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SATISFYING AND UNSATISFYING THERAPY RELATIONSHIPS BETWEEN WOMEN: FEMALE THERAPISTS' PERSPECTIVES

A Thesis Presented

By

SANDRA BETH LEVY

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

MASTER OF SCIENCE

September 1982

Psychology Department

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ABSTRACT

Two areas which have received insufficient attention in the psychological research literature are gender-pair related issues in psychotherapy and the therapeutic relationship. A joint consideration of psychoanalytic and feminist theory suggests that the quality of intimacy established between women in psychotherapy will impact upon therapists' perceptions of relationship satisfaction and treatment outcome. In particular, the interrelated dimensions of nurturance and individuation are pointed to by the theoretical literature as salient in defining the nature of intimacy in the female/female therapy relationship.

This thesis presents an exploratory questionnaire study which specifically focusses on female/female therapy pairs; it investigates forty-nine female therapists' perceptions of a past satisfying and a past unsatisfying therapy relationship with a female client, exploring differences between these two therapy relationship conditions regarding both process and outcome. Three intimacy scales were developed to measure the degree of Enmeshed Relating, Individuated Nurturant relating, and Distant Non-Nurturant Relating manifested by the therapists in their satisfying and unsatisfying therapy relationships. It was predicted that successful treatment outcome would be linked to relationship satisfaction, Individuated Nurturant Relating would be rated as higher in the satisfying than in the unsatisfying therapy

relationship condition, and Enmeshed Relating would be rated as higher in the unsatisfying than in the satisfying therapy relationship condition. Paired t-tests confirmed these predictions at $p < .001$. Also significant at $p < .001$ was the finding that Distant Non-Nurturant Relating was rated as higher in the unsatisfying than in the satisfying therapy relationship condition.

These findings are presented along with other data bearing on possible differences between the satisfying and unsatisfying therapy relationships. Implications of the results for research, theory and psychotherapy are discussed with consideration given to the study's strengths and limitations. Finally, questions raised by the study are outlined and suggestions regarding future inquiry into the female/female therapy relationship are advanced.

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INTRODUCTION

> It seems no longer possible to deny that the sexes of the patient and the therapist are salient variables in the therapeutic relationship, and that careful investigation of this subject, with all the attendent ramifications for psychotherapy, has yet to be done.
> (Davidson, 1976, p.157)

Therapy relationships between female therapists and female clients are becoming more prevalent as the number of female therapists increases along with the number of female clients who are consciously selecting women to be their therapists. There is a growing need for psychological research and theory to address the unique attributes of these relationships, as well as for clinicians to become more keenly aware of the strengths, weaknesses, conflicts and compatibilities that female/female therapy relationships offer participants in their pursuit of therapeutic aims. A model is needed for understanding the unique advantages and disadvantages that female/female therapy pairs face in their attempts to establish "positive" relating which is therapeutically beneficial.

Researchers in the area of psychotherapy process and outcome are increasingly pointing to the "patient-therapist" relationship as an essential factor in determining the quality of psychotherapy (Kaplan, 1980; Strupp, 1978; Butcher & Koss, 1978; Parloff, Waskow & Wolfe, 1978; Orlinsky & Howard, 1978; Garfield, 1980; Luborsky, 1976); yet empirical studies which focus specifically on the therapeutic relationship have not been abundant (Kaplan, 1980). There has been a strong

concensus among major reviewers of psychotherapy research that "positive" psychotherapeutic relationships are important to the therapeutic gains made by clients (Kaplan, 1980; Bergin & Lambert, 1978; Gurman, 1977; Orlinsky & Howard, 1978; Parloff, Waskow & Wolfe, 1978). However, the nature of "positive" psychotherapeutic relationships has not been clearly defined. Also, there has been a general lack of attention among researchers regarding issues of gender pairing in psychotherapy (Kaplan, 1980; Orlinsky & Howard, 1980; Davidson, 1976). Recent studies done by Jones and Zoppel (1982) indicate that there are indeed important differences in both process and outcome among varying therapy gender pairs.

This thesis attempts to address some of these shortcomings in the psychotherapy process and outcome literature by focussing explicitly on the therapy relationship in female/female gender pairings, and by utilizing an integration of feminist and psychoanalytic theory as a foundation for speculating about what constitutes "positive" therapeutic relating in female/female therapy pairs. More specifically, the dimension of intimacy in the female/female therapy relationship is considered, and the handling of issues around nurturing and individuation, by the female therapist, is shown to be significant in defining the quality of the intimate bond formed between a female therapist and her female client. An empirical quantitative study is presented which was designed to compare female therapists' perceptions of the differences between their satisfying and unsatisfying therapy relationships with female clients with regard to the following two areas: (1) the characteristic quality

of intimacy, as manifested by the degree of a therapist's individuated and nurturant relating towards her client, and (2) the degree of positive treatment outcome in satisfying and unsatisfying therapy relationship cases as perceived by therapists.

The theoretical background for this study is informed by the perspective that cultural and early developmental factors influence the types of issues which will arise on the process level, in psychotherapy, as it transpires between women. Thus, the salience of issues around nurturing and individuation for female/female intimacy is traced within cultural and early developmental frameworks, and implications are drawn for the female/female therapy relationship, with an emphasis on the female therapist's experience. The study design is informed by the perspective that therapeutic process is directly related to therapy outcome. Process measures assessing the characteristic qualities of female therapist's imtimate relating toward female clients, are compared with outcome measures, assessing the extent of treatment success. Discussion of the investigation's results focusses on theoretical concerns as well as on implications for psychotherapy and for future research in this area.

C H A P T E R I I

BACKGROUND

Relevant Research Literature

Researchers in the area of psychotherapy process and outcome are increasingly pointing to the "patient-therapist" relationship as an essential factor in determining the quality of psychotherapy that can ensue when a client and a therapist join together to engage in the pursuit of therapeutic aims (Strupp, 1978; Butcher & Koss, 1978; Parloff, Waskow & Wolfe, 1978; Orlinsky & Howard, 1978; Garfield, 1980; Luborsky, 1976). In part this seems to reflect the beginnings of a called for shift in research emphasis from a non-interpersonal to a more interpersonal orientation; in the past an outstanding array of therapist, client, and psychotherapeutic technique variables have been considered independently of their relation to the client's overall perception of the therapist (Strupp, 1978), and of their impact upon the therapeutic interactions which transpire between therapists and clients (Parloff, Waskow & Wolfe, 1978), whereas more recently there has been a consideration of the qualities which help to establish a "beneficial therapeutic bond" (Orlinsky & Howard, 1978, p.317) between participants of psychotherapy.

There has been a large body of research, predominantly inspired by Rogers (1957), on the interpersonal skills and qualities needed by therapists to promote growth in their clients, but these studies do not

actually address the two sided relationship formed between therapists and clients (Kaplan, 1980; Parloff, Waskow & Wolfe, 1978). Empirical studies which focus specifically on the therapeutic relationship are less abundant, yet there is a strong consensus among major reviewers of psychotherapy research literature that "positive" psychotherapeutic relationships are important to therapeutic gains made by clients (Kaplan, 1980). This is reported across diverse schools of psychotherapy and various modes of psychotherapeutic technique (Kaplan, 1980; Bergin & Lambert, 1978; Gurman, 1977; Orlinsky & Howard, 1978; Parloff, Waskow & Wolfe, 1978). Parloff, Waskow & Wolfe (1978), in reviewing literature on psychodynamic, behavioral, and humanistic approaches to psychotherapy, conclude, "In brief, all schools of psychotherapy appear to be in accord that a positive relationship between patient and therapist is a necessary precondition for any form of psychotherapy" (p. 243).

For example, a recent study done by Cross, Sheehan & Khan (1982), which contrasted insight-oriented and behavior therapies in short and long term follow-ups of clients, suggests "that relational factors may be more influential in determining client change than factors such as type of technique or procedure administered" (p. 103). Luborsky, Woody, Mclellan, O'Brien & Rosenzweig (1982), in a study on independent judges recognition of three different manual-guided therapies, came upon the unanticipated finding that the variable of a therapist "giving support" to a client did not distinguish between supportive-expressive therapy, in which this treatment variable is intended to play a central

role, and drug and cognitive behavioral therapies, in which "giving support" is not generally considered to be a central feature. The authors conclude that "giving support is one of those common elements that can be found across these and many other differently labeled treatments" (p. 60). Likewise, in reviweing the psychotherapy research literature, Howard & Orlinsky (1978) conclude,

> The studies done thus far suggest that the positive quality of the relational bond, as exemplified in the reciprocal interpersonal behaviors of the participants, is more clearly related to patient improvement than are any of the particular treatment techniques used by therapists (p. 296).

As an aside, it is promising to note that these same authors, in granting credence to the two person nature of the therapeutic relationship, lend support to research efforts which endeavor to investigate therapists' experiences of psychotherapy. The study presented in this thesis takes such a focus by examining female therapists' experiences of their therapy relationships with female clients.

In addition to the literature which ties psychotherapy outcome to the nature of the relationship formed between therapist and client, there are indications from studies on the therapeutic alliance (Strupp, 1978; Luborsky, 1976; Horowitz, 1974), and on brief psychotherapy (Butcher & Koss, 1978; Malan, 1973; Frank, 1974) that the therapeutic relationship can play a central role in the effectiveness of psychotherapy by helping to establish a viable therapeutic process bewteen participants. Butcher & Koss (1978) point out,

> . . . it is important for short-term therapists to be aware of and foster the development of a therapeutic relationship. It is an important ingredient in all approaches to brief therapeutic intervention (p. 740).

Luborsky (1976), in discussing "helping-alliances", illuminates the centrality of the client-therapist relationship in attaining treatment "goals". He also points out that the techniques employed by therapists in the context of their psychotherapeutic interactions carry relational implications with them. It is not surprising then that there has been a recent trend towards gathering both outcome and process data in psychotherapy research (Jones & Zoppel, 1982; Cross, Sheehan & Khan, 1982).

There has, however, been a lack of attention to issues of gender-pairings as well as to sex-role issues in psychotherapy among both process and outcome studies. In reviewing findings on "Gender and Psychotherapeutic Outcome" Orlinsky and Howard (1980) say,

> . . . with the multitude of outcome studies that have been published, so very few have examined outcome with respect to gender (p. 23).

In a recent review article called "Gender and the Process of Therapy" (Marecek and Johnson, 1980) the authors conclude,

> Three recent reviews of sex roles and therapy. . . as well as this review, highlight the striking absence of true process studies in this area. The other three reviews failed to include any naturalistic studies of trained therapists treating actual clients; we have located only a handful (p. 88).

Among those studies that have taken gender into account as a variable in psychotherapy, gender-pairings have often not been considered. Although there are some suggestions that single and young female clients may benefit more from therapy with female therapists (Orlinsky & Howard, 1980; Parloff, Waskow & Wolfe, 1978), the qualities and characteristics of the therapy relationships formed between differing gender dyads has for the most part not been investigated (Davidson, 1976) until quite

recently.

Initial support for the view that differences do exist between varying gender-pairs, with respect to both process and outcome in psychotherapy, is provided by two recent studies conducted by Jones & Zoppel (1982). In one study therapists completed outcome and adjective list descriptions for 160 former clients, representing equal numbers of the four possible gender-pairs. In a second study 99 former clients were interviewed, and both process and outcome data were gathered on all four gender-pairs. This second study employed a factor analysis of interview items assessing process variables. The major findings reported by Jones & Zoppel were:

> . . . that women therapists rated themselves as more successful, particularly with female clients, and that male therapists described patients in less socially desireable terms on Gough's Adjective Check List than did female therapists. . . A factor analysis of patient-interview items demonstrated that clients, regardless of gender, agreed that women therapists formed more effective therapeutic alliances than did male therapists. Despite this fact, both male and female clients of male therapists reported significant improvement as a result of therapy (p. 259).

Jones & Zoppel (1982) found several significant correlations between therapy process factors and various outcome scales, involving gender differences, which indicated that "women therapists do particularly well with women clients" (p. 269). For example, the Therapeutic Alliance factor, and the Emotional Intensity factor were both significantly correlated with positive outcome. Female clients in same-gender therapy pairs scored higher on the Therapeutic Alliance factor and reported experiencing greater Emotional Intensity in therapy, which

may help to explain the more successful outcomes reported in female/female pairs. The process factor Negative Experience, was rated higher by female than by male clients, and as might be expected it was negatively correlated with successful outcome. The authors speculate,

> . . . the fact that women clients score higher on this factor suggests that their greater vulnerability to feelings of depreciation in therapy may be an important factor in the success of treatment (p. 278).

Since female therapists described their female clients in socially desireable terms, in contrast to male therapists who were more "judgemental or cirtical" (p. 264) in their depiction of female clients, it is possible that female therapists were less likely than male therapists to raise feelings of depreciation in their female clients.

The two implications of the research done by Jones & Zoppel (1982) which seem most relevant to this thesis are: (1) that gender impacts upon therapeutic process, which in turn seems related to therapy outcome, and (2) that female/female therapy pairs are generally quite effective.

The studies done by Jones & Zoppel report only on relatively successful therapies, and thus do not shed any direct light on the conditions under which therapies, within varying gender-pairs, are more and less successful. An exploratory study, done by Rubenstein, on the impact of varying gender dyads in therapy supervision, may offer a clue as to the conditions under which female/female therapy pairs are successful and unsuccessful. In a qualitative interview study of male and female supervisors, and male and female supervisees, it was found that male supervisors were judged as successful or non-successful along a competency dimension. Female supervisors were judged as

successful or non-successful along a nurturance dimension, where successful, or high impact, female supervisors were typified by their ability to attend well to the affective/relational domain. Female supervisors judged as non-successful, or low impact, were frequently criticized for overextending their nurturant qualities in ways which rendered supervisory boundaries unclear (Kaplan, 1980).

This thesis focuses on female therapists' perceptions and experiences of satisfying and unsatisfying therapy relationships with female clients in an effort to systematically identify those relational conditions which seem most and least conducive to successful treatment in female/female therapy pairs. The literature reviewed here indicates a need for research in this area, and supports an approach which takes both process and outcome data into consideration.

Theoretical Considerations

An integration of psychoanalytic and feminist perspectives illuminates the significance of issues around nurturing and individuation in defining the quality of intimacy in female/female therapy pairs. The therapist/client relationship has long been held as central to treatment in psychoanalytic circles. More recently the pre-oedipal "mother"/infant relationship has been emphasized by the object-relationship school of psychoanalysis, and parallels have been drawn between "mother"/infant and therapist/client relationships. The domain of intimacy, in both types of relationships, has been considered important to psychological development as well as to the onset or maintainance of

psychopathology. Within this theroretical trend a caretaker's (i.e.-mother; therapist) ability to handle issues around nurturing and individuation has implicitly been implicated as integral to the quality of the intimate relation established between a caretaker and a cared-for individual. Traditionally psychoanalytic theory has neglected to consider potential sources of gender differences in the area of dyadic relating. Since the mid 1970's feminist writers in this country have embarked upon a critical examination of the early mother/daughter relationship (Hirsch, 1981). In addition, feminist psychologists, sociologists, and historians have written about issues of female psychological development and gender role socialization within American culture. A useful foundation for viewing female/female intimacy can be achieved by integrating feminist and psychonalytic contributions, and meaningful speculations can then be made about the possible impact that the degree of a female therapists' nurturant and individuated relating towards her female client might have on the overall quality of intimacy in their therapy relationship.

Centrality of the therapy relationship. Psychoanalytic and Object-relationship theorists have emphasized the primary role played by the therapeutic relationship in fostering psychotherapeutic aims (Freud, 1963; Searles, 1981; Fairbairn, 1976; Guntrip, 1971; Winnicott, 1965; Greenson, 1981; Balint, 1968; Langs, 1981, 1978; Little, 1981). During Freud's time the handling of the "transferential" relational sphere was considered to be of pivital value in guiding "patients" toward resolutions of their neurotic conflicts (Freud, 1963). This included both

transference distortions of patients and those aspects of their "positive transference" which helped to establish the "therapeutic-alliance" needed between an analyst and a patient to pursue the painful work of psychoanalysis (Freud, 1963). Freud viewed counter-transference as an impediment to psychoanalytic work and advocated further analysis for those analysts who were unable to adequately irradicate their counter-transferential "blind spots" (Freud, 1963).

During the last few decades the psychoanalytic field has shifted noticeably to a more relationally oriented stance in which dyadic, "pre-oedipal" interpersonal dynamics are considered seminal processes in all subsequent object relationships. Along with this theoretical trend it has become increasingly popular to investigate the affective reactions and interactions of both clients and therapists in the psychotherapeutic setting (Kaplan & Yasinski, 1979). From an object-relational perspective countertransference has not only become more tolerable, it has risen to prominence as a useful informant to therapists on the significance of the therapeutic processes which transpire between themselves and their clients (Heimann, 1950; Klein, 1977; Little, 1951; Racker, 1968; Segal, 1977; Epstien, 1979).

The "non-transference" and "non-countertransference" (or "real") relational sphere of therapeutic interaction has also been receiving increasing attention as a meaningful interpersonal context in which psychotherapy proceeds (Greenson, 1981; Searles, 1975; Guntrip, 1975; Winnicott, 1971). It can either offer clients an environment that is growth promoting, or one in which some of the original failings of

early parent-child relationships are repeated (Fromm-Reichmann, 1950).

The transferential, countertransferential, and real spheres of therapeutic interaction weave together to form a unique "therapeutic relationship" (Langs, 1981) within each therapist/client dyad. The quality of this relationship is intricately linked to the potential benefits that a client can acrue in psychotherapy.

Intimacy and identity formation in early dyadic relating. One fundamental quality of early dyadic relating is its intimate nature; via both its satisfying and frustrating aspects individuals learn about themselves and about another. An experience of "ambivalence" between the "good" nurturing aspects of the "mother," and the "bad" frustrating aspects of the "mother" is a normal psychological achievement in the course of the child's life (Klein, 1977; Fairbairn, 1976; Winnicott, 1955; Segal, 1964). The achievement of "ambivalence" assists the child in gaining a more integrated experience of itself as a "self" with both good and bad aspects. It is largely the quality of the intimacy established between a primary caretaker and an infant that sets the ground for the child's development of an integrated experience of "self" and others, in which "good" and "bad" can be understood as coexisting in "whole objects." It is necessary for one to see the world in terms of "whole objects" in order to experience having an identity that is both whole and "separate" from the identity of others. An excessively frustrating primary intimacy, or a failure of the primary caretaker to adequately nurture an infant, can retard or hinder that infant's progressive achievement of "ambivalence." In extreme cases such a

situation can ultimately stifle the development of a "True Self" (Winnicott, 1965).

Nurturing and individuation as integral to dyadic intimacy. Throughout the psychoanalytic literature on "pre-oedipal" mother"/infant relationships, emphasis is placed on the quality of intimacy established between mother and infant as a powerful determinant of the child's psychological development (L. Kaplan, 1978; Mahler, 1979; Fairbairn, 1976). In a somewhat parallel fashion, the object relations literature on therapist/client relationships emphasizes the quality of relatedness established between therapist and client as a powerful determinant of the client's psychological developments (Searles, 1981; Balint, 1968; Winnicott, 1969), and thus upon potential therapeutic gains.

The nature of the intimacy established between a primary caretaker and an infant, as well as between a therapist and a client, can be seen to involve the handling, within that relationship, of complex interrelated issues around nurturing and individuation. For example, Winnicott points out that the psychoanalyst, like the "good-enough mother" of an infant, needs to provide a "holding environment" (Winnicott, 1965; Modell, 1971) for the patient where the analyst offers both an optimal degree of stability (or constancy) and responsiveness to the spontaneous growth potentials of the patient. Such an adequate management of caretaking can be viewed as constituted by the analyst assuming a nurturing stance in which the individuating capabilities of the patient are encouraged; in effect this forms the basis for a secure intimate relation between analyst and patient where the relationship

bond is enhanced rather than threatened by the natural unfolding of the patient's development.

Winnicott (1965) addresses the need for "good-enough mothering" in early child development.

> The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotnet expressions.
>
> The mother who is not good enough is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infant gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. This compliance on the part of the infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs.
>
> . . . the True Self does not become a living reality except as a result of the mother's repeated success in meeting the infant's spontaneous gesture. . . (p. 145)

Repeated failures of the mother to meet "the infant's spontaneous gesture" can be thought to have two major potential sources within the dyadic sphere of intereaction; either the mother fails to respond to the infant's need altogether, and is therefore unavailable and non-nurturing, or the mother fails to respond appropriately to the infant's need, and instead responds to her own needs as triggered by her relationship with her infant, in which case she is not individuated in her involvement with her infant. To meet the requirements of "good-enough mothering" a mother must be able, for the most part, to differentiate her own needs from the needs of her infant and to function, in the role of mother, as a separate yet intimately related person.

Early normal object relating helps to promote rather than to retard an infant's progressive development towards individuation. Mahler's

lationships of love and friendship but also with a more complex system of social ties. Drawing on Cobb's third condition of support, researchers have proposed an interaction of social support, with social networks, a "social support network." Walker, MacBride and Vachon (1977) define a social support network as, "that set of personal contacts through which the individual (1) maintains his social identity and receives (2) emotional support, (3) material aid and services, (4) information and (5) new social contacts (p. 35)"--a definition very similar to those proposed by the President's Commission on Mental Health (1978) and Mitchell and Trickett (1980) in their summary of definitions. The concept of social support networks focuses on the distribution and effects of social support as an exchange mediated by the structure of social networks.

Social support networks, often associated with an individual person, have also been viewed as social support "systems" analogous to but distinct from more formal human service "systems." The characterization of support networks as a system of lay or "natural" helping (Collins & Pancoast, 1976) differentiates support in terms of its source. Despite the difficulties of romanticizing this concept of support (Gottlieb, 1981a,b) and identifying what in fact is humanly "natural," research in the field of social supports has focused on the interaction of formal and informal helping sources as an important and useful distinction. Intuitively sensible, if rationally difficult to clearly define, the distinction of formality

their clients in order to offer therapeutic nurturing which encourages their clients to experience themselves as "separate" True Selves. Throughout the psychoanalytic literature issues around nurturing and individuation, within the therapeutic relationship, have been addressed in the context of considering important features of psychotherapeutic process (Klein, 1977; Segal, 1964; Winnicott, 1969; Greenson, 1981; Searles, 1981).

Klein points out that the internalization of the "good breast" offered by the analyst is fundamental to successful analysis. She says,

> . . . the introjection of the analyst as a good object, if not based on idealization has, to some extent, the effect of providing an internal good object where it has been largely lacking (Klein, 1977, p. 234).

Internal good objects are built up by repeated experiences of acquiring or reconstituting the "good breast". Throughout her writings the "good breast" is opitimized by nurturing and gratifying qualities; it is the primary source of sustenance and is described in the language of "feeding" (Klein, 1977). Klein often equates "interpretations" offered by the analyst with food offered from the breast, and explains the acceptance, rejection, devaluation, or idealization by the "patient", of the interpretations, as connected with that patient's ability or inability at the time to experience a "good feed".

Winnicott (1965, 1969) emphasizes that the therapist, like the mother of an infant, must offer the client a holding environment". Modell (1981), in an article which extends this notion of Winnicott's as it applies to the therapeutic setting, says,

> Winnicott introduced the term "holding environment" as

> a metaphor for certain aspects of the analytic situation and the analytic process. The term derives from the maternal function of holding the infant, but, taken as metaphor, it has a much broader application and extends beyond the infantile period-where the holding is literal and not metaphorical-to the broader caretaking functions of the parent. . . (p. 491).

Greenson (1981) posits that the therapist's ability to "empathize" with his/her client is an essential ingredient in achieving "an understanding of the patient" (p. 243). He makes a distinction bewteen the "permanent" nature of "identification" and the transitory nature of "empathy". In effect Greenson claims that individuation is an essential precondition for the development of empathic abilities.

> The capacity to empathize seems dependent on one's ability to modulate the cathexis of one's self-image. The temporary de-cathexis of one's self-image which is necessary for empathy will be readily undertaken only by those who are secure in their sense of identity (p. 248).

Beres and Arlow (1981) take this last point even further than Greenson. They say,

> There are two distinguishing features to empathy; one, it is a transient identification; second, the empathizer preserves his separateness from the object. . . Such identification implies only a temporary sense of oneness with the object, followed by a sense of separateness in order to appreciate that one has felt not only <u>with</u> the patient but <u>about</u> him (pps. 264-265).

These theoretical considerations seem to link the therapist's ability to nurture a client with his/her ability to maintain a sense of individuation in the face of emotional intensity and relationship closeness. Thus, the therapist's handling of issues around nurturing and individuation appear salient in defining the quality of the intimate bond formed between a therapist and a client.

Female socialization processes and mother/daughter intimacy impact upon therapy. A combination of cultural and psychological factors predispose female therapists toward meeting difficult challenges to their individuation in their work with female clients. Longstanding female indentification processes, rooted in the early mother/daughter relationship, produce a situation wherein both female therapists and their female clients will most likely struggle with intense issues around identification and nurturance. Both participants in a female/female therapy relationship may be prone to experience, in exaggerated form, a common developmental tension bewteen strivings toward nurturance and strivings toward individuation because of the nature of female socialization processes and mother/daughter intimacy as they are generally constructed in our culture.

Special features of the mother/daughter relationship. Our first, and thus most primary, relationship usually transpires with our mother. Adrienne Rich (1977) highlights the power of this situation for the female.

> The first knowledge any woman has of warmth, nourishment, tenderness, security, sensuality, mutuality, comes from her mother. That earliest enwrapment of one female body with another can sooner or later be denied or rejected, felt as choking possessiveness, as rejection, trap, or taboo; but it is, at the beginning, the whole world (p. 218).

For mothers, as well as for daughters, the early mother/daughter relationship can be experienced as central and intense, promising and conflictual.

Jane Flax (1978) outlines some of the ramifications of the "separation-individuation" phase of development for the girl, who in contrast to the boy experiences a less adequate relationship with her mother. Basically she argues that since mothers experience more conflicts in their rearing of girls than of boys, girls generally have more unresolved issues stemming from the "separation-individuation" process than do boys. Heightened conflicts in the mother/daughter relationship are in large part due to two main factors: (1) women experience more intense indentification with their daughters than with their sons (Chodorow, 1978, 1980; Dinnerstein, 1977); and (2) mothers expect more nurturance from their girl babies than from their boy babies because of the nurturant role of females in our culture (Flax, 1978; Caplan, 1981).

Flax (1978) posits that a woman's conflicts around mothering her daughter can lead to difficulties in all subphases of the "separation-individuation" process. For example, during the "rapprochement" subphase the girl needs her mother to be available, in a relatively unconflicted manner, so that she can come to terms with her competing desires for "fusion" and "autonomy". At this phase her mother's conflicts can easily intensify the girl's developmental abivalence and lead to a problematic polarization between strivings toward nurturance and strivings toward individuation. Jane Flax (1978) summarizes this predicament of the daughter as follows: "If she attempts to regain a sense of fusion, she will not be able to be autonomous. If she exerts autonomy, she must reject the infantile mother and give up her needs for

fusion" (p. 59). Thus, it can be concluded that the "good-enough mother" referred to by Winnicott, and the "quietly available mother" referred to by Mahler are more accurately ideals than actualities in the early psychological lives of most females, who generally encounter tremendous conflicts around being close to and separate from their mothers, in large part do due their mother's conflicts in rearing them.

Along with Jane Flax several feminist theorists seem to be in accord that girls experience more intense and lasting identification issues in their relationships with their mothers than do boys (Chodorow, 1978, 1980; Dinnerstein, 1977; Miller, 1976; Caplan, 1981, Rich, 1977). Chodorow (1978) says,

> Early psychoanalytic findings about the special importance of the pre-oedipal mother-daughter relationship describe the first stage of a general process in which separation and individuation remain particularly female developmental issues. . . there is a tendency in women toward boundary confusion and a lack of sense of a separateness from the world. Most women do develop ego boundaries and a sense of a separate self. However, women's ego and object-relational issues are concerned with this tendency on one level (of potential conflict, of experience of object relations). even as on another level (in the formation of ego boundaries and the development of a separate identity) the issues are resolved (p. 110).

In reviewing the literature on mother/infant-daughter relationships

Kaplan and Yasinski (1979) summarize:

> The pre-oedipal relationship between daughters and their mothers, then, is characterized by a relatively long period of primary identification and extensive dependence. This creates a situation wherein girls have difficulty asserting their aggressive drive to separate, and contributes to an intense ambivalence, with the daughter vacillating between a deep love and dependence and a sense of hostility and strivings for independence (pp. 11-12).

On the one hand the intensive and prolonged identification between

mothers and daughters encourages little girls to develop interpersonal sensitivities, emotional accuities, and a sense of relationship continuity through the relational bonds they form with their mothers. On the other hand this psychological situation, of saturated mother/daughter identification, can potentially pose difficulties around the role of "separation" in the mother/daughter relationship; it can impede both mothers' and daughters' explorations and expressions of individuation within the context of their dyadic intimacy. Mahler proposes that the primary developmental tasks of the first few years of life move "along two separate but intertwining tracks: the one of separation, leading to intrapsychic awareness of separateness, and the other of individuation, leading to the acquisition of a distinct and unique individuality" (Mahler, Pine & Bergman, 1975, p. 292). During early female psychological development identification processes between mothers and daughters can readily transpire in a fashion which render their experiences of separateness, as well as of individuated relating, not as clearly distinct as Mahler seems to advocate.

Female socialization: The role of nurturer. In our society the role of nurturer has been linked almost exclusively to the female gender as has the role of child rearer (Chodorow, 1978; Dinnerstein, 1977; Rich, 1977). To a large extent the psychological and social conditions of women growing up in our culture predispose them towards emphasizing and investing in the affective/relational domain of their lives (Chodorow, 1978; Miller, 1976). In their early identifications with

their mothers, who have been socialized to embody the role of nurturer, little girls are pushed towards developing nurturing capacities, and assuming nurturing roles more than little boys (Chodorow, 1971; Bardwick & Douvan, 1971; Caplan, 1981), and are thus psychologically influenced to make the affective/relational sphere of their lives focal (Chodorow, 1978; Miller, 1976). Daughters are often taught, at a very young age, to assume a nurturing posture, even at the expense of asserting and meeting their own needs, goals and desires (Caplan, 1981; Miller, 1976; Bardwick & Douvan, 1971), just as females in general are encouraged to nurture others while simultaneously discouraged from attending to their individuating potentials.

Our social institutions -- such as school, marriage and business -- and our patriarchal norms -- such as the dictum that women should not be competitive -- serve to reinforce these early psychological trends and to actualize them on a sociological level. For example, Bardwick and Douvan (1971) illustrate how females learn to emphasize the emotional relational aspects of their lives to the exclusion of other potential sources of satisfaction. They argue that throughout the girl's social development she is encouraged to depend upon others for her sense of "self-esteem". This becomes particularly salient in adolescence when the norms of "femininity" dictate that aggressive achievement-oriented energies should be kept in check. Bardwick and Douvan say,

> In the absence of independent and objective achievements, girls and women know their worth only from others' responses, know their identities only from their relationships as daughter, girl friends, wives, or mothers and, in a literal sense, personalize the

world (p. 231).

A situation arises in which women, who lack a sense of entitlement to their own individuation (Rich, 1977) and acquire a tendency towards making strong investments in their relationships with other (Bardwick & Douvan, 1971), come to assume the preponderance of nurturant roles in familial and social settings. This can oftentimes lead to a self-perpetuating situation in which women who have felt inadequately nurtured become responsible for nurturing their daughters with whom they repeat a pattern of inadequate nurturing (Rich, 1977; Caplan, 1981). Frequently mothers who have received inadequate nurturance themselves turn to their daughters for the fulfillment of their unmet needs for nurturance (Flax, 1978). Often a maternal role reversal ensues with the daughter attempting to meet her mother's needs only to find that her own go unrecognized and unmet. Caplan (1981) spells this out:

> Society gives mothers the task of teaching daughters to be nurturant and self-sacrificing, as they themselves are supposed to be. It is a natural outgrowth of this situation that, as part of her training in responding to the needs of others, the daughter of a lonely and insecure mother will be taught to meet the mother's needs as well. Insofar as the daughter tries to meet those needs, to that extent will her own needs for nurturance go unmet. Thus the daughter grows up feeling inadequately nurtured. When she becomes a mother, she will have unmet needs and may turn to her own daughter, hoping the daughter will meet them (p. 17).

<u>"Good-enough mothering" as an unreached ideal</u>. "Good-enough mothering", which can be viewed as involving a nurturing stance where individuating capacities are allowed and encouraged, is to some extent undermined by the social, psychological and historical conditions of our culture.

Since female individuation is often pitted against female nurturing of others, the ideal of "good-enough mothering" is hard to establish in mother/daughter relationships, where pressures towards compliance to cultural prescriptions of female identity echo fack and forth between mother and daughter. Within patriarchal society the mother/daughter relationship can function, at a systemic level, to segregate nurturing from individuation, rather than to resolve their natural relational tension in a integrative way. Issues around nurturing and individuation become primary features of the mother/daughter relationship as it is generally constructed within the context of our culture. Female psychological development entails an exaggerated experience of the natural developmental tension between strivings toward nurturance and strivings toward individuation; from infancy through adulthood females are encouraged to polarize, rather than to integrate, these strivings, to split their potentials for nurutrant relating off from their potentials for individuated relating.

One form that this splitting can take, within the mother/daughter relationship, is enmeshment. Whereas mothers and daughters have a tremendous potential to experience closeness and intimate bonding, developmental threats of separation can serve to transmute intimate "bonding" into enmeshed "binding" (Rich, 1977; Daley, 1978), where individuation is sacrificed in an effort to maintain relationship closeness. The following four factors can contribute to the binding of mothers and daughters: (1) a reaction to separation anxieties stemming from over-identification between mothers and daughters, (2)

the cultural prominance of self-sacrificial nurturant expectations for both mothers and daughters, (3) the social psychological polarization of female individuation and female nurturance, and (4) daughters' inevitable identifications with mothers who are incompletely individuated as well as inadequately nurtured, leading to daughters' identities being damaged and bound insofar as they have internalized their mothers as victimized and deprived objects.

Adrienne Rich (1977) elaborates the intrapsychic ramifications of this interpersonal and cultural situation for the daughter.

> Few women growing up in patriarchal society can feel mothered enough; the power of our mothers, whatever their love for us and their struggles on our behalf, is too restricted. And it is the mother through whom patriarchy early teaches the small female her proper expectations. The anxious pressure of one female on another to conform to a degrading and dispiriting role can hardly be termed "mothering", even if she does this believing it will help her daughter to survive.
>
> Many daughters live in rage at their mothers for having accepted too readily and passively, "whatever comes". A mother's victimization does not merely humiliate her, it mutilates the daughter who watches her for clues as to what it means to be a woman. Like the traditional foot-bound Chinese woman, she passes on her own affliction. The mother's self-hatred and low expectations are the binding-rags for the Psyche of the daughter (pps. 246-247).

It is also plausible that mothers and daughters will utilize distancing and disengagement behaviors in response to mother/daughter relational difficulties; by assuming a distanced non-nurturant style of interaction they can attempt to maintain a sense of separateness between themselves. However, to date the literature on mother/daughter relating has emphasized the potential for enmeshed relating rooted in

the insufficient differentiation often fostered in mother/daughter relationships. Hypothetically, the splitting off of nurturance as well as the splitting off of individuation, can take place in the mother/daughter relational sphere.

Implications for the female/female therapy relationship. The early dyadic intimacy of the mother/daughter relationship acts as a template for subsequent relationships in the lives of women. Other relationships that females form offer opportunities for relating differently than in early mother/daughter interactions, and developments during the childhood, adolescence, and adulthood of females shape the nature and complexity of their relationships. However, since the early mother/daughter relationship is fundamental in the lives of most women it is likely that it will, to some degree, impact upon all other significant relationships. In the female/female therapy relationship reverberations from early mother/daughter relating can rise quickly to the fore since primary relational issues are often recapitulated within the psychotherapeutic intimacy. Therapy relationships between women can also serve as a new kind of interpersonal bond within which old relational patterns are challenged and an environment is provided that is facilitative of growth.

To the extent that early mother/daughter dynamics repeat themselves in the female/female therapy relationship female therapists and female clients alike will probably need to grapple with issues around nurturing and individuation within the context of their psychothera-

peutic intimacies; they might need to work on the task of resolving a polarization between nurturance and individuation posed by female psychological development and gender role socialization. When female therapists are able to relate to their female clients in an individuated fashion which provides nurturance and encourages the clients' growthful experiences of "separateness", then a "positive" psychotherapeutic bond can form in which inclinations toward nurturing and individuation become integrated rather than juxtiposed. Therapeutic benefits can accrue when such an integration transpires in the therapy relationship formed between two women. When nurturing and individuation become polarized in the female/female therapy relationship it is possible that a less "positive" bond will be formed and less therapeutic progress will be made.

Speculations

The present thesis focuses on female therapists' perspectives of their therapy relationships with female clients. Based upon the theoretical formulations and research literature outlined in this section it is plausible to speculate that a female therapist, while working with a female client, will be better able to facilitate a satisfying therapeutic intimacy, and thus a beneficial therapy, when she feels able to relate to her client in a nurturant and individuated fashion. To the extent that she perceives herself as compromising either her nurturant or individuated qualities a female therapist might find her therapy relationship with a female client unsatisfying

and less than optimally beneficial.

The psychotherapy research literature and psychoanalytic literature both tie "positive" therapy relationships to successful therapy. It therefore seems reasonable to predict that female therapists will tie successful treatment outcome with their female clients to satisfaction with the therapy relationship.

When a female therapist feels able to relate to her female client in both a nurturant and individuated fashion it seems likely that she will experience the therapy relationship as more satisfying than when she feels less able to relate in such a positive and integrated way. Satisfying therapy relationships between female therapists and female clients will probably be ones in which the therapists perceive themselves as having related in nurturant and individuated ways.

Given the complexity of issues around separation and individuation in the mother/daughter relationship, and the overall cultural support for women to deny their own wants, needs, and desires, it is plausible to speculate that female therapists will often feel pulled towards diffusing their ego boundaries with female clients, and thus decreasing their separateness. Unsatisfying therapy relationships between female therapists and female clients will probably be ones in which the therapists find that they have related in an enmeshed fashion. By extension Rubinstein's findings on female/female supervisory dyads would support this speculation.

The feminist literature on female/female intimacy does not emphasize the potential for distanced non-nurturant relating so it

is difficult to make any definitive predictions about this pole of relating in female/female therapy pairs. However, it should be noted that it is also possible for unsatisfying therapy relationships between female therapists and female clients to be ones in which the therapists perceive themselves as having related in distant and non-nurturing terms.

The remainder of this thesis will address itself to an empirical investigation of these speculations.

Outline of Study Design

This section will briefly outline the design of the present study. In the following chapter a more formal account of the methodology and survey instrument used will be provided.

A questionnaire was devised to assess female therapists' perceptions of two terminated therapy relationships with female clients, which were judged polar by the therapists regarding overall level of relationship satisfaction. Subjects were asked to rate the same series of items within two different conditions; in the first condition subjects were asked to select a past therapy relationship with a woman which was predominantly satisfying to themselves, and in the second condition subjects were asked to select a past therapy relationship with a woman which was predominantly unsatisfying to themselves.

Data assessing process and outcome dimensions of the therapies reported upon were gathered identically for the satisfying therapy relationship condition and for the unsatisfying therapy relationship

condition. The process measures included three intimacy scales, which were constructed to ascertain the quality of female therapists' intimate relating towards their female clients via an evaluation of the degree of the therapists' nurturant and individuated relating in the therapy relationships under investigation. The nature and construction of these scales will be elaborated in the next chapter. Also, five process items were included to directly assess subjects' perceptions of the degree of closeness, separateness, nurturance, and client/therapist identification in the therapy relationships. Subjects were asked for their judgements of treatment outcome for each case via five outcome measures adapted from a questionnaire devised by Strupp, Fox, and Lessler (1969). These assessed: the degree to which a client benefited from the therapy, the subjects' judgements of therapist and client satisfaction with the results of the therapy, the amount a client changed from therapy, and the extent to which a client's original symptoms changed.

In addition, the questionnaire addressed general case variables, such as duration of treatment, client age, frequency of therapy sessions, client's initial complaints or symptoms, therapy setting, factors leading to termination, and therapeutic orientation utilized in case.

A second part of the questionnaire was devoted to gathering personal and professional background information regarding the therapists, such as age, most advanced degree obtained, number of years supervised, prefered therapeutic orientation, average case load

per week, populations worked with, whether or not subjects are self-labeled feminist therapists, etc. These therapist variables were included for the dual purposes of describing the variability in the subject population, and placing the process and outcome data in a contextual perspective. Finally, two open-ended qualitative items were included; one addressed subjects' opinions about what factors affect the quality of their female/female therapy relationships, and the other invited subjects' general comments concerning the questionnaire.

The within subject design allowed statistical comparisons to be made regarding female therapists' perceptions of both the process and outcome features of their satisfying and unsatisfying female/female therapy relationships. Intimacy scale scores, other process item ratings, and outcome measures were compared within subjects, across therapy relationship conditions, in an attempt to systematically explore the links between therapy relationship satisfaction, treatment outcome, and the degree of female therapists' nurturant and individuated relating towards their female clients.

C H A P T E R I I I

METHOD

Subjects

The subject population consisted of 49 female psychotherapists currently practicing in and around Amherst, Massachusetts. The 49 participants varied in such factors as age, credentials, experience level, preferred therapeutic orientation, current case load per week, and self-definition regarding whether or not they label themselves as "feminist therapist". A detailed description of the subject population can be found in Appendix A. In general a characteristic subject can be described as 33 years old, psychodynamic in orientation, and self-defined as a "feminist therapist". She has a private practice, sees 20 clients per week, holds a degree at the Master's level, and has been practicing for 10 years since completion of this degree. Most commonly she has received three years of supervised clinical training, been in her own personal therapy, and generally seen a female therapist for a year.

Procedure

Subjects were recruited from two major local listings of therapists. An initial recruitment letter was mailed to 100 female practitioners (see Appendix G). It requested participation in a research study on therapy relationships with women, described the study in general terms

as a questionnaire focusing on past satisfying and unsatisfying therapy relationships with female clients, and informed potential subjects that they would be contacted by phone within the next few weeks to assess their willingness to participate. Out of the 100 potential subjects, 85 were able to be reached by phone. Twenty-two of the therapists reached by phone declined participation in the study for reasons ranging from lack of time to never having had an unsatisfying therapy relationship. The majority of therapists who declined participation did so on the basis of exclusive involvement in work which was seen an inappropriate for the research needs, such as crisis intervention, community psychology, and massage therapy. Questionnaires were mailed to the remaining 63 therapists to be self administered and returned via mail. Detailed instructions and an informed consent form were included in the first two pages of the instrument. Of these 63 questionnaires 51 were returned (81% return rate), and two of them had to be eliminated from the data pool due to incompleteness. The final sample consisted of 49 questionnaires which were self administered.

Materials

A questionnaire was devised to assess process and outcome dimensions of satisfying and unsatisfying terminated therapy relationships between female therapists and female clients. The questionnaire focused on therapists' perspectives only, utilizing a self-report format. It is included here as Appendix B.

In Part I of the questionnaire subjects were asked to rate a list

of ninety adjectives, which pertained to self-perceptions of their handling of the relational dimension of intimacy in two terminated therapy relationships with female clients; one which the therapists felt to have been a predominantly satisfying therapy relationship and one which the therapists felt to have been a predominantly unsatisfying therapy relationship. On a five point scale, ranging from never characteristic to always characteristic, subjects rated each adjective according to how descriptive it was of either their mode of relating to the client or their experience of the quality of the therapy relationship. Three intimacy scale scores were obtained, based on subsets of the ninety adjectives, to assess the overall quality of intimate relating for each subject in each relationship condition. The three scores obtained for each condition were: (1) Enmeshed Relating, (2) Individuated Nurturant Relating, and (3) Distant Non-Nurturant Relating. The following section on scale construction will outline the manner in which these intimacy scales were created.

In an attempt to evaluate whether these scales were actually measuring the degree of therapist nurturing and individuation, in the therapies under study, five items were included to directly assess subjects' perceptions of the degree of closeness, separateness, nurturance, and client/therapist identification in the therapy relationships. In addition, background data was gathered on some general client and therapist variables, and on the therapists' judgements of treatment outcome for each case. Treatment outcome was measured by five items assessing the degree to which a client benefited from the therapy, the

subjects' judgements of therapist and client satisfaction with the results of the therapy, the amount a client changed from therapy, and the extent to which a client's original symptoms changed. These items were adapted from a questionnaire devised by Strupp, Fox, and Lessler (1969).

In Part II of the questionnaire subjects were asked to offer personal and professional background information to help place the results of Part I in context. This data is summarized in Appendix A.

Construction of Intimacy Scales

The objective of the present research study, with regard to scale construction, was to find sets of adjectives which could measure the degree to which female therapists relate to their female clients in nurturant and individuated ways. Since no previous measures of these dimensions of intimate relating in psychotherapy could be found they needed to be constructed.

Originally an attempt was made to define individuated relating and nurturant relating independently of one another, and to arrive at two measures which distinguished high, medium, and low levels of each type of relating. To this end an adjective list was compiled which consisted of 271 words pertaining to aspects of interpersonal relationships (see Appendix C). Adjectives were gathered from a variety of sources: (1) Adjective Check List Manuel (Gough & Heilbrun, 1965), (2) Roget's Thesaurus (Dutch, 1962), (3) The American Heritage Dictionary of the English Language (Morris, 1969), and (4) self generated

items which fit my own experience of satisfying and unsatisfying therapy relationships with women. Two adjective sorting tasks were devised for the purpose of establishing which adjectives best fit in the various levels of the two different dimensions of nurturance and individuation (see Appendix D and Appendix E). Three female clinical psychology graduate trainees functioned as sorters, and only those adjectives which were unanimously placed in the same category by all sorters were included in the final scales (see Appendix F).

Data from the sorting tasks suggested that at a conceptual/linguistic level individuated relating and nurturant relating were not independent of one another; there were not a significant number of adjectives which distinguished them as separate dimensions. There were a substantial number of adjectives which were placed unanimously by sorters in corresponding levels of the dimension of nurturance and the dimension of individuation. The sorting task data showed almost a complete confluence of the two aspects of intimate relating under consideration. As a consequence the original goal of arriving at separate measures of individuated relating and nurturant relating was replaced by the goal of measuring various levels of intimate relating via a joint dimension of individuation and nurturance. Three sets of adjectives were clearly distinguishable and acted as the basis for the three intimacy scales devised and unilized in the study: (1) Enmeshed Relating, (2) Individuated Nurturant Relating, and (3) Distanced Non-nurturant Relating.

The criteria for adjective selection for the three scales was as follows: (1) Enmeshed Relating; unanimous sorter agreement on items

placed jointly in categories originally defined as Enmeshed Involvement and Overly Nurturant Relating, (2) Individuated Nurturant Relating; unanimous sorter agreement on items placed jointly in categories originally defined as Non-Enmeshed Involvement and Optimally Nurturant Relating, (3) Distanced Non-Nurturant Relating: unanimous sorter agreement on items placed jointly in categories originally defined as Uninvolved and Non-Nurturant Relating.

The Enmeshed Relating scale is comprised of 20 adjectives, the Individuated Nurturant Relating scale is comprised of 50 adjectives, and the Distanced Non-Nurturant Relating scale is comprised of 20 adjectives (see Appendix F).

These 90 adjectives were presented to subjects in the questionnaire in alphabetical order. Subjects were not made aware of the use of these scales in the study.

Establishing Construct Validity

In the two adjective sorting tasks used as a basis for construction of the intimacy scales precise definitions and examples of the concepts to be measured were provided to graduate student sorters (see Appendix D and Appendix E). An attempt was made to standardize the sorting procedures and provide explicit definitions of concepts to sorters so that the scales could measure the constructs under study as accurately as possible. Due to time constraints and to limitations in access to female therapist populations as subjects, it was not feasible to pre-test the intimacy scales prior to conducting the

exploratory study presented in this thesis. Since adjectives comprising the Individuated Nurturant Relating scale generally carried positive connotations with respect to social norms, and adjectives comprising the Enmeshed Relating scale and Distant Non-Nurturant Relating scale generally carried more negative connotations with respect to social norms, a concern arose regarding the construct validity of the scales as measuring the degree of therapists' nurturant and individuated relating rather than positive and negative social traits. In an attempt to evaluate whether these scales were actually measuring the degree of therapist nurturing and individuation in the therapies under study, five process items related to nurturance and individuation were included in the questionnaire. These items attempted to more directly assess subjects' perceptions of the degree of closeness, separateness, nurturance, and identification between therapist and client in the therapy relationships. It was assumed that a correspondance of directionality in the ratings of these items with the ratings of the scales would help to establish construct validity, and that a lack of correspondance might help point out weaknesses in the scales, which could later be refined and used in subsequent research.

Hypotheses

The within subject design, and the three intimacy scales as constructed for the study, made it possible to explore the theoretical speculations regarding female/female therapy pairs, put forth towards

the end of the previous chapter, in a specific and testable fashion via the use of three working hypotheses.

Hypothesis 1. This hypothesis states that subjects will tie positive therapy outcome to relationship satisfaction. Statistically significant higher ratings on outcome measures in the satisfying therapy relationship condition than in the unsatisfying therapy relationship condition would support this hypothesis.

Hypothesis 2. This hypothesis states that satisfying therapy relationships are expected to be rated as significantly more individuated and nurturant than unsatisfying therapy relationships. Statistically significant higher ratings on the Individuated Nurturant Relating scores in the satisfying therapy relationship condition that in the unsatisfying therapy relationship condition would support this hypothesis.

Hypothesis 3. This hypothesis states that unsatisfying therapy relationships are expected to be rated as significantly more enmeshed than satisfying therapy relationships. Statistically significant higher ratings on the Enmeshed Relating scores in the unsatisfying therapy relationship condition than in the satisfying therapy relationship condition would support this hypothesis.

Adjustments of the Data Base

Exclusions from the sample. Two returned questionnaires had to be

excluded from the sample due to incompleteness.

Adjustments to adjective ratings. When subjects circled more than one number as a rating on any single adjective the lower number was routinely assigned. Missing adjective ratings were proxied by inserting the sample mean of the appropriate adjective within the given therapy relationship condition. This allowed intimacy scale scores to be based on a consistent number of items.

C H A P T E R I V

RESULTS

In this chapter findings are presented which bear on the differences between the satisfying therapy relationships and the unsatisfying therapy relationships reported upon by subjects in the study. The major hypotheses advanced at the end of Chapter III are tested and further explorations of the data are carried out. Significance tests take the forms of paired *t*-tests, when within subject variables are being compared across therapy relationship conditions, group *t*-tests, when sample subpopulations are being compared within therapy relationship conditions, and pearson correlations.

In the section on Intimacy Scales paired *t*-tests are presented which test the hypothesis that satisfying therapy relationships are expected to be rated as significantly more Individuated and Nurturant than unsatisfying therapy relationships, and the hypothesis that unsatisfying therapy relationships are expected to be rated as significantly more Enmeshed than satisfying therapy relationships. Also, the speculation that Distant Non-Nurturant Relating might be linked to unsatisfying therapy relationships is tested. These hypotheses and this speculation are supported by significant *t* values at $p < .001$. In addition, statistical comparisons of the intimacy scale scores within each therapy relationship condition are presented in order to offer a fuller picture of the patterns of intimate relating measured by the scales.

The items presented in the section on Nurturance and Individuation Variables address female therapists' degree of nurturant and individuated relating toward their female clients, across satisfying and unsatisfying therapy relationship conditions, in a more direct way than do the intimacy sacles. Paired t-tests are presented which all establish differences bewteen the two therapy relationship conditions at $p < .001$. Examining the directionality of the changes in ratings of these variables, across therapy relationship conditions, helps to evaluate the construct validity of the three intimacy scales.

In the section on Treatment Outcome the hypothesis that subjects will tie positive therapy outcome to relationship satisfaction is tested by means of several paired t-tests and correlations. Significance is found on all tests at $p < .001$. Also, findings on variables which correlate with an overall measure of outcome are presented in order to further an understanding of the factors related to treatment success.

Descriptive statistics, in the forms of frequencies and sample percentages are presented in the section on Case Variables to help fill out a picture of the cases reported upon in the satisfying and unsatisfying therapy relationship conditions. This is done for purposes of thoroughness and exploration. No hypotheses are tested in this section. Variables which significantly differ across the two conditions are noted.

Several subpopulations of therapists in the sample are contrasted, regarding their ratings of the intimacy scales and outcome items, in

the section on Further Analyses On Grouped Data. Since no predictions were made regarding subpopulations, the sample size is small, and the study was not designed to focus on between group analyses, the findings reported in this section are considered only in speculative terms for purposes of informing potential research questions. Group *t*-tests are used to compare subjects.

Intimacy Scales

The three intimacy scales (see Appendix F) were compared within subjects, across relationship conditions, by means of paired *t*-tests. Table 1 summarizes these results. It was found that subjects rated Enmeshed Relating higher in the unsatisfying therapy relationship condition, $t(48) = -4.82$, $p < .001$. Subjects rated Nurturant Individuated Relating higher in the satisfying therapy relationship condition than in the unsatisfying therapy relationship condition, $t(48) = 12.64$, $p < .001$. They rated Distant Non-Nurturant Relating higher in the unsatisfying therapy relationship condition than in the satisfying therapy relationship condition, $t(48) = -9.74$, $p < .001$.

To allow a comprison of intimacy scales to be made within conditions each scale score was divided by its corresponding number of adjectives. The adjusted intimacy scales were then compared within subjects, within relationship condition, by means of paired *t*-tests. Table 2 summarizes these results. It was found that subjects rated Nurturant Individuated Relating higher than Enmeshed Relating for both the satisfying therapy relationship condition, $t(48) = -28.90$,

Table 1

Means, Correlations, and Paired t-Tests on Intimacy Scales Across Conditions

Scale	Number of Adjectives In Scale	M	r	t
Enmeshed Relating	20		.642*	-4.82*
Satisfying		33.10		
Unsatisfying		39.00		
Individuated Nurturant Relating	50		.725*	12.64*
Satisfying		209.16		
Unsatisfying		179.94		
Distant Non-Nurturant Relating	20		.533*	-9.74*
Satisfying		31.31		
Unsatisfying		45.16		

Note. All subjects rated each sacle for both a satisfying and unsatisfying therapy relationship condition.

*p < .001.

Table 2

Means, Correlations, and Paired *t*-Tests on Adjusted Intimacy Scales Within Conditions

Adjusted Scales		
Condition	Number of Adjectives in Scale	*M*
Satisfying		
Enmeshed Relating	20	1.66
Individuated Nurturant Relating	50	4.18
Distant Non-Nurturant Relating	20	1.57
Unsatisfying		
Enmeshed Relating	20	1.95
Individuated Nurturant Relating	50	3.60
Distant Non-Nurturant Relating	20	2.26

Comparison of Adjusted Scales		
Condition	*r*	*t*
Satisfying		
Enmeshed with Individuated Nurturant	-.234	-28.90**
Enmeshed with Distant Non-Nurturant	.582**	1.68
Individuated Nurturant with Distant Non-Nurturant	-.483**	-28.04**

Table 2 Continued

Condition	r	t
Unsatisfying		
Enmeshed with Individuated Nurturant	-.333*	-13.82**
Enmeshed with Distant Non-Nurturant	.507**	- 3.84**
Individuated Nurturant with Distant Non-Nurturant	-.635**	- 9.90**

Note. All subjects rated each scale for both a satisfying and unsatisfying therapy relationship condition. Adjusted scale scores were computed by dividing each scale score by its corresponding number of adjectives.

*$p < .05$
**$p < .001$

$p < .001$, and the unsatisfying therapy relationship condition, $t(48) = -13.82$, $p < .001$. Subjects also rated Nurturant Individuated Relating higher than Distant Non-Nurturant Relating for both the satisfying therapy relationship condition, $t(48) = -28.04$, $p < .001$, and the unsatisfying therapy relationship condition, $t(48) = -9.90$, $p < .001$. Subjects did not differentially rate Enmeshed Relating and Distant Non-Nurturant Relating in the satisfying therapy relationship condition, but did rate Distant Non-Nurturant Relating higher than Enmeshed Relating in the unsatisfying therapy relationship condition, $t(48) = 3.84$, $p < .001$.

Nurturance and Individuation Variables

Five process items, assessing aspects of nurturance and individuation, were rated by subjects for both a satisfying therapy relationship condition and an unsatisfying therapy relationship condition. Subjects evaluated the degree of closeness established between therapist and client, the degree of separateness established between therapist and client, the degree of therapist nurturance toward client, the degree of client identification with therapist, and the degree of therapist identification with client (see Appendix B, items 105-109). Each item was compared within subjects, across relationship conditions, by means of paired t-tests. The results of these tests are presented in Table 3. Significant differences between the satisfying therapy relationship condition and the unsatisfying therapy relationship condition were revealed on all items: closeness,

Table 3

Means and Paired *t*-Tests on Nurturance and Individuation Variables across Conditions

Variable	n	Questionnaire Item Number	Scale Range	Scale labels[a]	*M*	*t*
Closeness established between therapist and client	47	105	1-3	Not close enough		-8.21*
Satisfying				Optimally close	2.0	
Unsatisfying				Too close	1.3	
Separateness established between therapist and client	48	106	1-3	Not separate enough		-3.63*
Satisfying				Optimally separate	1.9	
Unsatisfying				Too separate	2.4	
Therapist's nurturance toward client	47	107	1-3	Not nurturant enough		3.70*
Satisfying				Optimally nurturant	2.0	
Unsatisfying				Too nurturant	1.7	
Client's identification with therapist	48	108	1-3	Under identified		3.65*
Satisfying				Optimally identified	2.1	
Unsatisfying				Over identified	1.6	
Therapist's identification with client	48	109	1-3	Under identified		6.61*
Satisfying				Optimally identified	2.1	
Unsatisfying				Over identified	1.4	

Table 3 Continued

Note. All subjects rated variables for both a satisfying and unsatisfying therapy relationship condition.

[a]Scale labels, as read from top to bottom, correspond to scale values 1, 2, and 3, respectively.

*$p < .001$

$t(46) = 8.21$, $p < .001$; separateness, $t(47) = -3.63$, $p < .001$; nurturance, $t(46) = 3.70$, $p < .001$; client identification, $t(47) = 3.65$, $p < .001$; therapist identification, $t(47) = 6.61$, $p < .001$. Whereas closeness, separateness and nurturance were rated as optimal in the satisfying condition, in the unsatisfying condition closeness ratings tended towards "not close enough", separateness ratings toward "too separate" and nurturance ratings toward "not nurturant enough". Ratings with respect to both of the identification items tended toward "optimally identified" in the satisfying condition and toward "under identified" in the unsatisfying condition.

Treatment Outcome

Treatment outcome was measured by five items which assessed the degree to which a client benefited from therapy, the subjects' judgements of therapist and client satisfaction with therapy results, the amount a client changed from therapy, and the extent to which a client's original symptoms changed (see Appendix B, items 93, 94, 95, 98, and 99). An additive index of these five measures, labeled summed outcome, was computed to obtain an overall assessment of treatment success. Each of the five items, as well as the summed outcome, was compared within subjects, across therapy relationship conditions, by means of paired t-tests. Table 4 summarizes the results of these tests. All tests revealed that the satisfying therapy relationships were rated as having more successful treatment outcomes than the unsatisfying therapy relationships, at $p < .001$.

Table 4

Means, Correlations, and Paired t-Tests on Outcome Measures across Conditions

Variable	n	Questionnaire Item Number	Scale Range	Scale Anchors	M	r	t
Client benefit from therapy	49	93	1-5	Not at all A great deal		.156	15.50**
Satisfying					4.8		
Unsatisfying					2.9		
Therapist satisfaction with therapy results	49	94	1-6	Extremely dissatisfied Extremely satisfied		.036	10.72**
Satisfying					5.3		
Unsatisfying					2.7		
Client satisfaction with therapy results	49	95	1-6	Extremely dissatisfied Extremely satisfied		-.086	8.24**
Satisfying					5.5		
Unsatisfying					3.3		
Client change from therapy	49	98	1-5	Not at all A great deal		.330*	14.53**
Satisfying					4.5		
Unsatisfying					2.6		

Table 4 Continued

Variable	n	Questionnaire Item Number	Scale Range	Scale Anchors	M	r	t
Client's original symptoms change from therapy	48	99	1-6			.205	10.02**
Satisfying				Got worse	4.7		
Unsatisfying				Completely disappeared	3.2		
Summed outcome score[a]	49		5-28			.078	14.21**
Satisfying					24.7		
Unsatisfying					14.6		

Note. All subjects rated outcome variables for both a satisfying and unsatisfying therapy relationship condition.

[a]Summed outcome score is an additive index of the five other outcome measures in this table.

*$p < .05$
**$p < .001$

Three variables were found to correlate with summed outcome for both the satisfying therapy relationship condition and the unsatisfying therapy relationship condition: the extent to which subjects were satisfied with the therapy relationships, the duration of the therapies, and the number of years subjects were seen as clients by female therapists (see Appendix B, items 100, 101, 113). Table 5 reports these findings. The more satisfied subjects were with the therapy relationship they formed the more successfully they judged the treatment outcome of the case: satisfying therapy relationship condition, $\underline{r} = .6234$, $n = 49$, $\underline{p} < .001$; unsatisfying therapy relationship condition, $\underline{r} = .4937$, $n = 49$, $\underline{p} < .001$. Therapies of longer duration were correlated with greater treatment success: satisfying therapy relationship condition, $\underline{r} = .2697$, $n = 49$, $\underline{p} < .05$; unsatisfying therapy relationship condition, $\underline{r} = .5353$, $n = 49$, $\underline{p} < .001$. The number of years subjects were seen as clients by female therapists correlated positively with summed outcome in the satisfying therapy relationship condition, $\underline{r} = .3342$, $n = 29$, $\underline{p} < .05$, and correlated negatively with summed outcome in the unsatisfying therapy relationship condition, $\underline{r} = -.3993$, $n = 29$, $\underline{p} < .05$. Thus, with respect to the satisfying therapy relationship it was indicated that the longer the subject was seen by her own female therapist the more successfully she rated the treatment outcome, and with respect to the unsatisfying therapy relationship it was indicated that the longer the subject was seen by her own female therapist the less successfully she rated the treatment outcome.

Table 5

Correlations of Summed Outcome Scores with Case and Subject Variables within Conditions

Variable	n	Questionnaire Item Number	Scale Range	Scale Anchors	r
Therapist satisfaction with therapy relationship	49	100	1-7	Extremely dissatisfied / Extremely satisfied	
Satisfying					.6234**
Unsatisfying					.4937**
Duration of therapy in months	49	101	open	--	
Satisfying					.2697*
Unsatisfying					.5353**
Approximate years subject has seen female therapist	29	113	open	--	
Satisfying					.3342*
Unsatisfying					-.3993*

Note. All subjects rated variables for both a satisfying and unsatisfying therapy relationship condition. Summed outcome score is an additive index of five outcome measures.

*$p < .05$
**$p = .001$

Case Variables

Client complaints. Subjects were asked to indicate their clients' major complaints (symptoms) upon entry into therapy for both therapy case reported upon in the study (see Appendix B, item 96). An analysis of this variable was undertaken for purposes of describing the symptomatology in the client population and comparing clients in the satisfying and unsatisfying conditions. Subjects listed a diversity of presenting problems across clients and usually reported multiple symptoms for each case. Based on a representative sample of questionnaires seven overarching categories of complaints were identified: relational difficulties; depression; issues in coping with life stress; anxiety; psychosomatic complaints; impulse control problems; schizophrenic symptoms. Table 6 presents the frequencies and sample percentages (based on n= 49) with which cases manifested each type of complaint. Relational difficulties were the most frequently reported complaints, (satisfying condition = 69.4%; unsatisfying condition = 75.5%) with depression coming in second (satisfying condition = 67.3%; unsatisfying condition = 63.3%). Issues in coping with life stress (satisfying condition = 28.6%; unsatisfying condition = 32.7%) and anxiety (satisfying condition = 38.8%; unsatisfying condition = 20.4%) were also frequent complaints. Psychosomatic complaints, impulse control problems, and schizophrenic symptoms were reported with less frequency, and none of them accounted for more than 16.3% of the sample in either condition. Overall the

Table 6

Client's Major Complaints (Symptoms) upon Entry into Therapy
(Questionnaire Item Number 96)

Complaints	Absolute Frequency	Percentage of Sample
Relational difficulties		
Satisfying	34	69.4
Unsatisfying	37	75.5
Depression		
Satisfying	33	67.3
Unsatisfying	31	63.3
Issues in coping with life stress		
Satisfying	14	28.6
Unsatisfying	16	32.7
Anxiety		
Satisfying	19	38.8
Unsatisfying	10	20.4
Psychosomatic complaints		
Satisfying	7	14.3
Unsatisfying	6	12.2
Impulse control problems		
Satisfying	7	14.3
Unsatisfying	8	16.3
Schizophrenic symptoms		
Satisfying	3	6.1
Unsatisfying	3	6.1

Note. The categories of complaints were devised post-hoc based on a representative sample of questionnaires. Questionnaire Item Number 96 was open-ended.

cases reported upon in the satisfying and unsatisfying conditions did not differ markedly in the frequencies with which they manifested particular types of presenting difficulties in therapy. The largest difference between the two conditions was with respect to anxiety (satisfying condition = 38.8%; unsatisfying condition = 20.4%).

Background items. Subjects were asked to provide general background information on each of the cases reported upon (see Appendix B, items 91, 101, 92, 102-104). Table 7 summarizes frequencies and sample percentages on these case variables for the satisfying therapy relationship condition. Table 8 summarizes frequencies and sample percentages on these case variables for the unsatisfying therapy relationship condition. Client age at the onset of therapy was diverse and ranged similarly for both conditions (satisfying, 14-57, unsatisfying, 16-57) with a mean age of about 29 years for satisfying and unsatisfying conditions. Duration of therapy in months represented a wide range in both conditions (satisfying, 3-72; unsatisfying, 1-42). It is interesting to note that the frequencies on factors leading to termination of therapy differed markedly in the satisfying and unsatisfying conditions, with mutual agreement accounting for 49% in the satisfying condition and only 10.4% in the unsatisfying condition. Client's decision accounted for 50% in the unsatisfying condition and only 8.2% in the satisfying condition. Most therapies in the study were scheduled for once weekly sessions (satisfying, 73.5%; unsatisfying, 79.6%), although a substantial portion of the satisfying therapy rela-

Table 7

Frequencies on Case Variables in Satisfying Therapy Relationship Condition

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
Client age at onset of therapy	49	91			28.8	14-57
24 and below			16	32.7		
25-29			17	32.7		
30-34			6	12.2		
35-39			3	6.1		
40-44			2	4.1		
45-49			0	0.0		
50-54			3	6.1		
55 and above			2	4.1		
Duration of therapy in months	49	101			19.8	3-72
1-6			9	18.4		
7-12			12	24.5		
13-18			7	14.3		
19-24			5	10.2		
25-30			5	10.2		
31-36			7	14.3		
37 and above			4	8.2		

Table 7 Continued

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
What led to therapy termination	49	92				
Therapist's decision			0	0.0		
Client's decision			4	8.2		
Mutual agreement			24	49.0		
External factors			9	18.4		
Other			5	10.2		
Multiple factors[b]			7	14.3		
Therapy Setting	49	102				
Private Practice			31	63.3		
Clinic			7	14.3		
Inpatient facility			0	0.0		
Therapy collective			3	6.1		
Other			6	12.3		
Multiple settings[c]			2	4.1		
Frequency of sessions per week	49	103				
Less than one			2	4.1		
One			36	73.5		
Two			11	22.4		
Three			0	0.0		
More than three			0	0.0		

Table 7 Continued

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
Therapeutic orientation used in case[d]	49	104				
Psychodynamic			17	34.7		
Behavioral			1	2.0		
Client-centered			1	2.0		
Gestalt			1	2.0		
Bioenergetic			0	0.0		
Rational emotive			1	2.0		
Family systems			0	0.0		
Eclectic			24	49.0		
Other			4	8.2		

[a]Adjusted percentages are reported where n is less than the total sample size.

[b]Multiple factors was coded when subjects checked more than one of the remaining categories in rating this variable.

[c]Multiple settings was coded when subjects checked more than one of the remaining categories in rating this variable.

[d]Although subjects were asked to "check the therapeutic orientation which most closely applies to your work with this client," many subjects checked multiple categories in rating this variable. In instances where subjects checked more than one orientation, excluding Other, their responses were coded as Eclectic regardless of whether or not they actually checked Eclectic. When Other was checked in combination with any of the remaining categories a code of Other was utilized by the

Table 7 Continued

researcher. Two consequences of these conding decisions are that the Psychodynamic category while checked by 55.1% of the sample appears as 34.7% in this table, and the Eclectic category while checked by 28.6% of the sample appears as 49% in this table.

Table 8

Frequencies on Case Variables in Unsatisfying Therapy Relationship Condition

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
Client age at onset of therapy	49	91			28.6	16-57
24 and below			16	32.7		
25-29			14	28.6		
30-34			9	18.4		
35-39			6	12.2		
40-44			1	2.0		
45-49			1	2.0		
50-54			1	2.0		
55 and above			1	2.0		
Duration of therapy in months	49	101			11.8	1-42
1-6			20	40.8		
7-12			15	30-6		
13-18			6	12.2		
19-24			1	2.0		
25-30			3	6.1		
31-36			2	4.1		
37 and above			2	4.1		
What led to therapy termination	48	92				
Therapist's decision			0	0.0		
Client's decision			24	50.0		

Table 8 Continued

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
What led to therapy termination continued						
Mutual agreement			5	10.4		
External factors			6	12.5		
Other			5	10.4		
Multiple factors[b]			8	16.7		
Therapy setting	49	102				
Private practice			30	61.2		
Clinic			9	18.4		
Inpatient facility			3	6.1		
Therapy Collective			3	6.1		
Other			4	8.2		
Multiple settings[c]			0	0.0		
Frequency of sessions per week	49	103				
Less than one			4	8.2		
One			39	79.6		
Two			3	6.1		
Three			2	4.1		
More than three			1	2.0		

Table 8 Continued

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
Therapeutic orientation used in case[d]	49	104				
Psychodynamic			15	30.6		
Behavioral			1	2.0		
Client-centered			1	2.0		
Gestalt			1	2.0		
Bioenergetic			1	2.0		
Rational Emotive			1	2.0		
Family systems			1	2.0		
Eclectic			24	49.0		
Other			4	8.2		

[a]Adjusted percentages are reported where n is less than the total sample size.

[b]Multiple factors was coded when subjects checked more than one of the remaining categories in rating this variable.

[c]Multiple setting was coded when subjects checked more than one of the remaining categories in rating this variable.

[d]Although subjects were asked to "check the therapeutic orientation which most closely applies to your work with this client," many subjects checked multiple categories in rating this variable. In instances where subjects checked more than one orientation, excluding Other, their responses were coded as Eclectic regardless of whether or not they actually checked Eclectic. When Other was checked in combination with any of the remaining categories a code of Other was utilized by the researcher. Two

Table 8 Continued

consequences of these coding decisions are that the Psychodynamic category while checked by 46.9% of the sample appears as 30.6% in this table, and the Eclectic category while checked by 26.5% of the sample appears as 49% in this table.

tionship cases (22.4%) were scheduled for twice weekly sessions. With respect to both the satisfying therapy relationship condition and the unsatisfying therapy relationship condition the therapeutic orientations most commonly used in the cases were either purely psychodynamic (satisfying, 34.7%; unsatisfying, 30.6%) or eclectic (satisfying, 49%; unsatisfying, 49%).

Case variables differentiating conditions. Each of three case variables were compared within subjects, across therapy relationship conditions, by means of paired *t*-tests: level of client disturbance at onset of therapy, degree of therapist satisfaction with the therapy relationship, and duration of therapy in months. Table 9 summarizes the results of these tests and reveals that each yielded a significant *t* value. Clients in the unsatisfying therapy relationship condition were judged by subjects as more severely disturbed at the onset of therapy than clients in the satisfying therapy relationship condition, $t(48) = -4.08$, $p < .001$. As would be expected, subjects reported greater satisfaction with their therapy relationships in the satisfying condition than they did in the unsatisfying condition, $t(48) = 10.97$, $p < .001$. Interestingly, the duration of therapy in the satisfying therapy relationship condition was longer than in the unsatisfying therapy relationship condition, $t(48) = 4.26$, $p < .001$.

Further Analyses on Grouped Data

Several sample subpopulations were compared, regarding their intimacy scale scores and summed outcome scores, by means of group

Table 9

Means, Correlations, and Paired t-Tests on Case Variables across Conditions

Variable	n	Questionnaire Item Number	Scale Range	Scale Anchors	M	r	t
Client disturbance at onset of therapy	49	97	1-5	Very slightly disturbed		.171	-4.08**
Satisfying				Extremely disturbed	2.8		
Unsatisfying					3.6		
Therapist satisfaction with therapy relationship	49	100	1-7	Extremely disatisfied		.111	10.97**
Satisfying				Extremely satisfied	5.8		
Unsatisfying					2.8		
Duration of therapy in months	49	101	open	--			
Satisfying					19.8	.441*	4.26**
Unsatisfying					11.8		

*$p < .005$
**$p < .001$

t-tests. Subjects who indicated a preference for working within a purely psychodynamic orientation were contrasted with subjects who did not (see Appendix B, item 123). Subjects who had seen a female therapist were contrasted with subjects who had not (see Appendix B, item 113). Subjects who were self-defined "feminist therapists" were contrasted with subjects who were not (see Appendix B, item 124). Out of the subjects who defined themselves as "feminist therapists" three subgroups were contrasted: (1) those who considered themselves to be a feminist before they considered themselves to be a therapist, (2) those who considered themselves to be a therapist before they considered themselves to be a feminist, (3) those whose identity as a feminist and a therapist coincided in time (see Appendix B, item 125). Finally, subjects holding varying degrees were contrasted: Ph.D. with M.S.W.: Ph.D. with M.S. or M.A.; and M.S. or M.A. with M.S.W. (see Appendix B, item 111).

Intimacy scales. Out of all the tests of significance done on the intimacy scales three yielded significant results in the satisfying condition and one in the unsatisfying condition. Table 10 presents these significant findings. Subjects who defined themselves as feminist therapists rated Enmeshed Relating higher than subjects who did not define themselves this way, with respect to both therapy relationship conditions: satisfying condition, $t(47) = 2.02$, $p < .05$; unsatisfying condition, $t(47) = 2.49$, $p < .05$. Feminist therapists whose identities as feminists and therapists coincided in time rated Enmeshed Relating higher in the satisfying condition than did feminist

Table 10

Significant Means and Group t-Tests of Sample Subpopulations on Intimacy Scales within Conditions

Scale	n	M	df	t
Satisfying Condition				
Enmeshed Relating				
Self-defined feminist therapist	32	34.8	47	2.02*
Not self-defined as feminist therapist	17	29.9		
Enmeshed Relating				
Feminist therapist who became a therapist before being a feminist	7	29.9	13	-2.46*
Feminist therapist who became a therapist and feminist simultaneously	8	40.8		
Distant Non-Nurturant Relating				
Feminist therapist who became a feminist before being a therapist	16	29.2	22	-2.17*
Feminist therapist who became a therapist and feminist simultaneously	8	37.5		
Unsatisfying Condition				
Enmeshed Relating				
Self-defined feminist therapist	32	41.7	47	2.49*
Not self-defined as feminist therapist	17	33.9		

Note. The t values are computed with pooled variance estimates due to the differences in group sizes.

*p <.05

therapists who considered themselves to be therapists before considering themselves to be feminists, $\underline{t}(13) = -2.46$, $\underline{p} < .05$. Feminist therapists who considered themselves to be feminists before they considered themselves to be therapists rated Distant Non-Nurturant Relating lower in the satisfying condition than did feminist therapists whose identities as feminists and therapists coincided in time, $\underline{t}(22) = -2.17$, $\underline{p} < .05$.

Summed outcome. Out of all the tests of significance done on summed outcome four yeilded significant results, and these findings were exclusively with respect to the unsatisfying therapy relationship condition. Table 11 presents these findings. Subjects holding a M.S.W. as their most advanced degree reported more successful treatment outcomes than subjects holding a Ph.D. as their most advanced degree, $\underline{t}(18) = -2.46$, $\underline{p} < .05$. Likewise, subjects holding either a M.S. or a M.A. as their most advanced degree reported more successful treatment outcomes than subjects holding a Ph.D. as their most advanced degree, $\underline{t}(23) = -2.21$, $\underline{p} < .05$. Of the subjects who were self-defined "feminist therapists", those who considered themselves to be feminists before considering themselves to be therapists reported more successful treatment outcomes than those who considered themselves to be therapists before considering themselves to be feminists, $\underline{t}(21) = 2.89$, $\underline{p} < .01$, and than those whose identities as feminists and therapists coincided in time, $\underline{t}(22) = 2.39$, $\underline{p} < .05$.

Table 11

Significant Means and Group t-Tests of Sample Subpopulations on Summed Outcome Score for the Unsatisfying Condition

Variable	n	M	df	t
Therapist degree				
Ph.D.	8	11.3	18	-2.46*
M.S.W.	12	15.9		
Therapist degree				
Ph.D.	8	11.3	23	-2.21*
M.S. or M.A.	17	14.7		
Type of feminist therapist				
Feminist therapist who became a feminist before being a therapist	16	16.7	21	2.89**
Feminist therapist who became a therapist before being a feminist	7	11.1		
Type of feminist therapist				
Feminist therapist who became a feminist before being a therapist	16	16.7	22	2.39*
Feminist therapist who became therapist and feminist simultaneously	8	12.6		

Note. The t values are computed with pooled variance estimates due to the differences in group sizes.

*p < .05
**p < .01

C H A P T E R V

DISCUSSION

Discussion will first focus directly on the results reported in Chapter IV, highlighting the major theoretical, research, and psychotherapeutic implications of the findings. A more indepth discussion of the strengths and limitations involved in this thesis will follow in the section on General Considerations. The discussion will conclude with a section on Directions for Future Inquiry.

Intimacy Scales

At the closing of Chapter III two working hypotheses were advanced regarding the intimacy scales; about how female therapists would perceive themselves as relating to their female clients along the interrelated dimensions of nurturance and individuation. First, it was predicted that satisfying female/female therapy relationships would be rated by female therapists as significantly more Individuated and Nurturant than unsatisfying female/female therapy relationships. Second, it was predicted that unsatisfying female/female therapy relationships would be rated by female therapists as significantly more Enmeshed than satisfying female/female therapy relationships. No predictions were made regarding Distant Non-Nurturant Relating because the psychoanalytic and feminist theory upon which the predictions were founded did not emphasize this pole of intimate relationg. It was noted, however, in the Speculations Section of

Chapter II, that Distant Non-Nurturant Relating could potentially be greater in unsatisfying than in satisfying therapy relationships.

The statistically significant differences of the three intimacy scale scores, across the two relationship conditions, support the hypotheses and speculations, regarding nurturing and individuation, put forth in Chapters II and III. Subjects characterized themselves in the satisfying therapy condition as manifesting a greater degree of Individuated Nurturant Relating, and a lesser degree of both Enmeshed and Distant Non-Nurturant Relating, than in the unsatisfying therapy condition, where their Individuated Nurturant Relating decreased in conjunction with increases in their Enmeshed and Distant Non-Nurturant Relating. At the most basic level then, these results give weight to the theoretical perspective that nurturing and individuation are salient dimensions in the female/female therapy relationship. The findings also support the position that female therapists experience therapy relationships with their female clients as satisfying when they are able to relate in an Individuated Nurturant fashion, and they experience female/female therapy relationships as unsatisfying when they are less able to relate in such a manner.

The findings illustrate that in the female/female therapy relationship when Individuated Nurturant Relating is at a low polar relating ensues in the forms of Enmeshed and Distant Non-Nurturant Relating. Thus, as suggested in the theoretical sections of this thesis, unsatisfying therapy relationships, in female/female pairs, might be ones in which female therapists tend to polarize, rather

than to integrate, their potentials for nurturant and individuated relating. It is possible that such a psychotherapeutic situation in which this occurs is one where an "optimal therapeutic distance" between therapist and client has not been adequately established or maintained.

It is important to point out that with regard to both the satisfying therapy relationship condition and the unsatisfying therapy relationship condition the study implies that therapists were able to maintain a fairly therapeutic posture. This is indicated by the fact that the degree of Individuated Nurturant Relating was significantly greater than the degree of relating at either of the other two poles (Enmeshed Relating, and Distant Non-Nurturant Relating) for both the satisfying and unsatisfying conditions.

The study indicates that excessive distance, as well as perceived lack of nurturance on the therapist's part, is most strongly linked to dissatisfaction in female/female therapy relationships. This is evidenced in the intimacy scales by the higher level of Distant Non-Nurturant Relating, in contrast to Enmeshed Relating, which characterized the unsatisfying therapy relationship condition. The nurturance and individuation variables add weight to this interpretation of the findings, and will be discussed in the following section.

The study offers some support for the view that Enmeshed Relating is also linked to therapy relationship dissatisfaction, as evidenced by the increase in Enmeshed Relating scores

from the satisfying to the unsatisfying therapy condition. Unfortunately, on the surface this data appears discrepant with the findings on the nurturance and individuation variables to be elaborated next.

Nurturance and Individuation Variables

Each of the five process items, assessing aspects of nurturance and individuation, yielded consistent differences on paired *t*-tests between the satisfying and unsatisfying therapy relationship conditions. In the satisfying therapy relationship condition subjects tended to evaluate the degree of closeness established bewteen therapist and client as optimal, the degree of separateness established between the therapist and client as optimal, the degree of therapist nurturance toward client as optimal, the degree of client identification with therapist as optimal, and the degree of therapist identification with client as optimal. In the unsatisfying condition closeness ratings tended toward "not close enough," separateness ratings toward "too separate," nurturance ratings toward "not nurturant enough," and both of the identification items toward "under identified." Subjects were provided with a three pronged scale in which they could potentially have chosen "too close," "not separate enough," "too nurturant," and "over identified" as ratings. Taken together the consistent ratings of "optimal" on these five items, in the satisfying therapy relationship condition, suggest a quality of positive bonding or relationship connection between

therapist and client. The contrary seems to be so in the unsatisfying therapy relationship condition, where these five items, when taken together, suggest a quality of "lack of connection" between therapist and client.

These findings further support the interpretation that excessive distance, and lack of nurturance on the therapist's part, is most strongly linked to dissatisfaction in female/female therapy relationships; an interpretation which was advanced to account for the high Distant Non-Nurturant Relating scores in the unsatisfying therapy relationship condition. It may well be that the culturally ingrained expectation that women will relate in a nurturant fashion is a powerful determinant of these results. Given our sex role indoctrination it would be plausible to predict that female therapists would link unsatisfying therapy relationships to their own lack of nurturance.

Unfortunately, the findings on the nurturance and individuation variables do not reflect the rise in Enmeshed Relating from the satisfying to the unsatisfying therapy relationship conditions. It is possible that the Enmeshed Relating scale is not measuring enmeshed relating, but rather is capturing a quality of negative relating characteristic of unsatisfying therapy relationships. However, it is also possible that the Enmeshed Relating scale reflects more of the unconscious relational dynamics of the subjects than do the nurturance and individuation variables which reflect their conscious assessments of relational dynamics; perhaps what actually constitutes Enmeshed Relating on an unconscious relational level is

experienced defensively as distance on a conscious level. This line of reasoning would explain both sets of findings. However, the discrepancy referred to here is not resolvable within the context of the present study, and seems to merit further inquiry on both conceptual and empirical levels. It does highlight that the notion of enmeshment accounting for dissatisfaction in female/female therapy relationships has not been unequivocably demonstrated.

Evaluating Construct Validity of Intimacy Scales

The ratings of "optimal" in the satisfying therapy relationship condition, on the five nurturance and individuation items, seem to mirror the relatively high Individuated Nurturant Relating scores and low Enmeshed Relating and Distant Non-Nurturant Relating scores evidenced by the intimacy scales. Additionally, the significant rise in Distant Non-Nurturant Relating ratings, from the satisfying therapy relationship condition to the unsatisfying therapy relationship condition, appear reflected in the ratings of nurturance and individuation items for the unsatisfying therapy relationship conditions, where a quality of "lack of connection" is uniformly conveyed by the constellation of variables. Thus, in evaluating the construct validity of the three intimacy scales on the basis of these five process items it would seem that the Individuated Nurturant relating scale and the Distant Non-Nurturant Relating scale are tapping into the areas they were intended to measure. The construct validity of the Enmeshed Relating scale must be more ambiguously evaluated, since the nurturance and individuation

items do not reflect the rise in Enmeshed Relating from the satisfying therapy relationship condition to the unsatisfying therapy relationship condition. It is possible, however, that the three pronged design of the five process items forced a choice between the relational poles of enmeshment and distance, rendering it less likely for both aspects of relating to be reflected in the ratings. Further research is necessary to more thoroughly evaluate the construct validity of the intimacy scales.

Treatment Outcome

The statistically significant differences on all five outcome measures and summed outcome score, across therapy relationship conditions, supports the previously stated speculation that the degree of satisfaction a therapist has with a female/female therapy relationship is positively tied to her judgement of successful treatment outcome. All paired *t*-tests revealed that the satisfying therapy relationships were rated as having more successful treatment outcomes than the unsatisfying therapy relationships. The positive correlation between degree of relationship satisfaction and treatment outcome serves to further confirm these findings. These results fit well with the psychotherapy research literature and the psychoanalytic literature, since both tie "positive" therapy relationships to successful therapy.

It makes intuitive sense that less satisfying and less successful therapies would be of shorter duration than more satisfying and

more successful therapies. It was, however, an unpredicted finding that therapies of longer duration were correlated with greater treatment success.

Also interesting was the unexpected finding that the number of years a subject was seen as a client by a female therapist correlated with summed outcome. With respect to the satisfying therapy relationship it was indicated that the longer the subject was seen by her own female therapist the more successfully she rated the treatment outcome, and with respect to the unsatisfying therapy relationship it was indicated that the longer the subject was seen by her own female therapist the less successfully she rated the treatment outcome. The facts that these correlations were based on an n of only 29, and that they were not predicted prior to the investigation should be taken into account in accepting them as truly significant. They are, however, intriguing findings because they suggest the possibility that female therapists who have been in their own therapy with a female therapist may tend to intensify their judgements of treatment outcome for thier own female clients; thus successful clients might be judged in more successful terms and unsuccessful clients in less successful terms. Given the present study, however, this is highly speculative.

The study provides a reasonable basis for inferring that in the female/female therapy relationship there is a connection between treatment outcome and the degree of a therapist's nurturant and individuated relating; this is so since the degree of Individuated

Nurturant Relating that a female therapist manifests in her therapy relationship with a female client has been shown to be linked to relationship satisfaction, and relationship satisfaction has been shown to be linked to treatment outcome. At a basic level, then, these outcome findings are important because they highlight the central role that the quality of a therapy relationship can play in achieving therapeutic goals.

Secondarily these results can be used to emphasize some of the links bewteen psychotherapy process and outcome. The study indicates that more successful female/female therapies seem to be ones in which the therapist manifests a high degree of Individuated Nurturant Relating, and less successful female/female therapies seem to be ones in which the therapist manifests a lesser degree of Individuated Nurturant Relating as well as a greater degree of Enmeshed Relating and Distant Non-Nurturant Relating. Jones & Zoppel (1982), in their joint process and outcome studies on varying gender-pairs, found in a factor analysis of client interview items that the Therapeutic Alliance factor was positively correlated with successful outcome, and the Negative Experience factor was negatively correlated with successful outcome. As a future research endeavor it might be interesting and informative to investigate whether there are any links between these two factors and the intimacy scales; it seems possible that the Individuated Nurturant Relating scale overlaps, to some extest, with a Therapeutic Alliance factor, and that both the Enmeshed Relating and Distant Non-Nurturant Relating scales overlap to some

extent, with a Negative Experience factor. A research approach which takes both process and outcome dimensions of psychotherapy jointly into account has been fruitful in the present study, in the Jones & Zoppel studies, and seems promising for future inquiry into psychotherapy.

Case Variables

Case variables were included in the survey mainly for descriptive and exploratory purposes. Three items were found to differentiate the two therapy relationship conditions.

As would be expected, given the design of the study, subjects reported greater satisfaction with their therapy relationships in the satisfying condition than they did in the unsatisfying condition. This was tested to confirm that the two conditions really did differ.

A paired *t*-test revealed that the duration of therapy in the satisfying therapy relationship condition was longer than in the unsatisfying therapy relationship condition. This could raise issues for future research in which therapies of a similar duration need to be contrasted.

Finally, it was found that clients in the unsatisfying therapy condition were judged as more severely disturbed at the onset of therapy than clients in the satisfying therapy relationship condition. Since the study takes a retrospective format and involves no independent judges, it is difficult to conclude whether a higher level of client disturbance in the unsatisfying therapy condition actually

contributed to the therapies being less satisfying, or whether a hindsight bias is operating in the rating of client disturbance, keeping perceptions of disturbance level consistent with judgements of relationship satisfaction. An analysis of client complaints upon entry into therapy did not yield different pictures for the satisfying and unsatisfying cases; in fact the two groups seemed remarkably well matched, largely presenting relational difficulties and depression as key complaints and only rarely presenting symptoms of a psychotic nature. It is possible, however, that although the nature of the difficulties did not differ in the two groups the level of disturbance did.

Although a significance test was not done on the item which assessed factors leading to termination, it seems important to note that they differed dramatically in the satisfying and unsatisfying conditions. Mutual agreement accounted for 49% in the satisfying condition and only 10.4% in the unsatisfying condition. Client's decision accounted for 50% in the unsatisfying condition and only 8.2% in the satisfying condition. Two important speculations regarding these results can be made. The first is that a quality of "mutuality," which is likely to be tied to relationship satisfaction, is reflected in the finding that 49% of cases in the satisfying condition and only 10.4% of cases in the unsatisfying condition were assessed by subjects to terminate due to mutual agreement. The second speculation is that therapists who felt their clients terminated prematurely were likely to disclaim personal responsibility

for the termination, and to link their clients' decisions to leave therapy to dissatisfaction with the therapy relationship. Further investigation would be necessary to confirm or disconfirm these speculations.

Further Analyses on Grouped Data

Before discussing the significant findings with regard to the exploratory analyses done on sample subpopulations it seems worthwhile noting that for the most part subpopulations of subjects did not differ with respect to the intimacy scales and summed outcome. This is impressive given the diversity of the subject population (see Appendix A for further elaboration). Also, it is important to bear in mind that many group *t*-tests were done, and this dilutes the significant findings especially at $p < .05$ level. There did, however, appear to be some interesting trends worth pointing out for possible future research areas. The speculations put forth regarding these trends, however, need to be taken tentatively at this point.

Intimacy scales. Self-defined "feminist therapists" rated Enmeshed Relating higher than subjects who did not define themselves as "feminist therapists," with respect to both therapy relationship conditions. Also, feminist therapists whose identities as feminists and therapists coincided in time rated Enmeshed Relating higher in the satisfying condition than did feminist therapists who considered themselves to be therapists before considering themselves to be

feminists. Thus, it appears that the more primarily one's identity is linked with being a "feminist," or with being part of the feminist community, the more likely one is to rate enmeshment items higher. This might be a consequence of feminist ideology which encourages unity, bonding and equality among women (Thomas, 1977). Whereas much that is positive can be gained by striving for such goals the risk of enmeshment may also be greater in doing so. Feminist therapists who considered themselves to be feminists before they considered themselves to be therapists rated Distant Non-Nurturant Relating lower in the satisfying condition than did feminist therapists whose identities as feminists and therapists coincided in time. This finding could be viewed as further support for the speculation that since unity and closeness among women is emphasized in the feminist community, the more politically identified as a "feminist" a therapist is the more likely she is to emphasize decreased interpersonal distance and increased bonding in her work with female clients.

Summed outcome. Of the subjects who were self-defined "feminist therapists," those who considered themselves to be feminists before considering themselves to be therapists reported more successful treatment outcomes in the unsatisfying therapy relationship condition than did those who considered themselves to be therapists before considering themselves to be feminists, and than did those whose identities as feminists and therapists coincided in time. Again it appears as if those subjects who were more primarily identified with

feminist ideology differed from those more secondarily identified with feminist ideology. Among the feminist therapists, those who considered themselves to be feminists before considering themselves to be therapists might have reported their unsatisfying therapy cases in more successful terms because of a tendency to view women's potentials in a more positive light; a view consistent with the ideals of the women's movement.

Subjects holding a Ph.D. as their most advanced degree had lower summed outcome scores in the unsatisfying therapy relationship condition than subjects holding M.S., M.A., and M.S.W. credentials as their most advanced degrees. It is possible that this reflects a difference in training values, with Ph.D.'s being encouraged to be somewhat more conservative in their expectations for treatment success. However, if this is the case, then it is curious that such a difference does not also appear in the satisfying therapy relationship condition.

General Considerations

In this section both the strengths and the limitations of the present study will be discussed with theoretical and research concerns in mind. The next section will more directly address questions raised by this thesis which may be helpful in informing future research on the female/female therapy relationship.

Up until quite recently little attention has been paid by clinical theorists and researchers to gender-pair related issues in psy-

chotherapy. Many psychologists seem to agree that a "positive" therapy relationship is necessary for therapeutic gains to be made by clients; yet a direct focus on the quality of the therapy relationship, and its links to process and outcome dimensions of psychotherapeutic work, has been lacking in the literature. The exploratory study undertaken as part of this thesis focuses specifically on female/female therapy pairs and investigates a qualitative dimension of the female/female therapy relationship by exploring the differences, reported by female therapists, between their satisfying and unsatisfying therapy relationships with women. It addresses process and outcome dimensions of psychotherapy, in a self-report retrospective format, in an effort to meaningfully link these two areas. Thus, the study attends to areas previously overlooked and can serve as a foundation for refining conceptualizations and research methods aimed at eloborating the nature of female/female therapy dyads.

In its design the study has many limitations which should be kept in mind. It focuses directly on satisfying and unsatisfying therapy relationships between women and only indirectly on treatment success. This fact, in combination with its within subject format (each subject was asked to report on both a predominantly satisfying therapy relationship with a woman and a predominantly unsatisfying therapy relationship with a woman) renders a discriminant anlalysis of the factors related to successful and unsuccessful treatment outcome less than optimal as a form of statistical exploration. Thus

questions regarding the relative impact of relational variables, and subject characteristics, upon outcome are not easy to approach given this design.

Since the study explores female/female gender pairs in psychotherapy exclusively, it is not possible to compare the findings to other psychotherapy gender pairs. This is unfortunate given that a central portion of the thesis proposes that dimensions of nurturance and individuation are particularly salient in female/female pairs; it is not possible at this point to compare the profiles on these relational variables across gender pairs. In requiring subjects to report on both a past satisfying therapy relationship with a woman and past unsatisfying therapy relationship with a women the study cannot address the relative distribution of satisfying and unsatisfying therapy relationships between women that naturally occurs. It also cannot address the relative distribution of successful and unsuccessful therapies between women, or weigh the advantages and disadvantages of female/female therapy pairs in contrast to other therapy pairs.

Although the study aims to investigate relational dimensions operative in ongoing psychotherapeutic process, two major aspects of the methodology limit the extent to which this research goal can be attained. First, only female therapists are studied; the perspective of female clients has not been taken into account. In a study focussed on the therapy relationship this is a shortcoming. Second, the self-report retrospective format must color the findings. In

effect this is more accurately an investigation of female therapists' attributions concerning their past satisfying and unsatisfying therapy relationships with female clients, than it is an investigation of the relational dynamics in actual ongoing satisfying and unsatisfying therapy relationships. Precise accounts of process are likely to be diminished in a retrospective, as opposed to ongoing, research format. However, it is difficult to gain access to ongoing therapies for research purposes, and a self-report retrospective format is frequently utilized in psychotherapy research. Also, although self-reports of therapists carry the biases of the subjects, in a study on the therapy relationship it is reasonable, and in some ways preferable, to gather the "subjective" opinions of a participant in contrast to the "objective" observations of an outsider.

Limitations on the sample size, and restrictions on the location of subjects (Amherst, Massachusetts area) render a technically meaningful comparison of therapist subpopulations impossible. The speculations raised in the previous section, Further Analysis on Grouped Data, would require new research designs in order to be adequately tested.

As has been previously noted, the intimacy scales were not pre-tested prior to this investigation, and their construct validity has not yet been substantiated. Although ratings of the five process items on closeness, separateness, nurturance, and identification between therapist and client in the therapy relationship support the validity of the Individuated Nurturant Relating scale and Distant

Non-Nurturant Relating scale, they do not clearly indicate that the Enmeshed Relating scale is actually measuring what it intends to. Previously developed instruments to measure these relational dimensions have been lacking, and so it has been one of the challenges of this study to begin construction of relevant scales.

Insofar as the intimacy scales do measure the dimensions of nurturance and individuation the study supports the view that these interrelated aspects of intimate relating are linked to the quality of the therapeutic relationships formed between women. The strong findings that distance in the therapy relationship and lack of nurturance on the therapists part are negatively linked to relationship satisfaction and successful treatment outcome support the feminist theoretical perspective that attachment and connectedness in female/female relationships ("bonding") are central to the formation of positive intimacies between women, in psychotherapy. The expectations in our culture that females will be nurturant (Flax, 1978; Caplan, 1981), and empathic (Kaplan, 1979) seem borne out by these results. Also, the theoretical position proposed in Chapter II, that women are encouraged to polarize their inclinations toward nurturing and individuation, seems to be reflected in the changes of intimacy scale scores across therapy relationship conditions, with unsatisfying therapy relationships, in contrast to satisfying therapy relationships, characterized by higher ratings on Enmeshed Relating and Distant Non-Nurturant Relating. The study also supports the previously advanced speculation that to the extent that female therapists are able

to integrate, rather than juxtapose, their potentials for nurturant and individuated relating, they will find their therapy relationships with women satisfying and their treatments effective; satisfying therapy relationships are characterized as significantly higher in Individuated Nurturant Relating than are unsatisfying therapy relationships. These findings have potential implications for the training and supervision of female therapists who work with female clients; they can help to gently warn against the potential pitfalls of female/female intimacy in psychotherapy as well as to guide female therapists in capitalizing upon their strengths in working with women.

The study supports the view that female therapists judge their satisfying therapy relationships in more successful terms, as therapies, than they judge their unsatisfying therapy relationships. This provides an empirical base for linking "positive" therapy relationships to successful treatment outcome; this link has previously been suggested by many psychotherapy researchers.

Much of psychotherapy research seems to be conducted in an atheroretical framework. This thesis has attempted to operationalize some rather complex but relevant psychoanalytic concepts in order to utilize them for an empirical investigation of the female/female therapy relationship which can be conducted within a theoretical framework.

Whereas it seems valuable to interface psychological theory and research in studying the female/female therapy relationship,

arriving at a common language for the two domains which is adequate for each is quite a challenge. For example, difficulties in operationalizing the two major concepts under study (nurturance and individuation) and establishing construct validity have already been noted. On a theoretical level the dimensions of nurturance and individuation may have been able to be more clearly distinguished from one another, while on an empirical level the sorting tasks revealed that adjectives did not distinguish them. On the other hand, where it may have been methodologically feasible to inquire into the development of the quality of the therapy relationship over time (by having subjects rate the intimacy scales repeatedly for the beginning, middle, and end phases of the therapies), a theoretical model for interpreting such data would be quite complex and probably weak if posited prematurely. Empirical inquiry into other theoretical concerns relevant to the female/female therapy relationship--such as the impact on psychotherapy of the therapists' handling of authority, and the influence of therapists' and clients' individual sex-role development upon their therapies--would require a great deal of work to be carried through in a methodologically sound manner.

The study presented here is based upon three underlying assumptions. First, it is assumed that the pre-oedipal mother/daughter relationship can to some degree inform the therapy relationship as it occurs between adult women. The fact that major hypotheses for the study were in large measure derived from a literature on pre-

oedipal relating, and that these hypotheses were statistically confirmed, lends substance to this investigative approach. However, this does not, and cannot, prove the theoretical assumption under consideration. Second, it is assumed that female socialization processes and psychological development, specifically concerning issues around nurturance and individuation, offer both strengths and weaknesses to female therapists in their work with female clients. This is a value laden position which hypothetically may or may not be supported by further conceptual and empirical explorations. Third, it is assumed as a requirement of the study, that female therapists have both satisfying and unsatisfying therapy relationships with women. In fact several potential subjects declined participation in the survey claiming never to have unsatisfying therapy relationships. Relationship satisfaction or dissatisfcation, as approached in this investigation, is a very subjective phenomenon. It is somewhat problematic to assume that subjects use similar criteria in judging level of therapy relationship satisfaction; yet relationship satisfaction is a experiential factor, and as such can appropriately be considered subjective.

Directions for Future Inquiry

In concluding this discussion it might be fruitful to briefly highlight some of the major questions raised by this exploratory work which could inform future theoretical and empirical investigations on female/female therapy pairs.

How much does the quality of pre-oedipal mother/daughter relating impact upon therapy relationships between women? If it does have a significant impact, then how would variations in individual therapists' and clients' early childhood backgrounds differentially impact upon the therapy relationships they form? For example, would a female therapist, who in her relationship with her mother was able to receive nurturance at the expense of being discouraged from expressing her individuality, differ from a female therapist who's mother encouraged individuation but remained relatively distant and non-nurturing in her stance? Does the nature of the father/daughter relationship raise any pertinent issues for female/female therapy pairs? What considerations from female adolescent and adult development could inform investigations of psychotherapy as it transpires between women? How might differences in sex-role identification influence the therapy relationship? In what ways would female clients' perceptions of their therapy relationships be different and similar to the perceptions of female therapists? How might the dimensions of nurturance and individuation be handled differently by male therapists of female clients than be female therapists of female clients? What are other potentially salient relational dimensions for female/female therapy pairs? Could one arrive at a developmental perspective of the female/feamle therapy relationship, and if so how might this be useful in implementing effective treatments?

Future research on the female/female therapy relationship

could focus more directly on the differences between successful and non-successful therapies and look for the process factors linked to these two outcomes. In embarking upon such an endeavor it might be useful to expand the theoretical context to include an exploration of relational factors outside of early mother/daugher relationship processes; this could encompass looking at the realms of father/daughter parenting, and female adolescent and adult role expectations. Finally, it seems worthwhile investigating whether divergences in the clinical training and feminist orientation of female therapists significantly impact upon the relationships they form with female clients.

This thesis has attempted to illustrate the value and validity of psychological inquiry regarding therapy relationships between women. As an exploratory work it has raised many questions and laid open theoretical and research considerations; it is but a first step in delineating an important area for psychological investigation.

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APPENDIX A

SUBJECT VARIABLES

Table 12

Absolute Frequency and Percentage of Subjects who Received Supervised Clinical Training in Various Theoretical Orientations

Orientation	n	Frequency	%
Psychodynamic Training	49		
included		40	81.6
not included		9	18.4
Behavioral training	49		
included		9	18.4
not included		40	81.6
Client-Centered Training	49		
included		21	42.9
not included		28	57.1
Gestalt Training	49		
included		19	38.8
not included		30	61.2
Bioenergetic Training	49		
included		6	12.2
not included		43	87.8
Rational Emotive Training	49		
included		4	8.2
not included		45	91.8
Family Systems Training	49		
included		24	49.0
not included		25	41.0
Eclectic Training	49		
included		15	30.6
not included		34	69.4
Other Training[a]	49		
included		17	34.7
not included		32	65.3

[a]Qualitative analysis of the Other category reveals a wide range of orientations including: hypnotherapy, psychosynthesis, relaxation therapy, wholistic approaches, adult development, Jungian, Freudian, Existential, feminist, relational, re-evaluation counseling, transactional analysis, dance therapy, body/movement therapy, psychoanalytic, contextual family therapy.

Table 13

Absolute Frequency and Percentage of Subjects Currently Receiving Additional Supervision in Various Theoretical Orientations
(based only on subjects currently receiving supervision)

Orientation	n	Frequency	%
Psychodynamic Supervision	26		
receiving		14	53.8
not receiving		12	46.2
Behavioral Supervision	26		
receiving		0	0.0
not receiving		26	100.0
Client-Centered Supervision	26		
receiving		0	0.0
not receiving		26	100.0
Gestalt Supervision	26		
receiving		3	11.5
not receiving		23	88.5
Bioenergetic Supervision	26		
receiving		1	3.8
not receiving		25	96.2
Rational Emotive Supervition	26		
receiving		0	0.0
not receiving		26	100.0
Family Systems Supervision	26		
receiving		4	15.4
not receiving		22	84.6
Eclectic Supervision	26		
receiving		4	15.4
not receiving		22	84.6
Other Supervision[a]	26		
receiving		9	34.6
not receiving		17	65.4

[a] Qualitative analysis of the Other category reveals that subjects are also receiving the following types of supervision: psychoanalytic, interactional, relational, hypnotherapy, peer group, Jungian, psychosynthesis, transformative therapy.

Table 14

Absolute Frequency and Percentage of Subjects who Work with Various Client Populations (n=48)[a]

Client Population	Frequency	%
Substance Abusers		
work with	11	22.4
do not work with	37	75.5
Children		
work with	8	16.3
do not work with	40	81.6
Adolescents		
work with	24	49.0
do not work with	24	49.0
Lesbians		
work with	29	59.2
do not work with	19	38.8
Women		
work with	46	93.9
do not work with	2	4.1
Men		
work with	30	61.2
do not work with	18	36.7
Delinquents		
work with	6	12.2
do not work with	42	85.7
Abuse Victims		
work with	14	28.6
do not work with	34	69.4
Families		
work with	23	46.9
do not work with	25	51.0
Psychotics		
work with	7	14.3
do not work with	41	83.7
Other[b]		
work with	15	30.6
do not work with	33	67.3

[a] Percentages are based on the total sample n of 49.

[b] Qualitative analysis of the Other category reveals that subjects also work with the following client populations: couples, physically disabled, boderlines, senior citizens.

Table 15

Frequencies, Percentages and Means on Subject Variables

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
Therapist age	46	110			39	26-63
29 and below			2	4.4		
30-34			15	32.7		
35-39			11	23.8		
40-44			9	19.5		
45-49			3	6.6		
50-54			4	8.7		
55 and above			2	4.4		
Approximate years in therapy	40	113			5	1-14
1-2			9	22.5		
3-4			8	20.0		
5-6			14	35.0		
7-8			4	10.0		
9-10			3	7.5		
11 and above			2	5.0		
Approximate years in therapy with a woman	29	113			3	1-7
1-2			13	44.8		
3-4			9	31.0		
5-6			6	20.7		
7 and above			1	3.4		
Personal therapist seen	49	113				
Yes			48	98.0		
No			1	2.0		
Female therapist seen	47	113				
Yes			35	74.5		
No			12	25.5		

Table 15 Continued

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
Most advanced degree obtained	49	111				
B.S. or B.A.			2	4.1		
M.S. or M.A.			17	34.7		
M.S.W.			12	24.5		
M.Ed.			7	14.3		
Ed.D.			2	4.1		
Ph.D.			8	16.3		
M.D.			1	2.0		
Year degree was obtained	48	112			1973	1947-1981
Up to 1949			1	2.1		
1950-1959			0	0.0		
1960-1969			10	20.9		
1970-1979			32	66.8		
1980 and beyond			5	10.5		
Current work setting	49	114				
Private			29	59.2		
Clinic			6	12.2		
Therapy collective			2	4.1		
Inpatient facility			1	2.0		
Other			2	4.1		
Multiple settings[b]			9	18.4		
Years of supervised training	48	115			5	2-12
1-2			7	14.6		
3-4			21	43.8		
5-6			8	16.7		
7-8			3	6.3		
9-10			7	14.6		
11-12			2	4.2		

Table 15 Continued

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
Years practicing since initial training	48	117			8	0-34
0-2			8	16.7		
3-4			5	10.5		
5-9			17	35.5		
10-14			13	27.2		
15-19			3	6.3		
20 and above			2	4.2		
Currently receiving supervision	48	118				
Yes			26	54.2		
No			22	45.9		
Supervise others	49	121				
Yes			26	53.1		
No			23	46.9		
Average case load[c] per week	44	119			15	0-70
0-4			3	6.9		
5-9			12	27.3		
10-14			10	22.7		
15-19			4	9.1		
20-24			11	25.1		
25-29			3	6.8		
30 and above			1	2.3		
Preferred Therapeutic[d] orientation	49	123				
Psychodynamic			19	38.8		
Client-centered			2	4.1		
Gestalt			2	4.1		
Rational emotive			1	2.0		
Eclectic			18	36.7		
Other			7	14.3		
Self defined as a feminist therapist	49	124				
Yes			32	65.3		
No			17	34.7		

Table 15 Continued

Variable	n	Questionnaire Item Number	Absolute Frequency	Percentage[a] of Sample	M	Range
Statement of identity as feminist therapist	31	125				
Feminist before therapist			16	51.6		
Therapist before therapist			7	22.6		
Feminist and therapist idendity coincide in time			8	25.8		

[a] Adjusted percentages are reported where n is less than the total sample size.

[b] Multiple settings was coded when subjects checked more than one of the remaining categories in rating this variable.

[c] 95.4% of subjects had a case load of between 3 and 30 clients per week.

[d] Although subjects were asked to check only one orientation, many subjects checked multiple categories. In instances where subjects checked more than one orientation, excluding Other, their responses were coded as Eclectic regardless of whether or not they actually checked Eclectic. Multiple ratings most frequently involved the Psychodynamic category, and so the psychodynamic preference is under represented in this table. A qualitative analysis of the Other category reveals that subjects have preferences for the following orientations: psychoanalytic, interactional, psychosynthesis, hypnotherapy, lesbian feminist, adult development, body/mind/spirit integration, relational, transactional analysis, Neurolinguistic Programing, transformative therapy, Jungian, re-evaluation counseling, body/movement therapy, contextual family therapy.

APPENDIX B

THERAPY RELATIONSHIP QUESTIONNAIRE

I.D.

_____ _____ _____

THERAPY RELATIONSHIP QUESTIONNAIRE

INSTRUCTIONS

PURPOSE OF THE STUDY This questionnaire forms the basis for an exploratory investigation of therapists' experiences of themselves in satisfying and unsatisfying therapy relationships with female clients. The results will be used to help systematically identify those relational conditions that are connected to the formation of satisfying therapy relationships with women, and those relational conditions that are connected to the formation of unsatisfying therapy relationships with women. This study is intended to be a beginning step towards understanding the special strengths and difficulties which face therapists in their work with female clients, so that both therapists and female clients can ultimately be benefited.

PROCEDURE The questionnaire has two parts. Part I is concerned with your experience of two terminated therapy relationships with female clients. Please select a predominantly satisfying and a predominantly unsatisfying therapy relationship which you have ended with two different female clients. Keeping the satisfying therapy relationship in mind you will be asked to rate several adjectives as well as to provide some general information about the case. Then the same format will be repeated for you to rate while keeping the unsatisfying therapy relationship in mind. Next some additional questions will be asked regarding the satisfying therapy relationship and then repeated for the unsatisfying therapy relationship. Part II is concerned with some personal and professional background information about you which will help to place the results of Part I in context.

PERSONAL INFORMATION All information will be treated as completely confidential. After I have received your completed questionnaire I will remove from it the INFORMED CONSENT form which appears on the following page, and your name will no longer be associated with your responses at any time. This questionnaire is expected to take between 40 and 50 minutes to complete.

INFORMED CONSENT

I understand the purpose of this study is to investigate therapists' experiences of themselves in satisfying and unsatisfying therapy relationships with female clients. I agree to complete Part I of the questionnaire about two terminated therapy relationships I have had -- one which was predominantly satisfying and one which was predominantly unsatisfying. I agree to complete Part II of the questionnaire about personal and professional background information. I understand that I am free to ask any questions I have concerning the procedure. I understand that I am free to decline to answer any question and that I can withdraw my consent and discontinue my participation in the project at any point I wish. I understant that everything I say will be kept completely confidential.

I agree to participate in this study.

_____ _____

Name Date

If you would like to receive a report of the results of the study, please check here and I will contact you when the project is complete. _____

PART I-A

SATISFYING THERAPY RELATIONSHIP WITH A FEMALE CLIENT

SELECT A THERAPY RELATIONSHIP (WITH A WOMAN) WHICH HAS ENDED, THAT WAS PREDOMINANTLY SATISFYING TO YOU. KEEP THIS RELATIONSHIP IN MIND WHILE RESPONDING TO THE ITEMS BELOW.

INDICATE THE EXTENT TO WHICH EACH OF THE FOLLOWING ADJECTIVES CHARACTERIZED YOUR PART IN THIS THERAPY RELATIONSHIPS. ASK YOURSELF HOW DESCRIPTIVE EACH ADJECTIVE IS OF YOUR MODE OF RELATING TO THIS CLIENT. USE THE FOLLOWING SCALE AND CIRCLE THE APPROPRIATE NUMBER.

1- never characteristic
2- rarely characteristic
3- sometimes characteristic
4- often characteristic
5- always characteristic

1. accepting
   1 2 3 4 5
2. accessible
   1 2 3 4 5
3. adaptable
   1 2 3 4 5
4. aloof
   1 2 3 4 5
5. anxious
   1 2 3 4 5
6. apathetic
   1 2 3 4 5
7. appreciative
   1 2 3 4 5
8. approving
   1 2 3 4 5
9. available
   1 2 3 4 5
10. blaming
    1 2 3 4 5
11. bossy
    1 2 3 4 5
12. calm
    1 2 3 4 5
13. caring
    1 2 3 4 5
14. clinging
    1 2 3 4 5
15. committed
    1 2 3 4 5
16. compassionate
    1 2 3 4 5
17. competent
    1 2 3 4 5
18. concerned
    1 2 3 4 5
19. confirming
    1 2 3 4 5
20. considerate
    1 2 3 4 5
21. defined
    1 2 3 4 5
22. demanding
    1 2 3 4 5
23. dependable
    1 2 3 4 5
24. detached
    1 2 3 4 5

25. direct
1 2 3 4 5

26. dispassionate
1 2 3 4 5

27. distant
1 2 3 4 5

28. empathic
1 2 3 4 5

29. encouraging
1 2 3 4 5

30. evasive
1 2 3 4 5

31. excessive
1 2 3 4 5

32. frank
1 2 3 4 5

33. gentle
1 2 3 4 5

34. helpful
1 2 3 4 5

35. indifferent
1 2 3 4 5

36. insensitive
1 2 3 4 5

37. insightful
1 2 3 4 5

38. involved
1 2 3 4 5

39. kind
1 2 3 4 5

40. mature
1 2 3 4 5

41. nagging
1 2 3 4 5

42. needy
1 2 3 4 5

43. overconcerned
1 2 3 4 5

44. over-involved
1 2 3 4 5

45. patient
1 2 3 4 5

46. perceptive
1 2 3 4 5

47. pleasant
1 2 3 4 5

48. possessive
1 2 3 4 5

49. reactive
1 2 3 4 5

50. receptive
1 2 3 4 5

51. relaxed
1 2 3 4 5

52. respectful
1 2 3 4 5

53. rigid
1 2 3 4 5

54. secure
1 2 3 4 5

55. self-sacrificing
1 2 3 4 5

56. sensitive
1 2 3 4 5

57. spontaneous
1 2 3 4 5

58. supportive
1 2 3 4 5

59. thoughtful
1 2 3 4 5

60. tight
1 2 3 4 5

61. trustworthy
1 2 3 4 5

62. unaffected
1 2 3 4 5

63. understanding
1 2 3 4 5

64. unempathic
1 2 3 4 5

65. unfeeling
1 2 3 4 5

66. validating
1 2 3 4 5

67. versatile
1 2 3 4 5

68. warm
1 2 3 4 5

69. withdrawn
1 2 3 4 5

70. withholding
1 2 3 4 5

71. worrying
1 2 3 4 5

NOW INDICATE THE EXTENT TO WHICH EACH OF THE FOLLOWING ADJECTIVES CHARACTERIZED YOUR EXPERIENCE OF THE QUALITY OF THIS THERAPY RELATIONSHIP. USE THE SAME SCALE AS ABOVE AND CIRCLE THE APPROPRIATE NUMBER.

72. alive
1 2 3 4 5

73. at ease
1 2 3 4 5

74. cold
1 2 3 4 5

75. engulfing
1 2 3 4 5

76. growing
1 2 3 4 5

77. impoverished
1 2 3 4 5

78. intrusive
1 2 3 4 5

79. mutual
1 2 3 4 5

80. numb
1 2 3 4 5

81. open
1 2 3 4 5

82. overwhelming
1 2 3 4 5

83. positive
1 2 3 4 5

84. relentless
1 2 3 4 5

85. safe
1 2 3 4 5

86. seductive
1 2 3 4 5

87. sharing
1 2 3 4 5

88. stiff
1 2 3 4 5

89. stifling
1 2 3 4 5

90. unemotional
1 2 3 4 5

THE NEXT SET OF ITEMS INVOLVE GENERAL INFORMATION ABOUT THIS CASE.

91. Age of client at the onset of therapy: _____

92. What led to the termination of this therapy?

_____Therapist's decision
_____Client's decision
_____Mutual agreement
_____External Factors
_____Other (describe briefly)

93. How much did your client benefit from this therapy?
_____A great deal
_____A fair amount
_____To some extent
_____Very little
_____Not at all

94. Everyhing considered, how satisfied are you with the results of this therapy?
_____Extremely dissatisfied
_____Moderately dissatisfied
_____Fairly dissatisfied
_____Fairly satisfied
_____Moderately satisfied
_____Extremely satisfied

95. How satisfied do you believe your client was with the results of this therapy?
_____Extremely dissatisfied
_____Moderately dissatisfied
_____Fairly dissatisfied
_____Fairly satisfied
_____Moderately satisfied
_____Extremely satisfied

96. What were client's major complaints (symptoms) upon entry into therapy?

97. How severly distrubed did you consider your client at the beginning of therapy?
_____Extermely distrubed
_____Very much distrubed
_____Moderately distrubed
_____Somewhat disturbed
_____Very slightly disturbed

98. How much do you feel your client has changed as a results of therapy?
_____A great deal
_____A fair amount
_____Somewhat
_____Very little
_____Not at all

99. To what extent did your client's original complaints or symptoms change as a result of treatment?
_____Completely disappeared
_____Very greatly improved
_____Considerably improved
_____Somewhat improved
_____Not at all improved
_____Got worse

100. How satisfied were you with the therapy relationship you formed with this client?
_____Extremely dissatisfied
_____Moderately dissatisfied
_____Fairly dissatisfied
_____Fairly siatisfied
_____Moderately satisfied
_____Highly satisfied
_____Extremely satisfied

101. What was the duration of this therapy? (Number of months from onset to termination). _____

102. Where did you meet for therapy with this client?
_____In private practice
_____At a clinic
_____In an inpatient facility
_____In a therapy collective
_____Other (briefly describe) _____
_____

103. On the average, how frequently did you meet with this client?
_____Less than once a week
_____Once a week
_____Twice a week
_____Three times a week
_____More than three times a week

104. Check the therapeutic orientation which most closely applies to your work with this client.
_____Psychodynamic
_____Behavioral
_____Client-Centered
_____Gestalt
_____Bioenergetic
_____Rational Emotive
_____Family Systems
_____Eclectic
_____Other (please specify) _____
_____

PART I-B

UNSATISFYING THERAPY RELATIONSHIP WITH A FEMALE CLIENT

SELECT A THERAPY RELATIONSHIP (WITH A WOMAN) WHICH HAS ENDED, THAT WAS PREDOMINATLY UNSATISFYING TO YOU. KEEP THIS RELATIONSHIP IN MIND WHILE RESPONDING TO THE ITEMS BELOW.

INDICATE THE EXTENT TO WHICH EACH OF THE FOLLOWING ADJECTIVES CHARACTERIZED YOUR PART IN THIS THERAPY RELATIONSHIP. ASK YOURSELF HOW DESCRIPTIVE EACH ADJECTIVE IS OF YOUR MODE OF RELATING TO THIS CLIENT. USE THE FOLLOWING SCALE AND CIRCLE THE APPROPRIATE NUMBER.

1- never characteristic
2- rarely characteristic
3- sometimes characteristic
4- often characteristic
5- always characteristic

1. accepting 1 2 3 4 5
2. accessible 1 2 3 4 5
3. adaptable 1 2 3 4 5
4. aloof 1 2 3 4 5
5. anxious 1 2 3 4 5
6. apathetic 1 2 3 4 5
7. appreciative 1 2 3 4 5
8. approving 1 2 3 4 5
9. available 1 2 3 4 5
10. blaming 1 2 3 4 5
11. bossy 1 2 3 4 5
12. calm 1 2 3 4 5
13. caring 1 2 3 4 5
14. clinging 1 2 3 4 5
15. committed 1 2 3 4 5
16. compassionate 1 2 3 4 5
17. competent 1 2 3 4 5
18. concerned 1 2 3 4 5
19. confirming 1 2 3 4 5
20. considerate 1 2 3 4 5
21. defined 1 2 3 4 5
22. demanding 1 2 3 4 5
23. dependable 1 2 3 4 5
24. detached 1 2 3 4 5

25. direct
1 2 3 4 5

26. dispassionate
1 2 3 4 5

27. distant
1 2 3 4 5

28. empathic
1 2 3 4 5

29. encouraging
1 2 3 4 5

30. evasive
1 2 3 4 5

31. excessive
1 2 3 4 5

32. frank
1 2 3 4 5

33. gentle
1 2 3 4 5

34. helpful
1 2 3 4 5

35. indifferent
1 2 3 4 5

36. insensitive
1 2 3 4 5

37. insightful
1 2 3 4 5

38. involved
1 2 3 4 5

39. kind
1 2 3 4 5

40. mature
1 2 3 4 5

41. nagging
1 2 3 4 5

42. needy
1 2 3 4 5

43. overconcerned
1 2 3 4 5

44. over-involved
1 2 3 4 5

45. patient
1 2 3 4 5

46. perceptive
1 2 3 4 5

47. pleasant
1 2 3 4 5

48. possessive
1 2 3 4 5

49. reactive
1 2 3 4 5

50. receptive
1 2 3 4 5

51. relaxed
1 2 3 4 5

52. respectful
1 2 3 4 5

53. rigid
1 2 3 4 5

54. secure
1 2 3 4 5

55. self-sacrificing
1 2 3 4 5

56. sensitive
1 2 3 4 5

57. spontaneous
1 2 3 4 5

58. supportive
1 2 3 4 5

59. thoughtful
1 2 3 4 5

60. tight
1 2 3 4 5

61. trustworthy
1 2 3 4 5

62. unaffected
1 2 3 4 5

63. understanding
1 2 3 4 5

64. unempathic
1 2 3 4 5

65. unfeeling
1 2 3 4 5

66. validating
1 2 3 4 5

67. versatile
1 2 3 4 5

68. warm
1 2 3 4 5

69. withdrawn
1 2 3 4 5

70. withholding
1 2 3 4 5

71. worrying
1 2 3 4 5

NOW INDICATE THE EXTENT TO WHICH EACH OF THE FOLLOWING ADJECTIVES CHARACTERIZED YOUR EXPERIENCE OF THE QUALITY OF THIS THERAPY RELATIONSHIP. USE THE SAME SCALE AS ABOVE AND CIRCLE THE APPROPRIATE NUMBER.

72. alive
1 2 3 4 5

73. at ease
1 2 3 4 5

74. cold
1 2 3 4 5

75. engulfing
1 2 3 4 5

76. growing
1 2 3 4 5

77. impoverished
1 2 3 4 5

78. intrusive
1 2 3 4 5

79. mutual
1 2 3 4 5

80. numb
1 2 3 4 5

81. open
1 2 3 4 5

82. overwhelming
1 2 3 4 5

83. positive
1 2 3 4 5

84. relentless
1 2 3 4 5

85. safe
1 2 3 4 5

86. seductive
1 2 3 4 5

87. sharing
1 2 3 4 5

88. stiff
1 2 3 4 5

89. stifling
1 2 3 4 5

90. unemotional
1 2 3 4 5

THE NEXT SET OF ITEMS INVOLVE GENERAL INFORMATION ABOUT THIS CASE.

91. Age of client at the onset of therapy: _____.

92. What led to the termination of this therapy?
_____Therapist's decision
_____Client's decision
_____Mutual agreement
_____External factors
_____Other (describe briefly)

93. How much did your client benefit from this therapy?
_____A great deal
_____A fair amount
_____To some extent
_____Very little
_____Not at all

94. Everything considered, how satisfied are you with the results of this therapy?
_____Extremely dissatisfied
_____Moderately dissatisfied
_____Fairly dissatisfied
_____Fairly satisfied
_____Moderately satisfied
_____Extremely satisfied

95. How satisfied do you believe your client was with the results of this therapy?
_____Extremely dissatisfied
_____Moderately dissatisfied
_____Fairly dissatisfied
_____Fairly satisfied
_____Moderately satisfied
_____Extremely satisfied

96. What were your client's major complaints (symptoms) upon entry into therapy?

97. How severely disturbed did you consider your client at the beginning of therapy?
_____Extremely disturbed
_____Very much disturbed
_____Moderately disturbed
_____Somewhat disturbed
_____Very slightly disturbed

98. How much do you feel your client has changed as a result of therapy?
_____A great deal
_____A fair amount
_____Somewhat
_____Very little
_____Not at all

99. To what extent did your client's original complaints or symptoms change as a result of treatment?
_____Completely disappeared
_____Very greatly improved
_____Considerably improved
_____Somewhat improved
_____Not at all improved
_____Got worse

100. How satisfied were you with the therapy relationship you formed with this client?
_____Extremely dissatisfied
_____Moderately dissatisfied
_____Fairly dissatisfied
_____Fairly satisfied
_____Moderately satisfied
_____Highly satisfied
_____Extremely satisfied

101. What was the duration of this therapy? (Number of months from onset to termination). _____

102. Where did you meet for therapy with this client?
_____In private practice
_____At a clinic
_____In an inpatient facility
_____In a therapy collective
_____Other (briefly describe) _____
_____

103. On the average, how frequently did you meet with this client?
_____Less than once a week
_____Once a week
_____Twice a week
_____Three times a week
_____More than three times a week

104. Check the therapeutic orientation which most closely applies to your work with this client.
_____Psychodynamic
_____Behavioral
_____Client-Centered
_____Gestalt
_____Bioenergetic
_____Rational Emotive
_____Family Systems
_____Eclectic
_____Other (please specify) _____
_____

PART I-C

SATISFYING THERAPY RELATIONSHIP WITH A FEMALE CLIENT

NOW RETURN TO CONSIDERING THE SATISFYING THERAPY RELATIONSHIP WITH A FEMALE CLIENT WHICH YOU SELECTED FOR PART I-A. KEEPING THIS RELATIONSHIP IN MIND ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AS YOU CAN.

105. How would you evaluate the degree of closeness established between you and your client?
_____Too close
_____Optimally close
_____Not close enough

106. How would you evaluate the degree of separateness established between you and your client?
_____Too separate
_____Optimally separate
_____Not separate enough

107. How nurturant do you feel you were towards your client?
_____Too nurturant
_____Optimally nurturant
_____Not nurturant enough

108. How would you evaluate the overall degree of your client's identification with you?
_____Over-identified
_____Optimally identified
_____Under-identified

109. How would you evaluate the overall degree of your identification with your client?
_____Over-identified
_____Optimally identified
_____Under-identified

PART I-D

UNSATISFYING THERAPY RELATIONSHIP WITH A FEMALE CLIENT

NOW RETURN TO CONSIDERING THE UNSATISFYING THERAPY RELATIONSHIP WITH A FEMALE CLIENT WHICH YOU SELECTED FOR PART I-B. KEEPING THIS RELATIONSHIP IN MIND ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AS YOU CAN.

105. How would you evaluate the degree of closeness established between you and your client?
_____Too close
_____Optimally close
_____Not close enough

106. How would you evaluate the degree of separateness established between you and your client?
_____Too separate
_____Optimally separate
_____Not separate enough

107. How nurturant do you feel you were towards your client?
_____Too nurturant
_____Optimally nurturant
_____Not nurturant enough

108. How would you evaluate the overall degree of your client's identification with you?
_____Over-identified
_____Optimally identified
_____Under-identified

109. How would you evaluate the overall degree of your identification with your client?
_____Over-identified
_____Optimally identified
_____Under-identified

PART II

PERSONAL AND PROFESSIONAL BACKGROUND

110. Age (current): _____

111. What is your most advanced degree?
_____B.S.
_____M.S.
_____Ph.D.
_____M.D.
_____Other (specify) _____

112. When and where did you obtain this degree?
Year _____
Institution _____
_____

113. Are you currently, or have you ever been in your own personal psychotherapy?
Yes _____ No _____
If yes, give the dates _____
If yes, did you see a female therapist for any part of that time? Please indicate the dates _____

114. What setting are your currently working in?
_____Private practice
_____Clinic
_____Therapy collective
_____Inpatient facility
_____Other (specify) _____
_____
_____

115. How many years (and/or months) of supervised clinical training have you had? _____

116. What theoretical orientations did this training include? (check more than one if appropriate)
_____Psychodynamic
_____Behavioral
_____Client-Centered
_____Gestalt
_____Bioenergetic
_____Rational Emotive
_____Family Systems
_____Eclectic
_____Other (specify) _____
_____

117. How long have you been practicing therapy since completion of your initial training? (in years/and or months) _____
_____

118. Are you currently receiving additional supervised training?
Yes _____ No _____
If yes, then in what therapeutic orientation are you being supervised?
_____Psychodynamic
_____Behavioral
_____Client-Centered
_____Gestalt
_____Bioenergetic
_____Rational Emotive
_____Family Systems
_____Eclectic
_____Other (Specify) _____
_____

119. Currently, what is your average case load per week?
(number of clients) _____

120. Which of the following client populations do you work with?
(choose more than one if appropriate)
_____Substance abusers
_____Children
_____Adolescents
_____Lesbians
_____Women
_____Men
_____Delinquents
_____Abuse victims
_____Families
_____Psychotics
_____Other (please specify) _____
_____

121. Do you supervise the therapy work of others?
Yes _____ No _____

122. List any professional licences and affilliations you have.
_____
_____
_____
_____

123. What is your prefered therapeutic orientation? (check only one)
_____Psychodynamic
_____Behavioral
_____Client-Centered
_____Gestalt
_____Bioenergetic
_____Rational motive
_____Family Systems
_____Eclectic
_____Other (specify)_____

124. Do you call yourself a Feminist Therapist?
Yes _____ No _____
If yes, then answer the next question.
If no, then go directly to question #126.

125. Check the most accurate statement:
_____ I considered my self to be a feminist before I considered myself to be a therapist.
_____ I considered myself to be a therapist before I considered my self to be a feminist.
_____ My identity as a feminist and as a therapist have coincided in time.

126. What factors do you feel significantly affects the quality of the therapy relationships you form with women?

_____

_____

_____

_____

127. If there are any comments regarding this questionnaire that you would like to make, please feel free.

Thank you very much for
your participation

APPENDIX C

ADJECTIVE LIST

ADJECTIVE LIST

1. accepting
2. anxious
3. aware
4. active
5. angry
6. aggressive
7. amorphous
8. adaptable
9. approving
10. accessible
11. apathetic
12. artistic
13. appreciative
14. affectionate
15. assertive
16. aloof
17. arguementative
18. awkward
19. at ease
20. artificial
21. available
22. abandoning
23. attractive
24. alive
25. bound
26. burdensome
27. bossy
28. bitter
29. bland
30. boring
31. blaming
32. blunt
33. blue
34. confused
35. confident
36. calm
37. considerate
38. cooperative
39. cold
40. cruel
41. cautious
42. close
43. committed
44. caring
45. confirming
46. closed
47. compassionate
48. critical
49. concerned
50. clear
51. creative
52. controlled
53. capable
54. competent
55. clinging
56. controlling
57. charged
58. dull
59. demanding
60. dominant
61. dependable
62. depriving
63. distrustful
64. dangerous
65. distant
66. deadening
67. depleting
68. devious
69. disconfirming

70. direct
71. defined
72. directed
73. developing
74. dependent
75. detached
76. dispassionate
77. deceptive
78. dynamic
79. dramatic
80. elastic
81. evasive
82. empty
83. empathic
84. expressive
85. enlivening
86. exposing
87. engulfing
88. explosive
89. envying
90. emotional
91. explicit
92. embittered
93. encouraging
94. excessive
95. exchangeable
96. fearful
97. frank
98. fault-finding
99. fussy
100. forgiving
101. friendly
102. frustrating
103. familiar
104. free
105. foreign
106. firm
107. fast
108. greedy
109. generous
110. gentle
111. good-natured
112. genuine
113. gratifying
114. growing
115. goal-oriented
116. good
117. gnarled
118. healthy
119. honest
120. helpful
121. hostile
122. hurtful
123. harsh
124. heavy
125. immature
126. impulsive
127. infantile
128. idealizing
129. irritable
130. indifferent
131. insightful
132. impatient
133. intolerant
134. inhibited
135. invasive
136. intrusive
137. involved
138. impoverished
139. insensitive
140. implicit
141. involving
142. injurious
143. illiegitimate
144. illogical

145. intelligent
146. judgemental
147. kind
148. loyal
149. lawful
150. long
151. literal
152. light
153. listless
154. loving
155. lost
156. lively
157. mutual
158. mystified
159. manageable
160. misty
161. moralistic
162. meandering
163. mixed
164. measurable
165. moody
166. mature
167. meaningful
168. nagative
169. natural
170. neglectful
171. numb
172. nervous
173. nagging
174. nurturing
175. new
176. nice
177. nasty
178. needy
179. open
180. overt
181. overpowering
182. overwhelming
183. optimistic
184. overprotective
185. overconcerned
186. obliging
187. over-involved
188. positive
189. personal
190. perceptive
191. painful
192. passive
193. playful
194. permissive
195. progressive
196. priviledged
197. predetermined
198. pitying
199. possessive
200. pleasant
201. patient
202. peaceful
203. predictable
204. quarelsome
205. respectful
206. replenishing
207. rich
208. relaxed
209. refusing
210. responsible
211. reactive
212. relentless
213. relevant
214. rounded
215. rigid
216. receptive

217. resistant
218. reasonable
219. satisfying
220. safe
221. self-sacrificing
222. secretive
223. seductive
224. sharing
225. secure
226. supportive
227. spontaneous
228. stifling
229. stiff
230. suspicious
231. slow
232. sad
233. sinful
234. static
235. shallow
236. selfish
237. stingy
238. serious
239. sensitive
240. sincere
241. sociable
242. sympathetic
243. tense
244. trustworthy
245. tight
246. tricky
247. touching
248. trusting
249. troubled
250. threatening
251. touchy
252. tactful
253. thoughtful
254. unpredictable
255. unfeeling
256. unempathic
257. understanding
258. unintelligent
259. undefined
260. unreliable
261. unrealistic
262. unemotional
263. unaffected
264. unexcitable
265. validating
266. versatile
267. vindictive
268. warm
269. withholding
270. worrying
271. withdrawn

APPENDIX D

ADJECTIVE SORTING TASK[a]: INDIVIDUATION

ADJECTIVE SORTING TASK[a]

Objective: The purpose of your participation in the following adjective sorting task is to create scales for measuring dimensions of the relationship formed between a therapist and a client.

Instructions: You are to evaluate a list of adjectives in terms of their applicability to the relational dimension of involvement, as conceived in terms of degree of individuated relating. Defined below are three categories outlining differing levels of this dimension. Study these three definitions carefully since they will function as criteria for evaluating the adjectives.

A note about involvemnent as conceived in terms of degree of individuated relating: One of the goals of the therapeutic relationship is to allow for a close bond between a therapist and a client to develop while simultaneously working in the interests of the client's individuation. The relationship involvement between a therapist and a client can in part be characterized by the extent to which the participants are individuated, as manifested by the quality of their psychological boundaries. The nature of the psychological boundaries, as an essential aspect of relationship involvement, is emphasized here as the organizing principle for the selection of adjectives relevant to this relational dimension.

1. Enmeshed Involvement: This is characterized by diffuse boundaries between and around the participants that at times fail to differentiate between their ongoing psychological experiences while in each other's presence. They become entangled or ensnared with one another, and caught-up in their relationship. There exists a high degree of involvement with a sense of the "self" in the relationship as being threatened.

2. Non-Enmeshed Involvement: This is characterized by clear boundaries between and around the participants that allow for their ongoing psychological experience of differentiation from one another while in each other's presence. They are involved enough to be genuinely engaged, and there exists an accompanying sense of two separate "selves" meaningfully interacting.

3. Uninvolved: This is characterized by rigid boundaries between and around the participants that hinder engagement and possibly defend against potentially enmeshing interactions. There exists a denial or negation of involvement with a sense of "self as isolated" from the other. The experience of individuation here is rigid and fragile.

You will consider each adjective individually in order to determine two things: 1- Is the adjective relevant to the relational dimension of involvement as conceived in terms of degree of individuated relating? 2- If it is relevant, then to which level does it most accurately pertain?

If you determine that the adjective is relevant then write it

under the heading which denotes the level where you feel it belongs. If you determine it is not relevant then write it under the heading, Irrelevant. An example is provided below.

A) confused

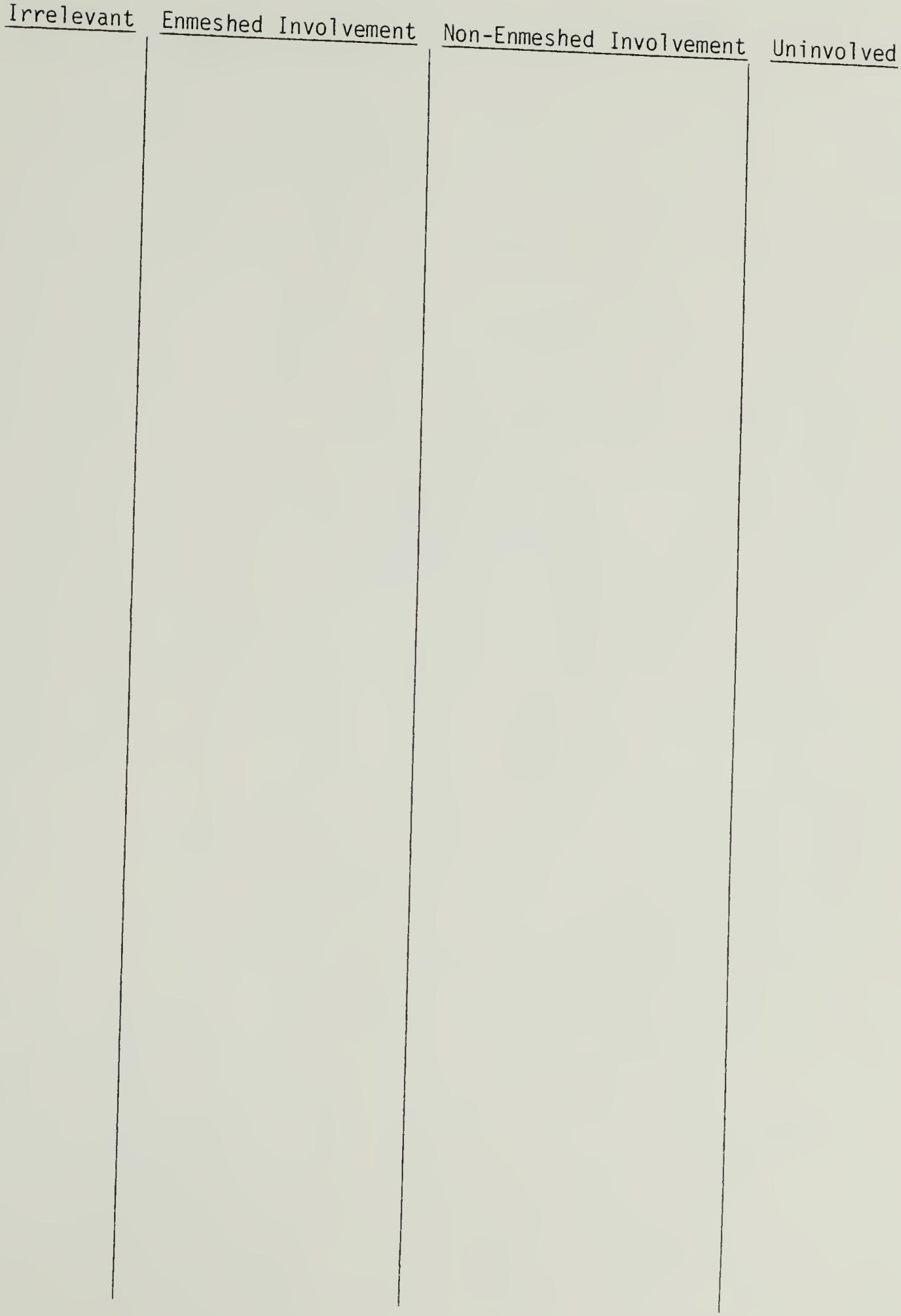
B) aloof

C) unintelligent

D) clear

Irrelevant	Enmeshed Involvement	Non-Enmeshed Involvement	Uninvolved
unintelligent	confused	clear	aloof

If you have any questions about the meanings of the categories, or about how to perform the task, ask them now. If not then proceed, in the manner illustrated by the above example, until you have evaluated each item. When you are ready to begin ask for the adjective list.


Irrelevant
Enmeshed Involvement
Non-Enmeshed Involvement
Uninvolved

APPENDIX E

ADJECTIVE SORTING TASK[b]: NURTURANCE

ADJECTIVE SORTING TASK[b]

Objective: The purpose of your participation in the following adjective sorting task is to create scales for measuring dimensions of the relationship formed between a therapist and a client.

Instructions: You are to evaluate a list of adjectives in terms of their applicability to the relational dimension of caretaking, as conceived in terms of degree of nurturant relating. Defined below are three categories outlining differing levels of this dimension. Study these three definitions carefully since they will function as criteria for evaluating the adjectives.

A note about caretaking as conceived in terms of degree of nurturant relating: One of the roles of a therapist, like of a parent, is to provide care and psychological nourishment for a client. Nurturing, as one form of caretaking, is emphasized here as an organizing principle for the selection of adjectives relevant to this relational dimension.

1. Overly Nurturant Relating: This is when nurturing is carried to an extreme that serves to stifle rather than to promote the development of another because it negates rather than encourages that other's autonomous potentials. It can be more reactive than responsive in that the negative and/or intense emotions of the other are countered

rather than contained by the nurturer.

2. Optimally Nurturant Relating: This is when nurturing helps to nourish another and to promote their growth and development, including the facilitation of their autonomous potentials. It involves a responsive offering of emotional and cognitive understanding which is appropriate to the needs of the other. In optimally nurturant relating negative as well as positive emotions of the other are adequately contained by the nurturer, in a non-defensive way.

3. Non-Nurturant Relating: This is when nurturing is either lacking or failing. Fundamentally, it involves the nurturer as being unresponsive to the other's needs, wants, and emotions. The nurturer is either uninvested in promoting the other's growth, unable to attend to the other's development, or ego-centrically focused on their own needs while viewing themselves in opposition to the needs and goals of the other.

You will consider each adjective individually in order to determine two things: 1- Is the adjective relevant to the relational dimension of caretaking as conceived in terms of degree of nurturant relating? 2- If it is relevant, then to which level does it most accurately pertain?

If you determine that the adjective is relevant then write it under the heading which denotes the level where you feel it belongs. It you determine it is not relevant then write it under the heading, Irrelevant. An example is provided below.

A) overconcerned

B) misty

C) cold

D) considerate

Irrelevant	Overly Nurturant Relating	Optimally Nurturant Relating	Non-Nurturant Relating
misty	overconcerned	considerate	cold

If you have any questions about the meanings of the categories, or about how to perform the task, ask them now. If not then proceed, in the manner illustrated by the above example, until you have evaluated each item. When you are ready to begin ask for the adjective list.

Irrelevant | Overly Nurturant Relating | Optimally Nurturant Relating | Non-Nurturant Relating

APPENDIX F

INTIMACY SCALES

INTIMACY SCALES

(1) Enmeshed Relating	(2) Individuated Nurturant Relating	(3) Distanced Non-Nurturant Relating
anxious	accepting	apathetic
bossy	adaptable	aloof
blaming	approving	cold
clinging	accessible	distant
demanding	appreciative	detached
englufing	at ease	dispassionate
excessive	available	evasive
intrusive	alive	indifferent
nagging	calm	impoverished
overwhelming	considerate	insensitive
overconcerned	committed	numb
over-involved	caring	rigid
possessive	confirming	stiff
reactive	compassionate	tight
relentless	concerned	unfeeling
self-sacrificing	competent	unempathic
seductive	dependable	unemotional
stifling	direct	unaffected
worrying	defined	withholding
needy	empathic	withdrawn
	encouraging	
	frank	
	gentle	
	growing	
	helpful	
	insightful	
	involved	
	kind	
	mutual	
	mature	
	open	
	positive	
	perceptive	
	pleasant	
	patient	
	respectful	
	relaxed	
	receptive	
	safe	
	sharing	
	secure	
	supportive	
	spontaneous	

INTIMACY SCALES CONTINUED

(1) Enmeshed Relating	(2) Individuated Nurturant Relating	(3) Distanced Non-Nurturant Relating
	sensitive	
	trustworthy	
	thoughtful	
	understanding	
	validating	
	versatile	
	warm	

APPENDIX G

RECRUITMENT LETTER

RECRUITMENT LETTER

I am a graduate student in the clinical psychology doctoral program at the University of Massachusetts, and am writing to request your participation in a research study on therapy relationships with women. To date very little research has been done on the qualities of the therapy relationships formed between practitioners of psychotherapy and their clients. Even less attention has been directed towards investigating the therapy relationships formed between differing gender pairs. It could be very helpful for therapists, in their work with women, to have research and theory available which address the nature of the therapy relationships formed between psychotherapists and female clients.

Should you decide to participate you will be asked to fill out a paper and pencil questionnaire which is expected to take between 40 and 50 minutes of your time. It will focus on your experience of two past therapy relationships with female clients --- one which you have found predominantly satisfying and one which you have found predominantly unsatisfying. The results will be used to help systematically identify those relational conditions that are connected to the formation of satisfying and unsatisfying therapy relationships with women. All information will be kept completely confidential, and should you so desire you will be welcome to the results of the project once it is completed.

I will be contacting you by phone within the next few weeks to find out if you are willing to participate, and if so to make a 40 to 50 minute appointment for you to fill out the questionnaire. Thank you for your time and consideration.

Sincerely,

Sandra B. Levy
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Robin Hall--rm. 503
University of Massachusetts
Amherst, MA 01003