Psychotherapists: What They Do Versus What They Say They Do

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Abstract

Sixty-eight psychotherapists of various theoretical orientations expressed their expectations of using specific response modes to short written transcripts of therapy sessions under conditions of either high or low self-awareness. This self-rating was then correlated with three other sources of observation: (a) actual behaviour in two therapy sessions; (b) assessment ratings by peers; and (c) response modes given to written statements from three clients. Statistical analyses showed no differences between the high and low self-awareness group and no significant relationships were observed between the self-rating of the subjects and the ratings of peers, or any other measurements of therapist behaviour. Implications of these results are discussed in terms of variables mediating the self-reports and the importance of process expectations as a common factor in psychotherapy.

Résumé

Cette étude examine la relation entre les attentes concernant des habiletés de communication et d'inférences en psychothérapie et le comportement des conseillers. La moitié des 68 thérapeutes de l'échantillon formulent leurs attentes sous une condition expérimentale suscitant un état de conscience de soi-comme-objet. Les attentes sont mises en relation avec trois sources d'observation portant sur les habiletés de communication et d'inférences des sujets soit lors: (a) de deux entrevues réelles de thérapie; (b) de l'évaluation des trois pairs et (c) d'un test papier-crayon simulant des entrevues de thérapie. Les analyses statistiques révèlent aucune différence entre les deux groupes. En outre, aucune relation significative n'est observée entre les attentes, l'évaluation par les pairs et les comportements lors d'entrevues de thérapie réelles ou simulées. La discussion fait ressortir les limites de l'utilisation d'auto-évaluations dans l'étude des processus en counseling et l'importance des attentes comme facteurs communs à l'intervention en counseling.

Research comparing the outcome of various psychotherapies usually shows little, if any, significant differences among psychotherapeutic styles. Several authors hypothesize a communality among the various therapeutic approaches (Frank, Hoehn-Saric, Imber, Liberman & Stone, 1978; Goldfried, 1980, 1982; Kazdin, 1979). Therapists' communication and inferential skills are recognized as important therapeutic tools but have not been studied as a variable common to different approaches. These therapist variables will be explored in the present study.

For several years, therapists' expectations of the therapeutic process have been recognized as important (Frank et al., 1978; Wilkins, 1977). Indeed, studying these expectations is an excellent way to gain access to the therapist's own cognitions since the verbalization of these expectations may help crystallize his or her concepts of what is

occurring in the therapeutic situation (Bernstein & Lecomte, 1982; Cyr, Lecomte & Bernstein, 1982; Sicuro, Lecomte & Bernstein, 1982).

In order to determine what influence these expectations might have on the therapy, one first needs to secure objective measures of what really happens in the therapy process. To what degree therapists' expectations reflect their behaviour during a psychotherapeutic interview can then be determined. For the present investigation, in addition to therapist self-reports, assessments of therapist behaviour in real and in simulated therapy sessions were made. As well, ratings of therapists by peers with regard to therapist communication and inferential skills were obtained.

Therapist expectations were elicited in reaction to verbatim transcripts of three therapy sessions. In such circumstances, it is recognized that self-report measures are subject to the demand characteristics of the experimental setting, thus creating a disparity between the "real self" and the perception of an "ideal self." In that context the theory of objective self-awareness elaborated by Duval and Wicklund (1972) suggested that an increased level of self-awareness could reduce the perceived disparity between the ideal self and the real self. Experimental techniques to increase self-awareness have included the presence of a mirror in the test room and the use of tape recordings of the subject's own voice. Several studies (Carver & Scheier, 1978, 1981; Pryor, Gibbons, Wicklund, Fazio & Hood, 1977; Scheier, 1976) have shown that these experimental manipulations during the self-report process significantly increase correlations between self-report and observed behaviour, whether measured before or after the self-report.

Taking the above findings into consideration, therapist expectations were studied in conditions of either high or low self-awareness, in attempts to test the following hypotheses: (a) therapist reports of his/her expectations will correspond more closely to his/her actual behaviour in therapy when the report is given under conditions of increased self-awareness as compared to the low self-awareness situation; (b) similarly, peer assessment of therapist communication and inferential skills will correlate more highly with measures of therapist behaviour in therapy, and with the therapist's own reported expectations in the high self-awareness group.

METHOD

Subjects and Design

Subjects were 49 female and 19 male psychologists in the Province of Québec. Of these, 25 were still in training, 32 were beginning professionals with 1 to 3 years of experience, and 11 had more than 3 years

of experience. Their stated theoretical orientations were as follows: 16 were self-labelled "psychodynamic" (Freud, Erickson, Sullivan); 22 were "existential/experiental" (e.g., Rogers, Perls); and 30 were "eclectic" (behavioural, psychodynamic, humanist).

The design involved two groups (induced self-awareness and control) with multiple dependent variables (self-report of expectations, behaviours in two real therapy sessions, response modes (e.g., reflection, interpretation) to written statements of clients and peer assessment.

Material

The Process of Expectations Inventory (PEI)

The PEI consists of three series of verbatim statements of therapists and clients from actual therapeutic sessions, each representative of one of the three main currents in psychotherapy. To ensure the face validity of the transcripts, they were selected from psychodynamic, humanist, and behavioural clinical handbooks which used these transcripts as good examples of their specific approach to therapy.

The PEI contains 45 items, 15 for each of the three different cases, presented in three sections of 5 continuous client-therapist verbatim statements, taken from the same or from different sessions. For each item, subjects are asked to evaluate, on an 8-point scale ranging from (1) no expectations to (8) high expectations, depending on how closely a given therapist statement corresponded with what he or she would have said in the same situation.

The 45 items covered well-established process dimensions defined as four communication skills (closed questions, open-ended questions, reflections of feeling, and reflections of content), and three inferential skills (interpretation, linking present with previous material, and confrontation). Results of the comparison of six major rating systems (Elliott, Hill, Stiles, Friedlander, Mahrer, & Margison, 1987) suggested that these seven variables represent fundamental categories of response modes. The rating system used in the present study to rate each item of the PEI along the four communication and the three inferential dimensions was similar to the one used by Elliott et al.

Inter-correlations between the seven scales defined by the seven communication and inferential categories, ranged from $r=.31$ to $r=.78$, with alphas extending from $\alpha=.55$ to $\alpha=.76$, thus pointing to a relative interdependence between the scales as well as generally homogeneous items and error-free scores.

In the present work, a mean score was computed for each of the seven scales, for each subject.

The Self-consciousness Scale

The Self-consciousness Scale developed by Fenigstein, Scheier and Buss (1975) was used to measure the general disposition to be attentive to the self. Carver and Scheier (1978) have observed that subjects high in private self-consciousness made significantly more sentence completions reflecting self-focus, in a manner similar to subjects in the mirror experimental manipulation, than did subjects who rate low in private self-consciousness. This well-validated instrument (Carver & Scheier, 1981; Scheier, Buss, & Buss, 1978; Turner, Scheier, Carver, & Ickes, 1978) is comprised of 23 items rated on a 5-point scale. Three factors make up this scale: the first factor measures private self-consciousness; the second, public self-consciousness; and the third, social anxiety. A French translation of this inventory (Cyr, Bouchard, Valiquette, Lecomte, & Lalonde, 1987) revealed essentially the same factor structure as the English version with satisfactory internal consistency for the three factors.

Procedure

The procedure was conducted in three steps. The following information was first obtained: (a) basic personal data about the participants, e.g., sex, age, experience, theoretical orientation; (b) the names of three peers (colleagues, supervisors or co-therapists); (c) audiotape recordings of two of the therapist's recent therapy sessions with his or her clients. The peers were contacted and asked to assess, on a Likert-type scale (8-points), each participating therapist on each of the seven response modes.

In a second stage, each therapist came to the laboratory to fill out the PEI, designed to elicit his/her expectations of their own behaviour in therapy. Each therapist was asked to rate each of the 45 therapeutic responses offered to the client on a scale of 1 to 8, depending on how closely the statement corresponded with what he or she would have said in the same situation.

In the high self-awareness (experimental) group, therapists filled out the PEI form in front of a mirror. Because earlier research has indicated that the mirror raises self-awareness in such a task for about 15 minutes and the PEI form generally took 30 minutes to be completed, another manipulation was added to maintain a state of high self-awareness; after fifteen minutes, a tape recording of the therapist's own voice began playing in the background. To provide a plausible but not distracting rationale for the presentation of the audiotape, subjects were asked to evaluate the extralinguistic features of their own voice at the end of the session. In the non-manipulated self-awareness group (control), the subject filled out the form with no

mirror in the room, and heard the recorded voice of another therapist, to control for distraction.

Thirdly, each therapist came back to the laboratory one week later to complete an open-ended written questionnaire. There were 45 statements made by three clients (15 statements per client), and each therapist was asked to write down what he or she would normally reply to each statement in a real therapy session. The French version of the self-consciousness personality trait was distributed equally in the self-awareness and control groups.

The written responses to the patient statements, as well as half of each of the taped sessions handed in by therapists were rated independently by two judges (graduate students in psychology) who had received two weeks of training. The two therapy sessions were transcribed on paper to ensure a uniform presentation of the material to code by the judges.

The judges were asked to rate each of the therapist's responses to the client according to pre-established operational definitions (see Elliott et al., 1987). Of the 12 possible categories, 7 of the most important were: open-ended question; closed question; reflection of client's feelings; reflection of client's thoughts; confrontation; linking present with previous material, and interpretation. Each therapist was given a numerical "profile" of therapeutic responses (e.g., number of closed questions divised by the total of statements), which was used as a basis for statistical analysis. The self-report questionnaire (PEI) and peer assessments were scored on the same verbal dimensions.

The inter-rater agreement based on one third of the questionnaires as well as a third of the taped sessions of therapy that overlapped between raters ranged from $r=.84$ to $r=.93$ for the simulated session and from $r=.69$ to $r=.97$ for the taped sessions, across the communication and inferential categories.

RESULTS

Multivariate analyses of variance and two multiple regressions were computed. A preliminary MANOVA indicated that the experimental and control groups were equivalent with respect to theoretical orientation, level of experience and level of private self-consciousness trait.

A multivariate regression analysis examined the relations between expectations of one's own performance (PEI questionnaire) and actual performance (real and simulated session), for both groups. This analysis revealed that in both groups the expectations had no predictive value for actual performance (all p's $> .10$). This result was true of behaviour measured before (taped sessions) and after (written questionnaire) the self expectations report. Thus, it seems that

there is no relation between what therapists expect to do in therapy and what they actually do in therapy. Contrary to what was predicted, this finding occurred even when self-report of expectations was obtained in a situation which should encourage within the therapist a state of increased self-consciousness.

A second multivariate regression analysis examined the relation of therapist peer assessments with three other variables; (a) self-report of expectations (PEI scores); (b) actual behaviour in therapy; and (c) simulated sessions. In all three cases, there were no significant correlations, in either experimental or control groups, contrary to our hypothesis.

DISCUSSION

The present study found no confirmation for the hypothesis that increased self-awareness influences a therapist's self-reported expectations to correspond more closely with his/her actual behaviour in real therapy situations. The main finding of this work shows that what therapists claim they do in therapy does not correspond with what they actually do. Furthermore, assessments by peers were not found to correspond significantly with ratings of behaviour in real sessions or in written responses to client statements, thus confirming the often reported phenomenon that different sources of observation produce different ratings (Parloff, Waskow, & Wolfe, 1978; Strupp, 1978).

The discrepancy between what therapists predict they will do and what they actually do, is a common finding (Wiggins, 1973; Xenakis, Hoyt, Marmar, & Horowitz, 1983). It was surprising however, for the therapists in the experimental group, since we specifically attempted to increase the accuracy of their self-reports, using a previously demonstrated procedure.

On the one hand, a possible explanation for this lack of effect may be related to the nature of the self-report. Previous works by Pryor et al. (1977) with only one dimension, (such as sociability) which allowed responses to occur within a well defined category or response set, had shown improved correlations under a high self-awareness condition. However, the PEI used seven dimensions distributed over 45 items. It may have been that the length and complexity of the questionnaire interfered with the induction process of a state of self-awareness. It was presumed that increased self-awareness allows the subject to compare his or her real behaviour with his or her standard of comparison (e.g., a synthesis of past performance on a specific dimension). In fact, the therapists in our study had to continually shift their behaviour of comparison according to the item they answered.

On the other hand, the recent debate on consistency and coherence of behaviour (Epstein, 1980; Mischel & Peake, 1982; Moskowitz, 1982) has led to several methodological recommendations among which the most important concerned the aggregation of observations. Such a recommendation has been taken into account in this study in several ways, but it would seem that aggregating measures does not lead to high convergence among different sources of observation.

Explanations offered by Mischel and Peake (1982) and Nisbett and Wilson (1977) suggesting that some cognitive processes are responsible for the discrepancy between self-perception and behaviour cannot be discarded.

Whatever else has been said, the observed discrepancy between expectations and behaviours confirms that it is now absolutely necessary for future research to observe what therapists actually say and do in therapy, and not simply what they say they do, in order to get a more complete and valid process of psychotherapy (Garfield, 1980; Goldfried, 1980, 1982).

Our results suggest expectations of using communication and inferential skills are not related to therapist behaviour. Nevertheless, the communication and inferential skills investigated in the present study represented the majority (more than 80%) of the behaviours of our subjects. These variables have been recognized as major components in psychotherapy in different studies (Elliott et al., 1987; Garfield & Bergin, 1978). Other studies are needed to elucidate the impact of these expectations on behaviour as well as the role of these expectations as a common factor in psychotherapy.

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