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LOYOLA UNIVERSITY CHICAGO

INNER EXPERIENCES OF EXPERIENCED THERAPISTS
DERIVED BY FREE AND CUED RECALL METHODS

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS

DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

DAWN M. NOFZINGER

CHICAGO, ILLINOIS

JANUARY 1997

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CHAPTER I

INTRODUCTION

Psychotherapy process researchers have investigated both the overt and covert processes of psychotherapists (Hill, 1990; Hill & Corbet, 1993). Previous research has focused primarily on therapists' cognitions and behaviors, including conceptualizations and intentions (Gelso, Hill, & Kivlighan, 1991; Hill & O'Grady, 1985; Hillerbrand & Claiborn, 1990; Martin, Martin, Meyer, & Slemon, 1986; Martin, Slemon, Hiebert, Hallberg, & Cummings, 1989; Morran, Kurpius, & Brack, 1989). Little research, however, has examined the entire range of inner experiences that encompass affective components, including feelings, fantasies, and bodily sensations.

Purpose

The purpose of this thesis is to assess the inner experiences of experienced therapists using the newly developed Inner Experiences Coding Scale (Wynne et al., 1995). The archival data used for this analysis were collected using free and cued recall methods. Although this data has previously been analyzed (Susman, et al., 1992; Farabaugh, 1994; Parks, 1994), it has not yet been analyzed using the new coding scale. This thesis will also examine any differences in the cognitive complexity and the focus of the inner experiences produced by the two interview methods.

Organization of Study

This thesis is organized into five chapters and references. Chapter one consists of the introduction and purpose of the study. Related literature is reviewed in chapter two. The method of the study is described in chapter three. Chapter four presents the results of the study. Chapter five contains a discussion of the results.

CHAPTER II

REVIEW OF THE LITERATURE

Therapist's Intentions

Several studies have investigated therapist's intentions. Hill and O'Grady (1985) developed a pan-theoretical list of intentions, including: set limits, get information, give information, support, focus, clarify, hope, cathart, cognitions, behaviors, self-control, feelings, insight, change, reinforce change, resistance, challenge, relationship, and therapist needs.

Gelso, Hill and Kivlighan (1991) found that when negative transference was perceived as high, therapists were more likely to intend to help the client explore underlying feelings and insight. They were also more likely to explore the relationship between the therapist and client and examine inappropriate behavior. Therapists that experienced high negative transference were less likely to set limits, get information, give information, build new behaviors, or reinforce change.

In another study, therapists were able to perceive both negative and positive client reactions to interventions (Hill, Thompson, Cogar, & Denman, 1993). Therapist awareness of therapeutic work reactions resulted in higher helpfulness ratings in subsequent interventions. When clients were asked to discern therapist's covert processes, they were able to match assessment, support and restructure intention clusters more than expected by chance.

Martin, Martin, Meyer and Slemon (1986) found that therapists intended primarily to help clients make cognitive connections (associating) and to assist clients to monitor their own thoughts and feelings (metacognizing). Therapists also intended to help clients register new information (encoding) and to assist clients to recall relevant information (retrieving). In a later study, Martin, Martin and Slemon (1989) used a stimulated recall interview and found strong evidence of distinctive patterns of relations between counselor intentions and counselor behaviors and between counselor behaviors and client cognitive operations.

Therapist's Conceptualizations

Researchers have also studied the cognitions and conceptualizations of therapists. Borders, Fong-Beyette, and Cron (1988) examined a counseling student's in-session cognitions using an open-ended, free-recall procedure and a comprehensive coding system for in-session cognitions. The counseling student focused more on present thoughts and feelings than on past events, the client or herself than on the supervisor or the therapy dyad, inferred traits and values than on observable events, and professional perspectives than on personal concerns. She utilized both cognitive and affective terms to describe her retrospections. The student produced few intentional or self-instructive thoughts during the session.

Research investigating the in-session cognitions of twenty-seven first practicum graduate students (Borders, 1989) found that their reported thoughts were primarily in the present tense, included both in- and out-of-session feelings and events, focused on the

client and, to a lesser extent, the counselor, considered internal, psychological dynamics and were professional rather than personal.

Further studies examined counselors' conceptualizations using a conceptual mapping task (Martin, Slemon, Heibert, Hallberg & Cummings, 1989; Cummings, Hallberg, Martin, Slemon, & Heibert, 1990). These studies found evidence that experienced counselors possess extensive abstract, general knowledge of counseling that they use to conceptualize specific instances of counseling efficiently while novice counselors engage in more extensive, unique conceptual work for each separate client.

Morran, Kurpius and Brack (1989) classified counselor cognitions into self-talk categories. They found that summarizations, client-focused questions, inferences or hypotheses, and self-instructions accounted for over 60% of all thoughts categorized. Other counselor self-talk categories included behavioral observations, associations, relationship assessment, anxiety or self-doubt, corrective self-feedback, positive self-feedback, reaction to client, self-questions, external, and self-monitoring.

Therapist's Inner Experiences

In a study by Wynne, Susman et al. (1994) a method for assessing therapists' recall of three segments of a therapy session, immediately following the session, was investigated to provide data for future research. In the study fifteen counseling dyads of licensed psychologists and adult clients were used. After audio taped counseling sessions, therapists were asked to recall verbatim the dialogue of the session's first five minutes, most significant event, and last five minutes. An interviewer recorded the therapist's exact words. Therapists' recalled dialogue was then matched to the ideas from the transcript of

the session. Molar session themes were recalled correctly 42% of the time while molecular ideas were recalled 30% of the time. It was also found that the mean number of molar ideas was 9.80 for the first five minutes, 9.47 for the most significant event, and 8.80 for the last five minutes. The mean number of molecular ideas was 14.93 for the first five minutes, 13.53 for the most significant event, and 14.53 for the last five minutes of the session. The findings of the study represent the current best estimate of what therapists remember from segments of therapy sessions.

In a preliminary study Wynne, Susman, and colleagues (199) compared free and cued recall as a method for accessing therapists' inner experiences. Following an audio-taped counseling session, each therapist was interviewed. The therapist was asked to recall as closely as possible the exact dialogue and their accompanying thoughts, feelings, and rationales. Two weeks after the initial interview, each therapist was interviewed again. The therapist listened to the audio-taped session and was again asked to recall their thoughts, feelings, and rationales after each intervention.

The researchers analyzed the cued and free recall of inner experiences from the time segment identified as the most significant event. Transcripts were coded into thought units and then coded according to the collapsed version of the Hill and O'Grady intention list (Hill & O'Grady, 1985). Inner experiences that did not fit into the eight existing categories were coded using the Novice Therapist Pre-Intentional Coding Scale (Susman, et al., 1992; Rezek, 1994). The scale consists of the following ten major content categories subsuming twenty coding categories: therapist self-awareness(of emotion, behavior or cognition), therapist self-direction (regarding emotions, cognitions or

behavior), therapist self-evaluation (criticism, praise, or corrective self-feedback), therapist awareness of client (emotion, cognition, behavior, or situational-interpersonal status), hypothesizing-formulating, client evaluation, awareness of the setting/situation, awareness of the relationship process, tangential focus (pertaining to client or therapist), and uncodable.

Results showed that the therapists' inner experiences derived by free recall tended to fall on the intention list 53% of the time and on the Novice Therapist Pre-Intentional Coding Scale 43% of the time. For cued recall, inner experiences fell on the intentions list 74% of the time and on the supplementary list 26% of the time. The categories assess, explore, and restructure were the most utilized categories on the Hill and O'Grady intention list. The categories that were most utilized on the supplementary list when using free recall were: awareness of therapist behavior, awareness of client cognition, awareness of client interpersonal issues and client evaluation. For cued recall the category hypothesizing, and categories awareness of client emotion, cognition and behavior were more often utilized than the other categories.

The Novice Therapist Pre-Intentional Coding Scale (Rezek, 1994) was used to categorize the inner experiences of novice therapists, defined as master's level pre-practicum students enrolled in a counseling skills course. Results suggested that during the initial stage of training novice therapists increased their focus on clients' emotions, cognitions, and presenting situational or interpersonal problems. Students decreased their focus on their own emotions, cognitions and behaviors and used less self-direction than at the beginning of the counseling skills course.

Susman, Wynne, Parks, Birringer, Olshefsky, and Cox (1994) conducted an analysis of the inner experiences of experienced and novice therapists using the Intention List (Hill and O'Grady, 1985) and the Novice Therapist Pre-Intentional Coding Schema and found that most of the inner experiences of experienced therapists, primarily assessment, support, and exploration, were intentional. Non-intentional inner experiences of experienced therapists included awareness of the client, therapist self-awareness, and hypothesizing-formulating. The most frequently utilized categories for novice therapists were awareness of the client, therapist self-awareness, and tangential focus.

Farabaugh (1994) assessed the inner experiences of experienced therapists derived by a free recall method and found that 60.03% of therapists' inner experiences could be measured using the Hill and O'Grady (1985) Intention List, while 39.93% were measured using the Novice Therapist Pre-Intentional List. The most frequently used intentions included assessment, explore, and other. Therapist evaluation/assessment, therapist self-awareness of behaviors, therapist awareness of client's cognitions, and client situational/interpretation status were the most commonly used non-intentions.

Parks (1994) studied the inner experiences of experienced therapists using cued recall methods. Therapists produced intentional inner experiences 71.92% of the time and non-intentional inner experiences 28.08% of the time. The most frequent intentions were assess, support, and explore. The least frequent intentions were change, set limits, and educate. The most frequent non-intentional inner experiences were hypothesizing-formulating, therapist awareness of client behaviors, therapist awareness of client emotions, and therapist awareness of client cognitions.

Recently, Wynne, Susman and colleagues (1995) developed the inner experiences coding scale (IECS) intended to assess the complexity of counselors' covert processes. This scale is based upon the Novice Therapist Pre-Intentional Coding Scale, the Taxonomy of Educational Objectives (Bloom, Englehart, Furst, Hill & Krathwhol, 1956), and Barrett's Taxonomy of Reading Comprehension (Barrett, 1972). Bloom's Taxonomy of Educational Objectives is comprised of six major categories: (1) Knowledge, involving the recall of specifics and universals, the recall of methods and processes, and the recall of a pattern; (2) Comprehension, referring to a type of understanding in which one knows what is being communicated and can make use of the material without relating it to other material; (3) Application, defined as the use of abstractions in particular or concrete situations; (4) Analysis, the breaking down of communication into its constituent elements or parts; (5) Synthesis, involving the putting together of parts to form a whole; and (6) Evaluation, involving judgments about the value of material and methods.

For Dimension I of the IECS, Bloom's six classes were adapted to capture the therapy process. Thus, Cognitive complexity is measured on Dimension I and includes six categories (simple observation, comprehension, application, analysis, synthesis, and evaluation/appreciation). Level I was named simple observation yet is analogous to Bloom's first level, Knowledge. Bloom's sixth level, Evaluation, was combined with Barrett's (1972) level of Appreciation, in order to capture the deeper meaning of the dynamics of the counseling session. Dimension II provides information about whether the inner experience primarily concerns the therapist, client, therapeutic relationship, others,

or a combination. Dimension III rates the judgmental quality of the inner experience, whether therapist judgment is positive, negative, or absent.

Wynne, Susman and colleagues (1995) used the first level of the inner experiences coding scale to classify the inner experiences of a small sample of novice therapists. Results showed the following percentages for each level: Simple Observation 1%, Comprehension 82%, Application 11%, Analysis 5%, Synthesis 2%, and Evaluation/Appreciation 0%. For the majority of the novice therapists; most inner experiences fell into the Comprehension category, indicating a need for refinement of the operational definitions of the levels of Dimension I.

Summary

Previous research examining the covert processes of therapists has focused on intentions and conceptualizations. Only recently have researchers begun to investigate the inner experiences of therapists. The development of a coding scale to categorize the inner experiences of therapists provides the opportunity to examine the internal processes that occur as therapists conduct therapy sessions. Examination of the method used to attain this data is beneficial for planning future data collections.

CHAPTER III

METHOD

Participants

The sampling frame consisted of a list of over 1400 licensed psychologists in the Chicago and surrounding Cook county area. The final sampling frame consisted of 845 psychologists who received mailings and telephone calls describing the study. Of the 23 therapists (2.72%) who initially agreed to participate, 20 were actually interviewed. The final sample included 12 therapists who had completed all sections of the interview protocol, however, demographic information is only available for 11 of the participants.

The participants (9 women and 2 men) were in private practice either full or part-time and their theoretical orientations were identified as either humanistic, cognitive-behavioral, psychodynamic, eclectic, Adlerian or a combination of these orientations. The therapists ranged in age from 25 to 60 years ($M=46.63$, $SD=9.05$) and their post-doctoral clinical experiences ranged from 3 to 29 years ($M=13.3$, $SD=7.5$).

The therapists selected clients from their private practices. All clients gave written consent to participate in the study. Therapists retained the consent forms, protecting the anonymity of the clients. The clients (6 women and 5 men) ranged in age from 27 to 57 years ($M=39.5$, $SD=9.38$) and were in therapy from 4 months to 5 years ($M=2.4$ years, $SD=1.57$ years).

Instrument

A three part interview protocol was used. Part I examined client attributes, assessment, and therapist/client relationship. Part II required the therapist to recall the dialogue from the first five minutes, the most significant event as defined by the therapist, and the last five minutes of the session and the inner experiences associated with the dialogue. Part III analyzed the contextual elements of the therapy session.

Interviewers (4 females and 1 male) were graduate counseling students at Loyola University Chicago. All interviewers were extensively trained to establish consistency across interviews. The protocol was then field-tested using practicing psychologists as subjects prior to data collection.

Procedure

An interviewer went to the therapist's office prior to the counseling session, set up audio tape recording equipment, and then left the office. After the session, the interviewer returned and interviewed the therapists according to the interview protocol. To obtain free recall data, the interviewer asked the therapist to recall as closely as possible the verbatim dialogue of the first five minutes, the most significant event, and the last five minutes of the session. Then the interviewer read back the recalled dialogue and asked the therapist to describe thoughts, feelings, and rationales associated with each intervention. The therapist also completed a demographic questionnaire. Two weeks following this data collection, the interviewer returned to complete the cued recall portion of the interview. The therapist listened to the audio tape of the session and after each speaking turn reported his/her thoughts, feelings, and rationales to the interviewer.

Coding Scale

The Inner Experience Coding Scale (Wynne et al., 1995) is a pan-theoretical coding schema intended to assess the complexity of counselors' covert processes (see Table 1). This schema is based upon the Taxonomy of Educational Objectives (Bloom, Englehart, Furst, Hill & Krathwhol, 1956) and the Novice Therapist Pre-Intentional Coding Scale (Rezek, 1994) and consists of three dimensions. Cognitive complexity is measured on Dimension I and includes six categories (simple observation, comprehension, application, analysis, synthesis, and evaluation/appreciation). Simple observation is the therapist's recognition, through his or her senses, of specific and concrete aspects of the therapist, client, relationship or other. Comprehension reflects additional processing by the therapist of simple observations through mechanisms such as classifying, summarizing, or generalizing. Application involves the therapist directing him or herself to use, stop using or choose not to use some behavior, emotion, cognition, or technique. Analysis is a more advanced aspect of comprehension involving the breaking down of communication into component parts, understanding the relationship between the components, and recognizing the principle or assumption that organizes the ideas. Synthesis involves making something new, bringing ideas together to form a new theory, going beyond what is now known, or providing new insights. Evaluation/appreciation is the therapist expressing an understanding of the deeper meaning of the dynamics of the session or the aesthetic or spiritual aspects of the therapy process. The level of sophistication is rated from one to six for each category of Dimension I to provide information about the complexity of the inner experience within each category. Dimension II provides

Table 1

Inner Experience Coding Schema

DIMENSION I

LEVEL I	LEVEL II	LEVEL III	LEVEL IV	LEVEL V	LEVEL VI
Simple Observation	Comprehension	Application	Analysis	Synthesis	Evaluation/ Appreciation
1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

DIMENSION II

Therapist Client	Therapist Client	Therapist Client	Therapist Client	Therapist Client	Therapist Client
Therapist -Client Relationship	Therapist -Client Relationship	Therapist -Client Relationship	Therapist -Client Relationship	Therapist -Client Relationship	Therapist -Client Relationship
Other Uncodable	Other Uncodable	Other Uncodable	Other Uncodable	Other Uncodable	Other Uncodable

DIMENSION III

Judgment (-)	Judgment (-)	Judgment (-)	Judgment (-)	Judgment (-)	Judgment (-)
-3 -2 -3	-3 -2 -3	-3 -2 -3	-3 -2 -3	-3 -2 -3	-3 -2 -3
Absent	Absent	Absent	Absent	Absent	Absent
0	0	0	0	0	0
Judgment (+)	Judgment (+)	Judgment (+)	Judgment (+)	Judgment (+)	Judgment (+)
+1 +2 +3	+1 +2 +3	+1 +2 +3	+1 +2 +3	+1 +2 +3	+1 +2 +3

information about whether the inner experience primarily concerns the therapist, client, therapeutic relationship, others, or a combination. Dimension III rates the judgmental quality of the inner experience, whether therapist judgment is positive, negative, or absent.

Coding Procedure

The inner experiences for each therapist intervention were considered a cluster for this study. Each cluster of inner experiences was independently divided into discrete thought units by two coders who attained mean simple interrater agreement of 97.5 %, ranging from 91.3% to 100% for the 24 interview transcripts. Disagreements were resolved through discussion (Elliott, 1994; Kivlighan, 1989).

The clusters and units of inner experiences were coded by four teams of two graduate students using the Inner Experience Coding Scale (Wynne et al., 1995). All raters received 40 hours of training using this schema. Training included independently coding training transcripts, resolving disagreements by discussion, and clarifying definitions of dimensions and levels of the coding schema. Transcripts were assigned to the teams so that free and cued transcripts for each therapist were coded by different teams. Each member independently coded the units and clusters on Dimension I, Level of Sophistication, Dimension II and Dimension III. Disagreement on Dimensions I and II were resolved by discussion. Interrater agreement levels (Kappas) were .65 for Dimension I units, .68 for Dimension I clusters, .53 for Dimension II units and .60 for Dimension II clusters.

CHAPTER IV

RESULTS

Descriptive Data

Descriptive analyses of the data show that a greater number of clusters of inner experiences were produced using the cued recall method ($n = 349$) than the free recall method ($n = 109$). Frequencies and percentages of inner experiences that were coded into the six categories of Dimension I (simple observation, comprehension, application, analysis, synthesis, and evaluation/appreciation) for both free and cued recall methods are shown in Table 2 and Figure 1. Sophistication ratings (1 through 6) for Dimension I for inner experiences derived by the free recall method are displayed in Table 3. Dimension I sophistication ratings derived by cued recall methods are shown in Table 4. Percentage use and frequencies of inner experiences for Dimension II (therapist, client, therapist/client, relationship, other and uncodable) are displayed in Table 5 and Figure 2. Ratings of Dimension III (judgment) are shown in Table 6.

Statistical Data

The differences across the two methods of data collection for Dimension I (cognitive complexity) and Dimension II (focus of inner experience) were analyzed separately using 2×6 repeated measures multivariate analyses of variance. Due to the lack of variance in judgment, Dimension III was not analyzed statistically.

Table 2

Percentage Use of Dimension I (Cognitive Complexity) Categories

Method	Dimension I Category					
	Simple Observation (Level 1)	Comprehension (Level 2)	Application (Level 3)	Analysis (Level 4)	Synthesis (Level 5)	Evaluation Appreciation (Level 6)
Free Recall Interviews						
% Use	1.8%	14.7%	51.4%	21.1%	8.3%	2.8%
(n)	2	16	56	23	9	3
Cued Recall Interviews						
% Use	2.0%	18.1%	65.3%	11.5%	2.6%	0.6%
(n)	7	63	228	40	9	2

Table 3

Dimension I (Cognitive Complexity) Sophistication Ratings in the Free Recall Condition

Cognitive Complexity	Sophistication Rating					
	1	2	3	4	5	6
Simple Observation						
% Use	0	.9	0	.9	0	0
n	0	1	0	1	0	0
Comprehension						
% Use	0	2.8	7.3	3.7	.9	0
n	0	3	8	4	1	0
Application						
% Use	.9	11.9	18.3	14.7	5.5	0
n	1	13	20	16	6	0

Table 3 - Continued

Sophistication Rating

Cognitive Complexity	1	2	3	4	5	6
Analysis						
% Use	1.8	3.7	7.3	4.6	1.8	1.8
n	2	4	8	5	2	2
Synthesis						
% Use	0	.9	1.8	3.7	1.8	0
n	0	1	2	4	2	0
Evaluation/ Appreciation						
% Use	0	0	.9	.9	.9	0
n	0	0	1	1	1	0

Table 4

Dimension I (Cognitive Complexity) Sophistication Ratings in the Cued Recall Condition

Cognitive Complexity	Sophistication Rating					
	1	2	3	4	5	6
Simple Observation						
% Use	0	0	.9	.9	.3	0
n	0	0	3	3	1	0
Comprehension						
% Use	1.7	3.4	6.6	4.9	1.1	.3
n	6	12	23	17	4	1
Application						
% Use	11.5	15.8	23.5	9.5	5.2	0
n	40	55	82	33	18	0

Table 4 - Continued

Cognitive Complexity	Sophistication Rating					
	1	2	3	4	5	6
Analysis						
% Use	1.1	4.3	3.4	2.3	.3	0
n	4	15	12	8	1	0
Synthesis						
% Use	.9	1.4	.3	0	0	0
n	3	5	1	0	0	0
Evaluation/ Appreciation						
% Use	.6	0	0	0	0	0
n	2	0	0	0	0	0

Figure 1: Percent use of Dimension I (CognitiveComplexity) Categories

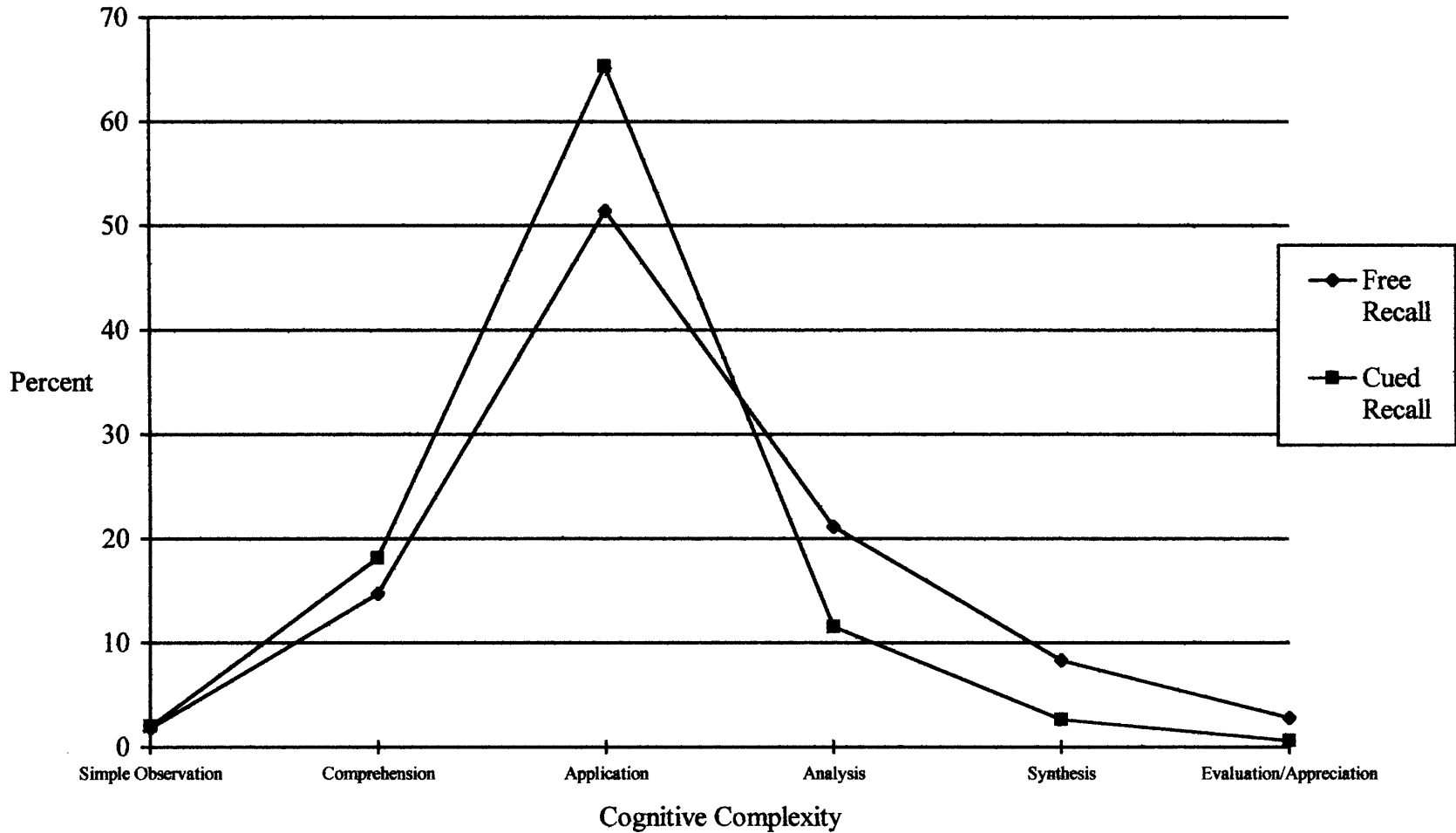


Table 5

Percentage use of Dimension II (Focus of Inner Experience) Categories

Method	Dimension II Category					
	Therapist	Client	T/C	Relationship	Other	Uncodable
Free Recall Interviews						
% Use	14.7%	39.4%	39.4%	4.6%	0.9%	0.9%
(n)	16	43	43	5	1	1
Cued Recall Interviews						
% Use	23.2%	33.5%	35.5%	1.4%	4.9%	1.4%
(n)	81	117	124	5	17	5

Figure 2: Percentage Use Of Dimension II (Focus of Inner Experience) Categories

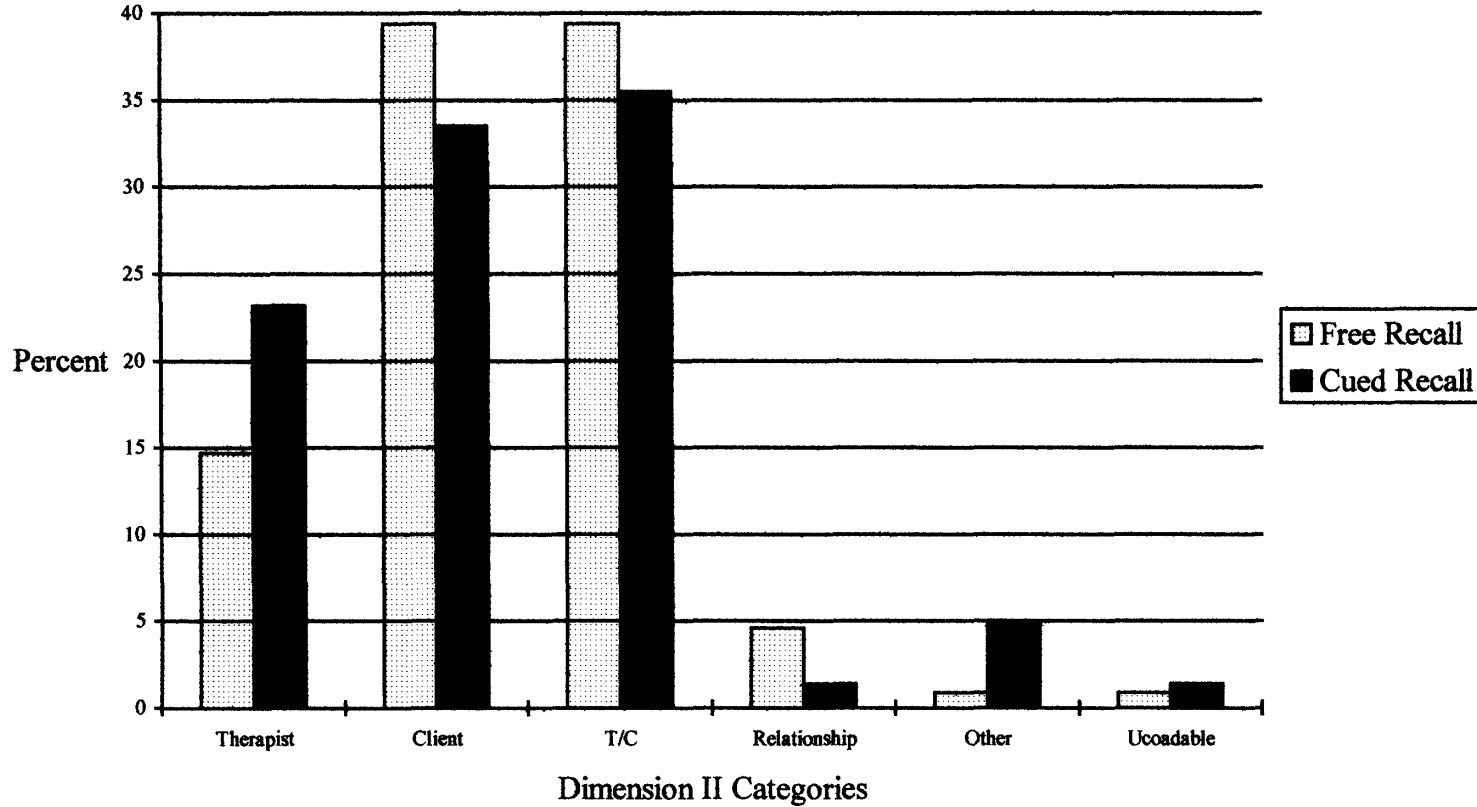


Table 6
Percentage Use of Dimension III (Judgment) Categories

Method	Judgment Category						
	-3	-2	-1	0	+1	+2	+3
Free Recall Interviews							
% Use	0.0%	0.0%	2.8%	94.5%	1.8%	.9%	0.0%
(n)	0	0	3	103	2	1	0
Cued Recall Interviews							
% Use	0.0%	0.0%	1.4%	97.2%	1.4%	0.0%	0.0%
(n)	0	0	5	341	5	0	0

Mean frequencies and standard deviations for the six categories of Dimension I are shown in Table 7. The MANOVA examining the differences on the mean frequencies of the six Dimension I categories by free and cued recall methods was not significant, $F(1,6) = 2.78, p = .119$. Due to the exploratory nature of this study, univariate analyses of variance were examined to determine if there were any differences between the two methods in any of the six categories. The ANOVAS demonstrated that mean differences by method were significant for the categories comprehension, $F(1,11) = 5.93, p=.033$, and application, $F(1,11)= 12.20, p=.005$. Differences for mean frequencies in the analysis category approached significance, $F(1,11)= 3.74, p=.079$.

As shown in Table 2, a low percentage of data was coded into the categories simple observation, synthesis and evaluation/appreciation. In order to increase the number of responses per category and decrease the total number of categories, the data was reanalyzed after collapsing the category simple observation into comprehension, creating a complexity category of "low". Synthesis and evaluation/appreciation were combined to create a complexity category of "high". The means and standard deviations for Dimension I with collapsed categories are shown in Table 8. The MANOVA examining differences in frequencies of responses in the collapsed categories of Dimension I was significant, $F(1,4) = 4.29, p=.038$. Examination of the univariate effects showed significant differences in low level of complexity, $F(1,11) = 5.44, p=.040$, and application, $F(1,11) = 12.20, p=.005$. Differences in the Analysis category approached significance, $F(1,11) = 3.74, p=.079$. Mean frequencies and standard deviations for the six categories of

Table 7

Mean Frequencies and Standard Deviations for Dimension I (Cognitive Complexity) of Therapist Inner Experiences Derived by Free and Cued Recall Methods

Cognitive Complexity	<u>Free Recall</u>		<u>Cued Recall</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Simple Observation	.167	.389	.583	.900
Comprehension *	1.333	1.614	5.417	5.418
Application **	4.667	4.459	19.000	13.450
Analysis	1.917	2.466	3.333	3.114
Synthesis	.750	1.215	.750	1.138
Evaluation/ Appreciation	.250	.452	.167	.577

* denotes significance $p < .05$

** denotes significance $p < .01$

Table 8

Mean Frequencies and Standard Deviations for Collapsed Levels of Dimension I

(Cognitive Complexity) of Therapist Inner Experiences Derived by Free and Cued Recall

Methods

Cognitive Complexity	<u>Free Recall</u>		<u>Cued Recall</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Low Level *	1.500	1.624	6.000	6.164
Application **	4.667	4.459	19.000	13.450
Analysis	1.917	2.466	3.333	3.114
High Level	1.000	1.537	.917	1.165

* denotes significance $p < .05$ ** denotes significance $p < .01$

Table 9

Mean Frequencies and Standard Deviations for Dimension II (Focus) of Therapist Inner Experiences Derived by Free and Cued Recall Methods

Focus	<u>Free Recall</u>		<u>Cued Recall</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Therapist	1.333	1.371	6.750	9.006
Client **	3.583	3.343	9.750	7.783
Therapist/Client *	3.583	2.678	10.333	8.467
Relationship	.417	.669	.417	.669
Other	.083	.289	1.417	2.234
Uncodable	.083	.289	.417	.669

* denotes significance $p < .05$

** denotes significance $p < .01$

Dimension II are shown in Table 9. The MANOVA examining the differences on the mean frequencies of the six Dimension II categories by free and cued recall methods was not significant, $F(1,6)= 1.83$, $p=.240$. Univariate analyses of variance were examined to determine if there were any differences between the two methods in any of the six categories. The ANOVAS demonstrated that mean differences by method were significant for the categories client, $F(1,11)= 10.69$, $p=.007$, and therapist/client, $F(1,11)= 5.65$, $p=.037$. Differences in mean frequencies approached significance for the categories therapist, $F(1,11)= 4.21$, $p=.065$, and other, $F(1,11)= 4.29$, $p=.063$.

As shown in Table 5, a small percentage of responses fell into the Dimension II category other. The category other was collapsed into the uncodable category in order to decrease the number of categories and increase the number of responses in this category. The means and standard deviations for Dimension II with collapsed categories are shown in Table 10. The MANOVA examining differences in frequencies of responses in the collapsed categories of Dimension II however, still was not significant, $F(1,5)= 2.4$, $p=.142$.

Table 10

Mean Frequencies and Standard Deviations for Collapsed Levels of Dimension I
(Cognitive Complexity) of Therapist Inner Experiences Derived by Free and Cued Recall
Methods

Focus	<u>Free Recall</u>		<u>Cued Recall</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Therapist	1.333	1.371	6.750	9.006
Client **	3.583	3.343	9.750	7.783
Therapist/Client *	3.583	2.678	10.333	8.467
Relationship	.417	.669	.417	.669
Other/Uncodable	.167	.389	1.833	2.552

* denotes significance $p < .05$

** denotes significance $p < .01$

CHAPTER V

DISCUSSION

The method of data collection, either free or cued, seems to make some difference in the number of inner experiences that are produced. When the cued recall method was used, therapists produced a total of 349 inner experiences. Therapists recalled only 109 inner experiences when the free recall interview method was used.

Both free and cued recall methods produced similar patterns of data on Dimension I. The free recall condition produced mostly applications (51.4%), followed by analyses (21.1%), a smaller percentage of comprehensions (14.7%) and then synthesis (8.3%). The cued recall condition also produced mostly applications (65.3%), but the category comprehension (18.1%) was used more than the analysis (11.5%) category. The cued recall condition produced few inner experiences that fell into the synthesis category (2.6%). The high number of Applications suggests that experienced therapists often plan their interventions and may have a large range of interventions available to them. The relatively frequent use of Comprehension and Analysis categories suggests that experienced therapists are able to understand and break down information and statements into important components. Simple Observation and Evaluation/Appreciation were rarely reported. It was expected that experienced therapists report Simple Observations rarely and instead would have higher level inner experiences, automatically incorporating Simple Observation into higher level categories. The method used to collect the data seems to

influence the type of inner experiences that are produced. Free recall of inner experiences from the therapists own memory of the session may access the therapists true inner experiences. These inner experiences are more cognitively complex than those derived by the cued recall method. Being cued by the audio-tape of the session may have influenced the therapists to reprocess the events of the session rather than to report what they were thinking and feeling during the session.

Sophistication was most often rated “3” for all levels of Dimension I for both free and cued recall methods. This may indicate a bias of central tendency by the coders of the data. However, the sophistication ratings for the free recall condition are slightly higher than the cued recall in the categories Application, Analysis and Synthesis.

Percentage use on Dimension II showed similar patterns in the primary focus of inner experiences. Most responses for free and cued recall interviews fell into the therapist/client and client categories. These results were expected as experienced therapists tend to be more focused on their clients and less distracted by thoughts of themselves or others. Cued recall interviews produced a higher percentage of therapist- and other-focused inner experiences than free recall interviews. Hearing themselves on the audio-tape may influence therapists to be more self-aware as they report their inner experiences. Hearing the tape of the actual session may also remind the therapist of others that were discussed in the session which may compel the therapist to comment on them while reporting inner experiences.

Overwhelmingly, the reported inner experiences coded on Dimension III were neither positive nor negative in judgment; they were judgment neutral. Given that the

participants were licensed psychologists, this finding was anticipated. Therapists are trained to be non-judgmental toward their clients. However, due to this training, experienced therapists may be reluctant to report negative judgments about their clients. In contrast, when studying novice therapists, relatively high levels of both positive and negative judgments have been found (Rezek, 1994).

This research provides similar results to previous studies that analyzed this data (Susman et al. 1992; Farabaugh, 1994; Parks, 1994). Previous research categorized data into intentional and non-intentional categories. These studies found that therapists had inner experiences that could not be captured of the Hill and O'Grady (1985) Intention List. The most frequent non intentional inner experiences included: hypothesizing, awareness of therapist behavior, awareness of client emotion, cognition, and behavior, awareness of client interpersonal and client evaluation. This research goes beyond simply classifying inner experiences into single categories by incorporating information about the cognitive complexity, the focus, and the judgmental quality of the inner experiences. Future development of the IECS will include an additional level to access the degree to which inner experiences involve emotions, cognitions and behaviors.

The findings of this study indicate some important differences from a previous study that used the IECS to describe the inner experiences of novice therapists (Wynne et al., 1995). In the previous study, the majority of inner experiences (82%) fell into the cognitive complexity category of comprehension while only 11% fell into the category of application. The results of the current study suggest that the inner experiences of therapists may become more cognitively complex with increased training and experience.

Limitations

There are a few limitations to consider when reviewing the results of this study. One limitation is the small sample size used. Archival data, collected for previous studies, were analyzed. This data collection only contained 12 complete cases. Demographic information was not available for one of the therapists. When asked, the main reasons therapists cited for refusing to participate included insufficient time, unwillingness to audiotape clients and inappropriate clients (Vachon, Susman, Wynne, Birringer, Olshefsky, & Cox, 1994). Because of the small number of participants, it is difficult to generalize the present findings.

In conducting the cued recall interview, two weeks transpired from the initial therapy session. Although the therapists were cued by audio tapes to assist in the recall of inner experiences, the passage of time may have negatively influenced the accurate recall of the inner experiences. Subsequent data collections have asked that therapists record their inner experiences as soon after the session as possible which may provide more precise reports of inner experiences.

Another limitation of this study is that the data were originally collected for a different purpose in mind. During the interviews, therapists were asked to recall their thoughts, feelings and rationales for their responses to clients. Subsequent data collections meant for analysis by the Inner Experiences Coding Scale have encouraged therapists to recall their in-session inner experiences that occurred during the session. The directions ask therapists to imagine being in the session and encourage them to use the present tense when reporting inner experiences. These measures are intended to facilitate

accurate recall of those inner experiences that truly occurred in the session rather than the therapist's post session rationales. However, the use of the IECS with this data highlights the ability to use the scale in analyzing different types of data, collected for different purposes. This may help in the collection of data and the sharing of data with other researchers.

Implications

This study has provided some important implications for future research. First, although not statistically significant, this research suggests that the method used in accessing inner experiences yields quantitative and qualitative differences in the data produced. When developing future studies, the method used to access inner experiences should be carefully considered.

The current study describes experienced therapists' inner experiences using the Inner Experiences Coding Scale. This scale has been useful in capturing the complex aspects of the therapy session. The scale provides a summary of the cognitive complexity, focus and judgmental quality of inner experiences. It is important to recognize that inner experiences of a low level of complexity do occur as experienced therapists conduct sessions. Therapists are also distracted by thoughts of themselves or others during therapy. These inner experiences may affect outcomes of therapy. Future research that explores the inner experiences of therapists of varying degrees of training would be useful in examining how inner experiences vary throughout training.

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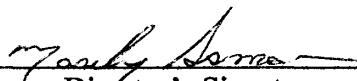
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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference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

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

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Date


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