Reciprocal Category Analysis in Major Fields of Psychotherapy.

Client-therapist verbal interaction in content analysis research has just begun to be defined. Reciprocal Category Analysis (RCA) is used to measure therapeutic interactions between client and therapist. Three experienced therapists from each of the schools of client-centered, Rational Emotive (RET), Transactional Analysis (TA), and Gestalt therapies submitted 30-minute audiotapes of therapeutic interaction. Fifteen minutes of therapy were randomly selected from each of the 12 tapes and analyzed using Morgan's RCA. Amplification regarding ideas or problems, common to all therapies, was more predominant in Client-centered Therapy. RET, TA and Gestalt used more variety of talk than Client-centered: the sequence of the interactions varied among them. RET had the most verbal interchanges between therapist and client, and Client-centered the least. Silences were most predominant in Gestalt and almost absent in Client-centered psychotherapy. Interpretations, corrections by the therapist, or client or information exchanges were utilized infrequently by all psychotherapies. (Data do not refer to quality of exchanges but to observable verbal events and sequences of events which occurred in the psychotherapy sessions.) Except for Client-centered therapy, the quantity of the talk did not differ among the psychotherapies; however, the patterns and sequences were different. (Author/NRB)
Reciprocal Category Analysis in Major Fields of Psychotherapy

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Reciprocal Category Analysis

Abstract

Psychotherapy sessions from Client-centered, Rational Emotive, Transactional Analysis, and Gestalt therapy were analyzed by Reciprocal Category Analysis. Amplification regarding ideas or problems was common to all therapies but was more predominant in Client-centered Therapy. RET, TA and Gestalt used more variety of talk than Client-centered; however, the sequence of the interactions varied among them. RET sessions had the most verbal interchanges between therapist and client, and Client-centered the least. Silences were most predominant in Gestalt sessions and almost absent in Client-centered psychotherapy. Interpretations, corrections by the therapist or client or information exchanges were utilized infrequently by all psychotherapies. Data do not refer to quality of exchanges; but rather, to observable verbal events and sequences of the events which occurred in the psychotherapy sessions. Except for Client-centered therapy, the quantity of talk did not differ among the remaining psychotherapies; however, the patterns and sequences of events were different.
There is a continuing awareness that the client-therapist verbal interaction in content analysis research has only begun to be defined. What has not been established is what therapist behavior or procedures are likely to produce what behavioral, affective, or cognitive changes in the client. In fact, it may be that different kinds of clients respond differently to therapist characteristics and techniques (Goldstein, Heller and Sechrest, 1966; Strupp, 1957; Bergin, 1965).

Psychotherapist activity thirty years ago divided into expressive and interpretive activity (Keet, 1948), clarifications, tenative analyses, interpretations, or urges (Carnes and Robinson, 1948), clarification of feelings below the surface and in-depth interpretations (Dittman, 1952).

Ten years later Strupp (1957) posed eight categories of therapist activity:

1) facilitating communication (silence, passive acceptance);
2) exploratory operations (simple questions and probes);
3) clarifications (interpretations, reflection of feelings, summaries);
4) interpretation operations (analysis of
defenses, reality model, assertions of patient's rights);
5) structuring discussions of therapy (describing tasks of therapy); 6) direct guidance (suggestions of activity outside and inside of therapy, "therapist as expert");
7) activities not relevant to the task of therapy (small talk, endings, summaries); and 8) unclassifiable.

These categories were measured directly from the verbal content of the therapist's communication with the client. Strupp later (1960) utilized a revision of the early content analysis scale and noted that experienced therapists asked fewer questions, gave more interpretative statements of an inferential nature, and tended to portray more warmth than less experienced therapists.

Global categories advanced research on comparative approaches to psychotherapy, was proposed by Baker (1960). Verbal behavior for a "leading" therapist included directive leads, direct structuring, approval and reassurances, advice, information, persuasion, and interpretations (elements not in the client's perceptual field). The "reflective" therapist utilize a restatement of content and a clarification of feelings. Baker concluded that "leading" therapy is effective in reducing personal overgeneralizations, while "reflective" therapy is effective in reducing indiscriminate per-
ceptions, discrepancies between self and reality, and resistance to analyzing problems.

Frank and Sweetland (1962) categorized therapists' statements into direct questions, giving information, approval and encouragement, "MMhmMms", simple acceptance, forcing initiative, forcing insight, non-directive leads, reflection, clarification, forcing topics and interpretations. Therapist's verbal behavior modified the client's behavioral content, and it was possible to increase the desire on the part of the client for understanding in therapy. Frank (1964), later noted two basic differences in the responses elicited. Directive statements tended to elicit talk about problems and symptoms, while the non-directive reply elicited meaning and awareness beyond basic statements made by the client.

Silence in psychotherapy has been classified as reflecting, suggesting, indecision, or normal thought terminations, organizations, or solicitations when initiated by the client. Silences initiated by the therapist suggest deliberate, organizational, or natural termination when initiated by the therapist (Tindal and Robinson, 1947). Natural termination pauses by the client tend to elicit clarification responses by the therapist. Cook (1964) indicated that successful interviews had a range of silence from 4% to 20% of the total time of the interview, and further, the
A 31 variable scale of counselor processes has been identified (Zimmer and Park, 1967; Zimmer and Anderson, 1968; and Zimmer, sightman, and McArur, 1970). The variables ranged from information giving to minimal social stimuli vocalizations (Mmhhmmms''). The variables were thought to cross different theoretical orientations. Zimmer and Pepyne (1971) clustered the variables from the original 31 by analyzing the counseling styles of Rogers, Perls, and Ellis. It was discovered that the 31 variables clustered into 6 factors over 23 responses for each of the three counselors. The factors were:

- rational analyzing, eliciting specificity, confronting, passive structuring, reconstructing, and interrogating. Different usage of the factors indicated that counseling orientation did have an effect both on counseling style and the resultant client behavior with regard to that style.

Research with Interaction Analysis

Although the research on therapist effectiveness has been provocative in addressing issues of therapist behavior, investigations have fallen short in adequately addressing the interaction of the therapist statement with the subsequent client response. A number of classical content analysis systems have been developed to facil-
iterate investigation of counselor-client interaction. These systems usually apply categories to both participants in an effort to investigate their verbal characteristics as a communication system. This avoids the information loss inherent in conceptualizing them as independent individuals whose behavior is determined by factors external to their interaction (Marsden, 1965).

Bales (1950) general purpose content-analysis system, Interaction Process Analysis, was based on a theory of small group behavior that utilized twelve categories representing dimensions of instrumental adaptive and social-emotional behavior. Bales' work is an important foundation for quantifying counselor-client behavior. Further, Bales and Hare (1965) published a reference population of interaction profiles that may be of use to persons utilizing this system. One of the problems in using the Bales system in individual psychotherapy or in counselor-education is that the Interaction Process Analysis was designed for use with groups and requires extensive modification for rating audio or visual recordings.

Other studies included Lennard and Bernstein (1960) who advanced Bales' formulations and developed a multi-dimensional, multi-level classical content analysis of therapist and patient verbal behavior. Jaffe (1961) insisted that the counselor and client coming together in sessions be appropriately regarded as a
single interpersonal system. Jaffe criticized Bales' approach as a loss of data on individuals.

A recent scale, the Counselor Activity Profile (CAP) has been formulated by Wittmer (1971). The CAP focuses directly on the counselor's responses and indirectly on the client's interview activity. It is used to quantify a counselor's interview behavior according to the amount of interview time devoted to various discrete counseling responses. A major criticism is that it is not oriented toward therapist and client interactions.

Perhaps the most sophisticated technique for observing interaction patterns was developed by Flanders (1960). The Flanders' Interaction Analysis, unique in that it preserves a certain amount of information regarding the sequence of behavior, used ten categories. Observers at the end of each three-second period decide which category best represented the "communication behavior" during the three-second interval.

Advancement of Flanders' system allowed for reciprocal categories to be viewed. Wood and Roberts' modifications offered a number of advantages over Flanders' original. The major advance was reformulating each of the nine categories to eighteen to record both teacher and student talk. Practically speaking, those modifications offer more than twice the richness of the data pro-
vided by the original Flanders system at little increase in the complexity of the observer's task (Soar, 1971).

Soar and his associates (1971) utilized this approach, the Reciprocal Category System (RCS) and related these dimensions to pupil growth. Soar indicates that a strength of this procedure is the single step interaction coding of the sequence of verbal occurrences in the classroom. Additional strengths are the manner in which the categories are tabulated into a matrix, and the possibility of coding audio from audio-tapes.

Flanders' Interaction Analysis has been used as a feedback tool in a variety of counselor research paradigms (Truax, Carkhoff and Douds, 1964; Lister, 1966). Comparative studies, in which experimental groups were trained in the use of interaction analysis while the control groups received no training, indicated decrease in the amount of therapist talk, an increase in the amount of client talk and an increase in the amount of the self-initiated client talk in the training of counselors having similar ability (Matuscha, 1969). Other studies found, in almost every instance, students in the experimental group made positive changes in verbal interactions (Redding, 1969; Matuscha, 1969). In fact, student therapists became less directive with their clients and expedited the process with training in the interaction process.
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Morgan (Note 1) advanced the Reciprocal Category Analysis (RCA) paradigm as a modification of the RCS to measure therapeutic interactions between client and therapist. Morgan's modifications included descriptive and non-evaluative rating procedures, and the classification of both therapist and client talk on the same reciprocal categories. Patterns of "sequences of interactions" of therapist-client communication was a main contribution as well as a training method that required minimal training time (12-20 hours) while providing maximal reliability ($r > .85$). Morgan's RCA was the dependent variable in this study. The 19 categories modified by Morgan are given in Table 1.

Insert Table 1 about here

Morgan's study required three phases. Phase I involved the modification of the RCS for use in coding individual counseling audio tapes. The preparation and dissemination of a questionnaire for a subjective, logical examination of the developed categories was included in Phase I. The results from Phase II were obtained during the training of an observer, in addition to the investigator, until the desired inter-coder reliability of approximately 0.85 was
obtained. Phase III results came following the training of two different pairs of observers, counseling psychology students and noncounselors, and the independent coding of three half-hour audio tapes.

The results of the questionnaire indicated that, in general, the ten categories were representative of typical therapist-client talk. Scott Reliability Coefficients on nine independently coded audio tapes ranged from 0.76 to 0.93. The average reliability coefficient was 0.87. Computer print-outs were obtained on each of the nine tapes which reported patterns of sequences and interactions of counsel-client talk by the use of symbolic reference maps. The twenty-hour training program resulted in average reliability coefficients of 0.82 between counseling students and 0.91 between noncounselors.

Morgan's conclusion was that the RCA can be used as a tool in the objective measurement of the verbal events which typically occur during therapy sessions. The results suggested that noncounselors could not only be trained in the use of the instrument, but they may make the most consistent observers.

The utilization of the RCA for counselor preparation and research lies in the use of symbolic reference maps which report patterns of sequences and interactions of therapist-client communi-
cation. Such questions can be answered as: What does the therapist typically do when the client stops talking? What kinds of therapist behaviors are followed by what client responses? Or, what proportion of therapist talk is made up of indirect versus direct responses?

Utilization of data. Assuming the developed interaction analysis system is reliable and valid, the following question arises: How can recorded data be utilized? First, some kind of comparison is made, that is, two symbolic reference maps may be compared in order to find similarities and differences between two segments of interaction. Sometimes a single symbolic reference map could be compared with normative expectations in order to decide if a particular interaction specimen is typical or atypical. It is also possible to compare the patterns within a single symbolic reference map to a valued model; that is, a desired or preferred state of affairs, described in terms of a symbolic reference map which the counselor is attempting to develop.

Second, inferences about the sequence of events can be made. By understanding the relationships between the rows and columns, probability statements can be made about what precedes or follows an event of interest. This kind of analysis produces a flow pattern which can best be illustrated by arrows within the symbolic
reference map or be a special flow diagram based on the matrix. The main features of the interaction can thus be highlighted.

Third, three ways of thinking facilitate the encoding and decoding processes. Besides common English concepts, which denote behavior events, code symbols provide a "vocal shorthand" for describing the same events, and finally, in terms of communication patterns which can be "read" in a few minutes. The ability to shift rapidly around these "three languages" in the analysis of counseling interaction develops with first-hand experience plus reading and contemplation, but seldom with one or the other alone.

Fourth, speculative descriptions of interaction must be logically consistent with a situational setting. Basic elements of this situational setting can be identified by calculating percents and ratios which, in turn, are based on primary and secondary bits of information from the symbolic reference map. No counseling interaction can ever be completely recreated or repeated. The individual perceptions, sensations, and the instantaneous action-set of the counselor and each client are part of a moment of history which passes and is lost forever. Nevertheless, it is the purpose of interaction analysis to preserve selected aspects of interactions through audio tape observations, encoding, tabulation, and then decoding. The overall goal of interpretation is to
reconstruct those features of interaction which were previously observed from the display of coded information.

Drawing interpretations from a symbolic reference map. First, a procedure is used to draw a flow chart from the data contained in a symbolic reference map which provides feedback to counseling students, counselor-educators and counseling researchers.

Suppose an observer comes into possession of a symbolic reference map, such as Figure 1 which is a composite of client centered psychotherapy used in this study. The arrows help to clarify and make the matrix display more understandable. There are 734 tallies in the marked cells. This is 82 percent of the total tallies in the matrix. Thus, it can be said that the majority of the interaction, some 82 percent of it, is illustrated by the clockwise flow diagram.

The completed flow diagram can now be interpreted in terms of the interaction communication. The majority of time the client is amplifying previously expressed ideas to the client, the therapist typically responds with acceptance which is followed by additional amplification by the client. The therapist typically follows
these interactions by building on what the client has expressed which is accepted and encouraged by the client. The least frequent interaction is client amplification following acceptance of the therapist building on ideas previously expressed. Interaction cells which are not followed by cells with a minimum tally of 6 are not included in the clockwise flow. Figures 2, 3, and 4 are symbolic reference maps of RET, TA and Gestalt psychotherapy composites which are used in this study. Each one may be interpreted by following their flow diagram.

Insert Figures 2, 3, and 4 about here

Additional data information. Additional information can be derived from the coded data such as direct versus indirect verbalizations by both therapist and client. A ratio may be derived by dividing the indirect categories (accepts, amplifies and corrects). If the ratio is above 1.00, the majority of the talk is indirect. In Figure 2, for example, the therapists' verbal behavior is typically indirect (364 : 77 = 4.7), and the client's talk is also indirect (7.4). The larger the ratio, the greater the indirectness of the communication. Who dominates the session can be found by dividing the amount of therapist or client responses by
the total number of responses. In the session represented in Figure 2, the therapist and client shared equally in the total amount of talk.

Additional information such as the percent of time the therapist or client break a silence is available as well as what behavior typically follows a silence. In Figure 3, when a silence occurred, the client spoke first 67% of the time with either an amplification or an exploration statement. To find what behaviors are followed or preceded by what therapist or client behaviors, inspect the columns and rows of the interaction map. As an example, the Gestalt therapists in this study made one interpretation (Figure 4, row 5, column 7). By inspecting row 7, it is apparent that this interpretation was followed by the client building on the therapist statement (row 7, column 12). The interpretation was preceded by an elicitation from the client.

Purpose of Study

This study compared the reciprocal category interaction patterns of major fields of psychotherapy. Specifically, since a major criticism of the Zimmer and Pepyne (1971) investigation of Ellis, Perls, and Rogers, was the use of only one therapist from the major school of psychotherapy; this study utilized 3 experienced therapists from each of the schools investigated. In addition, this study
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included a non-institutionalized school of psychotherapy, Transactional Analysis.

The central theme of this approach is an objective measure of therapist and client behavior during the psychotherapy process. An important conclusion of the Bromwoods Invitational Conference on Research Problems in Counseling (Whitely, 1968) was that research design should allow a simultaneous consideration of client characteristics which seem to be associated with specific measures of outcome when a given therapist strategy is employed. This study was an attempt to measure the dimensions of therapeutic behavior of therapist and client in several major fields of psychotherapy. Each psychotherapy field has a theoretical underpinning which is expected to lead to unique therapist and client behaviors.

It was hypothesized that client centered therapists would do less talking than the other therapists who would also be more direct. TA, RET and Gestalt therapists would have a greater variety of behavior than client centered (more directive), but that client centered would utilize more silences. It was also expected that the interactions of therapist and client behavior would vary among the different psychotherapies.

This research points to an ultimate goal of identifying therapist-client behavior and the assessment of psychotherapy
outcome. We are only beginning to define the dimensions of therapeutic behavior; we do not know which therapist behaviors or procedures are likely to produce specific behavioral changes, and it appears likely that different kinds of clients respond differently to therapist characteristics and techniques (Goldstein, Heller and Sechrest, 1966; Strupp and Bergin, 1969).

Method

Therapists from Major Schools of Psychotherapy

Experienced therapists from the schools of Rational Emotive Psychotherapy (RET), Gestalt, Client-centered and Transactional Analysis (TA) were requested to submit audiotapes for scientific investigation. Three therapists allied with each school submitted 30 minute audiotapes of therapeutic interaction. Each therapist submitted what was considered "representative quality" of his school of psychotherapy. RET therapists all were Ph.D. level and had advanced training in RET. Two of the Gestalt therapists were at the Doctoral level, the other was a post master's professional; all had extensive training with renowned Gestalt therapists. The Client-centered therapists were all Ph.D. level and espoused a non-directive counseling framework as their sole approach. Two TA therapists were post master's professionals enrolled in a counseling doctoral program, and had received advanced training in TA
therapeutic intervention strategies. The other TA therapist was a Ph.D. level practicing psychologist.

Procedure

Fifteen minutes of therapy was randomly selected from each of the 12 tapes and analyzed using Morgan's RCA system. Analysis was completed by a single coder who had 20 hours of training and practice in the utilization of the system. The training system used the method prescribed by Morgan (1973). For each tape the coder transcribed the type of activity manifested by the therapist or client on a consistent 3 second interval. Three hundred (300) individual observations were recorded for each 15 minute tape segment. This allowed for 300 Reciprocal Category response pairs to be classified for each therapist. This further allowed for final quantifications of 900 interaction response pairs for each major school of psychotherapy.

Results

The reciprocal interaction categories for each group of therapists associated with the four schools under investigation were combined. The frequencies of responses for each of the RCA categories by school of psychotherapy are given in Table 2. Noted on this table is the frequency of actual responses and the category of response that generally follows that response.
The data were analyzed using a Chi-Square analysis for the categories on the RCA which had sufficient observations for therapist and client by major field of therapy. A significant $\chi^2$ for amplification category was observed ($\chi^2 (3) = 102.07, p < .01$).

The Client-centered therapist had 118 amplification responses. When these occurred, they were followed by further therapist amplification. The client in the Client-centered condition had 608 responses classified as amplifies. When these occurred, they were generally followed by the client amplifying and building on what he had previously expressed.

Although the RET therapists used more amplification than the Client-centered, the resultant, building on his past verbiage, was similar to the Client-centered. Further, on the amplification category, the Client-centered therapist used this response type to a lesser degree than did the other therapists. The client in the Client-centered interaction used approximately twice as much amplification as did the clients in the RET, TA, and Gestalt conditions.

TZ and Gestalt therapists amplification activity was different.
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than RET and Client-centered talk. When the TA therapist amplified, it was generally followed by a client encouragement. When the Gestalt therapist amplified, it was generally followed by a client amplification. A significant difference in the total verbal interactions, minus silence, \( \chi^2 (3) = 292.97, p < .001 \) was observed.

Several differences on various categories were observed. The frequency of responses coded for both explores and elicits categories were considerably greater for the RET therapist than for the Client-centered therapist. The TA and Gestalt therapists' responses approximated one another on these and most categories.

The greatest variation noted between the four therapists was between the Client-centered and RET therapists on the categories of encourages, amplifies, explores, and elicits. In addition, the TA and Gestalt therapists tended to have greater frequencies on these categories than did the Client-centered. The RET ended to have greater frequency of responses over these four categories than did the TA and Gestalt therapists. Further, the classification of silence was greater for the Gestalt therapists than for the other three. The Client-centered therapist engaged in silence to a lesser extent than did the other three therapists. The types of interactions regarding what kind of talk (therapist or client)
followed either therapist or client talk are presented in Table 3. A significant difference in the response interactions was found $\chi^2 (9) = 41.04, p < .001$.

An interesting interactional difference between the schools under investigation is in the Client-centered school. It appears that the client and therapist engage rather infrequently (26% of the time) in verbal interchange. The majority of time is spent in client responding and building on what has already been said. The most consistent interchange between client and therapist is observed in the Rational Emotive category. Here it appears that the therapist and client are in continual interchange that requires responses from the reciprocal party (46% of the time).

The amount of interchange between the TA therapists and the Client-centered therapist was similar (26%). However, the TA therapists seemed to engage in more verbiage in the TA approach than in the Client-centered approach. The Gestalt therapist, on the other hand, has 39% interchange between therapist and client, but tends to engage in less talk than does the TA or RET therapists.
The combined categories for the encourage, amplify, and explore responses are referred to as Indirect Talk. The categories of elicits, responds, informs, interprets, and corrects are referred to as Direct Talk. The frequencies for these two categories by major school were analyzed using a Chi-square analysis ($\chi^2 (3) = 36.38, p < .001$) and are presented in Table 4. This analysis indicates that the majority of talk was Indirect Talk. Further, it appears that the Rational Emotive therapist engaged in more of this type talk than did the TA and Gestalt. In the Direct Talk category, it seems that the RET, TA, and Gestalt therapists utilization approximated one another in categories associated with Directness. The Client-centered therapists engaged in direct talk to a lesser frequency than did the other three therapist types.

Interaction Analysis Comparison

The "flavor of each of the therapies as well as similarities and differences can best be obtained by studying the interaction patterns. Typical interaction patterns on each of the therapies was derived by drawing a flow chart from each of the symbolic
reference maps. Reconstructions of the features of the interactions of each of the four psychotherapies follows.

Insert Figures 1, 2, 3, and 4 about here

**Client-centered psychotherapy:** Most of the time the client is building on ideas previously expressed. The therapist encourages this activity and the client then amplifies further. The therapist then builds on what the client has expressed which the client typically accepts and then, he/she continues to amplify.

**Rational-emotive psychotherapy:** The client is most frequently building on statements previously expressed. The counselor follows by amplifying on these ideas which are further built-on by the client and encouraged by the therapist. This encouragement is followed by additional client amplification and then exploration from the therapist. The client builds on these explorations which are followed by requests for information. The client responds to these requests and amplifies these responses. There is then silence which the client typically breaks by building on previously expressed ideas.

**Transactional analysis psychotherapy:** The client is usually building on previously expressed statements or ideas, and the
therapist then amplifies the client's amplification which the client accepts. Following acceptance from the client, the therapist builds on what he has previously said which is further amplified by the client. The therapist then elicits information which the client responds to and expands. Following therapist encouragements and further expansion from the client, the therapist explores solutions or redefines a problem which is followed by client amplification and further exploration by the therapist. After the client builds on these explorations, there is silence followed by the client building on previous ideas.

**Gestalt psychotherapy:** The most frequent kind of talk is client amplification which is followed by the therapist building these ideas. The client then amplifies these therapist ideas which, then, causes the therapist to explore or redefine the problem. After the client builds on these ideas elicited by the therapist, there is silence which is broken by the client building on the previously stated ideas. Next, the therapist requests information (short-ended question) which is followed by the client answering and then building on his own answers.

**Similarities and Differences**

Interpretations of this data reveal similarities and differences among the four psychotherapies. Client building on ideas
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and responding to statements previously expressed was the most frequent verbal behavior common to all psychotherapies. Whereas Client-centered and Rational-emotive therapists used frequent encouragements while the client was amplifying, the TA and Gestalt therapists typically did not. The category of the therapist's building on what the client was saying was also frequent and common to all the psychotherapies. The clients of the Client-centered and TA therapists frequently verbally accepted the ideas of the therapists; however, the clients of the Rational-emotive and Gestalt therapists did not. These categories of client and counselor building on and encouraging each others' ideas exhausted the variety of verbal behavior of the Client-centered therapists.

The Rational-emotive and Gestalt therapists followed counselor and client amplification with open-ended questions to explore a solution or redefine a problem, and the client then built on these ideas. Interestingly, however, the Rational-emotive therapist then elicited information with short-ended questions; whereas, the Gestalt therapist and his client remained silent until the client broke the silence, typically talking about the previous topic. The Gestaltist then elicited information with short-ended questions which were responded to and amplified by the client. The silences of the Rational-emotive therapists and
their clients followed the elicit-responds interaction instead of preceding this response pair as was common of the Gestalt sessions.

The TA therapists followed counselor-client amplifications with requests for information which was furnished and discussed by their clients. Then a series of open-ended questions with client amplifications regarding these explorations were utilized by the therapist. Following these interactions, there was typically a silence which was broken by the client by discussing the topic which occurred prior to the silence.

RET, TA and Gestalt therapy sessions all utilized similar categories in addition to the client-counselor amplification interaction common to the Client-centered sessions. However, the sequence of these categories was quite different. The TA therapists interspersed their sessions with an indirect-direct-indirect and silence interaction pattern respectively. The RET therapist typically went from an indirect to a direct and finally to a silence interaction pattern. The Gestalt therapists' sequence pattern went from indirect to silence to direct talk, and then, indirect talk by the client. The Client-centered therapy sessions had no silences of any significance. Of the other three fields of therapy, silences followed client amplification and were broken by clients building on ideas previously expressed.
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Discussion

The results indicate that Reciprocal Category response pairs are indeed a function of the school of psychotherapy. Further, the Reciprocal Categories and interactional analysis, for the most part, were similar in schools. However, the patterns in which the counselor and client verbage fluctuated was different and can be viewed on the interactional symbolic reference maps.

Amplification was the most utilized category for both therapist and clients. Typically, amplification also followed amplification. RET therapists were the most active in verbal interchange. The therapists in the Client-centered school seemed to be less active. Gestalt and TA approximated one another with the TA therapists engaging in more verbal interaction than the Gestalt therapists.

Interactional analysis results advanced the conclusions of Frank and Sweetland (1962). Although the majority of time was spent in building strategies, the interactional patterns demonstrated different types of counselor leads affect client responses. Our data support earlier investigations that indicate counselor leads affect client responses, and dramatically suggest that client lead is an integral part in affecting therapist behavior.
Frank (1964) suggested that Direct talk tends to elicit talk about symptoms and problems, while Indirect talk elicits meaning and awareness statements that are out of the client's present perceptual field. These data support Frank's contention. Generally, the typical response in all fields of psychotherapy under investigation were amplification responses that followed response activity in the Indirect categories (accepts, amplifies, and explores). Further, talk in the Direct categories (elicits, informs, responds, interprets, and corrects) follows Direct talk (except in the response category for RET, TA, and Gestalt).

Of utmost importance is the realization that these therapists from the four schools utilize minimal amounts of information giving. In addition, and equally surprising, interpretations or corrections by these therapists and their clients were almost negligible. Since therapists in the more directive schools utilized interpretations infrequently, it would seem that their interpretations are not concomitant with quality in these schools. Morgan (Note 1) illustrated with an Adlerian approach to psychotherapy that interpretations were not only the most frequent, but also the most integral category and response mode used in therapeutic intervention. Strupp (1960) concluded that experienced therapists' use of inferential interpretations por-
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Stayed consistent high levels of the warmth core condition. It might be expected that as a client gains insight, interpretive behavior, cognition, and affect would take place. No client interpretations were noted during these psychotherapy sessions.

Tindal and Robinson (1947) indicated a variety of reasons for silence in psychotherapy exist with clarifications generally following a silence period. The current data support their conclusion. In all cases silence was followed by a clarification response, either an amplification or exploration, from both client and counselor.

Further investigation of data indicate that when the silence was broken, the client generally initiated talk. Interestingly, the most active and least active of the therapists, RET and Client-centered respectively, had the least amount of silence. It appears that the frequency of encourages for both RET and Client-centered therapists influence increased verbage by the client. Cook (1964) suggested that successful therapy generally has between a 4-20% frequency of silence. Two of the schools, RET and Client-centered, had 3% silence. The TA and Gestalt therapies had 12 and 14% silence respectively.

Especially important in reviewing the results is the awareness that the RCA focuses on quantity rather than quality. Further,
these response categories are only predicated on verbal interaction patterns and do not take into account the types of interaction accounted for by non-verbal responses (Ekman, 1964). It is possible that many of the categories coded have concomitant non-verbal cues that are, in fact, the determiners of the reciprocating category. This begs further clarification.
Reference Note

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References


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Table 1

Summary of Categories for the Reciprocal Category Analysis

<table>
<thead>
<tr>
<th>Therapist Category</th>
<th>Client Category</th>
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<tbody>
<tr>
<td>number</td>
<td>number</td>
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</table>

<table>
<thead>
<tr>
<th>Description of verbal behavior</th>
<th>number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accepts: Expression of encouragement and support of the contributions, behaviors, actions and ideas of the other.</td>
<td>11</td>
</tr>
<tr>
<td>2. Amplifies: Counselor and client build on ideas and respond to statements previously expressed. No questions are coded here.</td>
<td>12</td>
</tr>
<tr>
<td>3. Explores: Questions which explore solutions or redefine a problem. Open-ended questions coded here (freedom to express ideas).</td>
<td>13</td>
</tr>
<tr>
<td>4. elicits: Requests for information with the intent that the other should give a direct answer. Narrow-ended questions coded here (freedom to express own ideas is limited).</td>
<td>14</td>
</tr>
</tbody>
</table>
### Table 1 -- page 2

<table>
<thead>
<tr>
<th>Therapist category number</th>
<th>Description of verbal behavior</th>
<th>Client category number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Responds:</td>
<td>Direct answer or \textit{response} by client or counselor in response to requests for information that is initiated by the other. Freedom to express own ideas is limited. Answer to narrow-ended questions coded here (categories 4 and 6 coded here).</td>
<td>15</td>
</tr>
<tr>
<td>6. Informs:</td>
<td>Information and content to \textit{inform} the other through events, facts, or opinions. Information which is not amplification of ideas previously expressed and a change of topics not in question form coded here.</td>
<td>16</td>
</tr>
<tr>
<td>7. Interprets:</td>
<td>Behaviors or ideas are \textit{interpreted} as to their relationship to one another. Diagnosing and the formulation of a judgement or hypothesis concerning the problem by counselor and client.</td>
<td>17</td>
</tr>
<tr>
<td>Description of verbal behavior</td>
<td>number</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Counselor or client correct the other through disagreement with a presented idea. Critical judgements about the appropriateness of ideas or behaviors of the other coded here.</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Verbal events which are unclassifiable because of technical or other interruptions on the tape.</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Complete silence for at least six seconds, more than just a pause.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2
Category Frequencies* of Four Psychotherapies

<table>
<thead>
<tr>
<th>Category</th>
<th>Client-centered</th>
<th>Rational emotive</th>
<th>Transactional analysis</th>
<th>Gestalt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourages</td>
<td>53/36</td>
<td>50/39</td>
<td>23/27</td>
<td>15/19</td>
</tr>
<tr>
<td></td>
<td>(12)/(12)</td>
<td>(12)/(2)</td>
<td>(12)/(2)</td>
<td>(12)/(2)</td>
</tr>
<tr>
<td>Amplifies</td>
<td>118/608</td>
<td>232/340</td>
<td>192/264</td>
<td>166/364</td>
</tr>
<tr>
<td></td>
<td>(2)/(12)</td>
<td>(2)/(12)</td>
<td>(11)/(12)</td>
<td>(12)/(12)</td>
</tr>
<tr>
<td>Explores</td>
<td>8/2</td>
<td>82/5</td>
<td>42/7</td>
<td>64/4</td>
</tr>
<tr>
<td></td>
<td>(12)/(15/16)</td>
<td>(12)/(2)</td>
<td>(2)/(2/3/12/13)</td>
<td>(12)/(2)</td>
</tr>
<tr>
<td>Elicits</td>
<td>2/2</td>
<td>72/3</td>
<td>49/4</td>
<td>39/13</td>
</tr>
<tr>
<td></td>
<td>(15)/(5/12)</td>
<td>(15)/(5)</td>
<td>(15)/(1)</td>
<td>(15)/(12)</td>
</tr>
<tr>
<td>Responds</td>
<td>1/4</td>
<td>2/44</td>
<td>4/34</td>
<td>9/29</td>
</tr>
<tr>
<td></td>
<td>(6)/(1/10/12/13)</td>
<td>(2/12)/(12)</td>
<td>(12)/(12)</td>
<td></td>
</tr>
</tbody>
</table>

* \( \chi^2(5) = 102.07, \ p < .01. \)

\( \vdots \) indicates category which typically follows this category.
Table 2 -- page 2

<table>
<thead>
<tr>
<th>Category</th>
<th>Client-centered</th>
<th>Rational</th>
<th>Transactional</th>
<th>Gestalt</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Counselor/client</td>
<td>Counselor/client</td>
<td>Counselor/client</td>
<td>Counselor/client</td>
</tr>
<tr>
<td>Informs</td>
<td>3/44</td>
<td>0/3</td>
<td>15/40</td>
<td>17/18</td>
</tr>
<tr>
<td></td>
<td>(11/12/16)/(16)</td>
<td>(1/3/16)</td>
<td>(6)/(16)</td>
<td>(6)/(16)</td>
</tr>
<tr>
<td>Interprets</td>
<td>0/0</td>
<td>2/0</td>
<td>8/0</td>
<td>1/0</td>
</tr>
<tr>
<td></td>
<td>(2/7)</td>
<td>(7)</td>
<td></td>
<td>(12)</td>
</tr>
<tr>
<td>Corrects</td>
<td>0/0</td>
<td>2/0</td>
<td>0/3</td>
<td>4/1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3/12)</td>
<td></td>
<td>(8)/(2)</td>
</tr>
<tr>
<td>Uncodable</td>
<td>2/0</td>
<td>2/0</td>
<td>8/1</td>
<td>7/0</td>
</tr>
<tr>
<td></td>
<td>(2/12)</td>
<td>(3/12)</td>
<td>(2/3/9)/(10)</td>
<td>(9)</td>
</tr>
<tr>
<td>Silence b (Total)</td>
<td>17</td>
<td>21</td>
<td>79</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>(2)/(12)</td>
<td>(2)/(12)</td>
<td>(3)/(12)</td>
<td>(2)/(12)</td>
</tr>
<tr>
<td>Totals-Silence</td>
<td>204/696</td>
<td>464/436</td>
<td>420/480</td>
<td>452/448</td>
</tr>
</tbody>
</table>

b Total verbal interactions minus silence $\chi^2 (3) = 292.97, \ p < .001.$
# Table 3

Percent of Responses Occurring Among Interactions of Therapist and Client

<table>
<thead>
<tr>
<th>Response from interaction area</th>
<th>Client-centered</th>
<th>Rational emotive</th>
<th>Transactional analysis</th>
<th>Gestalt</th>
<th>Mean frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist-therapist</td>
<td>7</td>
<td>26</td>
<td>23</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Therapist-client</td>
<td>13</td>
<td>23</td>
<td>13</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Client-client</td>
<td>63</td>
<td>25</td>
<td>38</td>
<td>28</td>
<td>39</td>
</tr>
<tr>
<td>Client-therapist</td>
<td>13</td>
<td>23</td>
<td>13</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Silence</td>
<td>3</td>
<td>3</td>
<td>12</td>
<td>13</td>
<td>10</td>
</tr>
</tbody>
</table>

\[ \chi^2 (9) = 41.04, \ p < .001. \]
Table 4
Analysis of Major Schools of Psychotherapy by Indirect and Direct Types of Counselor Talk

<table>
<thead>
<tr>
<th></th>
<th>Client-counselor</th>
<th>RET</th>
<th>TA</th>
<th>Gestalt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect talk</td>
<td>179</td>
<td>364</td>
<td>257</td>
<td>246</td>
</tr>
<tr>
<td>Direct talk</td>
<td>6</td>
<td>77</td>
<td>76</td>
<td>70</td>
</tr>
</tbody>
</table>

χ² (3) = 36.38, p < .001.
Figure 1. Composite of three Rational-Emotive Therapy Sessions. Numbers 1-19 on X and Y axis represent categories given in right-hand column. 1-9 are statements by counselor and 11-19 are client statements (example, 
3=counselor explores; 13=client explores). Each category is represented on both the X and Y axis.
The X axis represents categories which initiate an interaction. The Y axis represents the reciprocal category. 
(Example, the intersection of 12 on the X axis and 1 on the Y axis [44], is a client amplifies, counselor accepts interaction). The circled numbers are total tallies of the interaction of two categories. These circled numbers are connected by arrows in sequence from the most frequent interaction to the least (example, client amplifies is most frequent, silence is the least frequent). The reciprocal counseling sequence is illustrated by following arrows in a clockwise direction.
Figure 2. Composite of three Rational-Emotive therapy sessions.
Figure 3. Composite of three Transactional-Analysis therapy sessions.
Figure 4. Composite of three Gestalt therapy sessions