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A MULTILEVEL CONCEPTION OF INTENTIONALITY:
THE EFFECTS OF UNCONSCIOUS INFORMATION
ON COUNSELOR'S CONCEPTUALIZATIONS,
INTENTIONS AND RESPONSES

A Dissertation Presented

By

OSCAR F. GONCALVES

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of
DOCTOR OF EDUCATION

September 1986

School of Education

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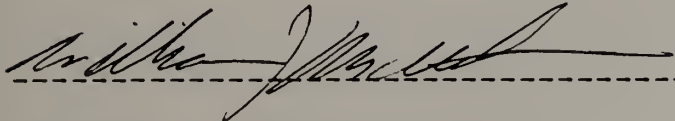
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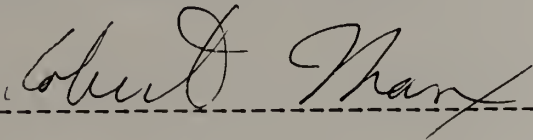
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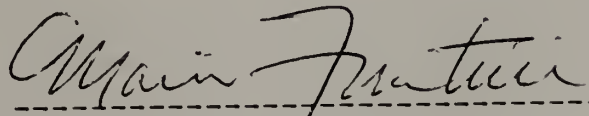
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To My Parents

ACKNOWLEDGEMENTS

I would like to express my appreciation to several people that helped me with the accomplishment of this thesis. First of all, to Allen Ivey, my adviser and friend throughout the process. Allen's comments, enthusiasm, warmth, and challenge were an important source of personal and professional growth, and were the main ingredients of my doctoral work. I am sure that his impact on me will model the rest of my professional life and I feel honoured by that.

I would like to extend my appreciations to the other members of my committee, William Matthews and Robert Marx. Bill helped me see the importance of the unconscious, and from Bob I got important tips on behavioral management that ended up being fundamental in the process of writing the thesis.

Throughout the Doctoral program I got important feedback and reactions from several people. Particularly important were discussions with Lloyd Siverman (New York University), Jack Martin (University of Western Ontario) and Gerald Weinstein (University of Massachusetts).

I would like to specially thank the raters and research assistants: Ned Norris, Sarah Langdell-Karasz, Ulrich Lorenz, and Ne Goncalves. The Luso-American Educational Commission made this study possible by a

Fulbright award.

Leandro Almeida (University of Oporto, Portugal) and Jose F. Cruz (University of Minho, Portugal), were very special friends with emotional support, reinforcement and help, keeping me in touch with my country on the other side

Finally, but of course not the least, to my wife Ne, that chose to go through this adventure with me, showing in the process the most important, and perhaps the less understood, ingredient of human growth - LOVE.

ABSTRACT

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ON COUNSELOR'S CONCEPTUALIZATIONS,
INTENTIONS AND RESPONSES

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The concept of intentionality has been used in the philosophical literature to describe the process of knowledge construction in the relationship between subject and object. This concept has also been object of increased popularity in the fields of counseling and psychotherapy. Rooted on the cognitive-constructivist epistemological movement, this thesis, uses the intentionality construct to conceptualize the process of knowledge transformation in counseling. The research on the behavioral, cognitive and unconscious dimensions of the counseling process was reviewed. From this review the absence of models and research linking these three dimensions was evident. Thus, this thesis presents a multilevel conception of

intentionality where behavioral, cognitive, and unconscious dimensions are articulated. The main assumptions of this model were presented, and an empirical study intended to explore some of these assumptions was carried out. This study tested the effects of tachistoscope presentations of affective words on subjects' conceptualizations, intentions, and responses to a simulated client. The participants, 36 counseling students, were randomly assigned to one of the following treatments: (1) subliminal presentation of negative emotional concepts; (2) subliminal presentation of positive emotional concepts; (3) supraliminal presentation of negative emotional concepts; and (4) supraliminal presentation of positive emotional concepts. After the tachistoscopic presentations, all subjects were exposed to a simulated client, which they were asked to evaluate, respond to, and report the cognitive intentions that guided their responses. Significant effects were found in the subliminal presentation of positive emotional concepts on subjects' conceptualizations, intentions, and responses. Some significant effects were also found for the supraliminal presentation, but only for the client evaluation measure. The results are discussed in their relationship to the multilevel intentionality model presented.

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C H A P T E R I

INTRODUCTION

The present thesis is part of a personal search for the understanding of the complexities in the counseling process. Since my initial courses in counseling skills and therapeutic techniques I have found myself both overwhelmed and fascinated by the enormous complexity of the therapeutic enterprise. At that time I was looking for specific techniques and skills to enable me to work with my clients.

The behavioral conception of the counseling process in terms of verbal and non-verbal behaviors impressed me as a good way to translate all the therapeutic interactions into concrete and observable mechanisms. Besides, when I was charged with the teaching of some introductory counseling courses I found relief and security in some counseling skills training programs prescribing clearly what to do, how to do, and when to do. What Mahoney (in press a) once referred to as the "Underground Handbook of How to be Helpfull" was at that time to me the microcounseling metamodel (Ivey, 1971, 1983). While, in a process of horizontal decalage, my therapeutic approaches were slowly moving in the direction of the cognitive revolution (Mahoney, 1977), my training methodologies, as well as my conceptualizations of the counseling process, still fell within the apparently simplicity of the counseling skills

model.

It was not until I began some research on the effects of counseling skills training programs, that the paradigm shift began to emerge. After a short stay in Iowa with Gerald Stone and a seminar with Norman Sprinthall I felt encouraged by the stimulating ideas of the cognitive (e.g., Stone, 1980, 1982) and developmental approaches (e.g., Sprinthall & Thies-Sprinthall, 1981). Convinced that personal and cognitive developmental dimensions were important components of the role played by the counselor in the therapeutic interaction, I tried to look for the effects of counseling skills training programs on cognitive and developmental measures, such as moral and conceptual development. Basically, I found that the traditional counseling skills training programs were of limited effect in terms of alteration of variables other than the behavioral ones (Goncalves, 1985; Goncalves & Campos, 1985). Other researchers were at that time finding similar results (e.g., Hirsch & Stone, 1982; Stone & Kelly, 1983).

At that time it began to be evident, in my teaching, practice and research, that a great amount (probably the greater amount) of the therapeutic experience remained undefined after a counseling skills analysis (Ivey & Goncalves, in press). Like Mahoney (in press a) "I began to slowly appreciate that my expert clinical mentors were

themselves operating according to abstract and tacit 'rules' rather than concrete and explicit guidelines".

The more I taught and practiced, the more aware I was of the complexity of the counseling process, and of the inability of traditional behavioral tools to capture the therapeutic phenomenon. Comments from other process researchers on the slipperiness and elusiveness of the counseling process (Hill, 1984) gave me however some strength and enthusiasm to pursue the task of process research.

This thesis, can, though, be seen as another step in the way toward a fuller understanding of the counseling process, and is stimulated by the considerable press for change that counseling and psychotherapy have been experiencing during the past few years.

Three main causes are contributing to the dissatisfaction with traditional models. First, despite the amount of research done, few definitive conclusions can be drawn regarding the effective ingredients of the counseling process. Secondly, there is not a single method or technique which can claim to be successful with all kinds of clients and problems. Third, after a almost one century of evolution, psychotherapy still lacks "a coherent, unitary and epistemological program" (Guidano & Liotti, 1985, p.101). This dissatisfaction has produced an epistemological search (Borgen, 1984a; Joyce-Moniz, 1985). The

epistemological search is characterized by three main trends. First, in methodological and theoretical terms, there appears to exist an openness to integrate traditionally disparate approaches in the movement that will be here referred to as epistemological eclecticism. Second, the cognitive-constructivist approach is more and more referred to as an useful epistemological paradigm to conceptualize the counseling process. Third, and as a consequence of the previous two, in looking for new paradigms, counselors and therapists have also begun to pay more attention to concepts which provide more comprehensive and integrative views. Intentionality is one of those concepts (Schmidt, 1984).

This chapter will begin with the presentation of examples of the epistemological eclecticism, searching for new paradigms to counseling practice and research. Then, the core assumptions of the cognitive-constructivist movement will be summarized. Next, the concept of intentionality will be introduced as a useful construct for the integration of the counseling process research. Finally, an outline of the chapters will be presented.

Epistemological Eclecticism

Some writers are accusing counselors of using outdated research methodologies directly inherited from the Newtonian

conceptions for the physical sciences (e.g., Howard, 1984, 1985). As was recently stressed by Howard (1984), the traditional research model of physical sciences was found to have limitations for explaining phenomenon occurring at the micro and macrolevel. As an alternative, he suggests the need for an increased number of case studies and greater attention to plans and intentions of the subjects involved in the research study.

Following Howard's (1983) suggestion for more case studies and methodological pluralism, Hill, Carter, and O'Farrell (1983) presented for the first time in the history of *Journal of Counseling Psychology*, a systematic and well-done analysis of a single case. As the central motivation for this study, they refer to their "frustration with the inability of traditional designs to describe the effective ingredients of the counseling process" (p.3).

Similarly, Polkinghorne (1984) called for a radical change in counseling research methods. Alternatively, he defends the idea of a multiple system of inquiry, intended to include: (1) systemic and structural designs; (2) phenomenological and hermeneutic approaches; and (3) human action inquiries able to intentions.

Similar opinions are defended by Patton (1984), Strong (1984), and Ford (1984). Patton states that there is a need to use models provenient from phenomenological philosophy and sociology in counseling research. Strong stresses that

"reality of human experience is phenomenological, subjective, and idiosyncratic" (p.470). Ford defends that our research tools should be able to take into account the full implications of the definition of humans as self-constructing organisms.

In conclusion, there seems to be a strong agreement concerning the need for a new philosophy of science in counseling research. The researchers seem to agree on some basic points. First, there is no single methodology which can take into account the complexity of the counseling process. Second, the joining of traditional methodologies with new and innovative approaches is viewed as desirable. Third, humans should be viewed as active, cognitive, decision-making, and intentional individuals. Finally, a growing number of phenomenological, biographical, hermeneutic, structural, and systemic studies should be undertaken in the future.

This methodological eclecticism experienced in counseling and psychotherapy is accompanied by a theoretical eclecticism. The number of counseling and clinical psychologists identifying themselves as eclectic has increased during the past years (Smith, 1982). Borgen (1984 b), in a recent review, has also referred to the growing tendency in counseling psychology toward eclecticism. As Highlen and Hill (1984) stressed, "perhaps practitioners

began to realize that our theoretical set of 'spectacles' was insufficient for dealing with the gamut of psychological problems" (p.340). Several eclectic models were introduced during the last few years. For example, Cooper and Lewis (1983) presented a developmental framework to explain counselors confrontation with the diversity of theoretical approaches. Based on Perry's developmental theory, they described a three stage sequence: dualistic orientation, crisis of relativism, and confrontation with the pluralistic world. More recently, Brabel and Welfel (1985) have also described the eclectic approach in terms of developmental constructs, this time based on reflective judgement theory. Still other eclectic approaches were recently introduced by Ivey and Matthews (1984) and Held (1984). Particularly interesting is the meta-model presented by Ivey and Matthews. In this model, the clinical interview is divided into five stages, hypothesized as common to most theoretical perspectives. In his Three Approaches to Counseling, Ivey (1983) uses his single skills approach, integrated in the five stages of an interview to demonstrate the operation of psychodynamic dream analysis, logotherapy dereflection technique, and assertiveness training. This metamodel is a good illustration of how (in counseling practice and training) it is possible to begin the construction of bridges between apparently discrepant theoretical approaches.

The advantages derived from this movement towards the integration of several approaches is well captured in the following words of Mahoney (1980):

...while the life of an intellectual gypsy may not afford the comforts of a conceptual home, it does offer a richness of experience and an appreciation of movement that are at least partially compensatory (p.158).

In sum, counseling and psychotherapy research are searching for new paradigms intended to identify more clearly the components of the counseling process and devise more effective ways of working with clients. This movement is characterized by a growing openness both in terms of methodological and theoretical issues.

The Cognitive-Constructivist Approach

The central idea of the cognitive-constructivist position is well summarized in Weimer's (1975) statement that each organism is a theory of its environment. That is, ----- human beings are not passive recipients of input, instead they are active participants in the construction of knowledge, co-authoring their own scripts as Mahoney (1981) accurately puts it.

Most of the cognitive revolution in counseling and psychotherapy (Mahoney, 1977) was not effective in producing the shift from an associationist, reductionist, and

empiricist point of view. Recently however, there are some indication that cognitive tharapists are begining to see and analyze the therapeutic process within a more constructivist point of view (Guidano, 1984; Guidano & Liotti, 1985; Ivey, in press; Ivey & Goncalves, in press; Joyce-Moniz, 1985; Mahoney, 1981, in press b).

According to the constructivist position, counseling and psychotherapy are seen as processes of knowledge construction, where knowledge appears to be not a simple copy from reality but a "progressive, hierarchic construction of models of reality where, step by step, the furniture of experience is molded into cognitive structures by the ordering activity carried out by the knowing subject" (Guidano, 1984, p.33).

Joyce-Moniz (1985) defend that the goal of an epistemology of therapy should be to understand the relationship between client's knowledge and therapist's knowledge. Both participants are epistemic subjects, and the therapeutic interaction represents the interface and dialectic relationship between these two epistemologies. Thus, each element constructs knowledge in his/her interaction with the environment, and the construction of knowledge about the world is seen in a certain way as construction of knowledge about the self (Guidano & Liotti, 1985). The objective of therapy according to this approach should be not to prepare clients to know that or know how,

but to enable them to construct knowledge from the
knower-known relationship of the therapeutic interaction
(Ivey & Goncalves, in press).

Even though this epistemological movement is still in its beginning stages, important implications can be drawn to the analysis and understanding of the counseling process. Three central ideas seem to be important to retain. First, participants in the counseling situation are seen as epistemic subjects active in the construction of their own knowledge. Second, the therapeutic relationship is seen as the one of knowledge construction, where both participants are simultaneous subject and object in this process. Third, the process of knowledge construction is seen as dialectic in nature.

The next section will introduce the concept of intentionality as an useful one to help in the operationalization of some of the conclusion of the epistemological and constructivist movement.

The Concept of Intentionality

The concept of intentionality, as it is presented should be understood within the movement of attempting to find alternative and, hopefully more useful, research and theoretical concepts. The concept of intentionality is not a

new one, and comes from a long philosophical tradition. However, this thesis will attempt to integrate some of the disparate meanings that this concept has had in the past.

Intentionality will be used here in reference to the fact that counselor and client are continuously, intentionally involved - by their behaviors, cognitions, and unconscious processes- in a process of mutual influence.

Several advantages could be found in the conceptualization of the counseling process in terms of the present intentionality dimensions. First, the term intentionality is a good one to convey the idea of subjects as active information processors. That is, in the present view, counselor and client are viewed as actively and intentionally affecting one another. Second, as it will be seen later on, intentionality has been a central concept in the philosophical thought. Within the philosophical tradition that concept has been used in an attempt to understand the relationship between the knower and the known. In other words, it reflects an attempt to understand the ways by which we relate to the external world. The search for the understanding of this relationship between knower and known can also be seen as the central theme of counseling process research. Third, the present conceptualization refers to three important dimensions of the counseling process: (1) the dimension of reality or of concrete behaviors; (2) the dimension of thought processes

or ideas; (3) and finally, the "hidden" dimension of unconscious processes. Most of the past research has been restricted to exploring only one among these three aspects. Finally, by referring to the behavioral, cognitive, and unconscious dimensions of the counseling process, the present conception attempts to gap the distance between apparently discrepant approaches such as psychodynamic and behavioral theories.

The following section will present a historical overview of the intentionality concept, along with its meaning in the context of the present thesis.

Historical Overview

In a recent and brief review of the concept of intentionality in counseling, Schmidt (1984) presents it as "an emerging construct that is important to counseling research" (p.383). The importance given to the concept of intentionality reflects increased attention that counseling and psychotherapy are addressing to epistemological issues. Sullivan (1968), refers to the epistemological approach as an attempt to understand the relationship between the knower and the known. "The idealists stress the existence of the knower; the realists, the existence of the known" (Sullivan, 1968, p.250). The concept of intentionality has wavered

between these two positions throughout the history of philosophy and psychology.

In this brief historical overview, the concept of intentionality will be presented in its movements between the realist and idealist positions, i.e. from the focus on the known to the focus on the knower. I will begin with an analysis of the concept within the philosophical tradition. This analysis will be brief and mainly restricted to the contributions of Franz Brentano. Following, the evolution of the concept in counseling and psychotherapy will be described. The existential model of Rollo May and the developmental approach of Allen Ivey will be stressed. Finally, the relationship between the conception presented in this thesis, as an attempt to integrate the idealist and realist positions, and the formulations of May and Ivey will be addressed.

Intentionality in the Philosophical Tradition. As was defended by May (1969), the roots of intentionality can be found in the ancient thought of Aristotle and Cicero. Brought to the West by Arabic philosophers, this concept acquired central importance during the Middle Ages, referring to the knowledge of reality or epistemology.

The issue of intentional existence however, was first considered in depth by the German philosopher and psychologist Franz Brentano in the late 1800's. In his most well known quotation, Brentano (1874/1973) states:

Every psychic phenomenon is characterized by that which the scholastics of the Middle Ages have called the intentional inexistence of an object, and which we, in somewhat ambiguous terms would call the reference to a content, the direction toward an object (which need not be a real thing), or an immanent objectivity (p.124-125).

Brentano takes the mental act as the object of study in psychology. Thus, mind intends to the objects of external world, and it is this intentionality that constitutes the content of consciousness. Therefore, Brentano's theory could be understood realism, and empiricism. As Sullivan (1968) defended:

He was an Idealist in his restriction of philosophical thought to the analysis of consciousness; he was a Realist in the sense that he denied that only acts of mind, or a mind that acts, exists; and an Empiricists in his consistent reference to the objects of consciousness, which he conceptualized as having a special form of existence in mental acts (p.251).

The concept of intentionality was further developed in the philosophy of Husserl and Bergmann. Husserl maintains that intentionality is what gives meaning to the objects of reality. According to Husserl, the world of reality is, to a certain extent, a personal or intended world. However, this world has also some intersubjective qualities, making possible the existence of agreement and communication. Bergmann goes further, still in a different direction. He analyzed the logical links between acts and intentions, referring to these links as intentionality.

In sum, right from the beginning, intentionality appears as a conceptual equivalent of epistemology. That is, a way of knowing the world - a link between the knower and the known. The writings of Brentano and followers can be understood as an important philosophical attempt to go beyond the dichotomy of idealism and realism. As well as the need to pay attention to both dimensions, the dimension of the subject and the dimension of the object. For Brentano, intentionality is the bridge between the two, knower and known, subject and object, idealism and realism.

Intentionality in Counseling and Psychotherapy.

 Although most often cited as a philosopher, Brentano was part of the environment that gave birth to scientific psychology. He published his most influential book *Psychologie vom Standpunkte* in 1874, exactly in the same year when Wundt was publishing *Grundzuge der Physiologischen Psychologie*. These two books marked completely different conceptions of what psychology should be. As was long ago stressed by Titchner (1921), there are no mid-points between Brentano and Wundt. Although the latter is widely recognized as the founder of experimental psychology, the influence of Brentano in clinical psychology is by far, much more important. Freud was a student of Brentano, and took with him the only nonmedical courses of his career. As was defended by May (1969), some roots of Brentano's conceptions

of intentionality can be found in Freud's free association and dream analysis techniques. However, it was probably only with Rollo May that the concept of intentionality was used most explicitly by the fields of counseling and psychotherapy. It is important to recall that May published in this country, in 1939, what can be considered the first book on counseling - The Art of Counseling.

In contrast, inspired by a behavioral approach, Ivey (1971, 1983; Ivey & Authier, 1978; Ivey & Rollin, 1974) defines the intentional counselor as the one who has several skills available, and is able to choose among them in order to produce different effects on clients. The microcounseling model is concerned with training counselors in the use of specific skills, to make them able to act on clients. Thus, Ivey's view of intentionality, as formulated within the microcounseling paradigm, is pragmatic, realistic, and mainly concerned with specific behaviors or skills. The general idea is that if the counselor uses specific skills she or he will be expected to produce specific effects on clients. Ivey's conception describes one important dimension of the counseling process that has influenced, and still influences our models of practice, training, and research. In the next chapters I will refer to this dimension, as behavioral intentionality.

More recently, however, Clara Hill and colleagues

(Hill, Carter, & O'Farrell, 1983; Hill & O'Grady, 1985) have been referring to intentionality in still a different way. According to Hill, each counselor's actions are the concrete translation of cognitive intentions. Rather than looking for counseling skills, she studies the reasons given by counselors for the selection of their actions. This time, intentionality seems to be more focused on the inner world of the knower, close to the idealist position. However, Hill stresses the importance of establishing the relationship between cognitive intentions and specific skills, in an attempt to link the ideal world of the knower with the real world of the known. In a similar way, Elliott and colleagues found that the effects on clients were not determined by counselor actions, but instead by client perceptions of counselor's intentions (Elliott, 1979; Elliott, Barker, Casky, & Pistrang, 1982). Hill and Elliott, in their work, seem to be pointing to another dimension of counseling intentionality. In this dimension, cognitions and perceptions are stressed, rather than skills. This dimension represents part of what I will be referring to as cognitive intentionality.

May (1969), departing from a phenomenological perspective, presents a still more complex and integrated conception of intentionality. Three main characteristics are stressed. First, and linking Ivey's and Hill's conceptions, intentions are seen as coming from our minds as well as from

the objects. That is, "you cannot understand the overt behavior except as you see it in relation to and as an expression of its intentions" (p.230). Second, and going even further than the cognitive approach, intentionality is not only seen as a conscious process. Instead, unconscious intentions are seen as important components and determinants of our thoughts and actions. Finally, the process of therapy is seen by May as an attempt to bring together the following three dimensions of intentionality: wish, will, and decision. All three dimensions are co-determinants of our existence. Wish refers to the most basic level of awareness, the organic level, and includes body needs and desires. The second dimension, will, brings wish or desire into self-conscious ("I am the one who has these wishes"). And the third dimension, decision, refers to responsibility and action.

Similarly, Ivey (in press ; Ivey & Goncalves, 1985) has recently presented a stage model of intentionality. Following a Piagetian model of development, Ivey generates four stages of intentionality. The first level, called sensori-motor, refers mostly to the unconscious determinants of our behavior. In this stage, the child as well as the adult is able to act. However, he or she is unable to understand the causes and to anticipate the consequences of his/her actions. As an illustration, we have the counselor's

absence of eye contact when the client focuses on certain issues. Although unaware of this behavior, the counselor is unconsciously influencing the client not to discuss certain issues.

The second level of intentionality, called concrete intentionality, refers to the ability to concretely operate in the environment. One of the important characteristics of this stage is not only to report and undertake specific courses of action, but also to understand cause-effect relationships, and to anticipate the effects of a given action. This level of intentionality is well illustrated by the assumptions underlying the microcounseling model. One can say that the objective of microcounseling, as it was conceptualized in the past, was to train counselors to operate at the concrete intentional level. At this level, the counselor is able to anticipate the specific effects of using a reflection of feeling or a paraphrase. Additionally, the concrete intentional counselor is able to correct his or her own action as a consequence of the feedback provided by the client.

The third level of intentionality, referred to as formal operations, requires the ability to think about our own thinking processes. Here, counselors recall their own thoughts in the therapeutic work, formulate hypotheses, revise hypotheses, and establish intentions for their actions. In this level of intentionality, counselors are

thinking systematically about their own thoughts in the counseling process. The pioneering work of Kagan (1975) with Interpersonal Process Recall is a good example of this level.

Finally, the fourth level, called joint construction of reality, refers to the interaction between client and counselor of these different levels of intentionality. That is, in the counseling relationship, a fourth level of intentionality is co-constructed by counselor and client. This level is illustrated by the research showing that "counselor may be impacted as much by the client in the moment as the client is by the counselor" (Ivey & Goncalves, 1985, p.19).

Besides, Ivey states that these dimensions do not exist in a hierarchical way. All of them co-exist and represent important dimensions of our everyday interactions. Summarizing, according to Ivey and colleagues, the following three levels of intentionality co-exist in the individual: sensori-motor, concrete, and formal. Additionally, these levels of client and counselor intentionality interact in the therapeutic process generating a dialectic movement toward the synthesis of a fourth level of co-constructed intentionality (see early work on direct mutual communication done by Higgins, Ivey, and Uhlmann, 1970).

Direct parallels can be traced between May's and

Ivey's conceptions. Both authors claim that different levels of intentionality co-exist in the same individual. The sensori-motor level of Ivey seems to have an equivalent to the wish dimension of May. Similarly, will seems to correspond, at least in part, with formal intentionality, and decision is May's equivalent for concrete operations. Additionally, both authors agree that a process of mutual influence exists between counselor and client. This process generates, according to Ivey, a fourth level of joint intentionality. Whereas May (1969) stresses that the relationship between subject and object is not only a matter of master and slave. Instead, "the clay also forms the sculptor" (May, 1969, p.237).

The perspective to be presented in this thesis is similar to the one advanced by May and Ivey. Three different levels of intentionality are hypothesized to exist in the counseling process: behavioral, cognitive, and unconscious. These dimensions correspond roughly to Ivey's concrete, formal, and sensory-motor stages, and to May's decision, will, and wish levels. Although recognizing the importance of a fourth, cogenerated level of intentionality, this aspect will not be directly addressed in the present thesis.

Summarizing, two central ideas underly the present thesis. First, counseling and psychotherapy are seen as a process of knowledge construction, where two epistemic

subjects relate to each other in a dialectic way. Second, that the process of knowledge construction operates at three different levels: behavioral, cognitive and unconscious. The most central assumption of the multilevel conception of intentionality presented in this thesis is that counselor's intentionality, as that one of the client (i.e., his/her relationship with the world) results from the interaction between behavioral, cognitive, and unconscious processes. It should be obvious at this point that, in the context of the present thesis, intentionality is not synonymous of purpose or objective, such as it often appears in current language. Rather, intentionality is more an equivalent of epistemology, referring to the process of knowledge construction in the relationship between subject and object, knower and known.

The present thesis will present a multilevel conception of intentionality in counseling and psychotherapy, where behavioral, cognitive, and unconscious mechanisms are articulated. An empirical study on the effects of subliminal presentations on counselor's conceptualizations, intentions, and responses, will test some of the assumptions of the multilevel intentionality model.

Following, a brief outline of the thesis will be provided.

Outline of the Chapters

Following this introduction, the second chapter will extensively review the research on the different dimensions of the counseling process, under the headings of behavioral, cognitive, and unconscious intentionality. The first section of this chapter will summarize the research on behavioral intentionality. Behavioral intentionality will be defined as the network of verbal and nonverbal behaviors occurring between counselor and client. Section two, will report the research on cognitive intentionality, defined as the internal experiences of counselor and client, including perceptions, attitudes, conceptualizations, formulation of hypotheses and establishment of intentions. Finally, the third section will review the research on unconscious intentionality. This dimension is there defined as the group of psychological processes of which we are unaware, even though they influence our thoughts and actions as clients and counselors.

In the third chapter, the main conclusions of the research on each dimension of the counseling process will be briefly reviewed. Then, the major assumptions of the multilevel intentionality model will be presented. Finally, the empirical study, testing some of the major underlying assumptions of the model, will be introduced.

Chapter four and five, present respectively the methodology and the results of the research intended to test the effects of subliminal presentation of information on counselor's conceptualizations, intentions, and responses. Two central hypotheses, based on the multilevel intentionality model, will be tested. First, the presentation of subliminal information is hypothesized to impact the direction of counselor's conceptualizations, intentions, and responses toward the client. Second, the direction of this influence will be hypothesized to be dependent on the interaction between type of stimulus and the counselor's covert processes.

Chapter six will discuss the main results of the empirical study. After exploring the data, some limitations of the research will be presented. Finally, several theoretical and practical implications will be drawn.

As usual, the thesis will end with the presentation of a publishable article based on the empirical study.

Before moving into chapter two, I would like to make two brief notes. First, throughout the thesis, the terms therapy, psychotherapy, and counseling will be used interchangeably. Second, although recognizing that most of the major assumptions of the model are valid for both client and counselor, and that counseling is a co-constructed process, the present thesis is focused on the counselor's

processes, in an attempt to analyze the metaknowledge of the therapist, the same one which Joyce-Moniz (1985) recognized as the most refractory to an epistemological inquiry.

C H A P T E R I I

REVIEW OF LITERATURE

This chapter will review the research on behavioral, cognitive and unconscious dimensions of the counseling process. Most of the research reviewed is provenient from studies on counseling and psychotherapy. However, illustrations will ocasionaly be presented from other fields with direct relevance to counseling.

The first part will summarize the research on behavioral intentionality. After a description of Rogers (and followers') studies on attitudes and facilitative conditions, the shift toward the concept of counseling skills will be reported. Then the review on the effects of different verbal and nonverbal skills will be presented. Next, the paper will review the studies on the use of skills within and across interviews, followed by the research on skills across different theoretical orientations.

Part two will report the research on cognitive intentionality. This part begins with the presentation of Martin's model on the role played by cognitions in the counseling process. Following, this section will address itself to the conclusions of the studies done on attitudes and beliefs; perceptions, conceptualizations and hypotheses generation; and cognitive intentions. Finally, some methodological problems raised by the research on cognitive

intentionality will be discussed.

The third part will review the research on unconscious processes. This part addresses some of the limitations of cognitive methodologies as well as some important positions which defend the need to study the unconscious processes inside and outside counseling. The role of affective processes on the unconscious will also be discussed, followed by a brief review of countertransference phenomenon. Finally, I will present a review of the research on subliminal perception, mainly in its relationship to social and clinical issues.

The conclusion will finally summarize the main findings of the review.

Part 1

Behavioral Intentionality

Until the fifties, counseling and psychotherapy were viewed as mystical procedures. A complex set of devices were often used in order to produce dramatic changes in clients. However, the factors responsible for those changes were seldom clear. Different theorists argued about the effectiveness of different mechanisms. These postulated mechanisms often represented constructs of difficult operationalization. The difficulty in translating therapeutic variables into researchable questions was regarded suspiciously by behavioral psychologists (e.g., Eysenck, 1952). It was not until the behavioral researchers decided to approach the counseling process that some clarification began to emerge.

Behaviorism developed, in fact, as a reaction against the internalist position that had dominated psychology almost since its beginning. As stated by Skinner (1974), "behaviorism calls for probably the most drastic change ever proposed in our way of thinking about man. It is almost literally a matter of turning the explanation of behavior inside out"(p.274).

The bridge between the psychological laboratory and the structure of the counseling process was facilitated by

Skinner's (1957) conceptualizations on verbal behavior. Generally, according to Skinner, verbal behavior should be approached as a response in its own right, without the need to emphasize the symbolic mechanisms, so appreciated by dynamic theorists. The verbal behavior enabled, for the first time, researchers to explore the therapeutic process in an objective way.

In an early review of the literature, Greenspoon (1962), showed how the "verbal behavior represents an excellent meeting ground for both the experimental and the applied psychologist" (p.511). Pioneer studies, reviewed by Greenspoon, showed how verbal behaviors in the interview follow the learning principles of operant conditioning. A classic example of a study on this domain was the classic research carried out by Greenspoon (1955). Greenspoon investigated the effect of the sounds "mmm-hmm" and "huh-uh" on the frequency of plural and non-plural nouns. The subjects were instructed to generate words for a period of 50 minutes. During the first 25 minutes one of the two verbal sounds was offered contingently to either plural or non-plural nouns. During the second part no contingent sound was provided. Generally, the results showed that the sound "mmh-hmm" increased the frequency of both, plural and non-plural nouns, while the sound "huh-uh" produced a decrease in the amount of plural responses. These results were partly replicated in a clinical setting, where Ullman,

Krasner, and Collins (1961), demonstrate how head nodding and verbal encouragers ("mmm-hmm") to emotional messages, produce greater improvement in clients in group therapy.

According to the behavioral perspective, the counseling process was operationalized in terms of stimulus-response conditions. The counselor was seen as providing certain discriminative stimuli for client's responses, and vice-versa. The same principles of any other learning situation were found in the therapeutic process (e.g., Bandura, 1961).

The behavioral approach to counseling research brought many positive outcomes. Substantial research and subsequent understanding of the counseling process was achieved. Several programs for training counselors and clinicians were developed. And numerous research tools, such as verbal response systems and scales, were presented. As was demonstrated in research from Clara Hill (1974), the objective counting finally provided a less biased view of the counseling process.

Inspired by this behavioral conception of the counseling process, Ivey and colleagues defended, in the early 70s, that the intentional counselor is the one who has several behavioral options, and selects specific skills in order to produce specific results on clients. The general idea is that if a counselor uses certain kind of skills,

verbal or nonverbal, he or she is expected to produce certain kind of consequences. The intentional counselor should be able to identify and anticipate the short and long term effects of his/her actions, and select their responses accordingly (Ivey, 1971, 1983; Ivey & Authier, 1978; Ivey & Rollin, 1974). This conception triggered a considerable amount of research in verbal and nonverbal responses. It is to these verbal and nonverbal responses in the counseling process that I will be referring to as behavioral intentionality. Stated briefly, behavioral intentionality refers to the network of verbal and nonverbal behaviors occurring between counselor and client.

I will begin this part with an analysis of the pioneer studies of Rogers (and followers) on attitudes. Following, I will describe the shift of attention from facilitative conditions or attitudes to counseling skills. Next, I will refer to the naturalistic and analogue studies on the effects of different skills. Then, some studies on the distribution of skills within and across interviews will be presented. Finally, I will report the research about the use of skills across theoretical orientations.

Facilitative Conditions and Counseling Process

Carl Rogers, the landmark of humanism, can be paradoxically identified as one of the first contributors to

a behavioral conception of intentionality. This fact represents a good illustration of the dialectic process that rules the evolution of human thought. That is, each thesis brings with it the main ingredients of its antithesis.

In this section I will illustrate how the early studies of counselor's attitudes or facilitative conditions, represented an initial commitment to a behavioral notion of intentionality.

In a seminal article published in 1957, Carl Rogers addressed the question of whether it was "possible to state in terms which are clearly definable and measurable, the psychological conditions which are both necessary and sufficient to bring about constructive personality change?" (p.95). Rogers answered this question by establishing three basic conditions that he hypothesized were necessary and sufficient to produce clients' growth. These conditions were: genuineness or congruence; unconditional positive regard; and empathy. By genuineness, Rogers refers to the necessity of counselors to be honestly themselves in the counseling situation, with a complete awareness of their organismic experience. Unconditional positive regard refers to the warm and full acceptance of clients in all their dimensions. Finally, empathy means the perception of the clients' world as our own. Three additional conditions were also stated as fundamental: (1) that there exists at least a

minimal relationship between counselor and client; (2) that the client is in a state of incongruence, (3) and that the client is able to identify or perceive the three counselor's attitudes.

All these conditions were hypothesized by Rogers as being the effective ingredients of all type of therapies with all kinds of clients.

With Rogers, someone was finally hypothesizing about the mechanisms of change in the counseling process, in a clear, straight-forward way. And, as was anticipated by Rogers at that time, this theoretical formulation gave "both direction and impetus to investigation. Since it sees the conditions of constructive personality as general, it greatly broadens the opportunities for study" (1957, p.102). The implications of Rogers formulations on subsequent research is well illustrated by the report of Husacker, Heppner, and Rogers (1982), showing that Rogers' 1957 article figures as the second most quoted from those written before 1958. In fact, large amounts of research immediately followed Rogers hypotheses. According to a recent review by Patterson (1984), the research on facilitative conditions constitute one of the largest bodies of research literature ever produced.

Most of the researchers following Rogers tried to identify the extent to which those conditions could be referred to as necessary and sufficient to produce

therapeutic change.

The first reviews of literature found confirmatory evidence to Rogers's hypotheses (Truax & Carkhuff, 1967; Truax & Mitchell, 1971). Reviewing 10 years of research, Truax and Mitchell (1971) conclude that counselors who exhibit the conditions of congruence, unconditional regard, and empathy, are effective with their clients. Also, in consonance with Rogers, this was found to be true with counselors from different training levels and theoretical orientations, and with a wide variety of clients. However, this review was questioned because of the inclusion of research with serious methodological limitations (Mitchell, Bozarth & Krauft, 1977).

A more recent review by Mitchell et al. (1977) pointed out much more limited conclusions. Despite the presence of some evidence to the importance of Rogerian facilitative conditions, the following three kinds of results were found in the literature: providing support, providing limited support, and a growing amount of evidence for no support. The existence of those conflicting findings encouraged Mitchell et al. to conclude that the relationship between facilitative conditions and clients' change was much more complex than previously imagined.

More recent and sophisticated reviews of Parloff, Waskow and Wolfe (1978), and Lambert, DeJulio, and Stein

(1978), are even less optimistic in respect to the sufficiency of the facilitative conditions. Reviewing 20 years of research, Parloff et al. (1978) found evidence for the conclusion that the association between facilitative conditions and outcome is modest, and that the counseling process is probably more complex than Rogers thought. Similar findings were reported by Lambert et al. (1978) that suggest the existence of "other unaccounted for variables contributing to the changes occurring in clients" (p.472).

Recently, Patterson (1984) in a review of the reviews, accused the previous reviewers of serious biases in the selection of studies, different criteria for evaluating confirmatory and disconfirmatory studies, excessive emphasis given to some studies, and partial mention of the results. Unfortunately, Patterson does not provide further clarification other than the reviews he is criticizing. And his conclusion that "the consistent positive findings regarding the elements of the therapeutic relationship are encouraging" (p.438), would, of course be accepted by most of the researchers on the counseling process. The remaining question which still needs to be clarified is: which are those elements?

Summing up, Rogers was probably one of the first to present an attempt to operationalize the ingredients of the counseling process. Three specific actions of the counselor, referred to as attitudes or facilitative conditions, were

hypothesized as sufficient to explain the counseling outcomes. Despite the amount of research done, few definitive conclusions can be drawn other than the apparent necessity, but not sufficiency, of a good relationship between counselor and client. Probably the main limitation of Rogers' formulations and subsequent research has to deal with the fact that facilitative conditions lack enough operationalization. Statements about the importance of a good relationship, were not satisfactory to researchers more accustomed to the manipulation of variables in the laboratory setting. This dissatisfaction with such constructs, and their obvious limitations in terms of descriptive, explicative, and predictable power, produced a shift to the concept of counseling skills. Within this later approach, counselor behavior began to be approached in a much more micro and operationalized level. This transaction between attitudes and counseling skills will be addressed in the next section.

From Attitudes to Skills

The dissatisfaction with the research on facilitative conditions produced a movement toward the search for more valid and reliable ways to explore the counseling process. Attitudes and facilitative conditions began to be accused of

ambiguity. What was presented as a unidimensional mode was perhaps multidimensional. This awareness of the multidimensionality underlying Rogerian attitudes was probably the main reason for the shift of attention to counseling skills.

In this section, I will summarize some of the early research which demonstrates the multidimensionality of the facilitative conditions, as well as the evolution in the conceptualization of the counseling process in terms of behavioral skills.

During the 60s, two important studies were conducted by Zimmer and colleagues, supporting the evidence of multidimensionality of facilitative conditions. In the first study, Zimmer and Park (1967) tried to identify the existence of different dimensions involved in counselor's warmth. Two sessions with a client were videotaped and analyzed by several counseling students. Each counselor's response was rated in a coldness - warmth dimension. A factorial analysis of the subjects responses reveal, among others, the existence of the following factors: restating and understanding, minimal activity, unstructured invitation, supportive communications, clarifications, probing, and interpretation. In conclusion, this study showed that it was possible to operationalize the characteristics of the client-counselor relationship, and that an attitude such as warmth could hardly be described as

a single factor.

In a second study, Zimmer and Anderson (1968) used a similar methodology, this time to explore the dimensions of empathy and positive regard. An interview was taped and rated by several students in the conditions of empathy and positive regard. Again, they found that not one of the conditions were unidimensional, instead they were found to be composed of orthogonally related factors.

From these two studies conducted by Zimmer and colleagues, one can conclude about the possibility of approaching the counseling process in a more operational way. That is, we can decompose the facilitative conditions in several factors, translated into different counselor's response modes.

Following these early conclusions, some researchers began to identify that communication of attitudes was not only conveyed by verbal responses. Instead, nonverbal communication was found to be the most important contributor to the evaluation of counselor's warmth, empathy, and genuiness. The three studies summarized below are illustrative of this conclusion.

Haase and Tepper (1972), devised a study intended to identify the differential contributions of verbal and nonverbal channels in the communication of empathy. Forty-eight interactions between counselor and client were

videotaped. These interactions represented all possible combinations of the following conditions: two types of eye contact, two levels of trunk lean, two kinds of body orientation, two degrees of distance, and three levels of verbal empathy. These interactions were rated by the presence of empathy by 26 counselors. All the conditions of eye contact, trunk lean, distance, and verbal empathy, produced significant effects. However, the nonverbal dimensions accounted for most of the variance in the empathy ratings, twice more than the verbal messages. From this study, the authors concluded that "the communication of empathy is a multichannel process, one in which the channels are interdependent" (p.423).

Tepper and Haase (1978), in a second study, extended this analysis to the facilitative conditions of respect and genuineness. New nonverbal cues were also added, such as vocal intonation and facial expression. Thirty-two interactions between counselors and clients were videotaped. These interactions include all possible combinations of different levels of trunk lean, eye contact, intonation, facial expression and verbal message. Each of 30 judges rated all the interactions in the dimensions of empathy, respect and genuineness. Again, the nonverbal cues were found to play the main role in the perceptions on each one of the facilitative conditions. Finally, Smith-Hannen (1977) also researched the contribution of several nonverbal

behaviors to client's evaluation of counselor empathy and warmth. Forty videosegments of counseling interactions were shown to 40 subjects. Half of the subjects (i.e., experimental group) viewed the totality of the counselor's body, while the other half (i.e., control group) only had access to the counselor's face, neck and verbal message. After each presentation, the subjects were asked to evaluate the counselors in the dimensions of empathy and warmth. The nonverbal behaviors controlled by the experimenter were arm and leg movements and positions. The results revealed that the movement of both arms and legs did not significantly affect the ratings. However, the various positions of arms and legs significantly affected the judgements of counselors' warmth and empathy.

Together, these three researches showed how facilitative conditions can not only be decomposed in different verbal responses, but also in nonverbal behaviors. Both groups of research were important to legitimize the notion of behavior intentionality. They found that a good way to study the counseling process is to decompose all the situations in small, clear, operational, verbal and nonverbal behaviors. The shift to study counseling skills in counseling process research was well illustrated by Tepper and Haase's (1978) conclusion that "a complex combination of verbal and nonverbal cues play an important role in the

determination of perceived levels of empathy, respect, and genuineness" (p.41).

Despite the fact that the research which justifies the need for considering counseling skills was only done in the 60s, some authors in the early 40s were already proposing similar changes. I will now turn the attention to the evolution of the conception of counseling process in terms of behavioral intentionality (i.e., counseling skills).

As early as 1943, Porter proposed a system to analyze Rogerian interviews (Porter, 1943 a, b). The system consisted of 20 categories, much more operational than those advanced by Rogers. At about the same time, Snyder (1945) introduced a similar system. Although much more operational than the Rogerian attitudes, these systems were mainly intended to study client-centered interviews. Probably the first system capable of describing counselors' behaviors from different theoretical orientations, was the one introduced by Strupp (1957). Five scales were presented along with several categories for each scale. The five scales were: Type of therapeutic activity, depth directedness, dynamic focus, therapeutic climate, and initiative. The most clear of all was the first scale, the type of therapeutic communication, referred to the counselor verbal responses and included the following categories: facilitating communication, exploratory operations, structuring direct guidance, activity not relevant, and

unclassifiable.

All these systems were important precursors of what appeared during the late 60s, being at that time the most complete description of the counseling process - the microcounseling model. Originally proposed by Allen E. Ivey (1971), this model was developed with the intention of training counselors, clinicians, and other kinds of professionals and paraprofessionals. But soon the model had broadened its spectrum, beginning to be a frame of reference for most of the research done on the counseling process. One of the important characteristics of Ivey's model is the inclusion of both verbal and nonverbal behaviors in the description of counseling process.

In the early formulations, microcounseling introduced the following skills as characterizing the counselor contributions to the therapeutic process: attending behavior, open invitation to talk, minimal encouragers, reflection of feeling, paraphrasing, summarization of feeling and content, expression of feeling and content, direct mutual communication, and interpretations (Ivey, 1971). Throughout the years the system has been modified to include other dimensions, more skills, and to refine some aspects (e.g., Ivey & Authier, 1978; Ivey, 1983). Recently, more skills were introduced (e.g., reflection of meaning), and new dimensions were added (e.g., focus). Early research,

such as the one conducted by Toukmanian and Rennie (1975) showed how the training in counseling skills was much more effective in increasing empathy, when compared with human relations training in facilitative conditions.

Directly following the microcounseling paradigm, several scales and methodologies were devised to explore the behavioral intentionality of the counseling process. In a recent review, Highlen and Hill (1984) refer as approximately 20, the number of existing systems to analyze the response modes in the counseling situation. Probably the most complete and most widely used system in the last few years is the one introduced by Clara Hill and colleagues (Hill, 1978; in press; Hill et al., 1981). This system has the advantage of including categories of counselor, as well as client, verbal response modes. The 14 counselor's response modes are: minimal encouragers, silence, approval-reassurance, information, direct guidance, closed question, open question, restatement, reflection, interpretation, confrontation, nonverbal referent, self-disclosure, and other. The client system contains the following 9 categories: simple response, request, description, experiencing, exploration of client-counselor relationship, insight, discussion of plans, and other. The system was developed in order to include exhaustive and mutually exclusive categories. On a review of all the studies using her system, Clara Hill (in press), found it

valid and effective to explore the verbal behaviors of clients and therapists with different orientations in different phases of the counseling process. However, as was recognized by the author (Hill, 1982), the response modes only represent one dimension of counselor and client behaviors in the counseling process. Other dimensions include what Hill (1982) refers to as ancillary behaviors (i.e., extralinguistic, linguistic, nonverbal, and physiological processes), as well as the content or topic of the conversation. Similarly, Russel and Stiles (1979) proposed that the study of the therapeutic process should include content categories, intersubjective categories, and extralinguistic categories. Unfortunately, and probably because they are more easier to research, most of the studies done were focused on verbal responses (for a review on extralinguistic and content studies, see Highlen and Hill, 1984).

In this section, the evolution from the research on attitudes to the more operational approach of counseling skills was illustrated. Some of the early studies showing the multidimensionality of facilitative conditions were presented. It was concluded that facilitative conditions are composed of a multitude of verbal and nonverbal skills. Initial conceptualizations of the counseling process in terms of skills were described. Ivey's microcounseling

model, and Hills' Verbal Response Category System were presented as main examples of frameworks for exploring counselor and client behavioral intentionality.

An important question to be answered now is: what are the effects of each of the counseling skills? This question will be addressed in the following section.

The Effects of Different Skills

Thus far I have referred to the evolution of the identification of response modes in the counseling process. Several verbal and nonverbal skills describing the therapeutic situation were presented.

Several counseling skills training programs have assumed the presence of hypothetical relationships between counselor response modes and client behaviors. However, most of these assumptions are based on clinical intuition rather than controlled research. As Highlen and Hill (1984) recently recognized "more work clearly is needed to determine the effects of verbal response modes and other components of the counseling process before more complete training packages can be developed" (p.373). Thus, there is a strong need for the clarification of the relationship between counselor's verbal and nonverbal skills and client responses. This section will summarize the research on this issue. I will begin with the presentation of studies on the

effects of nonverbal behaviors. Then, the naturalistic as well as the analogue studies on verbal responses will be reviewed. The present review is not intended to report on all the overwhelming amount of studies done. Instead, I will restrict my presentation to the main conclusions, illustrated with examples of some of the most important studies.

Nonverbal behaviors. It is widely recognized that nonverbal behaviors represent an important part, if not the most important one of our daily interactions. Several researches were done, with humans as well as with other species, illustrating the importance of nonverbal communication (see review of Harper, Wiens, & Matarazzo, 1978). Based more on clinical intuition than on empirical evidence, several training programs have suggested the importance of nonverbal behaviors such as eye contact, forward trunk lean, facial expressions, etc. (e.g., Hackney & Cormier, 1979; Ivey, 1983). As was already pointed out, some evidence was found suggesting that the facilitative condition of empathy, warmth, and genuineness, are communicated by nonverbal behaviors similar to those recommended in the training literature (e.g., Haase & Tepper, 1972; Tepper & Haase, 1978; Smith-Hanen, 1977).

Gladstein (1974), reviewing the research on nonverbal

communication in counseling and therapy did not find empirical support for most of the directions provided by the theoreticians in the field, "unfortunately the state of our empirically based knowledge does not permit the conclusions and the practical suggestions presented by many writers" (p.40). While recognizing the importance of nonverbal communication, only three reliable findings were extrapolated by Gladstein from the research literature: (1) Nonverbal communication can be reliably classified in counseling; (2) the area of paralanguage is the one we know more at the moment, even though we cannot say too much about its functions; (3) paralanguage and kinesics seem to be indicators of emotional changes occurring in the therapeutic situation.

About 10 years after Gladstein's review, few more definitive conclusions can be drawn from the research. Few authors would disagree about the importance of nonverbal behaviors in counseling. However as it was pointed out in Highlen and Hill's (1984) review, despite the overwhelming amount of research, few conclusions can be extrapolated for the counseling situation. The main problem seems to be due to the absence of studies in real counseling situations. As was stressed by Wilbur and Wilbur (1980) in a more recent review, "with only one empirical study in 115 references on nonverbal communication incorporating real counseling with

real clients - we need to consider this area as one of several research agendas for our profession" (p.207).

I will turn now to the presentation of several studies conducted by Hill and colleagues, illustrating several problems and issues faced by the research on nonverbal behaviors. Most of the studies reviewed by Gladstein in 1974, were mainly analogue using short vignettes or even pictures. Besides, little attention was given to the interface between verbal and nonverbal behaviors. Hill, Siegelman, Gronsky, Sturniolo, and Fretz (1981), organized a series of three studies intended to overcome some of the problems of early research.

The objective of the first experiment of Hill et al. (1981) was to study the relationship between counselor and client uncoding/decoding abilities, and counseling outcome. Forty volunteer clients and 20 Doctoral students participated in this experiment. Each counselor conducted an interview with two clients (one female and one male). After the interview, clients completed the Barret-Lennard Relationship Inventory (BLRI), the Counseling Evaluation Inventory (CEI), and the Counselor Rating Form (CRF). The counselors completed the counselor form of the BLRI. Two weeks after the sessions, the subjects completed the decoding (i.e., PONS) and the encoding evaluation tasks. The results did not show the existence of any significant relationship between encoding and decoding abilities and the

four outcome measures. That is, the ability to encode or decode nonverbal behaviors was not found to have any impact on counseling outcome. However, the measures of encoding/decoding were not taken from the relationship between counselor and client. Instead, they were post-hoc measures consisting of evaluation of vignettes and role-playings with instructed scenarios. The artificiality of these measures may well have contributed to the production of biased results. In a second study, Hill et al. (1981) explored the relationship between counselor and client nonverbal behaviors and counseling outcome. The following nonverbal behaviors were hypothesized to be positively related to outcome: affirmative head nods, smiles, forward trunk lean, vertical and horizontal arm movements. Legs crossed by the ankle were hypothesized to be negatively correlated with the outcome. The data for this study came from the 40 interviews reported in the first experiment. The outcome measures were also the same as those reported in experiment one. The sessions were divided into five second segments and rated by trained judges. The results revealed that only counselor vertical movements were significantly related to client evaluation of the outcome. Counselors smiles and forward trunk lean were related (although weakly) with counselors' ratings on BLRI. No other statistically significant relationship was found between

nonverbal behavior and outcome measures. These data suggest that more naturalistic studies reveal the connection between several kinds of variables and that the linear relationship found in analogue studies is not adequate to describe the function of nonverbal communication in counseling settings.

The objective of the third experiment was to compare client and counselor perceptions of their own verbal/nonverbal congruence and to relate this congruence with outcome measures. The subjects, the sessions and the outcome measures were the same as experiments one and two. Following the completion of the outcome measures, the subjects reviewed their session, stopping the tape each minute, and answering the following questions: (1) What was your major feeling during this segment?; (2) What feelings are you expressing through your words?; (3) What feelings are you expressing through your voice tone?; (4) What feelings are you expressing through your movements, facial expressions, and/or gestures?; (5) What do you believe the other person was feeling in this segment?. From the response to these questions it was possible to identify five different types of congruence: (1) verbal congruence (i.e., consistency between questions 1 and 2); (2) paralinguistic congruence (i.e., between questions 1 and 3); (3) kinesic congruence (i.e., between questions 1 and 4); (4) intracongruence (i.e., between questions 1, 2, 3, 4); and (5) intercongruence (between questions 1 and 4). Two

findings deserve mention here. First, the data revealed that all the first four types of congruence for both client and counselor were significantly correlated. However, the first four types of congruence (i.e., based exclusively in counselor and client's own perceptions) was not related significantly with intercongruence, as expressed by the responses to question five. Second, concerning the relationship between congruence and outcome, several significant findings were reported. In respect to client congruence measures, only verbal and intracongruence were significantly related to at least one of the outcome measures. Four of the five counselor congruence measures were significantly related to counselor outcome measures. However, only the intercongruence was found to be related with one of the client's outcome evaluations. That is, if counselors are congruent they tend to rate themselves as more effective. And when they are able to communicate their feelings in a clear way to their clients, clients tend to evaluate them as more effective. Clients tend to perceive counseling as more effective when they, themselves, are more congruent. Briefly stated, the data suggests that "especially in an initial session, each participant is more aware and critical of his/her own behavior" (Hill et al., 1981, p.211).

Together, the results of these studies suggest that

nonverbal behaviors cannot be taken in an isolated way. Instead, if one intends to make sense of the behavioral dimensions of the counseling process, close attention should be paid to the interaction between verbal and nonverbal behaviors.

Since Gladstein's (1974) review, several studies were conducted to explore nonverbal dimensions such as eye contact (e.g., Tipton & Rymer, 1978), gestures (e.g., Young, 1980), touch (e.g., Hubble, Noble & Robinson, 1981), and spatial-environmental conditions (e.g., Lecomte, Bernstein, & Dumont, 1981). Few more definitive conclusions can be drawn from these studies. Most of them persist on the same problems already pointed out by Hill et al. (1981).

The state of our present knowledge about the function of nonverbal behaviors in counseling is still limited. In the conclusion of their review, Highlen and Hill (1984) note:

...the nonverbal area is generally exciting and rich. Counselors certainly can use the knowledge about nonverbals to enhance their counseling abilities. The research as applied to counseling, however, has not been especially useful thus far. Less frequently used methodologies (such as case studies) and use of more qualitative data in conjunction with quantitative data may help researchers study the phenomena more adequately. Contextual examination of nonverbal and verbal behavior beyond the 'stimulus-response' microscopic analysis also seem warranted. (p.372).

Verbal responses. A great amount of research was conducted in order to test the effects of different response modes. As stated above, most of the counseling skills training programs tend to hypothesize the existence of linear relationships between the counselor's verbal responses and client behaviors. The objective of the research reported in this section is to investigate this hypothetical relationship.

It is beyond the objective of this section to present a complete description of all the studies done on the effects of different skills. Besides, most of the research follows analogue designs and has produced many conflicting results of difficult interpretations. I will restrict the present review to two types of studies: (1) research testing the effects of more than one skill; and/or (2) research in real counseling situations.

Barnabei, Cormier, & Nye (1974) conducted a study trying to identify the effects of indiscriminate use of the following counselor verbal responses: reflection of feeling, probe, confrontation, and free style. The subjects, 20 female college students, were interviewed by four counselors. After a warming-up period, the interview was divided into four segments of 10 minutes. In each of those segments, the counselors were instructed to use one of the four types of response modes. The dependent variables include Counseling Evaluation Inventory, number of affect

words used by the client, self-reference pronouns and time orientation. The results did not show any significant effects due to the manipulation of verbal response modes. That is, the authors found that, at least in an initial interview, the clients did not seem to react differently in terms of affect words, self-reference, and time orientation, to different counselor response modes.

On a subsequent study, Hill and Gormally (1977) tested the effects of reflection, restatement, probe, and nonverbal behavior on client's expression of feeling. Forty eight subjects were interviewed by two counseling psychologists. The experiment followed an ABAB design: warming-up, followed by six minutes of baseline. After that the counseling period was introduced, where the client was instructed (via lights) to use one of the different response modes. After nine minutes of counseling, the counselor returned to the baseline condition (six minutes), followed again by nine minutes of counseling. The authors found that only the use of probes produced significant effects in clients' expression of feeling. However, in all the treatment conditions the clients talk significantly more than in the baseline. In sum, all the responses were effective in encouraging clients to talk, and only prompts were able to produce significantly more expressions of feeling.

Still another study carried out by Highlen and Baccus

(1977) tested the effects of probe and reflection of feeling on clients' self referenced affect. Forty female students were interviewed by two female counselors. Using a between group design, each subject was assigned to one interviewer and one of the two interview conditions (i.e., reflection of feeling or probe). The interviews were divided into three different parts: warm-up period; experimental interview; and post-experimental inquiry. The experimental interview period itself had three distinct moments: baseline; conditioning; and extinction. During the conditioning phase, the client was exposed to either reflection of feeling or probe. While in the baseline and extinction periods, the counselor only provided minimal responses. During the post-experimental phase, the subjects completed the Counselor Evaluation Inventory. Clients' statements, after being unitized, were classified by the presence and absence of self-referenced affect. The authors found that either probes or reflection of feeling were effective in producing increases in the amount of self-referenced affect. However, no significant differences were found between the two skills.

A more complete study was further conducted by Ehrlich, D'Augelli, and Danish (1979). The objective of this study was to test the effectiveness, according to both counselor and client, of six verbal responses: affect, content, influencing, advice, open questions, and closed questions. Ninety female students were interviewed by a

counselor in a simulated interaction. In order to control the verbal content of the interview, the counselor read a typescript using one among the different verbal response modes. The client, also following the script, read 20 responses and were asked to select the response that they would use in that situation. The dependent variables were clients' perceptions of helpers, and content of the clients' responses. The authors found that different verbal response modes produced different effects on clients. The affect responses were found to be the most desirable, immediately followed by content responses and open questions. Closed questions were badly perceived by clients. Affect, although rated highly by clients, was not found to be effective in terms of changes in client's behaviors. The authors concluded that the training literature is correct in advising the use of affect, content, and open questions in an initial counseling situation.

Despite many conflicting results among the reported studies, one fact seems to stand up. That is, different skills produce different effects.

Further research was conducted testing the effects of single skills in laboratory controlled situations. For example, McCarthy (1979) found that counselor's self-disclosure produced an increased number of client's questions about the counselors, longer responses, and use of

past and future tenses.

Other studies were done comparing the effects of different characteristics of the same skill. For instance, Lopez & Wambach (1982) compared the effects of using paradoxical versus self-control directives with clients whose identified problem was procrastination. They found that the two kinds of directives were effective in producing client's change.

Still another group of studies exists, comparing the effects of combining different types of skills. An example is Feldman, Strong, and Danser's (1982) research on the effects of different combinations of paradoxical and nonparadoxical interpretations with consistent and inconsistent directives. All the clients (moderately depressed college students) improved. However, paradoxical interpretations were found to be superior than nonparadoxical interpretations. The effects produced by the combination with different kinds of directives made little difference. The scores on Beck Depression Inventory were not affected by the consistency between interpretations and directives. However, clients reported more positive impressions from counselors using directives which were consistent with their interpretations.

In sum, the analogue studies seem to suggest that different skills produce different effects. Additionally, there is evidence that specific effects can be obtained by

the combination of skills, as well as by the manipulation of different characteristics of the same skill. However, despite the amount of research, the analogue characteristics of these studies raise strong limits to their generability. As Highlen and Hill (1984) concluded "it is not surprising that the results of analogue research is highly conflicting, and that no general conclusions about the relative effectiveness of various response modes can be drawn from these results" (p.374).

More promising is the research on naturalistic counseling situations. Unfortunately, little research has been done to explore the relationship between counselor's responses and client's behaviors in actual counseling settings. One of the rare examples comes from an intensive single-case study conducted by Hill, Carter, and O'Farrell (1983). In order to study the immediate effects of counselor's verbal responses on client behavior, Hill et al. conducted a sequential analysis of 12 sessions with a female neurotic client. Only the two first client units following each counselor intervention were analyzed. The results show that clients tend to respond more with description after closed questions and least likely after direct guidance and interpretations. Client's experiencing most often follows silence and was least likely to occur after closed questions. Insight, although rare in this case,

most often follows counselor's silence, open question, or confrontation. These data, although finding some support to the hypothetical relationship advanced by some writers in training packages, present some limitations. The limitations are recognized by the authors themselves when they admit that the sequential analysis added little to their understanding of the case. In fact, each client response is not only determined by the counselor's immediate previous intervention. Instead, all the past counselor responses could be identified as possible antecedents of the client's response. The sequential analysis used by Hill et al (1983) was restricted to one-step/first-order dependency. As was defended by Lichtenberg and Heck (1983), further research should consider the hypotheses of second and third order sequences.

Another example of a research in a naturalistic setting was recently presented by Friedlander, Thibodeau and Ward (1985). In order to test the relationship between certain dimensions of the counseling process and the evaluation of good/bad sessions, Friedlander et al. proceeded to an intensive analysis of eight counseling dyads. As an evaluation measure, both counselor and client completed the Session Evaluation Questionnaire. Besides, several linguistic analysis were carried out: distribution of talk, discourse activity level, degree of structure, and type of therapist response. Among several interesting

results, the researchers found significantly more encouragement/approval/reassurance, interpretation and providing information, in the better sessions, while the worse sessions were characterized by more direct guidance/advice, and information seeking. More interesting however, was the authors finding of a high degree of variability among dyads, leading to the conclusion that "each dyad creates a unique culture that client and therapist evaluate phenomenologically" (p.631).

One of the main limitations of the research on the effects of counseling skills derives from the lack of attention to clients' perceptions of counselors behavior. As I will illustrate in more detail later, client's perceptions are the main predictors of the effects of each skill (e.g., Elliott, Barker, Casking, and Pistrang, 1982). Recent research by Lee, Uhlemann, and Haase (1985) illustrates well how counselors, judges, and client's perception differ. The main objective of this study was to analyze the effects of different counselor's verbal and nonverbal behaviors on client's perceptions of counselor's expertness, trustworthiness, and attractiveness. Each one of 47 counselors interviewed a volunteer client for 20 minutes. After the interview, clients completed the Counselor Rating Form (to measure the perception of counselor's attractiveness, expertness, and trustworthiness) and the

Behavior Rating Form (to investigate nonverbal decoding skills). Trained judges analyzed the first 15 minutes of the interview for verbal and nonverbal behaviors (using the Hill Counselor Verbal Response Category System, as revised by Friedlander). The results showed that when evaluation of counselors verbal and nonverbal behaviors was done by judges, few significant predictions of client's perceptions were found. Instead, clients perceptions of counselors behaviors were found to predict in a significant way their ratings of counselors' attractiveness, expertness, and trustworthiness. That is, it is the clients perceptions of counselors' behavior that determines their evaluation. Further, the client's perceptions are not significantly related to observations from trained judges. Based on the results of this research, one can understand how biased the study on the effects of different skills can be if we do not take into account the client's perceptions on counselor's behavior can be.

In conclusion, an overwhelming amount of research was conducted testing the effects of different kinds of verbal and nonverbal skills. However, the results remain somehow conflicting. Some nonverbal behaviors were found to produce positive effects on clients. However, their interaction with verbal components tend to make difficult the interpretation of results. Similarly, some evidence was found for the existence of differential effects of certain verbal skills.

However, the direction of these differences is not yet completely understood. The conflicting data seems to be due to three main factors. First, most of the research was conducted in analogue situations with limited external validity, i.e., generability to counseling settings. Second, verbal and nonverbal behaviors seem to interact in complex ways. Most of the research simply ignores this interaction. Third, client's cognitive perceptions of counselor responses seems to be the main predictor of the effects of a given skill. Thus, the reliance on ratings of external judges certainly biases the results and makes them difficult to interpret.

The general picture that one gets from this research is that the complexity of the counseling process asks for more complex models of research. One of the promising methodological tools to study the effects of different skills is to look for proximal as well as distal effects using more complex sequential analysis procedures (see Lichtenberg & Heck, in press).

Another important area for our understanding of the counseling process is the descriptive study and identification of patterns or stages within and across interviews. The research on these aspects will be analyzed in the following section.

Skills Within and Across the Counseling Process

Another approach that researchers have been using for the understanding of behavioral intentionality, is the study of skills within and across the interview. Several theoretical models of the counseling process referred to the existence of different stages within and across the counseling process. For example, Carkhuff (1980) argues that there are four different stages: attending, responding, personalizing and initiating. According to Carkhuff, effective counseling should follow this sequence of stages. Different skills are needed to accomplish the objectives of each stage. Similarly, Ivey (1983), and Ivey and Matthews (1984) have proposed a meta-model for structuring the interview. Ivey defends that a common structure can be found in interviews from counselors of different theoretical orientations. And that this same structure seems to be useful in order to integrate in a coherent way different approaches to counseling and psychotherapy. Briefly, Ivey proposed the following stages: (1) rapport and structuring; (2) gathering information, defining the problem, and identifying the assets; (3) defining outcomes; (4) exploring alternatives and confronting the incongruities; (5) generalization and transfer. Different skills also characterized different stages. Ivey defends that this same structure tends to appear itself within a single interview,

as well as across a long treatment process.

Several studies were conducted in attempt to identify the different stages of an interview. These studies analyze the use of skills within a single interview and across different interviews. This section will summarize the main results of that research. I will begin with a presentation of the data on the use of skills within an interview, referring next to the same analysis across the counseling process.

In order to validate her verbal response system, Clara Hill (1978) did an analysis of 12 intake interviews with clients with personal/emotional problems. In order to study the use of skills in different moments of the interview, each session was divided into thirds. Two groups of findings deserve mention here. First, counselor activity (i.e., number of verbal response units) increased significantly during the final third of the interview. Second, and in terms of skills, the data revealed significant decreases during the final third for minimal encourager, closed question, and open question. And there were significant increases during the final third for structuring, information, direct guidance, interpretation, and friendly discussion. This shift, from a less active exploration of the problem to a more active guidance, appears to be consistent with the meta-model proposed by Ivey. Even within a single interview (in this case an intake interview) some

evidence was found that different stages exist.

In their intensive single case study, Hill, Carter, and O'Farrell (1983) also studied counselor and client verbal behavior within each interview. The final two thirds of each interview were averaged and compared with the first third. The findings revealed that the client decreases, from the first to the final thirds, in terms of description responses, activity level, and increases in simple responses, experiencing, insight, and silence. The counselor decreases the number of minimal encouragers, and increases the number of silences and interpretations. Again, the data points to the existence of a movement, in both counselor and client, from stages of attending to the client needs to stages of influencing client changes.

Hill, Carter, and O'Farrell (1983) have also studied the counselor and client verbal responses across the 12 sessions. The same changes found for clients within an interview, were evident across the process. That is, description decreases and insight and experiencing increases as one moves along the process. Even though no statistical analysis was used for the counselor behavior, a greater use of minimal encouragers was evident in the early interviews (i.e., interviews 1 to 4). Whereas, during the final stages (i.e., interviews 5 to 12) the counselor used more information and interpretation. Similarly, Friedlander

(1982) in her revision of the Hill Counselor Verbal Response Category System, compared the two first counseling interviews for 17 dyads. As was expected, only slight changes were found across the two interviews. Both interviews were mainly characterized by skills of seeking information.

Together, the results show that the hypothesis about the existence of different stages of an interview is supported by the research literature. And that Ivey's meta-model seems to be an accurate way of describing the structure of interviews, both within and across the counseling process. Surprisingly enough, the existence of stages is also found in the research on the patterns of control in the interview. For example, the study of sequences of topic following/topic initiation revealed the existence of cycles of symmetry and complementarity (e.g. Tracey, 1985; Tracey & Ray, 1984).

A question not answered from this research is: to which extent do different theoretical approaches use the same skills and follow the same stages? The research addressing this issue will be presented in the next section.

Skills Across Theoretical Orientations

Different theoretical perspectives use different ways to approach clients' problems. If behavioral skills are

accurate descriptions of what is going on between counselors and clients, one should expect different uses of skills by therapists of different theoretical orientations. For instances, Ivey (1983) hypothesized that the use of skills differs not only across theoretical approaches, but also across fields. Rogerian counselors are characterized by frequent use of attending skills, while behavioral and gestalt therapists tend to rely more in the use on influencing skills. Several studies were done exploring the use of skills across therapeutic orientations. This section will review those studies.

Within the Rogerian tradition of the early 50s, Fiedler (1950) has done one of the first studies analyzing the counseling relationship offered by therapists of different theoretical orientations. Ten interviews from Adlerian, psychoanalytic and nondirective therapists were recorded. The interviewers were selected in order to include, within each school, at least one therapist of national reputation and one beginner. Only sessions between the sixth and the seventeenth were recorded. The judges evaluated each interview by means of Q-technique, consisting on 75 evaluative statements of the interview. Two main findings were reported. First, the therapeutic relationship of experts correlated more with the ideal relationship than nonexperts. Second, higher correlations were found between

experts of different schools, than between experts and nonexperts of the same school. The findings were consistent with Rogers' (1957) position that the facilitative conditions are the elements responsible for change in no matter what kind of therapy. However, and as can be easily expected, when the "therapeutic relationship" began to be operationalized in terms of behavior skills, a completely different picture began to emerge. The following studies, covering almost three decades of research, illustrate this aspect well.

Strupp (1955) conducted to do a comparison of the verbal responses of Rogerian and psychoanalytical therapists. Twenty-four clients' statements were read by 15 therapists. Each therapist was instructed to generate responses to those statements. Therapists' responses were rated according to the 12 categories developed by Bales. For almost all the categories, the author found statistically significant differences between Rogerian and psychoanalytic oriented therapists. As could be expected, Rogerians were most likely to use reflective responses, while psychoanalysts relied mostly on exploratory responses but using a wider spectrum of skills. Contrary to Fiedler (1950), Strupp's findings suggest that by using more clearly defined variables, such as counseling skills, it is possible to realize differences between different theoretical approaches.

Trying to overcome some of the artificiality of Strupp's (1955) study, Zimmer and Pepyne (1971) compared the styles of three eminent counselors using the film *Three Approaches to Psychotherapy*. In this film, Carl Rogers, Albert Ellis, and Frederick Perls, conducted an interview with the same client. Trained judges rated a random selection of each therapist interview. A factor analysis of the ratings revealed the existence of six factors accounting for 70.04% of the variance: rational analyzing, eliciting specificity, confronting, passive structuring, reconstructing, and interrogating. The results of the comparisons for each factor showed significant differences among the three therapists. Rogers differed from Ellis in terms of rational analyzing and passive structuring. Ellis differed from Perls in the category of rational analyzing. And finally, Rogers differed from Perls in all the categories. Again, and contrary to the opinion of Rogers and the data from Fiedler (1950) these results show that three wellknown effective therapists differed, supporting the conclusion that "differences in counseling style are related directly to counselor's theoretical orientation" (Zimmer & Pepyne, 1971, p.446).

More recently, Snyder (1979) studied several available transcripts from interviews with Rogerian, gestalt, and psychoanalytically oriented therapists. Nine judges coded

each unit according to the classification system developed by Stiles. Consistent with the research reported above, Stiles found that client-centered counselors tend to use more reflective responses, gestalt counselors tend to rely on advisements, and psychoanalytic oriented therapists used mainly interpretation.

Brunink and Schroeder (1979) extended the comparison in order to include behavioral oriented therapists. More specifically, the verbal responses of behavior, psychoanalytic, and gestalt oriented therapists, were compared. Tapes of 18 expert therapists were rated using the System for Assessing Therapist Communication, developed by the authors. The system measures the following dimensions: therapeutic activity (e.g., clarification, interpretation, direct guidance, etc); temporal focus (e.g., present or past); interview focus (e.g., client, therapist-client relationship, therapist); degree of initiative (e.g., absence, mild, moderate, and strong); communication (e.g., additive or nonadditive communication); therapeutic climate (e.g., minimal supportive, supportive, etc.). Several significant results were found. First, differences among the three groups were found for techniques such as facilitation and direct guidance. Psychoanalytic and behavioral-oriented therapists used the facilitation techniques significantly more than gestalt therapists. Gestalt oriented therapists were found to use significantly more direct guidance when

compared with the two other groups. Second, therapists from all three theoretical orientations showed a temporal orientation toward the present. Third, concerning the interview focus, behavior and psychoanalytic therapists tend to focus more on the client, whereas gestalt therapist placed more emphasis on the focus of the therapist. Fourth, gestalt oriented therapists were found to use significantly higher degrees of initiative. Fifth, psychoanalysts used more accurate nonadditive communications than gestalt therapists. Finally, concerning the therapeutic climate, behaviorists revealed significantly higher number of supportive communications when compared with gestalt and psychoanalytic therapists. In sum, this research brings additional support to the conclusion that therapists of different theoretical orientations tend to behave differently with their clients. Interestingly enough, these differences were also found in other dimensions than the verbal responses.

In the same line of research, Hill, Thames, and Rardin (1979) did a more recent comparison of Ellis, Rogers, and Perls in the interviews of the film *Three Approaches to Psychotherapy*. This time, the typescripts of the entire interview were rated according the Hill Counselor Verbal Response Category System. The results showed that Rogers used mainly minimal encourager (53%), restatement (11%),

interpretation (7%), and information (7%). Perls used mainly direct guidance (19%), information (12%), interpretation (12%), open question (10%), minimal encourager (8%), closed question (6%), confrontation (6%), approval-reassurance (5%), and nonverbal referent (5%). Finally, Ellis used mostly information (30%), direct guidance (21%), minimal encourager (14%), interpretation (12%), closed question (6%), and restatement (5%). Again, and despite the fact that no inferential statistics were used, the extreme differences in the verbal behaviors of these three therapists were apparent.

Lee and Uhlemann (1984) did a similar study, but this time using an up to date version of the film Three Approaches to Psychotherapy. This time, the counselors were Rogers (client-centered therapy), Shostrom (actualizing therapy) and Arnold Lazarus (multimodel behavior therapy). The verbal responses were analyzed according to a revised version of the Hill Counselor Verbal Response Category System (Freidlander, 1982). Again, clear differences emerged from the data. Rogers was found to use mostly reflection/restatement (52.78%), encouragement/approval/reassurance (27.78%), and information seeking (7.64%). Shostrom relied more on guidance/advice (27.50%), encouragement/approval/reassurance (21.25%), information providing (15.63%), reflection/restatement (15.00%), and information seeking (13.13%). Finally, Lazarus tended to use

mostly direct guidance/advice (28.21%), information providing (22.44%), information seeking (18.59%), encouragement/approval/reassurance (17.31%), and reflection/restatement (10.26%). Again, the differences found were consistent with the theoretical approaches of the counselors.

Hardy and Shapiro (1985) compared exploratory (i.e. dynamic and humanistic) with prescriptive therapy (i.e., cognitive and multimodal) in the use of verbal responses. Twenty-seven clients were assigned to one of two therapists. One of the therapists was trained in exploratory counseling while the other one was trained as a prescriptive therapist. Again, and as it was predicted, the exploratory therapist was found to use significantly more interpretation and exploration skills, whereas the prescriptive therapist gave significantly more advisements and information and asked more open and closed questions.

Mahrer, Nifakis, Abhukara, and Sterner (1984) went a step further, trying to study the microstrategies used by counselors of different theoretical orientations. By microstrategies the authors refer to the fact that "actual statements made by psychotherapists follow organized patterns of interlocking sequences" (p.465). The therapists studied were Joseph Wolpe (behavior therapy), Carl Rogers (client-centered therapy), and Joel Fagan (gestalt therapy).

The interviews were rated using a classification system of verbal responses developed by the authors. The unit of study in this research was a two-statement sequence instead of a single response. The three different therapists were found to follow different interlocking sequences or microstrategies. Wolpe generally used sequences of information-gathering statements. Rogers used more sequences of reflections or simple acknowledgment. And finally, Fagan was found to use much more fluid sequences. Further, these same microstrategies were found to be used by Rogers and Wolpe across different clients. In conclusion, these data show that different therapists not only use different skills but also tend to be consistent across different clients. Additionally, they combine skills in different and specific sequences, determining particular microstrategies for action.

Extending the research to situations other than individual counseling, Friedlander and colleagues did a series of two studies comparing the work of different family therapists. In the first study, Friedlander and Highlen (1984) explored the differences, in terms of interpersonal structure, of initial interviews done by Ackerman, Bowen, Jackson, and Whitaker, with the same family. The communication patterns were analyzed by means of a multidimensional scaling (MDS). "MDS takes proximities among stimuli (objects or people) as input, and the major

output is a geometric configuration in which the distance between points corresponds to the empirical measure of relatedness" (Friedlander and Highlen, 1984, p.479). The interviews were taken from the Hillcrest Family Series. Generally the authors found high correlations among the four counselors, mainly between Ackerman and Whitaker, and Bowen and Jackson.

In a second study of the same interviews, Friedlander, Highlen, and Lassiter (1985), made comparisons among the four therapists in the following factors: semantic content, type of counselor intervention, and distribution of talk among the therapists. The three following measures were used: an extralinguistic measure (i.e., distribution of talk among speakers), content (i.e., temporal orientation, interpersonal structure, and system membership), and intersubjective measure (i.e., type of response). Even though several commonalities were found in terms of distribution of talk, and interpersonal structure, the differences clearly emerge. Jackson used more minimal responses (41%) while Whitaker seldom used them (7%). Bower (51%) and Ackerman (39%) used much more requests than the other two (Jackson 11% and Whitaker 19%). Whitaker used more self-referent responses when compared with the other three. Finally, Bower used very few inferential responses (4%), the type of response most often used by Whitaker (36%). The

results of these two studies show how the differences in terms of verbal behavior and structure can be found in situations other than individual counseling. Therapists of the same school, although not differing in some practical aspects, were found to differ in the way they interact with the families.

In this section, the research on the use of skills across theoretical orientations was reviewed. An example of an early study of comparison following the Rogerian hypotheses was presented. Then illustrations of research on the use of skills by therapists of different theoretical orientations, with different clients, in analogue and more naturalistic studies, was reported. A recent example of one study enlarging the comparison to the concept of microstrategies was also discussed. Finally, two studies extending the comparisons to situations other than individual counseling were discussed.

Together, the data shows that different therapists use different skills, in both individual and familial counseling. Additionally, their patterns of skills usage is consistent with their reported theoretical assumptions. Also, some initial evidence exists that counselors not only differ in the skills they use, but also in the way they combine skills. Future research should study how different therapists combine different skills across the entire process.

Conclusion

During the fifties, two approaches were fundamental to increase our understanding of the counseling process. The first contribution came from the behaviorist approach. Rejecting the major philosophical assumptions of the internalism, behaviorists refused to analyze the counseling process in terms of hypothetical constructs. Instead, building a bridge between the consulting room and the laboratory, counselor and client responses were translated into verbal behaviors viewed as following the same learning principles of any other response. A second important contribution came from the studies of Rogers and colleagues on facilitative conditions. In fact, Rogers' attitudes or facilitative conditions were the real precursors of counselor response modes that constitute the core of what I referred to as behavioral intentionality. Behavior intentionality was defined as the network of verbal and nonverbal behaviors occurring between counselor and client. Five different aspects were reviewed throughout this chapter. In the first section, Rogers' attempt to identify the main ingredients of the counseling process was presented. The results of almost three decades of research on the effects of the facilitative conditions of empathy,

genuineness, and positive regard were reviewed. The main conclusions stress the fact that, although necessary, these attitudes cannot be described as the sufficient ingredients of the counseling process. The dissatisfaction with the lack of operationalization of such variables was presented as the main reason for shifting from the concept of attitudes to the one of microskills.

The second section reported with the same detail the shift to the notion of microskills. Studies were reported in which some support was found to the notion that facilitative conditions are composed of a multidimensionality of verbal and nonverbal responses. The conceptualization of the counseling process in terms of skills was presented, with particular emphasis on the microcounseling model of Allen Ivey, and the verbal response system of Clara Hill.

The third section reported the research on the effects of different skills. The studies on the effects of both verbal and nonverbal skills were discussed. An overwhelming amount of studies exist on these aspects. However, there are many conflicting results which makes it difficult to generate definitive conclusions. Certain nonverbal behaviors were found to have positive effects on clients. However, the interaction with verbal components and the analogue characteristics of most of the studies present obstacles to extrapolating conclusions. Different skills were found to produce different effects on clients, but the directions of

these effects is not yet completely understood. It was concluded that research on the effects of different skills should benefit more in the future from the contribution of more naturalistic studies (e.g., Hill, Carter, & O'Farrell, 1983), testing not only proximal but also distal sequences (c.f., Lichtenberg & Heck, in press).

The fourth section, analyzing the research on the use of skills within and across the counseling process, found support for the existence of different stages. These stages were consistent with most of the phases hypothesized by the training literature (e.g., Ivey, 1983). Generally, the existence of a movement from attending to influencing skills, both with and across interviews, was found.

Finally, the fifth section reviewed the studies on the use of different skills by therapists of different theoretical orientations. Together, the research shows that behavioral skills are accurate ways to differentiate therapists from different theoretical orientations. Besides, the differences found in the use of skills by different therapists appear to be consistent with their main theoretical assumptions about clients and therapy. Some initial evidence was also presented to the idea that counselors of different theoretical orientations not only differ in terms of the skills they use, but also in the ways they choose to combine the skills. Finally, the same

differences were also found in situations other than individual counseling, like family therapy.

Summing up, the research on behavioral intentionality shows that the study of concrete behaviors of clients and counselors is fundamental to our understanding of the counseling process. This intentionality also represented an important landmark in the development of more effective ways of training counselors. The shift to a philosophy of realism contributed to a clarification of the mechanisms of the counseling process, and has probably added to our effectiveness as counselors and trainers. However, the presence of conflicting and inconclusive results gives the idea that something is missing in the explanation of the counseling process exclusively in terms of behavioral intentionality. For example, some studies are showing that client's perceptions of counselor behavior are better predictors of client's actions, than the measures done by trained judges (e.g., Lee, Uhlemann, & Haase, 1985). Data like this suggests that the behavioral intentionality approach has perhaps failed to take into account cognitive processes of both client and counselor, such as attitudes, perceptions, beliefs, and hypotheses generation. It is to that "small part of the universe {...} contained within the skin of each of us" (Skinner, 1974, p.24), both as counselors and clients, that I will be referring to in the

next part of this chapter.

Part 2

Cognitive Intentionality

In the first part of this chapter, I made reference to research on behavioral intentionality. The behaviorist movement brought some tools for the study of the concrete determinants of human behavior, often operationalized in terms of stimulus-response conditions.

Breaking with the internalist and idealist traditions in the history of psychology was an important contribution of behaviorism. Our understanding of human behavior was substantially increased by eminent researchers and theoreticians as Skinner and Watson, and therapists like Wolpe and Lazarus.

The description of concrete behaviors of counselor and client, and the understanding of the effects of certain skills is the central aspect of what I have referred to as behavioral intentionality. Accompanying this behavioral intentionality came a clarification of the therapeutic process. But probably the most pragmatic effect was in terms of the development of several effective programs for training clinicians.

The behaviorist movement presents a reaction, and generally a strong rejection to internalism. However, during the 70s a tendency toward an approximation of internalism and externalism, idealism and realism was apparent. Mahoney

(1977), refers to this movement, stating that "behaviorists and cognitive psychologists appear to be cautiously easing into the same theoretical bed" (p.5). This process of mutual approximation was not without pain, as is illustrated by the controversy regarding the arising of cognitive issues within the Association for the Advancement of Behavior Therapy (see Mahoney, 1984).

As was defended by Stone (1980), psychology never stopped to have cognitive influences. However it was only during the 70s that most of the fields began to experience a dramatic change toward the cognitive orientation. This phenomenon is often referred to as "cognitive revolution". In the field of experimental psychology, according to Hilgard (1980), perception, learning, and memory began to be interpreted in cognitive terms. The use of informational concepts and approaches in the experimental laboratory, shifted the psychologists interests to the study of private mental experiences. This cognitive movement was generalized to other areas of psychology, such as developmental psychology (e.g., Piaget, 1929/1971), psycholinguistics (e.g., Chomsky, 1959), social psychology (e.g., Cognitive Dissonance Theory from Festinger, 1957), motivation (e.g., Atkinson, 1964), and the psychology of personality (e.g., illustrated by the growing emphasis in concepts such as schema, plans, and scripts, as was reported in a recent

review by Pervin (1985).

This movement was extensive to the field of counseling and psychotherapy, demonstrated by the rapid growth of the cognitive-behavioral approaches. The cognitive movement in therapy is well exemplified by the work of Albert Ellis (1971) in Rational Emotive Therapy, Aaron Beck (1976) in cognitive restructuring techniques for depressed clients, and Donald Meichenbaum's (1977) self-instruction methods. In the chapter on counseling psychology in the 1984 Annual Review of Psychology, Borgen (1984 b) refers to the cognitive-behavioral approach as one of the major trends experienced by the field. Similarly, Smith (1982), surveying clinical and counseling psychologists, refers to the cognitive-behavioral model as the strongest theoretical commitment.

Cognition began to be the central word in psychology. Most of the therapeutic theories are now being interpreted according to cognitive models. A typical example is Wexler's (1974) formulation of client centered therapy in terms of information processing theory. Empathy is interpreted by Wexler as a facilitative response for increasing the levels of differentiation and integration in the individuals' information processing system. Ivey, Ivey, and Simek-Downing (in press) state that almost all theories of therapy can be conceptualized within a cognitive frame of reference, and that our function "... as therapist(s) or counselor(s) is to

help the client bring cognitions or thoughts about the world together with being-in-the-world".

The "cognitive revolution" was not just another theory. Rather, it was an important step toward the integration of two philosophical traditions separated by the Cartesian dualism, the idealism and the realism. However, this cognitive approach is still seen by some authors as a mere sophistication of the traditional associationist paradigms. That is, cognitive processes are still conceived in an isolated manner. More constructivist perspectives, intending to provide a more integrative conception of thoughts and action, are currently being developed (e.g., Guidano, 1984, 1985; Joyce-Moniz, 1985; Mahoney, 1980, 1981, in press). Associationists and constructivists tend however to share the same basic assumptions concerning the importance of the cognitive processes. These assumptions are briefly summarized by Mahoney (1977):

(1) The human organism responds primarily to cognitive representations of its environments rather than to those environments per se. (2) These cognitive representations are functionally related to the process and parameters of learning. (3) Most human learning is cognitively mediated. (4) Thoughts, feelings, and behaviors are causally interactive (pp. 7-8).

According to these assumptions, it is clear that we can no longer approach human behavior without taking internal experiences into account. The internal experiences,

including perceptions, attitudes, conceptualizations, -----
formulation of hypotheses, and establishment of intentions, -----
constitute what I will be referring to as cognitive
intentionality.

The second part of this chapter will review the research on cognitive intentionality in the fields of counseling and psychotherapy. In order to do that, I will first present a general model concerning the role of cognitions in the counseling process, recently advanced by Martin (1984). The following sections will illustrate data from the research on each of the components of Martin's model: attitudes, client conceptualization process, and intentions. Finally, the methodological problems raised by the verbal reports of cognitive processes will be addressed, along with some examples of ways to explore cognitive intentionality in counseling and psychotherapy.

Although the limitations of the cognitive methodologies are evident and will be more deeply explored in the next chapter, it will be defended that cognitive dimensions are crucial, even for the justification of our existence as a profession. The importance of the study of our own cognitive processes as a main characteristic of our professional identity, was long ago underlined by Meehl (1960):

If there is anything that justifies our existence - other than the fact that we come cheaper - it is that we think scientifically about human behavior

and that we come from a long tradition going back to the very origins of experimental psychology in the study of human error, or being critical to ourselves as cognizing organisms and of applying quantitative methods to the outcomes of our cognitive activity (pp. 26-27).

A Cognitive Mediational Paradigm for Counseling

Probably the most complete model concerning the role of cognitive dimensions of counseling process, is the one recently presented by Martin (1984). In this section, the main ideas of the Martin model will be introduced and the results of a research intended to test its major underlying assumptions will be presented (Martin, Martin, Myer, Slemon, in press).

Martin defends the idea that counseling research cannot advance without taking into account the counselor and client cognitive processes. The counseling outcomes are seen as mediated by several cognitive variables that Martin attempts to specify.

The model rests on two basic assumptions. First, contrary to most of the research on behavioral intentionality, counselor's behaviors are not seen as affecting directly the client behavior. Instead, the actions of the counselor are processed by the client's cognitive structures. These cognitions, rather than the counselor behaviors, represent the best predictors of client's

actions. Secondly, Martin challenges the traditional univocal influencing model, in which only the counselor is viewed as influencing the client. Instead, the client actions are also hypothesized as impacting the cognitive process of the counselor.

Figure 1 illustrates this complex interaction of cognitive and behavioral variables in the counseling situation.

Two basic ideas are presented in the figure:

(1) The counselor cognitively processes the client behavior. Several steps are involved in this process. First, the client behavior is perceived and conceptualized by the counselor; these conceptualizations are then transformed into clinical hypotheses. Next, the hypotheses are further translated into intentions or purposes. Finally, the cognitive intentions reveal themselves in counselor's behaviors.

(2) Similarly, the client cognitively processes each of the counselor's interventions. First, she or he attends to the counselor's behaviors, perceiving them by inferring the counselor's intentions. Then, if able and motivated, will carry out the cognitive implications of the therapist intervention. This is done by allowing change in his/her cognitive system in the direction intended

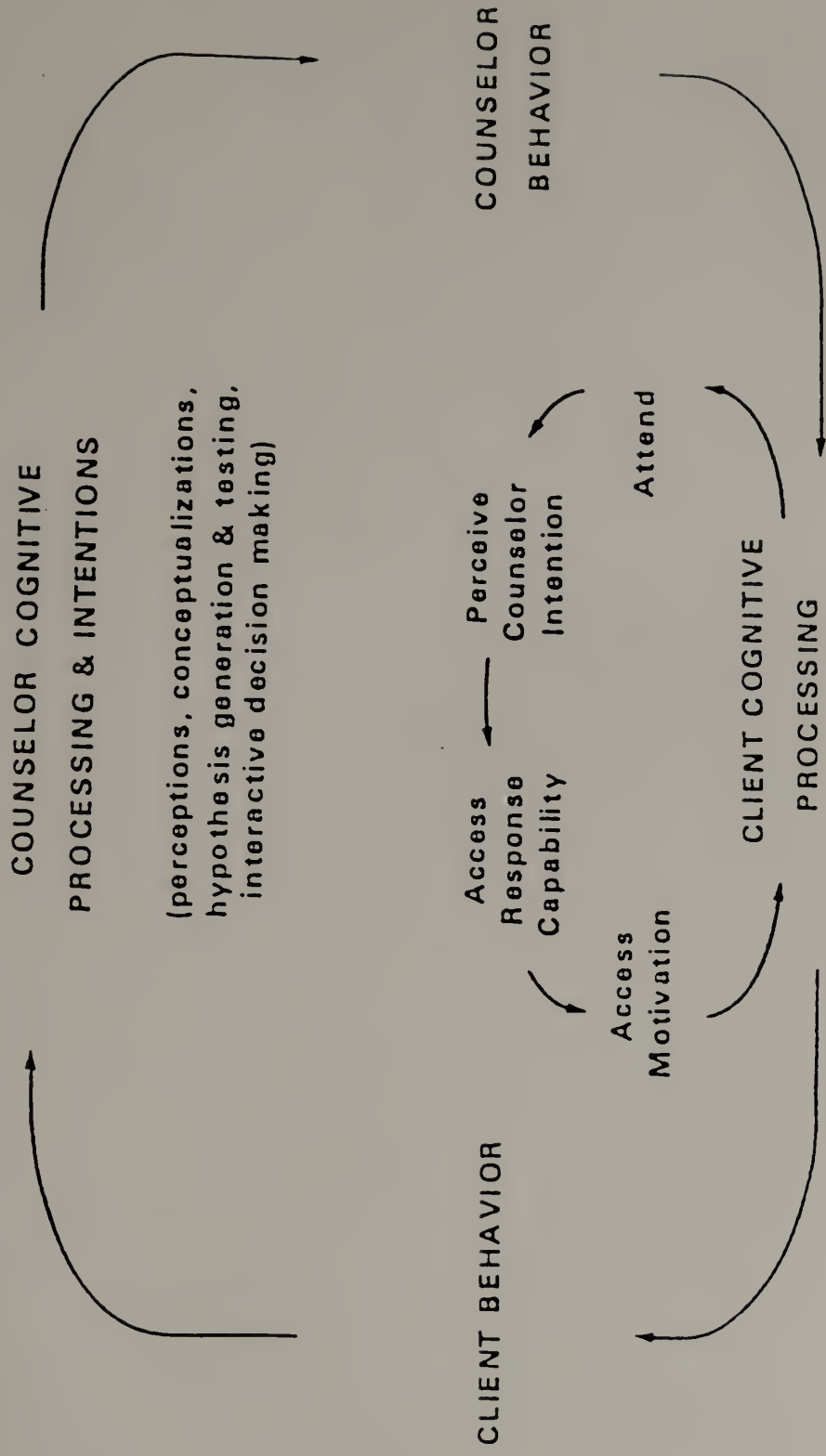


Figure 1. Cognitive Mediation Paradigm (Martin, 1984)

by the counselor. Finally, the client generates responses that translate the impact of her/his cognitive processing of counselors' interventions.

As the counseling process continues, this cycle is continuously repeated in a process of mutual cognitive influence.

Martin's conceptualization appears to be quite close to the Assumptive Reciprocal Interaction Model recently introduced by Highlen and Hill (1984), and summarized as follows:

...in this process the counselor functions as an inductive scientist, putting pieces of information together to formulate specific hypothesis about the client that are then tested, revised and retested. Through the inductive process of drawing conclusions from the complex configuration of client data, the counselor develops an ongoing model of the client. Then, conceptualizations, in turn, influence counselor intentions and behaviors, which are modified by client responses, and so on (p.347).

According to Martin, the effective counseling will be the one where we can find high levels of consistency between cognitions and behaviors. That is, counselor behaviors are consistent with the intentions; client cognitions are consistent with counselor behaviors; and client behaviors are consistent with their own cognitions.

As will be illustrated later in research from Rennie (May, 1984; February, 1985), it is obvious that the achievement of this consistency is not an easy task. It could be the case that the counselor is not translating the

intentions into adequate actions - a contradiction between what she/he wants to do and what she/he really does (i.e., "counselor inconsistency"). It could also be the case that the client misperceives the counselor's behaviors - a discrepancy between what the counselor does and the client's own perceptions and interpretations (i.e., "counselor-client inconsistency"). Finally, it could be that the client's actions are not accurately translating his or her own cognitive processes or intentions - contradiction between what the client is expressing and his/her perceptions, intentions, and cognitions in general (i.e., "client inconsistency"). Going a little bit further, I would add a fourth type of inconsistency, in which counselor misperceives client behaviors, causing what we can refer to as "client-counselor inconsistency".

In order to test some of the model underlying assumptions, Martin et al. (in press) carried out an intensive analysis of 10 counseling dyads engaged in time-limited counseling. Three times during the counseling process data was collected on counselor and client behavior. Additionally, during the recall sessions the authors gathered data on counselor intentions, client perceptions of counselor intentions, and client cognitive processing. The main objective of the research was to analyze the level of consistency on each point of the counseling chain: counselor

intention -- counselor behavior -- client perception of counselor intention and behavior -- client cognitive processing -- client behavior. Generally speaking, two central results deserve to be mentioned. First, the level of consistency was lower for the interpersonal cognitive (e.g., counselor intention -- client cognitive processing) than for the interpersonal behavioral (e.g., counselor behavior -- client behavior) or intrapersonal cognitive-behavioral (e.g., client cognitive processing -- client behavior). Second, counselor rating on counseling effectiveness was found to be significantly influenced by the level of consistency across different elements in the chain. In sum, this research brought initial evidence to Martin's Cognitive Mediational Paradigm, namely for the importance of the consistency between cognitions and behaviors.

The importance of Martin's model rests with the fact that it clearly describes the cognitive dimensions of counselor and client intentionality. In order to understand the counseling process, a simple description of behaviors is not enough. Instead, a study of the perceptions, conceptualizations, hypothesis generation, and cognitive intentions or proposes is needed.

However, the unconscious cognitive dimensions seem to be absent from this model. For example, the model does not address questions such as these:

- Are the counselor's perception of the client only

determined by the client's behaviors, or are they also influenced by factors outside counselor's awareness?

- Why does the counselor attend more to certain aspects of the client than to others?

- Which factors contribute to the selective attention of the client toward certain aspects of counselor's responses?

These and other questions, basic to the understanding of the inconsistencies within and between counselor and client, will be addressed in the next part of this chapter.

In the following sections I will review the research on some of the aspects pointed out by Martin. I will begin with the research which regards the relationship between attitudes, beliefs and counseling skills. Then, the studies of client conceptualization processes and hypotheses generation will be discussed. Following, I will present the research on cognitive intentions of the counselor. Finally, some methodological considerations for the study of cognitive intentionality in counseling will be made.

Attitudes, Beliefs, and Counseling Skills

Most of the existing counseling skills training programs restrict themselves to behavioral intentionality.

According to this perspective, the intentional counselor is the one who is able to master several skills in a flexible way, in order to produce different effects on clients (Ivey, 1983). These programs are based on a behavioral learning philosophy. If the trainer supplies the adequate input (i.e., training program), the trainee is expected to show the appropriate output (i.e., skills mastery).

According to the cognitive perspective, these programs are easily criticized. They fail to recognize the active role played by the subject in the learning process. Several authors have argued that this approach is a reductionistic view of human relations, one which applies exclusively to interpersonal skills (e.g., Mahon & Altman, 1977; Stone 1980, 1982). Stone stated that "to reduce human relations training programs to skills only is to neglect professional development, including the development of personal beliefs and attitudes" (1982, p.450). The cognitive approach assumes the existence of a reciprocal interaction between cognitions and behaviors. Therefore, the counseling skills shall be hypothesized as having some kind of interaction with counselor's attitudes and beliefs.

Two studies, exploring the relationship between the attitudes and counseling skills, were conducted by Stone and colleagues. In a first study, Hirsch and Stone (1982), analyzed how attitudes toward reflection of feeling and interpretation influence the learning and performance of

those skills. The subjects, 37 students, were briefly trained (i.e., 90 minutes) in the use of reflection of feeling and interpretation. After the training, their attitudes toward both skills were evaluated. Finally, an interview with a coached client was conducted. In this interview, the trainees were instructed to use, in different moments, either reflections of feeling or interpretations. The results showed that students with positive attitudes toward reflection of feeling produced higher quality reflective responses. The same result was not found for interpretation. The explanation could be that interpretation, a fairly complex response, cannot be learned in a so short period of time, and/or applied intentionally in this too brief interview. In fact, the subjects in this experiment were not able to give interpretations when prompted to do so. They were not able to master the skill (Ivey, 1983) and thus were unable to make the transformation to cognitive levels. Even with the limitations inherent in an analogue study, this research brought some support to the existence of interactions between attitudes and counseling skills.

In subsequent research, Stone and Kelly (1983) studied the effects of a traditional counseling skills training program, on the trainees' skills acquisition and attitudes change. 37 students were randomly assigned to one of the

three following conditions: interpretations, reflection of feeling, and no training control. The first two groups were exposed to a short training program in either, interpretation or reflection of feeling. After the training, the subjects completed a 10 minute interview with a coached client, and two measures of attitudes: a thought-listing and ranking of adjectives describing persons seeking psychological counseling, and the questionnaire "Opinions About Psychological Distress and Professional Counseling". The results showed the efficacy of the program in terms of learning of counseling skills. However, the attitudes toward clients and counseling were not different between the groups, and were generally negatively valenced.

In a supplementary study, Stone and Kelly applied the same measures, this time with a pre and post-test, to subjects involved in a longer counseling skills training program (i.e., 16 weeks). Again, the program was effective in producing increases in skills of open inquiry. However, the attitudes remained basically unchanged and negatively valenced. The authors concluded that "...the major finding of these studies could suggest that negative attitudes expressed through the listing of adjectives about an individual seeking psychological counseling are pervasive even following training in skills thought to imply a positive view of the client" (p. 213).

Taken together, the research on attitudes, although

still in an exploratory phase, strongly suggests two conclusions. First, the attitudes of counseling trainees seem to interact with the learning and performance of counseling skills. Second, the traditional counseling skills training programs, seem to be less effective in affecting counselor's attitudes, than they are with counselor's skills. The absence of effects at the cognitive level can produce a lack of retainment and generalization of counseling skills, as it was earlier suggested by Ivey and Authier (1978).

The belief system is another cognitive dimension often referred to as interfering with counselor's behaviors. The behavioral and emotional implications of irrational beliefs is underlined by Rational Emotive Therapy (Ellis, 1971). According to Ellis, in the course of our development we overlearn certain kinds of beliefs. Some of these beliefs are irrational in that they lack empirical evidence. The objective of RET is to challenge these irrational beliefs, confronting the client with the absence of data for their empirical support, and providing clients with more rational and adequate ways of thinking about themselves and their world.

Some authors have been referring to counselor's irrational beliefs that can interfere with the efficacy of the counseling process. For example, Stone (1980), reports

some of the irrational beliefs of beginning students in counseling skills training programs: "These helping skills are simply not my natural way of helping people"; and "I must be able to demonstrate these skills without error".

Schmidt (1979) defends that the major focus of supervision should be on the beliefs supervisees bring to therapy. Schmidt reports the existence of three central irrational beliefs: "I must show the supervisor how perfect I am in therapy"; "I must make the right decision or something terrible will happen"; and "I must love doing therapy to be a good therapist". Concerning the supervisee work with the client, four emotions are often referred by the first: anger, boredom, guilt, and anxiety. According to Schmidt, these emotions came from the presence of self-statements such as: "The client should do what I say"; "The client should be more appreciative of me"; "The client should be more interesting or share more important information"; "How awful I am to feel bored by this person"; "I should like my client"; "I should be more competent"; "I don't know what to do and I should". The presence of negative emotions, caused by irrational self-statements could play an important counterproductive role in counseling. Rather than responding to the client, the counselor is often found to be responding to her/his own emotions.

In sum, counselor's attitudes and belief systems seem to play an important role in the way a counselor thinks and acts. Any comprehensive approach of the counseling process, either for training or research, should take these aspects into careful consideration.

Perceptions, Conceptualizations, and Hypothesis Generation

From the research reviewed in the preceding section, it is clear that the attitudes and beliefs of counselors influence their thoughts and actions. These attitudes and beliefs, along with data from client's observations, determine counselors' perceptions and judgements of the client. Some authors defend that, from a collection of information, we form early impressions of the client. Assembling these impressions we construct conceptualizations. Then, these conceptualizations generate hypotheses, subject to testing and retesting (Highlen & Hill, 1984). According to this model, the counselor is functioning as an inductive scientist, where she or he (1) observes client behaviors, (2) originates tentative conclusions, (3) translates those conclusions into hypothesis, and finally (5) subjects them to reality testing (Pepinsky & Pepinsky, 1954).

If one assumes a complete analogy between the human mind and computer mechanisms, this model can be seen as

quite plausible. However, and as we will see later in more detail, several weaknesses can be found in this conception. The first one, as was already pointed out, lays with the fact that perceptions of the client are not only determined by client behaviors. Instead, counselor's attitudes and beliefs seem to play an important role. Second, as it was recently reported by Miller (1985), perceptions of the client are formed very early in the interview. Also, the testing of hypothesis is found to follow a confirmatory strategy, rather than an open inquiry to hypothesis revision. Additionally, several unconscious dimensions, to be discussed in the next third part of this review, also seem to play an important role on our judgments.

This section, without the intention of being an exhaustive description of the research in the field, will review the most important studies on client's perceptions and conceptualizations, hypothesis generation and testing.

The cognitive processes involved in counselor's perceptions, conceptualizations, and judgements, were objects of extensive discussion since the appearance of Meehl's (1954) important book on Statistical versus Clinical Prediction. Comparing the studies on clinical and statistical prediction, Meehl concluded that the evidence goes clearly toward the statistical side. According to him, this is not surprising given the fact that the "...human

brain is poor at weighing and computing" (Meehl, 1984). Therefore, psychotherapy is seen as the application of a science that does not yet exist (Meehl, 1960). While the cognitive processes involved in clinical conceptualization have not been fully explored, these early studies pointed to the limitations of the human cognitive processes, and to the possible inadequacy of a computer analogue model.

Early studies done during the 50s and 60s also contradict the idea that conceptualizations are a slow, continuous process, always subject to testing and revision. Meehl (1960) has shown that counselor's perceptions are formed very early in the interview (i.e., between the second and the fourth session) and remain basically unchanged throughout the process. Similar findings were reported by Parker (1958). Counselors were not found to change their predictions from the first to the following interviews. These early studies go in the same direction as the conclusions of a more recent review of studies on early impressions about clients. Among several findings, Wills (1978) reported the tendency of the counselor to make judgements based on small samples of client's behaviors.

More recently, Friedlander and Stockman (1983) conducted a study in order to test the presence of anchoring and publicity biases in clinical judgment. Anchoring refers to the effects of early presentation of information on subsequent clinical judgments. Publicity effects refer to

the tendency of the clinician to moderate their judgments as a function of having to publicly disclose their opinions to expert observers. The subjects, 46 clinicians, were asked to read a detailed synopsis of five interviews with one moderately and one severely disturbed client. After each interview they evaluated the clients' level of functioning and estimated their progress. The anchoring effects were tested by manipulating the time when salient pathogenic information was introduced: early (i.e., end of the first interview) or later (i.e., end of the fourth interview). In the publicity conditions, the subjects were asked to justify their estimates, whereas in the non-publicity condition they did not have to disclose any justification at any time. Generally, the results revealed a significant anchoring effect in the judgment of the moderately disturbed client. That is, bias was introduced in the clinical judgment by the presentation of early information about the client. No significant effects were found for either the manipulation of publicity or anchoring effects in the evaluation of the severely disturbed client. Again the data points to the tendency of clinicians to rely on information presented earlier in the interview in order to make their judgments and predictions. However, there also seems to exist some kind of interaction between anchoring effects and client characteristics.

In sum, "what seems to emerge from the literature is that counselors are abundantly influenced by early observations and form relatively quick impressions about the clients" (Miller, 1985, p. 277).

Apparently, the counselor makes early inferences based on client's behaviors, which in turn influence the construction of conceptualization and judgements. In other words, the input provided by the client interacts with the counselor's cognitions in order to produce counselor's output. The question which remains is: how complex are those counselor's cognitive processes? According to the studies of Meehl and others, it seems that the conception of the counselor's mind as a computer analogue is more fiction than reality. The computer analogue model, also referred to as full model (Strohmer, Haase, & Biggs, 1982), assumes that the data coming from the client's observations impact counselor's inferences and attributions. Counselor's conceptualizations of the client are dependent not only on these inferences and attributions, but also from the direct influence of observations per se. This model assumes the existence of an almost unlimited capacity of the human information processing system. Given the well known limitations of capacity for processing simultaneous information, it will be more plausible to hypothesize more simple models.

Strohmer et al. (1982) conducted research intended to

analyze the adequacy of the full model when compared with less complex models of clinical judgement. The subjects, 46 doctoral students were presented with observations of a hypothetical client's personality, achievement and disability. Based on this information, the subjects were instructed to make inferences of client's actual level of functioning, to make causal attributions, and a prediction of the client's progress in counseling. The results of this research point to three main conclusions. First, any adequate model of clinical inference shall include the counselor's cognitive mediation processes. Second, the observations of the client directly influence counselor's inferences, but not counselor's judgements. Finally, and contrary to some suggestions coming from the literature on attribution theory (Kelley & Michela, 1980; Weiner, 1975), attributions seem not to play an important role in clinical judgments. Although needing replications in real counseling situations, this data suggests that counselor's judgments of client are only determined by counselor's inference on the client's actual level of functioning. This model goes beyond the simple input - output linear models, and is less complex than the "ideal" computer or full model.

The human mind seems not to be functioning similarly to the computer. Counselor's perceptions, conceptualizations and judgments follow a model probably more closely aligned

to the one described by Strohmer et al. Thus, the computer model describes inadequately how therapists think, as is captured in Sarbin's (1984) words:

"...hardly anyone would today challenge the claim that the clinician {...} does not and cannot function as a computer. The clinical context is always a flux {...}. The clinician, (like the client and the rest of us), is an inveterate story maker and story teller. Like the literary critic, the clinician interprets the text of the client's self-narrative, emplotting yet another story. The test of the truth value of the therapist's story is coherence, rather than correspondence (p. 13).

According to Strohmer et al. (1982) it seems that counselors' judgments are determined by their inferences based on client's observations. Additionally, the research tends to support the conclusion that these inferences are formed very early in the interview based on small samples of client's behavior. Further, these early inferences remain basically unchanged throughout the counseling process. These findings are consistent with the primacy effects reported in the social cognition literature (Nisbett & Ross, 1980). Primacy effects refer to the observers' tendency to be influenced in their impressions, by early observations. In the course of social interaction, people tend to search for information that is consistent with those early impressions (Snyder & Swann, 1978). Extrapolating from the social psychology literature, one can then state that the counselor's hypothesis testing strategies are not so divergent and open to change as was defended by the

advocates of the computer model. I will now turn to some recent research attempting to clarify the dilemma in hypothesis testing, regarding the use of convergent versus divergent strategies.

Hirsch and Stone (1983) conducted one piece of research with the intention of studying the cognitive processes involved in the client conceptualization and hypothesis testing strategies. The subjects, 27 counseling psychology doctoral students, were asked to read a description of a client, followed by a videotape showing five minutes of an interview with the same client. Then, the subjects were asked to write about their conceptualizations of the client, the most important focus for counseling, the basis for their impressions, what they would like to know next, what question they would ask, and how those questions might help them. This entire sequence was repeated two more times, with the presentation of additional written and video information each time. The dependent measures (e.g., new conceptual statements, number of questions asked, proximity between questions and conceptualizations, strategy, confidence) were organized in order to answer the main question, which was to know if the participants used convergent or divergent conceptualization and questioning strategies. The findings confirmed the existence of phenomena of early convergence, with significant interactions with subjects' level of counseling experience.

The higher the experience, the greater the early convergence.

Hirsch and Stone's findings are consistent with the research reported above. That is, the primacy effects and confirmatory questioning reported by researchers in social psychology, was found to be an important characteristic of the counselor's cognitive processes. Additionally, these effects seem to be more evident with more experienced counselors.

Holloway and Wolleat (1984) investigated the same phenomenon, but this time exploring the relationship between clinical hypothesis formation and testing, and counselors' conceptual level and degree of experience. The subjects, 37 counseling students, after completing a conceptual level measure (i.e., Paragraph Completion Method), viewed a videotape of a counseling interview. Following the interview, they were asked to complete a measure of clinical hypothesis formation and testing (i.e., Clinical Assessment Questionnaire). The results showed a significant relationship between quality level in forming and justifying a clinical hypothesis, number of divergent questions asked, and counselor's conceptual level. That is, conceptually complex counselors tend to elaborate clinical hypothesis of higher quality, and tend to look for more divergent information. Contrary to the study of Hirsch and Stone, no

significant relationship was found between hypothesis formation/testing and counselor's level of experience.

Extrapolating from Hirsch and Stone, and Holloway and Wolleat studies, we can hypothesize that there is an interaction between counselors' characteristics (demographic and cognitive) and the use of convergent/divergent questioning strategies. However, the direction of this interaction is not yet clear.

Different findings concerning the use of convergent questioning strategies have been reported by several studies conducted by Strohmer and colleagues. In the first of a series of two studies, Strohmer and Newman (1983) presented a list of 38 questions to 60 undergraduate students. From this list, the subjects were asked to select the 12 questions that would best help them test the personality type of a hypothetical person (i.e., introvert vs extrovert). The questions were of four types: extroverted questions (i.e., solicitation of information confirmatory of extroversion); introverted questions (i.e., solicitation of confirmatory of introversion information); irrelevant questions (i.e., not related to introversion/extroversion variable); and finally, unbiased questions (i.e., equally like probability of soliciting information of either traits). The majority of participants in this study chose the unbiased questioning strategy, and did not adopt the covergent strategy found in social psychology (Snyder &

Swann, 1978) and counseling studies (Hirsch & Stone, 1982).

In a subsequent study, Strohmer and Newman tested the same hypothesis but within a counseling analogue situation. Advanced students in counseling psychology were asked to write and verbally produce questions intended to evaluate the presence or absence of self-control in students with whom they interacted for 10 minutes. Again, the participants were found to rely almost exclusively on an unbiased questioning strategy.

Perhaps the most serious limitation of these studies, when compared with those done by Hirsh and Stone and Holloway and Wolleat, rests on the fact that the hypothesis to be tested were not constructed by the subjects, but instead given by the experimenter. Therefore, the subjects were only involved with the hypothesis testing, rather than with the overall process of conceptualization, hypothesis generation, and testing. In order to overcome these limitations, an additional series of studies were conducted by Strohmer and Chiodo (1984). In the first study, they tested if the involvement on hypothesis construction had any effect on the use of convergent versus divergent questioning strategies. Subjects, 40 master level counselors, after reading a psychological report of a client, were divided into two groups: experimenter-generated hypothesis, and self-generated hypothesis. In the experimenter generated

hypothesis condition, subjects were given the hypothesis by the experimenter; in the other group, they were asked to elaborate their own hypothesis. Participants from both groups were then instructed to generate questions in order to test the hypothesis. The results showed two main findings. First, subjects from the two groups did not differ in the frequency of questions of any category (i.e., confirmatory, disconfirmatory, irrelevant, and unbiased). Second, participants from both groups tended to develop significantly more unbiased questioning strategies. Thus, the results of this study provided additional support for the conclusion of Strohmer and Newman. That is, counselors tend to develop unbiased questioning strategies, regardless of their level of involvement with hypothesis generation.

The research on social cognition suggests that observers' self-schema (i.e., cognitive generalizations about the self), tend to influence their questioning strategies in order to find, in others, information confirmatory with their own self-schema (Fong & Markus, 1982). The second study of Strohmer and Chiodo evaluated how counselors's self-schema influenced the choice of questioning strategies. The subjects, 40 counselors in training, were assigned for one of the following conditions: schema consistent (i.e., extraverted schematics asked to test an extravert hypothesis); schema inconsistent (i.e., extravert schematics asked to test an introvert hypothesis);

and aschematics conditions (i.e., aschematics asked to test an extravert hypothesis). The subjects were asked to choose 12 among 38 questions, in order to test either introversion or extroversion of a hypothetical person. Similarly to the previous studies, the questions were of four types: confirmatory, disconfirmatory, irrelevant, and unbiased. The results revealed that the participants in the two groups did not differ in the frequency they selected different kinds of questioning strategies. Again, and like in the previous studies, the subjects selected significantly more unbiased questions.

From this group of four pieces of research by Strohmer and colleagues, it seems that counselors tend to use divergent questioning strategies, opening their conceptualizations and hypothesis to challenge and change. These data are clearly in contradiction with the findings of the research reported above either inside or outside counseling. However, several limitations could be pointed to both groups of studies. First, all the studies were conducted in analogue situations. Although the subjects on Hirsch and Stone's study were closer to the counseling situation in the sense that they presented initial and subsequent information about the client, we were still in the presence of an analogue situation with limited generalizations to the counseling process.

Second, both groups of studies, with the exception of the research of Hirsch and Stone, seem to have instruction that could bias the subjects' responses. Strohmer and colleagues accused Snyder and Swann (1978) of using biased instructions. However, the instruction given by Strohmer to their subjects is also questionable as can be seen in the following quotation:

...before accepting this tentative conclusion about the client, good counseling requires that more specific information be gathered relative to client's likes and dislikes, their favorite activities, (...) in order to confirm and disconfirm the hypothesis (Strohmer & Chiodo, 1984, p.512).

With these instructions, the participants were clearly directed to use unbiased strategies consistent with the so called scientist model. In other words, the biases of the researchers themselves, seem to be a good example of the question they are trying to study. They are using confirmatory research strategies in order to conclude predetermined hypotheses.

Despite the amount of research on conceptualizations and hypothesis testing strategies, few secure conclusions can be drawn. Bringing the research together, it seems that counselors tend to form their conceptualizations very early in the interview and based on small amounts of information. These early convergences seem to depend on several counselor's characteristics, such as experience and conceptual level. The use of convergent or divergent

questioning strategies is still an issue of considerable controversy, given the presence of disparate findings and methodological limitations of the research. Finally, counselor's processing of client information seems to be inadequately described by the computer analogue model, the reason why probably most of the research, following this model, has failed to provide consistent results. Future research should address these phenomena within actual counseling situations.

Cognitive Intentions

In the preceding sections I referred to the effects of attitudes, beliefs, and conceptualizations on counselor's response. As was defended by Martin (1984), another factor mediating between conceptualizations and responses still exists. I will be referring to that factor as counselor's intentions. These intentions are now becoming an object of increased attention due to the recent publication of a specific measuring instrument by Clara E. Hill and colleagues. According to Hill and O'Grady (1985) "Intentions can be defined as the therapist's rationale for selecting a specific behavior, response mode, technique, or intervention to use with the client at any given moment within the session" (p. 3). In this section, I will refer with some

detail to the recent studies of Clara Hill and colleagues on the validation of their list of intentions. Then, the research on the relationship between counselors' intentions, behaviors, and clients' perceptions will be summarized.

Hill's research on intentions tries to explore the why of counselor's behavior rather than the what. Each counselors' response, technique or strategy is viewed as the concrete translations of their cognitive intentions. According to the theoretical model provided by Hill and O'Grady (1985), the counselor's conceptualizations are translated into goals or intentions. These intentions guide the selection of a particular skill or strategy. Next, the client perceives the counselor's responses and tries to understand her/his intentions. Then the client formulates his/her own intentions for selecting a response. Based on client's responses, counselors' adjust their conceptualizations and subsequent actions.

Recently, Hill and O'Grady had presented the validation of a scale to measure the counselor's cognitive intentions. This scale consisted of a list of 19 pantheoretical and nonmutually exclusive categories. In order to measure their intentions, the counselors are instructed to review a session within 24 hours, and to note, for each turn, all the intentions that had guided their choices. A complete description of the instructions and list

of intentions can be found in the appendix.

Hill and O'Grady (1985) reported two studies about the role of these intentions in real counseling situations. In the first study, 20 entire sessions with a female neurotic client were analyzed in order to explore: (1) if intentions vary across the counseling process, (2) the relationship between counselor's intentions and counselor's response modes, and (3) the relationship between counselor's intentions and client's response modes. The data showed that, across treatment, there was a significant decrease in the intentions of getting information, clarify and cathart, from the first to the final third of each interview. The sequential analysis revealed several associations between counselor's intentions and counselor and client response modes. The associations of counselor's intentions and responses are consistent with most ideas defended in the theoretical literature. These associations also pointed to the fact that there is not one single response mode with which to translate each intention. However, few associations between client's responses and counselor's intentions obtained statistical significance. These data suggest the presence of some intervening variables between counselor's intentions and client's responses.

The objective of the second study of Hill and O'Grady was to compare the intentions of experienced therapists from different theoretical orientations. The sample was

constituted of 42 practicing, experienced, Ph.D therapists. Subjects were asked to choose a middle session with a neurotic client, tape the session, review and classify it within a period of 24 hours. Additionally, they were asked to rate their theoretical commitment to different schools of therapy (i.e., psychoanalytical, behavioral, and humanistic), and to rate the overall quality of the session. Several conclusions from this research deserve to be emphasized here. First, the intentions were found to represent useful measures to differentiate among various schools of psychotherapy. Psychoanalytical oriented therapists tend to underline intentions such as feelings and insight. Behaviorists report more intentions of change, set limits, and reinforce change. Finally, humanists score significantly higher on the intention of therapist needs. Second and consistent with data from the first study, the session tends to begin with intentions to clarify and get information, and to end with cathart, insight, and change. Third, the qualitative ratings of the sessions were positively related with the intentions of focus and feelings, and negatively related to get information and support. Finally, several clusters of intentions were found: assessment intentions (get information, focus and clarify), therapeutic work intentions (cognition, behavior, self-control, feelings, and insight), change (change, and

reinforce change), problems (set limits, give information, resistance, therapist needs), and finally nonspecific factors used at all points of therapy by all kinds of theoretical orientations (support, cathart, hope, challenge, relationship).

In a recent study Fuller & Hill (1985) looked for the differences between client and counselor perceptions of intentions. In order to analyze this and other questions, four counselors saw four volunteer clients for a single session. After the interview, both counselors and clients reviewed the session listing their intentions and rating the helpfulness for each turn. The results showed that clients perceived significantly more support, focus, and clarify, while counselors perceived more self-control, and resistance. The matching between counselors intentions and clients perceptions was higher for get information, set limits, and clarify, and lower for relationship, resistance, and therapist needs. The central idea that one gets from this study is that "after participating in the same counseling session, counselors and helpees perceived different things to have occurred" (p.335). These results confirm in part Martin's et al. (in press) finding of a lower degree of matching for interpersonal cognitions. However, and contrary to Martin's data, here the match was not found to relate significantly with the outcome. However, these differences can be explained by the fact that Martin's

research is not restricted to the interpersonal cognitive matching.

Taking these three studies together, several conclusions can be drawn. First, intentions seem to be an important mediating factor between conceptualizations and responses. Second, intentions seem to vary across and within the interview, consistently with most of the theoretical models of the helping process (e.g., Carkhuff, 1969, 1980; Ivey, 1971, 1983). Third, associations can be found between intentions and counselor's responses, showing, however, that each intention can be translated into different verbal responses. Finally, intentions seem to be useful tools in identifying the discrepancies as well as the commonalities among theoretical orientations.

One interesting finding from Hill and O'Grady was the absence of strong associations between counselor's intentions and client responses. That is, only a very small amount of variation in client's responses was explained by the therapist's intentions. These data suggest the existence of mediating mechanisms. Probably as suggested by Fuller & Hill (1985) the client is directly influenced neither by the counselor's responses nor by the counselor's intentions. The client's perceptions of the counselor's intentions could be an important factor, if not the most important, mediating his/her own responses. A series of studies by Elliott and

colleagues explored this hypothesis.

Elliott (1979), in a series of two studies, investigated how clients perceive different counselors' response modes. From the theoretical literature, the following relationships between counselors' responses and clients' perceptions of their intention can be established: "(a) Advisements are perceived as guiding the client, (b) Acknowledgement ('uh-huhs') are perceived as reassuring the client, (c) Reflections are perceived as communicating understanding of the client's message, (d) Interpretations are perceived as explaining the client to himself or herself, (e) Questions are perceived as gathering information or understanding the client, (f) Self-Disclosures are perceived as using (the helper's) self to help the client" (p. 286). Elliott tested these associations. In the first, an analogue study, 24 helper/client pairs interacted for a period of 30 minutes. Three portions of the interview (i.e., initial, middle, end) were videotaped. After the interview, a tape assisted recall was conducted. During this recall an inquirer asked the client what she/he thought was the helper intention at each turn. The results found a significant but weak support for all the association hypotheses. That is, only a small portion of client's perceptions of counselor's intentions was explained by the counselor's responses.

A second study was conducted by Elliott (1979), this

time within a counseling context. The participants were 16 pairs of clients and helpers actually in counseling. Similar to the first study, a session was recorded and recalled. The measures for the intentions and verbal responses were the same of the first study. Partial correlational analysis showed the existence of significant but weak associations for five of the six hypotheses. Few statistically significant differences were found between the analogue and the counseling studies. The data from both studies clearly shows the presence of some relationship between counselors' responses and clients' perceptions of their intentions. However, counselors' responses have very limited capacity in the prediction of clients' perceptions.

In a subsequent study, Elliott, Barker, Casky and Pistrang (1982) reported additional data from the two researches reported above. This time the objective was to analyze the perception of helpfulness of different response modes. The response modes were analyzed from three different perspectives: (1) external observers' measure of counselor behaviors; (2) client's perception of counselor's intentions; (3) counselor perception of her/his own intentions. Additionally, clients and counselors reported the perceived helpfulness of each response mode. Two main findings deserve mention. First, and consistently with part of the data reported by Hill and O'Grady (1985),

interpretations and advisements were perceived as the most helpful responses, for either the counselor or client. And, questions were perceived as the least helpful. Second, and most important, strong effects of the measuring perspectives were found. It was the client's perception of the counselors intentions that predicted the helpfulness ratings, rather than the response modes or the counselor's perceptions. Additionally, counselors' perceptions of their own intentions predicted their own helpfulness ratings, but not clients' ratings. Third, the relationship between response modes and helpfulness ratings was small.

In sum, the research from Elliott and colleagues shows that client perceptions cannot be directly predicted from counselor responses or reported intentions. Additionally, the helpfulness of a response depends upon the client's perception, rather than the response itself. Given the fact that verbal responses were found to be weak predictors of client responses, Elliott and colleagues (Elliott, 1985; Elliott, James, Reimschuessel, Cislo, & Sack, 1985) are currently developing methodological tools to analyze the immediate impact of therapeutic interventions based on clients' description of this impact.

Summarizing, the research on intentions seem to be a good way to observe the cognitive dimensions of counselor and client behaviors. This research gives reason to believe that the perceptions of each participant are more important

than the concrete behaviors in the interview. However, an important problem surrounds the verbal report of cognitive intentions. Counselors and clients can only report the intentions of which they are aware. As I will demonstrate later on, there are reasons to believe that some unconscious determinants can influence our behaviors in the interview. Hill and O'Grady (1985) seem to recognize these limitations when they give the example of "...a therapist response based on countertransference issues of he or she is unaware, these issues cannot be reported" (pp. 19-20).

Cognitive Intentionality and Therapy Recall

Some methodological problems exist in the study of cognitive intentionality. Since we do not have direct access to cognitive processes, we have to either infer them from actions, or ask the person to report what is going on "inside". The validity of the inference made is highly questionable. Inferences of another's cognitive processes are seldom accurate and vary according to the observer lens. The second mode, self-report of cognitive processes, has been a subject of debate since the existence of scientific psychology (e.g., Bakan, 1954; Boring, 1953).

The validity of introspection as an acceptable methodology was challenged by the behaviorist movement.

Psychologists were instructed to rely exclusively on the observation of concrete behaviors. However, the cognitive revolution, along with the shift of attention to the inner world, had brought the necessity of reconsidering methodologies for the study of cognitive processes.

During the last few years, some methodologies were developed in order to explore the cognitive processes (see Merluzzi, Glass, & Genest, 1981). Martin (1984) had recently suggested three methods from the research on instructional effects (i.e., process training, stimulated recall, cognitive training). Probably the most complete method is the one presented by Kagan several years ago, called Interpersonal Process Recall (Kagan, Krathwohl, and Miller, 1963). Briefly, this method consists of three basic components. First, an interview is taped. Second, counselor and client review the interview. Third, during the review, the participants are asked to recall the cognitive processes that took place at each moment. Some of the early reported research, like the one of Hill and O'Grady (1985), follow this methodology. The advantages of this method are that it has multipotentiality for practice, training, and research. Early studies have shown the usefulness of this methodology in accelerating the client's process in short and long term therapy (e.g., Kagan, Krathwohl, and Miller, 1963; Resnikof, Kagan, and Shauble, 1970) and training and supervision of clinicians (see review of Ford, 1979). Other studies are

either finding validity to the method (Katz & Resnikoff, 1977), or devising tools to facilitate the research on I.P.R. (e.g., Tuckell, 1980).

Rennie (May, 1984; February, 1985) is involved in a deep study of client's recall of therapy. He developed a recall, inquirer and analysis of therapy sessions of eight clients from different experienced therapists. By means of a ground theory analysis (i.e., breaking the communication into meaning units), he found that "clients operate within more than one level of awareness and that some of these levels are not verbally expressed to their therapists" (1984, p. 18). Rennie reported the most important emerging category on client recall, which he called client agency. By this, he refers to the way clients' internally process and evaluate their own as well as the therapists' responses. This is well illustrated by the functions that Rennie (February, 1985) was able to identify in the clients' narrative process. The process of story telling was found to have six different functions for the client: addressing tension associated with past events; re-experiencing and understanding the real feelings; ventilating these feelings; generating ideas that could contribute to self-understanding; sense of control; operation of private covert processes. All these data show how the client actively judges and processes all the information present on

the counseling process. An apparently simple process such as telling a story, can accomplish several useful therapeutic functions, of which the counselor is seldom aware.

Of course no methodology is without problems when the focus of concern is the internal process. As will be pointed out later, the existence of unconscious dimensions should alert us to the limitations of verbal reports on cognitive processes (e.g., Nisbett & Wilson, 1977). However, several authors have been trying to improve our methodologies. For example, Ericsson and Simon (1980) found that the validity of verbal reports on cognitive processes could be improved if the subjects are given specific probes, and if we reduce the time between the event and the recall. Of course, these methodologies still need improvement, and we cannot satisfy ourselves with the tools of the early introspectionist. However, as it is pointed out by Rennie (personal communication, March 26, 1985) the material that we are getting from the research is sufficiently rich to neglect. A dimension other than the concrete communication, seems to be an important component of the therapeutic situation. The recall of therapy seems to be at least an initial toll to assess the dark side of counseling and therapy.

Conclusions

The cognitive orientation, experienced by all fields

of psychology since the 70s, had produced a shift from externalism to internalism. The internal, covert processes have again become a focus of attention. In philosophical terms, this movement corresponds to the integration of the realistic and idealistic positions separated by the Cartesian dualism. The study of counseling and psychotherapy began to be approached within this cognitive point of view. The relationship between counselors' and clients' overt responses and internal processes has been the main issue addressed by the researchers during the last couple of years.

The objective of the second part of this chapter was to review the research on the cognitive dimensions of the counseling process. The main underlining idea, defended here, was that there seems to be a complex network of cognitive processes beyond the concrete behaviors of the counselor/client interaction. Cognitive intentionality was defined as internal experiences, which includes perceptions, attitudes, beliefs, conceptualizations, formulation of hypothesis, and establishment of intentions, present in both client and counselor, in the course of the therapeutic process.

This part began with the presentation of Martin's Cognitive Mediational Paradigm to counseling, in which the interactions between counselor and client were seen as

mediated by a complex network of cognitive processes.

Second, the research on the relationship between counseling skills and attitudes and beliefs was reviewed. It was shown how our responses to the client are influenced by our attitudes and beliefs toward the skills, the clients, and ourselves.

Third, the conclusions of the studies done on conceptualizations, hypothesis generation, and testing, were presented. Despite some conflicting results, there is evidence that counselors tend to form their conceptualizations very early in the interview based on small amounts of data. Additionally, they use questioning strategies that tend to confirm early conceptualizations, and these conceptualizations remain quite stable throughout the process. In sum, the computer model, where the counselor is viewed as carefully processing, and revising all the information, seems not to be an adequate description of counselor's cognitive processes.

Fourth, the studies of counselor intentions (by Hill and colleagues), and those about client perceptions of counselors' intentions (by Elliott and associates) were reviewed. From the studies of Hill and colleagues, the following findings were emphasized: (1) intentions are important factors mediating between conceptualizations and responses; (2) intentions vary within and across interviews; (3) there are strong associations between counselor's

intentions and verbal responses; (4) intentions are useful in identifying commonalities and discrepancies across schools of therapy. From the research of Elliott and collaborators, the main conclusion is that clients' perceptions cannot be directly predicted from counselors' responses and intentions.

Finally, some methodological problems raised by the research on cognitive intentionality were addressed, along with some examples from the research using recall of therapy.

From the research reviewed here, it is evident that some light appears inside the tunnel of the cognitive processes. There is no doubt that few understandings will be achieved without a dive into the internal processes of counselor and client. Of course, the conscious cognitive processes represent only a small part of the internal, and covert dimensions. The other part, usually referred to as unconscious, represents an even darker side waiting clarification. These unconscious dimensions of the cognitive processes will be addressed in the third part of this chapter.

Part 3

Unconscious Intentionality

I have referred thus far to two dimensions of intentionality, behavioral and the cognitive. However, as stressed by May (1969) "intentionality...goes below levels of immediate awareness and includes spontaneous bodily elements and other dimensions which are called 'unconscious'" (p.234). As I pointed out, the behavioral intentionality is represented by most counseling and therapy research. In giving some concreteness to the counseling situation it is possible to gain some beginning understanding on the regulating mechanisms of the counselor/client interaction. Additionally, and as a direct consequence, the training of counselors and therapists becomes much more practical.

However, the reality of the counseling situation is much more complex than it was originally conceived by pioneering researchers. Under the influence of the cognitive movement, (which has affected nearly all the fields of psychology since the 1970s), counselors and clients began to be seen as active information processors rather than as simple recipients of external stimuli. Consequently, counseling researchers redirected their attention to the exploration of covert variables, which are illustrated in studies of perception, attributions, intentions, and

attitudes. Simultaneously, it was apparent a movement searching for new and alternative methodologies, exemplified by intensive single case studies and recall of therapy sessions. Also the training programs began to discover increased preoccupation with the necessity of establishing objectives at the cognitive level.

While this cognitive movement is in its beginning stages in the fields of counseling and therapy, other areas of psychology are already experiencing what some authors have chosen to call "cognitive unconscious revolution" (Van Den Bergh & Eelen, 1984). In this third part, some of the characteristics of this emerging unconscious movement will be described, and several implications to the concept of intentionality in counseling and psychotherapy are discussed. Although the concept of unconscious comes from a long tradition in counseling and psychotherapy (e.g., psychoanalysis), it was only during the last few years that it has become an object of researchers' interest. Researchers are only now trying in the laboratory, to find validity for such a controversial construct.

Before reviewing the literature it will be useful to define what is meant by unconscious. The easiest and also the most complete way is to adopt the broader definition recently offered by Bowers (1984), in which he presents unconscious influences as the "determinants of thought and

action that are not noticed or appreciated as such" (p.228). The present definition includes two important concepts: the intrapsychic notion defended by the psychodynamic theorists; and the notion of the unconscious external influences, a recent object of study by cognitive psychologists. Additionally, this definition encompasses the concepts of unconscious defended by Zajonc (1980): an affective unconscious, exemplified by the research on selective and subliminal perception; and another, related to the automatic processing of information produced by overlearning.

In this section I will present a review of the research on the different dimensions referred in Bowers' definition. I will begin with a presentation of Nisbett and Wilson's (1977) argument on the limitations of the cognitive methodologies, mainly focused on the verbal report of cognitive processes. Following that presentation, some of the most important positions in defense of the unconscious will be reviewed. Then the role of the affective processes on the unconscious will be analyzed. Next, the literature on subliminal perception, and its relations to social and clinical phenomena will be discussed. I will end this part of the literature review with a brief overview of the concept of countertransference.

Limitations of the Cognitive Methodologies

In an important revision of literature on the validity of the introspective processes, Nisbett and Wilson (1977) concluded that there is an absence of evidence supporting the idea that it is possible to gain access to our own cognitive processes. In other words, the subjects verbal reports on the cognitive processes during the execution of a given task, are generally inaccurate and based on causal theories constructed a priori by the subject.

The research in fields such as attribution, insufficient justification, learning-without-awareness, reported weights assigned to certain stimuli, subliminal perception, problem solving, effects of the presence of people in helping behaviors, as well as some exploratory studies conducted by Nisbett and Wilson has found evidence in support of the following conclusions: (1) in some cases the subjects are not aware of the existence of the stimuli; (2) in other situations the subjects are not aware of the existence of a given response; (3) and still in other situations the subjects are not aware that a given stimulus has effected a response. A good example can be found in a study done by Nisbett and Wilson. Ninety students watched a film under one of the three following conditions: (1) distractibility by noise; (2) distractibility by an unadjusted focus; and (3) no distraction. After the film, the

subjects were asked to rate their interest to the film. Then, the experimenter apologized for the disturbing conditions, and asked the subjects to report the influence of the disturbing conditions in their ratings. The results revealed no significant differences among the ratings of the three groups. However, subjects in the noise condition perceived significant effects of the disturbing conditions in their ratings. According to the authors, this study is a good example on how introspection access is "not sufficient to produce accurate reports about the role of critical stimuli in response to questions asked a few minutes or even seconds after the stimuli have been processed and a response produced" (p.246).

Although still controversial, the core of Nisbett and Wilson's conclusions have been widely accepted (see Bowers, 1984; Lundh, 1979). Assuming these conclusions are valid, one can raise strong doubts regarding the accuracy of the recall of cognitive processes reported by counselor and client. And data from the recall of therapy sessions (e.g., Rennie, August 1984) and counselor's reports on intentions (e.g., Hill & O'Grady, 1985), must be regarded with caution. Evidence from the research, points to the fact that what is reported is usually nothing other than the application of aprioristic causal theories. That is, subjects reported as their own cognitive processes, those that they see as

logically adapted to a given situation. This explains why the actor's explanation seldom differs from the one given by an observer.

These data call attention to the existence of certain variables influencing our actions and thoughts (i.e., concrete and cognitive intentionality) and of which we are completely unaware. It is to this unconscious influence on our thought and action that I will refer to as unconscious intentionality. Briefly stated, unconscious intentionality is the group of psychological processes of which we are unaware, even though influencing our thoughts and actions as clients and counselors.

The Importance of the Unconscious Processes

Shevrin and Dickman (1980), in one of the most widely cited articles supporting the importance of the unconscious, defend the idea that no psychological theory can operate without taking into account the concept of unconscious. According to Shevrin and Dickman, the unconscious processes present three main characteristics: (1) they are psychological; (2) they are active; (3) and they are different from the conscious processes. Two postulates follow from these characteristics. The first, called "weak", assumes the existence of the unconscious and its effects on conscious processes. The second, designated as "strong",

assumes that the unconscious processes follow their own laws and organization principles, and are necessarily different from those ruling the consciousness.

Reviewing the research in areas such as selective attention, subliminal perception, retinal image stabilization, binocular rivalry, and backward masking, Shevrin and Dickman found enough evidence to confirm each of the referred postulates, and additionally, to confirm that the initial phase of information processing occurs outside conscious. The authors also state that the awareness of a given stimulus depends on the existence of three groups of factors:

1. Stimulus factors (e.g., loudness, brightness, figural coherence, etc.).
2. State factors (e.g., level of arousal, sleep stage, fatigue, distractibility, etc.).
3. Motivational factors (e.g., avoidance, anxiety, guilt, conflict, etc.). (p.431).

It is particularly important to mention that motivational states are unconscious contributing factors. The admission that unconscious processes have internal as well as external determinants is consistent with the definition adopted above, and offers some promising ground for the integration of clinical and laboratory data, as it is stated in the following conclusion of Shevrin and Dickman:

The clear message from much recent thinking in psychology appears to be that behavior cannot be understood without taking conscious experience into

account and that conscious experience cannot be fully understood without taking unconscious psychological processes into account. The laboratory and the consulting room seem to be sharing at least a common wall, which may in fact turn to have a door in it (p.432).

Recently, Van Den Bergh and Eelen (1984) have proposed that the cognitive revolution should preferentially be called "cognitive conscious revolution" since several fields of psychology are extending their frontiers beyond the study of consciousness, anticipating what the authors chose to call "unconscious cognitive revolution". As examples of this revolution, Van Den Bergh and Eelen's pointed to research on the domains of selective attention, unconscious processing of meaning, unconscious effect of meaning in automatic responses, and unconscious activation of overt motor responses.

Similarly to the review of Shevrin and Dickman, Van Den Bergh and Eelen's analysis of the literature indicates that part of our behaviors are controlled, or at least mediated by unconscious psychological processes.

If the unconscious revolution is an established fact, there still remains some confusion around most issues in unconscious research. In order to clarify some of those issues, Bowers (1984) has introduced an important distinction on the mechanisms of information processing. He proposes a distinction between perceived and noticed information: perceived information is defined as the one who

is "registered and influential" (p.229), and noticed is seen as "perceived information that is, in addition, selectively attended (i.e., consciously perceived)" (p.229).

Based on a vast amount of experimental (e.g., subliminal perception, memory) and clinical evidence (e.g., blind - sight, dissociation, repression), Bowers defends that unconscious phenomena as referring to information that is perceived but not noticed. However, it is particularly interesting that Bowers has enlarged the notion of unconscious to information that even though noticed, its influence on thought and action is not comprehended.

Thus, the lack of understanding about cause and effect relationships represents a second type of evidence for the existence of unconscious processes. In other words, and as it was already pointed out by Nisbett and Wilson (1977), in most of the situations we are unaware of the causes of our behaviors, and this unawareness represents another argument in defense of the importance of the study of the unconscious.

A good example of this situation is a research example presented by Bowers. He presented a series of portraits and landscapes pairs to the subjects. After determining the subjects preferences on a baseline of 20 trials, he began to reinforce the kind of illustration not preferred by the

subject. As was expected the subjects increased their preferences to the reinforced pictures. Questioning the subjects about the experiment, Bowers found the following typical responses:

Experimenter: Did you pick landscapes or portraits more often?

Subject: Landscapes.

Experimenter: Did you noticed whether I said anything during the course of the experiment?

Subject: You said good whenever I picked landscapes.

Experimenter: Do you think your tendency to pick landscapes was influenced by my reinforcement of them?

Subject: Of course not! I picked the landscapes because I liked them better than the portraits. Besides, you only said "good" after I made my choice, so what you said couldn't possible have influenced my selection of pictures (p.245).

This example illustrates how our behavior is often influenced by factors outside consciousness.

In summary, according to Bowers, we can postulate the existence of two types of unconscious processes: information that is perceived but not noticed, and information that is noticed but not comprehended or evaluated as influential. "In either case, people's thoughts and actions are determined by factors outside awareness" (p.246). In a footnote, Bowers refers to the former as type one unconscious, and to the second as type two.

As was expected this unconscious revolution is also affecting the fields of counseling and therapy. Particularly interesting is the fact that some cognitive therapists (like

their experimental cognitive colleagues) are now arguing for the necessity of taking into account the unconscious dimensions of the therapeutic process (e.g., Bowers & Meichenbaum, 1984; Mahoney, 1980, 1982).

Although recognizing that unconscious processes are "a tropical jungle of which the diversity and fertility present ample opportunities for entanglement, confusion, and obfuscation" (1981, p.95), Mahoney refers to the need to take into consideration the unconscious dimensions, both in research and in clinical practice. According to Mahoney the cognitive therapies have systematically ignored the potential importance of the psychological unconscious, even though the research has brought evidence for the following conclusions:

(a) we probably learn more than we can verbalize; (b) unless we practice verbalizing them many of our motor and cognitive skills tend to become progressively less accessible to language; and (c) stored information does not have to be communicated to exert an influence on our thoughts, feelings, or actions (Mahoney, 1980, p.163).

Mahoney's conclusions seem to be consistent with data from the researches reported above. Due to this we can understand how misleading the therapeutic assumption regarding the validity of verbal reports on cognitive processes could be.

Recognizing the importance of paying attention to the study of psychological processes outside awareness,

Meichenbaum and Gilmore (1984) have recently advanced a cognitive-behavioral perspective of the unconscious. Three components of the human cognitions are presented: cognitive events, cognitive processes and cognitive structures. For each of those components, Meichenbaum and Gilmore present examples of aspects that, although being unconscious, they systematically affect our thoughts, feelings, and behaviors. Additionally the authors describe some of the methodological tools that could be used by the therapist in order to make the client aware of some of these unconscious dimensions. Interestingly enough, Meichenbaum and Gilmore present their conceptualization as an attempt to build a bridge between psychodynamic and behavioral approaches. However, recognizing the distance that still exists between the two conceptions of unconscious. Meichenbaum and Gilmore's formulation of the unconscious only refers to the existence of automatic chains of information-processing due to overlearning. As was already indicated, and as we shall see and attempt to defend in more detail later, there is another concept of unconscious in which "behavior ... is entirely under the influence of affective factors without the participation of cognitive processes" (Zajonc, 1980, p.172).

As was demonstrated, interest in the study of the unconscious is apparent in several fields of psychology. The distinction, presented by Bowers, between unconscious types

one and two seems to be particularly useful. As such, we can postulate that two kinds of unconscious phenomena exist: information perceived but not noticed; and information noticed but not apprehended as influential. More important, however, is the understanding of the determinants of each of these two types of unconscious. It seems that external factors, such as stimulus characteristics (e.g., loudness, brightness, etc.), represent part of the determinants. However internal factors, both cognitive (e.g., level of arousal, overlearning, selective attention, etc) and affective (e.g., guilt, repression, defensiveness, etc.), also seem to play an important role in the determination of unconscious processes.

The following sections on affective processes and subliminal perception will explore the external and internal determinants of the two types of unconscious.

Affective Processes and Psychological Unconscious

The importance of the intentional dimensions of feelings and emotions was recognized long time ago by theorists and researchers of human behavior. Most of the psychodynamic and humanistic approaches stress the emotional components of human experiences. However, the cognitive revolution brought the affective dimension to a second plan

of the laboratory and clinic. As was noted by Zajonc (1980), words like "affect", "attitude", "emotion", and "feeling", are seldom found in the indexes of major cognitive psychology books. A similar phenomena, in the field of personality psychology, was recently reported by Pervin (1985).

With respect to the therapeutic field, Mahoney (1980) comments that the recent cognitive therapies "tend to view feelings narrowly, as phenomenal artifacts that are to be controlled rather than experienced" (p.159). According to Mahoney, the idea that feelings are by-products of cognitions is inconsistent with the recognized role played by the affective aspects on the learning and changing processes. It is also inconsistent with the ontogenetic and phylogenetic evolution, which is illustrated in the anatomic divisions of the central nervous system.

Contrary to the dominant position in cognitive psychology, Zajonc (1980) defends the idea that the affective processes happen independently and prior to the cognitive processes. Therefore it is possible to have affective discriminations in absence of recognition memory. In defense of the idea that "preferences need no inferences", Zajonc reports several research studies done on preferences, attitudes, impression formation, decision making, and clinical situations. His theory about the mechanisms of information processing is well illustrated in the figure 2.

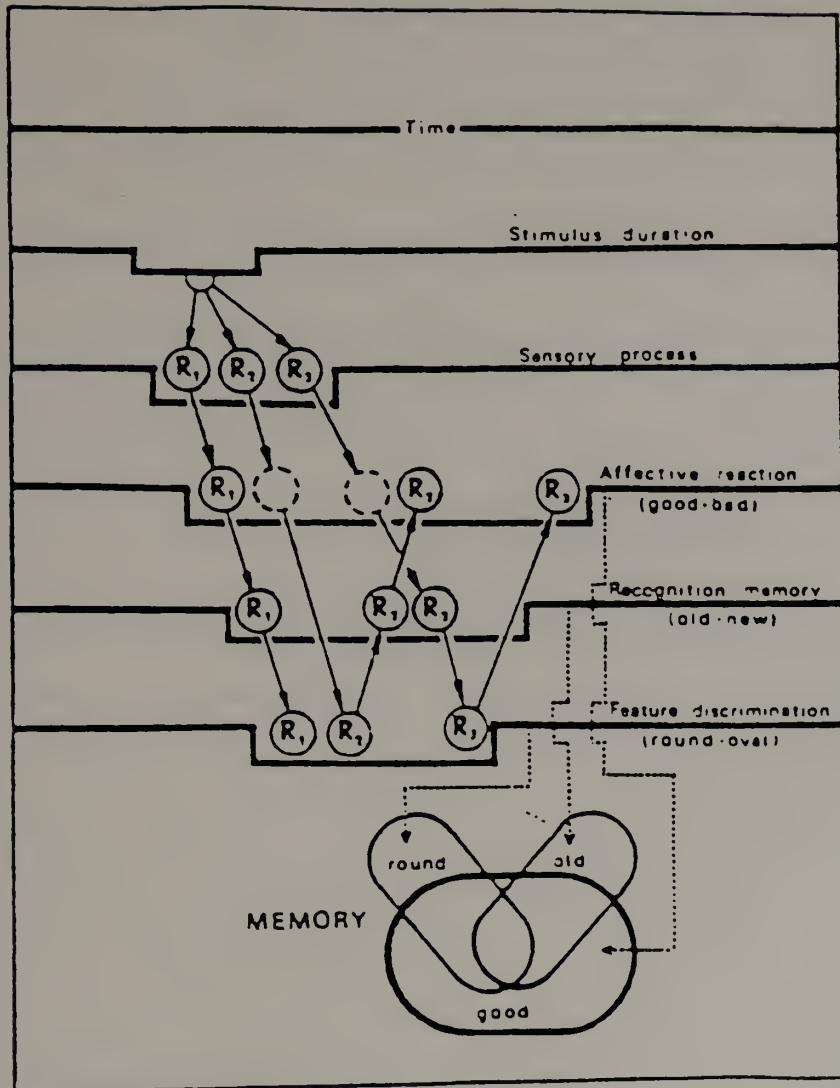


Figure 2. Time Course of the Stimuli (Zajonc, 1980)

The sequence of information processing, according to fig 2, is the following: (1) sensory reactions; (2) affective reactions. The two following stages, (3) recognition memory, and (4) feature discrimination, can alternate their order, depending on the kind of information to be processed. As illustrated by the figure, the affective reaction in R2 and R3 is represented by a broken line, meaning that although existent, the affective reaction is not powerful enough to affect the subsequent cognitive processes. Finally, and as can be seen in R2 and R3, the cognitive processes can themselves influence the affective reactions. The bottom of the figure illustrates Zajonc's conceptualization of the semantical structure of the memory, which is seen as a predominantly affective structure.

As expected, Zajonc's formulations originated some reactions from those who have been defending the idea of cognitions as necessary and sufficient for the presence of emotions (e.g., Baars, 1981; Lazarus, 1981, 1982; Lazarus, Coyne, & Folkman, 1982). However the controversy was not as monumental as might be expected. In fact, if Zajonc had made a clarification of his terms, as was suggested by Baars (1981), stating that "cognitive" meant "process involving conscious judgement", and that "inference" meant "conscious inference", one would not have found any disagreement at all.

Lazarus (1982) comments that Zajonc's conception persists in the same mistake that most cognitive psychology does today. i.e, the conception of mind as a computer analogue. Finding disagreement with the notion that separate processing systems exist for cognitions and emotions, Lazarus defends the idea that emotions are present in every stage of information processing. He justifies most of the results reported by Zajonc, by the existence of early emotional reactions, however stressing that they are never separated from cognitions. In the initial moment of the cognitive processes there is a emotional inference of which the subject is not aware. One could be leaved with impressions that emotions are separated from cognitions, however it would be more accurate to state the existence of emotions separated from conscious cognitive processes. Such a conclusion is well illustrated in an experiment performed long ago by Lazarus & McCleary (1951) in which they found that the association of nonsense syllables with a painful electric shock, produce a galvanic response to the subsequent presentation of the syllables, even when the subject was unable to correctly identify the stimuli.

Analyzing the arguments from both sides, it is clear, as was noted by Baars (1981) and recently by Van Den Bergh and Eelen (1984), that emotions exist in the absence of conscious perception, judgement and inference. And, that in the future, according to Baars, "words like conscious and

unconscious inference should not frighten us any more - they have perfectly good interpretations, both theoretically and empirically" (p.224).

More recently, Zajonc, Pietromonaco, and Bargh (1982) had referred to the promising possibilities of studying the motor representations of emotions as a good way to understand the relationship between cognitions and affect and to clarify the role played by emotions in human behavior. The perceptual-motor theory of emotions proposed by Leventhal (1982) and the experiments on state-dependent memory carried out by Bower and colleagues (c.f., Bower, 1981; Bower & Cohen, 1982) are gaining increasing popularity among clinical and counseling theoreticians. For example, Greenberg and Safran (1984a, 1984b) have used Leventhal's perceptual-motor theory to describe the operation of emotional synthesis in counseling and psychotherapy. Central to their discussion is the "idea that the experience of emotion is the end product of a set of automatic or unconscious-processing activities" (Greenberg & Safran, 1984b, p.591). Interesting is also Rachman's (1980, 1981, 1984) attempt to apply some of Zajonc's conclusions to clinical practice, namely what he refers to as the organization of affect modification strategies. Unfortunately, however, if some implications are already being drawn to the development of therapeutic strategies, there are no attempts to study the operation of these

emotional/unconscious mechanisms in the counseling interaction.

Summing up, the research on several fields of psychology has been showing how we can be influenced by information of which we are not able to either notice or comprehend. A good illustration for the existence of unconscious phenomena comes from the research on affective processes. As was demonstrated by Zajonc we have emotional reactions to stimuli that we cannot consciously perceive. That is, we react emotionally to information presented outside consciousness. The following section will describe some of the most important studies on unconscious presentation of information - subliminal perception.

Subliminal Perception

One of the most controversial areas of research concerns the study of subliminal perception. Despite decades of research, the debate rages on regarding whether we can or cannot be affected by stimuli presented below threshold. In this section, I will briefly review the core of the controversy, and will present data which supports the substantial evidence of subliminal perception. Then, I will discuss some related phenomenon in the areas of social perception, and psychodynamics of perception.

As was defined by Shevrin and Dickman (1980), "subliminal research is concerned with stimuli too weak to become conscious immediately, no matter how much attention is directed to the stimulus field" (p.427). Thus this type of unconscious process (type 1, according to Bowers) is determined by external factors (i.e., conditions of stimulus presentation) rather than internal (i.e., conditions of the subject). Later in this section, some examples of internal determinants will be presented.

Reviewing the different theories on subliminal perception (e.g., Klein & Holt; Spence; Fisher; Dixon, etc), Schevrin and Dickman found enough evidence to support their two postulates on the unconscious. That is, unconscious processes exist and exert influence on conscious processes. Additionally, they follow principles of organization, different from those of consciousness.

One of the most prominent arguments against subliminal perception was presented by Eriksen (1960). The core of Eriksen's ideas are well summarized by Bowers (1984):

Eriksen's position seems to be that perceptual experience is by definition conscious, and that if verbal report is occasionally insufficient to communicate such experience, then so much the worse for verbal report as an indicative of what the person consciously perceives or discriminates. Moreover, since perceptual experience is inferred from discriminative responses, any such response, verbal or nonverbal, is by definition a reflection of person's conscious experience. Consequently, when verbal response does not successfully discriminate and other response indices do, it is

taken as evidence for the inadequacy of language to communicate conscious experience, not as evidence for unconscious perception (p.232).

Erikson's postulating that any discriminative response is an indication of consciousness, removes any theoretical possibility for the study of unconscious. Eriksen admits the existence of influencing information that cannot be reported, but refuses to call this information unconscious. Again, and similarly to the debate on emotions/cognitions, the problem is due to an absence of clarification of terms. After clarification, Eriksen might agree with Dixon (1971, 1981) that there is a strong argument for the influence of stimuli of which we are not aware.

However, to complicate this issue further, and as was pointed out by Bowers, verbal discriminative responses might be possible in absence of conscious experience (e.g., blind-sight phenomena). Because of this he proposes that future research should take in account the following issues: " (a) subliminal stimulation must involve some independent assessment of an awareness threshold, (b) below which discriminative responses (verbal or nonverbal) can subsequently be demonstrated " (p.234).

Unfortunately, Bowers does not offer any operational way to define awareness threshold, a central aspect for subliminal research.

Another way of studying unconscious perception is by means of masking effects. In masking experiments the

"presence of one stimulus impairs the perception of another stimulus in close temporal and/or spatial proximity (Marcel, 1983 b, p.262). Manipulating the "stimulus onset asynchrony" (i.e., the temporal distance between the stimulus and the mask), we can study the differential effects on conscious experience.

Using this methodology, Marcel (1983 a) asked subjects to make judgements on the presence/absence, graphic and semantic similarity, of masked words. Progressively reducing the word-mask stimulus asynchrony, he found that the subjects first lose the ability to detect the stimulus, while still able to make relatively accurate judgements on graphical and semantical similarity; then they will lose the capacity for making graphic judgements, and finally semantical analysis. In other words, subjects seem to have access to semantic information, even while not able to report any visual information. The importance of this finding is that it clearly contradicts the traditional conceptions of information processing in stating that we have access to the meaning of information, the presence of which we are not aware.

Based on this and four other experiments, Marcel (1983b) speculated on the nature of cognitive intentionality (intentional aspects of phenomenal experience according to Marcel's terminology):

...nonconscious sensory analysis registers what impinges on external and internal receptors as a nondisjointed flow (it does not segment into event, objects, episode); it codes all aspects of what impinges at every level, and in every code with which the organism is equipped; within each such representational domain what impinges is represented in all possible articulations. Phenomenal experience consists in the imposition of a particular segmentation and structure on what is otherwise unsegmented (i.e., nonintensional) and the imposition of a particular interpretation on what otherwise consists of multiple interpretations (p.243).

What Marcel is proposing is a theory on the relationship between unconscious and cognitive intentionality. Cognitive intentionality represents the subjects' attempt to make order, give coherence, and to interpret the apparent "chaos" of the unconscious. However the obliviousness of the unconscious processes, does not make them less intentional. On the contrary, in escaping from most of the cognitive selection, their effects on our thoughts and actions become even more powerful, as is demonstrated by the following researches.

An interesting area of research comes from the study of the effects of unconscious presentation of information on social judgement or perception. The studies on social perception demonstrate that the understanding and interpretation of information is dependent on the category accessibility. In other words, we analyze social information according to different categorical judgements, and the accessibility in our memory of certain kinds of categories

will determine the characteristics of our evaluations.

An example which illustrates the influence of category accessibility comes from the research of Srull and Wyer (1979). By means of sentence construction tasks they activated the concepts of hostility or kindness in their subjects. In subsequent tasks, the subjects were confronted with the description of a person who could be ambiguously evaluated in regard to the referred traits. The authors found that the evaluation of the person was influenced by the categories previously activated, and that this influence decreases as the time between activation and evaluation increases.

Within a similar paradigm, although using subliminal presentation of stimuli (i.e., backwards masking), Bargh and Pietromonoco (1982) present lists of subliminal stimuli to their subjects, consisting of 0%, 20% or 80% of hostility related words. As in the Srull and Wyer experiment, the subjects were then confronted with an apparently unrelated task, which was to evaluate a person ambiguously described. The data strongly suggest that the evaluation of the person's hostility is related to the number of hostility associated words presented in a subliminal way to the subjects. In other words, through subliminal presentation of information, it is possible to increase the hostility category accessibility, and consequently influence the subjects conscious judgements.

If it was already known that our judgements of a given situation are influenced by the categories that we have available, we can now add that the availability of these categories can be increased by presentation of information outside of consciousness.

These data are of particular relevance to the counseling process. As we saw in the previous chapter, the counselor's cognitive intentions and actions depend on the evaluation and conceptualization of the client (see Martin, 1984). This continuously ongoing evaluation, central to the therapeutic process, extrapolating from the above data, could be hypothesized as having a strong unconscious component. Therefore cognitive intentionality seems to be determined by another kind of intentionality which operates outside of awareness.

Thus far, I have reported some of the research which analyzes the influence of unconscious external stimuli, stimuli that are presented below threshold and can influence our actions and cognitions. No attempt has yet been made to relate that external stimuli to other unconscious internal structures. The psychodynamic conceptions of the unconscious have been, by contrast, much more focused on the internal components of the unconscious processes. Some memories of our personal history can be hypothesized as stimuli that operates below threshold, and continuously influences the

way we think and interact with the world. These dynamic aspects of the unconscious have also been the focus of some research that I will now summarize.

About 20 years ago, Silverman (1966) proposed a methodology for studying some of the dynamic propositions postulated by psychoanalysis. Such a methodology, called "psychodynamic activation method", consists of the subliminal presentation of stimuli (i.e., four milliseconds), by means of a tachistoscope. The stimuli are designed in order to activate some of the motivators which are considered central to psychoanalytic theory.

About fifty studies have been conducted using the psychodynamic activation method. According to a recent review of Silverman (1983), the research can be classified into three main groups: laboratory studies of clinical populations, laboratorial studies with nonclinical populations, and adjunct therapeutic and educational studies.

Several laboratory studies with clinical populations have shown that by means of subliminal presentation of certain stimuli it is possible either to intensify or to reduce psychopathology. Reviewing the studies on pathology intensification, Silverman (1983) reports deterioration in schizophrenics after subliminal presentation of oral-aggressive stimuli (e.g., CANNIBAL EATS PERSON), increasing depression after presentation of same stimuli;

intensification of homosexual orientation following the exposure to incest stimuli (e.g., FUCK MOMMY); and intensification of speaking disorders in stutterers after viewing anal stimuli (e.g., GO SHIT). In most of these studies the presentation of sentences is accompanied by related pictures, suggesting either anal, oral, or incestuous contents.

Concerning pathology reduction, several studies summarized by Silverman, report that schizophrenics respond positively to the presentation of stimuli intended to produce feelings of symbiotic gratification. In most of the studies the stimulus consists of the sentence "MOMMY AND I ARE ONE" along with the picture of a man and woman merged at the shoulders. The data also points to the fact that schizophrenic males only decrease pathology after the message "MOMMY AND I ARE ONE", whereas females only show positive results with the message "DADDY AND I ARE ONE". Similar findings with the same kind of messages were found with homosexual men. However, there were conflicting results with depressed women, which suggests an interaction with the sex variable, similar to the one described in respect to the schizophrenic samples.

With nonclinical populations, the presentation of similar stimuli (e.g., MY GIRL AND I ARE ONE or MY LOVER AND I ARE ONE) was found to reduce anxiety, whereas oedipal

stimuli (e.g., BEATING DAD IS O.K. or BEATING DAD IS WRONG) have shown some effects on competition performance (thrown darts).

Finally, presentations of MOMMY AND I ARE ONE was found to be an effective therapeutic adjunct in, among others the treatment of insect phobias, obesity, alcoholism, cigarette smoking. The same message was also found to be an effective educational adjunct for students in residential treatment and for college students in group therapy. An interesting example comes from one study where Silverman, Frank, and Dachinger (1974) used a psychodynamic variation of systematic desensitization in the treatment of insect phobia. Twenty adult females were randomly assigned to an experimental and a control group. The experimental group followed six desensitization sessions, where the relaxation was substituted by subliminal presentations of the message MOMMY AND I ARE ONE. That is, each time the client reported anxiety with a given scene, the therapist presented the subliminal message. The control group followed an identical procedure but with the message PEOPLE ARE WALKING. The experimental group was found to improve significantly more. The authors speculate on how the effects of systematic desensitization can be attributed to the activation of unconscious fantasies.

During the course of these 20 years of research there were also some non-supportive findings. However as it is

stressed by Silverman, the confirmatory ratio is still 3:1, and reasonable explanations can be found for the nonconfirmatory studies. For example, Condon and Allen (1980) failed to replicate the effects of subliminal presentations as an adjunct of systematic desensitization. However, as was pointed out by Silverman (1982), the psychodynamic stimulus was only presented once a week, and the subjects were not real clients, but psychology students fulfilling the requirements of a course.

Also interesting about this research are the conclusions that the supraliminal presentation of the same stimuli did not produce any effects. Thus, from the present data we can find further evidence that two kinds of unconscious processes exist. One operating from the outside (i.e., external information by subliminal presentation), and another one operating from the inside (i.e., memories, wishes, needs, drives, etc.). Interestingly, a communication channel between these two kinds of unconscious processes seems to exist. The unconscious external influence seems to be the best window from which we can elicit the activation of unconscious internal information. This fact is recognized by Westerlundh and Smith's (1983) statement that "the range of activated, personally relevant material is much greater in this case {subliminal perception} than when the stimulus is presented on a conscious level" (p.607).

Another series of studies in the realm of perception psychodynamics, comes from researchers at the Lund University in Sweden (e.g., Smith, 1984; Westerlundh, 1984). According to their theory, perceptgenesis, "percepts develop from potentiality to actuality, from stages of ambiguity with many condensed meanings to stages characterized by a single definite one" (Westerlundh & Smith, 1983, p.605). In other words, the perception goes from stages of overloaded subjective meanings to stages of objective and intersubjective agreement. In using fractioning techniques (i.e., going from very rapid presentations at the beginning, to successively increased time exposures of stimuli) we can obtain the subjects' reports in different phases of the perceptual process.

The different phases of perceptgenesis are illustrated in the figure 3. The left hand of the figure illustrates the first phase, where the perception of the stimulus is overloaded with personal meaning. The right hand represents the final phase, that of objectiveness and intersubjective agreement. "Pi" refers to the "intersubjectively recognizable theme", and as can be seen it becomes much more defined as we move along the process.

The study of the primary, secondary, and tertiary meanings attached to the successive presentation of threatening or nonthreatening stimuli, offers a wonderful opportunity for the analysis of the personality structure of

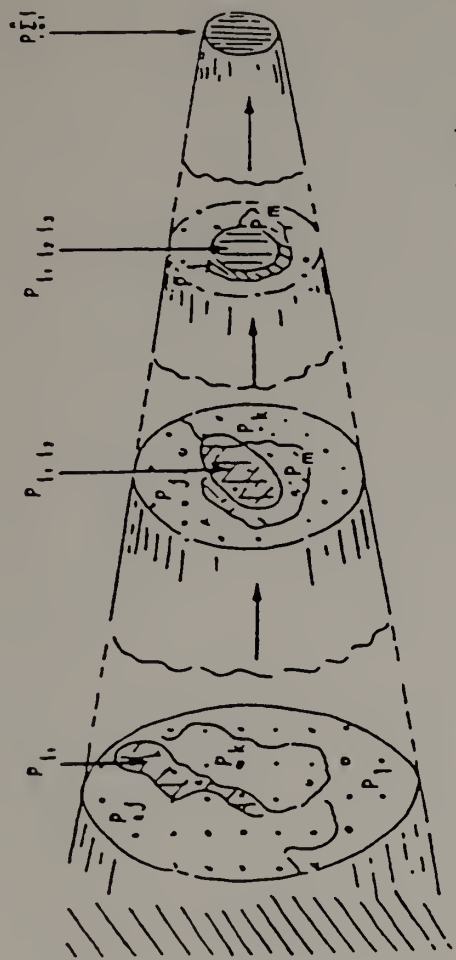
individuals. Surprisingly enough, this "sequential-dynamic" analysis was found to have strong correspondances with the description of psychological mechanisms as done by psychoanalysis, mainly in respect to the organization of defense mechanisms.

During the early phases of perceptgenesis, we find a greater concentration of personal meaning. This explains why the subliminal presentation of psychodynamic information can have such a strong influence, and that supraliminal information is more linked to objective experience. It seems that the absence of restricting barriers of consciousness, we can find means of communicating with the subject at a deeper level. This was always the objective of psychoanalysis, in the light of the laboratory research it is much more understandable now.

Countertransference

While the role of unconscious processes is becoming well established in several areas of psychology, the research demonstrating the operation of unconscious processes in the counseling relationship is virtually non-existent.

Traditionally, psychoanalysis refers to the unconscious contribution of the therapist to the



	Phase I (P ₁)	Phase II (P ₂)	Phase III (P ₃)	Last phase stimulus-provoked (P ₄)	
Descriptive characterization of material	unconscious		preconscious		conscious
Realm of	subliminal perception		subjective experience		intersubjective agreement
Object for	studies of same through effects on behavior and conscious experience		e.g. PG studies of reconstructed material		"academic" psychology: studies of stabilized percepts

Figure 3. Transformation of Meaning during the development of the percept (Westerlundh & Smith, 1983)

relationship as countertransference. In what is considered one of the first references to the countertransference issues, Freud (1910/1958) states:

Now that a considerable number of people are practising psycho-analysis and exchanging their observations with one another, we have noticed that no psycho-analyst goes further than his own complexes and internal resistances permit. (p.145)

Although there is some controversy between totalistic and classical approaches (see Watkins, 1985) in the definition of countertransference, one can accept as a general definition the reference to the unconscious reactions of the counselor toward the client. Or, as Gelso and Carter (1985) put it, in countertransference "the material presented by the client serves as a trigger that activates the counselor's conflicts" (p.176).

Unfortunately, the psychoanalysts have been more productive in theoretical formulations than in the clinical research. As Singer and Luborsky (1977) recognized in a review of the research on countertransference, the quantitative investigation has not been able to analyze most of the problems raised by the clinical literature.

One of the most interesting studies on the countertransference phenomenon was carried out by Peabody and Gelso (1982). They investigated the relationship between empathy, countertransference behavior, and countertransference feelings.

Twenty dyads in a counseling analogue situation were

object of analysis. Counselors' empathy was measured from the dyadic interaction using the Barrett-Lennard Relationship Inventory, while the countertransference behavior was analyzed using counselors' responses to tapes showing a seductive, hostile, and neutral client. Finally, counselors' openness to countertransference feelings was analyzed through a survey. The authors found that empathy was negatively correlated with countertransference behavior to the seductive client, and that openness to countertransference feelings was positively correlated with empathy. This study, even though analogical, demonstrates two central points. First, the empathic level of counselors' communication is affected by processes operating outside consciousness (i.e., countertransference). Second, the openness to countertransference feelings is an important condition for counseling effectiveness.

Kagan (1975, 1984) discussing students' reactions to his Affect Simulation Vignettes notes the occurrence of four central reactions: (1) fear of being hurt; (2) fear of hurting others; (3) fear of being engulfed; (4) fear of engulfing others. Interestingly enough, Watkins (1985) has recently pointed out four types of countertransference that in part parallel Kagan's: overprotective, benign, rejection, and hostile. These types of reactions, although coming from

clinical experience, seem to be important descriptions deserving research.

To conclude, counselors are unconsciously impacted by clients' communication. That impact has been referred, in the psychoanalytical school, to as countertransference, however as Gelso and Carter recognized "counselor countertransference occurs in counseling of every theoretical orientation" (p.181), and as such deserves careful research.

Conclusions

In the third part of this chapter, I have reviewed the research which supports the idea that our concrete and cognitive intentionality is influenced by a third level of intentionality, referred here as unconscious.

According to the definition provided above, unconscious intentionality refers to the group of psychological processes of which we are unaware, even though influencing our thoughts and actions.

As we saw, these unconscious psychological processes are, according to Bowers (1984), mainly of two kinds: perceived information that is not noticed, and noticed information that is not comprehended. Both kinds of unconscious have internal as well as external components. As it was stressed by Dixon (1981) "entry to consciousness can

be determined from 'below' as well as from 'above', that it can be both stimulus determined and subject determined, both involuntary and voluntary" (p.5). The external components (e.g., conditions of stimulus presentation) are illustrated in most of the research in subliminal perception, where stimuli presented are masked or presented in short periods of time. The internal components, (e.g., subject motivational and state factors, both cognitive and affective) are particularly well exemplified by the psychodynamic research conducted in the United States by Silverman and associates, and in Sweden by Smith and colleagues.

There seems also to exist a surprisingly strong link between internal and external components. The external presentation of unconscious information seems to be the ideal way to elicit the activation of unconscious internal meaning.

From the data reviewed it is evident that counselors and their clients are communicating not only at a behavioral and cognitive level. In fact, most of the communication is occurring at the unconscious level, with a continuously hidden intentionality. The objective of the counseling situation, like the objective of science according to Bowers, should be to make the perceived noticed, and the noticed comprehended, for both client and counselor.

Conclusion

The objective of this chapter was to review the research carried out on the behavioral, cognitive, and unconscious dimensions of the counseling process. The main idea underlying this review is that three dimensions co-exist in counselor and client during the counseling process: (1) the dimension of reality, or concrete behaviors; (2) the dimensions of ideas, thoughts or cognitive processes; and (3) the dimension of unconscious processes. It was argued that a comprehensive model of the counseling process shall include all three of these dimensions.

The first part reviewed the research on behavioral intentionality, i.e. the concrete dimensions of the counseling process. Four main conclusions were drawn from the research. First, counseling skills represent valid and useful descriptions of what is going on between counselor and client. Second, different verbal and nonverbal skills produce differential effects on clients. Third, taking into account the differential distribution of skills, several stages can be identified within and across interviews. Fourth, therapists from different theoretical orientations tend to use different skills and to combine skills in different ways. However, in failing to take into account the cognitions of counselor and client, the research on

behavioral intentionality left several conflicting and unexplained results. This limitation is well illustrated by inconsistency of findings in the research about the effects of different skills. In fact, as was stressed, clients seem to be affected by their perception of skills, rather than by skills alone. This conclusion addresses the importance of looking to another dimension of the counseling process - the dimension of cognitive intentionality.

The second part reviews the research on cognitive intentionality. Martin's model was presented as a framework for analysing the role played by counselor and client cognitions in the counseling process. Following, data from research on counselors' attitudes, beliefs, conceptualization processes and intentions was reviewed. Three main findings were reported. First, our concrete responses to our clients is not only influenced by the client input, but also by our attitudes and beliefs system. Second, counselors tend to form their conceptualizations very early in the counseling process, and to use response modes confirmatory of their hypotheses. Third, counselor intentions were found to be important mediators between counselor conceptualizations and responses. Additionally, counselors' perceptions were not found to be directly predicted from counselors responses and reported intentions. In sum, the research on cognitions shows that no

understanding of the counseling process can be achieved without consideration of the counselor's and client's cognitive processing. However, some recent research has been pointing to the existence of several factors influencing individuals' actions and thoughts, but of which they are not aware. In the counseling process this was referred to many years ago by Freud (1910/1958) in his description of the phenomenon of transference and countertransference. These hidden elements, not easily assessed by verbal reports, constitute the third dimension of the counseling process - the unconscious dimension.

The third part reviewed the research on unconscious intentionality. The limitations of most of the cognitive methodologies in fully describing and explaining human behavior inside and outside the counseling process were presented. The role played by affective processes on the unconscious was discussed and the literature on subliminal perception was reviewed. Unconscious processes were found to represent a fundamental dimension of our experience. Two types of unconscious processes were described. An external unconscious referring to conditions of stimulus presentation was illustrated by most of the research in subliminal perception. The internal unconscious, referring to subjects motivational and affective states, is exemplified on the research on psychodynamic activation methods, and perceptogenesis. Interestingly enough, the external

unconscious (e.g., unnoticed or ambiguous stimuli) seems to be the ideal way to have access the internal unconscious (e.g., symbiotic fantasies). The counseling research on "unconscious level is very important but very difficult to tap" (Clara Hill, personal communication, April 22, 1985). More research is obviously needed in this dimension of the counseling process.

From this review, it is apparent that these three dimensions are important contributors to the counseling process. The research linking these three levels of intentionality, however, is almost non-existent. If something is known about the relationship between cognitions and behaviors in the counseling process, the ignorance is almost absolute concerning the contributions of the unconscious process. Of course several theorists have been speculating on this process for a long time, but marginal empirical data has been collected so far. Future research should address the relationship among behaviors, cognitions, and unconscious processes of both counselor and client.

The empirical study to be introduced in the next chapter will attempt to contribute to the clarification of relationship between behavior, cognitions, and unconscious mechanisms in the counseling process.

CHAPTER III

PROBLEM STATEMENT

From the literature review, it is apparent that behavioral cognitive and unconscious dimensions are all important contributors to the counseling process. Unfortunately the research linking these three levels of intentionality is virtually non-existent. If something is known about the relationship between cognitions and behaviors, the ignorance is almost absolute concerning the contributions of unconscious processes. Of course several theorists have been speculating on these processes for a long time, however, only marginal empirical data has been collected so far.

In this chapter the main conclusions of research on each intentionality level will be briefly reviewed. Then, the multilevel conception of intentionality will be presented. Finally, the objectives and hypotheses of the present research will be introduced.

Conclusions of the Research

This section reviews briefly the main conclusions of the research on the behavioral, cognitive and unconscious dimensions of the counseling process.

The attention of behaviorists to human verbal behavior was a crucial step toward the clarification of the counseling process (e.g., Skinner, 1957). A classical study conducted by Greenspoon (1955) showed the reinforcing effect of different verbal sounds on plural nouns. These studies have inspired the formulation of several counseling process models in terms of behavioral skills. Amongst these models, microcounseling is probably the most complete and well researched (e.g., Ivey, 1971, 1983; Ivey & Authier, 1978).

Although coming from a different theoretical vantage point, Rogers' (1957) facilitative conditions stimulated abundant research. From the research program on facilitative conditions emerged a more operationalized description of verbal and nonverbal behaviors (e.g., Haase & Tepper, 1972; Zimmer & Park, 1967).

In sum, both the behavioral and humanistic approaches were important contributors to a behavioral conception of intentionality in counseling and psychotherapy.

The behavioral approach to the study of the counseling process provided an initial understanding of the effects of different verbal (e.g., Hill & Gormally, 1977) and nonverbal skills (e.g., Hill et al., 1981), description of counseling process stages (e.g., Hill et al., 1983), and distinction among therapists from different theoretical orientations (e.g., Lee & Uhleman, 1984).

The research on behavioral intentionality was important for the clarification and demythification of the counseling process. What was previously described in somewhat general terms, was now much clearer and operational. However, understanding of the counseling process was being severely limited by the failure to consider cognitive aspects fully. For example, Lee et al.(1985) found that clients' perceptions of counselors' behaviors were the best predictors of their responses. Similar findings were reported by Elliott (1979) and Elliott et al. (1982). Results such as these precipitated a cognitive revolution on counseling process research. This cognitive revolution paralleled what was happening in other areas of psychology (c.f., Hilgard, 1980; Mahoney, 1977).

It was within this movement that a new cognitive mediational paradigm of the counseling process research emerged (Martin, 1984; 1985). According to Martin, client behavior is not directly affected by counselor's behavior and vice-versa. Rather, counselor and client are seen as cognitively processing each other's behavior, in a sequence of several steps. First, client's behaviors are perceived and conceptualized by the counselor. These conceptualizations are then transformed into clinical hypotheses. Second, clinical hypotheses are translated into intentions, and finally, these intentions give place to behavioral responses. On the other hand, clients perceive

counselors' behaviors by inferring their intentions. Then, if capable and motivated they will carry out the cognitive implications of the counselors' interventions. Finally, clients produce behavioral responses that reflect the impact of their cognitive processing. Several studies have been conducted illustrating the cognitive work at each of these stages. Particularly important is the research on conceptualizations and establishment of hypotheses (e.g., Hirsch & Stone, 1983; Strohmer & Chiodo, 1984) and intentions (e.g., Fuller & Hill, 1985; Hill & O'Grady, 1985). Martin et al. (in press) have recently presented research confirming the major assumptions of the cognitive mediational paradigm.

The cognitive movement has been very productive in uncovering some hidden mechanisms of the counseling process. However, by limiting their research to cognitive conscious variables, the advocates of cognitivism could be restricting the validity of their model. In fact several cognitive psychologists seem to be ignoring the fact that most of our cognitive processes are unconscious.

Nisbett and Wilson have been arguing against the validity of cognitive methodologies based exclusively on the subject's recall. They state that our capacity to provide verbal reports on cognitive processes is severely limited.

Arguments such as those from Nisbett and Wilson

contributed to what some authors choose to call unconscious cognitive revolution (Van Den Bergh & Eelen, 1984). This unconscious movement is already showing its effects in the formulations of well known cognitive therapists (e.g., Mahoney, 1982; Meichenbaum & Gilmore, 1984).

In the present context, unconscious refers to the determinants of thought and action that are not noticed or appreciated as such" (Bowers, 1984, p.228). This definition, although vague, offers the advantage of including internal as well as external determinants of the unconscious processes (Schevrin & Dickman, 1980). Therefore, one type of unconscious (externally determined) is characterized by conditions of stimuli presentation (i.e., loudness, brightness, etc). A second type (internal determined), includes internal affective and cognitive factors (i.e., level of arousal, avoidance, conflict, perceptual defense, etc). In sum, the level of awareness is seen as dependent on both external and internal factors.

The role played by unconscious processes is well illustrated by the research on subliminal perception. In spite of some controversial issues (e.g., Eriksen, 1960) the scientific status of subliminal research is now widely accepted (e.g., Bowers, 1984; Dixon, 1981). Three groups of studies, with direct relevance to the counseling process, can be identified in subliminal research.

The first group is exemplified by the research on

masking effects. In these experiments, the perception of a given stimulus is impaired by the temporal or spatial proximity of a second stimulus, referred to as mask. Marcel (1983b) found that, by progressively reducing the temporal distance between stimulus and mask, the subject would lose first the capacity to detect the stimulus, then the capacity for making judgements on graphical similarity, and only finally the capacity for semantical analysis. That is, subjects were found to obtain semantical information even when they were not able to detect the presence of a given stimulus.

A second group of studies is concerned with the effect of subliminal presentations on social perceptions and judgement. Bargh and Pietromonaco (1982) present a good example of these studies. They showed to their subjects, in a subliminal way, lists containing 0%, 20%, or 80% of hostile words. Subjects were then confronted with an ambiguous description of a person, which they were asked to evaluate. The data showed that the subjects' evaluations were significantly influenced by the amount of hostile words presented subliminally.

Finally, the third group of studies is illustrated by the research program carried out by Silverman and associates (e.g., Silverman, 1983). The methodology introduced by Silverman - psychodynamic activation method - consists of

the subliminal presentation of stimuli with psychodynamic content (e.g., Mommy and I are One). A considerable amount of research, completed during the past 20 years, found support for the effect of these messages on the intensification and reduction of psychopathology, and as adjuncts to therapeutic and educational interventions.

Concluding, the research on subliminal perception tends to find support for the existence of unconscious processes, suggesting additionally, that the presentation of external unconscious information (i.e., subliminal) is probably the ideal way for the activation of unconscious internal processes.

This section reviewed the research on behavioral, cognitive, and unconscious mechanisms of the counseling process. Together, the research tends to demonstrate the importance of these mechanisms in the therapeutic interaction. Unfortunately, however, no research has been conducted so far linking these three dimensions of the counseling process. In the next section I will present an attempt to relate behavioral, cognitive, and unconscious dimensions in a multilevel conception of intentionality.

A Multilevel Conception of Intentionality

Behavioral, cognitive and unconscious dimensions are recognized as important components for the understanding of

the counseling process. As stated above, however, if certain attempts were made toward the integration of cognitive and behavioral dimensions, an integrated model that includes unconscious processes is still absent. This section will refer to the attempts to take into account the complex interaction among behaviors, cognitions and unconscious mechanisms in the counseling process. Recent models advanced by Martin (1984, 1985) and Gelso and Carter (1985) will be introduced. Then, the present multilevel conception of intentionality model will be presented along with its main underlying assumptions.

Recently, two models were introduced, representing an important step for this integration. These are the models from Martin (1984, 1985) and Gelso and Carter (1985) which will be described next.

Rooted in Brand's (1984) model for intentional action, Martin (1985) advances a major revision of his cognitive mediational paradigm. As can be seen in figure 4, counselor and client perceptions of each other's actions are determined by a complex interaction between external and internal information. Internal information is constituted by the material stored on declarative and procedural memories. Martin emphasizes:

Intentions of participants in individual counseling interactions are seen to arise from internal plans. These plans are constructed from complex combinations of processed

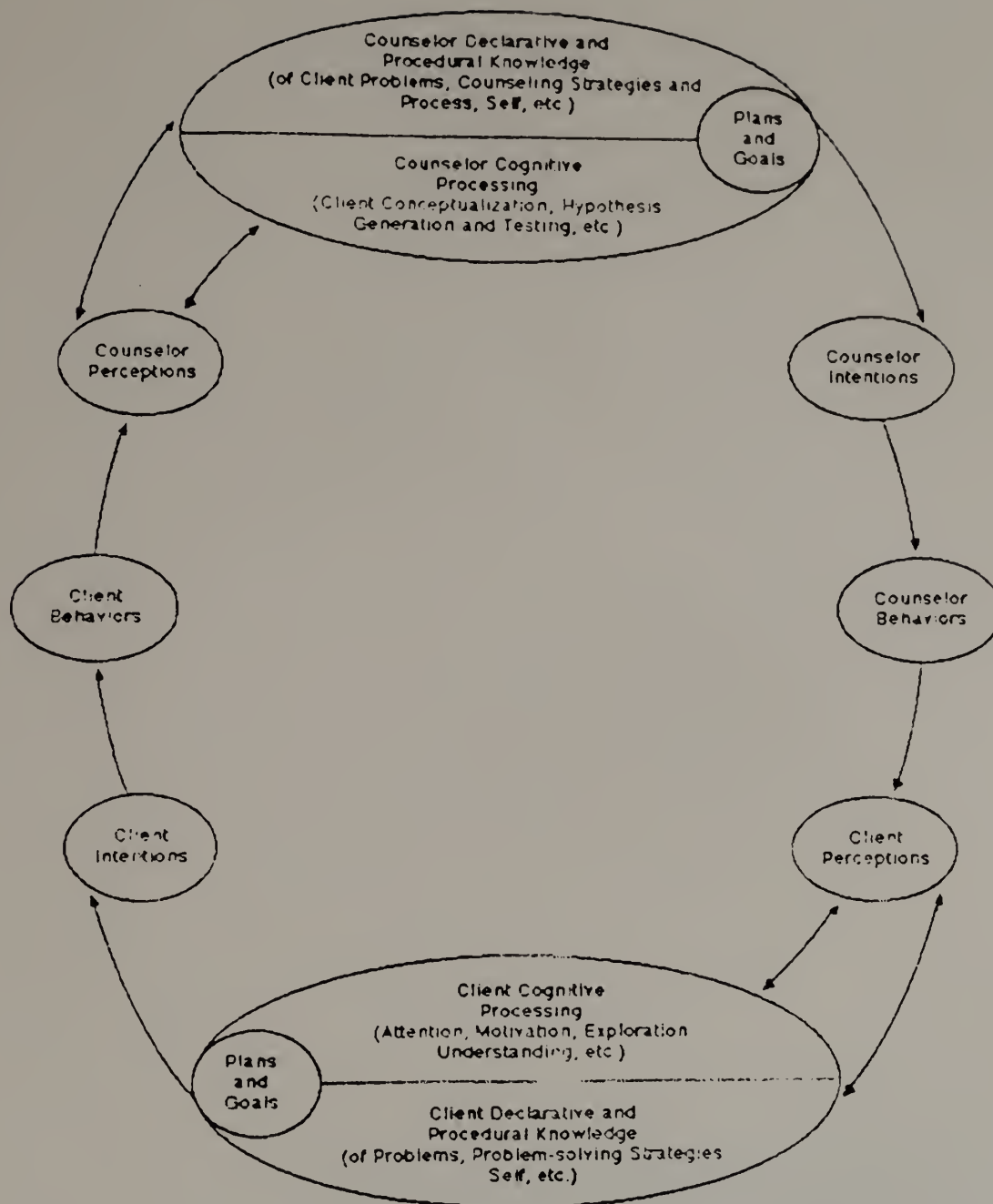


Figure 4. A Model of Cognitive Mediational Processes in Counseling

information drawn from current situations and long-term procedural and declarative memorial stores (p.7).

Particularly important in Martin's revised model is the idea that plans and actions result from the interaction between external information and internal memorial stores. If we go one step further, admitting that some of the memory mechanisms are unconscious, the resemblance between Martin's and the present multilevel conceptions is obvious. Martin (personal communication, 11 September 1985) even though not referring directly in his model to unconscious processes, admits that "not all cognitive processes are conscious or subject to conscious recall".

The acknowledgment that different memory processes differ in terms of level of awareness was recently pointed out by Tulving (1985a; 1985b). Tulving proposes a ternary classification of memory with three hierarchical levels: procedural, semantic, and episodic memory. These three types of memory are hypothesized to be distinct in terms of awareness levels. Procedural memory is characterized by anoetic consciousness (nonknowing), semantic memory is characterized by noetic consciousness (knowing), and finally, episodic memory by auto-noetic (self-knowing).

It is beyond the scope of this presentation to discuss the validity of this taxonomy. However, it would be fair to emphasize the importance of the statement that different

levels of awareness exist in memory processes. Being so, it is again evident, how cognitive methodologies based exclusively on subjects conscious recall are of limited scope for the understanding of covert processes.

Similarly, Gelso and Carter (1985) have recently completed an important review on the relationship mechanisms in counseling and psychotherapy. Recognizing the need for a new conceptualization of relationship factors in counseling, Gelso and Carter proposed a model emphasizing the contribution of three interrelated components: working alliance, unreal relationship, and real relationship.

The concept of working alliance, although introduced by psychoanalysis, is concerned with the cognitive and rational side of the counseling relationship. As it is recognized by Gelso and Carter "in the working alliance, the client's reasonable side (...) aligns with the counselor's working side (which is his or her more reasonable side)"(p.163).

The unreal relationship refers to the unconscious dimensions of the counseling process. These dimensions include what, in psychoanalytic terms, is currently referred to as transference and countertransference processes.

Finally, the real relationship refers to the behavioral dimension. That is, what counselor and client are actually doing. This level is, according to Gelso and Carter, well illustrated by the research program on Rogers'

facilitative conditions. In sum, both Martin's and Gelso and Carter's models seem to be integrating, either directly or indirectly, the three dimensions that I have been referring as behavioral, cognitive, and unconscious intentionality. However, the present model differs from those above presented in two ways. First, a different terminology is used. Second, the present model is conceptualized using the intentionality construct. Let us now turn to the discussion of the possible advantages of using a different terminology and the concept of intentionality.

Martin's declarative and procedural memories, Gelso and Carter's unreal relationship, Ivey's (in press) sensory-motor intentionality, and May's (1969) wish dimension seem to be more or less equivalent to what is here defined as unconscious intentionality. As it was already pointed out, this dimension has been traditionally stressed by psychodynamic theorists, namely psychoanalysts. Within the psychodynamic framework these processes are labeled unconscious. Martin seems to be approaching the analysis of these same processes within a cognitive framework. Ivey is doing it within a developmental framework, and May following a phenomenological approach. On the contrary, the present conceptualization choose to stay within the terminology, and sometimes even the framework, of those that traditionally have been concerned with these aspects. This is true for the

unconscious, as well as for the cognitive and behavioral dimensions. That is, the terms used to label the three different dimensions reflect the terminology used by the theoretical approaches that have been traditionally focused on each one of the three dimensions.

The second innovation of the present model consists in the use of the intentionality construct to conceptualize the counseling process. Three main reasons underly this choice. The first reason is a philosophical one. As it was stressed in the introductory chapter, intentionality has been a central concept in the philosophical thought. Within the philosophical tradition that concept has been used in an attempt to understand the relationship between knower and known. In other words, it reflects an attempt to understand the processes used to have access and relate with the external world. The search for the understanding of this relationship between knower and known can also be seen as the central theme for counseling process research. In other words, counseling process research is concerned with the relationship between two epistemic subjects, the counselor and the client. Both are simulateneously knower and known, and the counseling process is nothing else than the "fight" between and within these two epistemologies: the client and the counselor (Joyce-Moniz, 1985). In sum, if counseling process is the encounter and dialectical relationship between two epistemologies (Ivey, in press; Ivey &

Goncalves, in press), and if intentionality is a conceptual equivalent of epistemology (May, 1969), therefore intentionality appears to be an ideal construct for the conceptualization of the counseling process. Intentionality offers the additional advantage of an active and ever changing structure, referring more to the process of knowledge construction rather than to the knowledge constructed.

The second reason for choosing intentionality, comes from the increased interest on this concept in the counseling literature (e.g., Schmidt, 1984). The recent interest with the intentionality concept in counseling and psychotherapy has the risk of limiting the concept within the frontiers of the cognitive framework (e.g., Hill & O'Grady, 1985) as it happened in the past with behavioral approaches (e.g., Ivey, 1971). As it was long ago defended by Rollo May (1969) "intentionality (...) goes below levels of immediate awareness and includes spontaneously bodily elements and other dimensions which are usually called unconscious" (p.234). That is, the present conceptualization tries to prevent the risk that the recent interest with intentionality gets stuck within the cognitive framework, neglecting the contributions of behavioral and unconscious dimensions.

Finally, and as the third reason, I have emphasized

that one of the characteristics of the epistemological orientation faced by counseling and psychotherapy is the search for new, hopefully more integrative concepts. Intentionality, by the two reasons discussed above, could be one of those concepts.

I have discussed the reasons for the concepts used in the present model, let us now turn to the presentation of the main underlying assumptions.

First, the present multilevel conception lies on the assumption that counselor and client are continuously, intentionally involved - by their behaviors, cognitions and unconscious mechanisms - in a process of mutual influence. That is, three levels of intentionality exist in the therapeutic interaction: (1) the dimension of reality and concrete behaviors; (2) the dimension of thought processes and ideas; and (3) the hidden dimension of unconscious processes. Therefore, as stated previously, behavioral intentionality is defined by the network of verbal and nonverbal behaviors occurring between counselor and client. The second level, cognitive intentionality, is characterized by internal experiences of counselor and client, including perceptions, attitudes, conceptualizations, formulation of hypotheses, and establishment of intentions. Finally, unconscious intentionality refers to the group of psychological processes of which we are unaware, even though influencing our thoughts and actions as clients and

counselors.

Second, these intentionality levels are present in both, counselor and client. In fact, none of these levels makes sense out of an interactive framework. Cognitions are always cognitions about something, behaviors are always in relation to someone, and even unconscious processes are always activated by something. Even though the present dissertation is more focused on the figure of the counselor or therapist, similar processes are hypothesized to take place with the client. That is, counselor and client's actions are filtered by their cognitive and unconscious processes. The present model refuses the linear causation of behavioral models on the direct impact of stimuli over responses (Watson, 1913) but also goes beyond the cognitive conscious paradigm on the role of cognitive conscious processes mediating between stimuli and responses (Mahoney, 1977). According to the present model stimuli are both consciously and unconsciously mediated. Cognitive conscious mediation is illustrated by studies showing that the perceptions of each participant in the therapeutic interaction are the best predictors of their actions (e.g., Uhlemann & Haase, 1985). Unconscious mediation, although not fully demonstrated in counseling process research, is suggested by conclusions from the clinical and quantitative literature in countertransference processes (c.f., Singer &

Luborsky, 1977).

Third, the following sequence, illustrated in figure 5, is hypothesized to take place in the therapeutic situation. Client behavioral intentionality (i.e., client's behaviors) affect counselor's unconscious processes and cognitive intentionality. It is from the complex interaction between counselor's cognitive and unconscious intentionality that counselor's responses (i.e., behavioral intentionality) emerge. The same sequence is hypothesized for the client.

Fourth, the more ambiguous or the more subliminal client's behaviors are, the greater the impact on counselor's unconscious intentionality. That is, the less defined the client's communication, the greater the opportunity for counselor's unconscious projections. As it was recognized by Westerlundh and Smith (1983) the "range of activated, personally relevant material is much greater in this case (subliminal perception) than when the stimulus is presented on a conscious level" (p.607).

Summarizing, this section began with the presentation of Martin's and Gelso and Carter's models as examples of the attempt to take into account the full complexity of the counseling process. Then, the present multilevel conception of the intentionality model was presented, the main options were explained, and the major assumptions were introduced. The next section will briefly introduce the exploratory research of the main assumption of the multilevel conception

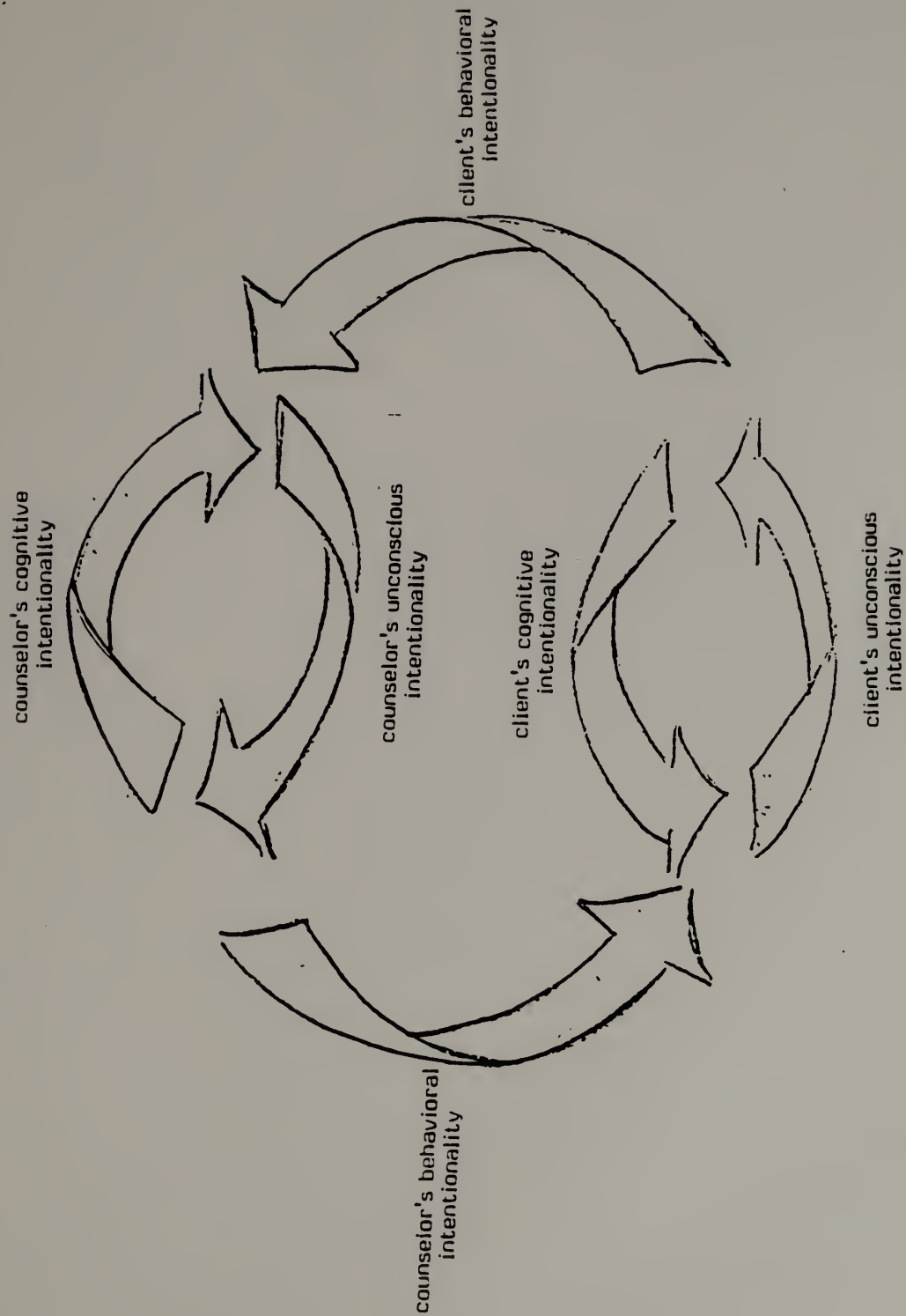


Figure 5. The multilevel conception of intentionality in counseling and psychotherapy.

of the intentionality model.

Objective and Hypotheses of the Empirical Study

According to the assumptions of the multilevel conception it would be expected that the presentation of subliminal information, by or about the client would influence the counselor's cognitive and behavioral processes. Additionally, it would be expected that the direction of this influence would be dependent on the relationship between the type of subliminal information and the counselor's covert processes.

The research on subliminal perception tends to find support for the idea that our evaluations and responses are influenced by information presented outside conscious awareness. Therefore, it would be legitimate to hypothesize that in the counseling situation, counselors are influenced in their cognitions and behavioral responses, by information presented outside consciousness.

The following research has two main objectives. First, it intends to make an exploratory analysis of the major assumptions of the multilevel conception of the intentionality model. Second, it will explore the possibilities of the subliminal methodology for analyzing the interaction among behaviors, cognitions and unconscious

processes in counseling and psychotherapy.

More specifically, the research will test the effects of subliminal presentations of emotional concepts on the counselor's conceptualizations, intentions, and responses. From the present model two main hypotheses were drawn. First, the presentation of subliminal information will affect the direction of conceptualizations, intentions and responses toward the client. Second, the direction of this influence will be dependent on the interaction between type of stimuli and the counselor's covert processes.

In order to test these hypotheses, 36 counseling students were randomly assigned to one of the following experimental treatments: (1) subliminal presentation of negative emotional concepts; (2) subliminal presentation of positive emotional concepts; (3) supraliminal presentation of negative emotional concepts; and (4) supraliminal presentation of positive emotional concepts. Following the tachistoscope presentation of the emotional concepts, all subjects were exposed to a client simulation vignette. Subjects were then instructed to give an evaluation of the client, provide a verbal response, and report the intentions which guided their responses. The methodological details of the experiment will be presented in the next chapter.

Conclusions

This chapter had reviewed the main conclusions of the research on behavioral, cognitive, and unconscious dimensions of the counseling process. From this research, it is apparent the insufficiency of controlled studies on the unconscious dimension. Additionally, the research linking each one of these dimensions is also absent. Thus, the multilevel intentionality model was introduced, defending that the intentionality of the counselor, as well as that of the client, results from the interaction among behaviors, cognitions, and unconscious processes. The relationship between this model and those recently advanced by Martin and Gelso and Carter was discussed. Finally, the research exploring the effects of unconscious information on counselor's conceptualizations, intentions, and responses was introduced.

The next chapters will refer directly to the methodology, results, and discussion of the exploratory research.

C H A P T E R I V

METHOD

This chapter describes the methodology of the research intended to test the effects of subliminal presentation of information on counselors' conceptualizations, intentions, and responses.

Two central hypotheses, rooted on the multilevel intentionality model, were drawn. First, the presentation of subliminal information was hypothesized to impact the direction of counselor conceptualizations, intentions and responses toward the client. Second, the direction of this influence was hypothesized to be dependent on the interaction between the type of stimulus and counselor's covert processes.

Overview

The subjects, 36 counseling students, were randomly assigned to one of the following experimental treatments: (1) subliminal presentation of negative emotional concepts; (2) subliminal presentation of positive emotional concepts; (3) supraliminal presentation of negative emotional concepts; and (4) supraliminal presentation of positive emotional concepts. Therefore, four groups were compared.

These groups emerged from the interaction of two independent variables (i.e., condition of presentation, and type of stimuli) with two conditions each (i.e., subliminal versus supraliminal, and positive versus negative). All subjects went through the following experimental sequence:

- (1) Tachistoscope presentations (either subliminally or supraliminally) of 14 emotional concepts (either positive or negative).
- (2) After the tachistoscopic presentation, the subjects went through the stimuli recall task where they were asked to recall or guess ten words amongst the stimuli presented.
- (3) Subjects were shown a client simulation vignette.
- (4) Following the vignette, they were asked to write a verbal response to the simulated client, provide an evaluation of the client functioning, and report those intentions that guided their responses.

Figure 6 summarizes the experimental sequence.

This chapter will begin with a description of the subjects, followed by the apparatus and materials section where the experimental rooms, client simulation vignette, tachistoscope stimuli, measures, raters and rating process, are presented. Finally, the process section will detail the experimental treatments and the experimental sequence.

Subjects

Participants in this study were 40 students enrolled in a graduate course in counseling skills (#585 - Theories and Practice of Counseling), during the Spring semester of

Figure 6. Experimental Sequence

TScope Pres.	Sub. Neg.	Sub. Pos.	Sup. Neg.	Sup. Pos.
	Recall Task	Recall Task	Recall Task	Recall Task
	Vignette Present.	Vignette Present.	Vignette Present.	Vignette Present.
	Verbal Response	Verbal Response	Verbal Response	Verbal Response
	Client Evaluation	Client Evaluation	Client Evaluation	Client Evaluation
	Report Intentions	Report Intentions	Report Intentions	Report Intentions

1985 at the University of Massachusetts at Amherst. The subjects were volunteers that responded to a request asking for subjects during the lectures and sections of the same course. All participants were required to have English as their native language and normal or corrected to normal vision.

From the original sample, two subjects revealed inappropriate vision and two others did not complete all the dependent measures, and were subsequently withdrawn from the experiment. The final sample consisted of 36 subjects, four males and 32 females, with ages ranging from 20 to 42, with a mean of 25.4.

The subjects were randomly assigned, counterbalanced by sex, to each of the four experimental treatments. Therefore each experimental group consisted of nine subjects, one male and eight females.

Before initiating the experiment all the subjects read and signed a permission form in which they were assured of the following conditions:

- (1) Your name will not be disclosed in any recording of my data;
- (2) participation will not pose a physical risk, emotional hindrance or financial cost to you;
- (3) you will be awarded 5 bonus points for your participation, in the final grade of "Theories and Practice of Counseling".
- (4) you are free to withdraw at any point without any penalty and inconvenience;
- (5) you will receive an abstract with the main results of the experiment; (6) if you choose, we will meet with you personally to discuss the outcomes of this study.

In sum, 36 students from the University of Massachusetts participated in this study. They were randomly assigned to each one of the following experimental conditions, and they were credited with 5 bonus points on the average grade for their participation.

Apparatus and Materials

This section will refer to the organization and equipment of the experimental rooms, the client simulation vignette, the tachistoscope stimuli, and measures used. Additionally, information will be provided about the raters, rating process, training, and agreement.

Experimental Rooms

Three experimental rooms were used (referred hereafter as experimental rooms 1, 2, and 3).

Experimental room 1 was reserved for the tachistoscope presentations. The room was organized in order to protect subjects from any kind of distraction. It was equipped with a Harvard T-1C-3 two channel tachistoscope. The tachistoscope was placed over a large table, with two chairs on opposite sides of the tachistoscope. The subjects were seated in front of the tachistoscope, with the research assistant behind it.

Experimental room 2, intended for the presentation of the client simulation vignette, contained a 36mm projector, a large screen, and a chair. Subjects were seated right in front of the screen, with the assistant behind them.

Finally, experimental room 3, where additional

dependent measures were completed, consisted exclusively of one chair and one table.

Tachistoscope Stimuli

In the experimental room 1, the subjects were exposed to tachistoscope presentation of stimuli words. All subjects were presented either the negative or the positive emotional concepts, in one of the following conditions: subliminal or supraliminal. These conditions of stimuli presentation will be described in the process section. The two neutral words were used as examples.

The tachistoscope stimuli consisted of 14 positive emotional words, 14 emotionally negative words, 2 neutral words, and one mask stimulus. The 14 positive emotional words were: loving, affectionate, compassionate, pleasant, relaxed, warmhearted, peaceful, serene, trusting, harmonious, tranquil, contented, thoughtful, and kindly. The negative emotional words were: morbid, cruel, tortured, repulsive, bloodthirsty, plagued, evil, and hateful. Two neutral words, window and garden, were used as examples. Finally, the mask stimulus consists of 12 capital X's in a straight line (i.e., XXXXXXXXXXXX). All the stimuli were printed in black capital letters, in the middle of white cards (15cm X 10 Cm).

Both, the negative and the positive words were

selected from the Semantic Atlas of Emotional Concepts developed by Averill (1975). This semantic atlas consists of a list of 558 emotional concepts ranked by degree of emotionality and familiarity. A factor analysis revealed the existence of four dimensions: activation, evaluation, depth of experience, and lack of control. All the words selected came from the 15 concepts with highest and lowest scores on the evaluation factor, corresponding to a good-bad dimension. Reliability (split-sample and between subject variability) and validity for this factor is high. Additionally, all the words selected reveal high degree of familiarity (between 98 and 100%).

In sum, half of the subjects were presented the 14 positive emotional concepts (either subliminally or supraliminally) while The other half was exposed to 14 negative emotional concepts (either subliminally or supraliminally).

Client Simulation Vignette

After the tachistoscope presentation, and immediately following the stimuli recall task (described in the measures section), all subjects went into experimental room 2 where they were exposed to a client simulation vignette, selected from Kagan (1975b).

The Affect Simulation Vignettes, were produced by Norman Kagan in order to "help students overcome their resistances to the often intense intimate communication that the use of interpersonal skills can encourage" (Kagan, 1984, p.231).

The Affect Simulation Vignettes is a film series, consisting of 70 short strips. In each vignette the actor speaks directly to the observer as if he/she was the client. Students are encouraged, in Kagan's method, to put themselves in the position of the helper, and to share their reactions toward the simulated client.

According to Kagan (1975a, 1984) it is interesting to notice that the students' feelings toward these vignettes, fall into four basic interpersonal themes: (1) fear of being hurt; (2) fear of hurting others; (3) fear of being engulfed; and (4) fear of engulfing others.

The client vignette selected for the present study, is one where an old man communicates directly to the observer the following message:

Can you give me a minute? Something has been driving me frantic. For the last few years I've found myself...thinking about...little children. Wanting to touch them -- where I shouldn't, I know it's wrong, I know it's evil, I know it's unnatural. I can't help myself. Please help me. You've got to help me.

From the 70 vignettes presented by Kagan, I selected the present one due to two main characteristics. First, the topic - sex and child abuse - is frequently a shocking one,

and received at that time considerable attention by the press. Second, this old man tends to produce in the trainee an ambivalence of feelings. First, he is rejected for his "nasty" behavior, but on the other hand he tends to produce compassion due to his apparent weakness and desperate plea for help. In my classes, as well as in a previous exploratory study, I found this vignette as one of the best in producing ambivalent feelings in counseling trainees.

Summing up, after the tachistoscope presentation, the subjects were moved into experimental room 2, where they were exposed to a client simulation vignette with the instruction to put themselves in the counselor's position, making the situation as real as possible.

Measures

Four dependent measures were used in the present study: (1) one measure of the level of the stimuli recall; (2) one measure of the subjects' verbal responses; (3) one client evaluation measure; and finally (4) one measure to report subjects' intentions.

The first measure - level of stimuli recall - was introduced immediately after the tachistoscope presentation and was intended to test the efficacy of the experimental treatment. That is, to check if subjects from the

supraliminal and subliminal groups were consciously perceiving the stimuli presented. All the restant measures were introduced after the presentation of the client simulation vignette in order to test subjects behavioral and cognitive reactions toward the simulated client.

Next, I will refer to each one of these measures.

Stimuli Recall. The stimuli recall measure was intended to test if subjects from each of the four groups were actually consciously perceiving the tachistoscope stimuli. In order to validate the experimental treatment, subliminally group subjects were expected not to recall the stimuli, while the supraliminal group subjects were expected to recall most of the stimuli.

In order to measure the degree of stimuli recall, the following open question was introduced to the subjects after the tachistoscope presentations:

Now, I would like you to write TEN WORDS that you remember from the past presentation. If you do not remember any words, try to guess; guess the TEN WORDS that first come to your mind. The order of the words does not make any difference.

Only words that corresponded exactly to the original stimuli were considered correct. Additionally, and in order to test if subjects, even though not consciously perceiving, were being or not influenced by the semantical characteristics of the words presented, the amount of

positive and negative adjectives present in subliminally groups subjects lists were also computed.

Subjects Verbal Responses. Immediately after the the client simulation vignette, the subjects were instructed to generate a brief written response to that client. The response was then divided into units and classified according the Hill Counselor Verbal Response Category System - Revised (Friedlander, 1982a; 1982b). The system consists of the following nine exhaustive and mutually exclusive categories: encouragement/approval/reassurance (EAR); Restatement/Reflection (RR); Self-Disclosure (SD); Interpretation (INT); Confrontation (CONF); Providing information (PI); Information seeking (IS); Direct guidance/advice (DGA); and Unclassifiable (UN). Additionally the scale provides a measure of the Degree of structure (DS). Each one of the previous nine categories falls into three supercategories: low structure (LS); moderate structure (MS); and high structure (HS). The final score for the degree of structure is computed by the following formula:

$$DS = (LS \times 1) + (MS \times 2) + (HS \times 3)$$

The rules used in the division of verbal responses into units were those suggested by Friedlander (1982a), and more recently specified by Banaka, Birgh-Wilson, and Thompson (1985a; 1985b). According to these rules "the unit

consists of: an independent or main clause by itself or with one or more restrictive, dependent clauses; a nonrestrictive, dependent clause; element of a compound predicate; or quoted statements" (Banaka et al., 1985b, p.8).

The system developed by Friedlander results from the revision of a system organized by Clara Hill and colleagues (e.g., Hill, 1978; Hill et al., 1981; Hill et al., 1983). Friedlander points out two main inconsistencies in Hill's system. First, Hill's scale is based on multiple principles of classification, requiring the use of different coding strategies (e.g., objective as well as inferential). Second, several inconsistencies were also found in the rules for constructing response units, producing inflation of certain categories such as minimal encouragers.

Both systems, the original as well as its revision, were found to have acceptable levels of validity and reliability. Several studies have shown the validity of Hill's system to describe counselors' behaviors within and across interviews (e.g., Hill, 1978; Hill et al., 1983), and differentiate therapists from different theoretical orientations (e.g., Hill et al., 1979). Additionally acceptable levels of interjudge reliability were found in various studies, for each of the categories. Similar findings were reported for Friedlander's revision, both in

the description of counselors' behaviors across interviews and theoretical approaches (e.g., Friedlander, 1982a; Lee & Uhlemann, 1984). High interrater reliabilities were also found with relatively small amounts of training ($k=.85$).

Concluding, in order to analyze counselors' behavior intentionality, the subjects were asked to generate a written response to the stimulated client. These responses were then rated according to Hill Counselor Verbal Response Category System - Revised.

Client Evaluation. Following the verbal response, the

subjects were asked to provide, on a rating scale, an evaluation of the client's functioning. The rating scale - Client Evaluation Form - constructed for this study (see appendix), consists of 10 emotional traits, five positive and five negative. Subjects were asked to rate the client they had seen, by circling a number from 0 (not at all) to

10 (extremely) on each one of the 10 traits. All the traits

were emotional concepts selected from Averill's (1975) evaluation factor.

The final score results from the subtraction of the sum of ratings for the negative traits to the sum of ratings for the positive traits.

This measure intended to provide information from one important dimension of counselors' cognitive intentionality - counselors' conceptualizations.

Report of Intentions. As explained earlier, one important

dimension of counselor's cognitive intentionality is the
cognitive intention. Here, intentions are defined as
objectives behind any response. That is, they refer to the
cognitive anticipation of the effects of a given response.
The importance in the measurement of these intentions is
well supported by the research showing the relationship
between cognitive intentions and counselors' verbal
responses (e.g., Hill & O'Grady, 1985).

In order to evaluate subjects' intentions behind their
response choices, the list of intentions developed by Hill
and O'Grady was used (see appendix). This instrument
consists of a list of 19 pantheoretical and nonmutually
exclusive intentions: cathart, cognitions, behaviors,
self-control, feelings, insight, change, reinforce change,
resistance, challenge, relationship, and therapist needs
(for more information on these intentions see
appendix). After the verbal response and the client
evaluation, subjects were instructed to report their
intentions. The instructions, adapted from Hill and O'Grady,
were the following:

Intentions are here defined as the counselor
rationale for selecting a specific response.
Try to remember what was in your mind at the
time you were writing your response to the
client. I am only interested in your intentions
for the response you gave, and not your long
term objectives if you were going to work

further with that client. Following, you will find a list of 19 intentions. Choose those that best apply by circling the number before each intention. Please, choose all the intentions that best apply to your situation, even if the phrasing is not directly applicable.

Hill and O'Grady define intentions as "the cognitive component that mediates the choice of interventions" (p.3). Thus, intentions are hypothesized as important mediators between conceptualizations and responses.

Several studies were recently conducted with this list of intentions. The instrument has been found useful in the description of intentions. The instrument has been found useful in the description of intentions within and across interviews, as well as in the differentiation of counselors from different theoretical orientations (Hill et al., 1983; Hill & O'Grady, 1985). Some significant associations were also found among intentions, counselor's responses, client perceptions, and client responses (Fuller & Hill, 1985; Hill & O'Grady, 1985).

A multidimensional scaling conducted by Hill and O'Grady, revealed the existence of five clusters of intentions. The first cluster, assessment, refers to those intentions with the objective of exploring and evaluating client's problems. The second cluster, therapeutic work, includes those that try to increase the client's degree of emotional and cognitive understanding. The third cluster, change, is concerned with intentions to produce behavioral,

cognitive, and affective change. The fourth cluster, problems, refers to all those intentions that have as an objective to overcome obstacles and blocks to the therapeutic work. Finally, the fifth cluster, nonspecific factors, describes an uncharacteristic group of intentions related in several ways with the other four clusters.

Once the number of intentions for each category was very small, given the fact that only one verbal response was required per subject, only clusters of intentions were considered in the statistical analysis.

Summarizing, in order to analyze subjects' intentions behind their response choices, the Hill and O'Grady list of intentions was used. Only clusters of intentions were used for the statistical analysis.

Judges

Four independent judges were used in the present study. Two of the raters were assigned with dividing subjects' verbal responses into response units. The other two were responsible for rating the response units. As suggested by Banaka et al. (1985b), judges for the unitizing task were graduate students experts in English grammar. The following four steps were used in the training of judges: (1) reading and discussing the unitizing rules; (2) discussion of examples; (3) administration of practice

tests; and (4) discussion of disagreements. Once a minimum criterium of agreement was obtained (i.e., 80%) in the judgement of practice tests, they began to unitize actual research protocols. The between judge agreement with actual protocols was 93%. Disagreements were solved by consensus.

Two other judges, graduate students in psychology and education, classified the response units using the HCVRCS-R (Friedlander, 1982a; 1982b). According to the suggestions of Hill et al. (1981) the judges followed a training process similar to the one described above. After reading and discussing the definition and examples, the judges were asked to rate examples from Friedlander's (1982b) manual. Next, they discussed the discrepancies and repeated the process until a minimum agreement criterion of 80%. Once this criterion was met, they began the rating of actual research protocols. Agreement between judges was computed by the kappa statistic (Hill et al., 1981). This statistic is a percent of agreement corrected by chance agreement, and is given by the following formula:

$$k = \frac{P_o - P_c}{1 - P_c}$$

Where P_o represents the proportion of ratings in which the two judges agree; and P_c the proportion of ratings for which agreement is expected by chance. The kappa value found on the present study was .77. Discrepancies between judges were resolved by mutual agreement.

Summarizing, in this experiment three experimental rooms were used, respectively for the tachistoscope expositions, vignette presentation, and completion of some dependent measures. The tachistoscope stimulus consisted of 14 positive, and 14 negative emotional concepts, two neutral words and one mask. The client simulation vignette was selected among Kagan's affect simulation vignettes. Four dependent measures were used in order to rate subjects' verbal responses, conceptualizations, intentions, and stimuli recall. Finally, four raters were used in the unitizing and rating of subjects' verbal responses.

Process

This section will refer to the experimental procedures followed in this study. I will begin with the description of the experimental conditions. Then the sequence of the experiment will be presented.

Experimental Conditions

All subjects were randomly assigned (counterbalanced by sex) to one of the following experimental conditions: (1) subliminal presentation of negative emotional concepts; (2) subliminal presentation of positive emotional concepts; (3) supraliminal presentation of negative emotional concepts; and (4) supraliminal presentation of positive emotional concepts. In the subliminal condition, stimuli were presented for periods of 50 milliseconds on one channel, followed immediately by the mask on the second channel. A previous exploratory study as well as research on masked presentations (e.g., Marcel, 1983), found as very improbable the capacity for graphical identification of stimuli presented under these conditions. In the supraliminal condition, stimuli were presented for a period 1000 milliseconds on one channel, followed by the mask on the second channel. For the positive emotional concept groups, the list of 14 positive words was presented, while the other groups were exposed to the list of 14 negative words.

In conclusion, two variables, with two conditions each, were manipulated: (1) condition of presentation (subliminal vs. supraliminal); and (2) type of stimulus (negative vs. positive). From the interaction between these variables, four groups emerged, hereafter referred as (i)

subliminal/negative, (ii) subliminal/positive; (iii) supraliminal/negative; (iv) supraliminal/positive.

Experimental Sequence

Tachistoscope Exposition. After having read and signed the ----- permission form (see appendix), subjects went to the experimental room 1, where the following instructions were given:

In this experiment, I will present some words to you for varying periods of time. Go ahead and look inside this box. You will see some X's (...) Now focus on those X's. In that same space, words will be presented to you. Don't worry if the word comes so fast that you are not able to read it. Simply be as attentive as you can and pick up as much as you possibly can.

After these instructions the two neutral words were presented and any questions subjects might have had were answered. After these two trials the 14 words were presented. The order of the words was randomized for each subject.

Stimuli Recall. Immediately after the tachistoscope the ----- subjects were asked to either recall or guess 10 amongst the words presented. The instructions for this recall were those referred to in the measures section.

Vignette Presentation. Following the stimuli recall,

subjects were taken to the experimental room 2. Here the client simulation vignette was presented along with the following instructions:

On this screen you will see a brief film strip. A client's statement will be presented. Put yourself in the position of the counselor who is with this client. Make the situation as real as possible.

After these instructions the research assistant answered any question the subjects might have had, presenting then the vignette.

Verbal Response. Still in the experimental room 2, and

immediately after the vignette presentation, subjects were asked to generate a verbal response. These were the instructions for this response:

Write a brief response to that client. What would you say directly to him if you were the counselor? I only want your verbal response.

Client Evaluation and Report of Intentions. After writing

response, subjects were taken into the experimental room 3 where they were instructed to complete the Client Evaluation Form and the List of Intentions. After completing these measures the present author responded to any question that the subject might have, and they were then dismissed.

Concluding, this chapter presented the methodological

aspects of the research intended to test the effects of subliminal presentation of information on counselors' conceptualizations, intentions, and responses. The chapter began with an overview of the experimental procedures, followed by the sections describing the subjects, apparatus and process. Briefly, 36 subjects were assigned to one of the following experimental conditions: subliminal/negative; subliminal/positive; supraliminal/negative; and supraliminal/positive. All the subjects follow an experimental sequence consisting of: (1) tachistoscope exposition; (2) stimuli recall; (3) vignette presentation; (4) verbal response; (5) client evaluation; and (6) report of intentions.

The next chapter will present the data and the statistical analysis for all the dependent measures.

C H A P T E R V

RESULTS

This chapter will present the data, along with the statistical treatment, for each one of the dependent variables: stimuli recall, verbal responses, client evaluation, and report of intentions. The discussion of the results, their relationship with the experimental hypotheses, and the implication for the multilevel intentionality model, will be provided in chapter VI.

Two kinds of statistical analysis were performed. A Two-Way Analysis of Variance was carried out for the stimuli recall variable given the objective of testing the contribution of each independent variable for the experimental treatment. For all the other variables, given the objective of testing between group differences, series of orthogonal t-test contrasts were performed. As is usual in this type of analysis, the t-test contrasts make possible dispensing the use of Anova F test (Nie et al., 1975).

For each dependent variable the results will be briefly described and graphically illustrated, and tables with descriptive and inferential statistics will be provided.

Stimuli Recall

As can be seen by the inspection of Table 1, subjects in both subliminal conditions had less than 5% recall, whereas subjects in supraliminal groups showed a correct recall of above 65%.

Table 1

Proportion of stimuli recall

Condition	Stimulus	
	Negative	Positive
Subliminal	.01	.04
Supraliminal	.69	.67

A Two-Way Anova (see Table 2) revealed the existence of a significant difference between conditions of presentation, $F(1,32)=507.27$, $p < .001$. No statistically significant difference was found for the type of stimulus, $F(1,32)=.10$, $p > .05$. Therefore, subjects from the subliminal groups apparently were not able to identify the tachistoscope stimuli, whereas the supraliminal group

revealed a high percentage of recall.

Table 2

Anova - Stimuli Recall

Source	SS	DF	MS	F	p
Condition	560.11	1	560.11	507.27	.001
Stimuli	.11	1	.11	.10	.75
Condition					
X	1.00	1	1.00	.91	.35
Stimuli					
Error	35.33	32	1.04		
Total	595.56	35	17.04		

Some authors have been claiming that subjects can be semantically influenced even in situations where they are not able to show any graphical identification (e.g., Marcel, 1983). In order to test this hypothesis I proceeded to a

computation of all the adjectives with either positive and negative connotation, listed by subjects from subliminal groups. Table 3 shows the proportion of negative and positive adjectives in subjects' lists.

Table 3

Proportion of negative and positive adjectives listed

Adjectives	Stimulus	
	Negative	Positive
Negative	.17	.06
Positive	.06	.21

Subjects in the subliminal group tended to list more negative adjectives, while the subliminal/positive group revealed a greater amount of positive adjectives. However, analysis of variance, shown in Tables 4 and 5, carried out independently for positive and negative adjectives, did not find statistical significant differences, $F(1,16)=2.18$, $p > .05$, for the positive adjectives; and $F(1,16)=1.64$, $p > .05$, for the negative adjectives.

Table 4

Oneway - Negative Adjectives

Source	DF	SS	MS	F	p
Between	1	5.56	5.56	1.64	.22
Within	16	54.22	3.39		
Total	17	59.78			

Table 5

Oneway - Positive Adjectives

Source	DF	SS	MS	F	p
Between	1	9.39	9.39	2.18	.16
Within	16	68.89	4.31		
Total	17	78.28			

Concluding, subjects from subliminal conditions clearly differed from the supraliminal conditions in respect to the amount of stimuli recalled. No significant difference was found on the semantic characteristics of the stimuli recalled by subliminal group subjects.

Verbal Responses

In order to test between group differences, regarding the use of verbal response categories, series of t-test contrasts were performed. Table 6 shows the means and standard deviations for all the categories with a frequency above 1%. Tables 7 through 11 exhibited the T-test contrasts for all the categories with frequencies above 1%.

Only the values for the information seeking skills attained statistical significance. Contrasts among all the groups revealed significant differences between the subliminal/positive group and both, the supraliminal/negative, $t(32)=2.00$, $p < .05$ and the supraliminal/positive, $t(32)=2.25$, $p < .05$.

In sum, the two supraliminal groups used significantly more information seeking skills when compared with the subliminal/positive group. No other difference obtained statistical significance.

Table 6

Verbal Responses - Means and Standard deviations

Condition	Stimulus									
	Negative					Positive				
	EAR	RR	PI	IS	DS	EAR	RR	PI	IS	DS
Sub. M	.44	.89	.44	.89	5.00	.67	.56	.67	.33	6.89
SD	.73	.78	.73	.60	2.87	1.00	.53	1.00	.50	5.00
Sup. M	.78	.44	.67	1.22	5.00	.44	.56	.56	1.33	6.44
SD	.44	.53	1.00	1.20	2.28	1.00	.73	1.00	1.22	4.3

Note. EAR= encouragement/approval/reassurance; RR= restatement/reflection; PI= providing information; IS= information seeking; DS= Degree of structure. Only categories with frequencies over 1% are shown.

Table 7

T-Test Contrasts - Encouragement/Approval/Reassurance

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	-.22	.39	-.57	32	>.05
Sub/Neg Vs. Sup/Neg	-.33	.39	-.85	32	>.05
Sub/Neg Vs. Sup/Pos	0	.39	0	32	>.05
Sub/Pos Vs. Sup/Neg	-.11	.39	-.28	32	>.05
Sub/Pos Vs. Sup/Pos	.22	.39	.57	32	>.05
Sup/Neg Vs. Sup/Pos	.33	.39	.85	32	>.05

Table 8

T-Test Contrasts - Restatement/Reflection

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	.33	.31	1.09	32	>.05
Sub/Neg Vs. Sup/Neg	.44	.31	1.45	32	>.05
Sub/Neg Vs. Sup/Pos	.33	.31	1.09	32	>.05
Sub/Pos Vs. Sup/Neg	.11	.31	.36	32	>.05
Sub/Pos Vs. Sup/Pos	0	.31	0	32	>.05
Sup/Neg Vs. Sup/Pos	-.11	.31	-.36	32	>.05

Table 9

T-Test Contrasts - Provide Information

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	-.22	.44	-.50	32	>.05
Sub/Neg Vs. Sup/Neg	-.22	.44	-.50	32	>.05
Sub/Neg Vs. Sup/Pos	-.11	.44	-.25	32	>.05
Sub/Pos Vs. Sup/Neg.	0	.44	0	32	>.05
Sub/Pos Vs. Sup/Pos	.11	.44	.25	32	>.05
Sup/Neg Vs. Sup/Pos	.11	.44	.25	32	>.05

Table 10

T-Test Contrasts - Information Seeking

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	.56	.44	1.25	32	>.05
Sub/Neg Vs. Sup/Neg	-.33	.44	-.75	32	>.05
Sub/Neg Vs. Sup/Pos	-.44	.44	-1.00	32	>.05
Sub/Pos Vs. Sup/Neg	-.89	.44	-2.00	32	<.05
Sub/Pos Vs. Sup/Pos	-1.00	.44	-2.25	32	<.05
Sup/Neg Vs. Sup/Pos	-.11	.44	-.25	32	>.05

Table 11

T-Test Contrasts - Degree of Structure

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	0	1.87	0	32	>.05
Sub/Neg Vs. Sup/Neg	-1.89	1.87	-1.01	32	>.05
Sub/Neg Vs. Sup/Pos	-1.44	1.87	-.77	32	>.05
Sub/Pos Vs. Sup/Neg	-1.89	1.87	-1.01	32	>.05
Sub/Pos Vs. Sup/Pos	-1.44	1.87	-.77	32	>.05
Sup/Neg Vs. Sup/Pos	.44	1.87	.23	32	>.05

Client Evaluation

Means and standard deviations for the client evaluation measure are presented in Table 12.

Table 12

Client Evaluation Measure

Condition	Stimulus	
	Negative	Positive
Subliminal M	11.00	14.22
SD	12.00	10.80
Supraliminal M	2.56	18.67
SD	10.49	14.54

Contrasts among all possible comparisons, shown in table 13, revealed the existence of significant differences between subliminal/positive and supraliminal/negative groups, $t(32)=2.05$, $p < .05$, and between the supraliminal groups, $t(32)=2.38$, $p < .01$. Thus, both the subliminal/positive and the supraliminal/positive groups revealed significantly more positive client evaluations than

the supraliminal/negative group.

Table 13

T-Test Contrasts - Client Evaluation

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	-3.22	5.69	-.57	32	>.05
Sub/Neg Vs. Sup/Neg	8.44	5.69	1.48	32	>.05
Sub/Neg Vs. Sup/Pos	-7.66	5.69	-1.35	32	>.05
Sub/Pos Vs. Sup/Neg	11.67	5.69	2.05	32	<.05
Sub/Pos Vs. Sup/Pos	-4.44	5.69	-.78	32	>.05
Sup/Neg Vs. Sup/Pos	-16.11	5.69	-2.83	32	<.01

Report of Intentions

In order to facilitate the statistical analysis only clusters of intentions were considered. The computation of the cluster score was done by dividing the number of intentions in the cluster by the amount of categories per cluster. Thus the final score was corrected by cluster size.

The means and standard deviations for clusters of intentions are presented in table 14.

Table 14

Cluster of Intentions - Means and Standard deviations

Condition	Stimulus									
	Negative					Positive				
	ASS	PROB	CHA	NSP	TWOR	ASS	PROB	CHA	NSP	TWORK
Sub. M	.67	.07	.33	.49	.33	.40	.14	.22	.49	.22
SD	.33	.15	.35	.25	.17	.37	.22	.26	.10	.21
Sup. M	.59	.11	.33	.51	.53	.56	.11	.28	.38	.51
SD	.33	.18	.43	.27	.39	.29	.18	.44	.21	.28

Note. ASS= assessment; PROB= problems; CHA= change; NSP= nonspecific factors; TWOR = therapeutic work.

Tables 15 through 19, show the contrast among all possible comparisons for each cluster of intentions. These contrasts revealed, once again, the existence of a significant difference between the subliminal/positive group and the supraliminal/negative/positive, $t(32)=2.22$, $p < .05$ and supraliminal/negative groups, $t(32)=2.39$, $p < .05$. However, these significant differences were only found for the cluster of therapeutic work intentions.

Summarizing, concerning the use of intentions, the subliminal/positive group reported a significantly less use of therapeutic work intentions when compared with both the -----
supraliminal groups.

Table 15

T-Test Contrasts - Assessment Intentions

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	.26	.16	1.67	32	>.05
Sub/Neg Vs. Sup/Neg	.07	.16	.48	32	>.05
Sub/Neg Vs. Sup/Pos	.11	.16	.72	32	>.05
Sub/Pos Vs. Sup/Neg	-.19	.16	-1.19	32	>.05
Sub/Pos Vs. Sup/Pos	-.15	.16	-.96	32	>.05
Sup/Neg Vs. Sup/Pos	.04	.16	.24	32	>.05

Table 16

T-Test Contrasts - Problems Intentions

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	-.67	.09	-.77	32	>.05
Sub/Neg Vs. Sup/Neg	-.04	.09	-.45	32	>.05
Sub/Neg Vs. Sup/Pos	-.04	.09	-.45	32	>.05
Sub/Pos Vs. Sup/Neg	.03	.09	.32	32	>.05
Sub/Pos Vs. Sup/Pos	.03	.09	.32	32	>.05
Sup/Neg Vs. Sup/Pos	0	.09	0	32	>.05

Table 17

T-Test Contrasts - Change Intentions

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	.11	.18	.62	32	>.05
Sub/Neg Vs. Sup/Neg	0	.18	0	32	>.05
Sub/Neg Vs. Sup/Pos	.06	.18	.31	32	>.05
Sub/Pos Vs. Sup/Neg	-.11	.18	-.62	32	>.05
Sub/Pos Vs. Sup/Pos	-.06	.18	-.31	32	>.05
Sup/Neg Vs. Sup/Pos	.06	.18	.31	32	>.05

Table 18

T-Test Contrasts - Nonspecific Intentions

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	0	.10	0	32	>.05
Sub/Neg Vs. Sup/Neg	-.02	.10	-.22	32	>.05
Sub/Neg Vs. Sup/Pos	.11	.10	1.09	32	>.05
Sub/Pos Vs. Sup/Neg	-.02	.10	-.22	32	>.05
Sub/Pos Vs. Sup/Pos	.11	.10	1.08	32	>.05
Sup/Neg Vs. Sup/Pos	.13	.10	1.31	32	>.05

Table 19

T-Test Contrasts - Therapeutic Work Intentions

Contrast	Value	SE	T	DF	p
Sub/Neg Vs. Sub/Pos	.11	.13	.85	32	>.05
Sub/Neg Vs Sup/Neg	-.20	.13	-1.54	32	>.05
Sub/Neg Vs. Sup/Pos	-.18	.13	-1.36	32	>.05
Sub/Pos Vs. Sup/Neg	-.31	.13	-2.39	32	<.05
Sub/Pos Vs. Sup/Pos	-.29	.13	-2.22	32	<.05
Sup/Neg Vs. Sup/Pos	.02	.13	.17	32	>.05

Conclusion

Concluding, five main results were found in the present study:

(1) Concerning stimuli recall, a significant difference was found between subliminal and supraliminal conditions. Supraliminal groups were much more accurate in their recall, whereas the subliminal groups revealed an almost non-existent capacity to recall the actual stimuli. Additionally, no significant differences were found between subliminal groups or between supraliminal groups.

(2) Although no statistically significant difference was found, the subjects from subliminal/negative group showed a tendency to list more negative adjectives, while subjects in the subliminal/positive group tended to list more negative adjectives.

(3) In respect to the verbal responses, the subliminal/positive group showed a significantly inferior use of information seeking skills than both supraliminal groups. No other difference was found to be significant.

(4) Concerning client evaluation, the subliminal/positive group demonstrated a significantly more positive evaluation than the supraliminal/negative group. Additionally, the supraliminal/positive group also presented a significantly more positive client evaluation than the

supraliminal/negative group.

(5) Finally, significant differences among groups were also found for the report of intentions. Once again, the subliminal/positive group was found to differentiate significantly from both of the supraliminal groups. This time, the difference was in terms of therapeutic work intentions. Subjects from the subliminal/positive group made a significantly less use of therapeutic work intentions.

In sum, this chapter presented the descriptive and inferential statistics for the results with each dependent variable. The existence of five central findings was also stressed. The discussion of these results, as well as their relationship with the experimental hypotheses, and the implications for the multilevel intentionality model, will be addressed in the next chapter.

CHAPTER VI

DISCUSSION

The objective of the present research was to conduct an exploratory study on the adequacy of a multilevel conception of intentionality to describe the mechanisms of the counseling process. More specifically, two hypotheses underline the present research. First, it was hypothesized that the presentation of subliminal information would affect the direction of counselor's conceptualizations, intentions, and responses to the client. Second, the direction of this influence was hypothesized to be dependent on the interaction between type of stimuli and counselor's covert processes.

The first hypothesis was clearly supported by the present data. In fact, the presentation of subliminal information was found to interfere with subjects' conceptualizations, intentions, and responses to the simulated client. Subjects exposed to the subliminal presentation of positive emotional concepts evaluated the client in a more positive way, report less therapeutic work intentions, and used small numbers of information seeking skills.

The second hypothesis is partly supported by the finding of the absence of any significant results due to the subliminal presentation of negative emotional concepts. That

is, the influence on counselor's cognitive and behavioral processes seem to be dependent on the interaction between type of stimuli and counselor's both conscious and unconscious processes.

This chapter will begin with a discussion of the main results. Following, the limitations of the research will be presented. Finally, several theoretical and practical implications will be drawn.

Stimuli Recall

Briefly, concerning stimuli recall, supraliminal groups were very accurate in their recall, while in the subliminal groups the recall was almost non-existent. Besides, no significant differences were found within the subliminal or supraliminal conditions. These results confirm the efficacy of the experimental manipulation. That is, subjects in both subliminal conditions were not able to consciously identify the stimuli presented.

More surprising are, however, the data concerning the semantic characteristics of the stimuli recalled. A slight tendency was detected with subjects from the subliminal/negative group to list more negative adjectives on the recall task, whereas subjects from the subliminal/positive group list more positive adjectives.

However, these differences were not found to be statistical significant.

As pointed out early on, several authors found evidence for the capacity to have access to the semantic meaning of information even when no graphical identification is possible (e.g., Marcel, 1983b). It was in an attempt to test this hypothesis, that a computation of negative and positive adjectives on the lists from subliminal group subjects was carried out. That is, it was being tested if subliminal group subjects, although not able to identify the stimuli, were being influenced by their semantic characteristics.

It would be expected that subjects from the subliminal/negative condition would report more negative adjectives, while subjects from the subliminal/positive group would present a greater amount of positive adjectives. This was found to be partly true, however the absence of statistical significant differences points out the existence of semantic influences but of limited scope.

Several hypotheses could be raised on the absence of statistical significant results. First, it could be explained by the small number of adjectives on subjects' lists. Mostly, the words reported were words such as father, mother, house, rose, etc. These words, given their semantic subjectivity, prevent any possibility for independent judgement. This was the main reason for restricting the

classification to adjectives agreed as not ambiguous. The results could have been different if the opportunity was offered for subjects to report the semantic connotations of each of the words listed.

Second, the absence of significant differences could also be due to the non-existence of control over the angle of vision. According to Silverman and Geisler (1985) in order to assure that the stimuli is registered in the foveo region, the horizontal angle of vision should be 5.5. The absence of this control could have limited the full impact of subliminal presentations.

Future research should take into more careful consideration the control over these variables by asking subjects to note the semantic meaning of the words reported, and by defining with maximum precision the angles of vision.

Client Evaluation

The results showed a significantly more positive evaluation of the subliminal/positive and supraliminal/positive groups when compared with the supraliminal/negative group.

The effects of supraliminal presentations, both negative and positive, on subjects' evaluations is congruent with data from studies on social perception. For example,

Srull and Wyer (1979) activated, by means of a sentence completion task, concepts of hostility and kindness. Then, the subjects were asked to evaluate a person ambiguously described. They found that subjects' evaluations were influenced in the same direction of the categories previously activated. Other authors, however, found similar results using subliminal stimuli. For instances, Bargh and Pietromonaco (1982) found that the evaluation of a person in a hostility trait was dependent on the amount of hostile words subliminally presented to observers.

The results of the present study, finding the effect of subliminal presentation of positive stimuli, confirm in part Bargh and Pietromonaco data. However, the absence of effects with the subliminal/negative group raises some interesting questions. The first question concerns the nature of the task in both studies. While subjects on Bargh and Pietromonaco study were in a non-specified social judgement context, in the present research subjects were in a counseling analogue situation, where the client was presented much more closely to reality (i.e., film strip). Therefore, one can hypothesize that the nature of the task (i.e., social evaluation versus client evaluation) is being responsible for the discrepant findings.

It could be also hypothesized that the subliminal presentation of negative stimuli interferes with the attitudes of warmth and positive regard toward clients. This

would be even more understandable if we take into consideration the fact these subjects were selected from a counseling course where those attitudes were being taught.

However, one question still remains - why has that happened for the subliminal/negative presentations and not for the supraliminal/negative ones? Although still somewhat speculative by now, these results seem to be consistent with the second hypothesis in the study. That is, there seems to exist a privileged relationship between presentation of unconscious information and counselor's inner processes. This conclusion is reinforced by the results found for other dependent measures. Both, for intentions and verbal responses, no significant effects were found due to supraliminal presentations, suggesting that supraliminal effects are much less consistent when compared with subliminal effects. Subliminal presentations, interacting with subjects covert processes, present a much more consistent effect on cognitive and behavioral intentionality.

These conclusions, even though needing further research, are consistent with the underlying assumptions of the multilevel intentionality model, and confirm partly Silverman's (1983) claim that the impact of certain messages is much more dramatic when presented in a subliminal way.

Report of Intentions

Here, the subliminal/positive group was found to differentiate from both supraliminal groups. Subjects from the subliminal/positive group made significantly less use of therapeutic work intentions.

According to Hill and O'Grady (1985) the cluster of therapeutic work intentions reflects therapist attempt to help the "client to reach a deeper or new cognitive or emotional understanding and to internalize responsibility" (p.18). Apparently, the subliminal presentation of positive stimuli, producing an activation of positive categories, result in a decrease of therapeutic work intentions.

Interestingly, research carried out by Hill and O'Grady (1985) found that the use of therapeutic work intentions was particularly frequent among psychodynamic therapists, precisely the same group commonly referred to as that with greater tendency for a pessimistic conceptualization of clients.

Verbal Responses

Once again it was the subliminal/positive group which differed significantly from the supraliminal groups. This time the difference was in terms of information seeking

skills. Subjects from the subliminal/positive group used significantly less information seeking skills than subjects from any of the supraliminal groups.

It is opportune to recall that subjects were instructed to give only one verbal response. This explains the small frequencies for all verbal skills categories. As it would be expected, given the fact that it was a first interaction with the client, all groups exhibited a greater amount of information seeking skills. This should explain the reason why only for this category, significantly differences were found. Possibly, the subliminal/positive group, probably due to a more positive client evaluation and less therapeutic work intentions, felt less need for probing the client.

Together, the results from the present research suggest that, in a counseling analogue situation, the subliminal presentation of positive emotional concepts tends to produce a more positive client evaluation which is cognitively translated in less therapeutic work intentions. This decrease is behaviorally expressed in less use of information seeking skills. Interesting enough, the subliminal presentation of emotional negative concepts did not produce any significant effect. Apparently, the subliminal presentation of emotional negative stimuli produced a conflict with counselor's covert processes (conscious and unconscious), namely attitudes of warmth and

positive regard, preventing the change in the direction of the subliminal activation.

Limitations

Despite the interesting results found, the data from the present research should be analyzed in light of four major limitations. First, we are in presence of a counseling analogue situation. Even though similar findings are hypothesized to take place in real counseling situations, the generalization of these results should be limited and await further studies.

Second, the angles of vision, stressed by Silverman and Geisler (1985) as affecting subliminal processing, were not controled. The absence of this control could have transformed, for some subjects, subliminal presentations into infraliminal ones. If this is true, one should expect much more dramatic differences after controling angles of vision.

Third, and as suggested by Marcel (1983b) the awareness threshold varies from one subject to another. This fact raises limitations for the use of standard time exposures. Although it is doubtful that any subject was able to detect the presence of the stimuli in the subliminal conditions, the definition of an individual threshold would

be a more accurate way for establishing the subliminal and supraliminal conditions.

Finally, it should be noted that the large amount of statistical comparisons increased the likelihood of type I error. However this was both necessary and understandable, given the small sample size and the exploratory nature of the study.

Having these limitations in mind, let us now turn to the theoretical and practical implications of this study.

Implications

Four basic assumptions underline the multilevel intentionality model presented in this thesis. The first assumption states that three levels of intentionality are present in the counseling relationship: behavioral, cognitive, and unconscious. The present research showing the effects of unconscious presentation of information on counselor's cognitive and behavioral processes, found initial support for the co-existence of the three levels of intentionality. That is, the intentionality of the counselor results from an interaction among behavioral, cognitive, and unconscious dimensions.

Second, as shown in figure 5, the model assumes that client's behavioral intentionality affects counselor's unconscious and cognitive intentionality, and it is from the

interaction between unconscious and cognitive intentionality that counselor's behavioral intentionality results. In other words, every input in the counseling interaction is cognitively and unconsciously mediated. This assumption seems also to have initial support in the present data. That is, unconscious presentation of information was found to affect counselor's cognitions (i.e., conceptualizations and intentions) and behaviors.

A third assumption states that unconscious presentation of information represents the ideal way for the activation of counselor's unconscious intentionality. This assumption was again supported by the present data showing that the effect of subliminal presentations was much more dramatic than the effects of supraliminal presentations.

Finally, a fourth assumption concerning the existence of a privileged interaction between type of subliminal information and counselor's covert processes (i.e., cognitive and unconscious) is also partly supported by the differential effects of negative versus positive presentations of subliminal information.

Concluding, the present research showing the effects of subliminal presentation of positive emotional concepts on counselors cognitions and behaviors, represents initial evidence for the multilevel intentionality model presented in this thesis.

That is, three levels of intentionality are present in the counseling relationship: behavioral, cognitive, and unconscious. In light of this model the analysis of the counseling process should take into account these three dimensions of the relationship.

Although still tentative, several implications can already be drawn to counseling practice, training and research. It is to these implications that I will be referring next.

Implications for Practice

As referred previously several authors have been trying to integrate in their interventions different theoretical approaches. Particularly interesting is the movement in cognitive therapists to refer in their interventions to emotional and unconscious processes. Authors like Mahoney (1985), Guidano and Liotti (1985) and Joyce-Moniz (1985) have been focused in an epistemological reanalysis of therapy in general and cognitive therapy in particular. From this analysis three central ideas can be identified. First, that counseling and therapy are seen as a process of epistemological construction and transformation. Second, that in the process of epistemological transformation, the client is not a passive recipient of information, rather he/she creates the information to be

processed - "the mind appears to be an active, constructive system, capable of producing not only the output but also, to a large extent, the input it receives" (Guidano and Liotti, 1985, p. 103). Third, in the process of conceptual transformation, behaviors, cognitions, unconscious and affective processes play an important role. This thesis shares the basic assumption of this cognitive-constructivist movement to counseling and therapy in stating that the process of knowledge construction in counseling is processed at behavioral, cognitive, and unconscious levels. Additionally, in this thesis the participants are seen as epistemic subjects where their pre-existing knowledge (i.e., intentionality) determines the input that will be processed.

Having these assumptions in mind, it should be evident that, in their practice, counselors should pay systematic attention to their clients' as well as to their own behaviors, cognitions, and unconscious processes. It is important to take into account, on a moment-to-moment basis, the way both parts are phenomenologically experiencing therapy. As referred to in Chapter II, Rennie (1984, 1985) has carried out a series of interesting studies showing that clients process the therapeutic interaction within several streams of consciousness. Obviously, some of these streams are unconscious - "the client can experience inner processes that cannot be adequately verbally simbolized" (1985, pp.

9-10).

The movement to integrate these ideas into workable techniques is already on its way. Recently a great amount of literature on behavioral and cognitive approaches has been growing trying to seek tools to deal with the affect and emotions in the counseling process (Greenberg & Safran, 1984a; 1984b; Rachman, 1980, 1981, 1984). Particularly interesting is Rachman's (a radical behaviorist) attempt to draw some implications from Zajonc's (1980) position to therapeutic interventions.

Similarly, some authors like Meichenbaum and Gilmore (1984) and Bowers (1984) have been developing some useful ideas to deal and explore the unconscious processes. According to Bowers (1984) the objective of therapy, like the objective of science, is to make the unconscious information conscious, that is, turn perceived information into noticed information, and make noticed information comprehended.

In sum, the construction of knowledge in therapy is seen as a process occurring at different levels. All these levels should be the object of attention of the counselor. The finding of effective tools in the uncovering of cognitive, affective, and unconscious dimensions (as central mediators of epistemological transformation) should be one of the next major trends of the therapeutic movement.

Implications for Training

One of the first implications of the multilevel intentionality model here presented for training programs, is that counseling training programs should move beyond the strict frontiers of the counseling skills development. The limitations of the behavioral approach to counselor's training was underlined by Gerald Stone (1982):

An overemphasis on skills acquisition can lead to training that is experienced by the trainee as stilted, mechanical, and unrelated to their personal development (...) To reduce human relations training programs to skills only is to neglect professional development, including the development of personal beliefs and attitudes (p.450).

The dialectic approach to praxis recently defended by Ivey and Goncalves (in press) emphasizes the need to conceptualize behaviors, cognitions, and unconscious processes, as important dimensions of the whole training process. Rather than being concentrated exclusively on the behavioral dimension (e.g, Ivey, 1971), the cognitive dimension (e.g., Mahoney, in press a), or the unconscious dimension (e.g, Freud, 1910/1958), the present thesis defends that any training program should focus on all these three dimensions of counselor's intentionality. Following I will be referring to some suggestions to integrate some implications of this model to the training on cognitive, unconscious, and behavioral dimensions of counselor's

intentionality.

As stated above, trainer attention should also be directed to counselor's cognitive processes. Three aspects are particularly important in the cognitive training of counselors. The first consists of helping counselors to think systematically about their clients (Hirsch & Stone, 1983). That is, the strategies for client conceptualization and hypotheses generation should be central to training programs. The effects of different methods for teaching conceptualization strategies are currently being tested. For example, Kurpius, Benjamin, and Morram (1985) tested the effectiveness of three strategies (i.e., self-instruction, clinical hypothesis knowledge, and self-instruction plus clinical hypothesis knowledge) on trainees internal dialogue and quality of clinical hypotheses. They found that the self instruction strategy was effective in the improvement of trainees' conceptualization ability.

Blocher et al., (1985) are in a process of developing a questionnaire (i.e., Counselor Perception Questionnaire) intended to measure trainee cognitive development by the level of integration and differentiation of his/her hypotheses. Although still in an exploratory stage this instrument could represent an important tool for counselors' cognitive training, with the additional advantage of linking cognitive and developmental approaches.

A second emphasis of the cognitive training should be on the translation of conceptualizations into intentions for immediate actions and long term objectives. At this level it would be useful to have the use of Hill and O'Grady (1985) and Martin et al. (in press) list of intentions.

Still within the cognitive framework a third dimension of the training should be focused on the identification and confrontation of trainer irrational beliefs, as suggested by Stone (1980) and Schmidt (1979).

Another goal of any training program, according to the present model, should be to help trainees focus their attention on unconscious processes. This aspect describes what Freud (1910/1958) refers to countertransference mechanisms and is illustrated in the didactic analysis required for being psychoanalyst. Making counselors more aware of these unconscious processes could be achieved, as suggested by Schlesinger (1984), training counselors in carrying out self-analysis. The affect simulation vignettes developed by Kagan (1975) could represent an important tool in this self-analytical training. As pointed out early on, Kagan's vignettes tend to arouse four basic feelings: (1) fear of being hurt; (2) fear of hurting others; (3) fear of being engulfed; and (4) fear of engulfing others. It is interesting to notice the correspondance between these emotions and those associated with the feelings related with early experiences of attachment and separation as described

by Bowlby (1985). Therefore these vignettes could be used as important tools for the activations of unconscious processes often present in the counseling relationship.

In order to help trainees deal with their feelings and unconscious mechanisms several processes can be used. For example, Martin (1985b) has recently developed a graphing technique to analyze the associative network memory structure. Basically, Martin asks their subjects to free associate on certain key words. Each of these associations is then written on a separate gummed label. Once finished with the associations, subjects are instructed to organize the labels in a broad, mirroring the way they relate in their minds. Although still exploratory, I have been finding this strategy as very useful to explore and analyze trainees reactions to Kagan's vignettes. Interesting enough these networks could be analyzed in light of some emotional theories, such as those of Bower (1981) and Leventhal (1982).

Obviously the emphasis on the cognitive and unconscious intentionality training should not bring to a second plan the importance of developing specific counseling skills. It is central to enable counselors in training to translate their cognitions into specific counseling skills and strategies. One of the mistakes of behavioral approaches to counselors training is to operate out of any conceptual framework. The research has shown, that in order to

effectively learn counseling skills a conceptual framework is necessary (Goncalves & Campos, 1985; Stone & Kelly, 1983). The training on unconscious and cognitive intentionality could be a useful way to give a conceptual framework for the learning and use of counseling skills. In this way, the skills will appear with a strict and clear relationship with conceptualization and cognitive intentions.

It is in the behavioral dimension where the technology is already well developed. Several decades of research have shown the efficacy of a social-learning approach combining instructions, modeling, practice and feedback (c.f., Ford, 1979).

In sum, three dimensions should be present in counselor's training programs:

- (1) unconscious intentionality - in order to make trainees aware of the personal, unconscious, emotional, and countertransference processes in the counseling relationship;
- (2) cognitive intentionality - awareness and development of cognitions about clients (i.e., conceptualizations, hypotheses generation, establishment of intentions) and disputation of irrational beliefs;
- (3) behavior intentionality - acquisition of counseling skills and specific therapeutic techniques.

Implications for Research

According to the multilevel intentionality model, the

research on counseling and therapy process should take into careful consideration the interaction between all three dimensions of intentionality.

The present research points to the promising possibilities of the subliminal methodology to explore the relationship among behaviors, cognitions, and unconscious mechanisms in the counseling process. Future studies, should try to expand this methodology, correcting some deficiencies of the present study and testing the effects of different types of messages in different types of situations. Another promising way for future research should, by means of therapy recall (see Martin et al., in press) explore the emotions, cognitions, and behaviors of both client and counselor.

The basic idea that the present thesis tries to convey is that relying exclusively on one or two dimensions will lead necessarily to inconclusive and conflicting results, as it was evident in the literature review presented in chapter II. It is well demonstrated throughout the history of science that researchers tend to find what they are looking for. That is, the answers obtained will depend on the questions that were raised. As it was pointed out by Skinner (1974) quoting Bertrand Russel, "experimental animals studied by American behaviorists behaved like Americans, running about in an almost random fashion, while those of Germans behaved like Germans, sitting and thinking" (p.20).

The integrative view presented in the multilevel intentionality model tries to address different kinds of questions in order to obtain a wider variety of answers, hopefully representing a better description of the complexity of the counseling process.

Conclusion

The central philosophical assumption that inspired this thesis is that counseling and therapy process are complex phenomenon where the relationship between counselor and client are processed at different levels.

Within the cognitive-constructivist approach that is present in this thesis, counseling and therapy are seen as a process of knowledge construction, where the two epistemic subjects, client and counselor, are actively and continuously producing and transforming knowledge. The concept of intentionality was used to conceptualize this process of knowledge construction at the behavioral, cognitive, and unconscious levels. That is, we relate (i.e., we construct knowledge) with the world at all these three different levels. Thus, any approach to the research and conceptualization of the counseling process should take these dimensions into consideration.

The introductory chapter had referred to the

epistemological search that counseling and psychotherapy are actually facing. The concept of intentionality was then introduced as an useful construct to conceptualize the complexity of the counseling process. The concept was briefly reviewed in the meanings assumed throughout the history of philosophy and psychology. Then, its meaning on the context of the present thesis was introduced.

The second chapter extensively reviewed the literature of the behavioral, cognitive, and unconscious dimensions of the counseling and therapeutic process. Generally, the research literature shows that all these different dimension are important contributors to the counseling process and that the research exclusively on each of these dimension tends to be inconclusive.

The third chapter, summarizes the conclusions of the literature review, intruduces the multilevel conception of intentionality along with its major underlying assumption. Then an exploratory study testing the effects of unconscious presentation of information on counselor's conceptualization, intentions, and responses was introduced. The basic idea of the research was to explore some of the assumptions of the multilevel intentionality model, testing additionally the usefulness of the subliminal methodology as a way to understand the interaction between different dimensions of the client-counselor relationship.

Chapters four and five, describe the methodology and

results of the empirical study. Finally this chapter (i.e. VI), discussed the results of the empirical study and their relationship with the multilevel intentionality model. Generally speaking, the results showed an initial and promising support for the major assumptions of the model, namely that counselor's intentionality results from the interaction between unconscious, cognitive and behavioral dimensions. In other words, counselors are influenced, in their cognitions and responses, by information of which they are not consciously aware. Finally, this chapter ended with some implications for counseling, practice training, and research.

As stated above, Gelso and Carter (1985) had referred to the necessity of taking into consideration the real and unreal aspects of the counseling relationship. Real, refers to the concrete aspects of the counseling interactions, while unreal refers to the more psychodynamic dimensions, such as transference and countertransference processes. The present thesis carried out this distinction a step further by introducing three dimensions of the counseling relationship: the real (i.e., behavioral), the ideal (i.e., cognitive) and the surreal (i.e., unconscious), attempting to philosophically integrate realism, idealism, and surrealism.

In a constructivist approach to reality the "truth

appears as the limit (...) toward which we tend, without ever reaching it" (Guidano & Liotti, 1985, p.103). Thus, the present thesis should be seen within this movement striving for more complexity, well captured by Michael Mahoney's (1980) words, with which I would like to finish:

The operant researcher seldom "saw" any cognitive influence partly because he or she seldom looked for it. I would like to think that cognitive researchers will not repeat this scenario in the appraisal of unconscious processes (p.164).

C H A P T E R V I I
P U B L I S H A B L E A R T I C L E

I believe that three main parts constituted the core of this thesis, each one of them could be written in terms of a publishable article.

The first part, mainly represented in Chapter II, presented a detailed review of the research on behavioral, cognitive, and unconscious dimensions of the counseling process.

The second part, illustrated in Chapter III, presents a multilevel model of intentionality in counseling and psychotherapy.

While the first two parts are more theoretical in nature, the third part is represented by the empirical study about the effects of unconscious presentations on counselors cognitive and behavioral responses.

As is usual in thesis submitted to the Counseling, Consulting and School Psychology Doctoral Program, I chose to end this thesis with the proposal of a publishable article summarizing the empirical study.

Thus, the present chapter is constituted exclusively by the article as it will be submitted, with the exception of the references list. The article was written according to guidelines of the American Psychological Association (1984).

Abstract

This article presents a study of the effects of tachistoscope presentations of affective words on subjects' conceptualizations, intentions, and responses to a simulated client. The participants, 36 counseling students, were randomly assigned to one of the following treatments: (1) subliminal presentation of negative emotional concepts; (2) subliminal presentation of positive emotional concepts; (3) supraliminal presentation of negative emotional concepts; and (4) supraliminal presentation of positive emotional concepts. After the tachistoscopic presentations, all subjects were exposed to a simulated client, which they were asked to evaluate, respond to, and report the cognitive intentions that guided their responses. Significant effects were found in the subliminal presentation of positive emotional concepts on subjects' conceptualizations, intentions, and responses. Some significant effects were also found for the supraliminal presentation, but only for the client evaluation measure.

The Effects of Unconscious Information
on Counselors' Conceptualizations, Intentions,
and Responses

What relation is there among behaviors, cognitions, and unconscious processes in the practice of counseling and psychotherapy? This research presents a new methodology useful in the systematic analysis of the multiple processes underlying overt counselor and therapist behavior.

Influenced by the microcounseling (e.g., Ivey, 1971; 1983) and the human resource models (e.g., Carkhuff, 1969), counseling process research, for the past 20 years, has been focused on the understanding of behavioral processes, such as the effects of verbal and nonverbal skills (e.g., Hill & Gormally, 1977), skills across the counseling process (e.g., Hill, Carter & O'Farrell, 1983) and across theoretical orientations (e.g., Lee & Uhlemann, 1984).

However, following the cognitive revolution (e.g., Hilgard, 1980; Mahoney, 1977) several researchers have attempted to clarify the covert mechanisms of the counseling process. This cognitive movement is illustrated by the research on counselor's conceptual strategies (e.g., Hirsch & Stone, 1983; Kurpius Benjamin, & Morram, 1985; Strohmer & Chiodo, 1984), attitudes and beliefs (e.g., Hirsch & Stone, 1982; Stone & Kelly, 1983), perceptions (e.g., Elliott, 1979; Elliott, Barker, Caskey, & Pistrang, 1982) and

intentions (e.g., Fuller & Hill, 1985; Hill & O'Grady, 1985). Martin (1984), provides a good conceptual integration, supported by recent research (Martin, Martin, Meyer, & Slemon, in press), of the cognitive and behavioral mechanisms of the counseling process.

While this cognitive movement is still growing, other areas of psychology are already experiencing what some authors have chosen to call the cognitive unconscious revolution (Van Den Bergh & Eelen, 1984). More and more, the advocates of the cognitive movement are giving attention to the role of the unconscious processes (e.g., Mahoney, 1982; 1985; Meichenbaum & Gilmore, 1984). In the counseling process research, the influence of this movement is virtually non-existent. An exception is the small group of studies on countertransference processes (c.f., Peabody & Gelso, 1982; Singer & Luborsky, 1977).

Recently, however, some authors have been stating the need to take into account the unconscious dimension of the counselor-client relationship (e.g., Gelso & Carter, 1985). However, the unconscious, even though recognized as an important dimension of the counseling interaction, presents some obstacles for the researcher. The present study will explore the possibilities of subliminal methodology to analyze the interaction between counselor's unconscious, cognitive, and behavioral dimensions.

Despite the initial controversy (e.g., Eriksen, 1960) several recent reviews of the research are finding support for the important role of the unconscious processes and for the subliminal methodology as an important tool for studying those processes (e.g., Bowers, 1984; Dixon, 1981; Schevrin & Dickman, 1980). We will briefly illustrate the state of the art on subliminal research with examples from studies carried out in cognitive, social, and clinical psychology.

The first group is represented by the research on masking effects. In these experiments, the perception of a given stimulus is impaired by the temporal and spatial proximity of a second stimulus, referred to as mask. Marcel (1983) found that by progressively reducing the temporal distance between the stimulus and the mask, the subjects would first lose the capacity to detect the stimulus, then the capacity for making judgements on the graphical similarity, and only finally the capacity for semantic analysis. That is, subjects were found to have access to semantic information even when they were not able to detect the presence of a given stimulus.

A second group of studies is concerned with the effect of subliminal presentations on social perceptions and judgements. Bargh and Pietromonaco (1982) presented subliminally lists containing 0%, 20%, or 80% of hostile-related words. Subjects were then confronted with an ambiguous description of a person which they were asked to

evaluate. The data showed that the subjects' evaluations were significantly effected by the amount of hostile words presented subliminally.

Finally, the third group of studies is illustrated by the research program carried out by Silverman and associates (e.g., Silverman, 1983; Silverman & Weinberger, 1985). The methodology introduced by Silverman - psychodynamic

activation method - consists of the subliminal presentation

of stimuli with psychodynamic content (e.g., MOMMY AND I ARE ONE). A considerable amount of research completed during the past 20 years, has found support for the effect of these messages on the intensification and reduction of psychopathology and as adjuncts to therapeutic and educational interventions.

In sum, the research on subliminal perception tends to find support for the idea that our evaluations and responses are influenced by information presented outside of conscious awareness. Therefore, it would be legitimate to hypothesize that in the counseling situation, counselors are influenced in their cognitions and behavioral responses, by information presented outside of consciousness. This statement, even though presented by Freud (1910/1958) a long ago, still awaits experimental confirmation.

The present study will explore the possibilities of subliminal methodology for analyzing the unconscious

presentation of information on counselors' cognitions and behaviors. The general hypothesis is that counselors are influenced in their judgements, intentions, and responses, by information of which they are unaware.

Method

Overview

The subjects, 36 counseling students, were randomly assigned to one of the following experimental treatments: (1) subliminal presentation of negative emotional concepts; (2) subliminal presentation of positive emotional concepts; (3) supraliminal presentation of negative emotional concepts; and (4) supraliminal presentation of positive emotional concepts. Therefore, four groups were compared. These groups emerged from the interaction of two independent variables (i.e., condition of presentation, and type of stimuli) with two conditions each (i.e., subliminal vs. supraliminal, and positive vs. negative). All subjects went through the following experimental sequence:

- (1) Tachistoscopic presentations (either subliminally or supraliminally) of 14 emotional concepts (either positive or negative).
- (2) After the tachistoscopic presentation, the subjects went through the stimuli recall task where they were asked to recall or guess ten words amongst the stimuli presented.

(3) Subjects were then shown a client simulation vignette.

(4) Following the vignette, they were asked to write a verbal response to the simulated client, provide an evaluation of the client's functioning, and report those intentions that guided their responses.

Subjects

Participants in this study were 40 students enrolled in a graduate course in counseling skills at a large Northeastern American University. All participants were required to have English as their native language and normal or corrected to normal vision. From the original sample, two subjects revealed inappropriate vision and two others did not complete all the dependent measures, and were subsequently withdrawn from the experiment. The final sample consisted of 36 subjects, four males and 32 females, with ages ranging from 20 to 42, with a mean of 25.4. Academic credit was offered for participation. The subjects were randomly assigned, counterbalanced by sex, to each of the four experimental treatments.

Instrumentation

Tachistoscopic stimuli. Coming into the experimental room, the subjects were exposed to the tachistoscopic (Harvard T-1C-3 two channel) presentation of stimuli words.

All subjects were presented either the negative or the positive emotional concepts, in one of the following conditions: subliminal or supraliminal. (The conditions of stimuli presentation will be described in the process section).

The tachistoscope stimuli consisted of 14 positive emotional words, 14 emotional negative words, 2 neutral words, and one mask stimulus. The 14 positive emotional words were: loving, affectionate, compassionate, pleasant, relaxed, warmhearted, peaceful, serene, trusting, harmonious, tranquil, contented, thoughtful, and kindly. The negative emotional words were: morbid, cruel, tortured, repulsive, hellish, violent, tragic, persecuted, shattered, suicidal, bloodthirsty, plagued, evil, and hateful. Two neutral words - window and garden - were used as examples. Finally, the mask stimulus consisted of 12 capital X's in a straight line (i.e., XXXXXXXXXXXXX). All the stimuli were printed in black capital letters, in the middle of white cards (15cm x 10 cm).

Both the negative and the positive words were selected from the Semantic Atlas of Emotional Concepts developed by Averill (1975). A factor analysis of the 558 emotional concepts of this Atlas revealed the existence of four dimensions: activation, evaluation, depth of experience, and lack of control. All the words selected came from high-familiarity concepts with highest and lowest scores on

the evaluation factor.

Client simulation vignette. After the tachistoscopic presentation, and immediately following the stimuli recall task (described on the measures section), all subjects went into another experimental room where they were exposed to a client simulation vignette. In this vignette, selected from Kagan (1975), an old man communicates the following message to the observer:

Can you give me a minute? Something has been driving me frantic. For the last few years I've found myself...thinking about...little children. Wanting to touch them...Where I shouldn't. I know it's wrong, I know it's evil, I know it's unnatural. I can't help myself. Please help me. You've got to help me.

Measures

Stimuli recall. This measure was introduced after the tachistoscopic presentation and was intended to test the efficacy of the experimental treatment. Subjects from the subliminal groups were expected not to recall the stimuli, while supraliminal groups were expected to recall most of the stimuli. In order to measure the degree of stimuli recall, participants were instructed to write ten words they remembered from the presentation. In case they did not remember any words, they were asked to guess. Only words

that corresponded exactly to the original stimuli were considered correct.

Subjects verbal responses. Immediately after the presentation of the client simulation vignette, the subjects were instructed to generate a brief written response to the simulated client. The response was then divided into units and classified according the Hill Counselor Verbal Response Category System - Revised (Friedlander, 1982a; 1982b). The system consists of the following categories: encouragement/approval/reassurance; restatement/reflection; self-disclosure; interpretation; confrontation; providing information; information seeking; direct guidance/advice; and unclassifiable. Additionally, the scale provides a measure of the degree of structure.

Client evaluation. Following the verbal response, the subjects were asked to provide, on a rating scale, an evaluation of the client's functioning. This rating scale consisted of 10 emotional traits, five positive and five negative. Subjects were asked to rate the client they have seen by circling a number from 0 (not at all) to 10 (extremely) on each one of the 10 traits.

Report of intentions. After the verbal responses and the client evaluations, the subjects were instructed to report the intentions behind their response choices. In order to do that the used. The subjects were asked to select those that best apply among the following 19 intentions: set

limits, get information, support, focus, clarify, hope,
 change, cathart, cognitions, behaviors, self-control,
 feeling, insight, change, reinforce change, resistance,
 challenge, relationship, and therapist needs. A
 multidimensional scaling conducted by Hill and O'Grady
 revealed the existence of five clusters of intentions:
 assessment, therapeutic work, change, problems, and
 nonspecific factors.

Judges

Four independent judges were used in this study. Two of the judges divided subjects' verbal responses into units, following the rules and the training procedures specified by Friedlander (1982a) and Banaka, Birgh-Wilson, and Thompson (1985). The between judgement agreement for the construction of response units was 93%. Disagreements were solved by consensus.

Two other judges classified the response units using the Hill Counselor Verbal Response Category System - Revised (Friedlander, 1982a; 1982b). After the training procedures, an acceptable level of agreement was found in the classification of experimental protocols ($k = .77$).

Process

Experimental conditions. All subjects were randomly assigned (counterbalanced by sex) to one of the following experimental conditions: (1) subliminal presentation of negative emotional concepts; (2) subliminal presentation of

positive emotional concepts; (3) supraliminal presentation of negative emotional concepts; and (4) supraliminal presentation of positive emotional concepts.

In the subliminal condition, stimuli were presented for periods of 50 milliseconds on one channel, followed immediately by the mask on the second channel. In the supraliminal condition, stimuli were presented for a period of 1000 milliseconds on one channel, followed by the mask on the second channel. For the positive emotional concept groups, the list of 14 positive words was presented, while the other groups were exposed to the list of 14 negative words.

In sum, two variables with two conditions each were manipulated: (1) condition of presentation (subliminal vs. supraliminal); and (2) type of stimulus (negative vs. positive). From the interaction between these variables, four groups emerged, hereafter referred as (i) subliminal/negative, (ii) subliminal/positive, (iii) supraliminal/negative, and (iv) supraliminal/positive.

Results

Two statistical analyses were performed. A Two-Way
Analysis of Variance was employed to test the contribution
 of each independent variable for the stimuli recall. For all
 the other variables, given the objective of testing between
 group differences, series of orthogonal t-test contrasts

were performed. As is usual in these types of analyses, the t-test contrasts make possible dispensing the use of the Anova F test (Nie et al., 1975).

 Stimuli recall. Subjects in both subliminal conditions

 had less than 5% of correct recall, while subjects in supraliminal groups showed a correct recall above 65%. A Two-Way Anova (Table 20) revealed a significant effect due to condition of presentation (i.e., subliminal vs. supraliminal), $F(1,32)=507.27$, $p < .001$. No significant effect was found for the manipulation of the type of stimulus variable (i.e., negative vs. positive), $F(1,32)=.10$, $p > .05$.

 INSERT TABLE 20 ABOUT HERE

Verbal responses. Table 21 shows the means and

 standard deviations for the only response category for which significant results were found - information seeking.

 Contrasts among all the groups revealed significant differences between the subliminal/positive group and both the supraliminal/negative, $t(32)=2.00$, $p < .05$, and the supraliminal/positive, $t(32)=2.25$, $p < .05$. That is, the two supraliminal groups used significantly more information seeking skills when compared with the subliminal/positive group.

INSERT TABLE 21 ABOUT HERE

Client evaluation. Table 21 also shows the means and standard deviations for the client evaluation measure. T-test contrasts revealed the existence of significant differences between subliminal/positive and supraliminal/negative groups, $t(32)=2.05$, $p < .05$; and between supraliminal groups, $t(32)=2.83$, $p < .01$. Thus, both the subliminal/positive and the supraliminal/positive groups revealed significantly more positive client evaluations than the supraliminal/negative group.

List of intentions. Given the small number of ratings per category, only clusters of intentions were considered. Table 21 presents the only cluster for which significant differences were found -therapeutic work intentions. The scores presented were corrected for cluster size by dividing the number of intentions in the cluster by the amount of categories per cluster. Contrasts among all possible group comparisons revealed, once again, the existence of significant differences between the subliminal/positive group and both the supraliminal/positive, $t(32)=2.21$, $p < .05$, and supraliminal/negative, $t(32)=1.32$, $p < .05$. That is, the subliminal/positive group reported significantly less use of therapeutic work intentions when compared with both the supraliminal groups.

Discussion

Together, this study provides some initial evidence that the overt behavior of the counselor is influenced both by internal cognitions and unconscious processing.

More specifically the present research revealed three main findings. First, in respect to the counselors' verbal responses, the positive/subliminal group showed a significantly smaller use of information seeking skills than both supraliminal groups. Second, concerning the client evaluation, the subliminal/positive group demonstrated a significantly more positive evaluation than the supraliminal/negative group. Additionally, the supraliminal/positive group also presented a significantly more positive client evaluation than the supraliminal/negative group. Finally, the subliminal/positive group was found to make significantly less use of therapeutic work intentions when compared with both the supraliminal groups.

In sum, even though significant effects were found for the supraliminal presentations on the client evaluation measure, only the subliminal presentation of positive emotional concepts revealed consistent effects across all the dependent variables. That is, the subliminal/positive group was the only group significantly different from the supraliminal ones in terms of client evaluation, intentions and responses. These results suggest that in a counseling

analogue situation, the subliminal presentation of positive emotional concepts tends to produce a more positive client evaluation which is cognitively translated in a decrease of therapeutic work intentions and behaviorally expressed in less use of information seeking skills.

The validity of these results is supported by the finding that supraliminal groups were very accurate in their recall while in the subliminal groups the recall was almost non-existent. As was expected, subjects in both subliminal conditions were not able to consciously identify the stimuli presented.

The effects of supraliminal presentations (both negative and positive) on the client evaluation are congruent with data from studies on social perception. For example, Srull & Wyer (1979) activated, by means of a sentence completion task, the concepts of hostility and kindness. Then, subjects were asked to evaluate a person who was ambiguously described. They found that subjects' evaluations were influenced in the same direction of the categories previously activated. Other authors found similar results using subliminal stimuli. For example, Bargh and Pietromonaco (1982), in the experiment already referred to, found that the evaluation of a person was dependent on the number of the hostile words subliminally presented to observers. The results from the present study, finding the

effect of subliminal presentation of positive stimuli, confirm in part Bargh and Pietromonaco data. However, the absence of effects with the subliminal/negative group raises some interesting hypotheses. The first one concerns the nature of the task in both studies. While the subjects on Bargh and Pietromonaco's study were in a non-specified social-judgement context in the present research, subjects were in a counseling analogue situation, where the simulated client presentation was much closer to reality. It could also be hypothesized that the subliminal presentation of negative stimuli had interfered with counselors' covert processes, namely attitudes of warmth and positive regard towards the client.

However, one question still remains : Why has that happened for the subliminal/negative presentations and not for the supraliminal/negative ones? Although not conclusive, these results seem to bring support for the hypothesis of a privileged relationship between the presentation of unconscious information and counselors' inner processes. This hypothesis is reinforced by the results for the other dependent measures, where for both intentions and verbal responses, no significant effects of the supraliminal presentations were found. This hypothesis also seems to be consistent with the two central findings of Silverman's (e.g., 1983) research. First, the impact of certain messages is much more dramatic when presented in a subliminal way.

Second, there is an ideal matching between content of the messages and subjects' psychological processes. For example, the presentation of the message MOMMY AND I ARE ONE had no effect when presented supraliminally, and women were more impacted by the subliminal message DADDY AND I ARE ONE. Future research should try to explore in greater detail the relationship between characteristics of the message and individual variables of the counselor.

According to Hill and O'Grady (1985), the cluster of therapeutic work intentions reflects the therapist attempt to help the "client to reach a deeper or new cognitive or emotional understanding and to internalize responsibility" (p.18). Apparently, the presentation of subliminal stimuli, possibly due to an activation of positive categories, resulted in a decrease of therapeutic work intentions.

As was expected, given the fact that it was an initial interaction with the client, all groups exhibited a greater amount of information seeking skills. This could partially explain the reason why significant differences were found only in this category. Once again, the subliminal/positive group, possibly due to a more stable positive client evaluation and less therapeutic work intentions, felt less need to probe the client.

In spite of the interesting results found, the data from the present research should be analyzed in light of

four major limitations. First, we are in the presence of a counseling analogue situation. Therefore, any attempt to generalize these results should be cautious and await further studies.

Second, the angles of vision were not controlled. This could have transformed, for some subjects, the subliminal presentations into infraliminal ones. If this is true, one should expect much more dramatic differences after controlling angles of vision.

Third, and as suggested by Marcel (1983), the awareness threshold varies from one subject to another. As such, the definition of an individual threshold would be a more accurate way for establishing the subliminal and supraliminal conditions.

Finally, it should be noted that the large amount of statistical comparisons increased the likelihood of Type I error. However, this was both necessary and understandable given the small sample size and the exploratory nature of the study.

Despite these limitations, the data from this study points to promising possibilities of using the subliminal methodology to understand the contribution of the unconscious mechanisms in the counseling process. Additionally, this study found support for the idea that counselors are influenced, in their conceptualizations, intentions, and responses, by information of which they are

not aware.

Needless to say, further studies need to be conducted to overcome certain methodological deficiencies. Also it is imperative to carry out these studies in more naturalistic contexts. We hope at least to have contributed to the exploration of methodological tools that will enable counseling process researchers to open their inquiries into unconscious processes - "the operant researcher seldom 'saw' any cognitive influence because he or she seldom looked for it. I would like to think that cognitive researchers will not repeat this scenario in the appraisal of unconscious processes" (Mahoney, 1980, p.164).

Table 20

Anova - Stimuli Recall

Source	SS	DF	MS	F	p
Condition	560.11	1	560.11	507.27	.001
Stimuli	.11	1	.11	.10	.75
Condition x Stimuli	1.00	1	1.00	.91	.35
Error	35.33	32	1.04		
Total	596.56	35	17.04		

Table 21

Means and Standard Deviations for Verbal Responses, Client
 Evaluations, and Intentions

		Sub/neg	Sub/pos	Sup/neg	Sup/pos
Verbal Resp.					
Information M		.89	.33	1.22	1.33
seeking	SD	.60	.50	1.20	1.22
Client	M	11.00	14.22	2.56	18.67
Evaluation	SD	12.00	10.80	10.49	14.54
Intentions:					
Therap.	M	.33	.22	.53	.51
Work	SD	.17	.21	.39	.28

Note. Sub/neg=subliminal/negative;
 Sub/pos=subliminal/positive; Sup/neg=supraliminal/negative;
 Sup/pos=supraliminal/positive.

A P P E N D I X

Appendix A

Oscar F Gonçalves
 Counseling Psychology
 462 Hills South
 Phone # 545-3628
 University of Massachusetts
 Amherst, MA 01003

ASKING FOR VOLUNTEERS

I am an assistant professor at the University of Oporto - Portugal, presently a Fulbright visitor and Doctoral student in the counseling program at the University of Massachusetts. As part of my dissertation I am beginning a research on the relationship between perceptual mechanisms and counseling process.

At this time, I am looking for volunteers who are willing to become engaged in a non-threatening experiment. The experiment will take approximately thirty minutes of your time.

In order to participate in this experiment, it is essential:

- (1) That ENGLISH is your NATIVE LANGUAGE;
- (2) That you have NORMAL OR CORRECTED TO NORMAL VISION.

If you choose to participate, you will be awarded FIVE BONUS POINTS IN THE FINAL GRADE of this course.

If you are interested and meet the qualifying criteria, please print the following information and I call you.

NAME.....

ADDRES.....

PHONE #.....

THANKS FOR YOUR COLLABORATION

Appendix B

Oscar F. Gonçalves
Counseling Psychology
462 Hills South
Phone # 545-3628
University of Massachusetts Amherst, MA
01003

1st May, 1985

Dear

I want to thank you for your willingness to participate on my research experiment. As you know you will be awarded 5 bonus points on your final grade of Theories and Practice of Counseling for your time and efforts. When the results have been tabulated, I will send you an abstract of the findings.

I want to remind you that you are scheduled for the.....
at.....in.....room.....It is very important that you be there
on time. The experiment will take about 30 minutes.

.Feel free to contact me at any time about questions you may have concerning
this experiment.

Thanks again for your collaboration.

Cordially,

Oscar F. Gonçalves

Appendix C

Oscar F. Gonçalves
 Counseling Psychology
 University Of Massachusetts
 Amherst, MA 01003
 462 Hills South
 Phone # 545-3628

Permission Form

As the researcher who is responsible for this study, I would like to familiarize you further with the nature of this experiment. During this experiment, we will measure your reactions to images presented on a Tachistoscope. We will also measure your verbal reactions and evaluations of films which simulate client statements.

The results will be part of my dissertation at the University of Massachusetts and may be used in further publications.

My agreement with you is that:

- (1) Your name will not be disclosed in any recording of my data.
- (2) Participation will not pose a physical risk, emotional hindrance or financial cost to you.
- (3) You will be awarded 5 bonus points for your participation, in the final grade of "Theories and Practice of Counseling".
- (4) You are free to withdraw at any point without any penalty or inconvenience.
- (5) You will receive an abstract with the main results of the experiment.
- (6) If you choose, we will meet with you personally to discuss the outcomes of this study.

In return, it is essential that you agree not to disclose any information regarding the content or nature of this experiment to anyone, before receiving the abstract of the results.

Please feel free to contact me at any time regarding any questions and concerns you may have.

I have read and understood this permission form and agree to participate in this study and to abide by its agreements.

Subject Signed.....

Researcher Signed.....

Date.....

Appendix D
Recall of Words
II

Now, I would like you to write TEN WORDS that you remember from the past presentation. If you don't remember any words, try to guess: guess the ten words that first come to your mind. The order of the words does not make any difference.

Appendix E

Generation of a Response**IV**

Write a brief response to that client. What would you say directly to him if you were the counselor? I only want your verbal response.

Appendix G

Intentions

VI

Intentions are here defined as the counselor's rationale for selecting a specific response. Try to remember what was in your mind at the time you were writing your response to the client. I am only interested in your intentions for the response you gave, and not your long term objectives if you were going to work further with that client.

Following, you will find a list of 19 intentions. Choose those that best apply by circling the number before each intention. Please, choose all the intentions that apply to your situation, even if all phrasing is not directly applicable.

Intentions

1. **Set limits:** To structure, make arrangements, establish goals and objectives of treatment, outline methods to attain goals, correct expectations about treatment, or establish rules or parameters of relationship (e.g., time, fees, cancellation policies, homework).
2. **Get information:** To find out specific facts about history, client functioning, future plans, and so on.
3. **Give information:** To educate, give facts, correct misperceptions or misinformation, give reasons for therapist's behavior or procedures.
4. **Support:** To provide a warm, supportive, empathic environment; increase trust and rapport and build relationship; help client feel accepted, understood, comfortable, reassured, and less anxious; help establish a person-to-person relationship.
5. **Focus:** To help client get back on the track, change subject, channel or structure the discussion if he or she is unable to begin or has been diffuse or rambling.
6. **Clarify:** To provide or solicit more elaboration, emphasis, or specification when client or therapist has been vague, incomplete, confusing, contradictory, or inaudible.
7. **Hope:** To convey the expectation that change is possible and likely to occur, convey that the therapist will be able to help the client, restore morale, build up the client's confidence to make changes.
8. **Cathart:** To promote relief from tension or unhappy feelings, allow the client a chance to let go or talk through feelings and problems.
9. **Cognition:** To identify maladaptive, illogical, or irrational thoughts or attitudes (e.g., "I must be perfect").
10. **Behavior:** To identify and give feedback about the client's inappropriate or maladaptive behaviors and/or their consequences, do a behavioral analysis, point out games.
11. **Self-control:** To encourage client to own or gain a sense of mastery or control over his or her own thoughts, feelings, behaviors, or impulses; help client become more appropriately internal rather than inappropriately external in taking responsibility for his or her role.
12. **Feelings:** To identify, intensity, and/or enable acceptance of feelings; encourage or provoke the client to become aware of or deepen underlying or hidden feelings or affect or experience feelings at a deeper level.
13. **Insight:** To encourage understanding of the underlying reasons, dynamics, assumptions, or unconscious motivations for cognitions, behaviors, attitudes, or feelings. May include an understanding of client's reactions to others' behaviors.
14. **Change:** To build and develop new and more adaptive skills, behaviors, or cognitions in dealing with self and others. May be to instill new, more adaptive assumptive models, frameworks, explanations, or conceptualizations. May be to give an assessment or opinion about client functioning that will help client see self in new way.
15. **Reinforce change:** To give positive reinforcement or feedback about behavioral, cognitive, or affective attempts at change to enhance the probability that the change will be continued or maintained; encourage risk taking and new ways of behaving.
16. **Resistance:** To overcome obstacles to change as progress. May discuss failure to adhere to therapeutic procedures, either in past or to prevent possibility of such failure in future.
17. **Challenge:** To jolt the client out of a present state; shake up current beliefs or feelings; test validity, adequacy, reality, or appropriateness of beliefs, thoughts, feelings, or behaviors; help client question the necessity of maintaining old patterns.
18. **Relationship:** To resolve problems as they arise in the relationship in order to build or maintain a smooth working alliance; heal ruptures in the alliance; deal with dependency when appropriate to stage of treatment; uncover and resolve distortions in client's thinking about the relationship that are based on past experiences rather than current reality.
19. **Therapist assist:** To protect, relieve, or defend the therapist, alleviate anxiety. May try usefully to persuade, argue, or feel good or superior at the expense of the client.

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