

# Counselors' Stress Appraisals as Predictors of Countertransference Behavior With Male Clients

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The authors investigated the applicability of a transactional theory of stress to the understanding of countertransference with male clients. Counselors responded to either a traditional or nontraditional videotaped male client vignette. As expected, counselors' stress appraisals predicted their countertransference behavior. Specifically, therapists' positive appraisals were linked with more positive diagnostic evaluations of the client, whereas negative appraisals were linked with increased distance from and hesitance with the client. Implications of these results are discussed.

Countertransference is a double-edged sword for counselors and researchers alike. In counseling, when countertransference is unchecked, it can lead to countertherapeutic behavior (Gelso & Hayes, 1998; Strupp, 1980); conversely, if counselors are aware of countertransference, it can provide crucial insight into the nature of the counseling relationship (Singer & Luborsky, 1977). For researchers, conducting countertransference research is difficult due to definitional and methodological difficulties (Gelso & Hayes, 1998). Nevertheless, because the counselor's and the client's personal reactions and the manner in which they deal with these reactions are central to counseling effectiveness (Strupp, 1980), countertransference research is of critical importance.

Freud introduced the term *countertransference* (Freud, 1910/1959) to refer to the analyst's unconscious and neurotic reactions to the patient's transference. Subsequent writers broadened Freud's definition of countertransference to include all of a counselor's reactions to a client (Fromm-Reichmann, 1950; Kiesler, 1982; Levenson, 1995). Currently, many scholars distinguish between therapists' "real" and "unreal" reactions, defining countertransference as irrational reactions emanating from counselors' unresolved internal issues (Gelso & Carter, 1985, 1994; Gelso & Hayes, 1998). In the present study, we used this current view of countertransference, which retains the neurotic element of Freud's definition without limiting countertransference strictly to unconscious reactions in response to transference.

## The Current Countertransference Research Paradigm

In this section, we briefly describe the current countertransference research paradigm, focusing on three countertransference

components (i.e., countertransference origins, triggers, and manifestations) identified by Hayes (1995) that are applicable to the current investigation. We have included this review for two primary reasons: (a) to highlight the empirical basis for the current investigation and (b) to serve as the historical context from which our reconceptualization of countertransference has emerged.

Within the current countertransference paradigm, counselors' unresolved issues (i.e., countertransference origins) are thought to interact with client characteristics (i.e., countertransference triggers) to elicit counselors' cognitive, affective, and/or behavioral reactions (i.e., countertransference manifestations; Hayes, 1995). To date, research has focused on counselors' intrapersonal (Hayes & Gelso, 1991; Yulis & Kiesler, 1968) and interpersonal (Cutler, 1958; Fauth, Hayes, Park, & Friedman, 1999; Rosenberger & Hayes, 2002) countertransference origins, with increasing attention being paid to countertransference origins of a cultural nature, such as homophobia (Gelso, Fassinger, Gomez, & Latts, 1995; Hayes et al., 1998; Hayes & Gelso, 1993; Latts & Gelso, 1995). These studies typically hypothesized that therapists' unresolved issues (i.e., countertransference origins) and clients' characteristics (i.e., countertransference triggers) would interact to elicit therapists' countertransference manifestations, such as withdrawal from (e.g., avoidance behavior) or overinvolvement with (e.g., enmeshed behavior) clients (Hayes et al., 1998). This notion that an interaction between counselors' and clients' unresolved issues triggers counselors' countertransference was partially supported in four of six studies in which it was tested (Cutler, 1958; Fauth et al., 1999; Gelso et al., 1995, Hayes & Gelso, 1991,

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1993; Rosenberger & Hayes, 2002). For instance, Gelso et al. (1995) found that counselors' homophobia levels were directly related to increased avoidance behavior with lesbian clients but not with heterosexual clients.

## Countertransference as a Stress and Coping Process

The prevailing countertransference research paradigm has been successful in promoting increased empirical research. Clearly, when counselors' countertransference origins are triggered in some way by clients' characteristics, it can produce countertransference manifestations such as avoidance behavior. It is also clear, however, that such a match between counselors' and clients' unresolved issues sometimes does not elicit counselors' countertransference manifestations.

We believe that the current paradigm is lacking in that it places the therapist in an artificially passive and reactive role within a unidirectional (i.e., from client to therapist) context, thereby artificially obscuring counselors' active role in perceiving, shaping, and coping with the countertransference process. We have addressed this problem by reformulating countertransference in accord with Lazarus and colleague's (Lazarus, 1993; Lazarus & Folkman, 1984) transactional theory of stress. Conceptualizing countertransference in this manner lends itself to viewing the therapist as an active appraiser of and participant in the therapeutic situation. In transactional theory, stress is defined as a bidirectional person–environment relationship that is appraised as taxing one's resources and endangering one's well-being (Folkman, 1984). The heuristic value of the transactional theory has been widely supported (Folkman & Lazarus, 1985; Stein, Folkman, Trabasso, & Richards, 1997; Tomaka, Blascovich, Kibler, & Ernst, 1997).

Within transactional theory, the personal meaning of an environmental event is based on primary and secondary appraisals. In primary appraisal, the person judges whether the environmental event is stressful. Primary appraisals can be positive or negative in valence. Positive appraisals refer to the opportunity for personal growth and gain and are characterized by positive emotions such as excitement, whereas negative appraisals refer to the potential for or to actual personal loss or damage and are characterized by negative emotions such as anger and sadness (Folkman, 1984; Lazarus, 1993; Lazarus & Folkman, 1984). Primary appraisals have tended to be potent predictors of reactions and adjustment to environmental encounters (Stein et al., 1997; Tomaka et al., 1997).

For stressful events, individuals assess the extent to which their perceived coping abilities, resources, or options are capable of meeting the demands of the situation (Lazarus & Folkman, 1984). Self-efficacy, an individual's judgment of how well she or he can perform the courses of action required to effectively deal with a situation, is a crucial com-

ponent of the secondary appraisal process (Folkman, 1984; Lazarus & Folkman, 1984). Indeed, efficacious judgments decrease emotional arousal and bolster direct coping efforts (Bandura, 1982, 1997).

Thus, we posit that countertransference is a stressful interpersonal event in which the therapist appraises the counseling situation as harmful to, threatening, challenging, and/or taxing of her or his coping resources. On the basis of these appraisals, counselors initiate coping aimed at managing the demands of the situation (thereby potentially creating a reciprocal process). Counselors' subjective appraisals, then, could be the key to understanding the countertransference process, effectively explaining occasions in which therapists' and clients' unresolved issues do not interact to elicit countertransference manifestations and vice versa (occasions in which countertransference manifestations appear in the absence of any interaction between countertransference origins and triggers).

## Description of the Study

To provide an initial test of the transactional theory of countertransference, we modeled our study after previous countertransference investigations, with one major exception: We measured counselors' stress appraisals. The inclusion of counselors' stress appraisals allowed us to test two important tenets of transactional theory. The first, and most crucial, tenet was whether counselors' stress appraisals would in fact predict counselors' countertransference manifestations (irrespective of any interaction between countertransference origins and triggers). The second tenet was whether counselors' stress appraisals would mediate any interaction between countertransference origins (i.e., male gender role attitudes) and triggers (i.e., client condition). It is important to note that the transactional theory does not necessarily predict that there should be an interaction effect; it does, however, predict that if such an interaction is found, it should be mediated by (i.e., work through) counselors' stress appraisals in influencing counselors' stress appraisals.

Thus, we examined the relationship between therapists' male gender role attitudes (i.e., countertransference origin); male clients' gender role conformity (i.e., countertransference trigger); therapists' primary and secondary stress appraisals; and therapists' avoidance behaviors, ratings of clients' functioning, and hesitance (i.e., countertransference manifestations). Client verbal content (traditional vs. nontraditional) and nonverbal behavior (traditional vs. nontraditional) were manipulated to create two male client vignettes: (a) a traditional client in terms of both verbal content and nonverbal behavior and (b) a nontraditional client in terms of both verbal content and nonverbal behavior. We manipulated both client nonverbal behavior and verbal content in our videotaped male client vignettes because previous analog research has neglected the importance of clients' nonverbal behavior in triggering countertransference.

We examined counselors' male gender role attitudes (a novel countertransference origin) in conjunction with male clients' gender role conformity (a novel countertransference trigger) because research suggests that counselors sometimes exhibit clinical biases toward male clients based on their own gender role socialization experiences (Fitzgerald & Cherpas, 1985; Robertson & Fitzgerald, 1990; Wisch & Mahalik, 1999). Specifically, Wisch and Mahalik found that counselors experiencing more gender role conflict reacted more negatively toward an angry gay male client vignette than did counselors experiencing less gender role conflict. Furthermore, they found that counselors who were more comfortable expressing affection toward other men reacted more positively toward gay male client vignettes than toward heterosexual male client vignettes.

In measuring counselors' countertransference manifestations, we incorporated two important developments in countertransference research by using multidimensional assessment and a reliable measure of therapist avoidance (Bandura, Lipsher, & Miller, 1960; Gelso et al., 1995; Hayes & Gelso, 1993). We also created the first nonverbal countertransference manifestation measure, namely, counselors' hesitance in responding to clients. Nonverbal measures are crucial because they might capture counselors' unconscious, or peripheral, countertransference behaviors (Gelso & Hayes, 1998; Sherman, 1965).

In sum, our primary purpose in conducting this study was to assess the potential scientific value of the transactional model of countertransference. According to the model, counselors' stress appraisals should be the primary determinants of their countertransference manifestations with clients. Thus, we hypothesized that counselors' stress appraisals should predict their countertransference manifestations. Furthermore, *if* counselors' male gender role attitudes (i.e., countertransference origin) and clients' male gender role conformity (i.e., countertransference trigger) interacted to predict counselors' countertransference manifestations, we hypothesized that the interaction would be *mediated* by counselors' stress appraisals. In other words, according to the transactional model, any such interaction should influence counselors' countertransference manifestations indirectly via its effect on counselors' stress appraisals.

## Method

### Participants and Selection Procedures

All participants were counselors-in-training or counseling center clinicians from a large eastern university. Potential participants ( $N = 154$ ) were contacted by means of campus mail and asked to volunteer for a counseling process study. Participants were informed that the study included responding to a videotaped client vignette and completing several self-report questionnaires. A raffle for two \$100 savings bonds was offered as an incentive to participate.

Sixty-eight counselors agreed to participate, a 44% response rate. Two participants who failed to complete the study were dropped from all analyses. Two thirds of the participants were female ( $n = 44$ ), and one third were male ( $n = 22$ ). Participants' ages ranged from 22 to 53 years ( $M = 31.00$ ,  $SD = 8.89$ ). Most participants were Caucasian ( $n = 49$ , 74%) or African American ( $n = 11$ , 17%). A small number of Asian American ( $n = 2$ ), Asian International ( $n = 1$ ), biracial ( $n = 1$ ), Hispanic American ( $n = 1$ ), and Native American ( $n = 1$ ) counselors also participated. Participants' clinical experience varied, with completed practica ranging from 0 to 14 semesters ( $M = 3.56$ ,  $SD = 3.28$ ) and clinical work experience ranging from 0 to 25 years ( $M = 4.36$ ,  $SD = 6.55$ ). A diverse array of theoretical orientations was represented, with humanistic (34%), cognitive-behavioral (20%), psychodynamic (17%), and multicultural (13%) models predominating.

To assess whether counselors-in-training ( $n = 38$ ) and practicing counselors ( $n = 28$ ) differed on any of the variables of interest (i.e., challenge appraisals; negative appraisals; secondary appraisals; avoidance behavior; Global Assessment of Functioning [GAF] Scale, American Psychiatric Association [APA], 2000, ratings; and hesitance scores), a multivariate analysis of variance (MANOVA) was conducted. The MANOVA was not statistically significant,  $F(7, 54) = 1.29$ ,  $p > .05$ . Thus, the data for counselors-in-training ( $n = 38$ ) and practicing counselors ( $n = 28$ ) were combined for all subsequent analyses. Similarly, we assessed whether male versus female counselors differed on any of the aforementioned measures. Again, the MANOVA was not statistically significant,  $F(7, 54) = 1.35$ ,  $p > .05$ ; therefore, the data for male ( $n = 22$ ) and female ( $n = 44$ ) counselors were combined in all subsequent analyses.

### Experimental Conditions and Stimulus Materials

A White male actor in his 30s portrayed a client in videotaped vignettes designed to correspond to the two client conditions. The client, who was shown at close range, faced the camera and spoke as if addressing his therapist. Both vignettes included five segments (each approximately 2.5 minutes in length), with each segment addressing a different aspect of the client's presenting problem. At the end of each segment, a "Please Respond" screen appeared for 20 seconds. This screen cued counselors to pause the tape and make their verbal response to the client.

Male gender role conflict theory guided the construction of the client vignettes. This theory suggests that traditional and nontraditional men differ along four dimensions: restrictive emotionality; restricted affectionate behavior between men; conflict between work and family; and a desire for success, power, and competition (Good et al., 1995; O'Neil, 1980). The traditional male client adhered to these norms: He was unemotional, played sports with "the guys," struggled with work and family values, and strove for success and power. In contrast, the nontraditional male client

departed from these norms: He was openly emotional, enjoyed intimate conversations with male friends, was a stay-at-home dad, and occupied a dependent marital role.

Across the two conditions, the clients discussed parallel problems with marital difficulties and depression. Each of the five segments dealt with different content. First, the traditional male client described his role as the family provider, while the nontraditional client described his role as the primary homemaker. Second, the traditional client was frustrated with his wife's wish that he be more "sensitive"; conversely, the nontraditional client was upset that his wife expected him to be more "macho." Third, the traditional client wanted his wife to be more involved with the children; in contrast, the nontraditional client felt guilty about his own noninvolvement with the children. Fourth, the traditional client was angry over his failed attempts to initiate sex, whereas the nontraditional client was sad about his failed attempts to create more intimacy. Fifth, the traditional client regretted his inability to "draw the line" with his wife, whereas the nontraditional client regretted his dependent behavior with his wife.

The clients' emotional expressiveness was manipulated by varying the nonverbal behaviors of the traditional versus the nontraditional male client vignettes. The traditional client was distant and unemotional. He made infrequent eye contact and leaned slightly away from the therapist. In contrast, the nontraditional client was engaging and emotional. He made frequent eye contact and leaned slightly toward the therapist.

To assess the experimental manipulation as well as the plausibility and believability of the videotaped male client vignettes, we collected data from counselor trainees enrolled in two sections of a counseling theory course ( $N = 52$ ). Students in the first section of the course ( $n = 25$ ) rated the nontraditional male client vignette, while students in the second section of the course ( $n = 27$ ) rated the traditional male client vignette.

To assess the experimental manipulation, participants rated six items on a 7-point Likert-type scale (1 = *strongly disagree*, 7 = *strongly agree*) indicating the degree to which they felt that the client was emotionally expressive, comfortable expressing affection toward men, emotionally and physically tough, desirous of status and success at work, comfortable with his feminine side, and "traditional" in terms of his attitudes and behaviors. A MANOVA was conducted, with the traditionalism of the male videotape as the independent variable and the six aforementioned questions as the dependent variables. The MANOVA was statistically significant,  $F(6, 45) = 66.70, p < .05$ ; the participants perceived the traditional client as more traditional than the nontraditional client across all six questions. Furthermore, participants' average plausibility and believability ratings, using a Likert-type scale (1 = *strongly disagree*, 7 = *strongly agree*), were 5.5 and 5.2, respectively, for the nontraditional

male client condition and 6.1 and 5.7, respectively, for the traditional male client condition, indicating that participants generally perceived both of the videotaped male client vignettes to be at least moderately plausible and believable.

### Measures

*Male Role Norms Scale (MRNS; Thompson & Pleck, 1986).* The MRNS measures masculine ideology. It contains 26 items rated on a 7-point Likert-type scale (1 = *strongly disagree*, 7 = *strongly agree*); higher scores reflect more traditional male gender role attitudes (Thompson & Pleck, 1986). The MRNS contains three subscales: Status (e.g., "Success in his work has to be a man's central goal in life"), Toughness (e.g., "When a man is feeling a little pain he should not let it show very much"), and Anti-femininity (e.g., "It is a bit embarrassing for a man to have a job that is usually filled by a woman"; Thompson & Pleck, 1986). The MRNS was modified to help obscure the purpose of the study by adding 26 distracter items.

We used the total MRNS score, which displays excellent reliability ( $\alpha = .86$ ; Thompson & Pleck, 1986). The internal consistency (coefficient alpha) of MRNS scores in this study was .82. MRNS scores are directly related to homophobia, adversarial views of sexual relationships, and traditional careers (Jome & Tokar, 1998; Sinn, 1997). The MRNS has displayed construct validity with both men and women (Stark, 1991; Thompson, 1990).

*Therapist Appraisal Questionnaire (TAQ).* The TAQ was used to assess counselors' primary appraisals. Fauth et al. (1999) created the TAQ by modifying a scale originally developed by Cooley and Klingler (1989) for studying academic stress. The TAQ consists of 16 items rated on a 5-point Likert-type scale (0 = *not at all*, 4 = *a great deal*) and three scales: Challenge (i.e., how exhilarated, hopeful, pleased, eager, happy, energetic, and excited counselors were when counseling their client), Threat (i.e., how worried, fearful, anxious, and confident counselors were when counseling their client), and Harm (i.e., how angry, sad, guilty, disappointed, and disgusted counselors were when counseling their client; Cooley & Klingler, 1989). We combined the Threat and Harm scales, which are moderately to highly correlated (Fauth et al., 1999), to create a Negative Stress scale.

The TAQ scales possess excellent internal consistency, with alpha coefficients ranging from .71 to .90 (Cooley & Klingler, 1989; Fauth et al., 1999). In this study, internal consistency (coefficient alpha) for the Challenge and Negative Stress scales were .86 and .74, respectively. The TAQ has also displayed construct validity. For example, Challenge and Threat scores were associated, as predicted by the transactional theory of stress, with self-efficacy and prognosis scores in a prior countertransference investigation (Fauth et al., 1999).

The TAQ assesses counselors' primary appraisals indirectly via the emotions associated with harm/loss, threat, and challenge appraisals. Direct measurement would require

counselors to have insight into the degree to which the client presented a threat, harm, or challenge to their personally meaningful goals or needs. Yet, it is probable that counselors (like everyone else) often lack insight into the factors contributing to their subjective experiences even though they can accurately report those subjective experiences (Nisbett & Wilson, 1977).

*Counseling Self-Estimate Inventory (COSE; Larson et al., 1992).* We used the Awareness of Values (AV) subscale from the COSE to assess participants' secondary appraisals (i.e., self-efficacy). The AV contains four items rated on a 6-point Likert-type scale (1 = *strongly disagree*, 6 = *strongly agree*). The AV subscale assesses counselors' perceived efficacy in successfully managing their self-awareness and value conflicts with clients (Larson et al., 1992). The COSE displays excellent internal consistency ( $\alpha = .86$ ; Fauth et al., 1999), although the internal consistency of the AV tends to be lower than that of the total score. In this study, the internal consistency (coefficient alpha) of the AV was .60. Countertransference research revealed that the COSE scales were directly related to challenge appraisals and performance expectations but inversely related to threat appraisals (Fauth et al., 1999).

*Avoidance Index (Bandura et al., 1960).* The Avoidance Index assesses counselors' behavioral countertransference manifestations by categorizing counselors' verbal responses into approach or avoidance categories (Bandura et al., 1960). Approach responses encourage the client to continue exploring the current therapy content. In contrast, avoidance responses inhibit or divert the client from further exploration. Approach responses are approval (i.e., agreeing with the client), exploration (i.e., asking for elaboration), instigation (i.e., redirecting toward the topic), reflection (i.e., paraphrasing), and labeling (i.e., interpretation of feelings). Avoidance responses are disapproval (i.e., being critical of the client), topical transition (i.e., changing the topic), silence (i.e., no response), ignoring (i.e., not responding to feelings), and mislabeling (i.e., misinterpreting feelings).

Three student raters, who were not aware of the study's hypotheses, were trained to implement the approach-avoidance categories using commercially available training tapes. The raters classified therapist responses into 1 of 11 categories (i.e., 5 approach categories, 5 avoidance categories, and 1 unclassifiable category), using review and discussion to aid in the training process. Training consisted of three 3-hour group training sessions and was discontinued when interrater agreement reached .80. The interrater reliabilities ( $r$ ) between the avoidance indices for the three pairs of raters were .77, .76, and .74. Interrater agreement scores regarding whether each therapist response was primarily avoidance, approach, or unclassifiable were .94, .90, and .91 for the three pairs of raters.

Raters then classified each therapist response. For each therapist, we calculated a cumulative ratio of the number of avoidance responses to the number of approach and avoidance responses. The Avoidance Index has displayed strong

interrater reliability, interrater agreement, and construct validity in countertransference investigations (Bandura et al., 1960; Gelso et al., 1995; Hayes & Gelso, 1993; Latts & Gelso, 1995; Rosenberger & Hayes, 2002). In fact, the Avoidance Index is the only existing measure of countertransference for which strong evidence of construct validity exists.

*GAF (APA, 1994).* Counselors' GAF ratings of the client were used to assess counselors' cognitive countertransference manifestations. The GAF is used by clinicians to rate clients' psychological, social, and occupational functioning. GAF scores for these ratings range from 0 to 100, with higher scores reflecting more adaptive functioning (APA, 1994). GAF reliability varies from marginal to excellent (Jones, Thornicroft, Coffey, & Dunn, 1995), with test-retest (intraclass) reliability ranging from .47 to .82 (J. B. W. Williams et al., 1992). Although the reliability of the GAF has been questioned, the scale is clinically important because of its widespread use as an aid in treatment referral and planning. One reason that GAF scores may tend to be unreliable is the subjective nature of the scale, which makes it a potentially useful scale to measure clinical biases and countertransference reactions. In fact, GAF scores have been successfully used to study counselors' clinical biases toward male clients (Wisch & Mahalik, 1999). Furthermore, GAF scores do seem to possess construct validity in that they have successfully differentiated between diverse diagnostic groups (Goldman, Skodol, & Lave, 1992). GAF scores have also displayed convergent validity with other measures of occupational and social functioning (Goldman et al., 1992; Jones et al., 1995).

*Hesitance.* Counselors' hesitance in responding to the client was used as an experimental measure of nonverbal countertransference behavior. The team of approach-avoidance raters recorded the amount of time (in seconds) that elapsed between the end of each client segment and the beginning of each therapist response. Although this measure has not been used previously in countertransference research, response latency has been used as an indicator of anxiety and stress in other psychological research (e.g., Foa, Feske, Murdock, Kozak, & McCarthy, 1991). Pauses of 4 seconds or longer are typically coded as avoidance responses when coding counselors' responses for the Avoidance Index. Because we thought that counselors' hesitance might indeed capture a nonverbal aspect of counselors' countertransference reactions to clients but were wary of the arbitrary nature of the 4-second cutoff mark, we decided to extract the code from the Avoidance Index and use it as a separate continuous variable. Thus, we included this variable as an exploratory measure in this study with the purpose of ascertaining its relevance to countertransference research.

#### Procedure

Counselors first completed an informed consent form along with the MRNS. About 1 week later, counselors met one of

the experimenters in a counseling room in the department's training clinic or the counseling center. Upon their arrival, counselors received instructions regarding viewing and responding to the videotaped client vignette. They were asked to assume the mental set of a third therapy session. They were instructed to make therapeutic interventions "as if" they were speaking directly to an actual client. Counselors were informed that a "Please Respond" screen would appear after each of the five client segments; they were instructed to pause the tape at that time and make their response.

Counselors were randomly assigned by gender into either the traditional or the nontraditional male client condition. Counselors viewed the videotape and responded into the microphone of a continuously operating tape recorder. After completing the videotape, counselors completed the TAQ, the AV, and the GAF, which were counterbalanced to control for order effects.

## Results

For both research questions, we used a two-tiered analysis strategy consisting of an omnibus test followed by more targeted analyses, thereby decreasing family-wise error by eliminating unnecessary analyses.

### Hypothesis 1

Counselors' stress appraisals were expected to predict their countertransference manifestations (see Table 1 for bivariate correlations). Thus, a multivariate multiple regression analysis was conducted with counselors' avoidance, GAF, and hesitance scores as the criterion variables and Challenge, Negative Stress, and AV scores as the predictor variables. Results indicated that the predictor variables were statistically significantly related to the criterion variables,  $F(3, 56) = 26.36, p \leq .01$ .

Because the MANOVA revealed significant results, we conducted a series of follow-up hierarchical regression analyses to further specify the relationships between the stress appraisal and the countertransference manifestation variables.

TABLE 1

Correlations Among the Stress Appraisal and Countertransference Manifestation Variables

Variable	1	2	3	4	5	6
1. Challenge	—					
2. Negative Stress	-.34**	—				
3. AV	-.05	-.27**	—			
4. Avoidance	-.15	-.04	-.30**	—		
5. GAF	.23*	.11	-.06	-.15	—	
6. Hesitance	-.18	.34**	-.31**	.14	-.19	—

Note. AV = Awareness of Values subscale. GAF = Global Assessment of Functioning Scale.  
\* $p \leq .05$ , one-tailed. \*\* $p \leq .01$ , one-tailed. \*\*\* $p \leq .001$ , one-tailed.

In these analyses, counselors' avoidance, GAF, and hesitance scores were regressed onto counselors' Challenge and Negative Stress scores (i.e., primary appraisals) in Step 1 and AV scores (i.e., secondary appraisals) in Step 2 (see Table 2). We entered these variables in separate steps to assess whether therapists' secondary appraisals would add to the prediction of countertransference behavior achieved by using therapists' primary appraisals alone (in past transactional research in nontherapy settings, primary appraisals have been better predictors than secondary appraisals).

Counselors' Challenge and Negative Stress scores accounted for 3% of the variance in counselors' avoidance, which was not statistically significant ( $R = .18, F = 1.02, p > .05$ ). AV scores accounted for an additional 13% of the variance in avoidance scores, which was statistically significant ( $F = 8.88, p \leq .05$ ). Counselors' perceived efficacy in managing their awareness of emotional reactions to and value conflicts with the client significantly added to the prediction of their avoidance behavior beyond the contribution of primary appraisals. The full regression model accounted for 16% of the variance in counselors' avoidance behavior, which was also statistically significant ( $R = .40, F = 3.72, p \leq .05$ ).

Counselors' Challenge and Negative Stress scores accounted for 9% of the variance in counselors' GAF scores, which was statistically significant ( $R = .31, F = 3.06, p \leq .05$ ).

TABLE 2

Hierarchical Multiple Regression Results for Avoidance, GAF, and Hesitance Scores Regressed Onto Challenge, Negative Stress, and AV Scores

Criterion Variable	R	$\Delta R^2$	$\beta$
Avoidance			
Step 1: $df = 2, 61$	.18	.03	
Challenge			-.19
Negative Stress			-.11
Step 2: $df = 3, 60$	.40*	.13**	
Challenge			-.24
Negative Stress			-.23
AV			-.37**
GAF			
Step 1: $df = 2, 61$	.31*	.09*	
Challenge			.30*
Negative Stress			.21
Step 2: $df = 3, 60$	.31	.00	
Challenge			.31*
Negative Stress			.22
AV			.01
Hesitance			
Step 1: $df = 2, 61$	.35*	.12*	
Challenge			-.07
Negative Stress			.32*
Step 2: $df = 3, 60$	.42**	.05*	
Challenge			-.11
Negative Stress			.24
AV			-.25*

Note. AV = Awareness of Values subscale. GAF = Global Assessment of Functioning Scale.  
\* $p \leq .05$ . \*\* $p \leq .01$ .

Beta weights indicated that Challenge scores were unique predictors of counselors' GAF scores; specifically, as counselors experienced more positive reactions toward the client, their GAF scores increased. AV scores did not account for any additional variance in GAF scores ( $F = 0.01, p > .05$ ). The full regression model after Step 2 accounted for 9% of the variance in counselors' GAF scores, which was not statistically significant ( $R = .31, F = 2.40, p > .05$ ).

Counselors' Challenge and Negative Stress scores accounted for 12% of the variance in counselors' hesitance scores, which was statistically significant ( $R = .35, F = 4.30, p \leq .05$ ). Beta weights indicated that Negative Stress scores uniquely predicted counselors' hesitance. As counselors appraised the client as more threatening and harmful, their hesitance increased. AV scores accounted for an additional 5% of variance in hesitance scores, which was statistically significant ( $F = 3.95, p \leq .05$ ). As counselors felt less able to manage their reactions toward the client, they became more hesitant in responding to him. The full regression model after Step 2 accounted for 18% of the variance in counselors' hesitance, which was statistically significant ( $R = .42, F = 4.31, p \leq .01$ ).

### Hypothesis 2

The second hypothesis predicted that counselors' stress appraisals should mediate any interaction between counselors' male gender role attitudes and client male gender role conformity in predicting counselors' countertransference manifestations. To establish such a mediation effect, we first needed to assess whether counselor's male gender role attitudes and client male gender role conformity did in fact interact to predict therapists' stress appraisals and countertransference manifestations. We used hierarchical multivariate multiple regression (Finn & Bock, 1988) as an omnibus test of the aforementioned interaction effect. First, the main effect (i.e., MRNS scores and client condition) and interaction variables were centered to reduce redundancy (Aiken & West, 1991). Next, the main effect variables were isolated by entering them in Step 1 (Baron & Kenny, 1986), followed by the interaction term in Step 2. The criterion variables were counselors' Challenge, Negative Stress, AV, avoidance, GAF, and hesitance scores. The statistical significance of the change in variance accounted for after each step, as well as the statistical significance of the full regression model, was examined to evaluate the interaction hypothesis. Neither Step 1,  $F(12, 108) = 1.12, p > .05$ , Step 2,  $F(18, 150) = 0.90, p > .05$ , nor the change in variance accounted for between Step 1 and Step 2,  $F(6, 53) = .37, p > .05$ , was statistically significant. Because no interaction effect emerged, it was not possible to fully test the mediation hypothesis.

## Discussion

The transactional conceptualization of countertransference received some support in this study. We describe these find-

ings in the following section and discuss them in light of potential future research and the methodological limitations of the investigation. We conclude by presenting potential clinical implications of the transactional view of countertransference.

### Relationship Between Stress Appraisals and Countertransference Manifestations

We assessed the relationship between counselors' stress appraisals and their countertransference manifestations using multiple regression analyses. Despite the fact that only 5% of counselors' responses were classified as avoidant (thereby making prediction of this variable quite difficult), counselors' stress appraisals predicted more than 16% of the variance of this variable. This effect is robust when compared with that of other countertransference investigations (Gelso et al., 1995; Hayes & Gelso, 1993) and is potentially clinically meaningful because previous research has indicated that the kinds of behaviors categorized as avoidant have been inversely linked with counseling outcome (Henry, Schact, & Strupp, 1986). Counselors' secondary appraisals were particularly potent predictors of their avoidance behavior. Specifically, counselors who felt more efficacious in managing their feelings and value conflicts with the client tended to avoid him less. Thus, helping counselors to feel more confident in successfully managing their emotional reactions and value conflicts during the session may also be helpful in reducing their avoidance behavior.

Primary stress appraisals, especially challenge appraisals, were unique predictors of counselors' GAF scores. Specifically, as counselors perceived the counseling situation as more of an opportunity for personal gain, they rated the client's functioning more positively. Clinically, if counselors' GAF scores are unduly influenced by their challenge appraisals, it could lead to their making inappropriate treatment referrals and decisions. In this era of rapid assessment and brief treatment, the influence of counselors' primary stress appraisals on their diagnostic formulations could be especially damaging to client care. Thus, the role of counselors' primary appraisals in relation to clinical biases and treatment decisions warrants further study.

Primary and secondary stress appraisals predicted counselors' hesitance. As counselors felt more threatened and harmed by the client and less able to manage their reactions, their hesitance in responding to him increased. Thus, counselors' stress appraisals were associated with decreased spontaneity, which *could* damage the therapeutic alliance. For instance, clients might interpret therapist hesitance as an attempt by the therapist to conceal her or his true reactions. Of course, hesitance might also be viewed in a more positive light, as a thoughtful way for therapists to manage their personal reactions. Nonetheless, some research evidence suggests that clients perceive their counselors as less helpful when counselors report being most aware of their own personal reactions (E. N. Williams, 1999). Furthermore, the

fact that hesitance covaried with counselors' negative stress appraisals suggests that the measure of hesitance, at least in part, tapped into a nonverbal manifestation of counselors' negative reactions (and did not simply measure some stable counselor characteristic such as a slow speech pattern or thoughtfulness).

In sum, these results support the notion that counselors' stress appraisals are linked with their countertransference manifestations, lending some support to the transactional reconceptualization of countertransference proposed in this article (Hayes et al., 1998). Moreover, as one might expect, more positive (i.e., challenge) stress appraisals seem to be associated with more positive feelings and actions toward clients (i.e., more positive diagnostic evaluations of clients), whereas more negative stress appraisals (i.e., feeling threatened and or harmed by the client and unable to manage those reactions) seem to be associated with more negative feelings and actions toward clients (i.e., increased hesitance, increased avoidance behaviors).

### Interaction Effect

We did not find that counselors' male gender role attitudes and male clients' gender role conformity interacted to predict counselors' stress appraisals and countertransference manifestations. The lack of an interaction was somewhat puzzling in light of previous research. Perhaps counselors' consistently nontraditional male gender role attitudes were responsible for the lack of an interaction effect. This explanation seems plausible, because only one therapist endorsed traditional male gender role attitudes (based on the midpoint of the MRNS). The restricted range of counselors' male gender role attitudes likely attenuated any potential interaction effect.

Alternatively, the interaction hypothesis itself may have been faulty. However, counselors' male gender role attitudes have previously been implicated in their reactions to male clients (Wisch & Mahalik, 1999). Thus, it seems possible that a mismatch between counselors' and clients' male gender role conformity could trigger counselors' stress appraisals and countertransference manifestations. Most likely, countertransference occurs when this mismatch is most extreme. Only future research, however, can assess the veracity of this assumption.

### Methodological Limitations

Three methodological limitations constrain the extent to which we can confidently generalize about these findings. The most serious limitation pertains to the analogue design of the study and the attendant concerns regarding external validity. In addition, we investigated counselors' countertransference only with White male clients. Thus, caution should be exercised in generalizing these results to White female clients and male and female clients of color. Given the importance of multicultural counseling, counselors'

countertransference in response to women and men of color warrants increased research attention. Finally, it should be noted that counselors' stress appraisals were assessed solely with self-report instruments. Future research would profit from using multiple measures (including coding of qualitative data) to assess counselors' stress appraisals.

### Future Research

Clearly, the results of this study suggest that further investigation of the transactional model of countertransference is warranted. It is also important to remember that the results of this study were mixed and, as such, are far from conclusive about the applicability of the model. Indeed, much future research will be needed to establish the transactional model as an appropriate heuristic for countertransference research. To further establish the transactional theory of countertransference, future lab research would profit from more salient and realistic client conditions, such as role-play scenarios with experimenter confederates, which would retain considerable internal validity while enhancing external validity. Furthermore, more countertransference research should be conducted in the field to examine the relationships between counselors' stress appraisals, counselors' countertransference manifestations, therapy process, and therapy outcome. Finally, the success of the hesitance measure suggests that researchers should develop measures of nonverbal countertransference manifestation. Such measures could be coupled with behavioral assessment techniques such as time sampling (e.g., random sampling and interval recording) to increase data collection efficiency.

### Clinical Implications

Should the transactional theory of countertransference prove to be a useful heuristic, counselors could systematically assess their stress appraisals, thereby heightening their countertransference awareness. Quantitatively inclined counselors could use the TAQ and AV to monitor their stress appraisals; qualitatively inclined counselors could examine their process notes for positive and negative appraisal themes. In possession of new insight into their personal reactions to clients, counselors could adjust their therapeutic approach and, when necessary, seek appropriate supervision and consultation to help them successfully manage their reactions.

The transactional theory could also guide the exploration of countertransference issues in supervision. For emotionally attuned trainees, supervisors might initially focus on trainees' stress appraisals. For example, trainees with excessively negative stress appraisals (negative feelings and low perceived efficacy in managing those feelings) might withdraw from clients. Subsequent supervision might profitably explore the countertransference triggers and origins at hand. For less emotionally attuned trainees, supervision might initially explore trainees' actual clinical behavior. Once coun-



tertransference behavior has been identified (e.g., avoidance or hesitance), supervisors could facilitate exploration into trainees' stress appraisals, countertransference triggers, and countertransference origins. For example, if a trainee withdraws from a client, supervision might explore the personally threatening or harmful aspects of the therapeutic situation. Whatever the starting point, supervision guided by the transactional theory might help clarify the particular countertransference dynamics at hand and enhance trainees' ability to identify and resolve future countertransference issues.

According to the transactional theory, it is both normal and inevitable that counselors will appraise (often automatically and unconsciously) the therapy environment in terms of their own well-being. Thus, perhaps the most powerful potential contribution of the transactional theory is that it reframes countertransference as inevitable, functional, and normal, thus counteracting the widespread view that countertransference is pathological and can or should be avoided. It is hoped that this normalization will empower counselors to acknowledge, understand, and use their countertransference reactions to their own and to their clients' benefit.

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