransference reactions (Jolkovski, 1989; Peabody & Gelso, 1992; Yulis & Kiesler, 1967), but also factors, such as emotional self awareness, that may buffer counselor expression of these responses (Latts & Gelso, 1995; Latts, Gelso, Gomaz, & Fassinger, 1998; Van Wagoner, Gelso, Hayes, & Diemer, 2001) and factors that seem to add to expression of countertransference, such as anxiety (Gelso & Hayes, 2007). These efforts, as will be seen, have been met with mixed success. Surprisingly however, less research has been conducted focusing on the factors internal to the counselor that also may help explain countertransference reactions. Specifically, research has seemed to ignore the important role of internal conflict in the expression of countertransference reactions. The concept of internal conflict was first introduced by Freud years ago and it is still a fundamental piece of the construct of countertransference, sometimes forgotten by researchers. The focus of this study was to examine the internal conflict created in a counselor due to their level of differentiation of self from their family of origin, and the resulting countertransference behaviors that occurred when this area of conflict was activated by client material.

According to Bowen and Kerr (1978) differentiation of self is a natural phenomenon of development that occurs in all humans. Each human has their own level of differentiation of self that develops as one grows within their family of origin. Individuals who are highly
differentiated are able to be emotionally connected to others while still maintaining a sense of their own identity and to adequately manage their emotions and think rationally during times of stress. However, those lower in differentiation of self not only have trouble maintaining their individuality during interpersonal interactions (thinking, feeling and acting for themselves) but during times of stress also have trouble balancing the way they feel with rational thought.

Given that differentiation of self has such implications for interpersonal functioning; it seems intuitive that the counseling endeavor would create an area of conflict for those who are lower in differentiation of self. Additionally, research has demonstrated that anxiety, a construct associated with expression of countertransference, closely parallels differentiation of self (Knauth & Skowron, 2004; Skowron & Friedlander, 1998; Speilberger, 1972). Further, investigation of the theoretical literature on differentiation of self also seems to point to the notion that differentiation of self has a strong relationship to emotional self awareness, a construct that has been thought to buffer the expression of countertransference (Hall, 1981). As will be discussed, the connection between differentiation of self, anxiety, and emotional self awareness provides important implications about the area of conflict associated with differentiation of self and the resulting effect this conflict can have on the expression of countertransference behaviors.

**Countertransference**

The construct of countertransference was formally introduced to the field of psychology by Freud in 1910 (Hothersoll, 2004). Freud initially described countertransference as the counselor’s unconscious conflict-based form of transference in reaction to the client (Hayes, 2004):
We have begun to consider the ‘counter-transference’ which arises in the physician as a result of the patient’s influence on his [the physician’s] unconscious feelings, and have nearly come to the point of requiring the physician to recognize and overcome this counter-transference in himself..... (Freud, 1959a, p. 289)

Freud also presented further comments, suggesting the counselor should try to eliminate all countertransference reactions by putting aside one’s feelings in order to work effectively:

I cannot recommend my colleagues emphatically enough to take as a model in psycho-analytic treatment the surgeon who puts aside all his own feelings, including that of human sympathy, and concentrates his mind on one single purpose, that of performing the operation as skillful as possible. (Freud, 1959b, p. 327)

Gelso and Hayes (2007) note that from these statements it can be extrapolated that Freud not only required counselors to understand their own unconscious workings, but also expected that counselors somehow eliminate these reactions in order to be effective in therapy. From this line of reasoning all countertransference is destructive. Also, even if counselors become aware of their unconscious workings and strive to manage them, any counselor who cannot succeed in completely eliminating them should find a new job. This controversy has led some theorists to suggest that this rigid view held by Freud might have been a projection of his own countertransference (Gelso & Hayes, 2007). Moreover, over the years, many theorists have argued that it is impossible to do away with all countertransference because it is part and parcel of being human (Gabbard, 2001). Along with this concern, other definitional debates regarding countertransference have also arisen; specifically, whether countertransference should be inclusive of only counselor behavioral reactions or if it should include the counselor’s internal affective and cognitive reactions too. Further, some have argued that the term countertransference should only be used to describe unconscious counselor reactions, whereas others argue countertransference includes conscious reactions as well. Another point of debate has centered on whether
countertransference must arise out of an unresolved area of conflict or if countertransference can simply arise out of any area of conflict (i.e. resolved conflict or just a soft spot) within the counselor. As a result of these debates, three main perspectives to countertransference have been proposed.

**Classical Perspective**

Consistent with Freud’s initial conceptualization of countertransference some theorists have come to restrict the definition of countertransference to counselor behavioral reactions that are *bad* in nature, consisting of inappropriate or distorted perceptions unconsciously actualized in the counseling session and having destructive consequences for the client (Friedman & Gelso, 2000; Watkins, 1985). This view has been strongly supported by theorists such as Reich (1960; 1951) who argued that countertransference is the unconsciously motivated behaviors of the counselor stemming from unresolved areas of conflict. Further, the counselor needs to be skillfully neutral to prevent harming the client or therapeutic relationship (Arlow, 1985; Reich, 1951). Thus, countertransference is never beneficial to the therapeutic endeavor (Gelso & Hayes, 2007).

**Totalistic Perspective**

Although the classical view of countertransference held sway in the field for a number of years, during the 1950’s theorists began to suggest the classical view of countertransference was too restrictive and be should broadened to include any thought or feeling experienced by the therapist in relation to the client (Epstein & Feiner, 1979; Gelso & Hayes, 1998; 2002; 2007; McClure & Hodge, 1987). From the totalistic view everything the counselor experiences or does in relation to the client is countertransference, whether conscious, unconscious, stemming from unresolved conflict, stemming simply from an area
of conflict, or actualized in the counseling situation (Epstein & Feiner, 1979; Gelso & Hayes, 2007; McClure & Hodge, 1987; Watkins, 1985). Those who advocated this position meant to encourage counselors to understand countertransference reactions and use them as potential beneficial instrument in therapy, rather than trying to avoid them (Gelso & Hayes, 2007).

Over the years, literature supporting the totalistic view has provided suggestions for using countertransference as a therapeutic tool, including the careful self disclosure of reactions to the client (Little, 1951), sharing counselor visual images in response to client dreams (Ross & Kapp, 1962), and acknowledging feelings towards the client (Greenson, 1974; Winnicott, 1949). Fenichel (1941) mentioned that freedom to express countertransference reactions in session allows the counselor to be a warm, helpful human instead of a detached surgeon-like operator trying to suppress countertransference. Heimann (1950) also built on these views by arguing that the counselor’s countertransference could be used as a valuable tool to understand the client’s unconscious. Specifically, the counselor’s countertransference reactions are important because they provide an in vivo reenactment of how the client is likely to be experienced by others in his or her environment (Gelso & Hayes, 2007). Further, it gives the counselor a grasp on the client’s transference. That is, what the counselor feels at any moment in time can be the result of the client’s pulling due to his or her (the client’s) transference (Gelso & Hayes, 2007). Gelso and Hayes (2007) provide a helpful example of this reasoning by suggesting if a counselor feels protective of the client this reaction might actually be the result of the client’s unconscious projection of parental figures who failed to adequately protect the client in the past. In this way, the client is projecting onto the counselor, and the counselor is reacting to the client’s transference pulls.
Although some theorists still subscribe to this version of countertransference today, strong arguments against this approach have included that it focuses too much on the client’s contribution to the counselor’s countertransference reactions, minimizing the importance of internal conflict within the counselor as the reason for countertransference (Hayes, 2004). Others have even voiced concerned that this emphasis on the client’s role in expression of countertransference might result in clients being blamed for the counselor’s problematic reactions (Klein, 1946). Additionally, this definition has been criticized as being too amorphous, diluted, and inclusive to provide any helpful theoretical or practical perspective in conceptualizing counselor-client dynamics (Gelso & Hayes, 2007; Panken, 1981; Watkins, 1985). Put simply, if all counselor reactions are instances of countertransference than there is no need to use the term countertransference at all (Gelso & Hayes, 1998).

Some have called for distinctions in countertransference within the totalistic view, stating that those reactions to the client’s material that are healthy, normal, expected and not arising out of areas of conflict (unresolved or otherwise) should be conceptualized as objective countertransference, whereas those that are rooted in the counselor’s conflicts should be termed subjective countertransference (Kiesler, 1996; 2001). However, it is thought that these distinctions still also fall short of any clinical value; therefore, the so-called objective countertransference should simply be called counselor reactions and the term countertransference should be reserved to describe only subjective countertransference (Gelso, Hayes, 2007). These criticisms and dissatisfaction with the totalistic and classical views have led theorists to consider a third more integrative perspective of countertransference (Hayes, 2004; Gelso & Hayes, 2002).
**Integrative Perspective**

Over the years, a third view of countertransference has unified the divergent perspectives of the classical and totalistic views. This alternative perspective considers countertransference from the vantage point that both constructive and destructive consequences can arise from countertransference reactions, rather than assuming all incidences of countertransference are potentially helpful or essentially bad (Blanck, 1973; McClure & Hodge, 1987; Watkins, 1985).

This view shares with the totalistic approach the belief that the counselor’s reactions are inevitable, may be conscious or unconscious, and both the counselor and the client to some extent contribute to countertransference reactions (Gelso & Hayes, 2007). However, the integrative view aligns more with the classical perspective by suggesting it is essentially the counselor’s unresolved areas of conflict that contribute most to the expression of countertransference (Gelso & Hayes, 1998; Hayes & Gelso, 2001). Thus, the term countertransference should be reserved to describe subjective countertransference (reactions that are not normal, expected or healthy) and stem from personal conflicts within the counselor’s psyche.

**Current Countertransference Perspective**

Despite discrepancies in aforementioned countertransference perspectives, some aspects of countertransference have been overwhelmingly agreed upon by nearly all theorists: (a) countertransference is, at least in part, a result of what the counselor brings to the counseling situation (i.e. areas of conflict); (b) the idea that the counselor can always avoid countertransference by attempting to remain neutral or resistant is no longer a viable concept; and (c) countertransference can be injurious if not properly managed (Gabbard,
2001; Kaslow, 2001). The most important idea among these points is that countertransference behaviors can have negative consequences. Although there is evidence countertransference can be beneficial, the focus on detrimental consequences is deserving of particular attention because of the harmful effects such reactions can have on the well being of clients and the therapeutic endeavor. Consequently, to better clarify the construct of countertransference under investigation in this study, countertransference that is considered beneficial in nature will be referred to as constructive countertransference, not to be confused with positive countertransference (a dimension of overinvolved destructive countertransference, discussed later). Additionally, for the purposes of this study, countertransference that is detrimental will be termed destructive countertransference.

**Destructive Countertransference**

Destructive countertransference has been conceptualized as inappropriate behavioral reactions to a client’s presentation that arise out of the counselor’s distorted perceptions of that client (McClure & Hodge, 1985). In this sense, destructive “countertransference is an active process consisting of both misperception and misresponses” that are overt in nature (McClure & Hodge, 1985, p326.). Such misperceptions can consist of inaccurately transferring onto to the client, thoughts, attitudes, attributions or feelings that stem from the counselor’s internal conflicts (Keisler, 2001; McClure, 1985). Areas of conflict can originate from virtually any area and are usually derived from the therapist’s distant past (Gelso & Hayes, 2007). As a result of these misperceptions, various overt countertransference behaviors are likely to result, which can include both verbal and nonverbal actions (Hayes & Gelso, 2001; Keisler, 2001). It is important to note that although countertransference can take the form of covert reactions, it is the spilling over of these reactions to external behaviors
(i.e. acting on them) that cause therapeutic damage (Gelso & Hayes, 2007). Further, a key component to destructive countertransference behavior is lack of self awareness regarding one’s reaction to the area of conflict, a concept discussed in more detail later.

**Underinvolvement**

Destructive countertransference has been conceptualized throughout the literature as behavioral reactions that result in underinvolvement and overinvolvement on the part of the therapist. Underinvolvement involves behaviors by the counselor that are geared toward putting distance between the client and themselves within the therapeutic relationship (Watkins, 1985). These behaviors often take the form of avoidance and withdrawal (Bandura, Lipsher, & Miller, 1960; Cutler, 1958; Gelso, Fassinger, Gomez, & Latts, 1995; Gelso, Hill, Mohr, Rochlen, & Zack, 1999; Hayes & Gelso, 1991; 1993).

Such distancing is thought to stem from the client’s therapeutic presentation that touches a counselor’s area of conflict (Gelso & Hayes, 2007). An example of this can be seen in a study by Gelso, Fassinger, Gomez and Latts (1995), in which counselors struggling with homophobic attitudes (unresolved conflict of prejudicial feelings and stereotypic beliefs) reacted to lesbian clients in a simulated counseling situation by using avoidance/withdrawing behaviors, including: inhibiting, discouraging and diverting client exploration, expressing disapproval toward the client, falling silent, ignoring, mislabeling feelings and changing the topic. Other forms of underinvolvement have been conceptualized as rejection and behaviors that are hostile in nature toward the client.

Watkins (1985) described rejecting countertransference reactions as means of putting space between oneself and the client, motivated out of the counselor’s fear that the client will put too much responsibility on them, or that the client is too needy to tolerate. Rejecting
responses might include ignoring the client’s requests for input by frigidly and pointedly stating “it’s up to you” or “that’s up to you, not me” (Watkins, 1985, p.63). Other reactions might include letting the client sit in emotional turmoil while the counselor remains disengaged or withholds help or resources from the client. Watkins (1985) also described a hostile form of countertransference stemming from conflicts out of the counselor’s interpersonal past. For example, the counselor might dislike a client’s attitude or behavior because of unpleasant past experiences with important others who shared the same characteristics as the client; consequently, the counselor may unreasonably fear being confronted, contaminated or compromised by the client. To avoid these feared outcomes, the counselor attempts to put distance between themselves and the client in various ways, including interrupting the client, being short or blunt verbally, taking pleasure in the client’s suffering, being late to appointments, cancelling or missing appointments and prematurely terminating therapy.

**Overinvolvement**

Research has also demonstrated when conflicts are detected, sometimes counselors draw too close to clients, becoming overly involved (Hayes, McCracken, McClanahan, Hill, Harp, & Carozzoni, 1998; Rosenberger & Hayes, 2002; Williams, Judge, Hill, & Hoffman, 1997). Examples of overinvolvement include: agreeing with or praising the client too much, talking excessively in session, offering excessive advice/suggestions or reassurance, trying to be a friend to the client, engaging in inappropriate self disclosure, allowing the client to monopolize the therapy session or acting on inappropriate feelings of personal responsibility for the client’s wellbeing or improvement (Gelso & Hayes, 2007; Gelso et al, 1999; Freidman & Gelso, 2000).
Watkins (1985) conceptualized overinvolved countertransference behaviors as stemming from counselor concern that the client’s emotions are too threatening to handle. He also stated that these behaviors typically fall into 2 categories, over protective and benign. Over protective reactions consist of unduly padding or cushioning responses to the client by using excessive apologetic remarks and disclaimers such as “this just an idea or guess and nothing more (p.357)”. Additionally, the counselor excessively tries to protect the client from feeling hurt, anxious or guilty by offering unsolicited reassurance “it will be alright, it will be fine, you will know better next time (p.357)”, rather than allowing the client process his or her feelings.

Similar to the overprotective pattern, benign countertransference is inappropriate concern about protecting the client; however, in this instance the counselor also tries to control the emotions of the client by creating a bland protective counseling atmosphere where the counseling session is always cheerful and optimistic. The counselor manipulates the session so that positive dialogue predominates and very little consideration is given to negative or problematic issues, resulting in the therapeutic relationship lacking real depth or problems being resolved. Inevitably, therapy takes the form of idle chatter and pleasant conversations, with the counselor and the client talking equal amounts. Essentially, overinvolved countertransference seems to stem from the counselor’s belief (area of conflict) that the client’s emotions are too threatening to handle; this anxiety then leads to behaviors intended to deter the client’s emotional expression.

However, unlike underinvolved countertransference, less empirical research exists regarding overinvolvement because of the difficulty in developing a measure that objectively captures its occurrence. A possible explanation for measure difficulty may stem from the
fact that perceptions of appropriate behaviors may vary by theoretical orientation, whereas disengagement/withdrawal is not advocated by any school of thought. Nevertheless, experts in the field agree that both underinvolvement and overinvolvement destructive countertransference are problematic in the therapeutic situation (Gelso & Hayes, 2007).

**Impact of Destructive Countertransference**

Research has demonstrated that destructive countertransference is adversely related to counseling outcomes (Friedman & Gelso, 2000; Gelso & Hayes, 1998; Singer & Luborsky, 1977). For example, in a study done by Ligiero and Gelso (2001) it was found that a positive (overinvolved) countertransference, such as trying to be the client’s friend, helping the client too much, agreeing with the client frequently or engaging in inappropriate self disclosures resulted in a poor therapeutic alliance. Negative (underinvolved) countertransference, took the form of behaviors that were punishing or rejecting in nature and was also associated with weak therapist-client bonds. Similarly, Rosenberger and Hayes (2002) found that when therapists engaged in avoidant (underinvolved) behaviors the therapist perceptions of the quality of therapeutic relationship were weak.

In general, a strong therapeutic bond and working alliance are essential conditions to positive counseling outcomes (Horvath A. O., 2001). These common factors along with empathy and warmth have been found to be highly related client outcomes (Al-Darmaki & Kivlighan, 1993; Connors, Carroll, DiClemente, Longabaugh, & Donovan, 1997; Goering, Wasylkeni, Lindsay, Lemire, & Rhodes, 1997; Horvath, 1994; Kivlighan & Shaughnessy, 2000; Kokotovic & Tracy, 1990; Lambert & Barley, 2001; Mallinckrodt & Nelson, 1991) and this effect is found across counseling approaches (Horvath & Symonds, 1991)
In addition to destructive countertransference behaviors harming the therapeutic relationship, these behaviors have also been associated with counselor cognitive distortions, having lasting consequences for the client. For example, a classic study by Cutler (1958) found that when client material involved issues relating to unresolved areas of conflict for the counselor, not only were therapy interventions insufficient, but the counselors tended to both over exaggerate and underreport the frequency that the client talked about the conflicted topic. Such cognitive distortions have been found to alter the counselors’ perceptions of client needs, resulting in abrupt premature termination (Hayes & Gelso, 2001).

Similarly, McClure and Hodge (1987) found that when therapy topics touched on domains that elicited strong emotional responses from the counselor (both experienced and in-training counselors), they had misperceptions of either being overly similar to the client, resulting in feelings of affection and positive attitudes (overinvolvement) or being overly different, resulting in distancing behaviors and reports of disliking the client (underinvolvement). Such countertransference has been found to affect the counselor’s ability to reflect thoughtfully on clients’ material and result in detached, underinvolved behaviors (Lecoures, Bouchard, & Normandin, 1995; Normandin & Bouchard, 1993).

Self Awareness

Although the literature has suggested that countertransference reactions are inevitable, research has also demonstrated that a guard against destructive countertransference behaviors is counselor self awareness (Hayes, Gelso, Van Wagoner, & Diemer, 1991; Latts & Gelso, 1995; Latts, Gelso, Gomaz, & Fassinger, 1998; Peabody & Gelso, 1982; Robbins & Jolkovski, 1987; Van Wagoner, Gelso, Hayes, & Diemer, 2001). Self awareness refers to the degree one is cognizant of countertransference feelings and can
think rationally regarding the factors contributing to that state. Further, those who are emotionally self aware can employ techniques to aid them in making decisions to manage countertransference reactions, before they spill over into destructive countertransference behaviors. For example, the use of thought stopping, breathing, self coaching, refocusing, supervision and personal therapy have been found to be helpful in managing countertransference reactions (Baehr, 2004; Williams, Judge, Hill, & Hoffman, 1997; Williams, Polster, Grizzard, Rockenbaugh, & Judge, 2003). Additional research has also suggested clues as to why self awareness might be helpful in reducing countertransference behaviors. It seems that when counselors are aware of their countertransference feelings it allows them to have enough insight to use a theoretical structure to make sense of their feelings (Latts & Gelso, 1995; Robbins & Jolkovski, 1987).

Robbins and Jolkovski (1987) found that counselors who were aware of their own countertransference feelings withdrew less (underinvolvement) from clients and remained engaged productively in therapy, and that the combination of high awareness of feelings and a high use of a theory resulted in the least counselor withdrawal from clients. Similarly, in a study by Latts and Gelso, (1995), it was found that therapists who were high in emotional self awareness and used a theoretical framework to make sense of their feelings were significantly less likely to engage in underinvolved destructive countertransference (avoidance) than those who were low in self awareness and did not use a theoretical framework when working with rape survivors.

Although it is less clear what may determine emotional self awareness for counselors, there is agreement that therapists need to be open to their own unconscious material in order to effectively work with their clients in therapy (Whitaker, 1982) and a counselor’s ability to
be emotionally self-aware is a central element to effective therapy (McConnaughy, 1987). Additionally, it has been suggested that emotional awareness is related to therapist’s ability to be empathic in therapy (Fish, 1970; Machado, Beutler, & Greenberg, 1999) and countertransference management is positively associated with counselor empathetic ability and the working alliance (Ligiero & Gelso, 2001; Van Wagoner, Gelso, Hayes, & Diemer, 2001), common factors that contribute to positive outcomes (Blow, Sprenkel, & Davis, 2007; Lambert & Barley, 2001). Given that emotional self awareness is an essential element to effective management of destructive countertransference behaviors and a necessary component to positive therapy outcomes, understanding constructs that contribute to the counselor’s inability to do so is essential to the therapeutic endeavor and wellbeing of clients.

**Differentiation of Self**

One construct that may shed light on emotional self awareness and effective management of destructive countertransference behaviors is a counselor’s level of differentiation of self. According to Kerr and Bowen (1988), family systems theory assumes that all humans have an innate life force (differentiation of self from the family of origin) which pushes them towards becoming an emotionally separate person with their own thoughts, feelings, and ability to act. Kerr and Bowen also propose that there is another innate life force (togetherness) which moves individuals to connect emotionally to family, propelling them to think and feel as one unit. When these two life forces are balanced (togetherness and separateness), an individual can be emotionally connected to family while still maintaining individual autonomy.

According to Bowen, every human enters the world needing to be dependent on a caregiver for his or her basic needs during this time the life force of togetherness is especially
strong because development of thinking and feeling happen through mirroring the caregiver. As that child grows, however, caregivers have the task of functioning in ways that help cultivate a balance between togetherness and separateness, so that the child becomes his or her own emotionally separate person. However, many parents/caregivers function in intense emotional ways, pressuring the child to develop his or her self image in reaction to others. In response, the child’s self image is formed around the neediness and anxieties of others in the family. Development in an emotionally reactive atmosphere leads to a poor balance of togetherness and separateness, with togetherness prevailing as the dominant force. Bowen describes this imbalance as low differentiation of self.

Bowen (Kerr & Bowen, 1978) contends that individuals function along a range of differentiation of self. Those who are lower in differentiation of self have trouble balancing the ability to be intimate with significant others while retaining a coherent and consistent sense of individuality. Hall (1981) describes this problem as the condition of fusion, when the self is lost in the characteristics of another person by taking on the beliefs and convictions of that other person. Fusion results in the development of one common self, rather than two separate people. Hall (1981) also states that in a fused twosome relationship, the person who is lower in differentiation of self usually fuses to the more differentiated and emotionally dominant person in the relationship. For instance, in the parent-child relationship the parent might become emotionally dominant at the child’s expense and the child becomes submissive, giving up his or her sense of self. Further, those low in differentiation of self will oscillate between such fusion and emotionally cutting off others in order to tolerate the closeness. Cutting off others emotionally is a reaction primarily caused by the perception that the intimacy is too intense to tolerate and is thus threatening (Skowron & Friedlander, 1998).
Conversely, those who are higher in differentiation of self are able to engage in intimate relationships without losing their senses of self and can manage emotional intensity without feeling the need to push others away to preserve themselves.

In addition to difficulty managing a separate sense of self, Bowen notes that those lower in differentiation also have difficulty balancing emotional reactions with rational thought. For example, those lower in differentiation of self may have difficulty remaining calm in stressful situations and will let their emotions dominate rational thinking most of the time (Hall, 1981). However, those higher in differentiation of self have better emotional self awareness and are able to adequately balance what they are feeling and thinking. Rather than reacting on the basis of their own emotional states they are able to objectively distinguish their feelings from reality and make decisions about their behavioral based on rational thought.

Anxiety

Anxiety is defined as a threat that is either imagined or real to an organism (Kerr & Bowen 1988). Further, there is a distinction between chronic anxiety (trait), which is the fear of imagined events fed by one’s own apprehensions of what might happen, and acute anxiety (state) which is fear in response to perceived threats in the moment (Kerr & Bowen, 1988).

Anxiety and Differentiation of Self

Chronic anxiety parallels differentiation of self, with those low in differentiation of self experiencing significantly more chronic anxiety than those higher in differentiation of self (Knauth & Skowron, 2004; Skowron & Friedlander, 1998). In fact, chronic anxiety and differentiation have been found to be negatively correlated, as differentiation decreases, chronic anxiety increases and vice versa (Bowen & Kerr, 1988). According to Spielberger,
(1972) people who are high in trait anxiety (chronic anxiety) in general also have higher state anxiety (acute anxiety) because they tend to perceive more situations as threatening or dangerous at any given moment than those who have lower trait anxiety scores; thus, people who struggle with chronic anxiety also experience more state anxiety. One reason individuals lower in differentiation of self struggle with managing chronic anxiety is because they are not very adaptive in dealing with stress because they rely more on their emotions than thinking to cope (Farber, 2004; Miller, Anderson, & Keala, 2004). Conversely, those higher in differentiation of self are better able to withstand stressful events because they are able to employ problem focused, and objective coping responses, rather than emotionally driven responses (Murdock & Gore, 2004). The use of problem focused coping efforts has been positively related to positive outcomes throughout the literature. For example, Kauth, Skowron and Escobar (2006) found that higher levels of differentiation of self was significantly related to lower levels of chronic anxiety and better use of social problem solving skills in adolescence. Likewise, higher chronic anxiety was related to lower social problem solving and a test of mediation suggested that chronic anxiety mediated the relationship between differentiation of self and social problem solving. In addition to the relationship between level of differentiation of self and chronic anxiety, there is also research that supports the notion that anxiety plays a role in destructive countertransference behaviors.

**Anxiety and Countertransference**

According to McClure (1987) both proponents of the classicalist and totalist views of countertransference consider counselor anxiety to be one of the activating mechanisms of countertransference behaviors. Gelso and Hayes (2007) clarify this further by suggesting that although counselor reactions to an area of conflict can result in a number of different
emotions (fear, anger, disappointment, etc), counselor anxiety has been shown empirically to be the most common emotional reaction when areas of conflict are touched upon in the therapeutic situation (Cruz & Hayes, 2006; Fauth & Hayes, 2006; Gelso, Fassinger, Gomez, & Latts, 1995; Hayes, McCracken, McClanahan, Hill, Harp, & Carozzoni, 1998; Hayes & Gelso, 1991; 1993; Latts & Gelso, 1995). Further, empirical support has also suggested that counselors who manage anxiety well are less likely to have countertransference behaviors (Fauth & Williams, 2005; Gelso et al, 1995; Gelso et al 2002; Hayes & Gelso, 1991; Yulis & Kiesler, 1968). Although it is less clear how the mechanism of anxiety management works for counselors, it is likely that self awareness allows counselors to manage the emotional reaction of anxiety in relation to an area of conflict. However, it is also likely that one’s ability to be emotionally self aware when an area of conflict is touched is also influenced by level of differentiation of self.

Counselor Factors

Differentiation of Self and Countertransference

According to Kerr (1984) and Siegel (1997) countertransference reactions often originate from issues related to one’s family of origin or internalized family dynamics. This relationship suggests that for counselors whose family dynamics lead to development of lower differentiation of self, an area of countertransferencial conflict would include interactions that touch the imbalance of togetherness and separateness within themselves. Hayes (2004) also speaks to this assumption by stating that research has generally found counselors who have fewer unresolved conflicts and are more psychologically sound tend to commit less countertransference behaviors. Further, it plausible that “therapist self integration or the possession of an intact, stable and differentiated character structure” is
related to countertransference management (Hayes, 2004 p.26). This finding has been substantiated empirically in a couple of studies showing a significant relationship between the construct of self integration and countertransference behaviors (Hayes, Gelso, Vanwagoner & Diemer, 1991; Van Wagoner, Gelso Hayes & Diemer, 1991). In these studies, experts in the field were asked to rate attributes that they believed excellent therapists who adequately manage countertransference would possess; experts rated both self awareness and self integration to play a particularly important role in managing countertransference. Self integration was measured by questions that asked about awareness of boundaries between self and others as well as possessing a stable sense of identity. Although differentiation of self and self integration differ, it is noteworthy to point out that the two possess similarities and may provide a clue as to the potential role of differentiation of self in the commitment of countertransference behaviors.

As discussed, the effects of destructive countertransference can be detrimental to the counseling endeavor and clients if not properly managed. Therefore, understanding the therapist components that may lead to such behaviors is essential to prevention of client harm. Further, virtually no empirical research has been conducted examining the relationship between differentiation of self and countertransference behaviors. Such understanding can provide valuable information in relation to counselor training and awareness of the impact of level of differentiation can have on the counseling situation. Counselors who have low levels of differentiation of self may consider interventions to modify or manage their level of differentiation, emotional self awareness and anxiety management to reduce the potential for destructive countertransference behaviors.
Counselors and Countertransference

Interestingly, much research on countertransference behavior has seemed to place more emphasis on the type of client that may produce such reactions, instead of factors related to the counselor (e.g., level of differentiation of self). This idea that various types of clients can create countertransference reactions in counselors has been explored by several researchers. For example, in a well-known study by Yulis and Kiesler (1968) the countertransference reactions of counselors in response to audio taped actresses playing the role of either an aggressive, neutral and seductive client were examined. The results were that overall there was no difference in the amount of countertransference behaviors based on client presentation (aggressive, neutral or seductive), but rather it was the counselors’ level of anxiety that predicted level of counselor involvement/withdrawal. This finding speaks to the assumption that countertransference reactions need to be activated by an area of conflict internal to the counselor, rather than assuming one type of client will always produce predictable countertransference reactions in counselors. Adding to this argument are the mixed findings that have been found across studies utilizing the Yulis and Kiesler (1967) tapes. Peabody and Gelso (1992) conducted a study with male therapists to examine the extent to which counselors’ empathic ability was related to countertransference management. In this study, empathy was negatively related to the manifestation of countertransference behavior only for the seductive client portrayal. Further, openness to countertransference feelings was positively related to empathy scores. One could suggest that these findings are indicative of the fact only the seductive client created an area of conflict for the counselors, leading to employment of emotional self awareness and prevention of the spilling over of such reactions to countertransference behaviors.
Likewise, Robbins and Jolkovski (1987) utilized Yulis and Kiesler’s tapes to examine the extent to which theoretical framework and level of emotional self awareness would relate to countertransference behaviors. A surprising finding for the researchers was that the neutral client produced the most countertransference reactions in counselors. However, they also found that counselors who were aware of their own countertransference feelings withdrew less (underinvolvement) from clients and remained engaged productively in therapy. Further, the combination of high awareness of feelings and a high use of a theoretical framework resulted in the least counselor withdrawal from clients. These findings may suggest that for these particular counselors an area of conflict was touched by the neutral client and when counselors were aware of their countertransference feelings it allowed them to have enough insight to use a theoretical structure to make sense of those feelings. Therefore, it seems it is the type of counselor and their areas of conflict which matter most in understanding countertransference behaviors rather than the type of client.

Clients and Countertransference

In addition to the area of conflict for counselors being overlooked in studies examining countertransference behaviors, Jolkovski (1989) raised another concern regarding past research using analog client audio tapes. He noted that although analog tapes hold great promise in research on countertransference behaviors, because they allow researchers to test theories about counselor and client characteristics, the construct validity of client portrayals are also somewhat questionable. He stated part of the mixed findings among the Yulis and Kiesler audio tapes might be due to the fact the client portrayals were not truly capturing the personal dynamics that they were intended to capture. In his study, Jolkovski addressed this problem by developing two new analog client video tapes using a panel of independent

The CLOPT-R is a 96-item measure designed to code the presence of interpersonally directed behaviors on 16 dimensions based on Leary’s (1957) interpersonal circumplex. These 16 dimensions are displayed on an interpersonal circle that describes interpersonal behaviors along two major orthogonal axes: dominance-submissiveness (vertical) and hostility-friendly (horizontal). Organized into these major polarities are subscales that are marked with a 3 letter abbreviation (see Appendix A). Individuals who fall into the circle’s upper left quadrant are considered to be dominant-hostile, the lower left quadrant to be hostile-submissive, upper right quadrant dominant-friendly and the lower right quadrant submissive-friendly. Further, the subcategories between the axes give a clearer picture of the interpersonal demand of the individual. For example, the “high demand” taped client in Jolokvski’s (1986) study was rated by a panel of experts and participants to be in the Dominant-Hostile quadrant with the interpersonal features of Dominant-Competitive-Mistrustful-Cold-Hostile. These features are measured by endorsement of that type of action on the CLOPT-R form (e.g. an item that measures hostile action: “is quick to resist, not cooperate, or refuse to comply with the therapist's requests, directions, appeals or wishes”). If the observers of the tapes saw the action during the session it was endorsed on the list, otherwise it was left blank. Scores on each scale range from 1 (low amount of this behavior was observed) to 9 (a high degree of the behavior was observed).

Although Jolokvski’s initial plan was to construct a high demand client who was hostile-dominant and a low demand client who was more friendly-submissive, his work produced a high demand client who was hostile-dominant and a low demand client who was
hostile-submissive, albeit much less hostile than the high demand client. However, an important success of his work was that these tapes did produce validly different client portrayals of personality. Further, because it is vital to not only consider valid representations of client portrayals, but also to consider the area of conflict within the counselor that the client portrayals should theoretically touch, these tapes were especially appropriate to the aims of this study.

Further, the theory behind the CLOPT-R suggests that behaviors along the horizontal access pull for the same reactions, however, for the vertical axes the opposite behaviors are invited. More clearly, if a client displays hostile reactions toward the counselor, it is expected that the counselor will respond with hostility; conversely, if the client acts dominant the counselor will likely respond submissively. The CLOPT-R has been found to have adequate internal consistency and predictive and concurrent validity (Kiesler, Gloldston & Schmidt, 1991). This theory also fits nicely with the concept of countertransference reactions within the lens of differentiation of self. Specifically, given that the balance of togetherness and separateness is an area of conflict for counselors low in differentiation of self, we expected that a hostile-dominant client would produce hostile-submissive countertransference reactions in the counselor, resulting in underinvolved countertransference behaviors such as withdrawal. Conversely, we expected that when clients presented in more submissive and unassured ways counselors would become more dominant and competitive, resulting in overinvolved countertransference behaviors.

The purpose of Jolkovski (1989) study was to develop a measure by which he could evaluate the expression of countertransference in a real world setting. Thus, he set out to develop both a valid set of analog tapes and a countertransference measure to capture
countertransference behaviors. For his investigation, 2 dimensions of negative (destructive) countertransference were evaluated; withdrawal of involvement and distorted interpersonal perception. Withdrawal of involvement was conceptualized as the degree to which the counselor evaded reference to therapeutic relationship in his or her choice responses to the analog client and distortions were the degree to which a counselor’s subjective judgments regarding how hostile or dominant their analog client seemed to be were skewed in comparison to the expert ratings of the same analog client. The study was a repeated measures design, and participants consisted of 39 counselors in training and also 35 counselor supervisors. Counselor participants in the study viewed 10 segments of the each of the client analog tapes (developed in the study) and after viewing each segment chose from a triad of close ended responses that reflected level of withdrawal (highly withdrawn, somewhat withdrawn and engaged). After each tape, participants also used the CLOPT-R to rate their perceptions of how dominant-submissive or friendly-hostile the client seemed. To calculate individual subject’s distortions in interpersonal perceptions, the mean values of the participant’s ratings were subtracted from the ratings of the expert judges and squared. Supervisors completed a supervisee scale that reported the degree to which the supervisee tended to withdraw or have distorted perceptions of clients in real counseling situations in the past.

Study hypotheses were: (a) there would be significant correlations between the two countertransference measures (withdrawal of involvement and distorted perceptions), (b) that participants counselors would show higher levels of withdrawal in response to the high demand analog (hostile-dominant client) than compared to the low demand analog (less hostile-submissive client), (c) participant counselors would show higher levels of distorted
perceptions of the high demand analog (hostile-dominant client) than compared to the low demand analog (less hostile-submissive client), (d) participant counselors who show higher levels of withdrawal would be rated by their supervisors as being more withdrawing with real clients, and (e) therapists who show higher levels of distorted perceptions toward the analogs would also be rated by their supervisors as having more distortions with real clients. Only three of the hypotheses were partially supported.

Results revealed that for hypotheses (c), participant counselors tended to perceive high demand client as more dominant than the expert judges. No other significant differences in distorted perception were found. For hypotheses (d), there was a significant relationship between degree of counselor withdrawal and the supervisor report of supervisee withdrawal for the low demand client condition only. Also, for hypotheses (e), a significant relationship was found between degree of counselor distorted perceptions and the supervisor report of supervisee distorted perceptions only for the high demand condition.

Overall, the importance of these findings to the present investigation is that there was no significant difference in therapist withdrawal in response to the high-demand (hostile-dominant) client versus the low demand (mildly hostile-submissive) client. Further, a follow up study by Hoyt, Lee, Robbins and Jolkovski (1994) utilizing a measure of relationship distancing based on free response rather than the forced choice measure of therapist withdrawal used by Jolkovski also resulted in no statistically significant findings by client type (high demand vs. low demand). These non-significant findings may point to the importance of area of conflict for counselors. Further, these well constructed studies might have produced significant results if the construct of differentiation of self was considered as a potential area of conflict. It is also important to consider the factors, such as emotional self
awareness and anxiety to fully understand the occurrence of countertransference reactions in response to certain clients.

Summary

The goal of this study was to examine the factors that lead to countertransference behaviors, as well as factors that buffered such responses. As discussed, review of the theoretical literature has revealed that examining the area of conflict counselors bring to therapy, in addition to the type of client that may activate this area of conflict, are important consideration in determining countertransferential reactions. Review of Bowen’s construct of differentiation of self has shed light on the potential that level of differentiation (one’s balance of togetherness and separateness) may serve as an area of conflict for counselors when working with clients who activate conflict connected to interpersonal boundaries. Further, research has demonstrated that emotional self awareness seems to serve as a protective buffer against countertransference and that anxiety is most commonly emotional response when an area of conflict internal to the counselor has been touched by a client. As we have examined, differentiation of self has important implications for both anxiety and emotional self awareness guiding our following conclusions and hypotheses for this investigation.

Hypotheses

Given that those lower in differentiation of self have difficulty balancing rational thought and emotional reactions to stressful situations, I believed that clients who presented in hostile-dominant or mildly hostile-submissive ways in session would activate this area of conflict in the therapist. Further, because emotional self awareness is needed to avoid countertransference behaviors, it seemed likely that those who have trouble engaging in
rational non-emotion driven thought would have difficulty with emotional awareness. Thus, I concluded that when counselors lower in differentiation of self were faced with an high demand client (hostile-dominant client) they would be more likely to engage in underinvolved destructive countertransference behaviors than those higher in differentiation of self because they would become emotionally reactive, experience higher state anxiety and wish to put distance between themselves and the client to tolerate the intensity of their emotion reactions. However, when counselors lower in differentiation of self were faced with a low demand client whose clinical presentation is still somewhat hostile but submissive, I believed they would be more likely to engage in overinvolved destructive countertransference behaviors than those higher in differentiation of self because they would still experience an anxious reaction (state anxiety), but feel pulled to dominate, rather than emotionally cut off from the client. This is best explained by Hall (1981) who states that one member of the fused relationship is likely to be dominant because of the need for direction in the relationship system. Thus, I expected that the counselor’s anxiety would cause the counselor to become dominant in the relationship, acting in overinvolved ways because the intensity was not perceived as too intense to tolerate, as with the strongly hostile-dominant client. Further, I expected that the propensity for those low in differentiation of self to fuse with others, attempting to act and think as one person, would likely lead to over involvement behaviors. These behaviors would likely involve trying to protect and care for the client as one would care for one’s own self.

In addition to the expectation that counselors lower in differentiation of self would have different degrees of overinvolved, underinvolved and appropriate responses to the specified analog clients, it was also expected that counselors lower in differentiation of self
would have different internal reactions to the analogs as well. Specifically, counselors lower in differentiation of self would have more internalized overinvolved countertransference feelings in response to a mildly hostile-submissive client than those higher in differentiation of self, and more underinvolved countertransference feelings in response to hostile-dominant client than those higher in differentiation of self. Although these predictions target internal reactions rather than observable behaviors (verbal responses), I believed the counselor’s self report of internal reactions would provide valuable information regarding the internal reactions they experienced leading to countertransference behaviors.

In summary, I hypothesized the following:

1. Counselors higher in differentiation of self will have lower state anxiety in response to the counseling analogs, and have higher emotional self awareness overall, than those lower in differentiation of self. These variables will partially mediate the relationship between differentiation and countertransference behaviors and countertransference feelings.

2. Differentiation of self and analog condition (hostile-dominant client/mildly hostile-submissive client) will interact to predict the following countertransference reaction outcomes.
   a. Overinvolved outcome: In the low demand condition (mildly hostile-submissive client), participants higher in differentiation of self will be significantly less overinvolved (feelings and behaviors) than participants lower in differentiation of self, whereas in the high demand condition (hostile-dominant client), there will be no significant difference in overinvolvement (feelings and behaviors) by level of differentiation of self.
b. Underinvolved outcome: In the high demand condition (hostile-dominant client), participants higher in differentiation of self will be significantly less underinvolved (feelings and behaviors) than those lower in differentiation of self. However, in the low demand client condition (mildly hostile-submissive client), there will be no significant difference in underinvolvment (feelings and behaviors) by level of differentiation of self.

c. Appropriate (non-countertransference outcome): In both the high (hostile-dominant client) and low demand (mildly hostile-submissive client) conditions, participants higher in differentiation of self will be significantly more appropriate than those low in differentiation of self.
CHAPTER 2
METHODOLOGY

Participants

A power analysis was calculated using g-power to determine the number of participants needed for the current investigation. Using a conservative alpha of .01 (to control for familywise error), a power of estimate 0.8, and a medium effect size estimate of $f = .15$, the power analysis revealed that at least 109 participants were needed for each model (218 participants total). The study consisted of 262 participants, with 125 participating in the low demand client condition and 138 in the high demand client condition. One participant was dropped from the low demand condition because of multivariate outliers.

The present sample ($n = 262$) consisted of licensed, doctoral and master’s level mental health professionals (42.7%), followed by practicum students (32.3%), pre-doctoral/pre-master’s interns (14.5%) and postdoctoral/post-master’s interns (11.5%). In terms of ethnicity, participants identified mainly as Caucasian (85.9%), followed by Hispanic (4.6%), Other ethnicity (3.6%), African American (2.7%), Asian American (2.3%) and Native American (0.8%). The majority of participants were female (82.1%). The most commonly reported theoretical orientation was Eclectic/Integrated (37.4%), followed by Cognitive-Behavioral Therapy (CBT) (22.5%), Person Centered/Humanistic (16%), Interpersonal (4.6%), Psychodynamic (4.6%), Solution Focused (3.1%), Rational Emotive Behavioral Therapy (REBT) (2.3%), Acceptance and Commitment Therapy (ACT) (1.5%), Adlerian (1.5%), Family Systems Theory (1.5%), Gestalt (1.1%), Narrative (0.8%), Feminist (0.8%), Emotion Focused (0.4%), Depth Theory (0.4%), Reality Based (0.4%), Motivational (0.4%), Choice Theory (0.4) and Transpersonal Hypnotherapy (0.4%).
Measures

Demographic Questionnaire

Participants were asked to report their age, racial/ethnic information, gender, level of graduate education and main theoretical orientation (see Appendix C). Demographic information was collected to help to describe the sample. Additionally, information regarding level of education and theoretical orientation were collected to hold as potential covariates, as it seemed intuitive that these variables might have a relationship to countertransference.

Differentiation of Self Inventory-Revised Short Form

Level of differentiation of self was measured using the Differentiation of Self Inventory – Revised short form (DSI-R SF; Drake & Murdock, 2011). The DSI-R SF is a 20 item self-report measure derived from the DSI-R developed by Skowron and Schmitt, (2003) which consisted of 46 items, measuring various aspects of differentiation of self.

Some sample items include: *I’m overly sensitive to criticism*, and *I’m fairly self accepting*. Items are rated on a 6 point Likert-type scale ranging from 1 “not at all true of me” to 6 “very true of me”, where higher values indicate more differentiation of self. The overall scale is comprised of four subscales which include: emotional cutoff (EC), emotional reactivity (ER), fusion with others (FO), and I-position (IP). The FO and EC subscales are designed to measure Bowen’s interpersonal dimension of differentiation of self, or level of comfort with the intimacy of close relationships. The ER and IP subscales are designed to measure Bowen’s intrapsychic dimension of differentiation of self, which is the capacity to self-regulate emotion (Skowron & Schmitt, 2003). Internal consistencies of the revised subscales have been found to be strong, ranging from .81 to .89 and the full scale consistency very strong with a Chronbach’s alpha of .92 (Skowron & Schmitt, 2003). Construct validity of the
DSI-R has been demonstrated through significant positive correlations between the DSI-R and psychological functioning (Skowron, Wester, and Azen 2004). Further, Knauth and Skowron (2004) documented that higher values on the DSI-R are related to lower levels of chronic anxiety. This relationship is consistent with the direction predicted by theory and established by previous research.

The shortened form of the DSI-R (see Appendix D for DSI-R SF questionnaire) has also been found to be adequate with the internal consistency of the short form subscales ranging from .66 to .80, and the internal consistency of the full scale found to be good with a Chronbach’s alpha of .87 (Drake, 2011). Test re-test reliabilities of the subscales ranged from .65 to .85, with the test retest reliability of the full scale being .85 (Drake, 2011). Full scale scores on the DSI-R SF were used in this study. For the current sample, reliability of the full scale was also found to be good with a Cronbach’s alpha of $\alpha = 0.88$.

Validity of this scale has also been established with the DSI-R SF performing as expected with other variables. Specifically, DSI-SF scores were found to be negatively related to depression, trait anxiety, state anxiety, and perceived stress, and positively related to self-esteem (Drake, 2011). To further examine the internal validity of the DSI-R SF, a factor analysis with an oblique rotation was run. Examination the scree plot established the emergence of four factors (EC, ER, FO, IP).

**Analog**

The present study utilized the countertransference analog methodology developed by Jolkovski (1989) to induce the area of conflict for counselors. The analog was initially developed to measure the extent counselors would commit underinvolved countertransference behaviors (withdrawal) in response to emotional threat or discomfort.
The analog consisted of two videotapes that portrayed two outpatient adult clients, one who was a high demand client (client J), and the other a lower demand client (client H). The tapes were designed to allow participants, acting as therapists, to respond to the client by selecting one choice response from a triad of possible statements shown on the video monitor for 30 seconds at ten time points within each vignette. Both clients were portrayed by a professional actress, with the scripts being developed through the assistance of a professional fiction writer and a theatrical director. A panel of expert psychologists \( (n = 6) \) were used to judge the believability and appropriateness of the scripts and revisions were made as needed. The judges rated the tapes to be highly believable and good portrayals of therapy clients.

The accuracy of the client portrayals of the final tapes were evaluated by a second group of expert judges (six clinical psychologists and two psychiatrists) using the Checklist of Psychological Transactions-Revised (CLOPT-R; Kiesler, 1987; Kiesler, Goldston, & Schmidt, 1991). Also, the participant counselors in the study \( (n = 39) \) rated the client portrayal using the CLOPT-R. Ratings of the expert judges and participant counselors together indicated the videotapes depicted the high demand client (client J) to be more hostile \( (M = 5.91, SD = 2.71) \) then the low demand client (client H) \( (M = 0.52, SD = 0.74) \) and more dominant \( (M = 3.78, SD = 2.52) \) than the low demand client \( (M = 0.69, SD = 2.52) \). Further, the low demand client (client H) was also seen as more unassured \( (M = 6.75, SD = 1.80) \) than the high demand client \( (M = 4.44, SD = 2.38) \) and submissive \( (M = 2.24, SD = 1.69) \) than the high demand client \( (M = 0.70, SD = 0.92) \). (See Appendix B for profile summary and Appendix E for client scripts).
Destructive Countertransference Behaviors Questionnaire (CBQ)

Measures of overinvolvement and underinvolvement countertransference behaviors were locally constructed guided by the empirical literature previously discussed. Additionally, appropriate behavior items were constructed using a few of the items from Jolkovski’s (1989) Therapist Withdrawal Scale and the current theoretical literature outlining appropriate behaviors. Jolkovski’s scale items were constructed to represent high withdrawal, moderate withdrawal and low withdrawal. Items theorized to have the least amount of withdrawal made mention of the therapeutic relationship, whereas high withdrawal responses make no such reference. Thus, low withdrawal items theoretically should indicate appropriate behaviors. However, the current theoretical literature suggests that reference to the relationship is only a small part of appropriate behaviors and actions such as letting the client process their thoughts and feelings without discouraging, diverting, changing the topic or trying to protect/fix the client are important elements as well (Gelso, Fassinger, Gomez and Latts 1995; Hays 2007; Watkins, 1985). Thus, the low withdrawal items for the CBQ were formulated from the theoretical literature outlining appropriate behaviors and also three items from the Therapist Withdrawal Scale (See Appendix E for participant choice items). This scale was designed to be a forced choice scale. Participants would respond to the corresponding video clips by choosing which response they liked best (overinvolved, underinvolved or appropriate response). The modal response for each participant comprised the outcome variable.

CBQ Validation. Construction and refinement of the CBQ items (10 triads of closed ended response alternatives: overinvolved, underinvolved, appropriate per client) were achieved using a panel of four experienced psychologist judges. Judges were licensed
psychologists in the Kansas City area who currently saw clients. Judges watched all 20 video segments (10 segments of the low demand client followed by 10 segments of the high demand client) via surveymonkey.com. Directly following each video clip, the judges were asked to categorize the three corresponding close ended responses as falling into the categories of: underinvolved, appropriate or overinvolved. The three corresponding items (for each clip) required mutually exclusive categorization. For example, for the first video clip, the rater could potentially judge responses A, B and C to all be underinvolved, however, a given response could not be judged as belonging to more than one category (ex. response C could not be both appropriate and underinvolved). It was expected that in each of the 20 triads, judges would find one response to be underinvolved, one response to be overinvolved and one response to be appropriate.

Judges were provided with target definitions of these constructs formulated from the theoretical literature on countertransference to anchor their responses (See Appendix F for anchor items). Judges received a $10 Starbucks gift card for their participation.

Rater agreement was computed using Fliess’ Kappa (a measure of inter-rater reliability used when there are more than two raters and their judgments are categorical) for the 60 CBQ items. Fliess’ Kappa for rater responses was 0.76 which is considered acceptable interrater reliability (Landis & Koch, 1977). However, to improve Fliess’ Kappa to excellent reliability, we revised individual response items that had less than 75% agreement. Four triads (12 items) having less than 75% agreement were identified (triads five and 10 for both the low demand and high demand client). These items were revised using feedback from psychologist judges and were resubmitted to judges for rating, resulting in 100% agreement. Fliess Kappa was recalculated on the new data set and was found to be 0.91. Fliess’ Kappa
values between 0.81 and 1.00 are considered to be near perfect agreement (Landis & Koch, 1977).

**Pilot study.** After initial validation of the CBQ items, a pilot study of the CBQ items was run to determine the best method of scale measurement. Although the CBQ was initially designed to be forced choice, after further consideration, evaluation of whether this type of scale would produce enough variability to detect an effect needed to be explored via a pilot study. Use of a 5-point Likert-type scale in conjunction with the force choice method was examined.

Pilot participants (n = 19) were counseling students enrolled in a Counseling Methods Class at the University of Missouri-Kansas City. Participation was voluntary and anonymous (no identifying information was linked to study data). Compensation for participation was extra class credit. Testing procedures for the pilot study was in paper and pencil format, with participants observing 10 segments of the high demand client (on an overhead projector), followed by responding to the clips by writing down their answers. Prior to observing the analog, participants were informed that the study was a small part of a much larger study investigating the way counselors typically respond to client analogs. Prior to viewing the analog clips participants were given the following instructions “Please watch the entire video clip before providing your answers. Please try to vividly imagine that this is your client in a **real counseling session** and you have already seen her a few times before today's session. After listening to all that your client has to say, please choose your responses below”. Participants were asked to indicate the degree to which they would endorse each of the response alternatives (overinvolved, underinvolved and appropriate) on a 5-point Likert-type
scale, ranging from 1 “not at all likely” to 5 “very much likely” and also to indicate if they had to choose one response what it would be (see appendix J).

Results of the pilot study revealed adequate variation among participant responses to support the use of Likert-type scale responses for the CBQ items, versus using a forced choice method. Subscale values were also within acceptable limits for skewness and kurtosis. Examination of the subscale means showed that there was an adequate amount of difference across scales. On average, appropriate responses were rated highest ($M = 2.88$), followed by overinvolved responses ($M = 1.78$) and underinvolved responses ($M = 1.61$). Standard deviations of the underinvolved ($SD = 0.37$), appropriate ($SD = 0.44$) and overinvolved ($SD = 0.37$) scales also indicated that there was adequate variability within these scales. Additionally, the results of the forced choice items showed that the modal answer across all items was the appropriate response. This finding suggests variability would be very limited by using the forced choice option in comparison to using the Likert-type scale rating option. Thus, the Likert-type scale option was chosen for this study rather than the forced choice method.

To substantiate that these outcomes are separate constructs rather than on a continuum ranging from underinvolved to overinvolved, correlations between the subscales were examined. Results from the pilot study showed no statistically significant correlations between the appropriate subscale and underinvolvement ($r = -.161, p > .05$) or overinvolvement ($r = .071, p > .05$), but there was a moderate correlation between overinvolvement and underinvolvement ($r = .560, p < .01$). In the main study, examination of the correlations between subscales in the low demand client condition showed a similar pattern with a moderately significant correlation between the overinvolved and
underinvolved subscales \((r = .436, p<.01)\), but non-significant correlations for the appropriate and overinvolved subscales \((r = .111, p > .05)\) and for the appropriate and underinvolved subscales \((r = .193, p > .05)\). In the high demand client condition, there was also a moderate correlation between the overinvolved and underinvolved subscales \((r = .362, p<.01)\), but smaller correlations between the appropriate and overinvolved subscales \((r = .196, p > .05)\) and appropriate and underinvolved subscales \((r = .264, p < .01)\). To account for correlations among outcome variables, a Bonferroni correction for multiple outcomes was used in the main analysis, where the probability for significance was corrected from 0.05 to 0.01 \((\alpha = 0.05/5)\).

Although significant correlations were not expected, these findings suggest that participants who responded more appropriately tended to respond with less overinvolvement and underinvolvement. This pattern of correlations helps to support the notion that underinvolvement, appropriate behaviors and overinvolvement are not on a continuum (ranging from underinvolved to overinvolved), but are separate outcomes. Thus, the use of three separate continuous outcomes for this investigation was highly fitting.

Exploration of reliability estimates in the pilot study (high demand client condition) revealed a Cronbach’s alpha approaching acceptability for the underinvolvement scale \((\alpha = 0.68)\), good reliability for the appropriate scale \((\alpha = .75)\) and poor reliability \((\alpha = .57)\) for the overinvolvement scale. In the main study, the high demand condition \((n = 138)\) showed poor reliability for the underinvolved subscale \((\alpha = 0.58)\), acceptable reliability for the appropriate \((\alpha = 0.77)\) and approaching acceptability for the overinvolvement scale \((\alpha = 0.68)\). In the low demand condition \((n = 124)\) the underinvolved scale also showed poor reliability \((\alpha = 0.58)\), but good reliabilities for the appropriate \((\alpha = 0.81)\) and overinvolved scales \((\alpha = 0.85)\).
Additionally to examine overall reliability of these three scales, reliability estimates were run across both conditions for the underinvolved ($\alpha = 0.53$), appropriate ($\alpha = 0.76$) and overinvolved ($\alpha = 0.80$) outcomes. For the main study, exclusion of items on any of the three scales for either condition, or overall, did not improve the reliabilities of the scores on these scales.

**Countertransference Feelings Questionnaire (CFQ)**

As a secondary outcome measure of overinvolved and underinvolved countertransference reactions, participants were given the Special/Overinvolved (five items) and Disengaged (six items) subscales of the Countertransference Questionnaire (CQ; Zittel, 2003). The CQ is a 79-item self report questionnaire and is made up of eight subscales (only two of which were used in this study) that capture a range of emotional responses counselors experience toward their clients. These 79 items were derived through extensive review of empirical, clinical, and theoretical literature on countertransference and also through consultation of expert clinicians who appraised the items for comprehensiveness and clarity.

Statements regarding how a counselor feels about their client is rated on a scale of 1 (*not at all true*) to 5 (*very true*), with higher ratings indicating higher presence of the type of countertransference reactions on the given eight subscales (overwhelmed/disorganized, helpless/inadequate, positive, special/overinvolved, sexualized, disengaged, parental/protective, criticized/mistreated).

In a validation study utilizing 181 psychologists and psychiatrists, responses of the items were subjected to principal-component analysis using Kaiser’s criteria (eigenvalues >1) (Betan, Heim, Conklin and Westen, 2005). The scree plot, percentage of variance accounted for and parallel analysis was used to determine the number of factors to rotate. Scree plot
indicated a break between eight and nine factors, but parallel analysis indicated eight factors with eigenvalues larger than would be expected by chance ($p < 0.05$ with 100 random datasets). An eight-factor promax (oblique) solution using maximum likelihood estimation was then conducted. Results revealed that this solution accounted for $69\%$ of the variance and included factors well marked by at least five items each, suggesting a stable factor structure unlikely to be affected by changes in sample size.

Factor four, the special/overinvolved subscale ($\alpha = 0.75$), is composed of items that describe seeing the client as special, relative to other patients, and by items that reflect problems in maintaining boundaries, including having trouble ending sessions on time, self-disclosure, and feeling guilty, overly concerned or responsible for the patient (Betan, Heim, Conklin and Westen, 2005). Factor six, is comprised of disengaged items ($\alpha = 0.83$), and includes items that describe feeling withdrawn, distracted, annoyed, or bored in sessions (Betan, Heim, Conklin and Westen, 2005).

For the purposes of this study, the Special/Overinvolved subscale (factor four) and Disengaged subscale (factor six) seemed to most closely capture the theoretical dimensions of overinvolvement and underinvolvement. For example, the items on factor four (over involved/special) seem to capture emotional pulls to be over involved with the counselor feeling a need to inappropriately lead and protect. An example of an item on factor four includes “I disclose my feelings with him/her more than with other patients”. It also seemed as if the items on factors six (disengaged) represent feelings that have to do with pulls to be underinvolved. Items on factor six include “I feel annoyed in sessions with him or her.

Overinvolved and underinvolved items on the CQ were reworded to appropriately reflect how the counselor reacts to an analog client. For example, the item, “I felt as though I
wanted to lose my temper with her” was reworded from the original item “I lose my temper with him/her”. All five items from the Special/Overinvolved and all six items from the Disengaged subscale were used to measure overinvolvement and underinvolvement. Item average of the overinvolved and underinvolved CQ items was used in this study. (See appendix G for CFQ items). To distinguish the modified CQ scale from the original 79-item measure, the CQ was renamed the Countertransference Feelings Questionnaire (CFQ) for the purposes of this study.

Because the CFQ was altered by changing some of the wording, a principal component analysis was run on the CFQ items to confirm the underlying factor structure of the modified items. The unrotated solution and scree plot demonstrated that two major factors emerged. Although five factors emerged with eigenvalues greater than one, two of those eigenvalues were much larger than the others. According to Connely (2000), using Kizer’s criterion to retain factors when the sample is not sufficiently greater than 250 and extracted commonalities are less than .7, overestimation of factors can occur. The current sample ($n = 262$) is likely smaller than needed, and commonalities ranged from .4 to .8 perhaps contributing to the overestimation of factors. Thus, the scree plot was considered a better indication of the number of factors to retain. Because overinvolved and underinvolved feelings should be orthogonal to one another, a Varimax method of rotation was specified with a two factor solution. Scree plot verified the emergence of two distinct factors. Examination of the individual CFQ items showed that 19 of the 20 items uniquely loaded on the two factors. One item (item 7, “I felt nurturing toward her”) on the overinvolved feelings scale cross loaded on both factors and was consequently dropped from the analysis. Factor loadings ranged from 0.54 to 0.83 (see table 1).
Upon performing factor analysis of the retained items, intercorrelations between items were also examined to look for poor correlations (correlations less than .05), multicollinearity (correlations greater than .90) and singularity (perfect correlations) by subscale. All correlations between variables were satisfactory, ranging from .12 to .71. Bartlett’s test of sphericity, which also tests for appropriate correlations between variables, was very good ($p < .001$). The determinate $= 0.01$ for the correlation matrix was significantly larger than the necessary value of $1E-05$ which also confirms that multicollinearity is not a problem for these data. Additionally the Kaiser-Meyer-Olkin measure of sampling adequacy (KMO) was

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Note: $N = 262$. CFQ = countertransference feelings questionnaire
.82. According to Field (2005) KMO values between .70 and .80 are good indicating that the pattern of correlations was relatively compact and therefore the factor analysis should produce very reliable factors. Reliability of the scale scores were also established utilizing Cronbach’s alpha. Good reliability was found for the nine item overinvolved scale (α = 0.80) and very good reliability was found for the ten item underinvolved scale (α = 0.86).

It was also expected that the overinvolved and underinvolved subscales of the CFQ would be significantly correlated with the overinvolved and underinvolved subscales of the CBQ. Simple correlations were run to examine these relationships. Significant correlations were found between the overinvolved scale of the CBQ and the overinvolved scale of the CFQ (r = .354, p < .001) and the underinvolved scale of the CBQ and the underinvolvement scale of the CFQ (r = .180, p < .01). These significant correlations help support the concurrent validity that the construct of overinvolvement and underinvolvement are being captured by these scales.

**State-Trait Anxiety Inventory-Y Form (STAI)**

The STAI is a 40 item instrument measuring state anxiety (S-Anxiety) and trait anxiety (T-Anxiety) (Speilberger, 1983). The 20 item S-Anxiety subscale is regarded as being transient in nature and is characterized by subjective feelings such as nervousness and apprehension, whereas the 20 item T-Anxiety scale is characterized by differences between people and the tendency to see stressful situations as threatening or dangerous. Anxiety on both scales are self reported on a 4-point intensity scale with the T-Anxiety responses ranging from “almost never” to “almost always” and S-Anxiety responses ranging from “not at all” to “very much so”. Participants were only given the S-Anxiety items, as the study
aimed to evaluate the level of anxiety participants were experiencing in the moment in response to the high and low demand analog clients.

The median coefficients for internal consistency have been found to be uniformly high for samples of students, working adults, and military personal with a Chronbach’s alpha of .93 for S-Anxiety subscale, respectively (Barnes, Harp & Young, 2002; Speilberger & Sydeman, 1994). As should be expected, the test-retest reliability of the S-anxiety subscale has been found to be low (.33) because it is capturing anxiety in the moment, rather than over time (Speilberger & Sydeman, 1994). Item averages of the STAI S-Anxiety items were used in this study. In the current sample, Chronbach’s alpha was found to be .93, indicated that the scores on the scale were reliable.

Evidence of convergent validity has been established with high correlations of the STAI with other measures such as the Manifest Anxiety Scale (MAS) and the Anxiety Scale Questionnaire (ASQ) (Speilberger & Sydeman, 1994). Further, it has been found to accurately discriminate between normal and clinical populations in which anxiety is a major symptom (Speilburger, 1983) and to have discriminative validity across diverse samples (Novy, Nelson, Goodwin, & Rowzee, 1993). Item average of the STAI S-Anxiety items will be used in this study. See appendix H for STAI S-Anxiety items.

**Clarity of Feelings (COF)**

Emotional self awareness was measured using the Clarity of feelings subscale from the Trait Meta Mood Scale (TMMS) (Salvey, Mayer, Goldman, Turvey, & Palfai, 1995). The TMMS is a 30-item self report questionnaire developed to assess people’s individual approaches to attending to their own moods, emotions, and ability to discriminate among and
regulate them. Items for the TMMS were developed through item selection from prior research examining the construct of emotional intelligence.

A validation study utilizing one hundred and forty-eight undergraduates confirmed the emergence of three distinct factors for the TMMS: Mood Repair (beliefs about managing negative moods or self initiating positive ones), six items, Attention to Feelings (amount of attention devoted to feelings), 13 items, and Clarity of Feelings (the extent to which individuals are aware of and understand their own emotions), 11 items. An example of a Mood Repair item is, “although I’m sad sometimes, I mostly have an optimistic outlook”. An example of an Attention to Feelings item is, “I don’t pay much attention to my feelings”. An example of a Clarity of Feelings item is: “I am often aware of my feelings on a matter”. Items are on a 5-point Likert-type scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). Because the Clarity of Feelings subscale most strongly relates to emotional self awareness as reflected in theoretical literature, only these 11 subscale items were used in this study. (See appendix I for COF Items).

Internal consistency of the subscales was established by computing Chronbach’s coefficient alpha for each scale: Mood Repair $\alpha = .82$; Attention to Feelings, $\alpha = .86$; Clarity of Feelings, $\alpha = .87$ (Salvey, Mayer, Goldman, Turvey, & Palfai, 1995). In the current sample, reliability of the clarity of feelings scores were also found to be good with a Chronbach’s alpha of .86. Evidence of the concurrent validity has also been obtained for the TMMS. For example, the subscale of Clarity of Feelings has been found to be negatively correlated with measures assessing ambivalence about emotional expression (Salvey, Mayer, Goldman, Turvey, & Palfai, 1995).
Procedure

Main Study

Participants were recruited via emails to directors of counseling facilities/training sites and also solicitation postings to counseling groups on Facebook.com. An on-line data collection method was used with a link to the study provided within the solicitation emails (see Appendix K for solicitation email) and Web postings (see Appendix K for web solicitation).

The study was anonymous and no identifying information was recorded. A complete statement discussing the voluntary nature of the study, the potential risks and benefits of participation, a brief description of the study and information about compensation was presented to participants via a web page on surveymonkey.com, before they were prompted to begin the actual study. At the conclusion of the study, all participants had the opportunity to be entered into a raffle to win one of three $100 Visa check cards via a link to a separate survey as compensation for their time (see Appendix L for statement to participants). Participants’ informed consent was inferred through completion of the on-line survey measures. The study took 35-40 minutes to complete.

Analog videos were digitalized on the web and were accessed through a secure link from an on-line survey data collection program (www.surveymonkey.com). After participants are provided the information above, they were given the study measures in the following order: Demographic Questionnaire, DSI-Short Form, COFQ, the analog videos (with accompanying CBQ), STAI and CFQ.

Participants were assigned to one of two conditions (high demand or low demand client conditions) by asking them whether their birthdays fell in the months of January-June or...
July-December. Using question logic, participants who select the January-June range were assigned the low demand client analog, whereas those who selected the July-December range were assigned the high demand analog. It was expected that birthday ranges would not present any demand characteristics affecting the validity of the study and also assure a fairly even distribution of participants to each condition. Surveymonky options were also set so that participants could not return to previous pages or re-enter the survey after it had been completed. Preferences were also set to allow only one attempt per computer to reduce multiple entries from the same participant.

After assignment, participants were shown 10 segments of the video to which they were assigned (high or low demand). Before each of the 10 clips, participants were shown the following instructions “Please watch this entire video clip. Please try to vividly imagine that this is your client in a real counseling session (and you have already seen her a few times before today's session.). After listening to all that your client has to say, please respond below” After each clip, participants scrolled down to see the following instructions, “Please rate each of the following responses. Although these options may not represent your exact choice of words, please rate the likelihood that you would say or feel compelled to say each of the following”. Participants then rated each of the three close ended choices (overinvolved-underinvolved-appropriate countertransference questionnaire items) on a five point Likert-type scale ranging from “not at all likely” to “very much likely”. This procedure continued for all 10 segments. After completion of the study materials, participants were given a new survey (unlinked to study data) via an embedded link, to provide their contact information for the raffle.
CHAPTER 3

RESULTS

Preliminary Analyses

Prior to the main analysis normality of the outcome variables were examined. Outliers were managed by replacing them with the mean plus (or minus) two standard deviations. When possible, this procedure has been identified as a preferred method for correcting outliers as compared to computing transformations, as transformations may alter the original construct measured resulting in empirical consequences that outweigh statistical benefits (Fields, 2005; Grayson, 2004).

For the underinvolved countertransference behavioral scale (CBQ) in the low demand condition \((n = 124)\), analysis of normality revealed that the composite underinvolved score (averaged underinvolved response across all 10 items for each participant) was moderately positively skewed. Outliers on this variable were identified and replaced with the mean plus two standard deviations for seven cases. Likewise, composite scores for the appropriate CBQ scale showed mild negative skewness. Outliers on this variable were identified and replaced with the mean minus two standard deviations for three cases. Repeat analysis after replacement of outliers for the underinvolved and appropriate CBQ scales produced distributions that were not skewed or kurtotic beyond 3.29 standard deviations above or below the mean. The overinvolved CBQ scale showed no skewness or kurtosis.

For the high demand client condition \((n = 138)\), the underinvolved CBQ composite score was slightly positively skewed. One outlier on this variable was identified and replaced with the mean plus two standard deviations. Likewise, the composite score for the appropriate CBQ scale also showed slight negative skewness. One outlier on this variable
was identified and replaced with the mean minus two standard deviations. Repeat analysis after replacement of outliers for the underinvolved and appropriate CBQ subscales produced distributions that were not skewed or kurtotic beyond 3.29 standard deviations above or below the mean. The overinvolved CBQ scale showed no skewness or kurtosis.

Normality of the Countertransference Feeling (CFQ) subscales composite scores were also examined. Both scale composites (overinvolved and underinvolved) were highly negatively skewed and kurtotic. Given the extreme non-normality of the distributions, transformations were performed on the composite scores of the underinvolved and underinvolved CFQ. Transformations remedied kurtosis and improved skewness for both composite scores, but scores were still skewed beyond 3.29 standard deviations above the mean. As regression is robust to violations of normality, the transformed scale scores remained in the analysis.

Also prior to the main analysis, group differences by demographic variables were examined. No differences in countertransference outcomes were found by theoretical orientation, gender or ethnicity. However, a significant difference was found for the appropriate behavior outcome by level of training for the pre-doctoral/pre-master’s interns compared to counseling professionals ($\beta = 0.135, p = 0.42$). Examining group means showed that pre-doctoral interns tended to rated appropriate responses the highest ($M = 3.12$) followed by practicum students ($M = 3.04$), post-doctoral interns ($M = 2.97$) and licensed professionals ($M = 2.92$). Additionally, there was a significant difference in overinvolved countertransference feelings by level of training for licensed professions compared to practicum students ($\beta = 0.186, p < 0.01$), pre-doctoral/pre-master’s interns ($\beta = 0.248, p < 0.001$) and post-doctoral/post-masters interns ($\beta = 0.194, p < 0.05$). Examining the means
revealed that professionals tended to feel less overinvolved ($M = 1.29$) as compared to pre-doctoral/masters interns ($M = 1.59$), practicum students ($M = 1.46$) or post-doctoral/master’s interns ($M = 1.45$).

Because the CBQ was validated using a group of seasoned professionals, and differences were found by level of training for the appropriate behaviors outcome, reliabilities for the current sample (43% session professionals) were compared against the pilot study (which consisted of only first year practicum students). Results revealed that Chronbach’s alpha for the pilot study ($\alpha = .75$) was similar to the main study ($\alpha = .77$). Level of training was held as a control variable in all the analysis that followed for the appropriate behaviors and overinvolved feelings outcomes.

**Attrition**

Preliminary investigation also revealed that 103 participants did not complete the study, either by providing no data after clicking on the link ($n = 30$) or by dropping from the study after providing partial data ($n = 73$). Of those participants who provided partial data ($n = 73$), 38 dropped after completing the DSI-R SF and the remaining dropped after assignment to the LD client condition ($n= 21$) or HD client condition ($n = 14$). The pattern of findings from participants who fully completed the DSI was that those who dropped out of the study ($n = 73$) were slightly lower in differentiation of self ($M = 3.77, SD = 0.58$) than those who remained in the study ($n = 263, M = 3.90, SD = 0.52$); however, these differences were not statistically significant.

**Main Analysis**

The current study was a between-subjects design testing the mediating effects of emotional self awareness and anxiety on the relationship between differentiation of self and
countertransference by condition (high demand, low demand). To test the mediating effects of the aforementioned hypotheses, five hierarchical regression analyses were initially run (one for each of the five outcome measures) using SPSS. A conservative $p$ value of 0.01 was used in the analyses to control for familywise error. The five outcome variables were the overinvolved, underinvolved and appropriate subscales of the CBQ and the underinvolved and overinvolved subscales of the CFQ. Predictor variables were the DOS, COFQ and STAI.

For each regression, multicollinearity, histograms, normal probability plots of the residuals, standardized residuals, Cook’s distance, leverage, and Mahalanobis distances were evaluated to assess model fit. For all regressions, correlations between predictors were less than then $r = .9$ indicating that multicollinearity was not a problem (Table 2). Also, tolerance scores were well above .2 for all values and VIF scores were not substantially more than 1, suggesting collinearity was likely not a problem for this data.

Table 2

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</tr>
<tr>
<td>3. STAI</td>
<td>-.58***</td>
<td>-.39***</td>
<td>1</td>
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</tr>
<tr>
<td>4. UnderCBQ</td>
<td>-.02</td>
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<tr>
<td>5. ApprCBQ</td>
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<td>.07</td>
<td>-.13*</td>
<td>.20***</td>
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<tr>
<td>6. OverCBQ</td>
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<td>.02</td>
<td>.26***</td>
<td>.09</td>
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</table>

Table Continues
7. OverCFQ  -.44** -.30*** .26*** .06 .143 .35*** 1
8. UnderCFQ  -.19** -.12* .16** .18** .5 -.06 .03 1

*Note: N= 262. DSI-R SF = Differentiation of Self Inventory-Revised Short Form; COF = Clarity of Feelings; STAI = State-Trait Anxiety Inventory; UnderCBQ = Underinvolved Countertransference Behaviors Questionnaire; ApprCBQ = Appropriate Countertransference Behaviors Questionnaire; OverCBQ = Overinvolved Countertransference Behaviors Questionnaire; OverCFQ = Overinvolved Countertransference Feelings Questionnaire; UnderCFQ = Underinvolved Countertransference Feelings Questionnaire

Examination of histograms, normality plots of the residuals and standardized residuals showed that the assumptions of linearity, random errors and homoscedasticity had been met. The Durban-Watson statistic for each regression was also no less than one or greater than three for all regressions, suggesting the assumption of independent errors was tenable. Mahalanobis distances were lower than the established cutoff point of 15 (Fields, 2005) for all data except one case in the low demand client condition, which was deleted. Cook’s distances were less than one and leverage scores were less than the suggested cutoff of \( \frac{3(k+1)}{n} \), in which \( k \) is the number of predictors and \( n \) is the number of participants (Fields, 2005); Thus signifying that the effect of any single case did not substantially influence the observed outcome or the model as a whole. All analyses employed a critical \( p \)-value of .01 to account for familywise Type I error due to multiple analyses.

Hypothesis 1

Counselors higher in differentiation of self will have lower state anxiety in response to the counseling analogs, and have higher emotional self awareness overall, than those lower in differentiation of self. These variables will partially mediate the relationship between differentiation and countertransference behaviors and countertransference feelings.
To test hypothesis one, hierarchical regressions for each of the five outcome variables were run using Baron and Kenny’s (1986) recommendations for testing mediation. Specifically, the predictor must be related to the criterion, the predictor must be related to the mediator, the mediator must also be related to the criterion. To test that the predictor was related to the outcomes, the predictor was regressed on each criterion. To test that the predictor and mediators were related, the predictor was also regressed on the mediators. Finally, to test the direct and indirect relationships of the predictor and mediators on each outcome, the predictor was regressed on the criterion in step one of each regression and in step two the mediators were added.

Partially supporting hypothesis one, differentiation of self (DSI) was strongly positively related to clarity of feelings (COF) ($\beta = 0.447, p < .001$) and negatively related to state anxiety (STAI) ($\beta = -0.581, p < .001$) suggesting that higher differentiation of self is associated with higher clarity of feelings and lower anxiety overall. However the requirements for mediation were not satisfied for the behavioral outcomes. Specifically, the predictor (DSI) was not found to be related to the underinvolved or appropriate behavior outcomes. Further, neither mediator was found to be related to overinvolved behaviors. Also, clarity of feelings was not related to the underinvolved or appropriate behaviors outcome (see tables 3-5 below).
Table 3

**Hierarchical Multiple Regression Analysis Predicting Underinvolved Countertransference Behavioral Reactions from Differentiation of Self, Mediated By Clarity of Feelings and State Anxiety**

<table>
<thead>
<tr>
<th></th>
<th>Δ $R^2$</th>
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<th>SE B</th>
<th>β</th>
<th>p</th>
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</thead>
<tbody>
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<td>Step 1</td>
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<td></td>
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<td>DSI</td>
<td>.000</td>
<td>-.016</td>
<td>.045</td>
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<td>.723</td>
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<tr>
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<tr>
<td>COF</td>
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<td>.050</td>
<td>-.088</td>
<td>.206</td>
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<tr>
<td>STAI</td>
<td>-.153</td>
<td>.062</td>
<td>-.190</td>
<td>.014**</td>
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</tr>
</tbody>
</table>

*Note: N= 262. DSI = Differentiation of Self Inventory-Revised Short Form; COF = Clarity of Feelings; STAI = State-Trait Anxiety Inventory. **p≤.01. ***p≤.001.*

Table 4

**Hierarchical Multiple Regression Analysis Predicting Appropriate Behaviors from Differentiation of Self, Mediated By Clarity of Feelings and State Anxiety**

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<th>β</th>
<th>p</th>
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<td>.062</td>
<td>.069</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>-.055</td>
<td>.025</td>
<td>-.141</td>
<td>.027</td>
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<td>.078</td>
<td>-.050</td>
<td>.527</td>
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</tr>
<tr>
<td>COF</td>
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<td>.068</td>
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<td>.397</td>
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</table>

*Note: N= 262. DSI = Differentiation of Self Inventory-Revised Short Form; COF = Clarity of Feelings; STAI = State-Trait Anxiety Inventory. **p≤.01. ***p≤.001.*
Table 5

Hierarchical Multiple Regression Analysis Predicting Overinvolved Countertransference Behavioral Reactions from Differentiation of Self, Mediated By Clarity of Feelings and State Anxiety

<table>
<thead>
<tr>
<th>Step 1</th>
<th>$\Delta R^2$</th>
<th>B</th>
<th>SE B</th>
<th>$\beta$</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.065</td>
<td>-.158**</td>
<td>.010**</td>
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</table>

<table>
<thead>
<tr>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>DSI</td>
<td>-.223</td>
<td>.083</td>
<td></td>
<td>-.211**</td>
<td>.008**</td>
</tr>
<tr>
<td>COF</td>
<td>-.034</td>
<td>.073</td>
<td></td>
<td>-.032</td>
<td>.642</td>
</tr>
<tr>
<td>STAI</td>
<td>-.136</td>
<td>.089</td>
<td></td>
<td>-.117</td>
<td>.128</td>
</tr>
</tbody>
</table>

Note: N=262. DSI = Differentiation of Self Inventory-Revised Short Form; COF = Clarity of Feelings; STAI = State-Trait Anxiety Inventory.

**$p < .01$. ***$p < .001$.**

Mediation analyses were also run for the countertransference feelings outcomes.

Although differentiation of self predicted both overinvolved and underinvolved feelings, mediation was not found for either clarity of feelings or state anxiety for the underinvolved outcome (table 6). Similarly, mediation for state anxiety was not found for the overinvolved feelings outcome (table 7). However, a marginally significant mediating effect for clarity of feelings on the overinvolved CFQ outcome was found (table 7), however this effect did not reach the level of statistical significance set for this study ($p = .01$). Thus, hypothesis one was not fully supported.
### Table 6

**Hierarchical Multiple Regression Analysis Predicting Underinvolved Countertransference Feelings from Differentiation of Self, Mediated By Clarity of Feelings and State Anxiety**

<table>
<thead>
<tr>
<th></th>
<th>Δ $R^2$</th>
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<th>SE B</th>
<th>β</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
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<td></td>
</tr>
<tr>
<td>DSI</td>
<td>.036**</td>
<td>-.047</td>
<td>.015</td>
<td>-.190**</td>
<td>.002**</td>
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<tr>
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</tr>
<tr>
<td>DSI</td>
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<td>.019</td>
<td>-.134</td>
<td>.088</td>
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<td>COF</td>
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<tr>
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<td>.019</td>
<td>.021</td>
<td>.070</td>
<td>.355</td>
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</tr>
</tbody>
</table>

*Note: N= 262. DSI = Differentiation of Self Inventory-Revised Short Form; COF = Clarity of Feelings; STAI = State-Trait Anxiety Inventory.  **p<.01. *** p<.001.

### Table 7

**Hierarchical Multiple Regression Analysis Predicting Overinvolved Countertransference Feelings from Differentiation of Self, Mediated By Clarity of Feelings and State Anxiety**

<table>
<thead>
<tr>
<th></th>
<th>Δ $R^2$</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>Step 1</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Training</td>
<td>.039***</td>
<td>-.019</td>
<td>.006</td>
<td>-.198</td>
<td>.001***</td>
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<tr>
<td>Step 2</td>
<td>.163***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
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<td>.005</td>
<td>-.097</td>
<td>.091</td>
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</tr>
<tr>
<td>DSI</td>
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<td>.013</td>
<td>-.416</td>
<td>.000***</td>
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<tr>
<td>Step 3</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>-.008</td>
<td>.005</td>
<td>-.088</td>
<td>.125</td>
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</tr>
<tr>
<td>DSI</td>
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<td>.017</td>
<td>-.376</td>
<td>.000***</td>
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</tr>
<tr>
<td>COF</td>
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<td>.015</td>
<td>-.125</td>
<td>.048</td>
<td></td>
</tr>
<tr>
<td>STAI</td>
<td>-.006</td>
<td>.018</td>
<td>-.023</td>
<td>.741</td>
<td></td>
</tr>
</tbody>
</table>

*Note: N= 262. DSI = Differentiation of Self Inventory-Revised Short Form; COF = Clarity of Feelings; STAI = State-Trait Anxiety Inventory.  **p<.01. *** p<.001.
Given the lack of mediation effects and the significant correlations observed between the hypothesized mediating variables and the countertransference feelings outcomes (see table 2), additional analyses were conducted to try to understand these relationships. These follow-up analyses were formulated after evaluation of potential theoretical reasons for the lack of mediation findings. Specifically, although anxiety is a factor that is strongly associated with DOS, in this study we used a measure of state anxiety. State anxiety differs from other forms of anxiety (i.e. trait) because it relates to the experience of threat in the moment. Further, one’s level of differentiation of self explains how that state anxiety is going to be experienced. Specifically, those higher in DOS tend perceive things a less threatening at any given time because they are less characterologically anxious. Therefore, although anxiety may predict countertransference feelings, this relationship may be better explained by DOS because the tendency to experience distress and respond countertransfentially is inherent in DOS. The same theoretical reasoning could also be assumed for the relationship between COF and countertransference feelings; being able to use rational thought to make sense of what one is feeling is also a function of DOS. Therefore it seemed possible that DOS could also explain the relationship between COF and countertransference feelings. Thus, examining DOS as a possible mediator was examined.

An interesting finding was that differentiation of self fully mediated the relationship between anxiety and overinvolved countertransference feelings, and seemed to partially mediated the relationship between clarity of feelings and overinvolved countertransference feelings (see table 8). A similar pattern of findings was observed for anxiety in the underinvolved feelings outcome, but this did not reach statistical significance (see table 9). Follow up analyses utilizing an indirect MACRO for SPSS (Preacher & Hayes, 2008) to test
the indirect effects of DOS on the relationship between anxiety and overinvolved feelings, substantiated that the direct path was non-significant \( p > .01 \), but the indirect path was significant \( p < .001 \). Level of training and COF feelings was held as a covariate in the analysis. Additionally, the indirect path was also examined for the relationship between COF and overinvolved feelings mediated by DOS (STAI and level of training were held as covariates). In this analysis the indirect path was significant \( p < .001 \), but the direct path fell short of significance for this study \( p = .0248 \). Thus, suggesting that the relationship between overinvolved CFQ and COF may be fully mediated by DOS.

Table 8

Hierarchical Multiple Regression Analysis Predicting Overinvolved Countertransference Feelings from Anxiety and Clarity of Feelings Mediated By Differentiation of self

<table>
<thead>
<tr>
<th>Step</th>
<th>( \Delta R^2 )</th>
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<th>( \beta )</th>
<th>p</th>
</tr>
</thead>
<tbody>
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<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>.039**</td>
<td>-.019</td>
<td>.006</td>
<td>.198**</td>
<td>.001**</td>
</tr>
<tr>
<td>Step 2</td>
<td>.092***</td>
<td></td>
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</tr>
<tr>
<td>Training</td>
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<td>.006</td>
<td>-.133</td>
<td>.026</td>
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<td>.016</td>
<td>.152</td>
<td>.017</td>
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</tr>
<tr>
<td>COF</td>
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<td>.015</td>
<td>-.217</td>
<td>.001**</td>
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</tr>
<tr>
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<td>-.088</td>
<td>.125</td>
<td></td>
</tr>
<tr>
<td>STAI</td>
<td>-.006</td>
<td>.018</td>
<td>-.023</td>
<td>.741</td>
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</tr>
<tr>
<td>COF</td>
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<td>.015</td>
<td>-.125</td>
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<td>DSI</td>
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<td>.017</td>
<td>-.376</td>
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</tbody>
</table>

Note: \( N = 262 \). DSI = Differentiation of Self Inventory-Revised Short Form; COF = Clarity of Feelings; STAI = State-Trait Anxiety Inventory.

**\( p \leq .01 \). *** \( p \leq .001 \).
Because none of the hypothesized mediating relationships were observed in the regression models for hypothesis one, regressions examining moderation were performed to address the remaining hypothesis. Evaluating moderation is most appropriate given that the following hypotheses seek to understand the effect of differentiation of self on countertransference, as well as the pattern of differences between conditions. Moderation analysis provides a helpful picture of the main effects of each variable on countertransference as well as how condition moderates the effect (in the absence of any mediating effects).

**Hypotheses 2a**

In the low demand condition (mildly hostile-submissive client), participants higher in differentiation of self will be significantly less overinvolved than participants lower in differentiation of self, whereas in the high demand condition (hostile-dominant client), there will be no significant difference in overinvolvement by level of differentiation of self. To test this hypothesis, two hierarchical regressions were run, one for each of the *overinvolved*
countertransference outcomes (overinvolved CBQ; overinvolved CFQ). Results partially supported this hypothesis.

In the first step of the regression the condition (i.e. high demand or low demand condition) was entered, then in the second step DSI centered composite score was entered and in the third step the product of the DSI centered composite score and the condition code was then regressed on the outcome.

For the overinvolved behavioral outcome (CBQ), the first step of the regression was significant indicating that there was a significant difference in the pattern of overinvolved behaviors by condition. Examination of group means showed that participants in the low demand client condition rated overinvolved behavior items higher ($M = 2.21$) than those in the high demand client condition ($M = 1.85$). The second step of the regression also produced significant results, suggesting as differentiation of self increased overinvolved behaviors significantly decreased above and beyond that accounted for by condition. However the interaction term in the third step of the regression model was not significant, indicating that participant condition and differentiation of self did not interact to predict different patterns of overinvolvement (see table 10 and Figure 1).

Table 10

Hierarchical Multiple Regression Analysis Predicting Overinvolved Countertransference Behaviors

<table>
<thead>
<tr>
<th></th>
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<th>$B$</th>
<th>$SE B$</th>
<th>$\beta$</th>
<th>$p$</th>
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</tbody>
</table>

Table Continues
Condition   -.371 .064 -.335*** .000***
DSI         -.099 .032 -.178** .002**

Step 3 .000

Condition   -.371 .064 -.335*** .000***
DSI         -.072 .045 -.130 .109
Condition*DSI -.054 .064 .069 .397

Note: N= 262. DSI = Differentiation of Self Inventory-Revised Short Form.
**p≤.01. ***p≤.001.

Figure 1. Moderation Analysis for Overinvolved CBQ.

For the overinvolved feelings outcome (CFQ), level of training was entered into the first step as a covariate. The second step of the regression was non-significant indicating that there was no difference in the pattern of overinvolved feelings by condition. However, the third step of the regression was significant, suggesting that regardless of condition, as differentiation of self increased overinvolved feelings significantly decreased. As with the CBQ outcome, the interaction term for this regression model was also not significant,
implying that participant condition and differentiation of self did not interact to predict different patterns of overinvolved feelings (see table 11 and figure 2).

Table 11

*Hierarchical Multiple Regression Analysis Predicting Overinvolved Countertransference Feelings*

<table>
<thead>
<tr>
<th>Step</th>
<th>$\Delta R^2$</th>
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<th>SE B</th>
<th>$\beta$</th>
<th>p</th>
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</thead>
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<td>.006</td>
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</tr>
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</tr>
<tr>
<td>Step 2</td>
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<td>.006</td>
<td>-.203***</td>
<td>.001***</td>
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</tr>
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<tr>
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<td>.014</td>
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<td>.498</td>
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Note: $N=262$. DSI = Differentiation of Self Inventory-Revised Short Form.

**$p \leq .01$. *** $p \leq .001$. **
Hypotheses 2b

In the high demand condition (hostile-dominant client), participants higher in differentiation of self will be significantly less underinvolved than those lower in differentiation of self. However, in the low demand client condition (mildly hostile-submissive client), there will be no significant difference in underinvolvement by level of differentiation of self. To test this hypothesis, two hierarchical regressions were run, one for each of the underinvolved countertransference outcomes (underinvolved CBQ; underinvolved CFQ). Results only partially supported this hypothesis.

For the underinvolved behavioral outcome (CBQ) the first step of the regression was significant indicating that there was a significant difference in the pattern of underinvolved behaviors by condition. Examination of group means showed that participants in the high demand client condition rated underinvolved behavior items higher ($M = 1.82$) than those in
the low demand client condition ($M = 1.59$). The second step of the regression did not produce significant results, suggesting that differentiation of self did not predict underinvolved behaviors beyond the effect accounted for by condition. The interaction term was for the regression model was also not significant implying that participant condition and differentiation of self did not interact to predict different patterns of underinvolved behaviors. The results of this finding are likely due general unreliability of the scores on the underinvolved behaviors scales (see table 12 and figure 3).

Table 12

<table>
<thead>
<tr>
<th>Hierarchical Multiple Regression Analysis Predicting Underinvolved Countertransference Behaviors</th>
<th>$R^2$</th>
<th>$B$</th>
<th>$SE B$</th>
<th>$\beta$</th>
<th>$p$</th>
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<tr>
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<td>Condition</td>
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<tr>
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<tr>
<td>Step 3</td>
<td></td>
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<tr>
<td>Condition</td>
<td>.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DSI</td>
<td></td>
<td></td>
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<tr>
<td>Condition*DSI</td>
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Note: $N = 262$. DSI = Differentiation of Self Inventory-Revised Short Form. **$p \leq .01$. *** $p \leq .001$.**
Figure 3. Moderation Analysis for Underinvolved CBQ.

For the underinvolved feelings outcome (CFQ), the first step of the regression was significant indicating that there was a significant difference in the pattern of underinvolved feelings by condition. Examination of group means showed that participants in the high demand client condition rated underinvolved feeling items higher ($M = 1.54$) than those in the low demand client condition ($M = 1.25$). The second step of the regression was also significant, such that as differentiation of self increased underinvolved feelings significantly decreased above and beyond the effect accounted for by condition. The interaction term for the regression model was also not significant, indicating that participant condition did not interact with differentiation of self to predict deferring patterns of underinvolved feelings (see table 13 and figure 4).
Table 13

*Hierarchical Multiple Regression Analysis Predicting *Underinvolved* Countertransference Feelings*

<table>
<thead>
<tr>
<th>Step</th>
<th>$\Delta R^2$</th>
<th>$B$</th>
<th>SE $B$</th>
<th>$\beta$</th>
<th>$p$</th>
</tr>
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<tbody>
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<tr>
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<td>.074</td>
<td>.015</td>
<td>.285***</td>
<td>.000***</td>
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<td>.015</td>
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<tr>
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Note: $N=262$. DSI = Differentiation of Self Inventory-Revised Short Form.

**$p<.01$. ***$p<.001$. 

![Graph](https://via.placeholder.com/150)

*Figure 4. Moderation Analysis for Underinvolved CFQ.*
Hypotheses 2c

In both the high (hostile-dominant client) and low demand (mildly hostile-submissive client) conditions, participants higher in differentiation of self will be significantly more appropriate than those lower in differentiation of self. To test this hypothesis, one regression was run for the appropriate CBQ outcome. This hypothesis was not supported.

For the appropriate behavioral outcome, level of training was entered into the first step as a covariate. Results showed that the second step of the regression was not significant, indicating there was not a significant difference in the pattern of appropriate behaviors by condition. Step three of the regression was also non-significant, suggesting that regardless of condition, differentiation of self did not predict appropriate behaviors. However, the interaction term for the regression model was significant, indicating that differentiation of self moderated the relationship between condition and overinvolved behaviors. Specifically, when differentiation of self was lower, participants responded more appropriately to the high demand client than the low demand client. No difference was observed in appropriate behaviors when differentiation of self was higher (see table 14 and figure 5).

Table 14

| Hierarchical Multiple Regression Analysis Predicting Appropriate Behaviors |
|-----------------------------|-------------------|-----------------|----------|--------|
| $\Delta R^2$                | $B$               | $SE B$          | $\beta$  | $p$    |
| Step 1                      |                   |                 |          |        |
| Training                    | .013              | -.045           | -.114    | .065   |
| Step 2                      |                   |                 |          |        |
| Training                    | -.043             | .024            | -.110    | .076   |
| Condition                   | .060              | .063            | -.058    | .348   |
| Step 3                      |                   |                 |          |        |
| Training                    | -.050             | .025            | -.127    | .047   |
| Condition                   | -.063             | .063            | -.061    | .324   |

Table Continues
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<th>Training</th>
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Note: N = 262. DSI = Differentiation of Self Inventory-Revised Short Form. **p ≤ .01. ***p ≤ .001.

Figure 5. Moderation Analysis for Appropriate Behaviors.
CHAPTER 4
DISCUSSION

The aims of this study were to identify the factors that predict countertransference behaviors and feelings. Additionally, this study sought to establish the different dimensions of these countertransference reactions (i.e. overinvolvement and underinvolvement) within the lens of the integrated view of countertransference. Specifically, the integrated view of countertransference suggests that countertransference reactions are the result of internal conflicts being activated by client material. Thus, it is believed that both the client and the counselor contribute to the experience or expression of countertransference feelings and behaviors. The present research study not only examined a theoretically important area of interpersonal functioning (differentiation of self from the family of origin) that leads to conflicted responses, but also attempted to utilize clients whose interpersonal style would potentially activate various types of conflict within the counselor, resulting in differing types of countertransference reactions.

**Hypotheses One**

It was expected that those higher in differentiation of self would have a higher level of emotional self awareness compared to those who were lower in differentiation of self. This hypothesis was substantiated with a significant positive correlation between differentiation of self and clarity of feelings (a measure thought to capture emotional self awareness). This finding fits with Bowen’s (Bowen & Kerr, 1988) theoretical assumption that individuals who are more highly differentiated are better able to adequately understand their emotions and maintain the ability to think rationally during stress, as compared to those lower in differentiation of self.
Anxiety

As part of hypothesis one, it was also hypothesized that those higher in differentiation of self would have lower state anxiety in response to the counseling analogs compared to those lower in differentiation of self. A strong negative correlation between differentiation of self and state anxiety was found supporting this hypothesis. The relationship between chronic anxiety (trait) and differentiation of self has been well established throughout the literature, with those lower in differentiation of self experiencing significantly more chronic anxiety than those higher in differentiation of self (Bowen & Kerr, 1988; Knauth & Skowron, 2004; Skowron & Friedlander, 1998). However, less research has examined the important relationship between state anxiety and differentiation of self. Therefore, this finding helped provide additional information about the nature of anxiety in relation to differentiation of self, supporting the assumption proposed by Spielberger (1972), who stated that people who struggle with chronic anxiety (trait) also likely experience more state anxiety because of their tendency to experience more things as threatening at any given time.

It was also expected that clarity of feelings and state anxiety would mediate the relationship between differentiation of self and countertransference feelings and behaviors. This portion of hypothesis one was not supported. Results of the mediation analysis showed that differentiation of self did indeed predict countertransference feelings and behaviors, but that this relationship was not partially explained by state anxiety or emotional self awareness.

Lack of mediation for anxiety was surprising given the connection between anxiety and differentiation of self and the empirical association that also exists between anxiety and countertransference. Specifically, research has shown that anxiety tends to be the most common emotional reaction for counselors when an area of conflict is activated in the
therapeutic situation (Cruz & Hayes, 2006; Fauth & Hayes, 2006; Gelso, Fassinger, Gomez, & Latts, 1995) and that adequate management of anxiety reduces countertransference reactions (Fauth & Williams, 2005; Gelso et al, 1995; Gelso et al 2002; Hayes & Gelso, 1991; Yulis & Kiesler, 1968). Lack of mediation findings, at least for the underinvolved behavioral outcome, may have been due to the general unreliability of the overall scale, attenuating the results of the mediation analysis. However, given that significant bivariate correlations also did not exist between the more reliable overinvolved subscale of the CBQ and the STAI scores (see table 2), it seems more likely that anxiety does not necessarily predict overt countertransference behaviors as initially thought, but rather is more predictive of countertransference feelings. Further, it seems that differentiation of self may better explain the relationship between anxiety and countertransference feelings as observed in the follow-up analysis conducted for countertransference feelings outcomes (see tables 9 and 10).

For the overinvolved countertransference feelings outcome, anxiety was fully mediated by differentiation of self and the same pattern, albeit not statistically significant, was apparent for the underinvolved feelings outcome. These alternative mediation findings could suggest that prior research examining the predictive relationship of anxiety on self report of countertransference feelings may have been better explained by differentiation of self. Specifically, it seems anxiety may be somewhat inherent in the construct of differentiation of self. Bowen (1988) stated that chronic anxiety nearly perfectly parallels differentiation of self; such that as an individual’s level of differentiation of self drops, so does his or her ability to regulate emotional experiences in the face of perceived stressors (because of the reduced ability to cope using rational thought) resulting in more chronic
anxiety. Additionally, as we have seen based on the relationship between state anxiety and differentiation of self, it seems that as differentiation of self decreases so does the perception of perceived threat, resulting in heightened state anxiety. Thus, the construct of differentiation of self may better explain the relationship between anxiety and countertransference feelings because reactive emotional experiences (i.e. anxiety) are a natural part of this relational construct.

It is also important to note, that although a mediation effect was found for anxiety, floor effects for the scores on the STAI were observed. It is possible that with a better range of scores the magnitude of the effects would have been more remarkable and may have potentially reached statistical significance for the underinvolved countertransference feelings outcome as well. These floor effects likely stemmed from the use of analog videos, discussed in more detail later.

**Clarity of Feeling Scores**

Lack of mediation findings for clarity of feelings (emotional self awareness) was also unexpected given the apparent bivariate relationship between emotional self awareness and differentiation of self (see table 2), and the prior research demonstrating counselor emotional self awareness is an important component to reducing destructive countertransference behaviors (Hayes, Gelso, Van Wagoner, & Diemer, 1991; Latts & Gelso, 1995; Latts, Gelso, Gomaz, & Fassinger, 1998; Van Wagoner, Gelso, Hayes, & Diemer, 2001).

One possibility for lack of mediation findings is that clarity of feelings does not necessarily approximate the construct of emotional self awareness as initially thought. Alternatively, one interesting finding (see table 7) was a marginally significant partial mediating effect for COF for the overinvolved countertransference feeling outcome. The
same relationship emerged when the variables were rearranged to examine the possibility that differentiation of self could be partially mediating the relationship between clarity of feelings and overinvolved countertransference feelings (see table 10). As with the anxiety findings, the mediation patterns may suggest that clarity of feelings plays an important role in the identification of overinvolved countertransference feelings, but may not pay a role in predicting countertransference behaviors, thus failing to mediate any relationship between differentiation of self and countertransference behaviors. These patterns of relationships were also substantiated at the bivariate level with significant correlations found between clarity of feelings and overinvolved countertransference feelings and underinvolved feelings, but not for overinvolved behaviors or underinvolved behaviors.

It is important to note however, that clarity of feelings did not significantly predict underinvolved feelings in the analysis examining differentiation of self as a possible mediator (table 9). Although it is unclear why this relationship was not observed, it is possible for this outcome STAI served as a suppressor variable in the first step of the regression because of its strongly negative relationship to COF (see table 2). It also seems that clarity of feelings is more strongly predictive of overinvolved feelings as compared to underinvolved feelings. Perhaps this finding is because underinvolved feelings generally stem from more negative emotions (anger, frustration, annoyance, hostility, avoidance, fear, etc) that are more easily identified, whereas overinvolved feelings seem to be more related to positive emotions (desire to comfort, desire to assist/fix, over helpfulness, etc). Thus, overinvolved countertransference feelings may be harder to identify unless one has a higher level of clarity of feelings and level of differentiation. More research is needed to explore this prospect. As with the STAI scores, restriction of range also was a problem for the clarity of feelings scores
with the ceiling effects observed for the COF. It is also possible that a better range of scores on this measure would have influenced the magnitude of the effect, resulting in statistically significant findings for the mediation analysis of the CFQ outcomes for this study.

Consequently, the results of the analyses for hypothesis one substantiates that differentiation of self is an important predictor in determining overinvolved feelings, underinvolved feelings and overinvolved behaviors (tables 1-7), and supports the conclusion that differentiation of self is a psychological construct that stirs up conflictual responses when activated by client material. However the lack of mediation findings may point to the conclusion that anxiety and clarity of feelings are not necessarily important predictors for overt countertransference behaviors and that differentiation of self may actually better explain the relationship between anxiety and countertransference feelings.

**Hypothesis Two**

Given that hypothesized mediation relationships were not significant, analysis of the variables testing moderation seemed more appropriate to fully examine the between group effects. The regression models revealed that, overall, participants in the low demand condition reported significantly more overinvolved behaviors than those in the high demand condition, whereas those in the high demand condition reported more underinvolved feelings and behaviors than those in the low demand condition. These main effects by condition were not hypothesized, but are consistent with assumption of the integrated view of countertransference which states that countertransference reactions arise from both client factors brought to the therapy situation and the counselor’s area of conflict. In general, it seems that the high demand client caused participants to react with more underinvolvement (feelings and behaviors), but the low demand client pulled for more overinvolvement.
(behaviors). These findings are also consistent with interpersonal theory which predicts that in interpersonal relationships hostility is met with hostility but dominance is typically met with submissiveness. Thus, counselors dealing with a hostile-dominant client (as was characterized by the high demand client) will most likely respond with a hostile-submissiveness, typified by the construct of underinvolved countertransference, or in Bowen theory, emotional cutoff. Conversely, clients who are friendlier, but mildly hostile and submissive would be expected to elicit more friendly, but mildly hostile and dominant reactions from the counselor, also theoretically captured by the construct of overinvolved countertransference. Interestingly, no difference by condition was observed for the overinvolved feelings outcome.

In the second step of the regression models it was found that differentiation of self significantly predicted overinvolved countertransference behaviors as well as underinvolved countertransference feelings beyond the variance accounted for by condition alone. Specifically, as differentiation of self increased participants reacted with fewer overinvolved behaviors and underinvolved feelings for both clients. These findings point to the importance of the area of conflict for counselors adding to the intensity of the countertransference reaction within the counseling situation. The finding that participants responded to the low demand client with more overinvolvement and the high demand client with more underinvolvement supports the notion that countertransference is partially influenced by what the client brings to therapy. However, the findings that differentiation of self magnifies these effects points to an important conclusion that although countertransference reactions may occur in response to client material (what the client brings to counseling), differentiation of self (counselor area of conflict) is also an equally, if not more important component to the
commitment of countertransference in the counseling situation. Additionally, a main effect for differentiation of self was found for overinvolved feelings \((p < .001)\) overall. This finding also supports the importance of area of conflict in the contribution to countertransference feelings.

Underinvolved behaviors were not significantly predicted by differentiation of self. It is likely that the unreliability of the scores on the underinvolved CBQ resulted in a type II error, attenuating the effect of differentiation of self on underinvolvement. Shadish, Cook and Campbell (2002) state that unreliable outcome measures can attenuate the relationship between the predictors and an outcome, resulting in an erroneous conclusion that an effect is not present when a relationship does otherwise actually exist. Shadish et al (2002) advise using multiple outcome measures to protect against this problem. Thus, it is possible that the underinvolved feelings outcome might provide a more accurate approximation of the true relationship between differentiation of self and underinvolved countertransference behaviors.

In the final step of the regression models, the originally hypothesized interactions were
not observed. It was expected that no difference in overinvolvement would be found for the high demand condition regardless of level of differentiation of self, but that differentiation of self would predict overinvolvement in the low demand condition. Similarly, it was expected that no difference in underinvolvement for the low demand client would be found regardless of level of differentiation of self, but that differentiation of self would predict underinvolvement for the high demand client. However, for each outcome (except the underinvolved CBQ) level of differentiation of self significantly predicted countertransference reactions regardless of client condition. These findings likely resulted from the fact the high demand client condition did not induce enough anxiety to produce a
differential effect. That is, those lower in differentiation of self did not emotionally cut off from the high demand client favoring underinvolved reactions more than overinvolvement because this client was not seen as too intense to tolerate. Supporting this possibility was the finding that anxiety scores for the low demand client condition were not significantly different than the scores for the high demand client condition. It was expected that the high demand client condition would induce more anxiety than the low demand condition across all participants, but those lower in differentiation of self would experience higher levels of anxiety and would also react with more underinvolved countertransference feelings and behaviors because of their levels of differentiation. It is possible that the limited amount of anxiety induced was not necessarily due to the dimensions of personality portrayed by the client actress, but rather that the analog situation made it hard for the participants to pretend that they were in a real counseling situation with an actual client.

Another unanticipated finding was that differentiation of self did not significantly predict appropriate behaviors as initially hypothesized. I hypothesized that as differentiation of self increased so would appropriate behaviors. However this effect was not found. Astonishingly, an interaction effect was found instead. It appeared that those higher in differentiation of self were equally appropriate regardless of the client they received, but for those lower in differentiation of self there was a difference in the pattern of appropriateness by condition. Specifically, those lower in differentiation of self tended to respond more appropriately to the high demand client and less appropriately to the low demand client. It is possible that because the analog videos did not successfully induce anxiety in participants, those lower in differentiation of self were able to think more objectively about their responses to the high demand client. It is probable that because the high demand client
portrayal was obviously intended to be hostile, those lower in differentiation of self may have become more aware of the expected appropriate response in comparison to the less obvious low demand client.

Theoretical Implications

Overall the important results for hypotheses one and two were that differentiation of self is a psychological process that predicts countertransference feelings and behaviors beyond that accounted for by client material alone. These findings are not only consistent with the integrated view of countertransference, but also support what is known about differentiation of self. According to Kerr and Bowen (1988) all humans need to develop a healthy balance of interpersonal relatedness, by learning to be differentiated from their family of origin (possessing the ability to think feel and act for one’s self) while still also maintaining the ability to be emotionally connected to family, thinking and feeling as one unit when necessary. When individuals have a good balanced of autonomy (separateness) and connectedness (togetherness) they also maintain the ability to balance emotional reactions with rational thought when under stress, resulting in better interpersonal boundaries. Therefore, individuals who have higher levels of differentiation of self experience less anxiety in relationships and are less likely to react to client pulls for overinvolvement or emotional cutoff. My results support this pattern, in that counselors who are higher in differentiation of self, in comparison to those with lower levels, are not as vulnerable to destructive countertransference, presumably because of their ability to adequately manage their reactions. Conversely, those who have a poorer balance of togetherness and separateness (low differentiation of self) have more difficulty responding appropriately in interpersonal relationships. Specifically, individuals lower in differentiation
of self may become fused in intimate relationships, trying to think and act as one combined person instead of two connected but autonomous individuals. An example of a response choice from the current study that reflects fusion was “I’m sorry you’re feeling this way, let me tell you a little bit about myself….this may make it easier for you”. In this statement, the counselor stopped allowing the client to process her emotions and began trying to soothe the client’s pain by inappropriately talking for her. In essence, the counselor took the role of the client, rather than encouraging the client to discuss her therapy needs. In this study, individuals lower in DOS did rate this response choice higher than those higher in DOS.

Counselors lower in DOS may emotionally cut off from others and distance themselves in an effort to try to preserve themselves from anxiety-provoking fusion. This tendency for fusion or cutting off behaviors stems from the tendency for those lower in differentiation of self to use emotional reasoning under distress, rather than rational thinking to guide behaviors. The fact that differentiation of self was strongly negatively related to clarity of feelings helps verify that rational thinking about one’s emotions seems to be limited for those lower in differentiation of self. Further, it has been established in prior research, chronic (trait) anxiety is strongly positively related to differentiation of self, but as was found in the present study, so is state anxiety. This connection between anxiety and differentiation of self suggests that those lower in differentiation of self tend to be more distressed in any given situation, thus increasing the vulnerability to countertransference reactions of fusion (overinvolved countertransference) and cutting off (underinvolved countertransference).
Limitations

Analog Use

A potential limitation to the present study was use of an analog design versus a more ecologically valid experimental condition. Although analog designs are typically considered to have a high level of internal validity and are used throughout the counseling and clinical fields of psychology, the disadvantage to this particular approach is a reduction in external validity (Cook & Rumrill, 2005; Kazdin, 1998). Specifically, it is more difficult to extrapolate whether the analog study’s findings will replicate or change under real world conditions. With this particular study, it seems that the analog design failed to produce the expected level of anxiety. It is possible that under more real world conditions (such as utilization of an in-person counseling session with a client actress) participants might have experienced more anxiety resulting in a different pattern of findings than those observed in this study. It is possible that an in-person type of experiment would have resulted in a more anxious response to the high demand client, altering the pattern of the findings for this study.

Alternatively however, recent research has found that participants tend to engage in a significantly higher rate of self disclosure when simulated counseling sessions occur online as compared to when the session is face-to-face, regardless of how personal the questions are (Camillus, 2008). This finding suggests that participants in this study may have been more honest about their countertransference feelings and behaviors than might otherwise have been captured in a more real world counseling situation. Thus, the analog approach may have also been a strength to this research design. Additional ways to increase the realness of the analog counseling situation while still maintaining the benefits of online report may be a fruitful area of exploration for future countertransference research.
Demand Characteristics

Another potential problem of online data collection is attrition rate and differential rate of drop out due to the constructs under investigation. In this specific study, it was difficult to know whether potential participants who were lower in differentiation of self tended to decline to participate in the study because of the nature of the study details, whereas if they were approached in person or given the materials as part of a class, they might have completed the study. Supporting this potential conclusion was the apparent restricted range of scores observed on the DSI-R SF. Specifically, participants in both conditions reported relatively high levels of differentiation of self. Surprisingly, 71% of all DSI scores were between 3.50 and 4.50 (range 1-5) and only two of the 262 participants reported DSI scores below the median cut-off of 2.5.

A plausible explanation for the limited range of scores on the DSI may stem from the possibility that only individuals higher in differentiation of self chose to participate in the study. It is conceivable that the very description of the nature of the study “examining the counseling relationship” caused enough anxiety for those lower in differentiation of self that they choose not to participate. Interestingly, the pattern of findings from participants who fully completed the DSI was that those who dropped out of the study were slightly lower in differentiation of self than those who remained in the study. Thus, it is likely that the inherent nature of the study may have influenced participation, and differential attrition by level of differentiation of self could also have influenced the data in the direction of producing non-significant mediation results.
Social Desirability

It is also important to note that although significant differences were found by condition and by level of differentiation of self for countertransference behaviors and feelings, the overall participant ratings for overinvolved behaviors (\(M = 2.0\)), overinvolved feelings (\(M = 1.68\)), underinvolved behaviors (\(M = 1.71\)) and underinvolved feelings (\(M = 1.73\)) tended to be fairly low. In contrast, the mean score for the appropriate scale was somewhat higher (\(M = 3.0\)). These low scores may have been the result of social desirability as most counselors are aware of the appropriate thing to say to clients. It is possible that the magnitude of the effect sizes would have improved if social desirability could have been measured and controlled as a covariate. It is also important to note that although statically significant results were found, the practical application of these studies findings may also be somewhat limited because of the overall low means of the outcome variables.

Training Implications

An interesting find in this study was that counselor level of training significantly predicted appropriate behaviors and overinvolved countertransference feelings. Specifically, pre-doctoral/pre-master’s interns rated the appropriate items significantly higher than licensed professions. Examination of means also showed that practicum students, rated appropriate behaviors higher than post-doctoral/post master’s interns, and post-doctoral/post master’s interns rated appropriate behaviors higher than licensed professionals (but not significantly higher). However, for the overinvolved countertransference feelings it appeared that seasoned professionals tended to feel significantly less overinvolved as compared to post-doctoral/master’s interns. Examination of group means found that seasoned
professionals felt the least overinvolved, followed by, post-doctoral/master’s interns, practicum students and pre-doctoral/masters interns (though not significantly different). These findings may suggest that counselors still in training tend to respond the most appropriately because they are under supervision and have more awareness of the appropriate responses because less time has passed since their formative training. However, given the strong correlation between overinvolved feelings and overinvolved behaviors less training may also increase the vulnerability of reacting in overinvolved countertransference ways in therapy. These findings might point to the importance of continued peer supervision throughout all stages of development and also counselor awareness regarding the tendency for level of raining to potentially impact vulnerability to countertransference feelings and behaviors.

Another possibility for differences by level of training for the appropriate behaviors outcome may stem from the fact that the scale was normed on seasoned professionals and not counselors at other levels of training. However, follow-up analysis exploring the reliability of the appropriate behaviors scale scores in the current study, compared to scores from our pilot study (that consisted of early practicum student) revealed that the reliability of the scores were very similar. This perhaps suggests that the scale is reliable for counselors at various levels of training, and the differences by level of training may be due to real differences between groups rather than structural issues with the scale itself. Follow-up studies examining the validity and reliability of the CBQ with additional samples should be conducted in the future.

Overall, this research adds to the current body of literature that explores the psychological processes that occur within the therapy session. The field of counseling
psychology has a long history of producing research that has lead to the understanding of client-counselor behaviors, covert processes and development of effective treatments (Hall, 2001). Such counseling research is important to assure that clients are provided with quality and efficacious therapy services. The current study found that differentiation of self does indeed predict countertransference feelings and behaviors. These counselor factors have important implications for training; specifically, that counselors need to be aware of and work on managing their level of differentiation of self, so to avoid potentially harmful countertransference reactions in therapy. Although Bowen (1978) suggested that level of differentiation of self is difficult to change (with the levels of differentiation achieved in childhood essentially remaining the same throughout adulthood), limited research has been conducted to test this assumption and some empirical investigations have even suggested that there is opportunity for change. For example, in a study conducted by Greene and Kelley (1985), it was found that cognitive restructuring techniques in a marital enhancement program resulted in significant improvements in differentiation of self from pretest to posttest. Similarly Griffin and Apostol (1993) found that participants who received training in relationship enhancing skills over six 2.5 hour sessions showed a significant increase in differentiation of self scores (pre-post test). Further, many theorists believe therapeutic interventions such as coaching (Carter & Orfanidis, 1974; Johnson & Buboltz, 2000), reducing chronic anxiety (Farber, 2004; Horne & Hicks, 2002) learning to use the “I position” (Faber, 2004), family therapy (Harvey & Bray, 1991; Johnson & Buboltz, 2000; Skowron, Wester & Azen, 2004), values clarification, role playing, communication training, insight via genograms (Johnson & Buboltz, 2000), learning boundary structures, conflict resolution skills training and practicing rational thought (Johnson, Thorngren & Smith,
2001), are all potentially useful interventions in altering level of differentiation of self. Thus, such interventions might be helpful for counselors who recognize needed change in their level of differentiation to do so. Awareness and therapy work to alter low levels of differentiation of self would in turn help to reduce countertransference behaviors. Such management could help lead to more effective therapy and reduced harm to clients.

**Future Research**

An important feature of this study was the development of an overinvolved countertransference behaviors scale. To date, creation of a valid and reliable overinvolved countertransference scale has been unsuccessful. The locally developed overinvolved behaviors scale and the overinvolved feelings scale modified from Betan, et al’s (2005) countertransference questionnaire were found to be significantly related, helping to establish the concurrent validity of the construct. Additionally, high inter-realtor reliability of the expert panel of judges used to develop the scale adds to the argument of construct validity for this measure. Although more studies investigating the reliability and validity of the overinvolved behavior scale is needed, it is hopeful that the preliminary development of this scale in the current study has provided a good starting point toward additional scale development for this important construct.

Other areas of continued research may be studies geared toward fully understanding the relationship between countertransference feelings and behaviors. Bivariate correlations suggested that underinvolved countertransference feelings predict underinvolved behaviors and likewise, overinvolved feeling predict overinvolved behaviors. However, it is unclear if countertransference feelings always lead to countertransference behaviors or if there are
important counselor factors beyond differentiation of self that might prevent feelings from manifesting in behaviors.

One construct that needs continued evaluation is emotional self awareness. The construct of clarity of emotions did not seem to encompass the construct of emotional self awareness as conceptualized in the theoretical literature. Potential development of such a measure that evaluates counselors’ self awareness of both positive and negative emotions and their internal responses to them would be a fruitful endeavor to further uncover potential counselor factors that buffer expression of countertransference reactions. Along with exploration of the construct of emotional self awareness, continued research examining the role of emotional self awareness in relation to countertransference behaviors versus countertransference feelings is also needed to understand the specific types of countertransference reactions this construct may buffer.

Lastly, additional studies designed to better induce real world anxiety along with recruiting techniques that might reduce demand characteristics for those low in differentiation of self would be a valuable endeavor to better clarify the role of differentiation of self in countertransference feelings and behaviors. As with the construct of emotional self awareness, additional research solidifying the relationship between anxiety and the types of countertransference reactions it predicts (feelings versus behaviors) is also warranted.
APPENDIX A

KIESLER’S INTERPERSONAL CIRCLE

(Kiesler, 1983)
APPENDIX B

INTERPERSONAL CIRCLES FOR ANALOG CLIENTS

(Hoyt, Lee, Robbins, & Jolkovski, 1994)
Please answer the following about yourself.

Gender

___ Male  ___ Female____ Other

Age: _____

Ethnicity

I identify myself as
___African-American
___Asian or Asian American
___Caucasian
___Hispanic/Latino/Latina
___Native American
___Other

Main Theoretical Orientation (ex. Eclectic)

_______________________________________________________________

Current training status

___ Practicum Student
___ Pre-doctoral/Pre-masters intern
___ Post-doctoral intern/Post-masters intern
___ Licensed Professional
APPENDIX D

DIFFERENTIATION OF SELF INVENTORY-REVISED SHORT FORM (DSI-R SF)
Directions:

These are statements concerning your thoughts and feelings about yourself and relationships with others. Please read each statement carefully and choose the appropriate response. If you believe that an item does not pertain to you (e.g., you are not currently married or in a committed relationship, or one or both of your parents are deceased), please answer the item according to your best guess about what your thoughts and feelings would be in that situation. Please be as honest as possible, there are no right or wrong answers. Do not spend too much time on any one statement.

(I not at all true          2  a little true           3 somewhat true            4 mostly true         5  very true)

1. I tend to remain pretty calm even under stress.
2. I usually need a lot of encouragement from others when starting a big job or task.
3. No matter what happens in my life, I know that I’ll never lose my sense of who I am.
4. I tend to distance myself when people get too close to me.
5. When my spouse/partner criticizes me, it bothers me for days.
6. At times my feelings get the best of me and I have trouble thinking clearly.
7. I’m often uncomfortable when people get too close to me.
8. I feel a need for approval from virtually everyone in my life.
9. At times, I feel as if I’m riding an emotional roller-coaster.
10. There’s no point in getting upset about things I cannot change.
11. I’m overly sensitive to criticism.
12. I’m fairly self-accepting.
13. I often agree with others just to appease them.
14. If I have had an argument with my spouse/partner, I tend to think about it all day.
15. When one of my relationships becomes very intense, I feel the urge to run away from it.
16. If someone is upset with me, I can’t seem to let it go easily.
17. I often feel unsure when others are not around to help me make a decision.
18. I’m very sensitive to being hurt by others.
19. My self-esteem really depends on how others think of me.
20. I tend to feel pretty stable under stress.
APPENDIX E

ANALOG TAPE SCRIPTS

(Jolkovski, 1989, p.128-141)
This transcript reflects the interpersonal demand characteristics of a **high demand client**. Three therapist responses represent underinvolvement, appropriate and overinvolved countertransference behaviors.

**NOTE: the triad of responses (CBQ) for each segment were presented to the participant in a randomized order, not as seen here. The triads to each segment are listed in the following order: (1) underinvolved, (2) appropriate and (3) overinvolved for the ease of dissertation committee review **

**Client 1:**
“Ok, uh....where do we start today? I’m supposed to just start? You always make me start like this. It’s always hard to….just decide what to talk about. Well, I don’t know if this is going to help me. Am I suppose to just sit here and talk to you…I guess you’re supposed to be well meaning and all that ……I come here and tell you my story every week, but I hardly know anything about you…..I’ve been having a lousy week, and I really need to figure out what I’m supposed to do about it.........? (silence)”

**Therapist 1:**
1. This is something you need to figure out…. I don’t have the answer.
2. Sounds like you are struggling for a place to start…and looking for some direction from me.
3. I’m sorry you’re feeling this way, let me tell you a little bit about myself….this may make it easier for you

**Client 2:**
“Well, don’t take it personally. It has to do with my boyfriend. He just doesn’t do what I want him to do. He’s always complaining. We used to get along really well, you know? I just don’t know how he wants it to be anymore. I’m a really flexible person but he won’t let me know what he wants. You know, like last Saturday it was a nice day and I wanted to go down to the river and I knew that he just wanted to work on his stupid car all day and he knew that I wanted to go and have fun, but he just wouldn’t say anything. He mad me so mad that I just went inside and watched a stupid movie on cable. I felt like he should have picked up on….what I wanted. He knows I hate to just hang around when he’s doing stuff like that. It was like he was trying to get to me. Like what we talked about last time, how he drags his heels when he wants to make me mad.……I bet you think I’m a real moron for letting this get to me. I’m still feeling pretty lousy about that. But that’s just the way I am, it’s probably genetic.”

**Therapist 2:**
1. What makes you think this problem is genetic?
2. You sound frustrated about the communication between the two of you, tell me more about it.
3. No, I don’t think you are a moron for letting this affect you, I think most people could truly relate to how you are feeling right now.
Client 3:

“Hmmm..I don’t know, sometimes I think this is useless. People always seem so smug, they never give you what you want. That other…..person I went to see last year at least told me what to do….not that it helped any. Oh, I don’t know what its all about, you know. Like before I came here today, I was trying to get it all straight in my mind before I made any decisions. Sometimes I get along with him fine and he’s really nice, and when it isn’t working I like try to question myself real hard, whether I have any right to be mad at him. Cause maybe it’s all just me. It would be too bad for me to make a stupid decision and I have a hard time seeing it straight…..what do you do when you can’t decide? …….like all of this stuff with my boyfriend and getting along with people, or being board all the time. Being depressed, sometimes I think I’m stuck with it and sometimes I like maybe think that I ought to be able to just shake it off. I was going to sit down and make a list of all of the stuff I want to improve or change, and like I couldn’t write any of the things down. It was too complicated.”

Therapist 3:
1. It would be nice if I had all the answers, but it’s not up to me….it’s up to you.
2. You sound like you’re having trouble sorting all this out, what is most difficult?
3. Sorting things out on your own can be difficult, perhaps I can help you create the list now.

Client 4:

“(silence) It’s like….I feel this nausea all the time. People are so stupid it makes me feel sleepy, I go through the day in a fog because I know that somebody is going to say something so stupid I’m going to want to puke. Like that history teacher I told you about. He is a PhD in history and he doesn’t know enough to wipe his ass. I asked him about the test that he gave me a D on. He said that if I want to do better I should come to the lectures and read the book. Brilliant advice! I wonder how long it took him to get that smart. If he would make the lectures so that someone could sit through them without dropping dead it might help…..and I really don’t know what he wants me to do.”

Therapist 4:
1. Hmmm….wow…..
2. Hmmm…You sound angry….what were you hoping to hear from him?...
3. Hmmm….just a thought, but have you tried talking things through with him?...

Client 5:

“What do you expect? I feel like I should be able to put my finger on what’s bothering me. The more I sit here and think about it the worse it gets. Like my job. Maybe what I need is to find a boss that doesn’t think I’m a moron. If I could make up my mind it would be a damn sight easier. Well, anyway, it’s hard to have a positive attitude when my boyfriend is being such a loser. I know that it would be a lot easier if he would just tell me what’s on his mind, but he gets in those moods and just clams up. He can really be such a wimp. I can’t even get…any affection out of him when he’s like this. It’s so…..disappointing when he pulls away like that. I hate it. It makes me so furious.”
Therapist 5
1. So...it sounds like you feel everyone is at fault but you..
2. I wonder if you might have some fear that I will disappoint or pull away from you too?
3. That sounds upsetting, but remembering that things will get better can help you stay positive.... How can I help you achieve this?

Client 6:

“Well, yeah maybe. I don’t like being disappointed. Who does? It’s a real letdown....y’know, it’s like I’m going along with whatever he says, and he still acts like I’m making his life miserable. What else does he want? Maybe he doesn’t want me around maybe he stays with me because he feels sorry for me. I know that I can be a pretty difficult person to be around, sometimes I think that everyone is just tolerating me. I know some people don’t tolerate me. Like that woman at the office. I thought she was my friend, I confided in her, I told her what was going on with me. And one day she just blew up. listened to me out of sympathy. The whole time she was pitying me. She gets her kicks by looking down at people. People can be so two faced.”

Therapist 6:
1. Perhaps you’re feeling sorry for yourself....?
2. I wonder if part of you thinks that I’m looking down at you too..?
3. That sounds awful. I can understand why others in the office are hard to get along with…

Client 7:

“……..I feel like people look down at me a lot. Condescending, you know. My boyfriend treats me like a child, and I’m a lot smarter than he is. I was talking to him about coming here, you know, and he told me that I just needed to lighten up. More good advice!...actually, that’s pretty good, coming from him. He’s not the most insightful guy in the world. He’s even partly right, if I could lighten up it would help a lot. It seems that this therapy stuff is kind of like that, sometimes it comes out as helpful but I have some resentment over being in this position. Why would I think you know more than I do?”

Therapist 7:
1. Good question.
2. Perhaps being in therapy sometimes feels condescending
3. I’m sorry therapy has been difficult for you….you’re right it is difficult to be in this position.

Client 8:

“I’ve got to admit, a lot of the time I really do think I’m better....Is that so terrible, that I know some of my own strengths?......but I wind up letting other people decide things for me. I really look to others to know what to do. Like with my boyfriend, I told you he isn’t
so swift. But when I’ve got to make a decision about the job or school I run crying to him about it. It really pisses me off. I do things because he thinks I ought to, and a lot of these are bad decisions. I wind up resenting it.”

**Therapist 8:**
1. Sounds like a real problem
2. Tell me more about these feelings of resentment…
3. Have you tried trusting your own judgment over your boyfriends?

**Client 9:**
“Yeah, well. I do tend to see other people as experts, as having all the answers. I’d like it to be that way. Can’t you just give me the answers, so I can go home?…….On this job when I first went in there everyone seemed so assured and comfortable with themselves, especially my supervisor. I wanted to just wrap myself in the place and absorb it all. I remember thinking that my boss was so full of wisdom and caring and I had a lot of fantasies of like being the protégé or the apprentice. It was such a shock when I found out that I was just another employee and all they cared about was that the job get done, I called in sick and just watched TV all day. I was hoping to see a news story about how a plane had crashed on the place and killed them all. I can feel myself bracing for the shock, waiting for the bomb to drop with you. I’m prepared to think that you’re an asshole. I’d rather not think so but I guess I think it’s inevitable.”

**Client 9:**
1. So…when you felt like you weren’t special to them you wanted your job to end……
2. It sounds like you are worried I won’t be able to help you…
3. I know this process is hard, but everything will be fine….I won’t turn out to be a jerk too….

**Client 10:**
“Yeah, it’s hard. I’d like to be able to trust you but I just have to keep my guard up. It’s lonely, I’m looking for the great person who will make it all right and I’ve found a lot of people who make it a lot worse.”

**Therapist 10:**
1. Tell me about these other people in your life...
2. I’m hearing that your guard keeps you from feeling hurt….but it is also lonely staying so protected from others
3. I’m in therapy too….it's hard for me to trust my therapist as well...
This transcript reflects the interpersonal demand characteristics of a **low high demand client**. Three therapist responses represent underinvolvement, appropriate and overinvolved countertransference behaviors.

**NOTE: the triad of responses (CBQ) for each segment were presented to the participant in randomized order, not as seen here. The triads to each segment are listed in the following order: (1) underinvolved, (2) appropriate and (3) overinvolved for the ease of dissertation committee review**

**Client 1:**

“It’s been kind of a mediocre week. Nothing much has been going on, I’ve been kind of plodding through.....I’ve been feeling OK but kind of low-energy. As I was saying last week, I’m not sure whether I’m doing the right thing with my career, and that makes it hard to get really excited. Working all the time and going to college is getting to be a real burden......sometimes I think I should drop the job and just concentrate on school.” You know I hate to be going so slowly, it seems like I’m crawling through....but I just wouldn’t feel right not pulling my own weight with the expenses. And you know how Mark, my husband, feels about it. He’s being really good and supportive, he really encourages me to keep up going to college. I shouldn’t complain. He says that I should put all my energy into my education and let him handle the income....but you know, he doesn’t make that much. Maybe he’s a little threatened that I’m making almost as much as him and getting a degree. And, well, I feel much better making some money of my own. Maybe it’s selfish of me. I guess he’d like to feel he’s taking care of me. But...I wouldn’t feel right just going to school, I’d feel bad about it. I don’t know maybe he’s right. It seems that I always feel like I’m going to do the wrong thing. What do you think I should do? What would you do if you were me?”

**Therapist 1:**

1. Let’s hear more about this and hopefully you will be able to make a decision by yourself.....
2. Sounds like you have a hard time trusting yourself and are looking to me for some help.....
3. It seems like you are doing many things right.....but yet you feel bad. Perhaps you need to think more positively about yourself...

**Client 2:**

“I don’t know.....I keep thinking about what it was like when my mother was going to night school. I was pretty small, about six years old. But I can still remember having a, uh, sort of vague.....don’t know what I’d call it....fear....that, maybe she wouldn’t come back. It seems ridiculous now. But, I was really scared.....sometimes I would feel sick or like this dread when I knew she was leaving. I remember saying to myself that I would do things differently, that I would put family things first when I grew up. I guess I thought that she was being selfish, that she was going off to do something special that excluded us. Now I realize that she was working to make things better for us. I don’t know. Maybe this all looks kind of silly to you. Does it? But this worrying about whether I’m doing the right things- I’ve always felt that this bothers me more than other people.”
Therapist 2:
1. I don’t have the answers.
2. You’re worried whether you are being selfish by getting more education…and if I see this struggle as silly.
3. I don’t think this is silly at all…. It’s hard to talk about concerns in counseling ….and questioning yourself is normal.

Client 3:
“Remember I was talking about when I was about in the fifth grade? I don’t know if this is important….I can just picture myself then. I was shy. Painfully shy. I mean, just didn’t date raise my hand or ask a question. If the teacher called on me, it was agony. I remember having real trouble working up the nerve to ask other kids to play with me. I just waited on the playground until someone came up to me. I never understood why I was that way. I bet a psychologist would say that it was because my mother worked outside the house all the time… but I don’t know. We got along well, and I was a pretty good student in school, too. So I don’t see any reason why I should have been that way. So shy, I mean. But even being here. All week I think about things I’m going to talk about. But I just don’t know what to do or talk about. Sometimes I really hate it.”

Therapist 3:
1. Yes, being shy is hard to tolerate.
2. You are concerned you won’t have anything to say…what do you hate most about this?
3. It’s ok if you are feeling shy….there is no need to worry if you have nothing to say…..I don’t mind

Client 4:
“I’d like to know what to do about this…You know, I was thinking about this question about quitting my job or not. I think that another reason for wanting to keep it is that, well, I’m not that busy all the time, so I have a lot of time to read. I like it…it’s quite, and nobody is making a lot of demands on me. People leave me alone. I really like reading…especially poetry and fiction. Mark doesn’t really share my interest in reading, and actually that’s fine with me. He doesn’t understand about that stuff so my reading is private, he doesn’t bug me about it. Maybe I’m afraid that if I had kids like I talked about and stayed home with them all day I wouldn’t have these moments to myself. You probably think that I am selfish. But believe me, it’s important. When I was in high school, I even wrote a few bad poems and thought about being a writer. Well, this is kind of embarrassing. Still, it was good for me to….kind of like being here with you. It’s sort of ….I don’t know. It helps for me to talk like this even if I don’t know where it is all leading. Even if I talk about stuff like what I read. You don’t think that it’s dumb do you?”

Therapist 4:
1. What do you enjoy most about reading?
2. It sounds like you really value your time alone, but are worried I might see this as selfishness or bad in some way.
3. I do believe you your alone time is important. It is good for you and an important part of who you are……I don’t think it is dumb.

Client 5:
“That’s something to think about. There’s something else. I’ve been so worried about doing the wrong thing. It seems sort of strange because people usually like me. For instance, we have a lot of people who invite us over to visit. I’d really like to accept, and actually, Mark to get out too…but I don’t get out much. When we do go out, we usually have a good time…but its still hard for me to relax, I’m always kinda tense. Sometimes I feel really outgoing, but I’m usually more….inhibited. I’m not sure if I’m doing the right things, or saying the right things, I just want him to be proud of me. But all the time I keep thinking how silly I’m being. You know what I mean? I can’t help it. Sometimes I think that having people like me is too important to me…I couldn’t stand the thought of them being angry or disappointed with me…you know, a lot of the time when I’m coming here, well, I don’t know, I try to think ahead of time what I’m going to say, so, so I don’t say something wrong or say something that I regret afterwards. Is that normal?”

Therapist 5:
1. You seem unmotivated to change
2. You feel a strong desire to be accepted and liked by myself and others.
3. Most everyone wants to be liked by others……this is a normal response... I’m sure I can help you overcome this.

Client 6:
“I don’t know, I guess I’m just generally worried about what people think of me. I think about what I’ve said and I just cringe. Like, last weekend. Mark and I went to this party, it was with some old friends of his. I was able to relax and actually have a good time. But then, when I got home…I just couldn’t get to sleep. I kept thinking over everything. It kept turning over and over in my head, replaying the whole evening. I guess I was afraid that I had…that somebody was thinking how stupid I was and that I was saying stupid things. Oh, I don’t know. This is ridiculous. Maybe he’s right. Mark says just to accept the way you are, and that everybody is different. Like what you say. He says there is nothing wrong with being sensitive. And I am…if someone thinks bad things about me, it really hurts. I don’t know. When he talks like that, it sounds so logical. But I don’t know if he understands how painful it is…”

Therapist 6:
1. You do not want to hear what your husband is saying, what keeps you from hearing him?
2. It’s painful to be told your being overreacting when you care so much about how others see you.
3. Worrying about all this not only leads to you feeling hurt, but also interrupted your sleep. Reminding yourself that you are not stupid and people like you may help with this.
Client 7:  
“….I guess it’s hard for me to believe people when they act nice toward me, there’s this little part of me that expects to be criticized….but I’m not always like that. Like at work. I feel pretty sure of myself there. You know how I have time to read? Well, that’s because I’m efficient so I have extra time. It’s nice to be confident about that. I don’t really worry about having some…idiot…judging me there because I know I’m good at my job. I guess mainly it’s when I’m with people I like – I worry if they’ll like me. I don’t know why. I just assume that there’s something wrong with me. Most people wind up liking me ok, though. I don’t get it. Maybe I’m making a big fuss over nothing. Mark says some people have a lot of doubts about a lot of things. Well, his point is that nobody is really completely sure of themselves. Maybe he’s right, I’m the same as everybody else. You know, I was just wondering…how many times you have heard the same things here in this office. I mean, how do you stay awake? Do you hear people worrying about this sort of thing a lot? How normal is it?”

Therapist 7:  
1. I don’t judge what’s normal and not normal…it’s what you think that is important….  
2. It sounds like you are wondering if I compare you to others…..and perhaps worried that I might be judging you too…..  
3. I’d say much of what you are going through is normal……it sounds like sometimes you accept yourself and sometimes you don’t……..lets think about ways you do accept yourself …..

Client 8:  
“you know when I come here and talk, things look more positive. At least it seems that way. I don’t know why, really, but things do look different. I only wish it would stick more so I could keep the ability to look at things this way. It seems so simple. I wish I could trust it. I can’t think of anything else that I’d like to change about myself. If I could just keep a positive attitude I wouldn’t have any of these problems. I feel that it’s easier for me not to contaminate everything with these negative feelings. It seems so simple. Who knows, maybe I’m just fooling myself, maybe I’m not actually any better off than I was before. I was kind of hoping there was some kind of a medication, a pill that would take care of this for me. Wouldn’t it be nice? All you’d have to do would be take the pill and your insecurities would go away. I’ve heard alcohol does this., but it doesn’t really work for me. What a drag.”

Therapist 8:  
1. I’m sorry but….I cannot prescribe pills……  
2. Yes, it would be nice if a pill could make things disappear…but it sounds like you know this wouldn’t be a solution……tell me more about the negative feelings you wish were gone….  
3. Sounds like you are wondering whether to try and change yourself or accept yourself …..I like what you were saying about the positive thoughts……keeping positive may be helpful with self acceptance…..
Client 9:
“You never give me a straight answer. I’m just trying to figure out if I’m really messed up or if I just worry too much. Like with this sensitivity to literature. You know, why I mentioned before. Sometimes I feel like I’m a writer, trapped in the body of a boring person. I sometimes feel pulled in so much by some of the things I read, that I live in them. The feelings I get from books are a lot more real than what I get from other people sometimes. People can be so boring. A lot of the time the way I feel during the day, well, it’s directly related to what I’ve been reading. And I wouldn’t give it up- how a novel or a poem can affect me. Some people could say that what I feel is fake, or there is something phony about it…but I really don’t think so. It’s something that has been part of me for a long time. I can still remember how I felt when I first read Catcher and the Rye. If you want to know the truth… I wanted to drop out of school and just wander around and brood. Isn’t that crazy?...but maybe if I wasn’t so wrapped up in books I’d have more real relationships. I don’t know if it’s a problems or not, but I’d rather read that talk to most people.”

Therapist 9:
1. What types of topics do you read about?
2. You sound concerned about whether or not you should feel this way.
3. Seems like you do just fine talking with me……..I feel we have a real relationship.

Client 10:
“well, being with people is kind of a demand, you have to worry about it. With a book, the pressure’s off. You don’t have to keep a book entertained, it won’t judge you or cut you down. But, well, it would be nice to be reassured and be able to relax around people. They never really tell you what they think, though. I hate it when people hold out on you like that.”

Therapist 10:
1. Wow, sounds like you’re overly sensitive.....
2. You don’t worry about a book judging you or holding out on you the same way you do with people.
3. It’s hard to relax and trust yourself with others....but you have been able to do it....I know you have the inner strength to keep working at it
APPENDIX F

COUNTERTRANSFERENCE ANCHOR DESCRIPTIONS

.
Statements are rated with a value of 1, 2, or 3 as follows.

1. Underinvolved Countertransference: These are reactions acted upon by the counselor in an effort to withdraw, avoid or put distance between themselves and the client and/or the client issues. Counselor responses aimed at achieving this goal include: inhibiting, discouraging and diverting client exploration, expressing disapproval toward the client, falling silent, ignoring the client, mislabeling feelings, changing the topic, rejecting the client and acting hostile or punishing toward the client.

2. Appropriate Behaviors: These are counselor reactions which help the client process their thoughts and feelings without derailing client processing by trying to create distance or over supporting the client to protect or fix the problem. Appropriate engagement usually takes the form of restatement without departing from the topic, accurate reflection of feeling (not mislabeling), open ended questions or interpretations that encourage exploration, and references to the therapeutic relationship.

3. Overinvolved Countertransference: These are reactions acted upon by the counselor in an effort to protect or fix the client. Counselor responses aimed at achieving this goal include: agreeing with or praising the client too much, talking excessively in session, offering advice, directions, suggestions or reassurance, trying to be a friend to the client, engaging in inappropriate self disclosure, unduly padding or cushioning responses to the client by using excessive apologetic remarks or disclaimers and trying to protect the client from feeling hurt, anxious or guilty by offering unsolicited reassurance rather than allowing the client process his or her feelings.
APPENDIX G

COUNTERTRANSFERENCE FEELINGS QUESTIONNAIRE
Directions: Please read each statement and select the response that best describes your overall reaction to your client you just saw a few moments ago.

(1 Not at all true  2 a little true  3 somewhat true  4 mostly true  5 very true)

**these will be in a randomized order. Not presented to the participants as seen here.**

1. I felt like I wanted to disclose my feelings more with her than with other clients
2. I felt like I wanted to self-disclose more about my personal life with her than with other clients
3. I wanted to do things for her, or go the extra mile for her, in ways that I wouldn’t do for other clients
4. I felt guilty when she was distressed, as if I was somehow responsible
5. I felt like I would probably end sessions overtime with her more often than with my other clients
6. I felt like I wanted to protect her
7. I felt nurturant toward her
8. I had warm, almost parental feelings toward her
9. I wished I could give her what others never could not
10. I feel angry at people in her life
11. I felt bored in session with her
12. My mind often wandered to things other than what she was talking about
13. I felt like losing my temper with her
14. I felt annoyed in sessions with her
15. I thought about saying or doing something aggressive or critical
16. I felt angry with her
17. I wanted to end the session with her
18. I felt repulsed by her
19. I felt resentful working with her
20. I don’t want her as a client
APPENDIX H

STATE-TRAIT, S-ANXIETY ITEMS
DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

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APPENDIX I

CLARITY OF FEELINGS QUESTIONNAIRE
Directions:

Please read each statement then choose the option that best describes what is typically true about your emotional experience as a therapist. There are no right or wrong answers. Do not spend too much time on any one statement.

(1 strongly disagree  2 somewhat disagree  3 neither agree nor disagree  4 somewhat agree  5 strongly agree)

1. _____ Sometimes I can’t tell what my feelings are.
2. _____ I am rarely confused about how I feel.
3. _____ I can never tell how I feel.
4. _____ My belief and opinions always seem to change depending on how I feel.
5. _____ I am often aware of my feelings on a matter.
6. _____ I am usually confused about how I feel.
7. _____ I feel at ease about my emotions.
8. _____ I can’t make sense out of my feelings.
9. _____ I am usually very clear about my feelings.
10. _____ I usually know my feelings about a matter.
11. _____ I almost always know exactly how I am feeling.
APPENDIX J

PILOT STUDY QUESTIONNAIRE
**DIRECTIONS:** After watching the corresponding video clip, please rate the degree to which you would respond to your client using the statements below. **Please rate all 3 responses!** Also, after rating all 3 responses, pick 1 response that most closely approximates what you would actually say (if you could only say one of the 3 things below).

**Clip # 1: Please circle how likely it is that you would you say the following:**

a. This is something you need to figure out…. I don’t have the answer.
   
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

b. Sounds like you are struggling for a place to start…and looking for some direction from me.
   
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

c. I’m sorry you’re feeling this way, let me tell you a little bit about myself….this may make it easier for you
   
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):
   
   choice a.  choice b.  choice c.

**Clip # 2: Please circle how likely it is that you would you say the following:**

a. What makes you think this problem is genetic?
   
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

b. You sound frustrated about the communication between the two of you, tell me more about it.
   
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

c. No, I don’t think you are a moron for letting this affect you, I think most people could truly relate to how you are feeling right now.
   
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):
   
   choice a.  choice b.  choice c.
Clip # 3: Please circle how likely it is that you would you say the following:

a. It would be nice if I had all the answers, but it’s not up to me….it’s up to you.
   Not at all likely      Somewhat likely      Moderately likely      Very Much likely

b. You sound like you’re having trouble sorting all this out, what is most difficult?
   Not at all likely      Somewhat likely      Moderately likely      Very Much likely

c. Sorting things out on your own can be difficult, perhaps I can help you create the list now.
   Not at all likely      Somewhat likely      Moderately likely      Very Much likely

d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):
   choice a.          choice b.          choice c.

Clip # 4: Please circle how likely it is that you would you say the following:

a. Hmmm….wow…..
   Not at all likely      Somewhat likely      Moderately likely      Very Much likely

b. Hmmm…You sound angry….what were you hoping to hear from him?...
   Not at all likely      Somewhat likely      Moderately likely      Very Much likely

c. Hmmm….just a thought, but have you tried talking things through with him?...
   Not at all likely      Somewhat likely      Moderately likely      Very Much likely

d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):
   choice a.          choice b.          choice c.

Clip # 5: Please circle how likely it is that you would you say the following:

a. Yes, I can tell it makes you mad.
   Not at all likely      Somewhat likely      Moderately likely      Very Much likely

b. I wonder if you might have some fear that I will disappoint or pull away from you too?
   Not at all likely      Somewhat likely      Moderately likely      Very Much likely
c. That sounds upsetting, but remembering that things will get better can help you stay positive…. How can I help you achieve this?

\[
\begin{array}{cccc}
Not \ at \ all \ likely & Somewhat \ likely & Moderately \ likely & Very \ Much \ likely \\
\end{array}
\]

d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):

choice a.  
choice b.  
choice c.

Clip # 6: Please circle how likely it is that you would say the following:

a. Perhaps you’re feeling sorry for yourself….?

\[
\begin{array}{cccc}
Not \ at \ all \ likely & Somewhat \ likely & Moderately \ likely & Very \ Much \ likely \\
\end{array}
\]

b. I wonder if part of you thinks that I’m looking down at you too..? 

\[
\begin{array}{cccc}
Not \ at \ all \ likely & Somewhat \ likely & Moderately \ likely & Very \ Much \ likely \\
\end{array}
\]

c. That sounds awful. I can understand why others in the office are hard to get along with…

\[
\begin{array}{cccc}
Not \ at \ all \ likely & Somewhat \ likely & Moderately \ likely & Very \ Much \ likely \\
\end{array}
\]

d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):

choice a.  
choice b.  
choice c.

Clip # 7: Please circle how likely it is that you would say the following:

a. Good question.

\[
\begin{array}{cccc}
Not \ at \ all \ likely & Somewhat \ likely & Moderately \ likely & Very \ Much \ likely \\
\end{array}
\]

b. Perhaps being in therapy sometimes feels condescending

\[
\begin{array}{cccc}
Not \ at \ all \ likely & Somewhat \ likely & Moderately \ likely & Very \ Much \ likely \\
\end{array}
\]

c. I’m sorry therapy has been difficult for you….you’re right it is difficult to be in this position.

\[
\begin{array}{cccc}
Not \ at \ all \ likely & Somewhat \ likely & Moderately \ likely & Very \ Much \ likely \\
\end{array}
\]

d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):

choice a.  
choice b.  
choice c.

Clip # 8: Please circle how likely it is that you would say the following:
a. Sounds like a real problem
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

b. Tell me more about these feelings of resentment…
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

c. Have you tried trusting your own judgment over your boyfriends?
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):
   choice a.  choice b.  choice c.

Clip # 9: Please circle how likely it is that you would you say the following:

a. So…when you felt like you weren’t special to them you wanted your job to end……
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

b. It sounds like you are worried I won’t be able to help you…
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

c. I know this process is hard, but everything will be fine….I won’t turn out to be a jerk too….
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):
   choice a.  choice b.  choice c.

Clip # 10: Please circle how likely it is that you would you say the following:

a. You pointed out something important, you have high hopes and fears about others
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

b. Your guard keeps you from feeling hurt….but it is also lonely staying so protected from others
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely

c. How can I help you trust me?
   Not at all likely  Somewhat likely  Moderately likely  Very Much likely
d. Please circle the choice that most approximates what I would actually say (if I had to choose only one):

choice a. choice b. choice c.
APPENDIX K

SOLICITATION EMAIL, RECRUITMENT MESSAGE
Hello,

My name is April Connery and I am a student in the Doctoral Candidate in the Department of Counseling Psychology at the University of Missouri Kansas City. I am currently working on my doctoral dissertation and I am emailing you to ask for your help in passing on this research opportunity to counselors (in training or otherwise) at your facility. To participate in this research counselors need to be enrolled in (or graduated from) a graduate program in clinical or counseling psychology and have completed at least one semester of practicum experience.

This research study seeks to investigate the role of individuation in counselor reactions to therapy clients. Exploring this topic is an important step to better understanding the role of counselor factors that may impede the counseling endeavor and also identify valuable implications for counselor training.

This study should take about 30-40 minutes to finish and is completely voluntary, confidential and anonymous (no identifying information will be linked to study data). After full completion of the questionnaires, participants will be transitioned to a new survey (unconnected to survey data) and **may enter into a raffle to win one of three $100 visa gift cards for their participation!**

Please visit the following website to participate:

<website link here>
Recruitment Message for Website

You are being invited to participate in a research study that seeks to investigate the role of individuation in counselor reactions to therapy clients. Exploring this topic is an important step to better understanding the role of counselor factors that may impede the counseling endeavor and also identify valuable implications for counselor training.

You are eligible to participate if you 18 years or older, are enrolled in (or have graduated from) a graduate program in clinical or counseling psychology and have completed at least one semester of practicum experience.

This study should take about 30-40 minutes to finish and is completely voluntary, confidential and anonymous (no identifying information will be linked to study data). After full completion of the questionnaires, you will be transitioned to a new survey (unconnected to survey data) to enter a raffle to win one of three $100 visa gift cards for your participation!

Please visit the following website to participate:

<website link here>

This survey is being led by April Connery, M.A., C.T. from the UMKC Department of Counseling Psychology. For more information, please contact April by email: aprilconnery@umkc.edu
Dear Participant,

You are invited to participate in a study that aims to better understand the relationship between counselor reactions in counseling and individuation. **You must be enrolled in (or have graduated from) a graduate program in Counseling or Clinical Psychology and have completed at least one semester of practicum experience.** This study should take roughly 35-40 minutes to complete and after full completion of the study, you will be entered into a raffle to win 1 of 3 $100 visa gift cards for your participation! Based on expected participation rates, the odds of winning a Visa card are about 1 in 76. Best of Luck!

**Your answers in this study are completely confidential and anonymous.** Your participation is completely voluntary. You may choose to discontinue your participation at any time during the study, even after you have started on the survey, without penalty.

There are no known or anticipated risks associated with this study. However, if you experience any concerns as a result of participating in this study, please contact the UMKC Counseling, Health, and Testing Center at 816.235.1635.

The principal investigator of this study is April Connery, a doctoral student in the Counseling Psychology Program at UMKC. The faculty supervisor of the study is Dr. Nancy Murdock, a faculty member of the Counseling Psychology Program at UMKC. This study has been approved by the campus Social Sciences Internal Review Board.

Although it is not the University’s policy to compensate or provide medical treatment for persons who participate in studies, if you think you have been injured as a result of participating in this study, please call the IRB Administrator of UMKC’s Social Sciences Institutional Review Board at 816-235-5370.

While every effort will be made to keep confidential all of the information you complete and share, it cannot be absolutely guaranteed. Individuals from the University of Missouri – Kansas City Institutional Review Board (a committee that reviews and approves research studies), Research Protection Program, and Federal regulatory agencies may look at the records related to this study for quality improvement and regulatory function.

I sincerely appreciate your consideration and participation in this study. If you have any questions about the study, please e-mail April Connery at aprilconnery@umkc.edu

Completion of this survey indicates your consent to participate in this study.
APPENDIX M

IRB APPROVALS
From: turnercd@umkc.edu [mailto:turnercd@umkc.edu]
Sent: Friday, April 08, 2011 10:46 AM
To: Murdock, Nancy L.
Cc: Turner, Crystal D.; Anderman, Sheila H.
Subject: Study SS11-28X: Countertransference scale development
April 8, 2011

Dear Investigator,

Your research protocol IRB # SS10-28X entitled "Countertransference scale development" was reviewed by the Chair of the UMKC Social Sciences Institutional Review Board and classified as exempt in accordance with exemption criteria #3 in the Federal Guidelines 45 CFR Part 46 as follows: "Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b) (2) of this section, if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter."

It is our understanding no identifiers will be used to link the subjects with data collected.

Reapproval is also required and you are asked to submit a progress report before 4/6/2012 if your project continues beyond this date. If your project is terminated earlier, a final report to the Review Board is required within 90 days.

Sheila Anderman, CIP
Research Protections Program Manager
UMKC Social Sciences Institutional Review Board
Dear Investigator:

Your research protocol IRB # SS11-48X entitled, "The Role of Differentiation of Self on Emotion Self Awareness and Destructive Countertransference Behaviors" was reviewed by the Chair of the UMKC Adult Health Sciences Institutional Review Board and classified as exempt in accordance with exemption criteria #2 in the Federal Guidelines 45 CFR Part 46 as follows: "Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b) (2) of this section, if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter."

It is our understanding no identifiers will be used to link the patients with data collected.

Reapproval is also required and you are asked to submit a progress report before 5/9/2012 if your project continues beyond this date. If your project is terminated earlier, a final report to the Review Board is required within 90 days.

Sincerely,

Crystal Turner
Compliance Specialist
UMKC Social Sciences
Institutional Review Board
REFERENCE LIST


Greenson (Ed.), Explorations in psychoanalysis (pp. 505-518). New York:
International Universities Press.


relationships and health patterns across two generations. Journal of Family
Psychology, 5 (2), 204-236.

Hayes, J. A. (2004). The inner world of the psychotherapist: A program of research on

Psychotherapy Bulletin, 39 , 6-12.

Hayes, J. A., & Gelso, C. J. (2001). Clinical implications of research on countertransference:
Science informing practice. Journal of Clinical Psychology/In Session, 57, 1041-
1051.


VITA

April Lee Connery was born April 10th 1980 in Oswego, NY. She was educated via home school programs and completed her high school education in 1998. She graduated Cum Laude from the University of New York at Buffalo in 2006, with a Bachelors of Science in Psychology. During her undergraduate education Mrs. Connery assisted in social psychology research studies examining dimensions of in-group-out-group dynamics as they relate to racist behaviors. In 2006 she continued her education by pursuing a Ph.D. in Counseling Psychology at the University of Missouri-Kansas City, working under the tutelage of Dr. Nancy Murdock, who shared her interest investigating social constructs that influence human behaviors. As part of her doctoral research, Mrs. Connery conducted a study examining the influence of the self serving bias on attributions of student blaming among teachers.

During her graduate training, she has had featured writing in a theories of counseling textbook and has written review of cognitive therapy in PsychCritiques. She has also been supported by various scholarships and assistantships throughout her education and has presented group research at the annual American Psychological Association conference.

In 2009 Mrs. Connery received her Master’s in Counseling and Guidance, in route to her Ph.D. She has completed four years of practicum training in various settings including, a community mental health center, university counseling center, and veteran’s affairs medical center, conducting individual and group therapy with adults and children. Her work has also incorporated neurological assessment testing of adults and children, and supervision of master’s level practicum students. Mrs. Connery has also been active in volunteer outreach programming throughout her education, providing presentations of self help techniques and
conducting mental health depression screenings and referral services to students and veterans.

In 2010 she earned a certification in thanatology to supplement her clinical work. She currently specializes in individual and group therapy work with Veteran populations suffering from end of life and bereavement related concerns. Mrs. Connery completed her pre-doctoral internship at the VA Western New York Healthcare System for the 2011-2012 academic year and her doctoral requirements in July of 2012.