ABSTRACT

Title of Thesis: EMOTIONAL INTELLIGENCE, INSIGHT, TRANSFERENCE, AND SESSION OUTCOME

Rayna D. Markin, Master of Arts, 2005

Thesis directed by: Professor Dennis M. Kivlighan
Department of Counseling and Personnel Services

This study examined the relationship between client emotional intelligence, insight, transference, and session outcome in a single session of ongoing counseling. Thirty therapists completed a total of 86 client ratings. The results suggest that client emotional intelligence is related to insight and transference. In most cases, emotional intelligence predicted the level of transference above and beyond the predictive power of insight. In addition, there is some evidence to suggest that emotional intelligence is related to session outcome. Moreover, the findings suggest that insight is a partial mediator of certain dimensions of emotional intelligence and session outcome. Attention, a subscale of emotional intelligence, and negative transference interact to predict session outcome. Overall, the results did not support the transference X insight interaction effect on session outcome that was hypothesized. Still, the findings suggest that level of client emotional intelligence affects the pattern of certain combinations of transference X insight interaction effects.

EMOTIONAL INTELLIGENCE, INSIGHT,

TRANSFERENCE, AND SESSION OUTCOME

By

Rayna D. Markin

Thesis submitted to the Faculty of the Graduate School of the
University of Maryland, College Park in partial fulfillment
of the requirements for the degree of
Master of Arts
2005

Advisory Committee:

Professor Dennis M. Kivlighan, Chair
Professor Charles Gelso
Dr. Kathy Zamostny

[C] Copyright by

Rayna D. Markin

2005

ACKNOWLEDGEMENTS

I would like to express my deepest thanks and respect to the members of my thesis committee for their support and feedback. I thank Dr. Charles Gelso for believing in me and my “big” ideas, while teaching me the value of succinct thinking. His passion for psychotherapy research has opened my mind and challenged my beliefs. I continually learn new things about psychotherapy and research from him. I also thank Dr. Kathy Zamostny for being one of the first people to expose me to psychotherapy and for staying with me through my doubts and fears. I thank Dr. Mary Ann Hoffman for her helpful feedback on earlier drafts of this paper.

I give many thanks to my advisor- Dr. Dennis Kivlighan, one of the most emotionally intelligent people I know. I thank him for giving me the freedom to study what I am passionate about no matter how difficult it may seem. I am very thankful for his patience, input, and support. He has been a wonderful mentor, teacher, and model of a scientist-practitioner to me. Carrying out this project has at times felt like a hard day’s night, and I thank him for his help in putting my feet back on the ground.

I thank my friends and family. Their support has provided the fuel to my fire in completing this project. In particular, I thank my fellow classmates for supporting, challenging, and inspiring me in unique ways. This study would absolutely not have been possible without the participation of therapists from all over the country. To everyone who kindly participated in this study, thank you for going above and beyond what was expected in your support, interest, and participation. The process of completing this project has greatly enriched my graduate school experience.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Chapter 1

INTRODUCTION

Anyone can be angry-that is easy. But to be angry with the right person, to the right degree, at the right time, for the right purpose, and in the right way-this is not easy.

Aristotle, *The Nicomachean Ethics*

Transference has existed as long as there have been men and women with emotions. In ancient Greece, Aristotle was unknowingly the first to document the essence of transference- emotions and the ways in which we express them. Anger that is displaced onto the "wrong person," sadness that is projected to the "wrong degree," fear that stirs at the "wrong time" and for the "wrong purpose," or love that is expressed in the "wrong way," can all be examples of transference. The present study is a beginning attempt to understand the role that emotions play in the development and expression of client transference, a component of the therapeutic relationship (Gelso & Carter, 1985). It was hypothesized that transference is the manifestation of *inappropriate* emotional responses in relationships. In other words, clients *transfer* emotional responses that rightfully arose in early interpersonal relationships to relationships in which such responses are no longer appropriate. On the other hand, emotional intelligence is an individual difference variable that taps into one's ability to construct and express *appropriate* emotions, given a particular context (Mayer & Salovey, 1995).

In addition to constructing context-specific emotions, emotional intelligence has to do with the ability to "read" the unique message that each emotion carries (Mayer &

Geher, 1996). It was hypothesized that emotional intelligence, or the ability to "read" the information and "see" the implications of emotions, would predict insight in psychotherapy. Insight has been shown to moderate the relationship between transference and outcome (Gelso, Kivlighan, Wine, Jones, & Friedman, 1997). Specifically, insight is thought to help clients work through or manage transference, as high insight and high transference have been shown to predict the most favorable outcome. When they fail to fit the context, emotions may give us misleading information that perpetuates maladaptive relationship patterns, or transferences. However, when explored in context, emotions can also reveal insights into the self and one's agency in relationships.

Emotions often arise in response to a person's evolving relationships. Mayer, Caruso, and Salovey (2000) write that "when a person's relationship to a memory, to his family, or to all of humanity changes, that person's emotions will change as well" (p.267). When a person recalls a bitter memory with a lover or a friend, the whole word seems less inviting. Likewise, when we find ourselves in a situation with a significant other that somehow reminds us of a past relationship, feelings experienced at an earlier time and place often flood the present. In this sense, "emotions track relationships" (Mayer et al., 2000), and through doing so they convey meaning about them (Schwarz & Clore, 1983). When emotional reactions to a particular relationship are accurate or appropriate, emotions can divulge a plethora of information about one's environment. For example, when one person in a relationship behaves aggressively, the response of fear in the other person is a healthy motivator and signal. Emotions are internal responses to relationships; as such they are a source of information needed to understand the self and

the self in the context of others. As expanded below, individuals vary in their ability to construct and express emotions that fit a particular context, or interpersonal relationship.

Relationships are complex and multifaceted. Gelso and Carter (1985) propose that the therapeutic relationship is composed of the working alliance, real relationship, and transference. Gelso and Hayes (1998) define transference as, " the client's experience of the therapist that is shaped by the client's own psychological structures and past and involves displacement, onto the therapist, of feelings, attitudes, and behaviors belonging rightfully in earlier significant relationships" (p.51). Grenyer and Luborsky (1996) write that transference extends beyond the therapeutic relationship, as clients come to therapy with maladaptive relationship themes that cause conflict in life. It was purposed that at the heart of transference is an emotional response that belongs rightfully in an earlier significant relationship(s). In other words, transference involves inappropriate affect, as it is not a direct response to a specific relationship but a generalized emotional response to all interpersonal relationships.

To the degree that a client experiences and expresses transference, his or her ability to process relevant emotional information in response to unique relationships is thwarted. On the other hand, Mayer and Salovey (1995) propose that emotional intelligence involves adaptive emotional responses to the environment. They propose that individuals develop an 'emotional model' consisting of assumptions about emotions. These assumptions guide emotional construction and regulation. Furthermore, they argue that an emotionally intelligence model holds the assumption that emotions should fit the context. Accordingly, this paper argues that emotional intelligence is related to one's ability to experience appropriate, context specific, emotional responses in relationships.

Thus, it was hypothesized that emotional intelligence is negatively related to transference.

One frequent goal of counseling is to help clients gain insight into the transference. Freud (1923) believed that transference acted as a “powerful ally” to treatment when “its presence can be detected each time and explained to the patient” (p.141). Freud argued that detecting and understanding, or analyzing, transference should result in the resolution of it. Similarly, Greenson (1967) observed that client insight tends to have a mitigating affect on psychological symptoms. Graff and Luborsky (1977) found that in long-term psychoanalysis, transference and insight increases linearly in successful cases of treatment. They explained these results by reasoning that while transference is encouraged in treatment, it is increasingly controlled by insight outside of the therapeutic relationship. Insight can help people create new ways of thinking and feeling, providing people with new modes of behavior. The most promising research on insight and transference reveals an interaction effect of transference and insight on outcome. Gelso, Hill, and Kivlighan (1991) found a significant interaction between insight and transference on session outcome. Similarly, Gelso et al. (1997) found an interaction effect of transference and insight on short-term counseling outcome.

Transference alone does not appear to predict the success or failure of counseling. However, when combined with the presence of insight, transference predicts outcome, as self-awareness enables the client to act on alternative thoughts and feelings. The present experiment extended the research on the interaction effect of transference and insight on session outcome. Specifically, it was predicted that high insight and high transference

would have a positive effect on session outcome when emotional intelligence is relatively high and to a lesser degree when emotional intelligence is low.

According to the growing body of literature, insight is an important variable in the context of the counseling relationship and outcome. Thus, identifying individual difference variables that may predict client insight is a crucial yet largely missing area of research exploration. This paper explored whether client emotional intelligence predicts insight in counseling. Emotions provide information about emotions themselves, the other, the environment, and the self (Greenberg, 2002). The theory of emotional intelligence proposes that people vary in their ability to understand emotional information, or "hear" the implications of emotions (Mayer & Geher, 1996). Emotional intelligence is involved with the input and process phases of emotion-relevant information (Mayer, Salovey, Caruso, & Sitarenios, 2003). As with other forms of intelligence, the ways in which an individual inputs and processes knowledge influences the way he or she sees the world and maneuvers through it. To the degree that one can input emotional knowledge and process it accurately, so that it is an accurate reflection of one's psychic world and/or external environment, one can use emotional knowledge to gain awareness or insight into oneself and one's environment. In particular, since emotions often arise in response to relationships, if decoded carefully, they will provide insight into the components of interpersonal relationships, such as transference. In therapy, insight may come from external sources such as the therapist's feedback or interpretations, or it may arise from internal sources of information such as thoughts and feelings. The present paper explored clients' ability to process and utilize emotional information in the construction of insight.

Counseling is an emotionally charged environment where emotional intelligence may prove to be particularly salient and crucial to understanding the therapeutic relationship and obtaining a successful outcome. Among clients, there exists some variation in the ability to process and utilize emotional information to problem solve. To varying degrees, we attend to, understand, and regulate our emotions and those of others. Emotional intelligence involves the ability to construct emotion that fits a particular context and the ability to manage emotional responses. Thus, it was hypothesized that emotional intelligence would be inversely related to transference, the expression of a certain type of inappropriate emotional response. In addition, it was predicted that emotional intelligence would predict client insight in counseling, as it deals with the ability to understand emotions and process emotional information. Lastly, this paper built on past research that suggests an interaction effect of insight and transference on outcome by hypothesizing 2-two way interaction effects involving emotional intelligence, insight, and transference on session outcome. While theoretically and empirically speaking (see Gelso et al., 1997), insight is an important variable to the therapeutic process and outcome, we know very little about the precursors of it. Similarly, while we are beginning to empirically examine the content of transference (see Grenyer & Luborsky, 1996), we know relatively little about how the level of transference influences therapy. This experiment proposed that emotional intelligence explains an important component of both transference and insight.

Chapter 2

REVIEW OF THE LITERATURE

Why do people have emotions, and what should they do with them. They have them because emotions are crucial to survival, communication, and problem solving. Emotions are signals, ones worth listening to.

- Greenberg, *Emotion Focused Therapy(p.11)*

Emotions are like messengers who deliver vital information about the self and the world to those who are willing to listen. In 1872, Darwin noticed the universality of emotional expressions and the necessity for emotions if a species is to survive and thrive, in *The Expression of Emotions in Man and Animals.* One hundred and eighteen years later, John Mayer and colleagues have begun to research how the organism processes and utilizes emotional information. From Freud to Rogers, the therapeutic process has focused on experiencing emotions and then using them to understand and manage our maladaptive behaviors. Emotions provide information about emotions themselves, the other, the environment, and the self (Greenberg, 2002). Each emotion carries its own unique message and piece of knowledge that can help people understand the world around them. Decoding emotional information can lead to insight, or an understanding of the underlying dynamics of behaviors, thoughts, and attitudes.

Emotions arise in response to relationships. For example, a person who is viewed as threatening is feared (Mayer & Salovey, 1995). The ability to accurately receive the messages that our emotions deliver, regarding relationships, helps us to maneuver through our interpersonal world. For example, experiencing guilt may direct our attention

to conflict in a relationship, motivating us to work toward a resolution. When our emotions are a direct response to another individual, we gain access to information about the other, the self, and the relationship. Oftentimes, emotions may feel as if they are directly responding to another individual. Yet, in actuality, they are responding to relationships in an earlier place and time. When 'emotional messages' get "crossed", we struggle to maintain healthy and soothing relationships. For example, if one feels undervalued in all relationships, one will miss the interpersonal signs that convey empathy and acceptance. When our emotions inappropriately respond to others in a way that they once responded to earlier significant relationships, we perpetuate maladaptive relationship themes, or transferences.

Transference, first described by Freud (1912/1959), characterizes one's maladaptive relationship patterns that originate in childhood. Transference acts as blinders that block from sight accurate emotional signals and information regarding relationships. Thus, it is exceedingly difficult to construct appropriate emotional responses in relationships. It is theorized that emotional intelligence is the ability to perceive unique interpersonal cues and to use these cues to guide one's emotional responses in relationships. Recognizing and understanding the emotions that belie transference, i.e., achieving insight, leads to a more successful session and treatment outcome in therapies of various theoretical orientations (e.g., Gelso, Hill, & Kivlighan, 1991; Gelso, Kivlighan, Wine, Jones, & Friedman, 1997). This study was the first to explore how emotional intelligence effects counseling process variables, such as transference and insight, and session outcome.

Emotional Intelligence

A Model of Emotional Intelligence (EI): Ability vs. Mixed

Emotional intelligence involves the capacity to perceive emotions, assimilate emotion-related thoughts, understand the information that emotions can provide the self, and effectively manage emotions (Mayer & Salovey, 1997; Salovey & Mayer, 1990). EI can be assessed most directly by asking a person to solve emotional problems, for example, one type of emotional problem may involve identifying the emotion in a human face, abstract design, or color swatch (Mayer, Dipaolo, & Salovey, 1990). Mayer and Salovey have led the construction of an ability model of EI in which test takers are asked to solve emotional problems. From this perspective, EI can be operationalized as a set of mental abilities that enhance the processing of emotional and cognitive information and thus help the individual to problem solve and make more adaptive decisions (Mayer & Salovey, 1993). To date, Mayer, Salovey, Caruso, and Sitarenios (2003) have developed the only ability measure of EI.

Other approaches to defining and measuring EI ask test takers their self-reported beliefs about their emotional intelligence. A self-report measure of EI may include items such as, “I’m in touch with my emotions,” or “I am a sensitive person” (e.g., Mayer & Stevens, 1994; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995). However, self-reports of ability and actual ability are only minimally correlated in the realm of intelligence research (e.g., r=. 20 or 4 %; Paulhus, Lysy, & Yik, 1998), including EI (Davies, Stankov, & Roberts, 1998). Self-report measures of intelligence are important because people often act on their beliefs about their abilities as opposed to their actual abilities (Bandura, 1977). Yet, in the realm of intelligence, self-report measures that are easily

faked and influenced by self-concept, fail to measure one's natural ability to perform a given task, whether that task involves verbal, spatial, or emotional knowledge.

Salovey, Mayer, Goldman, Turvey, and Palfai (1995) developed a self-report measure of emotional intelligence that is designed to tap into one's perception of one's emotional abilities. Specifically, the Trait-Meta Mood Scale (TMMS; Salovey et al., 1995) indexes the degree of attention that individuals devote to their feelings, the clarity of their experience of these feelings, and their ability to regulate their feelings. The three subscales of the TMMS (attention, clarity, and regulation) are similar constructs to the four subscales of the MSCEIT (perceive emotions, facilitate thought from emotions, understand emotions, and manage emotions); the ability based measure developed by Mayer, Salovey, and Caruso (2003). Salovey et al. (1995) do not claim that the TMMS is an index of an emotional IQ as measured by the MSCEIT, or a measure of one's actual emotional abilities or competencies. On the other hand, they purpose that it measures *perceived* emotional intelligence, which is a useful construct in identifying core individual differences that may characterize emotionally intelligent individuals (Salovey et al., 1995).

The perception of one's emotional intelligence is an interesting individual difference variable. For example, it may take into account one's motivation to achieve emotional competencies and one's preference to act on these competencies. Also, individuals may be more likely to modify their behaviors based on their beliefs about their abilities rather than their actual abilities (Bandura, 1977). Lastly, psychotherapy values a client's willingness to disclose and understand feelings. These values start with an individual's willingness to attend to feelings and to experience these feelings clearly

(Salovey et al., 1995). Perceived emotional intelligence, as measured by the TMMS, cannot produce an actual emotional IQ. However, it can provide important insights into the ways in which one's beliefs about his or her emotional intelligence affects emotional processing, regulation, and adaptive decision making. The TMMS is a unique self-report measure of emotional intelligence in that it closely mirrors the ability framework of emotional intelligence (Mayer & Salovey, 1993) rather than combining numerous personality traits and preferences.

Emotional intelligence has often been conceptualized (particularly in the popular literature) as more then the ability to perceive, assimilate, understand, and manage emotions (Mayer et al., 2003). These alternative approaches define EI as more than an ability, or skill, but also as motivation, non-ability dispositions and traits, and global personal and social functioning (e.g., Bar-On, 1997; Goleman, 1995). Mayer, Caruso, and Salovey (2000) call such models *mixed models* because of all the concepts they combine. These self-report measures are used to assess mixed models. For example, the Bar-On Emotional Quotient Inventory includes 15 self-report scales that measure a person's self-regard, independence, problem solving, reality-testing and other attributes (Bar-On, 1997). Such dimensions as problem solving and reality testing seem more closely related to ego strength or social competence than to EI (Mayer et al., 2000). Perhaps future research will reveal that some of these non-cognitive attributes, often incorporated in mixed models of EI, are possible products or overt expressions of EI. However, in order for EI to be accepted as a type of intelligence, we must first tease out concepts that are "mixed in."

Emotions and Cognitions: Who Would Have Thought?

While EI has received much praise from the lay public and professionals alike, it has also been subject to harsh criticism. One potential reason behind the critique's zeal (see Matthews, Zeidner, & Roberts, 2002) has to do with the attention that mixed models have received from the media, overshadowing Mayer and Salovey's ability model. The media has made exaggerated and unscientific claims concerning what EI actually is and what benefits it will yield for an individual. For example, Goleman (1995, 1996), a chief proponent of the mixed model conception of EI, reasons that if IQ tests are known to predict 20 % of the variance in performance, then EI must account for 80 % of the variance in performance. Although Goleman's conception of EI includes an extensive list of personality traits, such as "getting along with others, self-motivation, persistence, controlling impulses, empathizing, and regulating one's mood"(1995, p.49), it is unlikely that individual differences alone account for 100 % of a person's behavior. The exaggerated claims and confounding definitions of EI made by proponents of the mixed model and the media invite criticism from the scientific community. However, another possible reason standing in the way of EI's acceptance involves the historic separation between emotion and cognition.

Traditionally, emotions cloud judgement; they do not enhance it. Plato (427-347 B. C.) believed that emotions were a source of embarrassment (cited in De Sousa, 1987) that prevent men from seeing things clearly. In the 1700's, psychological processes were divided into those of cognition, emotion, and conation (Candland, 1977). Recall that many beliefs in the 18th century were infused with rationalistic values, based on the belief that " only in the rational or intellectual functions did mankind reach its proper stature"

(Leeper, 1948, p.8.). During the 30's and 40's, renowned psychologists such as P.Y. Young, N.L. Mann, and R.S. Woodworth described emotions as "disruptive" and "disorganizing" responses that are the antithesis to thinking. Rationalistic values linger in today's cultural beliefs and values, influencing social norms and the way in which we communicate and understand emotions (Goleman, 1995).

One of the first voices to challenge the traditional zeitgeist of emotions was Robert Leeper. Leeper (1984) argued that (a) emotions and cognitions interact in meaningful ways, (b) emotions are organized responses, and (c) emotions constitute an essential part of people's lives. Leeper paved the way for psychologists to examine the interaction between emotions and cognitions, specifically how emotions underlie and guide thought. For example, Isen (1984) wrote that emotions do not interrupt thought; they redirect ongoing thoughts and actions. Izard (1993) noted that there is increasingly wide acceptance for the notion that "emotions are motivational processes that influence cognition and action" (p.68).

More recently, Mayer and Salovey (1990) proposed that emotions are adaptive to the organism, as they are organized responses to internal and external events that have positive or negative valences for the individual. For example, emotions such as fear or anxiety redirect our attention to threatening and potentially dangerous stimuli. Accordingly, every emotion serves a unique purpose and function, "Each emotion moves according to it's own characteristic rules, like the different pieces on a chessboard. Emotional Intelligence involves the ability to see the pieces, know how they move, and reason about emotions accordingly" (Mayer et al., 1998, p.3). Views toward emotions

and cognitions have begun to shift from seeing the two as disparate entities to mutually interacting processes capable of enhancing human functioning.

Emotional Intelligence and Traditional Standards of Intelligence

Conceptions of intelligence. Since the early 1900's, when Alfred Binet developed an intelligence test that could identify learning impaired children, many psychologists have proceeded to formulate their own conceptions of intelligence. Some researchers have used narrowly defined prototypes to describe intelligence. For example, Salovey and Mayer (1990) point out that Terman defined intelligence solely as the ability to think abstractly. Other researchers have expanded the concept of intelligence to include a broad range of abilities. Humphrey (1979) defined intelligence as "the entire repertoire of acquired skills, knowledge, learning, and generalization tendencies considered intellectual in nature that are available at any one period of time" (p.106). Across the spectrum, from narrow to broad definitions of intelligence, the term "ability" is found in every definition of intelligence. Carroll (1993) defines an ability as " a latent trait or characteristic of individuals that expresses itself in differential performances on a class of tasks that vary in their demands (generally, their difficulty or their timed nature) as a function of defined task attributes" (p.267). For example, the concept of verbal intelligence could be demonstrated by measuring a person's ability to understand words. The ability model of EI defines a new area of intelligence because it includes new types of abilities not previously considered in the conception of intelligence (Mayer, Caruso, & Salovey, 2000).

Traditional View of Intelligence. Some researchers advocate a narrow conception of intelligence that is limited to a few specific abilities, or what is commonly referred to

as the general *g* factor. This perspective originated in the beginning of the 20th century with the advent of a statistical procedure called factor analysis (Spearman, 1904). This perspective became known as the psychometric approach, which generates a measure of general intelligence, *g*, from the common variance underlying tests of carefully defined psychometric properties (Spearman, 1927). Advocates of the psychometric approach (e.g., Burt, 1949; Guilford, 1967; Weschler, 1958) agree that intelligence can be derived using factor analysis. However, they often debate over which model of intelligence best represents the data. They tend to either support *g* (e.g., Jensen, 1994) or a particular number of lower level or group factors (e.g., Guilford, 1967). For example, Guilford (1967) proposed that intelligence consists of 12 factors. Traditionally, the *g* factor is thought to capture intelligence, rather than looking at intelligence as multi-dimensional.

Theories of Multiple Intelligences. Mayer and Salovey are not the first psychologists to push the envelope on traditional intelligence tests, arguing that the general *g* factor is composed of more then traditional academic intelligence (APA Monitor, 2003). The idea that people possess different types of intelligence can be traced back to Thorndike's (1920) Tripartite Theory of Intelligence. He suggested that there are three types of intelligence: abstract, mechanical, and social. Thorndike defined social intelligence as the "ability to understand and mange men and women, boys and girls" (1920, p.228). Social intelligence has received the least empirical attention out of the tripartite because it is the hardest to distinguish from other forms of intelligence, both theoretically (e.g., Mayer & Salovey, 1993) and empirically (Cronbach, 1960). Interest in social intelligence, however, has recently been revived (see Cantor & Kihlstrom, 1987; Sternberg & Smith, 1985). Initial attempts to empirically distinguish social intelligence

from abstract intelligence yielded unsuccessful results (e.g., Keating, 1978; Thorndike & Stein, 1937). However, with the advent of measures of social intelligence that include cognitive and behavioral dimensions, researchers have been able to provide evidence for social intelligence as an independent construct (e.g., Wrong, Day, Maxwell, & Meara, 1995).

The empirical reviews of social intelligence as an independent, yet related, intelligence has been mixed. However, Mayer and Geher (1996) theorize that rather then dropping the idea of social intelligence, it makes sense to more plainly distinguish it from other types of intelligence, by subdividing it into emotional and motivational intelligence. According to their theory, motivational intelligence involves understanding motivations such as the need for achievement, affiliation, or power, as well as understanding tacit knowledge related to those motivations (e.g., Wagner & Sternberg, 1985) and the goal setting related to them (Cantor & Kihlstrom, 1987). In contrast, emotional intelligence involves recognizing emotions, reasoning with emotions and emotion-related information, and processing emotional information as a part of one's general problem-solving ability (Salovey & Mayer, 1990). Emotional and social intelligence are both considered to be *hot* intelligences, meaning that they involve the ego or the self, as compared to *cold* intelligences, such as verbal or spatial intelligence, that minimally involve the ego or self (Mayer, Caruso, & Salovey, 2000). Mayer and Geher (1996) point out that emotional and social intelligence both involve accurately recognizing the emotional state of another. However, this emotional information may be processed differently for social and emotional intelligence because the ultimate goal, or problem in

need of a solution, differs. However, more research is needed to compare and contrast social and emotional intelligence.

In addition to proponents of social intelligence, certain psychologists have challenged intelligence testing that solely focuses on cognitive or abstract intelligence, by theorizing multi-dimensional models of intelligence. In the early 1980's, Gardner emerged as a chief proponent of multiple intelligence theory. He attacked the idea that there was a single, immutable intelligence. Instead, he suggested that there were seven distinct intelligences: linguistic, logical-mathematical, musical, bodily kinesthetic, spatial, interpersonal, and intrapersonal (APA Monitor, 2003). Gardner's formulation has had little impact on testing, in part because the kinds of factor-analytic studies that might validate the theory in the eyes of the testing community have never been conducted (APA Monitor, 2003).

In contrast, Sternberg has taken a more direct approach to changing the practice of testing. In his book, *Beyond IQ: A Triarchic Theory of Human Intelligence* (1985), he argued that "intelligence is not a single thing . . . it comprises a wide array of cognitive and other skills" (p.327). The Sternberg Triarchic Abilities Test (STAT) is a battery of multiple-choice questions that tap into three independent aspects of intelligence: analytic, practical, and creative. Recently, Sternberg and collaborators completed the first phase of the Rainbow Project that put the triarchic theory to the test. The goal of the project was to enhance the prediction of college success and decrease test differences for ethnic minorities. About 800 college students took the STAT along with performance-based measures of creativity and practical intelligence. Sternberg and his collaborators found that the triarchic measures predicted a significant portion of variance on college grade

point average, even after SAT scores and high school GPA had been accounted for. The test also produced smaller differences between ethnic groups than the SAT (APA Monitor, 2003). Similar to the Triarchic Theory of Intelligence, in order for EI to be accepted as a type of multiple intelligence, a reliable and valid measure must be constructed that shows real world significance.

EI Meets Traditional Standards of Intelligence. An intelligence must meet certain criteria before it can be considered scientifically legitimate. First, it should be capable of being operationalized as a set of mental abilities. Second, it should meet certain correlational criteria. Specifically, the abilities defined by the intelligence should form a related set, i.e., be intercorrelated, and be related to pre-existing intelligence's, while also showing some unique variance. Third, the intelligence should develop over time with age and experience (Mayer et al., 2000). The following section examined whether the Mayer and Salovey measure of EI meets the traditional criteria of intelligence according to available research.

Conceptual Criteria. The first criteria is a conceptual one, as it holds that emotional intelligence must be described in terms of actual abilities rather then preferred courses of behavior. Most recently, Mayer et al., (2003) have operationalized EI along four branches or abilities: perceiving emotions, facilitating thought from emotions, understanding emotions, and managing emotions of self and other. These four broad classes of abilities can be arranged from lower, more molecular skills, to higher, more molar skills (Mayer et al., 2000). Mayer and colleagues have applied their definition of EI to the creation of an ability measure called the Mayer- Salovey- Caruso- Emotional Intelligence Test (MSCEIT; Mayer et al., 2003). According to the theory, perceiving

emotions is the ability on which all other emotional abilities rest, with managing emotions of self and other at the top of the hierarchy.

Factor analysis of the MSCEIT supports the way in which Mayer and Salovey operationalize EI (Mayer et al., 2003). A factor structure indicates how many entities a test can plausibly measure. In the case of the MSCEIT, the factor analysis indicates how many dimensions of EI the test "picks up." Using a standardized sample (n=2,112), Mayer et al. (2003) performed a confirmatory factor analysis of the full scale MSCEIT V2.0, testing one-, twɵ , and four-factor models to examine the range of permissible factor structures for representing the EI domain. The *g* model, or one-factor model of EI, should load all eight MSCEIT tasks (2 per branch). The two-factor model divides the scale into Experiential (perceiving and facilitating) and Strategic (understanding and managing) branches. Lastly, the four-factor model loads the two designated tasks on each of the four branches. The factor analysis revealed a progressively better fit from the one to the four factor model, however, all fit fairly well (4 vs. 2 factors, X^2 (4)= 253, p< .001; 2 vs. 1 factors, X^2 (1)= 279, p< .001) (Mayer et al., 2003).

Though the factor analysis is promising, chi-square values are a function of sample size, and thus they may reflect the 2000 individuals involved in the study instead of an absolute quality of fit (Mayer et al., 2003). To compensate, fit indices independent of sample size were computed. For example, the normed fit index (NFI) ranged from .99 to .98 across models, which is excellent (Bentler & Bonnett, 1980). Steiger's (1990) root-mean square error of approximation (RMSEA), ranged from .12 for the one factor solution which is a bit high, to an adequate .05 for the four factor solution. However, MacCallum and Austin (2000) have noted that alternative models to those tested often fit

well with the data as well. This was the case with the three-factor model tested on this data. However, Mayer et al. (2003) intentionally violated the four-factor model by shifting the second task on each branch to the next branch up. In this case, the chi-square rises from 94 to 495 and the fit indices become unacceptable (e.g., TLI drops from .96 to .78). To summarize, the factor analysis suggests that one-, twɵ , and four-factor models provide viable representations of the EI domain, as assessed by the MSCEIT. Thus, it appears that Mayer et al., (2003) successfully operationalized EI as four distinct yet related abilities that comprise one general factor.

Correlational Criteria. EI should define a set of abilities that are moderately intercorrelatd with one another, and are related to other pre-existing intelligences, while also showing some unique variance (see Carroll, 1993). Mayer, Caruso, and Salovey (2000) found that EI, as measured by the MEIS (an earlier version of the MSCEIT), correlates with verbal intelligence (which served as a proxy for general intelligence) at a low to moderate level, r= .36, p<. 01, effect size= 12.96, as replicated in Mayer and Geher (1996). These results suggest that EI does meet the correlation criteria in that it moderately correlates with general intelligence (via verbal intelligence). However, the results provide only the roughest idea of the relationship between EI and other intelligences (Mayer et al., 2000). For example, traditional academic intelligence can be divided into crystallized and fluid intelligence, or verbal and performance intelligence (e.g., Carroll, 1993). Future research must continue to explore the relationship between EI and preexisting forms of intelligence.

In addition, the four branches of EI (see Mayer et al., 2003), should moderately intercorrelate with one another. Research suggests that the tasks on the MSCEIT

interrelate using both general and consensus scoring. The intercorrelations between the tasks range from r(1995-2111) = .17 to .59, *ps* < .01, effect size= 2.9- 34.8, but with many correlations in the mid thirties. Nonetheless, the correlations are acceptable and meet the traditional standards for intelligence (Mayer et al., 2003).

Developmental Criterion. The third criterion of a traditional intelligence is that intellectual capacities grow with age and experience from childhood to early adulthood (Brown, 1997; Fancher, 1985). Mayer et al. (2000) conducted a study to test whether EI meets this final criterion of intelligence. They administered several portions (seven tasks) of the MEIS to an adolescent sample (ages 12-16). The performance of the adolescents was then compared to the performance of an adult subsample of a previous study. The authors hypothesized that the adult sample would significantly outperform the adolescents on the scale. The investigators conducted a two (Age-Group) by seven (Task) ANOVA, where the seven tasks were within-subject variables. As the hypothesis predicted, scores were higher for adults than for adolescents according to consensus agreement (Grand Mean = 0.38 vs. 0.36; F (1, 713) = 23.8, p < .001), and expert agreement (Grand Mean = 0.66 vs. 0.64; F (1,709)= 22.3, p < .0001).

Though the Mayer et al. (2000) study was a first and promising attempt to establish EI as a construct that develops with age and experience, there were many methodological flaws. First, the significant differences found may have been due to cohort effects since a group of adolescents were compared to a separate group of adults. In addition, since this was not a longitudinal study we have no way of knowing whether the adults' EI scores improved over time, or conversely if they remained high yet stable over time. Also, to obtain a consensus score, the researchers started with one adult

sample and divided it into two groups: one group served as a comparison group against the adolescents and the other group served as the consensus scoring group. Since the consensus group was pulled from the same sample as the comparison group there may be a bias toward the adults. Lastly, because of time considerations only a subset of tasks was administered to participants. Thus, the authors could not compare adolescents' and adults' general EI scores. It is left to future research to reveal how EI interacts with age and experience.

Reflecting upon the emotional intelligence literature in general, certain limitations seem to be prevalent. First, various studies have employed different versions of the ability based measure (MSCEIT; Mayer et al., 2003), as researchers have continued to develop and refine it's psychometric properties. Second, the validity of the ability based measure of EI is questionable since it has been sparsely utilized in practical settings in which one may assess it's relationship to theoretically related variables. Third, more research needs to be carried out in order to reveal the best scoring criterion. Lastly, throughout the literature, when EI is compared to other theoretically related variables, such as defensiveness (Mayer & Geher, 1996), low effect sizes are obtained. In this case, low effect sizes may be the result of self-report or inappropriate measures.

Meta-Mood Experience

Mayer, Salovey, and colleagues have developed two frameworks of emotion intelligence that are related in construct yet differ in the method of measurement developed to assess them. Both of these frameworks measure one's perception and expression of emotion, or attention to feelings, as well as one's clarity or understanding of emotional states, and one's regulation or management of feelings. However, one

framework utilizes an ability-based measure with items that have wrong and right answers that cannot be faked by the test-taker (see Salovey & Mayer, 1990). This measure of emotional intelligence resembles traditional intelligence tests. On the other hand, the other framework of emotional intelligence developed by Salovey and Mayer (see Mayer & Gaschke, 1988) assesses one's emotional competencies with a self-report measure that indexes one's experience of his or her ability to attend to, clearly understand, and regulate emotional information. This framework of *perceived emotional intelligence* grew out of Mayer and Salovey's earlier work on the reflective processes that accompany most mood states.

Mayer et al. (1988) demonstrated that there is an ongoing process associated with moods whereby individuals continually reflect upon their feelings, monitoring, evaluating, and regulating them. They termed this process the *meta-mood experience* and developed the Meta Mood Experience Scale that measures an individual's thoughts about an ongoing mood state. Because this measure emphasizes moment to moment changes in reflections about ongoing moods, it is now called the State Meta- Mood Scale (SMMS). The factors of the SMMS include beliefs about controllability of mood, clarity, acceptability, typicality, and changeability of mood.

Although the meta-mood experience commonly occurs, the content or process of the experience differs between individuals, as cognitive processes are often learned and influenced by personality (Mayer et al., 1988). Individuals high on self-awareness and emotionality may have highly developed meta-mood experiences. In contrast, individuals who defend against feelings may undervalue and pay little attention to their mood states. Individuals clearly differ on the value they place on the meta-mood experience (Mayer et

al., 1988). Some cognitive values or beliefs about the meta-mood experience that individuals may hold, include: I feel ashamed of negative emotions, I can experience my bad mood and survive, my feelings help me think clearly, and I don't care about my feelings. Thus, although Mayer et al. (1988) found similar phases of the meta-mood experience across individuals, how people use and think about these stages and the mood experience, as a whole, depends on one's personality and perhaps one's ability.

Mayer and Stevens (1994) correlated meta-mood experience factors with personality scales under the assumption that personality predicts an individual's experiential style of the meta-mood experience. They theorized that reflection on ongoing emotional experiences would affect a person's self-perception and thus his or her reports of the meta-experience. At the same time, they hypothesized that personality factors influence how one evaluates and attempts to regulate emotional experience. First, Mayer et al. (1994) used a multi-domain approach to factor analysis, which permits higher numbers of extracted dimensions while maintaining theoretical clarity, to divide the meta-experience into separate Evaluative and Regulatory domains, factor analyzing within each domain separately. Factor analysis of the Meta-Experience of Mood Scale revealed four Evaluation of mood and three Regulation of mood scales. Their coefficient alpha reliabilities were very good (r (762)= .75-. 87), and their low intercorrelations indicated that the subscales were independent of one another.

In a separate study, Mayer and Stevens (1994) correlated the Evaluative dimensions of the meta-mood experience with criterion scales, such as those measuring self-consciousness and empathy, which rely on reference to one's own feelings. Regulatory dimensions of the meta-experience were correlated with criterion scales

measuring causal attributes and coping mechanisms, which assess one's perception of being able to act effectively upon one's mood. Results suggest that two Evaluative scales, clarity and acceptance, correlate with Alexithymia subscales, measuring the ability to identify present emotional experience (r (221) =. 50; .30, respectively), and to describe those emotional experiences (r (221) = .32, .23). Both clarity and acceptance of mood were also moderately associated with fewer Borderline characteristics and negatively with wishful thinking and self-blame.

As for the Regulatory scales, repair and dampening can be compared and contrasted to one another. Although the dimensions are uncorrelated with each other, both scales correlate in opposite directions with a variety of criteria. For example, on the Folkman and Lazarus (1985) coping measures, repair typically correlated in the direction of positive thinking; dampening with negative thinking. Although repairers tended to think positively, they also reported more Borderline symptoms, empathetic distress, and a poorer ability to identify emotion than non-repairers.

Mayer et al. (1994) Evaluative scales of clarity, acceptance, influence, and typicality are similar to the four evaluative scales in Mayer et al. (1988; out of control/clarity/acceptance/typicality). The three regulatory scales of repair, maintenance, and dampening are theoretically and empirically more comprehensive and sensible than earlier versions of the meta-mood experience scale which contained one dimension of mood regulation called change.

Although the development, process, and regulation of mood occurs on subconscious and conscious levels of awareness, Mayer et al. (1988) and Mayer et al. (1994) developed a measure of conscious mood evaluation and regulation. We

continually evaluate our conscious moods as adaptive or maladaptive, pleasant or unpleasant. The degree to which an individual can accurately monitor and adaptively regulate feelings to maneuver through his or her environment is an important individual difference variable. Mayer et al. (1994) developed a meta-mood experience scale that measures the experiential state of mood rather than the trait. The state-experience of mood as measured by the SMMS, would eventually evolve into the Trait- Meta Mood experience scale that measures one's perceived ability or trait experience in monitoring, understanding, and regulating the meta-mood experience.

Mayer et al. (1994) hypothesized that the degree to which people can monitor and evaluate their moods, as well as the balance an individual strikes between evaluating and regulating feelings, influences personality style and emotional intelligence. For example, certain individuals are always in control, and in particular, they exercise considerable control over their moods. They may vacillate between dampening positive moods and regulating negative ones. Other individuals may be too influenced by their moods and ruminate over them, allowing feelings to flood thinking rather than assist it. Finally, contemporary literature (e.g., Salovey et al., 1990) describes individuals who are particularly adept at understanding and dealing with their feelings. These emotionally open or emotionally intelligent people strike an appropriate balance between attending to, understanding, and regulating emotions. In particular, the degree to which people experience clarity of mood independent of the valence of the mood may predict a healthy personality style. For example, individuals experiencing clarity of mood report themselves to be autonomous, with good ego boundaries and good psychological health

(Mayer et al., 1994). Further research will hopefully reveal a clearer picture of how one's meta-mood experience (state or trait) influences personality and behavior.

Salovey, Mayer, Goldman, Turvey, and Palfai (1995) developed the Trait- Meta Mood Scale (TMMS) to measure an ongoing process in which individuals continually reflect upon psychological states to monitor, discriminate, and regulate their emotions. The TMMS grew from research on the transitory or state measure of the meta-mood experience (see Mayer et al., 1988). The TMMS includes three components: attending to feelings, clarifying feelings, and repairing feelings. These three subscales operationalize a theoretically meaningful information-processing model in which inputs (attention to emotions) lead to mental processes (clarity of emotions) that subsequently produces outputs (repair of emotions) (Ghorbani, Bing, Watson, Davison, & Mack, 2002). Salovey et al. (1990) introduced the information-processing model of emotional intelligence in which people vary in their ability to detect, understand, and use emotional information to problem solve. An information-processing framework of emotional intelligence is more consistent with traditional views of intelligence than the mixed models of emotional intelligence described earlier.

Similar to other measures of emotional intelligence, most of the research on the TMMS deals with measurement development. However, some studies exist that look at the relationship between perceived emotional intelligence (PEI), as measured by the TMMS, health, and interpersonal relationships. Salovey, Stroud, Woolery, and Epel (2002) examined the relationship between PEI and measures of psychological and physical functioning. Greater attention to mood was associated with greater empathy (r (104)=. 44, ps<. 001), and perceptions of ability to distinguish among mood and skill at

mood repair were associated with lower levels of symptom reporting, social anxiety, and depression. Furthermore, the clarity and repair subscales of the TMMS were associated with greater levels of satisfaction with interpersonal relationships (r (93)=. 39 for clarity; r (94)=. 31 for repair, ps <. 01). All three subscales were positively related to self-esteem.

Salovey et al. (2002) also examined the relationship between PEI and reactions to stress. Participants agreed to perform laboratory tasks such as puzzles and serial subtraction. The stress level of participants was influenced by unrealistic time constraints on assigned tasks given by the experimenter. They found that mood repair is associated with psychological changes reflecting adaptive coping with stress. Also, mood repair was associated with lower levels of passive coping and greater levels of active coping. Skill at mood repair was also correlated with lower levels of rumination, a construct that has been linked to physiological reactivity and poor health outcomes (Pennebaker, 1995). With respect to physiological stress reactivity, PEI was correlated with cortisol as well as cardiovascular responses to stress. In particular, increased attention to mood was related to more adaptive (lowered) physiological responses to stress. These findings suggest that psychophysiological responses to stress may be one potential mechanism underlying the relationship between emotional functioning and health. Similarly, Rude and McCarthy (2003) found that when compared to non-depressed individuals, depressed individuals scored significantly lower on the attention and clarity scales of the TMMS. Although the TMMS has yet to be used in a psychotherapy setting, as in the present experiment, it appears to be related to psychological well being and psychological responses to stress.

EI and Counseling

The author of the present paper purposes that emotional intelligence is an important individual difference variable in environments such as therapy that require the use of emotion. Clients may come to therapy with a wide array of problems, yet to some degree, all problems are emotional in nature in that they require emotional information and regulation to solve. As Greenberg (2002), founder of Emotion-Focused Therapy writes, "why do people have emotions, and what should they do with them? They have them because emotions are crucial to survival, communication, and problem solving. Emotions are signals, ones worth listening to" (p.11). Therapy is the process of uncovering and listening to emotional information, and then using that information to work through conflicts in one's self and in one's relationships. Thus, I proposed that emotional intelligence is important to the therapeutic process, in particular transference and insight, and session outcome. Little research has been conducted examining the relationship between EI, insight, and outcome. However, research involving a related construct to EI, psychological mindedness, helps guide and support the hypotheses outlined in this paper.

Psychological Mindedness: Insight and Outcome

Psychological Mindedness (PM). Originally formulated in the psychoanalytic literature, PM has been used as a selection criteria for patients suitable for psychoanalysis (Taylor, 1995) and is also considered a desirable outcome of psychoanalysis (Appelbaum, 1973). In line with the psychoanalytic core belief that insight is the catalyst of behavior change, Abbelbaum (1973) defined PM as a "person's ability to see relationships among thoughts, feelings, and actions, with the goal of learning the meanings and causes of his

experiences and behavior" (p.36). In other words, PM is the ability to reach insight, or a mediator of change in the psychoanalytic process. To Appelbaum, PM requires intellectual and affective reflection about psychological processes, relationships, and meanings. However, Hall (1992) revised Appelbaum's definition of PM by separating intellectual from affective PM. She proposed that accurate PM is contributed to and limited by intellectual and affective PM. McCallum and Piper (1990) defined PM in line with their psychoanalytic predecessors, as the "ability to identify dynamic (intrapsychic) components and to relate them to a person's difficulties" (p.412). The authors mentioned above, focus on understanding pathology from the psychoanalytic perspective when defining PM. On the other hand, Grant (2001) writes that the interest and ability to understand the meaning of one's behavior is not only important to psychodynamic therapies, but also to contemporary cognitive and behavioral therapies (Beck & Emery, 1985). Grant (2001) defines PM as a "form of metacognition: a predisposition to engage in acts of affective and intellectual inquiry into how and why oneself and others behave, think, and feel the way that they do" (p. 12).

Grant proposes that researchers operationalize PM by measuring the extent to which one engages in reflective acts of psychological inquiry and one's level of insight. Grant's operationalization of PM highlights an inconsistency in the PM literature: is PM the same construct as insight, or is insight the product of PM (Appelbaum, 1973)? Through measuring PM by assessing a client's level of insight, we equate PM to insight, and the distinction becomes meaningless. The literature differs, as PM is sometimes considered to be a product of the therapeutic process, equivalent to insight, or a means to achieve insight. While clinicians may be able to see psychological mindedness,

researchers do not have an established empirical method of assessing it. Likewise, researchers have yet to empirically test the theoretical assumption that PM predicts insight. To address this gap in the literature concerning predictor variables of insight, I hypothesize that emotional intelligence, a similar construct to PM, predicts insight in therapy. On the other hand, psychological mindedness may be the therapeutic process ultimately arriving at insight.

PM and EI. In the *Handbook of Emotional Intelligence*, McCallum and Piper (2000) compare psychological mindedness to emotional intelligence along four dimensions: whether it is a good thing, whether it is a means to an end, whether it can be developed, and whether it focuses on the self or the other. However, the authors compare PM to a mixed model of EI. They define EI "to be a general construct encompassing emotional, personal, and social abilities that influence one's overall capability to effectively cope with environmental demands and pressures" (p.123). In contrast, this paper compares PM to an ability model of EI (Mayer & Salovey, 1990). I purpose that PM and EI, while distinct constructs, are similar in nature. Thus, since PM has been linked to insight and outcome theoretically and somewhat empirically, it is reasonable to draw a similar link between EI, insight, and session outcome.

Self vs. Other. Does PM include the ability to understand the underlying dynamics of the self and the other, or solely of the self? Does PM of the self involve the same process as PM of the other? Appelbaum (1973) and Baekeland and Lundwall (1975) both define PM in terms of understanding the self. McCallum and Piper (1997) propose that PM toward the self involves a different process than PM toward others because the acquisition of self-knowledge can be impeded by dynamic defenses. On the other hand,

Grant (2001) argues that the psychological mechanisms mediating behavior in oneself is not significantly different then those in others. Thus, Grant suggests that psychological insights into the self are related to those of others. He argues that individuals apply information they learn about themselves to others, and vice versa (Bandura, 1977). According to the EI ability model (Mayer & Salovey, 1990), EI involves the ability to reason about and from emotions in the self and in the other, similar to certain theories of PM.

Skill vs. Predisposition. An inconsistency that has plagued the EI literature is whether EI is a skill, i.e., an intelligence, or a predisposition, i.e., a measure of personality (Mayer et al., 2001). Likewise, it is inconsistent across the various definitions of PM, whether or not the construct is a skill or a predisposition (Grant, 2001). A skill is a capacity or ability to perform complex, well organized patterns of behavior (Grant, 2001, p.11.) On the other hand, a predisposition, preference, desire, or tendency are all states in which the performance of a specific behavior is likely to occur because one has both the ability and the motivation (Grant, 2001, p.11). Grant (2001) argues that PM is a predisposition; it is found in clients who are motivated to understand what lies beneath a person's behavior, and who can accurately do so because they possess a fundamental ability. However, intelligence captures one's natural ability, and it does not take into account one's motivations or preferences. Thus, while PM may be a predisposition, EI is a skill.

Correlates of EI and PM. Although there is no literature directly comparing PM and EI, there is literature to suggest that the two constructs predict the same or similar constructs, suggesting that they may similarly influence therapy process variables,

specifically insight and outcome. Mayer et al. (2002) found significant correlations between EI and a number of variables that resemble the factors of PM, as suggested by Lumley and Shill (2002). They performed a factor analysis on the Psychological Mindedness Scale (PMS; 2002) and found two main factors and a set of lower order factors. The two main factors were belief in the benefits of discussing one's problems and access to feelings. Mayer et al. (2002) found a significant correlation between positive sharing, which is similar to "belief in the benefits of discussing one's problems," and EI, r=. 26, p<. 01, effect size = .07. In addition, Mayer et al. (2000) found a low, yet significant, correlation between numbers of psychotherapy sessions, which could be a product of the "belief in the benefits of discussing one's feelings," and the understanding emotions branch of EI, r= .14, p<. 05, effect size = .02. The *understanding emotions* subscale of the MSCEIT is similar to the *clarity of emotions* subscale of the TMMS. The "access to feelings" factor of the PMS resembles the perceiving emotions branch of the MSCEIT and the attending to emotions domain of the TMMS. In addition, Mayer et al. (2002) found a moderate but significant correlation between sensitivity, which is similar to access to feelings, and EI, r=. 22. P<. 01, effect size = .05.

Lower order factors of the PMS include: willingness to discuss problems with others, interests in meaning and motivation of own and others behavior, and openness to change. The first of these lower order factors, "willingness to discuss problems with others," is similar to positive sharing that is significantly correlation with EI, r=. 26, p<. 01, effect size = .07 (Mayer et al., 2002). The second of the lower order factors, "interest in own and others behavior," is similar to the *understanding emotions* branch of EI. Both involve the ability to understand how emotions operate in the context of life

circumstances. Lastly, Mayer et al. (2002) also found that the final lower order factor of the PMS, "openness to change," is not significantly related to EI. This finding is in accordance with Mayer and Salovey's (2002) argument that EI is distinct from personality; openness to change is a personality trait. PM and EI are both individual difference variables concerning the ability and/or the desire to understand and use emotions. As the literature suggests that PM predicts insight and the outcome of therapy, I hypothesized that, given the theoretical and empirical similarities between EI and PM, EI would also predict insight and session outcome.

PM and Outcome. The concept of PM originated in the psychoanalytic literature as a mean for clinicians to assess clients' suitability for psychoanalysis (Taylor, 1995). Does this client possess the ability and the desire to achieve insight? Some psychodynamic clinicians may ask, does this client possess the ability and the desire to gain insight into the transference? A long time assumption of psychoanalysis is that insight is the cornerstone of structural change (Crits-Cristoph, Barber, Miller, & Bebe, 1993). In other words, insight precipitates symptom reduction, for example, transference. Furthermore, PM is considered to be a client characteristic that will predict the insight necessary for change to occur within the patient (Appelbaum, 1973). Similarly, the present paper hypothesized that EI, a comparable construct to PM, would predict the level of insight, transference, and session outcome.

PM is significantly related to constructs typically associated with a successful outcome of therapy. Empirical findings suggest that PM is significantly related to motivation for psychotherapy (e.g., Rosenbaum & Horowitz, 1983; Sifneos, 1968), ego functioning (Conte, Buckley, Dicard, & Karasu, 1995), and a subjective sense of well

being in a non-patient population (Trudeau & Reich, 1995). Also, PM has been shown to have a positive correlation with the number of psychotherapy sessions a patient will attend (Conte, Plutchik, Jung, Picard, Karasu, & Lotterman, 1990). The findings reported above, suggest a significant relationship between PM and variables typically associated with a favorable outcome.

Conte et al. (1990) found a direct relationship between PM and counseling outcome. They distributed a 45-item self-report questionnaire called the Psychological Mindedness Scale (PM) to a large outpatient clinic that provided primarily psychodynamically oriented individual treatment. The PM scores of 44 patients, who attended a median of 15 sessions, were correlated with several outcome measures. The data suggests that PM is basically unrelated to clients' functioning and psychological symptoms and problems at intake to the clinic. However, a high level of PM at intake was significantly related to improved psychosocial functioning at discharge, as measured by the Global Assessment Scale (GAS), r= .33, P<. 05, effect size = .11. Also, a high level of PM at intake negatively correlated with symptomology at discharge, as measured by the Psychiatric Outpatient Rating Scale (PORS), r = -. 37, p <. 05, effect size = .14. This study suggests that initial PM has some power to predict symptomology at outcome. In addition, the Conte et al. (1990) findings were consistent with the results of Abramowitz and Abramowitz (1974), who also compared initial PM to outcome in insight oriented treatment.

Piper, Joyce, McCallum, and Azim (1998) used a randomized clinical trial sample to investigate the efficacy of interpretative and supportive forms of short-term individual psychotherapy and the interaction of each form with the patients quality of object

relations and psychological mindedness. This study used an outpatient sample in short-term individual psychotherapy. There were 144 completers of psychotherapy, 27 drop outs and 8 experienced manual guided therapists. Results indicate that PM predicts outcome in supportive and interpretive therapies. However, while both groups improved, there were no significant differences between how much they improved. In this study, PM predicted outcome for all patients on measures of interpersonal distress, r = -. 26, p <. 01, effect size = .07, sexual functioning, r =-. 17, p <. 05, effect size = .03, anxiety r =- . 17, p <. 05, effect size, .03, general symptomatic distress, r= -. 26, p <. 01, effect size = .07, life satisfaction, r = -. 21, p <. 05, effect size = .04, and maladaptive defenses, r= -. 17, P<. 05, effect size = .03.

Strengths of this experiment include the randomized clinical trial design, wherein participants were randomly assigned to the supportive or interpretative form of therapy. A comprehensive set of outcome criteria was employed, focusing on more then symptom reduction. For example, some outcome measures employed in this study include: the inventory of interpersonal problems, beck depression inventory, and the social adjustment interview. Therapists were trained to follow specific manuals in treating patients to ensure that the same techniques characterized supportive vs. insight oriented therapies. The sessions were videotaped and checked by raters for adherence to the manual. Some limitations of the study include the use of the same therapist conducting supportive and interpretive therapies. Although, raters for adherence to the manuals checked therapist's techniques in session, techniques do not account for the personality of the therapist and the sort of relationship a therapist tends to form with his or her clients. In addition, because the treatment groups were not compared to a no-treatment group, efficacy cannot

be established. Theoretically speaking, PM may prove to be a better predicator of insight then of outcome. PM involves an understanding on an affective level of the emotions and thoughts that guide behavior. However, affective understanding of the self may not necessarily lead to symptom reduction, or life satisfaction, for many people, especially if individuals feel overwhelmed or depressed by a clearer picture. In the long run, EI may prove to be a better predictor of outcome then PM because it involves the ability to understand and manage emotions, whereas PM solely refers to understanding emotions.

Overall, the literature on psychological mindedness shares the following limitations. First, the lack of a consistent definition of PM may lead to conflicting results among studies. Second, most studies on PM are carried out in psychodynamically oriented therapies. However, PM is an important client characteristic in therapies of various theoretical modalities (Grant, 2001). Third, most of the PM literature draws from the outpatient population to form a sample. However, this limits the generalizability of findings in this area to other client populations. Fourth, the lack of empirical studies comparing measures of PM to measures of insight is surprising given the theoretical relationship they share. Fifth, studies involving PM and counseling outcome yield small effect sizes. Lastly, more follow up studies need to be conducted when analyzing the affect of PM on counseling outcome. In spite of these limitations, the literature suggests that PM predicts some variance in outcome. Theoretically, insight mediates the relationship between PM and outcome. Thus, given the theoretical similarities between PM and EI, it is reasonable to hypothesize that EI also predicts insight and session outcome.

Insight

I find it very satisfying when I can be real, when I can be close to whatever it is going on within me. I like it when I can listen to myself. To really know what I am experiencing in the moment is by no means an easy thing . . .

- Carl Rogers, *A Way of Being*

Definition. To the ancient Greeks, the ability to know oneself was considered to be a major ethical goal. Centuries later, Freud redefined what it meant to know thyself, when he proposed the concept of unconscious ideas and motivations. He emphasized the healing affect of gaining knowledge or insight into one's experience. Crits-Cristoph, Barber, Miller, and Beebe (1993) remark that since Freud's time, "insight has commonly been perceived as the cornerstone of the psychoanalytic theory of structural change" (p.408). Specifically, Freud expected insight to result in a more integrated mature ego structure that should, inturn, result in symptom reduction (Kivlighan, Multon, & Patton, 2000).

Although definitions of insight vary, most authors agree that insight involves a conscious awareness of some of the wishes, defenses, and compromises (Brenner, 1982; Wallerstein & Robbins, 1956) that result in preventing one's psychological development and potential. In the literature, authors have distinguished between emotional and intellectual insight. Strachey (1934) defined emotional insight as a successful intervention that results in symptom change, while intellectual insight is a rationalization that can never result in symptomatic change. Different definitions of insight vary in scope; solely encompassing client knowledge into the therapeutic relationship to

encompassing all client knowledge of thoughts, feelings, and behaviors in and outside of therapy. For example, analysts often refer to insight as the client's understanding of the transference relationship. Kris (1956) described insight in the context of transference, in what he referred to as the “good hour.” Ferenczi (1950) and Rank (1936) also emphasized the significance of the transference relationship in shaping interpretations delivered by the therapist. To be helpful to the client, they stressed that these interpretations must be emotionally meaningful to the client. On the contrary, in a recent study, Gelso, Kivlighan, Wine, Jones, and Friedman (1997) defined insight more broadly, including more client material than his or her understanding of the transference. They defined insight as, “the extent to which the client displays accurate understanding of the material being explored. Understanding may be of the relationship, client’s functioning outside of counseling, or aspects of the client’s dynamics and behavior” (p.212). Similar to Gelso et al. (1997), the study at hand operationalized insight with a wider scope, looking at anything the client may have learned or realized in a session.

Correlates of the Level of Insight. A few studies have examined the relationship between insight and general adjustment. Mann and Mann (1959) operationalized insight as the amount of congruence between the way one is perceived by others and the way one sees oneself. In a sample of 96 students, the authors found no relationship between insight and adjustment. Perhaps, if the authors operationalized insight as the client’s level of conscious awareness of internal conflicts, they would have found different results. On the other hand, Kivlighan et al. (2000) found a direct relationship between the client’s level of insight and counseling outcome. Gelso et al. (1997) did not find a significant main effect for insight on counseling outcome. While Gelso et al. (1997) did not find a

main effect for insight and outcome, they did find a moderating effect of insight on transference and outcome (Gelso et al., 1997). These studies support Greenson's (1967) hypothesis that client insight will reduce symptoms. If client insight reduces symptoms, then we would expect to find a significant relationship between insight and counseling outcome. Thus, it is essential that we investigate predictors of the level of insight in therapy, so that clinicians have "markers" of how the therapeutic process is proceeding.

Insight and Outcome. The relationship between the amount of insight and counseling outcome has not been intensively studied (Kivlighan, 2002). O'Conner et al. (1994) examined the course of insight in four sixteen-session therapies, and the relationship between the amount of insight in psychotherapy and treatment outcome. Specifically, they found that the higher the average level of insight across therapy, the more successful the outcome. In addition, O'Conner et al. (1994) found that the level of insight over time formed a quadratic pattern that was statistically significant. In their sample, the amount of client insight tended to start relatively high, decrease toward the middle of therapy, and increase toward the end of treatment.

In O'Conner et al. (1994), three raters assessed the level of client insight. While raters lend a more objective measure of insight then utilizing the therapist or client's vantagepoint, the internal reliability of raters in the study ranged from a low alpha of .60 to a good alpha of .88. Another potential limitation of the study lies in the way in which the authors defined insight, according to Weiss's Control Mastery Theory. According to Mastery Theory, insight is a function of clients' knowledge of his or her "unconscious plan." Limiting insight to the client's awareness of 'the plan', assumes that it is present. Also, the definition excludes clients' understanding of other important feelings and

behaviors. Nonetheless, this study suggested that client insight is an important process variable that affects the course and outcome of therapy.

In another study, Luborsky, Crits-Cristoph, Mintz, and Auerbach (1988) operationalized insight as the client's awareness of core conflicts in different relationships. They found that some aspects of insight (self-understanding about the counselor and self-understanding about significant others) correlate with counseling outcome. In the Grenyer and Luborsky (1996) study, changes in the level of mastery over the course of therapy were related to observer, counselor, and client ratings of outcome. Grenyer and Luborsky (1996) define mastery as, "the acquisition of emotional self-control and intellectual self-understanding in the context of interpersonal relationships" (p. 411). The investigators' use of multi points of view concerning counseling outcome lends more perspective to a potentially subjective measure and increases the validity of the results. In their study, change in mastery was determined by calculating a residual gain score for mastery, using mastery ratings taken from early and late in treatment. Kivlighan et al. (2000) point to Grenyer and Luborsky's (1996) use of residual gain scores for operationalizing changes in mastery, as an advance over previous studies that used a simple correlational approach to linking process and outcome (as criticized by Gottman and Markman, 1978). However, this approach is still a correlational approach. An alternative to the traditional correlational approach involves the use of time-series analyses. As such, Kivlighan et al. (2000) examined the time-ordered relationship between insight and symptom reduction.

Kivlighan et al. (2000) hypothesized that insight increases linearly across time in psychotherapy. They also predicted that an increase in the level of insight would

precipitate a decrease in the level of target (client) symptom complaints. This study addresses an inconsistency in the literature concerning the nature of insight. Wallerstein and Robbins (1956) stated that insight could be a (a) precondition of symptom change, (b) a direct result of symptom change, (c) a cause of symptom change, or (d) a correlate of symptom change. Until the Kivlighan et al. (2000) study, research has provided little information about the development of insight, and the relationship between symptom reduction and insight (Kivlighan et al., 2000).

Kivlighan et al. (2000) measured insight with the Important Events Questionnaire (IEQ) and the Insight Rating Scale (IRS). The reliability of the IRS was excellent, alpha= .94. The interater reliability was also good, alpha= .89-. 85. Using these instruments the investigators found support for their initial hypotheses. No quadratic or cubic term was found for the progression of insight over time, and instead a linear trend emerged, contrary to the O'Conner et al. (1994) study. In addition, according to time-series analyses, an increase in client insight in session was followed by lower target complaint ratings in the following week. This finding is in accordance to psychoanalytic theory that predicts that once a client consciously understands his or her conflicts then symptoms reduce (Greenson, 1967).

The Kivlighan et al. (2000) study replicates and extends the work of Grenyer and Luborsky (1996), using time-series analysis. Some potential limitations of the Kivlighan et al. (2000) study exist. Long term symptom reduction was not analyzed. Thus, we do not know whether an increase in insight precipitates long term decreases in symptom reduction. In addition, all clients received psychodynamic treatment. Thus, a subtle demand characteristic for insight may have existed. Lastly, Kivlighan et al. (2000) write

that given the empirical support for insight as an important precondition to therapeutic gain, future research must examine client variables that may predict insight. Accordingly, the present study looked at the relationship between the client variable, emotional intelligence, and the level of insight.

Certain limitations are found across empirical studies on insight. First, many studies use a small sample, such as O'Conner et al. (1994) and Gelso et al. (1997). A small sample size limits the power of a study. Second, most studies involving insight are correlational since one cannot manipulate insight. However, more sophisticated statistical approaches may be used over simple correlations, as shown in Kivlighan et al. (2000). Lastly, future studies need to examine whether different patterns of insight exist over time for successful and nonsuccessful cases of psychotherapy. This may reveal why O'Conner et al. (1994) and Kivlighan et al. (2000) found conflicting patterns of insight.

Transference

When a person's relationship to a memory, to his family, or to all of humanity changes, that person's emotions will change as well. For example, a person who recalls a happy childhood memory may find that the world appears brighter and more joyous.

- Bowers, *The Unconscious Reconsidered*

Transference, which seems to be ordained to be the greatest obstacle to psychoanalysis, becomes its most powerful ally, if its presence can be detected each time and explained to the patient.

- Freud, *Analysis of a Case of Hysteria*

Definition. From a strictly classical sense, transference is a client distortion that involves a reexperiencing of Oedipal issues in the therapeutic relationship. Far from the classical movement led by Freud, the modern constructivist position emphasizes intersubjective thought by defining transference as an unconscious organizing process to which both the client and therapist contribute (Stolorow, 1991). The definition of transference used in this study is offered by Gelso and Hayes (1998) who advocate a position that incorporates both the position of distortion in the classical definition and the phenomenon of intersubjectivity emphasized by the intersubjectivists. Specifically, they define transference as, " the client's experience of the therapist that is shaped by the client's own psychological structures and past and involves displacement, onto the therapist, of feelings, attitudes and behaviors belonging rightfully in earlier significant relationships" (p.51). Because the Gelso and Hayes (1998) conception of transference is incorporated in this study, it is important to examine some of its implications.

First, in line with the intersubjective view, transference can be seen as an unconscious organizing activity (Gelso & Hayes, 1998). Meaning that the client assimilates the therapeutic relationship into the thematic structures of his or her personal subjective world (Stolorow, 1991). According to Luborsky and Crits- Cristoph's (1990) work on the Core Conflictual Relationship Theme, most clients play out a significant relationship theme, or pattern, that is learned early in life and that reflects unresolved conflicts in early relationships (Grenyer & Luborsky, 1996). This theme manifests itself in multiple ways in the therapeutic relationship. A second aspect of the Gelso and Hayes (1998) definition of transference, includes a repetition within the therapy relationship of past issues with significant others, as well as a repetition of past attempts to achieve secure relationships. As a child, we learn certain relationship patterns, themes, and defenses in an effort to achieve a sense of security within dangerous or uncertain relationships. As Gelso and Hayes (1998) write, "the patterns did make sense in an earlier time and place; they protected the vulnerable child and created security to the extent possible, given the traumatizing or excessively frustrating situation and the child's naturally limited psychic tools" (p. 52).

A third aspect of the Gelso and Hayes (1998) conception of transference is that the therapist is always involved, to some degree, in the development of the client's transference. Classical psychoanalysis calls upon therapists to be as ambiguous as possible, leaving their personality at the door and presenting themselves as a blank screen onto which the client's transference can develop in it's most pure form. However, Gelso and Hayes (1998) assert that "all of what the therapist does, including being ambiguous, influences the transference- the feeling and attitudes that are projected onto him or her"

(p.52). The therapist's and the client's contribution to the content and magnitude of the transference is intricately interwoven.

A fourth and final point of the Gelso and Hayes (1998) definition of transference is that it always involves a distortion from early caregivers to the therapist, and that this distortion is almost never straightforward. Distortion may be a "simple" substitute where the client experiences the therapist as the controlling mother or passive father. However, the client can also project onto the therapist, aspects of character that the client wishes his or her caregiver(s) posses. He or she may recreate a situation where the client reenacts his or her parent's behavior, placing the therapist in the role of child. These are just a few examples of the complex ways in which transference can emerge in the therapeutic relationship (Gelso & Hayes, 1998).

It is important to distinguish between the *level* of transference and the *content* of transference. The content refers to the number of ways in which the transference can manifest itself in interpersonal relationships. Luborsky and colleagues developed the Core Conflictual Relationship Theme measure (CCRT; Crits-Cristoph & Luborsky, 1990) to assess the content of transference, and it's effect on the therapeutic process and outcome. However, relatively few empirical studies have addressed the influence that the level of transference exerts on the therapeutic process and outcome. To address this gap in the literature, the study at hand investigated plausible predictors of the amount of transference in psychotherapy and it's effect on session outcome.

Transference in Context. Freud called attention to the inevitability of transference in the therapeutic relationship. He believed that through the analysts' transference interpretations, the patient would come to " a sense of conviction of the

validity of the connections which have been constructed during analysis" (Freud, 1905, p.14). In other words, to work through the transference, the client must understand its content and origin. In this sense, transference is inextricably linked to insight and counseling outcome. In fact, Grenyer and Luborsky (1996) define insight in terms of transference, or what they call the Core Conflictual Relationship Theme (CCRT). They define mastery as "the acquisition of emotional self-control and intellectual self-understanding in the context of interpersonal relationships" (p.411). Psychoanalytic principle dictates that insight into the transference, or mastery of the CCRT, is related to counseling outcome since insight is thought to reduce symptoms (Greenson, 1967). Although transference is traditionally associated with psychoanalytic therapy, it is a part of the therapeutic relationship regardless of the clinician's theoretical orientation. As Gelso and Carter (1985) write, " not only are we suggesting that transference reactions occur across theoretical persuasions, but that they occur regardless of the duration of treatment" (p. 169).

Level (Amount) of Transference X Insight. Gelso and Carter (1985) hypothesize that transference is always present in the therapeutic work and exerts a significant effect on treatment. However, they theorize that the impact of the amount of transference on counseling outcome is not in the form of a main effect. Rather, the direction and extent of the effects of transference on outcome depend on the degree of insight possessed by the client (Gelso & Carter, 1985). Gelso et al. (1997) empirically tested the transference X insight interaction hypothesis outlined in Gelso and Carter (1985). They hypothesized that transference was expected to have a positive influence on outcome under the conditions of high client insight, whereas the effect was theorized to be negative when

the client possessed little insight. In other words, in isolation, the amount of transference will not significantly impact counseling. However, when transference is placed in context with other therapeutic variables such as insight, it is a powerful predictor of counseling outcome.

Gelso et al. (1997) offer the strongest empirical support for the transference X insight interaction on outcome hypothesis. Consistent with expectations, they found that transference ratings from the first session and first quarter of therapy were in all cases unrelated to the outcome measures. To test the transference X insight interaction hypothesis, the authors performed a hierarchical multiple regression analyses in which the transference term was added first, either the emotional or intellectual insight term second, and the interaction term last. The analyses were performed for first session and first quarter data. The authors found transference and insight to be unrelated. Thus, problems with multicollinearity between the predictors were unlikely. The F ratios for multiple correlation were nonsignificant when intellectual insight was in the transference X insight interaction, F=1.51, p>. 01. However, these F rations were significant when emotional insight was a part of the interaction, F=4.17, p<. 01. In other words, Gelso et al. (1997) found that transference and insight do not have a main effect on outcome. However, together transference and insight predict significant variance in outcome.

The properties of the measures used in Gelso et al. (1997) point to some strengths and possible limitations of the study. The internal consistency of the transference measure was good, alpha = .81. It appears that the measure was reliable. However, measures of transference amount may be less stable in general because it varies across sessions. The stability of the two insight measures is adequate, alpha =. 72 for intellectual

insight, and alpha = .77 for emotional insight. The client outcome measure had very good reliability, alpha = .89. The transference and insight measure was a single item measure. Although adequate reliability was found, multi-item measures are more desirable. One take home message of Gelso et al. (1997) is to conduct research looking at the amount of transference in context of other process variables, such as insight.

The transference X insight interaction hypothesis espoused by Gelso and Carter (1985) and Gelso et al. (1997) has been previously supported. Graff and Luborsky (1977) found a transference X insight interaction effect on outcome in a small sample study. Similarly, Gelso et al. (1991) found support for the interaction effect on the outcome of a single session, during the course of open-ended therapy. In addition, Gelso, Hill, Mohr, Rochlen, and Zack (1999) used the consensual qualitative research method to address questions about the therapist's perceptions of transference. Psychodynamic therapists were asked to retrospectively answer questions regarding transference for patients in long term therapy. In this study, insight was hypothesized to be a moderator of transference and outcome. They found that therapists recalled a linearly increasing pattern of insight to be a key feature in resolving the transference and predicting a successful outcome.

The Course of Transference. Psychodynamic theories across the board are fundamentally about changing the client's transference pattern (Kivlighan, 2000). Insight into the transference is theorized to reduce symptoms and improve interpersonal patterns. The research, although in it's beginning stages, suggests that the course of transference can predict successful from nonsucccessful therapies. Graff and Luborsky (1977) found, in contrast to their expectations, that in successful long term psychoanalyses, transference actually increased throughout the therapeutic work, whereas in less successful cases,

transference remained stable. The authors postulated that transference increased in a linear fashion in successful cases because in the therapy hour transference is encouraged. However, they reasoned that outside the therapeutic setting, transference was increasingly brought under the control of the analysand's insight.

Instead of examining the pattern of the amount of transference over time, some researchers have studied how the content of transference changes over time in psychotherapy. Crits-Cristoph and Luborsky (1990) examined how clients' Core Conflict Relationship Theme (CCRT) changes across treatment. They based their study on the assumption that clients enter therapy with maladaptive relationship patterns that repeat themselves in a number of relationships, and that therapy helps clients change these maladaptive relationship patterns. The authors found that clients have the same constellation of wishes at the end of treatment as they did at the beginning. However, the clients' expectations for others' responses and the clients' responses to the self did change by the end of treatment. Crits-Christoph and Luborsky (1990) suggest that their results support Schlessinger and Robin's (1975) view of change in psychodynamic therapy. They argue that the form and content of a client's transference remains unchanged. Instead, the change is in the client's reaction to and understanding of his or her transference pattern.

Patton, Kivlighan, and Multon (1997) examined the unfolding of the amount of transference in 20 sessions of psychodynamic treatment. They found a low-high-low pattern of transference expressions across twenty sessions. Gelso et al. (1997) replicated the Patton et al. (1997) findings with a twist. They followed a group of counselors with various theoretical orientations during time limited treatment. Similar to past findings,

successful and unsuccessful outcomes were a function of different patterns of transference over time. However, in the Gelso et al. (1997) study, it was the unsuccessful cases that exhibited a linear increase, whereas the successful cases had a low-high-low pattern. Gelso and Hayes (1998) propose that there is a type of treatment by pattern of transference interaction. In treatments that seek to analyze the transference, such as long term psychodynamic work, transference becomes increasingly available for the work (Graff & Luborsky, 1977). However, in short-term work, it would be unwise to bring to the surface too much transference. There is not enough time in brief therapy to bring an increasing amount of transference under the control of insight. Thus, a low-high-low pattern of transference emerges for successful cases in short-term work. The amount of transference seems to be a useful predictor of counseling outcome when traced over the course of treatment.

In examining the literature on transference it appears that certain limitations generally arise. First, the therapist completes most measures of transference. Thus, these measures capture solely the therapist's vantagepoint of the client's transference. While therapists' ratings of client transference are certainly important, they may be biased since transference is a construct developed by clinicians. Second, the small sample size of most studies limits its power. For example, the small sample size in the Gelso et al. (1997) study may have contributed to the nonsignificance for insight and transference as a main effect. Lastly, most studies on transference are correlational. Thus, we cannot draw cause and effect inferences from the data.

Session Outcome

Session impact refers to a psychotherapy session's immediate effects, including a participants' evaluations of what happened and their post-session affective state (Stiles & Snow, 1984). Session impact is distinct from psychotherapy process and from long-term outcome (Stiles, Shapiro, & Firth-Cozens, 1990). However, Stiles and Snow (1984) argue that "incubation or cumulation" of the impact of many sessions should mediate the process-outcome relationship (p.59). Theorists from Allport (1946) to Rogers (1951, 1959) have agreed that evaluation, meaning people's positive or negative valence to events, is adaptive, automatic, and universal (Stiles, Reynolds, Hardy, Rees, Barkham, & Shapiro, 1994). Measures of session impact are concerned with clients' internal reactions to sessions, which over time logically should influence the long term effects of treatment (Stiles et al., 1994).

The Session Evaluation Questionnaire (SEQ; Stiles, 1980) measures the perceived value and power of a session, i.e., the depth, and the socio-emotional dimension that reflects the session's perceived comfort, safety, and level of client distress, i.e., the smoothness. Depth and smoothness both appear desirable and likely to correlate positively with improvement (Stiles et al., 1990). Stiles et al. (1990) found that clients' SEQ ratings averaged across each clients' sessions did not show a significant relationship with measures of treatment outcome. However, external raters' ratings of session smoothness were significantly correlated with client improvement on several measures. In addition, SEQ ratings of one of two principal therapists were strongly correlated with client improvement on self-report measures. This study asked clients and therapists to complete the Session Evaluation Scale (SES; Hill & Kellems, 2002). Single session

evaluations will most likely have little predictive power for outcome. However, session outcome taps into a client's immediate and automatic "gut" reactions of a therapy session.

Integration of the Variables

Emotional Intelligence (EI) and Transference.

The author purposed that emotional intelligence is inversely related to transference, a fundamental component of all relationships (see Gelso & Hayes, 1998; Grenyer & Luborsky, 1996). "EI begins with the idea that emotions contain information about relationships" (Mayer et al., 2001). Relationships, actual, remembered, or even imagined, are accompanied by signals that take the form of emotions (Mayer et al., 2001). For example, a person that is viewed as threatening is feared. It is essential to survival to feel fear in response to a threatening person so that we know to prepare for fight or flight. In other words, emotions experienced in response to others guide adaptive behavior. However, what happens when a person does not experience appropriate emotions in relationships? For example, if a cave man feared big and small animals alike, he would never possess the courage to hunt animals for food. As social relationships become more complex and necessary for our emotional and physical "survival," experiencing appropriate emotions in response to others becomes an increasingly difficult yet necessary skill to possess. Theoretically, emotional intelligence deals with the construction of appropriate emotional responses in relationships; it is the ability to read the emotional cues of others and to respond appropriately (Mayer & Salovey, 1995).

According to the theory of transference, there is a component in every relationship that is "inappropriate," "unreal," or "irrational" (Gelso & Hayes, 1998). To some degree, human beings experience emotional reactions in response to others that do not fit the reality of a particular relationship. Rather, these emotions are responses learned in childhood in an effort to cope with trauma in family relationships. The transference phenomenon is highlighted in the therapeutic relationship where the relationship is explored and analyzed. In other words, clients hold feelings toward the therapist that in reality are not direct responses to the therapist but to the client's caregivers. For example, a client may love his or her therapist and idealize him or her to be everything that the client's own parents were not. To the degree that transference involves "unrealistic," or "inappropriate" emotions in relationships, EI involves the capacity to experience appropriate emotional reactions given a particular context.

A skill hypothesized to help work through transference, is the ability to construct adaptive assumptions about emotions: when to feel what, and in response to whom? Mayer and Salovey (1995) argue that people hold certain assumptions about how one experiences emotions and how adaptive they are. These assumptions form an *emotional model* that guides the construction and regulation of emotions on the high, low, and nonconscious levels of awareness. Furthermore, Mayer and Salovey (1995) purpose that individuals adhere to a model of emotional functioning that varies in its consistency and adaptive value. More specifically, the authors argue that a relatively adaptive emotional model includes the assumption that, "*the best emotions to feel depend upon the situation.*"

The assumption that one's emotions in a given moment should be based on the relevant and accurate information of the moment is not new to philosophy and psychology. Aristotle believed that good judgement requires a person to understand the normative emotional response in a given situation and then to deviate from it sensibly according to the needs of the circumstances (322 B.C.E., cited in Mayer & Salovey, 1995). Freud echoed Aristotle in his view that pleasure must balance itself with reality; emotional reactions must therefore be modulated to fit the context (Freud, 1920/1950, cited in Mayer & Salovey, 1995). Mayer and Salovey (1995) have taken this historical assumption about emotions and defined it as an ability, or type of intelligence.

Mayer and Salovey (1995) argue that emotional intelligence involves the ability to construct context specific emotions. On the contrary, transference involves emotional reactions in interpersonal relationships that do not take into account relevant and accurate information of a given context, or relationship. In other words, transference involves general emotional responses to others that occur regardless of contradictory evidence. For example, as a child, a particular client accurately perceived his father to be a threat, as he was emotionally and often physically abusive toward the family. As a result, as a child, this client feared his father and dove into physical and mental withdrawal to protect himself- an adaptive maneuver on the client's part at that moment in time. However, as an adult this client perceives all authority as threatening, and thus he intensely fears his boss, therapist, and in general all older men. This inappropriate fear has created conflict and tension in many of the client's relationships, as highlighted in the therapy relationship.

Transference may be related to the knowledge-processing phase of intelligence. In this phase of EI, one remembers how one analyzed prior instances of feelings and then

uses this information as a source of knowledge to guide future actions (Mayer et al., 2001). At times it may make sense to remember how one felt in past relationships, and then to use this memory as a guide in how to feel and act in future relationships. Salovey et al. (1995) write that when human beings come into contact with a stressful situation, affective memory structures are activated to guide the stress reaction. In other words, when confronted with a stressor, people unconsciously remember their emotional response to a similar past situation. This *emotional schema* is then used to interpret the stressor and the appropriate reaction to it. It is hypothesized that schemas of emotional responses to interpersonal relationships influence transference reactions. Schemas in general are developed to protect the organism and to establish automatic and appropriate responses to stressful situations. However, without the ability to construct context specific emotions, one is more likely to generalize emotional responses in one relationship to consequent relationships, even when the emotions no longer fit the context. Thus, since emotional intelligence involves the ability to construct emotions based on context specific, or relationship specific information, it was hypothesized that transference would be inversely related to it.

In addition, the author hypothesized that EI is inversely related to transference because EI involves the ability to manage or regulate emotions. Mayer et al. (2001) compare the ability to manage emotions to meta-intelligence, or the act of coming up with strategies for operating an intelligence to assist in different contexts of life. For a chess player, meta-intelligence involves visualizing his or her strategy in a chess game and the steps needed to get there. When an emotional problem is at hand, meta-intelligence may involve the ability to visualize one's strategy in managing emotions and

the steps, or defense mechanisms and/or coping strategies, needed to get there (Mayer et al., 2001). According to psychodynamic theories, defense mechanisms are necessary to manage our emotions; however, using them appropriately is a delicate balancing act. A healthy ego establishes a working balance between defending against painful or traumatic emotions and letting them into consciousness. Transference is an example of a defense mechanism that usually blocks too much emotional information from awareness.

To some degree, every child experiences trauma in his or her family of origin. However, the theory of emotional intelligence purposes that people possess varying abilities to manage that trauma, striking a healthy balance between defending and dealing with painful emotions (Mayer & Salovey, 1995). In other words, the ability to manage one's emotions involves reaching a balance between healthy defense mechanisms and self-awareness. Transference is a defense mechanism that creates conflict and distress in clients' relationships relative to the degree it is expressed. It is one way of dealing with painful emotions associated with childhood; however, it may not be the most adaptive one. It is hypothesized that the ability to mange emotions, balancing awareness with healthy coping strategies and defense mechanisms, predicts the level of transference. In other words, when carrying painful early experiences, it is essential to the quality of one's relationships and psyche, to visualize strategies other than transference that help manage pain and trauma.

The ability to manage one's emotions may help prevent transference before it is formed, and also diminish transference once it is already in existence. Throughout the therapy process, specifically in psychodynamic therapies, painful early memories are explored and brought into consciousness. Clients that do not posses the ability to manage

these emotions on a conscious level will be more likely to repress or become overwhelmed by the insights gained in therapy. If it is the goal of therapy to gain insight into the transference so that the client may understand and mange it, then one must posses the psychic tools to cope with the pain that comes with awareness. The ability to "hold" insight and to use it to make changes in one's life may involve the ability to mange emotions in addition to understanding them. As Greenberg (2002) writes, "it is not insight alone that leads to change. Rather, once articulated, these views of the self, world, and other can be changed by accessing alternate experiences to undo them" (p.95). In summary, it was theorized that EI would predict the level of transference, as EI deals with the ability to construct context specific emotions and adaptively manage emotions.

EI, being a relatively new construct, has yet to find it's way into counseling relationship and process research. Though the research is sparse, I will report research that suggests a relationship between EI, as measured by the MSCEIT unless otherwise specified, and transference. First, empathy was found to be significantly related to EI, r=. 33, p< .01, effect size= 11% (Mayer et al., 2000). In addition, the attention subscale of the TMMS significantly correlates with empathy, r= .44, p< .001, effect size= .20 % (Salovey et al., 2002). In theory, transference can be viewed as a break in empathy. Transference is the act of displacing feelings onto another individual, rather than entering that individual's internal world and subjective experience. However, one potential weakness to the Mayer et al. (2000) and the Salovey et al. (2002) experiments was the use of a self-report measure of empathy. With a self-report measure, it is impossible to know if the scores represent reality or the subjects' perception. In the Mayer et al. (2000) study, the reliability for the empathy measure (Caruso & Mayer, 1999) was good, alpha=.

86. However, Cronbach's alpha for the empathy measure in Salovey et al. (2002) was .74. In the same study (Mayer et al., 2000), parental warmth was compared to EI. Parental warmth was significantly related to EI, r=. 23, p<. 01, effect size = 5 %. Perhaps in the presence of parental warmth, negative transference would diminish in level, suggesting that EI would also be inversely related to negative transference since it is positively related to parental warmth.

Salovey et al. (2002) found a significant relationship between interpersonal satisfaction and the clarity (r=.39) and repair (r=.31) subscales of the TMMS. The reliability of the Interpersonal Satisfaction Scale was only .67, which may decrease the magnitude of the correlations. Unconscious, unchecked, and unanalyzed transference is generally thought to hinder interpersonal satisfaction for it involves the repetition of unresolved conflict in relationships. Thus, interpersonal satisfaction would be expected to inversely relate to one's level of transference. Given the relationship between emotional intelligence and interpersonal satisfaction, it is reasonable to suggest that transference is also related to emotional intelligence.

Lastly, Mayer and Geher (1996) found a significant negative relationship between EI and defensiveness, r= -.14, p<. 10, effect size = .02. Transference is a type of defense mechanism. However, .02 is an unacceptable effect size. The low effect size may have been due to the researchers' choice in measures. Mayer and Geher (1996) used the Kohn's Authoritarian-Rebellion Scale and the Malowe-Crowne Social Desirability Scale to measure defensiveness. However, neither scale is a measure of defensiveness. The findings cited above are inconclusive given certain methodological flaws and low effect

sizes. Also, these studies involve variables that are plausibly related to transference; however, none of these studies involve transference itself.

Emotional Intelligence (EI) and Insight.

Mayer et al. (1996) write that emotional intelligence is the ability to "hear" emotional information. In fact, the core of any intelligence is the ability to reason in the abstract and grasp abstract understanding (Mayer et al., 2001). In the context of emotional intelligence, abstract understanding refers to the ability to analyze emotions and identify their parts and how they combine (Mayer et al., 2001). The TMMS measures abstract understanding with the clarity domain that indexes one's perception of his or her ability to decipher between feelings and make sense of them. In other words, at it's core, emotional intelligence is the ability to understand how emotions "live." Where do the different emotions come from, where will they go, what do they mean, and how do they affect the individual? I purpose that the ability to live within an emotion, to recognize and understand its complexity, is a skill helpful in achieving insight in therapy.

Emotional intelligence is like a magnet for emotional information that one can use to come to an emotional understanding of the self and oneself in relationships. Although definitions of insight vary, they have in common the notion of understanding oneself. Emotions provide us with information that enables us to reach an understanding, or insight into thoughts and feelings that shape behavior. They send us messages about past experiences, interpersonal dynamics, wishes, and defenses. Emotional intelligence involves the ability to perceive, or attend to, and understand these emotional messages, ultimately achieving insight into the depth of one's experience.

Understanding our emotional reactions in therapy rests upon the ability to first detect or consciously perceive them. Perceiving one's emotions is the first step to recognizing, accepting, and understanding them, which is an essential ingredient to the therapeutic process (Greenberg, 2002). Mayer, Dipaolo, and Salovey (1990) found evidence for a general ability, which differs between individuals, to detect and discern emotions in colors, abstract designs, and faces. The process of perceiving emotions is comparable to the input stage of intelligence (Mayer et al., 2001) in which the brain labels ambiguous stimuli, for example, fear or anxiety. The next task is to make sense of the emotions we perceive and label. Mayer and Geher (1996) found that people differ in their ability to "hear" the emotional implication, or grasp an emotional understanding, of stories presented by participants. When presented with accounts of real life situations, participants varied in their ability to identify the feelings of the characters, which feelings combined to form a new one, and how one feeling may flow into another. Arguably, knowing thyself is to know one's emotional world. Emotions describe our experiences, within the self and in relation to other people. Thus, I purposed that EI would predict insight, as it deals with the ability to consciously perceive, express, and understand emotional knowledge; skills that may be helpful in achieving insight in psychotherapy.

Emotional Intelligence (EI), Insight, Transference, and Session Outcome.

It was hypothesized that emotional intelligence would be positively related to session outcome. EI is the ability to process emotionally relevant information. It is the ability to access feelings, decipher their meaning, and use them to cope with the environment. Hypothetically, in an emotionally charged environment like counseling, the ability to use emotions to problem solve, will predict how valuable clients perceive the

process of counseling. Since perceived emotional intelligence deals with one's ability to attend to, clearly experience, and regulate emotions, it predicts session outcome in an environment where emotional expression and regulation is valued. As elaborated above, the literature suggests that psychological mindedness predicts counseling outcome (e.g., Conte et al., 1990). Emotional intelligence is a similar construct to psychological mindedness as they both involve using emotions to understand oneself and one's environment. Accordingly, it was reasonable to hypothesize that emotional intelligence also predicts outcome.

One of the predictions of the present study was that client insight would be related to session outcome. Clients and therapists may value the development of insight since much of therapy rests upon the notion that with self-awareness clients are able to make more adaptive decisions. Thus, clients and therapists may perceive a session with relatively high insight to be valuable. Furthermore, the literature suggests that insight is related to symptom reduction (Kivlighan et al., 1990), and counseling outcome (e.g., O'Conner et al., 1994; Luborsky et al., 1988). However, Gelso et al. (1997) found a nonsignificant relationship between insight and counseling outcome. Through analyzing the relationship between insight and session outcome, the present experiment added additional information to the sparse yet conflicting literature on insight and outcome.

This study replicated previous literature that suggests that insight is a moderator of transference and outcome. An interaction effect of transference and insight on session outcome (Gelso et al., 1991) and counseling outcome (Gelso et al., 1997) has been supported in the literature. Specifically, high insight and high transference predict a successful outcome, while low insight and high transference predict a poor outcome.

Transference is often encouraged in counseling because once it is present the client and therapist have the opportunity to explore it. However, if in it's presence, transference is not explored and understood, then the therapeutic relationship becomes a replication of other maladaptive relationships in the clients life. Transference, especially negative transference, can have a devastating affect on the working alliance if gone unrecognized (Gelso & Carter, 1985). Insight into one's relationship patterns can lead to new ways of thinking and feeling in relationships. In other words, consciousness, or self-awareness into our feelings and behaviors, allows people to make a choice when responding to emotions and impulses. Gelso et al. (1991/1997) suggest that transference increasingly becomes under the control of client insight.

Lastly, the experimenter hypothesized two-two way interaction effects of emotional intelligence, insight, and transference on session outcome. Similar to Gelso et al. (1991/1997), transference alone is not predicted to have a significant effect on outcome. However, when high emotional intelligence and high insight accompany transference, then a favorable session outcome was predicted. Emotional intelligence was hypothesized to predict insight. In other words, emotional intelligence was proposed to be a tool in achieving insight, specifically into the transference. Thus, emotional intelligence was predicted to change the level of insight that then moderate the relationship between transference and session outcome. On the other hand, when low emotional intelligence, and thus relatively low insight accompanies high transference, then it was predicted that the session outcome would be poor. In this scenario, the relatively low amount of emotional intelligence and insight, results in transference expressions that negatively impact the work as they are not brought into the client's conscious understanding. It was

hypothesized that within both the high and low emotional intelligence groups, certain clients will show relatively high levels of transference in psychotherapy. However, consistent with the earlier hypothesis that transference and emotional intelligence are inversely related, it was hypothesized that when transference is high for both groups (high and low emotional intelligence), it is not *as* high for the high EI group as it is for the low EI group.

Chapter 3

STATEMENT OF THE PROBLEM

Religion, philosophy, and psychology all value a state of consciousness where the self is alert to it's inner most thoughts and feelings. In psychology, this process through which one becomes aware of the self is called insight. Gelso and Hayes (1998) define insight as the "extent to which the client displays accurate understanding of the material being explored. Understanding may be of the relationship, client's functioning outside of counseling, or aspects of the client's dynamics or behavior" (p. 212). In recent years, studies have illuminated the importance of insight by demonstrating a link between insight and counseling outcome. O'Conner, Edelstein, Berry, and Weiss (1994) found that the higher the average level of insight across therapy, the better the outcome. In another study, Luborsky, Crits-Cristoph, Mintz, and Auerbach (1988) found that some aspects of insight (self-understanding about the counselor and self-understanding about significant others) correlate with counseling outcome. Grenyer and Luborsky (1996) study a type of insight they call mastery, or the "acquisition of emotional self-control and intellectual self-understanding in the context of relationships" (p. 411). They found that changes in the level of mastery were related to observer, counselor, and client ratings of outcome. Lastly, Kivlighan, Multon, and Patton (2000) found that across 20 counseling sessions insight had a linear increase as symptoms showed a linear decrease. Furthermore, they used time-series analysis to show that increases in insight led reductions in symptoms.

Experience, theory, and research all suggest that insight is a crucial ingredient to a successful therapeutic outcome. Thus, it is essential that we identify variables that

predict or hinder client insight. For example, a client's level of insight may be influenced by certain individual differences. The present study looked at a somewhat new and controversial individual difference variable called emotional intelligence. I hypothesized that emotional intelligence would be a useful tool in achieving insight. Emotional intelligence involves "how one reasons about emotions and also about how emotions help reasoning" (Mayer, 2003; cited in Benson, 2003). More specifically, it is the ability to input and process emotion-relevant information to guide adaptive thought and behavior (Mayer, Caruso, Salovey, & Sitarenios, 2003). Theoretically, to gain insight into one's emotions one must naturally possess or learn these abilities. Emotional intelligence has significant relevance to what Hohage and Kubler (1988) call emotional insight. Emotional insight requires more then reasoning from thought, it requires reasoning from emotions, and a synthesis between understanding arising from thought and understanding arising from emotions. Through identifying individual abilities that predict insight, clinicians are better equipped to help clients who are struggling to reach a state of understanding.

Insight into relationships is critical for the survival of many species, including human beings. Collaborating with other animals has been an evolutionary advantage, giving rise to packs, tribes, friends, and even families. Evolution has endowed human beings with emotional responses that carry information about the environment and the relationships in them (Darwin, 1872/1965). For example, across many species mothers develop a unique type of love for their children. Evolutionarily speaking, a mother's love serves to keep the mother near the child, caring for it in such a delicate and persistent way to ensure the continuation of the species (see Sagan, 1976). Mayer, Caruso, and Salovey

(2000) write that emotions arise in response to a person's changing relationships. The content of a relationship gives rise to different emotions that in return convey meaning about the content or dynamics of the relationship (Shwartz & Clore, 1983). Emotional intelligence involves accurately reading and effectively utilizing emotional information concerning relationships. It was hypothesized that when emotions are not accurately "heard" and used to make adaptive decisions, then relationships suffer, giving rise to such phenomena as transference.

A plethora of frameworks of emotional intelligence has arisen in the literature. These frameworks generally fall under either an information-processing or mixed model of emotional intelligence. The information-processing model views emotions as a source of information about the world, the self, and others that the mind can process and utilize to construct adaptive emotion itself, thought, and behavior. Mayer, Salovey, and colleagues have developed two measures that are guided by the information-processing model of emotional intelligence (See Mayer et al., 2003 & Salovey, Mayer, Goldman, Turvey, & Palfai, 1995). The first measure (MSECIT; Mayer et al., 2003) is an ability-based measure of emotional intelligence that operationalizes emotional intelligence as the ability to perceive, generate thought from, understand, and manage emotion. The second measure (TMMS; Salovey et al., 1995) of emotional intelligence is a self-report measure of *perceived* emotional intelligence, with the following subscales: attention to emotions, clarity of emotional experience, and regulation of emotion. The three subscales coincide with the input (attention), process (clarity), and output (regulation) stages of the information-processing model of intelligence. The TMMS developed from a line of

research on the *meta-mood experience*, or the process of consciously attending to, understanding, and regulating one's conscious moods (Mayer & Gaschke, 1988).

While perceived emotional intelligence cannot yield an actual emotional IQ, it can provide important insight into how one perceives emotional competencies. One's perception, or self-efficacy, pertaining to certain emotional competencies may guide behavior more than one's actual level of ability (Bandura, 1977). In the study at hand, counselors rated their perception of the client's emotional intelligence, using the TMMS. Usually self-report ratings are influenced by self-concept. However, in this case, the observer, i.e., the counselor, influenced the ratings of emotional intelligence. The counselor's perception of his or her client's emotional intelligence is an interesting variable for the counselor witnesses the client's emotional skills through a privileged window. The counselor may see the client's motivation and effort; not just his or her natural ability, when solving emotionally charged tasks. This study investigated psychotherapy clients' emotional intelligence, through the eyes of the counselor, in relation to insight, transference, and session outcome.

The literature suggests that a similar construct to emotional intelligence, called psychological mindedness (PM), is a predictor of client insight and counseling outcome. Similar to emotional intelligence, various authors have operationalized psychological mindedness in different and sometimes conflicting ways (e.g., Appelbaum, 1973; Hall, 1992; McCallum & Piper, 1997). For example, Shill and Lumley (2002) operationalize PM as two main factors: belief in the benefits of discussing one's problems, and access to feelings. According to Shill and Lumley (2002), lower order factors of PM include: willingness to discuss problems with others, interest in meaning and motivation of own

and others' behavior, and openness to change. Hall (1992) notes that the plethora of definitions of PM found in the literature addresses two separate personality domains: interest/ability as well as intellect/affect. She operationalizes PM according to both of these dimensions.

Shill and Lumley's (2002) conceptualization of PM is similar to the subscales of emotional intelligence: attending to, clarity of, and regulation of emotions (TMMS; Salovey et al., 1995). For example, attending to emotions is similar to accessing them, clarifying emotions is comparable to one's interest in deciphering the meaning behind behaviors, and discussing one' feelings is a way of regulating them. In addition, the literature suggests that emotional intelligence correlates with certain aspects of Shill and Lumley's (2002) definition of PM. For example, emotional intelligence has been correlated with an openness to change (Caruso, Mayer, & Salovey, 2002) and with sharing feelings (Mayer, Caruso, & Salovey, 2000).

The very definition of PM delineates the ability or desire to understand, or achieve insight, into one's feelings and behaviors in addition to those of others. In fact, Grant (2001) suggests that measuring an individual's metacognitive processes of self-reflection and insight should be used to operationalize PM. Implicitly stated in studies concerning PM as a predictor of counseling outcome, is the belief that psychologically minded people will achieve more insight throughout therapy. Thus, they will obtain a better counseling outcome then less psychologically minded individuals given the same amount of time in counseling. Clinicians and researchers have considered psychological mindedness to be a helpful client characteristic in insight-oriented therapy (e.g., Taylor, 1995), as well as in supportive forms of therapy (Piper, Joyce, Mcallum, & Azim, 1998).

Also, PM has been linked to the treatment outcome of day patients (McCallum & Piper, 1997), the outcome of short-term individual psychotherapy (Piper et al., 1998), number of therapy sessions (Conte, Plutchik, Jung, Picard, Karasu, & Lotterman, 1990), subjective well being (Tradeau & Reich, 1995), and the outcome of insight-oriented group therapy (Abramowitz & Abramowitz, 1974).

Psychological mindedness and emotional intelligence both speak to the notion that insight into one's emotions is adaptive and important to the counseling process. The literature has theoretically linked PM to insight and empirically to treatment outcome. Thus, it was reasonable to hypothesize that emotional intelligence is also a predictor of client insight and session outcome. One reason that insight is relevant to counseling outcome is because it enables clients to understand and manage maladaptive emotional reactions in relationships.

Since Freud's original papers on transference (1912/1958, 1905/1958), psychodynamic therapists have viewed transference behaviors as a set of symptoms that can be resolved with the advent of insight. Since Freud, many theoreticians have grappled with the relationship between insight and transference. Graff and Luborsky (1977) found that in long-term therapy transference and insight both increase linearly. They explained this unexpected result by suggesting that as therapy progresses transference increasingly becomes under the control of insight. Later, Gelso and Carter (1985, 1994) discussed their conception of the relationship between insight and transference. Similar to Graff and Luborsky (1977), they hypothesized that transference has a positive effect on the counseling process when it is continually brought under the control of client insight. Without insight, transference, especially negative transference, can have a devastating

effect on the working alliance (Gelso & Carter, 1985). The research suggests that there is an interaction effect between transference and insight that predicts session outcome (Gelso, Hill, & Kivlighan, 1991), and short-term treatment outcome (Gelso, Kivlighan, Wine, Jones, & Friedman, 1997). These studies suggest that it is not solely the level of transference that predicts outcome, but the level of accompanying insight. The relationship between insight and outcome, and between insight and transference, call for research that investigates what abilities are necessary to obtain insight and manage transference. Consequently, this study examined the relationship between emotional intelligence and insight, and emotional intelligence and transference.

In the Gelso et al. (1997) paper on insight and transference in time-limited therapy, the authors remark on the paucity of research on transference. While there has been an enormous amount of theoretical literature on the centrality of transference to the therapeutic process, until recently actual empirical research to prove this claim has been almost non existent. In the past nine years, the development of the Core Conflictual Relationship Theme (Luborsky, Popp, Luborsky, & Mark, 1994) has spurred much research on the *content* of transference. However, with some exception (e.g., Gelso et al., 1997; Graff & Luborsky, 1977), the *amount* of transference still remains largely untouched. The present study attempted to begin to fill in this gap of knowledge by investigating how the amount of transference is related to certain client characteristics. Transference occurs within a context of numerous other variables, as demonstrated by the Gelso et al. (1997) study. It does not “think and behave” in the same manner for every individual. Thus, it is essential that research does not confine transference to a bubble,

and that instead we study transference in the context of such factors as emotional intelligence and insight.

In addition to establishing whether transference is important to the counseling relationship and process, theory and research have debated over what transference actually is. According to the classical definition proposed by Freud, transference is the reexperiencing of oedipal issues in the therapeutic relationship. However, a modern constructivist position emphasizes intersubjective thought by defining transference as an unconscious organizing process that involves both the therapist and the client (Stolorow, 1991). Gelso and Hayes (1998) incorporate the classical and modern definition of transference as "the client's experience of the therapist that is shaped by the client's own psychological structures and past and involves displacement, onto the therapist of feelings, attitudes and behaviors belonging rightfully in earlier significant relationships" (p.51). It is apparent that there is not a single definition of transference in the literature, but that each school of thought looks at transference from a different angle. The present study offers an additional angle through which one may conceptualize transference.

Gelso and Hayes' (1998) definition of transference emphasizes three aspects: repetition, displacement, and schema. In addition to these three aspects, I view transference as an 'emotional problem' that requires emotional problem solving abilities. Transference is an emotional response to traumatic childhood relationships. For example, when children appropriately experience fear, love, abandonment, or anger in significant relationships, they may continue to experience these feelings as adults even when they are inappropriate responses within the context of relationships. Transference is a problem in the sense that it involves inappropriate affect that causes conflict in a client's life. The

'solution' involves deciphering which emotions are responses to past relationships, and which emotions are appropriate given the context of a particular relationship. The content and context of a relationship calls for certain emotional responses. For example, a menacing face and body posture call for fear or anger. Mayer and Salovey (1995) suggest that an 'emotionally intelligent model,' or schema concerning assumptions about emotions, includes the belief that good emotional regulation and construction requires flexibility in processing, i.e., emotions are context specific. However, with the transference phenomena, emotional responses are generalized to all relationships, failing to take into account unique interpersonal signals that call for various emotional responses. To varying degrees, individuals possess the ability to construct and express appropriate emotion given a certain context, including interpersonal contexts.

As emphasized in numerous definitions, transference involves unconscious conflict and displacement from early relationships onto present ones. However, if our conception of transference were to stop here, we would fail to capture the human experience of transference, an experience that lies in the affective realm of the individual. The emotions that underlie transference carry meaningful information about past trauma and relationships. It is purposed that the ability to decipher the messages that emotions carry, and to construct appropriate emotions based on the context, is a problem solving skill that can be used to work through problematic emotional responses such as transference.

Since the publication of Daniel Goleman's book (1995) on emotional intelligence, the popular buzz surrounding the concept has irked many critiques and encouraged many followers. In his book, *Emotional Intelligence: Why It Can Matter More Than IQ* (1995),

Goleman defines emotional intelligence as everything from motivation to empathy and hope (p.34). He argues that these qualities predict success at home, school, and in the workplace. The importance that Goleman gives to emotional intelligence moves at a faster pace than the literature. To date, most of the literature on emotional intelligence has focused on constructing a measure and developing a theory. Research is needed to assess the real-life application of emotional intelligence. The present study began to fill in this gap in the literature, assessing whether emotional intelligence is an important variable to the counseling relationship, process, and session outcome.

The validity of emotional intelligence may be further assessed if research tests whether it predicts theoretically related variables, such as insight. Insight has long been "considered to be the cornerstone of psychoanalytic therapy and structural change" (Crits-Cristoph, Barber, Miller, & Bebe, 1993, p.408). Theoretically, insight results in a mature and integrated ego that can manage affect and adaptively cope in one's environment (Crits-Cristoph et al., 1993). Thus, it is important to the success of therapy that we find empirical evidence for variables that predict client insight, such as emotional intelligence. Also, as a field, counseling psychology focuses on identifying and actualizing upon client strengths. However, research on the predictors of insight have focused on therapist abilities and behaviors in relation to insight, looking at the relationship between the amount and content of therapist interpretations and client insight (e.g., Marziali, 1984). On the contrary, the present study examined an individual's ability to achieve insight. Also, if transference is negatively correlated with emotional intelligence then perhaps this set of abilities can one day be taught and focused upon in therapy to help work through the transference. The present study sought to establish the

practicality of emotional intelligence by looking at its relationship to insight, transference, and session outcome.

Hypotheses:

1) Emotional Intelligence is positively related to insight
2) Emotional Intelligence is negatively related to transference
3) Emotional Intelligence is positively related to session outcome
4) Insight is positively related to session outcome
5) Insight is a partial mediator of emotional intelligence and session outcome
6) There will be an interaction effect of transference and insight on session outcome

7a) There will be an interaction effect of transference and insight on session outcome, such that when emotional intelligence is relatively high, high transference and high insight will predict the most favorable session outcome.

7b) There will be an interaction effect of transference and insight on session outcome, such that when emotional intelligence is relatively low, low insight and high transference will predict the least favorable session outcome.

Exploratory question 1:

Does negative versus positive transference have a significantly different effect on the hypotheses listed above?

Exploratory question 2:

Does intellectual versus emotional insight have a significantly different effect on the hypotheses listed above?

Chapter 4

METHOD

Design

The design of this study was a descriptive field study. Heppner, Kivlighan, and Wampold (1999) characterize these studies as " investigations that do not exercise experimental control (randomization, manipulation of variables) and are conducted in a real life setting" (p.48). Due to the nature of the design, the present study was high in external validity since participants were directly recruited from the population of interest. On the other hand, the present study had lower internal validity due to the lack of manipulation of the variables. Thus, it is impossible to establish a cause and effect relationship between emotional intelligence, insight, transference, and session outcome.

The purpose of this study was to assess the relationship between client emotional intelligence, insight, transference, and session impact. The basic design is quantitative and descriptive. Client emotional intelligence was predicted to be related to the level of insight, transference, and session impact. It was predicted that emotional intelligence would be positively related to insight and negatively related to the level of transference. Lastly, an interaction effect for transference, insight, and emotional intelligence on session outcome was predicted.

Emotional intelligence was assessed with the Trait Meta-Mood Scale (TMMS; Salovey et al., 1995). This measure is a self-report measure and was completed by the counselor based on his or her experience of the client. The therapist rated client transference by completing the Missouri Identifying Transference Scale (MITS; Multon, Patton, & Kivlighan, 1996), and the Transference Session Check Sheet (TSCS; Graff &

Luborsky, 1977). Counselors assessed insight by using a modified version of the Relationship Questionnaire (Gelso, Hill, & Kivlighan, 1991) that asks counselors to rate overall, emotional, and intellectual insight. Lastly, in the present study, the counselor completed the Session Evaluation Scale (SES; Hill & Kellems, 2002) to measure session outcome.

Participants

We obtained data from 30 participating therapists (40 % return rate). One therapist completed the measures for one client, 2 therapists completed them for 2 clients, and all other therapists completed the measures for 3 clients. In total, the sample consisted of 86 counselor session ratings (n=86). Four of the counselors were male, and 26 were female. Twenty- nine of the therapists were white, and 1 was African- American. Among the counselors participating in this study, there were 3 M. A.s, 11 Ph. D.s, 1 MSS, 1 MSSW, 1 Psy D, 1 Ed. D., 5 B. A.s, 1 LPC, 1 Me. D., 4 MSWs, and 1 Ed. M. Thirteen of the counselors identified their therapeutic techniques as mostly psychoanalytic/psychodynamic, 6 as humanistic, 3 as cognitive-behavioral, 2 as psychodynamic and cognitive-behavioral, 2 as humanistic and cognitive-behavioral, 2 as psychodynamic and humanistic, 1 as humanistic/ jungian, and 1 as humanistic/ somatic.

Counselor experience ranged from 1.5 years to 30 years (M= 13 years, SD= 9.0). The average counselor age was 45 years. Nineteen of the counselors saw patients in a private practice, 7 in a college counseling center, 1 in a corporate health care setting, 1 in a nonprofit agency, 1 at a psychoanalytic counseling center, and 1 in a correctional institution.

Six of the counselors were in training, and 3 were in post-doctoral training. Most supervisors were psychodynamic; however, two of the trainees had humanistic supervisors. There was a large variation in time after the target counseling session that counselors completed the questionnaires (M=10 hrs, SD= 14hrs). Counselors completed the questionnaires for this study after sessions with primarily female clients (69% female, 30% male). Ninety- four percent of these clients were Caucasian while only 5 % were African- American. At the time of the study, 78 % of these clients were in long-term treatment (defined as more than 20 sessions) with the counselor completing the questionnaires and 21 % were in short-term treatment, defined as 12 sessions or less. The mean for the session number after which counselors completed the questionnaires indicate that this sample primarily represents counselors' perceptions of long-term psychotherapy patients (M = 70, SD= 105). The range of session number was from a minimum of 2 to a maximum of 500.

Measures

Therapy Session Check Sheet- Transference Items (TSCS; Graff & Luborsky, 1977). The TSCS is a 3-item questionnaire designed to measure client transference from the therapists vantagepoint. Each item is measured on a 5-point scale ranging from none or slight (1) to very much (5). A copy of the TSCS is included in Appendix B. The TSCS consists of three dimensions of transference: transference amount, negative transference, and positive transference. The reliability of the transference items has been demonstrated in several ways. For example, Graff and Luborsky (1997, p.473) found "adequate interjudge agreement" for the transference items as a total score. The internal consistency, as measured by Cronbach's alpha, for these items rated after the first session

was .84; for ratings summed after the first quarter of therapy, Cronbach's alpha was .81 (Graff et al., 1977). In addition, Gelso et al. (1997) used the TSCS to measure transference, although they incorporated it into a larger Relationship Questionnaire. They calculated coefficients that are equivalent to retest reliability since they measured transference across sessions. The resulting stability estimates were .66 for positive transference, .86 for negative transference, and .69 for transference amount. Gelso et al. (1997) did not expect a very high reliability coefficient given that transference tends to vary over time.

Graff and Luborsky (1977) reported some evidence that the TSCS has adequate validity. Specifically, rated variables followed theoretically predicted paths over the course of long term psychoanalysis. Gelso et al. (1991) found that ratings of positive and negative transference on the TSCS were related in theoretically meaningful ways to the use of counselor intentions. Kivlighan (1995) reported a high correlation (r= .67) between ratings of the three combined transference items by 21 counselors and their supervisors. Lastly, Patton, Kivlighan, and Multon (1995) found that counselor ratings of client positive and negative transference were related to client pre-therapy ratings of his or her schema of the mother, father, or both.

The Missouri Identifying Transference Scale (MITS; Multon, Patton, & Kivlighan, 1996). The MITS is a 37-item questionnaire designed to assess client transference from the therapist's vantagepoint. Similarly, past research has primarily looked at transference from the therapist's vantagepoint (e.g., Gelso, Hill, & Kivlighan, 1991; Gelso, Kivlighan, Wine, Jones, & Friedman, 1997; Graff & Luborsky, 1977). Each item on the MITS is rated on a 5-point scale, ranging from not evident (1) to very evident (5). A copy of the

MITS is included in Appendix C. The MITS consists of multiple adjectives designed to capture Greenson's (1967) five characteristics of client transference reactions: inappropriateness, intensity or lack of emotion, hidden ambivalence, capriciousness, and tenacity. A factor analysis of the MITS suggests two correlated factors that account for 52% of the item variance. Multon, Kivlighan, and Patton (1996) labeled these factors Negative (NTR) and Positive (PTR) Transference Reactions.

Reliability estimates of internal consistency (Coefficient alpha) for the NTR and the PTR scales were good, .96 and .88, respectively. In addition, Multon et al. (1996) provide evidence for good validity of the MITS. The PTR items were positively correlated with single item ratings of amount of transference and amount of positive transference. The NTR was positively correlated with single item ratings of amount of negative transference and negatively correlated with single item ratings of amount of positive transference. To further asses the validity of the MITS, Multon, Patton, and Kivlighan (1996) examined the relationship between NTR and PTR scores and the clients' perceptions of their parents on the Interpersonal Schema Questionnaire (ISQ; Safran & Hill, 1989). The ISQ scales describe the amount of Control, Sociability, Affiliation, and Trust that each client experienced from each of his or her caregivers. When clients saw their mothers as controlling, untrustworthy, less social, and less affiliate, the therapist experienced more negative transference reactions during the middle sessions of treatment. The MITS has greater reliability and validity than previous single items of transference. In addition, it is a quick and easy way for therapists to assess client transference.

Relationship Rating Scale- Insight Scale (RRS; Gelso, Hill, & Kivlighan, 1991). Gelso et al. (1991) developed the RRS to measure counselor-perceived transference, insight and working alliance. For the purposes of this study, counselors will complete the three insight items (overall, intellectual, and emotional) of the RRS. Each construct is rated on a 5-point Likert Scale in terms of amount exhibited during the session (from 1=*none or slight* to 5=*very much*). Definitions of the constructs to be rated will be provided on the questionnaire. A copy of the RRS- Insight Scale is included in AppendixD.

Gelso et al. (1997) examined the relationship of insight and transference in psychotherapy over 12 sessions. They determined the stability of the two insight items (intellectual, emotional) by calculating an alpha coefficient for the insight items in their sample on the basis of the first four questionnaires filled out by each counselor for each client. On the basis of the first four questionnaires completed by the counselor, alpha coefficients for the insight items were .72 for intellectual insight and .77 for emotional insight. The validity of the insight ratings has been assessed in a number of ways. Gelso et al. (1991) and Gelso et al.'s (1997) results suggest that, as hypothesized, transference and insight ratings interacted to predict session and counseling outcome. Also, Kivlighan (1995) found support for the construct validity of the two insight items in the tendency of counselors and supervisors to agree on their ratings of client's intellectual (r=.71) and emotional (r=.75) insight. In sum, these results suggest that the insight measure is a valid indicator of theoretically related variables.

Trait Meta-Mood Scale (TMMS; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995). Mayer and Salovey (1993) have organized a set of emotion-related competencies

into a framework of emotional intelligence. Salovey et al. (1995) describe the TMMS as "a measure of individual differences in the ability to reflect upon and mange one's emotions" (p.127). Accordingly, the TMMS indexes the degree of attention that individuals devote to their feelings, the clarity of their experience of these feelings, and their beliefs about terminating negative mood states or prolonging positive ones. The authors do not claim that the TMMS is a measure of emotional IQ. Instead, they purpose the measure as an index of *perceived* emotional intelligence, or a way to assess "core individual differences that may characterize emotionally intelligence individuals capable of disclosing their feelings to themselves and other people" (p.127).

Salovey et al. (1995) started their investigation of the trait-meta mood construct by asking nearly 200 individuals to respond to 48 items drawn from a larger item set employed by Mayer, Mamberg, and Volanth (1988). The items were divided into five domains: clarity of emotional perception, strategies of emotional regulation, integration of feelings, attention to emotions, and attitudes about emotions. Subjects responded to randomly ordered items along a 5-point scale anchored by 1=strongly disagree and 5= strongly agree. The researchers hypothesized that the factor structure would map into three primary domains of reflective mood experience described by Mayer and Gaschke (1988): monitoring moods, discriminating among moods, and regulating them. The factor analysis confirmed their hypothesis and three domains were created: attention to feelings, clarity of feelings, and mood repair.

The 30-item version of the scale is recommended in which all items showed a loading of .40 or higher on the appropriate domain. The attention scale includes 13 items, such as, "I pay a lot of attention to how I feel." It has an alpha of .86 and does not

correlate with the other subscales. The clarity subscale consists of 11 items, such as, " I am usually very clear about my feelings." It has an alpha of .88 and shows a significant correlation (r=.39) with the repair subscale. Lastly, the repair subscale contains 6 items, such as, "When I become upset I remind myself of all the pleasures in life." It has an alpha of .82 and a significant correlation with the clarity subscale.

Using a separate sample of 152 students, Salovey et al. (1995) performed a confirmatory factor analysis. The chi-square significance test of global fit suggests that the three-factor model fits the data generated by the second sample (X^2 (48)=49.56, *ns*). The goodness-of-fit index (GFI) provided was .94, indicating that the three-factor structure of the TMMS accounted for a large portion of the total covariance. The root mean square residual was .05, also suggesting that the actual and predicted models are significantly similar.

Salovey et al. (1995) provided evidence for convergent and discriminant validity of the TMMS. The subscales of the TMMS should relate to other measures of mood and mood management. The Ambivalence over Emotional Expressiveness Questionnaire (AEQ; King & Emmons, 1990) taps into dissatisfaction with one's emotional expression. The AEQ significantly correlated with the clarity domain of the TMMS, r= -.25, p< .05. The Expectancies for Negative Mood Regulation (NMR; Catanzaro & Mearns, 1990) concerns the belief that one can change negative moods. It significantly correlates with the repair domain of the TMMS, r = .53, p< .01. Finally, the self-consciousness scale measures (SCS; Fenigstein, Scheier, & Buss, 1975) the tendency to attend to aspects of ongoing consciousness including mood. The attention domain significantly correlates with both private self-consciousness (r=.42) and public self-consciousness (r=.36).

Coffey, Berenbaum, and Kerns explored the relationship between Alexithymia, using the Tas-20 (Bagby & Parker, 1996), and the three domains of the TMMS. The Tas-20 measures difficulty in identifying and describing feelings, and externally oriented thinking. Theoretically, the Tas-20 should negatively correlate with any measure of emotional intelligence. As predicted, the three subscales of the Tas-20 negatively correlated with the three domains of the TMMS, ranging from r= -.17 to r=.46. Mood awareness was also assessed with the MAS (Swinkels & Giuliano, 1995), which measures mood monitoring and mood labeling. As predicted, the two MAS subscales significantly correlated with subscales of the TMMS, ranging from r= .16 to .57. Finally, with a self-report measure of emotional intelligence, we would predict a moderate correlation with personality variables. Accordingly, personality as assessed by the NEO-FFI (Costa & McCrae, 1989), showed theoretically predicted correlations with unclarity of emotions and attention to emotions. Specifically, neuroticism was moderately correlated with unclarity of emotion, $r=.34$, $p<.01$. Extraversion was moderately correlated with attention to emotion, $r=.35$, $p<.01$, and openness to experience was correlated with attention to emotion, $r=.51$, $p<.01$. In sum, the three-factor model of the TMMS appears to be a valid predictor of theoretically related variables.

The present experiment asked counselors to complete the attention to and clarity of emotions subscales. The regulation of emotion subscale was not included for several reasons. First, due to time limitations it was important to reduce the amount of items that counselors were asked to complete. More importantly, the regulating emotion domain seems to be tapping into optimism, as it endorses items such as “Although I am sometimes sad, I have a mostly optimistic outlook.” The repair domain significantly

correlates with optimism, r=.53, p<. 01 (Salovey et al., 1995). Adaptively managing emotions may entail "holding" not eradicating negative mood states. Also, while the attention and clarity subscales are not significantly correlated with each other, suggesting independence, the regulating emotion domain is significantly correlated with the clarity of emotion subscale. Finally, Coffey et al. (2003) found that a two-factor structure was more appropriate for the TMMS than the three-factor structure employed by Salovey et al. (1995), although the three-factor model has been supported by other independent studies (e.g., Ghorbani, Watson, Davison, & Mack, 2002). Also, for the purposes of this investigation, the wording of the items on the TMMS were altered from "I. . ." to "my client . .." since the TMMS will be used as an observer measure instead of a self-report measure. A copy of the TMMS (attention, clarity) is included in Appendix E.

Session Evaluation Scale (SES; Hill & Kellems; 2002). The SES is a 4-item self-report questionnaire designed to measure client perceptions of session quality. The SES uses the stem, "I . . ." followed by 4 items. The SES uses a 5-point scale, ranging from *strongly disagree* (1) to *strongly agree* (5). A copy of the SES is included in Appendix F. To test the factor structure of the measure Hill and Kellems (2002) divided their sample on the basis of semester (fall, spring) so that they could do an exploratory and then a confirmatory factor analysis. The exploratory principal-axis factor analysis of the four items (with Kaiser-Meyer-Olkin Index of .82) revealed one factor with all items loading greater than .50, accounting for 77 % of the variance. The confirmatory factor analysis, using data from a different subsample than the one used in the exploratory factor analysis, suggested that the one-factor model was a good fit for the data (GFI = .97, RMSEA = .17, CFI = .97). Hill and Kellems (2002) found that the internal consistency

(Cronbach's alpha) for the total sample (n = 322) was excellent, .91. The SES correlated .51 ($p < .001$) with the client-rated SEQ-Depth scale for a subsample of 165 volunteer clients, providing some evidence for concurrent validity.

Procedure

Selection of counselors. The researcher obtained permission to ask counseling psychology practicum students at a large northeastern university to participate in the study. In addition, the researcher contacted therapists in private practice obtained through an alumni list, word of mouth, and contemporary pscyhoanalytic institutes. These therapists were sent packet(s) of measures via mail. In some cases, a particular therapist would act as a contact person, distributing packets of measures to colleagues. All counselors must have completed at least one counseling practicum course, including prepracticum, to increase the likelihood that they have the knowledge and experience to detect transference.

Treatment Procedures. Counselors and clients continued to meet at their regular location and during their regularly scheduled appointment time. Sessions lasted approximately 50 minutes. The researcher put no restrictions on the content of the sessions.

Participants completed the following tasks in carrying out the data collection for the present experiment. First, either by mail or in person, the researcher delivered the questionnaires to potential participants. Counselors were instructed to complete the questionnaires after their next session with a client in the middle of treatment. The questionnaires included the Trait-Meta Mood Scale, Missouri Identifying Transference Scale, Therapist Session Check Sheet, Relationship Questionnaire (Insight Scale), and the

Session Evaluation Scale, along with a demographic and informed consent form. The items of the TMMS were altered to read "my client . . .," instead of "I . . ." A copy of the informed consent form is included in Appendix G. The participants were asked to repeat this for three clients, more specifically for the next three clients to walk into the room who are in the middle of treatment. The instructions asked counselors to complete the questionnaires immediately after the appropriate session or within the next 24 hours. Participants mailed back the questionnaires to the researcher in the provided envelope. They will be sent a debriefing form that explains the purpose of the study. A copy of the instructions that were provided to participants is included in Appendix H.

Analyses

Hypothesis 1:

Emotional intelligence is positively related to insight.

A Pearson Correlation statistic will be computed for emotional intelligence and insight.

Hypothesis 2:

Emotional intelligence is negatively related to transference

A Pearson Correlation statistic will be computed for emotional intelligence and transference.

Hypothesis 3:

Emotional intelligence is positively related to session outcome.

A Pearson Correlation statistic will be computed for emotional intelligence and session outcome.

Hypothesis 4:

Insight is positively related to session outcome.

A Pearson Correlation statistic will be computed for insight and session outcome.

Hypothesis 5:

Insight is a partial mediator of emotional intelligence and session outcome.

The researcher will use a Multiple Regression statistic to test this partial mediation model. The researcher will regress emotional intelligence on session outcome, insight on session outcome, and emotional intelligence and insight on session outcome.

Hypothesis 6:

There will be an interaction effect of transference and insight on session outcome.

The researcher will use a Multiple Regression statistic to regress insight and transference on session outcome.

Hypothesis 7a:

There will be an interaction effect of transference and insight on session outcome, such that when emotional intelligence is relatively high, high transference and high insight will predict the most favorable session outcome.

The researcher will use a Multiple Regression statistic to regress transference and insight on session outcome for clients with relatively high ratings of emotional intelligence.

Hypothesis 7b:

There will be an interaction effect of transference and insight on session outcome, such that when emotional intelligence is relatively low, low insight and high transference will predict the least favorable session outcome.

The researcher will use a Multiple Regression statistic to regress transference and insight on session outcome for clients with relatively low ratings of emotional intelligence.

Exploratory Question 1:

Do the results of the hypotheses above significantly differ when negative versus positive transference is entered into the equation?

Exploratory Question 2:

Do the results of the hypotheses above significantly differ when emotional versus intellectual insight is entered into the equation.

Chapter 5

RESULTS

Initial Analyses

Descriptive Statistics. The mean, standard deviations,and correlations are presented in table 1. The means for the 3 item transference measure are (M= 2.95 transference amount, 2.85 positive transference, and 1.74 negative transference). The mean scores for amount, negative, and positive transference were within a standard deviation of the results obtained by counselors in previous research (Gelso et al., 1997). The means for transference amount and positive transference approach the midpoint of the range (1-5), suggesting that, on average, counselor's perceived a moderate amount of transference. On average, counselors perceived relatively less negative transference than positive transference or transference amount, as consistent with earlier studies (e.g., Gelso et al., 1997). On the other hand, the means for the MITS were higher for negative transference than for positive transference (M= 1.98, 1.73 respectively).

The negative transference subscale of the MITS correlated with the negative transference and transference amount (.45, $p <. 05$, and .30 respectively, $p < .01$) items from the 3-item measure of transference. The positive subscale of the MITS correlated with the transference amount and positive transference (.28, $p < .05$, and .40 respectively, $p <. 01$) items from the 3-item transference measure. The correlations between these two transference measures suggest that they are related but still unique.

The means for the 3-item insight measure (M= 2.98 insight amount, 3.12 intellectual insight, and 2.44 emotional insight) are within a standard deviation of 3, the

midpoint of the range (1-5), suggesting that this sample on average reported a moderate amount of client insight. However, on average, this sample reported more intellectual insight than emotional insight, as consistent with Gelso et al. (1997).

Insight amount significantly correlates with intellectual insight and emotional insight (.72, .68 respectively, $p < .01$). Intellectual and emotional insight are moderately correlated ($r = .35$, $p < .01$), suggesting that the two constructs are unique yet related to each other.

The perceived emotional intelligence measure has two subscales: attention and clarity. The mean for attention ($M = 3.70$) is above the midpoint of the range (ranging from 1-5) and the mean for clarity ($M = 3.10$) is only slightly above the midpoint. This finding suggests that counselors perceived more client attention skills than clarity skills. Attention and clarity were significantly correlated ($r = .57$, $p <. 01$), as theoretically predicted.

The mean for outcome ($M = 4.12$, $SD = .83$) is a standard deviation above 3, the midpoint. Further analyses may have been impacted by little variability in counselor rated outcome. In fact, 56 % of the counseling sessions were rated between 4 and 5 on the session outcome measure that ranges from 1-5.

Table 1

Means and Standard Deviations for and Correlations Among

Emotional Intelligence (Attention/ Clarity), Insight, Transference, and Outcome

Scale	M	SD	1	2	3	4	5	6	7	8	9	10	11
1. Attention	3.70	.77	---	.57**	.35**	.37**	.15	.21	-.30**	.38**	-.15	.03	.23*
2. Clarity	3.10	.77	.57**	---	.38**	.50**	.26*	-.03	-.28**	.28**	-.10	.01	.19

									.32**				
3. Insight amount	2.98	1.03	.35**	.38**	---	.68**	.72**	.18	-.31**	.39**	-.15	.01	.25*
4. Emotional Insight	2.44	1.18	.37**	.50**	.68**	---	.35**	.12	-.30*	.29**	-.01	.09	.14
5. Intellectual Insight	3.12	1.18	.15	.26*	.72**	.35**	---	.21	-.10	.36**	-.03	.04	.14
3-Item Transference Measure (6-8)													
6. Transference Amount	2.95	1.14	.21	-.03	.18	.12	.21	---	.43**	.59**	.30**	.28*	.18
7. Negative Transference	1.74	1.02	-.30**	-.32**	-.31**	-.26*	-.10	.43**	---	-.13	.45**	.10	-.12
8. Positive Transference	2.85	1.17	.38**	.28**	.39**	.29**	.36**	.59**	-.13	---	.10	.40**	.14

MITS (9-10)												
9.Negative Transference	1.98	.74	-.15	-.10	-.15	-.01	-.03	.30*	.45**	.10	---	.39**	-.17
10.Positive Transference	1.73	.63	.03	.01	.01	.09	.04	.28*	.10	.40**	.39**	---	.11
11.Session Outcome	4.12	.83	.23*	.19	.25*	.14	.14	.12	-.12	.14	-.17	.11	---

Note. n= 86. MITS= Missouri Identifying Transference Scale (Multon, Patton, & Kivlighan, 1996). *p<.05, **p <.01

Preliminary Analyses. Correlations between predictor variables and the demographic information from this sample are presented in table 2. Certain demographic variables were not included in table 2 due to great variability in cell size, rendering any analyses with the predictor variables meaningless. For example, counselors in this sample were primarily Caucasian (n= 29). Thus, analyses based on counselor race would be meaningless in this sample.

Table 2

Correlations Among Emotional Intelligence (Attention/Clarity), Insight, Transference, Outcome, and Demographic Variables

Demographic Variables	Predictor Variables										
	Attention	Clarity	Insight Amount	Emotional Insight	Intellectual Insight	Trn. Amount	Negative Trn.	Positive Trn.	Positive Trn.*	Negative Trn.*	Outcome
Session Number	.35**	.12	.13	.09	-.08	.23*	.04	.42**	.14	.16	.13
Counselor Sex	.06	.12	.06	.15	-.05	-.08	-.07	.01	-.20	.12	-.11
Client Sex	.12	.09	.06	.13	.07	.06	.13	.15	.10	.12	-.08
Counselor Age	.05	.01	.02	.13	.01	.16	-.02	.31**	.11	.29**	-.08

Yrs. Of Experience	.01	.01	.02	-.02	.04	.08	.03	.27*	.09	.14	-.07

Note. n = 86. Trn.= Transference; Trn. Amount, Negative Trn., and Positive Trn. was measured by the 3- Item Transference Measure (Graff& Luborsky, 1977); Negative Transference * and Positive Transference* was measured by the Missouri Identifying Transference Scale (MITS; Multon, Patton, & Kivlighan, 1996). **p*<.05, ***p*<.01

Prior to testing our hypotheses, we conducted a reliability analyses for the measures used in this study. Cronbach's alpha for the MITS (negative and positive subscales) was (.90 and .84 respectively). The alpha for the 3-item transference measure was adequate for research purposes (alpha= .57). Cronbach's alpha for the insight measure was (.80). Reliability for the outcome measure with number one deleted was (cronbach's alpha= .71). The reliability for the attention and clarity subscales was (cronbach's alpha= .90, .87 respectively).

Main Analysis

Consistent with expectations, emotional intelligence was positively related to insight. Specifically, attention was correlated with insight amount and emotional insight (r= .35, .37 respectively, p<. 01). Clarity was also significantly related to insight amount, intellectual insight, and emotional insight (r= .38, .26, .50 respectively, p <. 01).

As hypothesized, emotional intelligence was related to transference, as measured by single items. Consistent with expectation, attention and clarity were negatively related to negative transference (r= -. 30, -. 32 respectively, p <. 01). Contrary to expectation,

attention and clarity were positively related to positive transference (r= .38, .28 respectively, p <. 01).

Since analyses showed that insight also correlated with the 3-item measure of transference, we tested whether emotional intelligence predicts transference over and above insight amount. First, we regressed negative transference on insight amount, which showed a significant F change of .004 (adjusted R^2 = .087). Then, we regressed negative transference on insight amount and attention, yielding a significant F change of .037 (adjusted R^2 = .125), which suggests that attention predicts negative transference above and beyond insight amount. We then regressed negative transference on clarity and insight amount, which showed a significant F change of .031 (adjusted R^2 = .128), suggesting that clarity predicts negative transference above and beyond insight amount.

We followed the same procedure to test whether emotional intelligence predicts positive transference above and beyond insight amount. We regressed positive transference on insight amount, which showed an F change of .000 (adjusted R^2 = .144). Then, positive transference was regressed on insight amount and clarity, which yielded an F change of .146 (adjusted R^2 = .156), suggesting that clarity does not predict positive transference above and beyond insight amount. The significant F change when positive transference was regressed on insight amount and attention was .01 (adjusted R^2 = .202), suggesting that attention predicts positive transference above and beyond insight amount.

Previous studies have reported that transference increases over time (e.g., Graff & Luborsky, 1977). Although this study did not rate transference over time, there was a significant correlation between positive transference and session number (r=. 42, p <. 01), and between amount of transference and session number (r=. 23, p <. 05). However,

negative transference and session number were not related (r=. 04, p>. 05). These transference ratings are from the 3-item measure of transference amount, negative, and positive.

Consistent with hypothesis 3, attention was positively correlated with outcome (r= .23, p<. 05). Contrary to expectations, clarity was not significantly related to outcome. As predicted, outcome was related to insight amount (r= .25, p <. 05). However, none of the other insight items were related to outcome.

We then tested the mediation hypothesis- that is, insight partially mediates the relationship between emotional intelligence and outcome. The first condition of this mediation affect is that emotional intelligence must be related to outcome. Accordingly, we first regressed outcome on attention (beta weight= .25, p= .03). The second condition is that insight must be related to outcome. We chose to use the insight amount item to test this hypothesis since it was the only insight item that significantly correlated with outcome (r= .25, p < .05). Lastly, if there is a partial mediation affect then the beta weight should decrease when outcome is regressed on attention and insight. When outcome was regressed on insight amount and attention the beta weight decreased from .25 to .16. Thus, as predicted insight amount is a partial mediator of attention and outcome.

We then tested the mediation effect of insight amount on clarity and outcome. Clarity does not satisfy the first condition of mediation as it does not significantly correlate with outcome (r=. 192, p<. 05). Because the first condition was not satisfied no further analyses were conducted.

This study set out to replicate the Gelso et al. (1991, 1997) interaction finding, that is –transference and insight interact to predict outcome. More specifically, Gelso et

al. (1991) found that when transference (combined amount, positive, negative) was high, client insight (combined overall, intellectual, emotional) was positively related to session quality. In addition, Gelso et al. (1997) found a significant interaction effect for transference (combined single items of negative, positive, and amount) and emotional insight on outcome in short-term treatment.

Gelso et al. (1991, 1997) combined amount, negative, and positive transference in the linear regression analyses. In the Gelso et al. (1997) sample, the three transference items were interrelated (alpha= .84). However, in our sample, the low correlation between negative and positive transference argued against combining the items (r= -.13, p > .05). In addition, in our sample, transference amount, negative, and positive transference were poorly related (alpha= .57), also arguing against combining the items. The data suggests that our sample distinguished between positive and negative transference. On the other hand, transference amount correlated with negative and positive transference (r=. 43, .59, respectively, p <. 01). Since transference amount correlated with negative and positive transference, and to reduce the chance of a type 1 error, we eliminated transference amount from the analyses.

In addition, the major theoretical difference between emotional and intellectual insight (Singer, 1970), as well as the empirical findings that distinguish the two types of insight (Gelso et al., 1991, 1997), and the fact that these two insights were only moderately correlated in our sample (r=. 35, p<. 01) all argued against combining intellectual and emotional insight. In sum, to test the interaction hypothesis, we conducted linear multiple regression analyses in which, following the procedure from

Gelso et al. (1997), we added the transference term first, the insight term second, and the interaction term last. All variables were centered to reduce multicollinearity.

Consistent with Gelso et al. (1997), transference ratings were unrelated to outcome in this sample. Their study found that insight and outcome were also unrelated. However, the authors did not ask participants to rate insight amount. In our study, insight amount was rated by counselors, and it significantly correlated with outcome ($r = .25$, $p < .05$). The insight amount item was not used in analyses because we sought to replicate as closely as possible the analyses in Gelso et al. (1997) which did not evaluate insight amount and to reduce the number of linear regressions conducted. Contrary to Gelso et al. (1997), transference and insight- the two predictor variables, were sometimes moderately related. Negative transference was negatively related to emotional insight ($r = -.30$, $p < .05$), and positive transference was positively related to intellectual insight ($r = .36$, $p < .01$) and emotional insight ($r = .30$, $p < .01$).

Tables 3-10 present the interaction data from the eight regression analyses. Four regression analyses were run when transference was measured by the 3-item measure of transference (see tables 3-6) and four regression analyses were run when transference was measured by the MITS (see tables 7-10). Specifically, for therapist outcome ratings, the following data are given: adjusted multiple correlations for the Transference X Insight interaction terms, change in multiple correlations, F changes, beta weights, and t scores.

Confirmation of an interaction hypothesis in tables 3-10 would occur if the following were significant: the t score and the F ratio for the increment in multiple correlation when the interaction term was added to transference and insight. As shown in table 3, when transference was assessed using the 3-item questionnaire, t scores and the F

ratios for the increment in multiple correlation were nonsignificant for Positive Transference X Intellectual Insight, Positive Transference X Emotional Insight, and Negative Transference X Intellectual Insight. Negative Transference X Emotional Insight was the only regression to approach significance.

Table 3

Summary of Linear Regression Analyses on Session Outcome

With Negative Transference and Emotional Insight, and Their Interaction as Predictors

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Statistics	
				Beta	*t*
Step 1					
Negative Transference	.003	.015	1.23	-.12	-1.1
Step 2					
Emotional Insight	.003	.012	1.01	.11	1.00
Step 3					
Negative Transference X Emotional Insight	.031	.039	3.37	-.21	-1.84

Note. n = 86. Transference was assessed using the 3-item measure of transference (Graff & Luborsky, 1977). Negative Transference X Emotional Insight is an interaction term formed by multiplying the negative transference and emotional insight scores.

*p<.05, **p<.01

Table 4

Summary of Linear Regression Analyses on Session Outcome

With Negative Transference and Intellectual Insight, and Their Interaction as Predictors

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Beta	Statistics *t*
Step 1					
Negative Transference	.003	.015	1.23	-.12	-1.11
Step 2					
Intellectual Insight	.007	.016	1.37	-.13	1.17
Step 3					
Negative Transference X Intellectual Insight	.003	.008	.65	-.09	-.80

Note. n = 86. Transference was assessed using the 3-item measure of transference (Graff & Luborsky, 1977). Negative Transference X Intellectual Insight is an interaction term formed by multiplying the negative transference and intellectual insight scores.

*p<.05, **p<.01

Table 5

Summary of Linear Regression Analyses on Session Outcome

With Positive Transference and Emotional Insight, and Their Interaction as Predictors

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Beta	Statistics *t*
Step 1					
Positive Transference	.006	.018	1.55	.135	1.24

Step 2					
Emotional Insight	.005	.010	.87	.106	.93
Step 3					
Positive Transference X Emotional Insight	-.007	.001	.07	-.16	-.26

Note. n = 86. Transference was assessed using the 3-item measure of transference (Graff & Luborsky, 1977). Positive Transference X Emotional Insight is an interaction term formed by multiplying the positive transference and emotional insight scores.

*p<.05, **p<.01

Table 6

Summary of Linear Regression Analyses on Session Outcome With Positive Transference and Intellectual Insight, and Their Interaction as Predictors

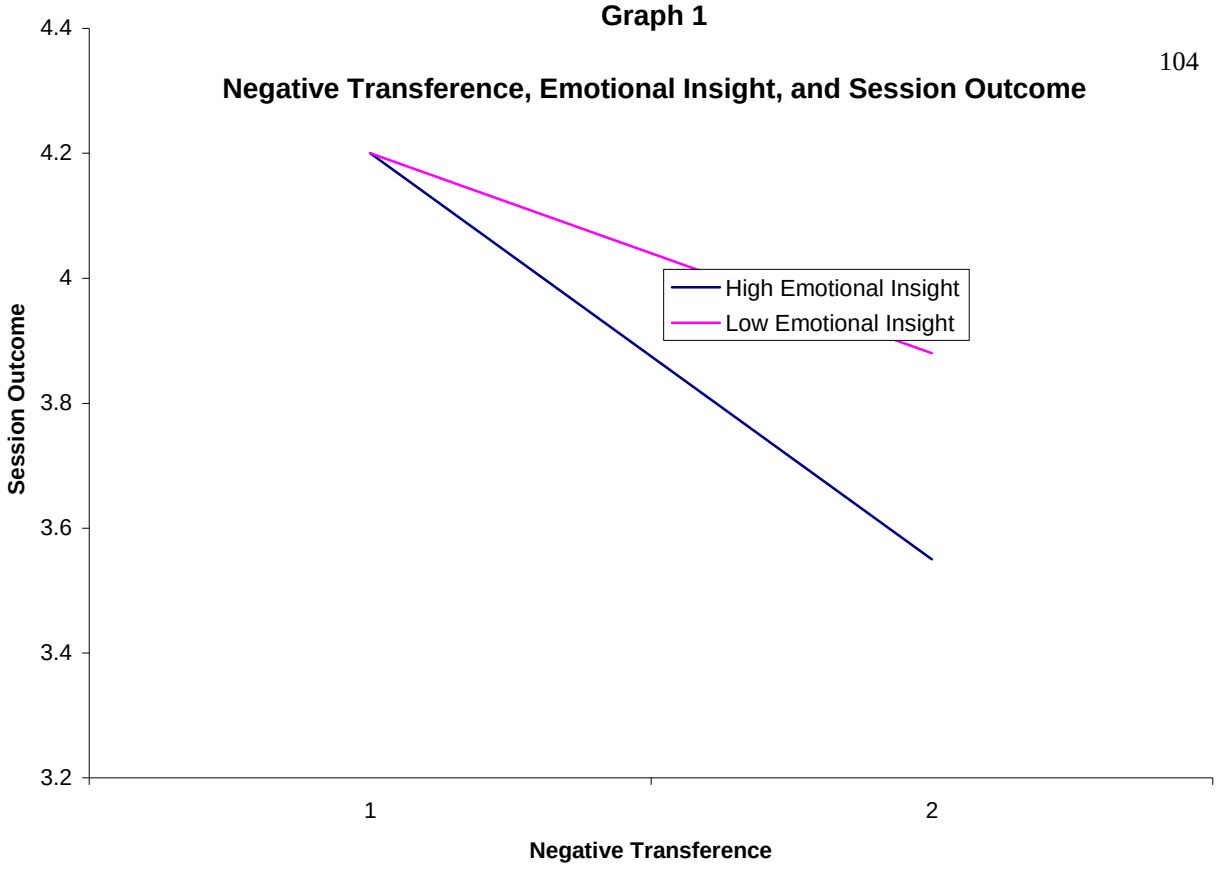
Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Beta	Statistics *t*
Step 1					
Positive Transference	.006	.018	1.55	.135	1.24
Step 2					
Intellectual Insight	.004	.009	.80	.104	.89

Step 3					
Positive Transference X Intellectual Insight	.009	.017	1.45	-.691	-1.20

Note. n = 86. Transference was assessed using the 3-item measure of transference (Graff & Luborsky, 1977). Positive Transference X Intellectual Insight is an interaction term formed by multiplying the positive transference and intellectual insight scores.
*p<.05, **p<.01ficance, significant F change = .07.

Our hypothesis regarding the Transference X Insight interaction reflected a particular form of this interaction. We expected outcomes to be most favorable when transference and insight were high and least favorable when transference was high and insight was low. To test for the form of the Negative Transference X Emotional Insight interaction (the only interaction that approached significance, p= .07), we calculated the slope of the regression line for high insight and the slope of the regression line for low insight. Then, using the calculated slopes and the constant from the SPSS regression print out, we graphed the interaction effect. The equation and solution is presented in appendix I. Graph 1 suggests that high insight and low insight clients both show a decrease in session outcome as negative transference increases. However, low insight clients show less of a decrease in outcome as transference increases than high insight clients.

Graph 1



Note. Transference was assessed using the 3-item measure of transference

We then tested this interaction hypothesis- that is, Transference X Insight predicts outcome, using transference scores obtained from the MITS (see tables 7-10). None of the four interactions (Negative Transference X Emotional Insight, Negative Transference X Intellectual Insight, Positive Transference X Emotional Insight, Positive Transference X Intellectual Insight) even approached significance

Table7

Summary of Linear Regression Analyses on Session Outcome

With Negative Transference and Emotional Insight, and Their Interaction as Predictors

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor	Statistics
				Beta	*t*

Step 1					
	.016	.028	2.34	-.167	-1.53
Negative Transference					
Step 2					
	.022	.017	1.48	.132	1.22
Emotional Insight					
Step 3					
	.027	.017	1.46	.132	1.21
Negative Transference X Emotional Insight					

Note. n = 86. Transference was assessed using the Missouri Identifying Transference Scale (MITS; Multon, Patton, & Kivlighan, 1996). Negative Transference X Emotional Insight is an interaction term formed by multiplying the negative transference and emotional insight scores.

*p<.05, **p<.01

Table 8

Summary of Linear Regression Analyses on Session Outcome With Negative Transference and Intellectual Insight, and Their Interaction as Predictors

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Statistics	
				Beta	*t*
Step 1					
Negative Transference	.016	.028	2.34	-.167	-1.53
Intellectual Insight	.021	.016	1.40	.128	1.18
Step 3					
Negative Transference X Intellectual Insight	.009	.001	.051	.025	.23

Note. n = 86. Transference was assessed using the Missouri Identifying Transference Scale (MITS; Multon, Patton, & Kivlighan, 1996). Negative Transference X Intellectual Insight is an interaction term formed by multiplying the negative transference and intellectual insight scores.

*p<.05, **p<.01

Table 9

Summary of Linear Regression Analyses on Session Outcome

With Positive Transference and Emotional Insight, and Their Interaction as Predictors

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Statistics	
				Beta	*t*
Step 1					
Positive Transference	-.002	.010	.831	.101	.912
Step 2					
Emotional Insight	.-.006	.008	.662	.091	.813
Step 3					
Positive Transference X Emotional Insight	-.003	.015	.1.24	-.131	-1.11

Note. n = 86. Transference was assessed using the Missouri Identifying Transference Scale (MITS; Multon, Patton, & Kivlighan, 1996). Positive Transference X Emotional Insight is an interaction term formed by multiplying the positive transference and emotional insight scores.

**p*<.05, ***p*<.01

Table 10

Summary of Linear Regression Analyses on Session Outcome

With Positive Transference and Intellectual Insight, and Their Interaction as Predictors

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Statistics	
				Beta	*t*
Step 1					
Positive Transference	-.002	.010	.831	.101	.912
Step 2					
Intellectual Insight	-.001	.013	1.09	.116	1.04
Step 3					
Positive Transference	.-.004	.010	.78	-.10	-.88
X					
Intellectual Insight					

Note. n = 86. Transference was assessed using the Missouri Identifying Transference Scale (MITS; Multon, Patton, & Kivlighan, 1996). Positive Transference X Intellectual Insight is an interaction term formed by multiplying the positive transference and intellectual insight scores.

*p<.05, **p<.01

Lastly, we tested the primary hypotheses of this study, that is- the high emotionally intelligent, high insight, and high transference group of clients will have the most favorable session outcome, while the low emotionally intelligent, low insight, and

high transference group will have the least favorable session outcome. In other words, there will be an interaction effect for transference and insight on session outcome for the high and low emotional intelligence groups. However, session outcome will be greater for the above average emotional intelligence group than the below average emotional intelligence group when viewed in the context of insight and transference.

To test the predicted pattern, we ran eight linear regressions in which session outcome was the dependent variable and transference and insight were the independent variables. A linear regression was performed for each of the four possible combinations of Transference X Insight predictors. Four regressions were run when attention was split into two groups (below and above average attention), and again when clarity was split into two groups (below and above average clarity). For both regressions, we added the transference term first, the insight term second, and the interaction term last. As elaborated above, the data argues against combining single items of transference and single items of insight.

To split the data, based on level of emotional intelligence, we computed the sample mean for attention and for clarity, the two dimensions of emotional intelligence. The mean score for attention was 3.70 and the mean score for clarity was 3.10. Theoretically, clarity should have a lower mean than attention since it is considered to be a higher order skill. Since the items on the emotional intelligence measure were rated from 1 –5, attention scores from 1-3.70 and from 3.71 to 5 were combined into two groups: 1= below average attention scores and 2= above average attention scores. Similarly, clarity scores from 1-3.10 were categorized into group 1 (below average) and scores from 3.11 – 5 were categorized into group 2 (above average).

Tables 11-18 present the interaction data pertaining to the linear regression analyses when transference was assessed with the 3-item questionnaire and then when it was assessed with the MITS. Specifically, for session outcome ratings, the following information is given for the below and above average emotional intelligence groups: adjusted multiple correlations for the Transference X Insight interaction terms, change in multiple correlations, *F* changes, beta weights, and *t* scores.

Table 11

Summary of Linear Regression Analysis on Session Outcome with Emotional Intelligence, Emotional Insight, Negative Transference, and Their Interaction as Predictors when Attention and Clarity are Split

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Statistics	
				Beta	*t*
Attention (1)					
Step1					
Negative Transference	-.19	.007	285	.086	.534
Step 2					
Emotional Insight	-.043	.003	125	-.059	-.353
Step 3					
Negative Transference X Emotional Insight	-.054	.016	597	-.184	-.773

Attention (2)					
Step 1					
Negative Transference	.064	.086	4.028*	-.293	-2.007*
Step 2					
Emotional Insight	.059	.016	771	.129	.875
Step 3					
Negative Transference X Emotional Ins	.042	.006	256	-.109	-.506
Clarity (1)					
Step 1					
Negative Transference	.001	.001	.062	-.038	-.248
Step 2					
Emotional Insight	.024	.024	1.013	.156	1.006
Step 3					
Negative Transference X Emotional Insight	.082	.082	3.762[a]	-.443	-1.940[a]
Clarity (2)					
Step 1					
Negative	.041	.041	1.633	-.203	-1.278

Transference					
Step 2					
Emotional Insight	.000	.000	.002	-.008	-.047
Step					
Negative Transference X Emotional Insight	.007	.007	.278	-.103	-.527

Note. Attention: (1) (n=40), (2) (n=45). Clarity: (1) (n=45), (2) (n=40). Attention and clarity have a mean of (M = 3.70, 3.10 respectively). They were split into two groups by the mean: (1)= group below the mean, (2)= group above the mean. Transference was assessed using the 3-item measure of transference (Graff & Luborsky, 1977). A = The change in F and the t score for Negative Transference X Emotional Insight when Clarity is low approaches significance (alpha = .059). *p<.05, **p<.01

Table 12

Summary of Linear Regression Analysis on Session Outcome with Emotional Intelligence, Intellectual Insight, Negative Transference, and Their Interaction as Predictors when Attention and Clarity are Split

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Statistics	
				Beta	*t*
Attention (1)					
Step1					
Negative Transference	-.019	.007	285	.086	.534
Step 2					
Intellectual Insight	.007	.050	1.977	.228	1.406
Step 3					
Negative Transference X Intellectual Insight	-.016	.004	154	-.072	-.393
Attention (2)					
Step 1					
Negative Transference	.064	.086	4.028*	-.293	-2.007*
Step 2					
Intellectual Insight	.043	.001	.058	.036	.242
Step 3					

Negative Transference X Intellectual Insigh	.051	.029	1.355	-.295	-1.164
Clarity (1)					
Step 1					
Negative Transference	-.022	.001	.062	-.038	-.248
Step 2					
Intellectual Insight	-.019	.026	1.131	.163	1.063
Step 3					
Negative Transference X Intellectual Insight	-.043	.000	.006	.014	.078
Clarity (2)					
Step 1					
Negative Transference	.016	.041	1.633	-.203	-1.278
Step 2					
Intellectual Insight	-.007	.004	.143	.061	.378
Step 3					
Negative Transference X Intellectual	.030	.060	2.420	-.001	-.454

Insight

Note. Attention: (1) (n=40), (2) (n=45). Clarity: (1) (n=45), (2) (n=40). Attention and clarity have a mean of (M = 3.70, 3.10 respectively). They were split into two groups by the mean: (1)= group below the mean, (2)= group above the mean. Transference was assessed using the 3-item measure of transference (Graff & Luborsky, 1977).

*p<.05, **p<.01

Table 13

Summary of Linear Regression Analysis on Session Outcome with Emotional Intelligence, Emotional Insight, Positive Transference, and Their Interaction as Predictors when Attention and Clarity are Split

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Beta	Statistics *t*
Attention (1)					
Step1					
Positive Transference	.023	.048	1.934	.220	1.391
Step 2					
Emotional Insight	.012	.014	552	-.120	-.743
Step 3					
Positive Transference	.004	.019	730	.736	.854

X Emotional					
Insight					
Attention (2)					
Step1					
Positive	-.010	.013	567	-.114	-.753
Transference					
Step 2					
Emotional	-.005	.028	1.214	.169	1.102
Insight					
Step 3					
Positive	-.003	.024	1.070	-1.079	-1.034
Transference					
X Emotional Insight					
Clarity (1)					
Step1					
Positive	.020	.043	1.912	.206	1.383
Transference					
Step 2					
Emotional	.009	.012	.527	.113	.726
Insight					
Step 3					
Positive	-.011	.003	.145	.315	.380
Transference					
X Emotional					
Insight					

Clarity (2)					
Step1					
Positive Transference	-.026	.001	.028	-.027	-.168
Step 2					
Emotional Insight	-.052	.001	.042	.034	.205
Step 3					
Positive Transference X Emotional Insight	-.080	.001	.040	.228	.201

Note. Attention: (1) (n=40), (2) (n=45). Clarity: (1) (n=45), (2) (n=40). Attention and clarity have a mean of (M = 3.70, 3.10 respectively). They were split into two groups by the mean: (1)= group below the mean, (2)= group above the mean. Transference was assessed using the 3-item measure of transference (Graff & Luborsky, 1977).

*p<.05, **p<.01

Table 14

Summary of Linear Regression Analysis on Session Outcome with Emotional Intelligence, Intellectual Insight, Positive Transference, and Their Interaction as Predictors when Attention and Clarity are Split

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor	
				Beta	Statistics *t*
Attention (1)					
Step1	.023	.048	1.934	.220	1.391
Positive Transference					
Step 2					
Intellectual Insight	.018	.020	.794	.149	.891
Step 3					
Positive Transference	.060	.064	2.640	-1.258	-1.625
X Intellectual Insight					
Attention (2)					

Step1	-.010	.013	.567	-.114	-.153
Positive Transference					
Step 2					
Intellectual Insight	-.033	.001	.035	.030	.188
Step 3					
Positive Transference X Intellectual Insight	-.057	.001	.051	.208	.227
Clarity (1)					
Step1					
Positive	.020	.043	1.912	.206	1.383
Transference					
Step 2					
Intellectual Insight	.015	.017	.750	.132	.866
Step 3					
Positive Transference	.030	.037	1.676	-.997	-1.295

X Intellectual Insight					
Clarity(2)					
Step1					
Positive	-.026	.001	.028	-.027	-.168
Transference					
Step 2					
Intellectual Insight	-.049	.004	.147	.067	.383
Step 3					
Positive Transference	-.078	.000	.001	-.033	-.030
X Intellectual Insight					

Note. Attention: (1) (n=40), (2) (n=45). Clarity: (1) (n=45), (2) (n=40). Attention and clarity have a mean of (M = 3.70, 3.10 respectively). They were split into two groups by the mean: (1)= group below the mean, (2)= group above the mean. Transference was assessed using the 3-item measure of transference (Graff & Luborsky, 1977).

*p<.05, **p<.01

Table 15

Summary of Linear Regression Analysis on Session Outcome with Emotional Intelligence, Emotional Insight, Negative Transference, and Their Interaction as Predictors when Attention and Clarity are Split

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Statistics Beta	*t*
Attention (1)					
Step1					
Negative Transference	.036	.061	.124	-.247	-1.572
Step 2					
Emotional Insight	.015	.005	.671	-.068	-.428
Step 3					
Negative Transference X Emotional Insight	.013	.023	.349	.187	.949
Attention (2)					
Step1					
Negative Transference	-.021	.003	.733	-.053	-.344
Step 2					
Emotional Insight	-.023	.021	.350	.146	.946
Step 3					

Negative Transference X Emotional Insight	-.033	.015	.428	.152	.800
Clarity (1)					
Step1					
Negative Transference	.038	.060	2.741	-.245	-1.656
Step 2					
Emotional Insight	.043	.027	1.243	.164	1.115
Step 3					
Negative Transference X Emotional Insight	.023	.003	.126	-.066	-.355
Clarity (2)					
Step1					
Negative Transference	-.023	.004	.142	-.062	-.377
Step 2					
Emotional Insight	-.049	.002	.072	.045	.267
Step 3					
Negative Transference X Emotional	-.011	.063	2.385	.354	1.544

Insight

Note. Attention: (1) (n=40), (2) (n=44). Clarity: (1) (n=45), (2) (n=39). Attention and clarity have a mean of (M = 3.70, 3.10 respectively). They were split into two groups by the mean: (1)= group below the mean, (2)= group above the mean. Transference was assessed using Missouri Identifying Transference Scale (Multon, Patton, & Kivlighan, 1996).*p<.05, **p<.01

Table 16

Summary of Linear Regression Analysis on Session Outcome with Emotional Intelligence, Intellectual Insight, Negative Transference, and Their Interaction as Predictors when Attention and Clarity are Split

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Statistics	
				Beta	*t*
Attention (1)					
Step1					
Negative Transference	.036	.061	2.471	-.247	-1.572
Step 2					
Intellectual Insight	.038	.026	1.066	.165	1.033
Step 3					
Negative Transference X Intellectual Insight	.039	.025	1.034	-.179	-1.017
Attention (2)					

Step1					
Negative Transference	-.021	.003	.118	-.053	-.344
Step 2					
Intellectual Insight	-.046	.000	.003	-.009	-.057
Step 3					
Negative Transference X Intellectual Insight	-.070	.002	.085	.058	.292
Clarity (1)					
Step1					
Negative Transference	.038	.060	2.741	-.245	-1.656
Step 2					
Intellectual Insight	.033	.017	.792	.133	.890
Step 3					
Negative Transference X Intellectual Insight	.011	.001	.043	-.034	-.208
Clarity (2)					
Step1					
Negative	-.023	.004	.142	-.062	-.377

Transference					
Step 2					
Intellectual Insight	-.048	.003	.110	.056	.332
Step 3					
Negative Transference X Intellectual Insight	-.078	.001	.024	-.041	-.154

Note. Attention: (1) (n=40), (2) (n=44). Clarity: (1) (n=45), (2) (n=39). Attention and clarity have a mean of (M = 3.70, 3.10 respectively). They were split into two groups by the mean: (1)= group below the mean, (2)= group above the mean. Transference was assessed using Missouri Identifying Transference Scale (Multon, Patton, & Kivlighan, 1996).*p<.05, **p<.01

Table 17

Summary of Linear Regression Analysis on Session Outcome with Emotional Intelligence, Emotional Insight, Positive Transference, and Their Interaction as Predictors when Attention and Clarity are Split

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Beta	Statistics *t*
Attention (1)					
Step1					
Positive Transference	.004	.030	1.141	.173	1.068
Step 2					

Emotional Insight	.020	.041	1.606	-.204	-1.267
Step 3					
Positive Transference	.022	.028	1.095	-.225	-1.046
X Emotional Insight					
Attention (2)					
Step1					
Positive Transference	-.024	.000	.003	.008	.050
Step 2					
Emotional Insight	-.031	.018	.736	.135	.858
Step 3					
Positive Transference	-.057	.000	.004	-.010	-.060
X Emotional Insight					
Clarity (1)					
Step1					
Positive Transference	.044	.066	2.959	.257	1.720
Step 2					
Emotional Insight	.029	.009	.387	.094	.622

Step 3					
Positive Transference X Emotional Insight	.008	.003	.117	-.078	-.343
Clarity (2)					
Step1					
Positive Transference	-.017	.011	.388	-.103	-.623
Step 2					
Emotional Insight	-.042	.004	.135	.065	.367
Step 3					
Positive Transference X Emotional Insight	-.072	.000	.000	-.003	-.014

Note. Attention: (1) (n=40), (2) (n=44). Clarity: (1) (n=44), (2) (n=38). Attention and clarity have a mean of (M = 3.70, 3.10 respectively). They were split into two groups by the mean: (1)= group below the mean, (2)= group above the mean. Transference was assessed using Missouri Identifying Transference Scale (Multon, Patton, & Kivlighan, 1996).*p<.05, **p<.01

Table 18

Summary of Linear Regression Analysis on Session Outcome with Emotional Intelligence, Intellectual Insight, Positive Transference, and Their Interaction as Predictors when Attention and Clarity are Split

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Statistics Beta	*t*
Attention (1)					
Step1					
Positive Transference	.004	.030	1.141	.173	1.068
Step 2					
Intellectual Insight	.012	.034	1.315	.185	1.147
Step 3					
Positive Transference X Intellectual Insight	.105	.112	4.745*	-.361	-2.178*
Attention (2)					
Step1					
Positive Transference	-.024	.000	.003	.008	.050
Step 2					
Intellectual Insight	-.049	.001	.023	-.024	-.150
Step 3					

Positive Transference X Intellectual Insight	-.044	.030	1.187	.175	1.090
Clarity (1)					
Step1					
Positive Transference	.044	.066	2.959	.257	1.720
Step 2					
Intellectual Insight	.043	.022	.989	.148	.995
Step 3					
Positive Transference X Intellectual Insight	.129	.102	5.011*	-.351	-2.238*
Clarity (2)					
Step1					
Positive Transference	-.017	.011	.388	-.103	-.623
Step 2					
Intellectual Insight	-.043	.003	.101	.054	.318
Step 3					
Positive Transference X Intellectual	.017	.083	3.122	.316	1.767

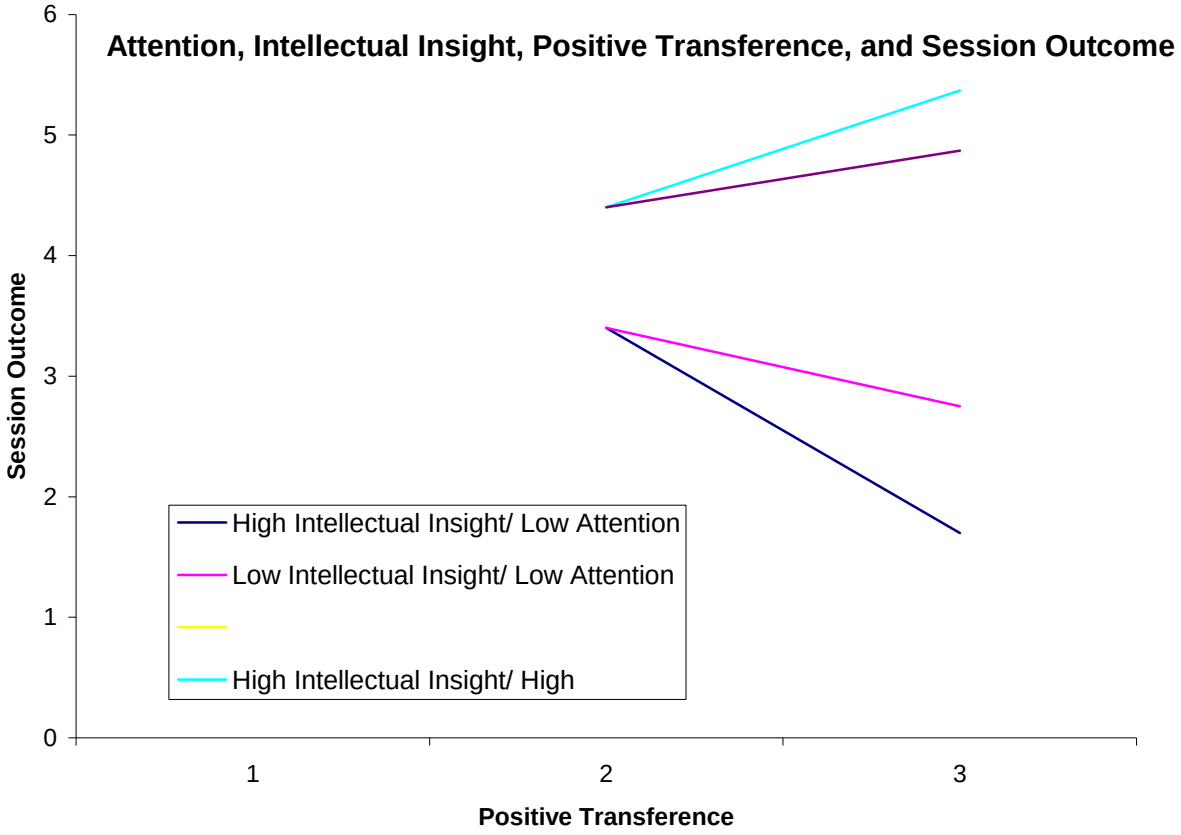
Insight

Note. Attention: (1) (n=40), (2) (n=44). Clarity: (1) (n=45), (2) (n=38). Attention and clarity have a mean of (M = 3.70, 3.10 respectively). They were split into two groups by the mean: (1)= group below the mean, (2)= group above the mean. Transference was assessed using Missouri Identifying Transference Scale (Multon, Patton, & Kivlighan, 1996).*p<.05, **p<.01

As shown in table 14, t scores and the increment in multiple correlation were significant for Positive Transference X Intellectual Insight when attention was low (p=.036) and when clarity was low (p=.031), when transference was measured by the MITS. We predicted a particular pattern for the interaction effect. Specifically, high attention (i.e., emotional intelligence), high insight, and high transference would predict the most successful session outcome, while low attention, low insight, and high transference would predict the lowest session outcome. To test for this pattern of the interaction effect, we calculated the slope for the regression line for the four insight/attention groups: high insight and high attention, low insight and high attention, high insight and low attention, and low insight and low attention. Using the calculated slopes and the constant from the SPSS regression output we graphed four regression lines, one for each insight/ attention group. We graphed the regression lines for the high attention groups, although they were not significant, to compare the general direction and trend of the high attention groups to the low attention groups.

The regression lines suggest that low attention, high intellectual insight, and high positive transference predict the lowest session outcome. On the other hand, high intellectual insight, high attention, and high transference predict the most favorable session outcome. However, results obtained for the high attention group were

Graph 2



Note. Transference was assessed using the MITS.

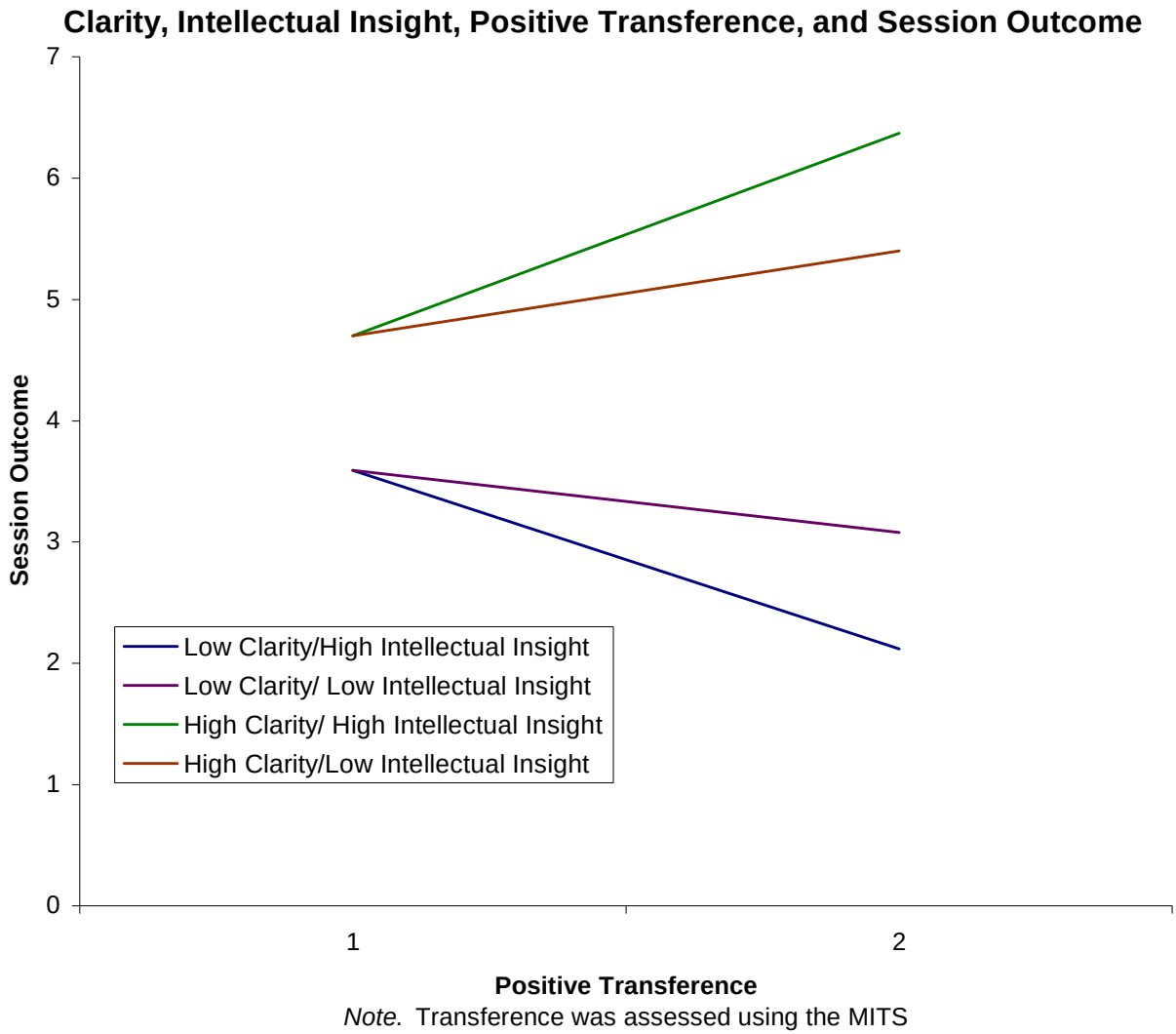
nonsignificant (p=.283). Interestingly, the low insight/ low attention group showed only a slight decrease in outcome as transference increased. The calculations for the regression lines for Attention, Intellectual Insight, Positive Transference, and Session Outcome are included in appendix J and the graph is presented in graph 2.

Positive transference and intellectual insight showed a similar pattern when viewed in the context of Clarity, the other dimension of emotional intelligence. Specifically, high positive transference, high intellectual insight, and low clarity showed the least favorable session outcome, whereas high clarity, high intellectual insight, and high positive transference showed the most favorable session outcome. The interaction

effect for high attention approached significance (p=.086). The low clarity/ low intellectual insight group shows almost no change in session outcome as positive transference increases.

The calculations for the regression lines for Clarity, Intellectual Insight, Positive Transference, and Session Outcome are included in appendix K and the graph is presented in graph 3.

Graph 3

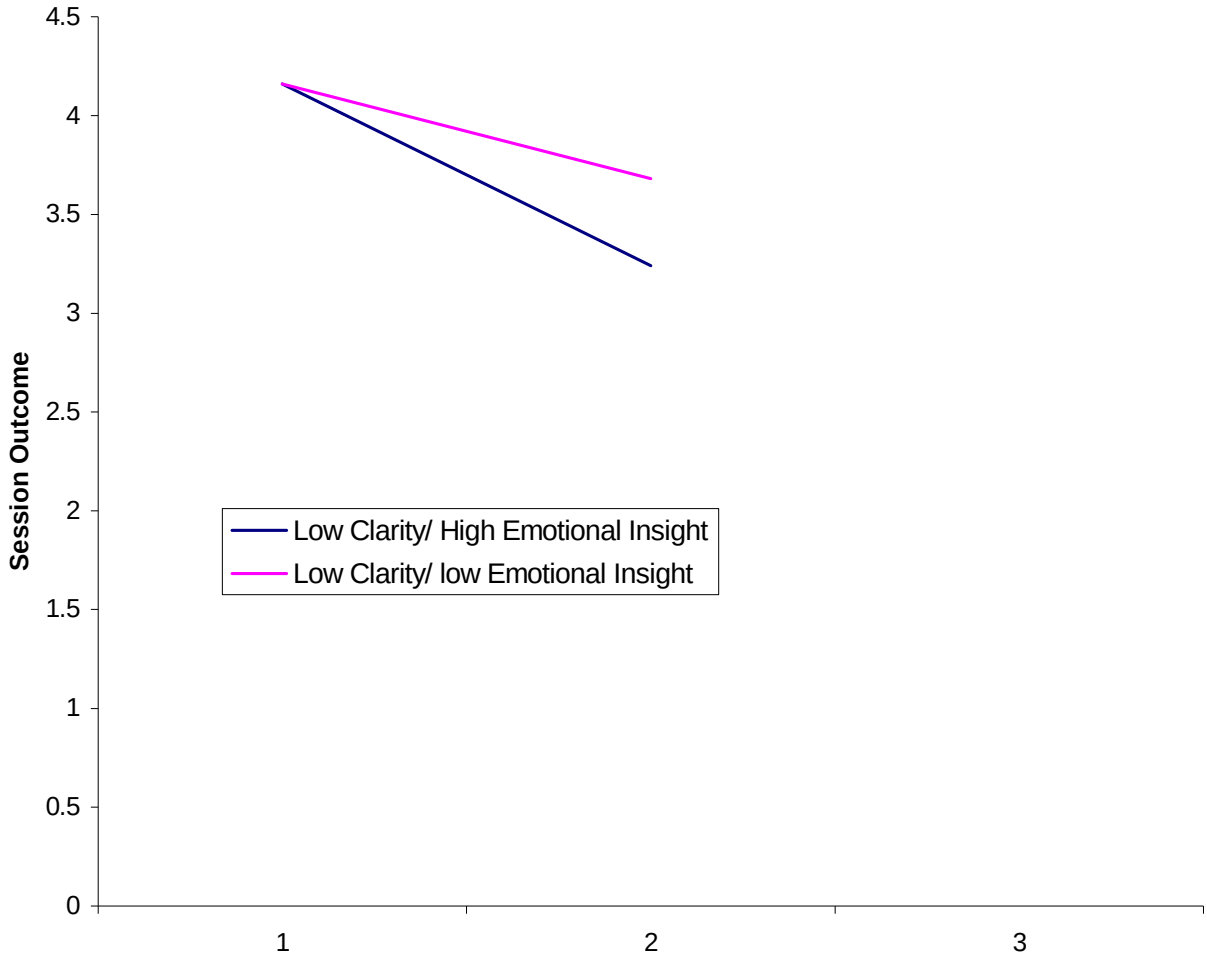


Note. Transference was assessed using the MITS

T scores and the increment in multiple correlation approached significance for Negative Transference X Emotional Insight when Clarity was low (p=.059), when transference was measured by the 3-item questionnaire. All other possible interaction affects (when transference was assessed with the MITS or the 3-item questionnaire) were nonsignificant. We followed the same procedure to test the pattern for the interaction effect for Clarity, Negative Transference, Emotional Insight, and Session Outcome. We calculated the slope of the regression line for the low clarity/high insight group and the slope for the low clarity/low insight group. Using the calculated slopes and constant from the SPSS print out of the regression, we graphed the interaction effect. The interaction effect for high clarity could not be included as a comparison because the unstandardized betas were too small to use to calculate the slopes of the regression lines. The calculations are included in appendix L. Graph 4 shows that in our sample, low clarity, high emotional insight, and high negative transference predict the least successful session outcome. The low clarity/ low emotional insight group only slightly decreases in session outcome as negative transference increases.

Graph 4

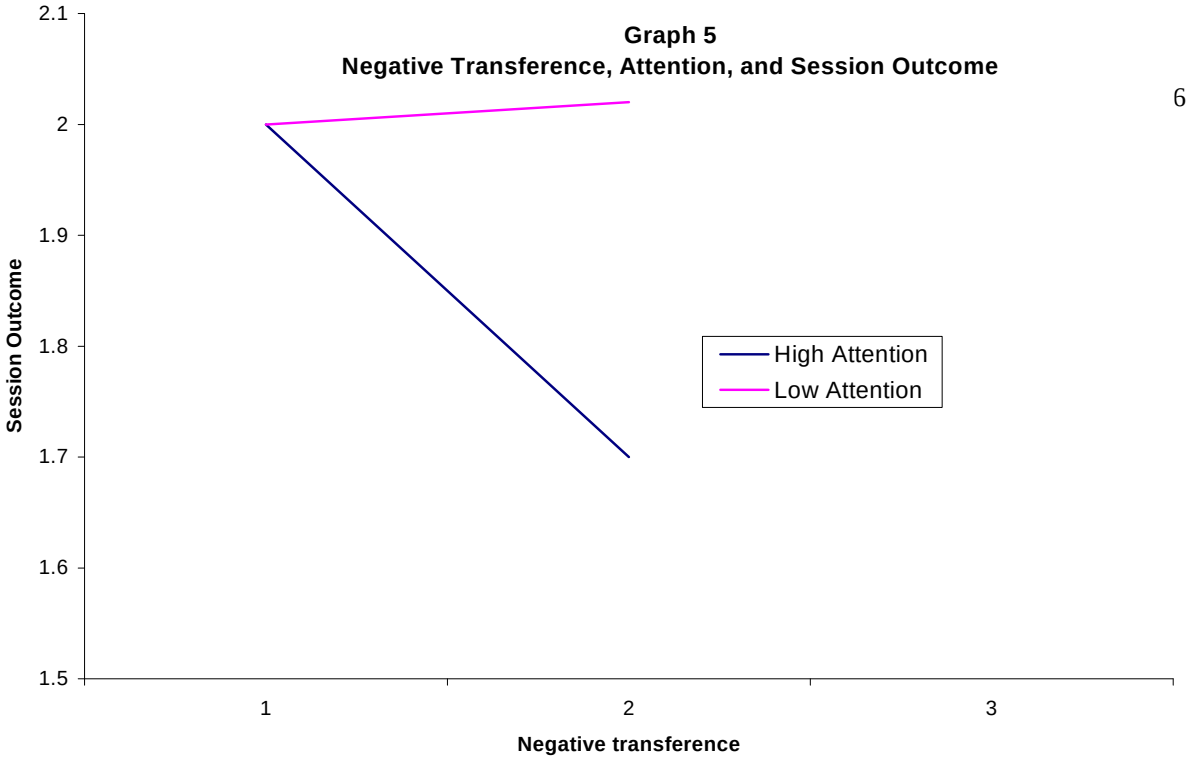
Clarity, Negative Transference, Emotional Insight, and Session Outcome



Note. Transference was assessed using the 3-item measure of transference

The data suggests an interaction affect for Attention X Negative Transference on outcome, when negative transference was measured by the 3-item questionnaire. The two predictors- negative transference and attention are moderately correlated (r= .30, p<. 01). The variables were centered to reduce multicollinearity. Attention was entered first, negative transference was entered second, and the interaction term was entered last. The change in F was significant (p=.03). Table 19 presents the adjusted multiple correlations for the Attention X Negative Transference interaction terms, change in multiple

correlations, *F* changes, beta weights, and *t* scores. To test for the pattern of the interaction we computed the slope of the regression line for the high attention group and the slope of the regression line for the low attention group. The calculations are included in appendix M. Graph 5 shows that as negative transference increased, session outcome decreased for both the high attention and the low attention groups. However, session outcome for the low attention group was relatively more successful as compared to the high attention group.



Note. Transference was assessed using the 3-item measure of transference.

Table 19

Summary of Linear Regression Analyses on Session Outcome

With Negative Transference and Attention, and Their Interaction as Predictors

Variable	Adjusted R^2	Change in R^2	F Increment	Predictor Beta	Statistics *t*
Step1					
Attention	.043	.054	4.84	.233	2.20
Step 2					
Negative Transference	.035	.003	.255	-.056	-.505

Chapter 6

DISCUSSION

Overall, the results support the hypothesis that emotional intelligence is positively related to insight. Interestingly, the two dimensions of emotional intelligence (attention and clarity) correlate somewhat differently with intellectual and emotional insight. Specifically, attention does not significantly correlate with intellectual insight while clarity does significantly correlate with intellectual insight, r=. 26, p<. 01. Attention and clarity both significantly correlate with emotional insight, r=. 37, .50, p<. 01, respectively.

Given the moderate effect sizes, the data suggests that emotional intelligence and insight are related yet distinct constructs. It was hypothesized that emotional intelligence and insight would be correlated because emotional intelligence is a set of skills that aid the client in achieving insight. Another explanation is that emotional intelligence and insight are related because of a third mediating variable. Perhaps emotional intelligence enables clients to understand and internalize therapist interpretations, which then lead to client insight.

An r to z transformation was run for the correlations between clarity and intellectual insight and clarity and emotional insight. The difference approached significance (p=.07), suggesting that clarity has a stronger relationship to emotional insight than intellectual insight. One explanation as to why emotional intelligence and emotional insight are more highly correlated than emotional intelligence and intellectual insight is that emotional intelligence is a set of skills that help clients to understand themselves on an emotional level. The very definition of emotional insight, as offered by

Gelso et al. (1997), is the connection between what the mind knows and what the heart believes.

In light of the theory of emotional intelligence, another way of wording the definition of emotional insight is an understanding of oneself that comes from understanding one's emotions. Emotional intelligence is suggested to be those set of skills that aid one in understanding one's emotions. Clarity in particular assesses the degree to which one understands one's emotions. For example, one clarity item (reversed scored) asks therapists to rate the following sentence, "My client can't make sense of his or her feelings." Accordingly, it is hypothesized that clarity and emotional insight have the strongest relationship, compared to other combinations of emotional intelligence and types of insight, because clarity symbolizes a set of skills necessary to understand oneself on an affective level.

As hypothesized, emotional intelligence was related to transference. As expected, emotional intelligence was negatively related to negative transference. In addition, attention and clarity predict negative transference above and beyond insight amount. Attention predicts positive transference above and beyond insight. However, clarity does not predict transference above and beyond insight amount. Overall, the results suggest that emotional intelligence predicts transference, even when level of insight is accounted for.

The data did not support the hypothesis that positive transference is negatively related to emotional intelligence. Instead, the data suggests that positive transference is positively related to emotional intelligence. One explanation is that positive transference is more comfortable for both therapist and client to discuss and interpret, creating a space

for therapists to observe their client's emotional intelligence when interpreting the transference. Another explanation is that therapists perceive positive projections from the client as more accurate than negative ones.

Recent research suggests that the level of transference follows a different course in short-term and long-term therapy (see Gelso et al., 1997, Graff & Luborsky, 1977). These conflicting results lead to many empirical questions as to the course of transference in psychotherapy. Although this study did not follow transference over time, the results found a significant correlation between positive transference, amount of transference and session number. However, negative transference and session number were not related. Studies that look at transference over time in long-term therapy are needed to understand how negative and positive transference grow and decline over time. These findings suggest that negative and positive transference operate differently in therapy and should be studied as related yet distinct concepts.

The hypotheses that emotional intelligence and insight would both significantly relate to session outcome were partially supported. While attention has a small correlation with outcome, clarity did not significantly correlate with outcome. One explanation for this is that attention reflects the patient's ability to perceive and identify feelings, which is often considered a therapeutic goal and even outcome by many therapists. On the other hand, clarity more closely resembles insight, as it measures one's skill in making sense of one's emotions. Clinical experience and research suggest that, in isolation, understanding one's emotions does not lead to change. Therapists may not associate clarity, in isolation, with a successful outcome. Instead, therapists may look toward what clients actually do with these skills when assessing outcome. Another

explanation is that the session outcome measure used in this study did not capture the dimension(s) of session quality that correlate with clarity. For example, perhaps clarity correlates with the “depth” of a session, as measure by the Session Evaluation Questionnaire, as the client more deeply experiences his/her emotions as he/she more clearly understands them.

Similarly, the relationship between insight and outcome was mixed. Insight amount was the only insight item to significantly relate to outcome. The literature is also in conflict over whether insight predicts outcome (see Kivlighan et al., 2000, Gelso et al., 1997). The findings of this study suggest that emotional insight and intellectual insight do not predict session outcome. Perhaps emotional intelligence and insight are similar in that, in isolation, neither leads to outcome, yet when taken into consideration with other variables, both influence outcome in psychotherapy. Another explanation is that emotional intelligence and insight may predict outcome over the course of therapy, as this study involved only one session of psychotherapy. Again, perhaps a different session outcome measure would have captured some quality of a session that does relate to insight, as the session outcome measure used in this study only assessed the degree to which a therapist valued a session.

The results of the mediation hypothesis were mixed. The findings suggest that insight amount is a partial mediator of attention and session outcome. However, insight cannot be a partial mediator of clarity and session outcome since clarity is not significantly related to outcome. The results give some support to the proposition that emotional intelligence is a set of skills that if used effectively by the client can lead to insight.

Overall, the results did not support the Gelso et al. (1991, 1997) interaction effect- that is, transference and insight interact to predict outcome. However, the data suggests that certain combinations of transference and insight predict outcome. As measured by the 3-item measure of transference, Negative Transference X Emotional Insight approached significance in predicting session outcome (p=. 07). The particular pattern of this interaction effect was inconsistent with past research (Gelso et al., 1991, 1997). In the sample for this study, high emotional insight and high negative transference predicted poor session outcome. Clients in the low insight group showed a relatively favorable session outcome when negative transference and emotional insight were high as compared to the high insight group. The data suggests that in our sample, clients did not use insight to manage, or work through, the transference. An alternative explanation for the unexpected pattern of the interaction effect is that transference and insight operate differently in long term therapy than in short term therapy, affecting the specific pattern of the transference X insight interaction effect. Past research suggests that the course of transference differs in short term and long term treatment (Graff et al., 1997 & Gelso et al., 1997). The sample in the present study differs from samples used in past research on the interaction effect of transference and insight in that the sample of this study consists of clients in mostly long-term treatment and, at the same time, has great variability in length of treatment.

Several possible explanations exist for the discrepancy between the results of this study and previous research. First, while Gelso et al. (1991, 1997) combined transference items to form the transference term that was entered into the regressions, the sample of this study distinguished between positive and negative transference. Thus, we treated

positive and negative transference as separate items and did not combine them for the analyses. Second, Gelso et al. (1997) found transference X insight interaction effects on outcome from a sample in short-term therapy. Our sample consisted of clients primarily in long-term therapy. The mean session number was 70. Perhaps transference and insight operate differently in long-term therapy than short-term therapy. Third, our session outcome measure had poor variability (M=4.12, SD=. 83). Further analyses may have been impacted by little variability in ratings of session outcome. Lastly, there were no significant interaction findings when transference was assessed with the MITS. While the MITS has excellent psychometric properties, it may underreport the amount of transference present in a session. For example, a client may show very high levels of one adjective describing negative transference but not on others.

The surprising lack of significant interaction findings, as well as the surprising pattern of the negative transference X emotional insight interaction effect, makes more sense when emotional intelligence is taken into consideration. Positive transference and intellectual insight were not found to significantly interact to predict session outcome. However, when this interaction effect is viewed in context of high and low emotional intelligence, positive transference and intellectual insight significantly interact to predict outcome when attention and clarity are low. Similarly, negative transference and emotional insight interact to significantly predict session outcome when clarity is low.

These three significant interactions displayed the same pattern as negative transference and emotional insight did when predicting outcome, that is- outcome decreased for high and low insight groups as transference increased. To help make sense of this unexpected pattern, we graphed the nonsignificant interaction effects of positive

transference and intellectual insight when emotional intelligence was high. We could not graph negative transference X emotional insight for high clarity because the unstandardized beta coefficients were too small. For clients in the above average emotional intelligence group, outcome increased for high and low insight groups as transference increased, resembling past findings and the hypotheses of this study.

More specifically, low attention, high insight, and high positive transference predicted the lowest session outcome in our sample. On the other hand, high intellectual insight, high attention, and high transference predicted the most favorable session outcome. Similarly, the positive transference X intellectual insight interaction when clarity was high showed the same pattern. These findings suggest that relatively low emotionally intelligent clients were rated as having a less favorable session outcome than high emotionally intelligent clients did, even when insight and transference are both high. On the other hand, there is a trend in the data that suggests that emotional intelligence equips the client to utilize his or her insight in working through the transference.

The pattern of the interaction effect for negative transference and emotional insight, when clarity is low, is similar to other significant transference and insight interaction effects when emotional intelligence is low. In this case, low clarity, high emotional insight, and high negative transference predicted the least successful session outcome. On the other hand, low clarity, low emotional insight, and high negative transference predict the most successful session outcome, although session outcome still decreased. Although this pattern is surprising, one explanation is that insight, without the skills (i.e., emotional intelligence) to effectively utilize it, actually hinders the therapeutic

process. Since numerous regressions were conducted, an alternative explanation behind the regression results is that the significant interaction effect findings were due to chance.

Although there were several significant interaction findings, most of the interaction effects, using either of the two transference measures, were nonsignificant. Little outcome in session variability may have affected the interaction results. In addition, when analyzing transference X insight interactions in context of emotional intelligence, the sample's N was divided into high and low emotional intelligence groups. Thus, the sample size decreased; consequently the power also decreased, perhaps masking significant results.

Limitations

There are several limitations to this study. Transference and insight were measured from the vantage point of the clinician. While the clinician's view of transference and insight is certainly important, it is still subjective. Also, there could have been a therapist bias in the transference ratings. Specifically, some therapists may have rated client transference higher or lower in general. However, the data did not suggest that there was a significant therapist bias in the transference ratings. On the other hand, looking at transference and insight from a therapist's perspective could be helpful for clinicians in their work with clients. Also, transference can work unconsciously; thus, client ratings might be less valid. Past studies have relied on measures of transference and insight from the vantage point of the therapist (e.g., Gelso, Hill, & Kivlighan, 1991; Gelso, Kivlighan, Wine, Jones, & Friedman, 1997).

All the variables measured in this study were assessed by the therapist, including transference, insight, emotional intelligence, and session outcome. Using the same

source, i.e., the therapist, as the sole rater of the variables under investigation might inflate the results. In particular, future research should look at emotional intelligence and session outcome from the vantage point of the client. Although the measure used in this study to assess emotional intelligence was based on the ability model, to derive a true index of client emotional intelligence, clients must be administered the ability-based test. In addition, numerous studies have shown that clients and therapists have different interpretations of session outcome, as the literature suggests they value different aspects of the session.

Both the construct and the measure of emotional intelligence are in their infant stages of development. The validity and reliability results for the measure are promising. Yet, we must proceed with caution when generalizing and accepting any finding involving emotional intelligence at this point (Mayer et al., 2003). The popular press has given much attention to the concept of emotional intelligence (e.g., Martinez, 1997; Blackburn, 1996). However, these sources usually proceed from a mixed model of emotional intelligence that is empirically unsound. This study addresses the "buzz" around emotional intelligence from an ability-based model.

This study did not have direct manipulation over the variables, and thus it is not an experimental design. Consequently, cause and effect relationships cannot be inferred (Pedhazur, 1997). The sample size for this study was adequate in comparison to similar psychotherapy studies. However, a larger N, and thus more power, may have been necessary to detect significant interaction findings, especially when emotional intelligence was divided into high and low groups.

Implications

This was the first study to examine the application of emotional intelligence in the real world setting of psychotherapy. For many psychodynamic therapists, transference and insight are at the center of the therapeutic work. The findings from this study suggest that emotional intelligence predicts the level of transference and insight. In addition, the data suggests that emotional intelligence is a set of skills that the client can use to achieve insight, implying that insight can come from within the client, as opposed to the traditional psychodynamic theory that client insight is achieved with the aid of therapist interpretations.

These findings are important for several reasons. First, as a new construct, a major empirical question is whether emotional intelligence matters in the real world? The relationship between emotional intelligence and insight, and between emotional intelligence and transference, suggest that emotional intelligence does account for some variability in the real world setting of psychotherapy. The significant relationship between emotional intelligence and certain client variables in real life settings give support for the predictive validity of emotional intelligence. Overall, the size of the correlations in this study are moderate. This is consistent with other studies that usually find moderate size correlations between emotional intelligence, as well as general intelligence, and other predictor variables and outcomes in real world settings.

Second, past research has focused on the effect of therapist interpretations on client insight. The findings of this study support the hypothesis that therapist interpretations are not the only factor that contributes to client insight; client insight can occur with the help of the client's own set of skills. Third, there is an ongoing debate in

the literature over whether psychological mindedness and insight are distinct concepts. However, the moderate correlations between emotional intelligence and insight, as well as the finding that emotional intelligence predicts transference above and beyond insight, suggest that insight and emotional intelligence are related yet distinct concepts.

Finally, the significant relationship between transference and emotional intelligence lends mixed support for this paper's theory on the relationship between emotional intelligence and transference. More specifically, it is assumed that emotional intelligence is a set of skills that helps clients to work through the transference. Emotional intelligence involves discerning which emotions are most adaptive to feel in a given situation, while transference involves unconscious feelings generalized across many interpersonal contexts. The unexpected finding that positive transference is positively related to emotional intelligence does not support the proposed relationship between emotional inteligence and transference. Further research is needed to understand the relationship between emotional intelligence and transference.

From the interaction data, there is some support to suggest that clients with high emotional intelligence have the ability to use insight to work through the transference, predicting a successful session outcome. On the other hand, clients with low emotional intelligence do not seem to readily possess the skills necessary to utilize insight in a given session. In other words, the pattern of interaction effects suggest that insight is helpful in working through the transference in a psychotherapy session when clients possess the skills (i.e., emotional intelligence) to constructively utilize insight

Future research. Overall, the data suggests that emotional intelligence influences the level of transference and insight, future research needs to ask- how do therapists

attend to and teach emotional intelligence? Is emotional intelligence taught implicitly through a good therapeutic relationship, as the therapist models an emotionally intelligent way of thinking? Is it a set of behavioral skills that can be taught in a classroom setting? Perhaps emotional intelligence is not something that can be didactically taught to clients, but something that is learned through deeply experiencing it within the context of the therapeutic relationship. Before these questions can be answered, future research is needed to replicate and expand the findings of this study. For example, what is the role of emotional intelligence over time in psychotherapy? What is its relationship to transference, insight, and session outcome when the client rates emotional intelligence and session outcome? Future research is also needed to investigate the transference X insight interaction on session outcome since the results of this study differed somewhat from past findings. More research is needed in the area of emotional intelligence and psychotherapy. This study served to provide initial support that client emotional intelligence is related to central constructs in therapy, suggesting that it is an important part of the therapeutic process.

Appendix A

Background Questionnaire

1) What session number did you and the client just complete? _____

2) Is this particular client in short-term or long-term counseling?

3) Counselor Sex: Female _____ Male ____

4) Client Sex: Female ____ Male _____

5) Counselor Age: _____

6) Counselor Race: African- American _____ Asian_____

Hispanic _____ Caucasian _____ Other (please specify) _____

7) Client Race: African- American _____ Asian_____

Hispanic _____ Caucasian _____ Other (please specify) _____

8) Highest Degree Earned by Counselor: _____

9) Are you currently in Training? Yes____ No _____ (If "no", skip to number 13)

10) Number of prior practicum courses in counseling (including prepracticum): _____

11) Practicum Site (e.g., counseling center): _____

12) Supervisor's orientation: Psychoanalytic/Psychodynamic_____

Humanistic/ Existential_____ Cognitive/Behavioral_____

13) Where is your primary placement (e.g., counseling center, private practice)? _____

14) Prior clinical experience: _____ month(s) (or _____ years)

15) What orientation do your techniques most closely follow:

Psychoanalytic/Psychodynamic _____Humanistic/ Existential_____

Cognitive/Behavioral_____

16) How long after the session are you filling out these questionnaires?_____

17) Please briefly describe client issues discussed in therapy?

18) Is this your First___ Second___ or Third___ session rating

Appendix B

Therapy Session Check Sheet

Directions: Please complete the items below immediately after each session or as soon as possible within 24 hours after each session.

Transference: The degree to which the client is dealing with material that is overtly or covertly related to the therapist. This material must be a manifestation of or a displacement from an early important relationship(s). The previous person (or transference source), however, need not be mentioned; he or she may be inferred. Thus, transference from the client to the therapist may be inferred because of, for example, the presence of distortion, strong affect, inappropriate affect, etc.

Transference may be positive or negative. The client may project positive attitudes onto the counselor, based on needs tied to past conflictual relationships. For example, because of the client's depravations with a parent, she or he may need to see the counselor as more loving or powerful than is realistically the case. On the other hand, the client may project negative attitudes onto the counselor, based on needs tied to past conflictual relationships. For example, because of the client's experience with a parent, she or he may react to the therapist as if the therapist does not like him or her, is being critical, will abandon him or her, is not trustworthy, and so on.

	None or Slight	Some	Moderate	Much	Very Much
Transference:					
Amount	1	2	3	4	5
Positive	1	2	3	4	5
Negative	1	2	3	4	5

Appendix C

Missouri Identifying Transference Scale

Directions. During the session you just completed, the client had the following unrealistic reactions:

	Not evident				**Very evident**
1. fear	1	2	3	4	5
2. love	1	2	3	4	5
3. anger	1	2	3	4	5
4. sexual longing	1	2	3	4	5
5. admiration	1	2	3	4	5
6. withdrawal	1	2	3	4	5
7. idealization	1	2	3	4	5

8. protectiveness	1	2	3	4	5
9. flirtatiousness	1	2	3	4	5
10. seductiveness	1	2	3	4	5
11. clinging	1	2	3	4	5
12. dependence	1	2	3	4	5
13. argumentativeness	1	2	3	4	5
14. suspiciousness	1	2	3	4	5
15. blandness	1	2	3	4	5
16. amorousness	1	2	3	4	5
17. passivity	1	2	3	4	5
18. infatuation	1	2	3	4	5

During the session just completed, the client had the following unrealistic reactions:

	Not evident				**Very evident**
19. envy	1	2	3	4	5
20. dislike	1	2	3	4	5
21. persistent reasonableness	1	2	3	4	5
22. contempt	1	2	3	4	5
23. tenderness	1	2	3	4	5
24. belligerence	1	2	3	4	5
25. mistrust	1	2	3	4	5
26. annoyance	1	2	3	4	5
27. resentment	1	2	3	4	5

28. indifference	1	2	3	4	5
29. ambivalence	1	2	3	4	5
30. capriciousness	1	2	3	4	5
31. controlled	1	2	3	4	5
32. uncared- for	1	2	3	4	5
33. ridicule	1	2	3	4	5
34. rigidity	1	2	3	4	5
35. rage	1	2	3	4	5
36. loathing	1	2	3	4	5
37. bitterness	1	2	3	4	5

Appendix D

Relationship Questionnaire: Insight Scale

Directions: Please complete the items below immediately after each session or as soon as possible within 24 hours after each session.

Insight. Extent to which client displays accurate understanding of material being explored. Understanding may be of the relationship, client's functioning outside of counseling, or aspects of the client's dynamics and behavior. Intellectual insight reflects an understanding of the cause-effect relationships but lacks depth because it does not connect to affects underlying client's thoughts. Emotional insight connects affect and intellect; the client is thus connected emotionally to his or her understanding.

	None or Slight	Somewhat	Moderate	Much	Very Much
Insight:					
Amount	1	2	3	4	5
Intellectual	1	2	3	4	5
Emotional	1	2	3	4	5

Appendix E

Trait Meta-Mood Scale

Please complete the following questionnaire based on your experience of the client. Read each statement and decide whether or not you agree with it. Place a number in the blank line next to each statement using the following scale:

5= strongly agree

4= somewhat agree

3= neither agree nor disagree

2= somewhat disagree

1= strongly disagree

Please answer the following questions based on your perception of the client.

___ 1. My client thinks that people would be better off if they felt less and thought more.

___ 2. My client doesn't think its worth paying attention to emotions or moods.

___ 3. My client doesn't usually care much about what she or he is feeling.

___ 4. Sometimes my client can't tell what his or her feelings are.

___ 5. My client is rarely confused about how he or she feels.

___ 6. My client believes that feelings give direction to life.

___ 7. My client believes in acting from the heart.

___ 8. My client can never tell how he or she feels.

___ 9. My client thinks that the best way for him or her to handle his or her feelings is to experience them to the fullest.

___ 10. My client's beliefs and opinions always seem to change depending on how he or she feels.

___ 11. My client is often aware of his or her feelings on a matter.

___ 12. My client is usually confused about how he or she feels.

___ 13. My client thinks that one should never be guided by emotions.

___ 14. My client never gives into his or her emotions.

___ 15. My client feels at ease about his or her emotions.

___ 16. My client pays a lot of attention to how he or she feels.

___ 17. My client can't make sense of his or her feelings.

___ 18. My client doesn't pay much attention to his or her feelings.

___ 19. My client often thinks about his or her feelings.

___ 20. My client is usually very clear about his or her feelings.

___ 21. My client thinks that feelings are a weakness humans have.

___ 22. My client usually knows his or her feelings about a matter.

___ 23. My client thinks that it is usually a waste of time to think about your emotions.

___ 24. My client almost always knows exactly how he or she is feeling.

Appendix F

Session Evaluation Scale

Directions: Answer each question as it applies to your perception of the quality of the session just completed. Please use the 5-point scale below to answer each question. The scale ranges from *strongly disagree* (1) to *strongly agree* (5).

I . . .

Am glad I attended this session.

1 2 3 4 5

Did not feel satisfied with what I got out of this session.

1 2 3 4 5

Thought the session was helpful.

1 2 3 4 5

Did not think the session was valuable.

1 2 3 4 5

Appendix G

Informed Consent Form

Therapist Session Reactions

Statement of Age: I state that I am at least 18 years of age, in good physical health, and wish to participate in a program of research being conducted by Rayna Markin under the guidance of Dr. Dennis Kivlighan in the Department of Counseling and Personnel Services at the University of Maryland, College Park

Procedures: The procedure of this study requires counselors to complete five brief questionnaires after a counseling session for up to three clients. Participation in this research project requires approximately 8-10 Minutes per client.

Confidentiality: All information collected in this study is confidential and my name will not be identified at any time. The data I provide will be grouped with data others provide for reporting and presentation.

Risks: I understand that there are no known risks for me if I participate in this study.

Benefits, Freedom to Withdraw, & Ability to Ask Questions: The experiment is not designed to help me personally, but to help the investigator learn more about client characteristics and session outcome in counseling. I am free to ask questions or withdraw from participation at any time and without penalty.

Medical Care The University of Maryland does not provide any medical or Hospitalization insurance for participants in this research study nor will the University of Maryland provide any compensation for any injury sustained as a result of participation in this research study, except as required by law.

Contact Information: Rayna Markin, Counseling and Personnel Services Department, College Park, MD, 29742 Phone: 301-405-8485

Email: rmarkin@wam.umd.edu

Email of principal investigator: dennisk@wam.umd.edu

Printed Name of Participant _____

Signature of Participant _____ Date_____

Appendix H

Instructions

Please fill out these questionnaires after **your NEXT three sessions** with clients in the middle of counseling. Please do not self-select the sessions you will rate.

1) After your next counseling session with a client in the middle of treatment (short-term treatment: 3rd-10th session, long-term treatment: after the first month and before the last month of counseling) please complete the questionnaires in the packet provided.

2) Please fill out the questionnaires immediately after the counseling session or as soon as possible thereafter within 24 hours. The questionnaires should take approximately 8-10 minutes to complete.

3) **Please repeat this procedure with your next two clients in the middle of treatment.** In other words, please complete a packet of questionnaires after one session in the middle of counseling for three different clients.

4) Please return the questionnaires within four weeks of receiving them in the return envelope provided.

Thank you for your participation and cooperation.

Appendix I

Below are the calculations for the Negative Transference X Emotional Insight on Session Outcome regression lines. Negative transference was assessed using the 3-item measure of transference.

- Significant F change= .07

- Emotional Insight (M=2.44, SD= 1.18)

- X_2 High Insight= M + 1SD = 2.44+1.18=3.62

  X_2 Low Insight= M - 1SD= 2.44-1.18=1.26

- b_1 at $X_{2\,(high)} = b_1 + b_3 X_2$ = 3.62=-.14+ (-.14)(3.62)=-.65/3.62=.05+(-.14)(3.62)=-.50

  b_1 at $X_{2\,(low)} = b_1 + b_3 X_2$ = 1.26=-.14+ (-.14)(1.26)=-.32/1.26=.05+(-.14)(1.26)=-.13

- Constant (from SPSS regression print out)= 4.20

Appendix J

Below are the calculations for the Positive Transference X Intellectual Insight on Session Outcome regression lines for the above average and below average Attention groups. Positive transference was assessed using the MITS.

Low Attention

- Significant F change = .04
- Intellectual Insight (M=2.87, SD= 1.22)
- X_2 High Insight= M + 1SD = 2.87+1.22=4.09

  X_2 Low Insight= M - 1SD= 2.87-1.22=1.65

- b_1 at $X_{2\,(high)} = b_1 + b_3 X_2 = 4.09 = .06 + (-.43)(4.09) = -1.7$

  b_1 at $X_{2\,(low)} = b_1 + b_3 X_2 = 1.65 = .06 + (-.43)(1.65) = -.65$

- Constant (from SPSS regression print out)= 3.4

High Attention

- Significant F change=.28
- Intellectual Insight (M=3.31, SD= 1.12)
- X_2 High Insight= M + 1SD = 3.31+1.12=4.43

  X_2 Low Insight= M - 1SD= 3.31-1.12=2.19

- b_1 at $X_{2\,(high)} = b_1 + b_3 X_2 = 4.43 = -.029 + (.227)(4.43) = .97$

  b_1 at $X_{2\,(low)} = b_1 + b_3 X_2 = 2.19 = -.029 + (.227)(2.19) = .47$

- Constant (from SPSS regression print out)= 4.4

Appendix K

Below are the calculations for the Positive Transference X Intellectual Insight on Session Outcome regression lines for the above and below average Clarity groups. Negative transference was assessed using the MITS.

Low Clarity

- Significant F change = .03
- Intellectual Insight (M=2.73 SD=1.15)

- X_2 High Insight= M + 1SD = 2.73+1.15=3.88

  X_2 Low Insight= M - 1SD= 2.73-1.15=1.58

- b_1 at $X_{2\,(high)} = b_1 + b_3 X_2$ = 3.88=.148+(-.416)(3.88)=-1.47

  b_1 at $X_{2\,(low)} = b_1 + b_3 X_2$ = 1.58=.148+(-.416)(1.58)=-.51
- Constant (from SPSS regression print out)= 3.59

High Clarity

- Significant F change = .09
- Intellectual Insight (M=3.50, SD=1.11)
- X_2 High Insight= M + 1SD = 3.50+1.11=4.6

  X_2 Low Insight= M - 1SD= 3.50-1.11=2.4

- b_1 at $X_{2\,(high)} = b_1 + b_3 X_2$ = 4.6=-.361+(.442)(4.6)=1.67

  b_1 at $X_{2\,(low)} = b_1 + b_3 X_2$ =2.4=-.361+(.442)(2.4)= .70
- Constant (from SPSS regression print out)= 4.7

Appendix L

Below are the calculations for the Negative Transference X Emotional Insight on Session Outcome regression lines for the above and below average Clarity groups. Negative transference was assessed using the 3-item measure of transference.

Low Clarity

- Significant F change = .059
- Emotional Insight (M=1.82, SD= .89)
- X_2 High Insight= M + 1SD = 1.82+.89=2.71

  X_2 Low Insight= M - 1SD= 1.82-.89=.93

- b_1 at $X_{2\,(high)} = b_1 + b_3 X_2 = 2.71$=-.244+(-.251)(2.71)=-.92

  b_1 at $X_{2\,(low)} = b_1 + b_3 X_2 = .93$=-.244+(-.251)(.93)=-.48

- Constant (from SPSS regression print out)= 4.16

Appendix M

Below are the calculations for the Attention X Negative Transference on Session Outcome regression lines. Negative transference was assessed using the 3-item measure of transference.

Significant F change = .03

- Attention (M=3.7, SD=.77)

- X_2 High attention= M + 1SD = 3.7+.77=4.47

  X_2 Low attention= M - 1SD= 3.7-.77=2.93

- b_1 at $X_{2\,(high)} = b_1 + b_3 X_2 = 4.47 = .64+(-.209)(4.47)=-.30$

  b_1 at $X_{2\,(low)} = b_1 + b_3 X_2 = 2.93 = .64+(-.209)(2.93)=.02$

- Constant (from SPSS regression print out)= 2.0

REFERENCES

Abramowitz, S. I., & Abramowitz, C. V. (1974). Psychological- mindedness and benefit from insight-oriented group therapy. *Archives of General Psychiatry, 30,* 610-615.

Allport, G. W. (1946). Personality, a symposium. III. Geneticism versus ego-structure in theories of personality. *British Journal of Educational Psychology, 16,* 57-68.

Appelbaum, S. A. (1973). Psychological mindedness: Word, concept and essence, *International Journal of Psychoanalysis, 54,* 35-45.

Aristotle (c. 322 B.C.E./1962). *Nichomachian ethics.* New York: Bobbs-Merrill.

Baekeland, F., & Lundwall, L. (1975). Dropping out of treatment: A critical review. *Psychological Bulletin, 82(5),* 738-783.

Bagby, R. M., Taylor, G. J., & Parker, J. D. A. (1994). The twenty item Toronto Alexithymia Scale: II. Convergent, discriminant, & concurrent validity. *Journal of Psychosomatic Research, 38,* 33-40.

Bandura, A. (1977). Self-efficacy: Toward a unified theory of behavioral change. *Psychological Review, 84,* 191-215.

Bar-On, R. (1997). *Bar-On emotional quotient inventory: A measure of emotional intelligence.* Toronto, ON: Multi-Health Systems Inc.

Beck, A. T., & Emery, G. (1985). *Anxiety disorders and phobias: A cognitive perspective.* New York: HarperCollins.

Benson, E. (2003, February). Intelligent intelligence testing. *APA Monitor, 34,* 48-54.

Bentler, P. M., & Bonnett, D. G. (1980). Significance tests and goodness of fit in the

analysis of covariance structures. *Psychological Bulletin, 88,* 588-606.

Bower, G. H. (1981). Mood and memory. *American Psychologist, 36,* 129-148.

Bowers, K. S., & Meichenbaum, D. (1984). *The unconscious reconsidered.* New York: Wiley.

Brenner, C. (1982). *The mind in conflict.* Madison, CT: International Universities Press.

Brown, B. (1997). Raw scores of cognitive ability and real psychological variables: IQ is a hyperspace variable. In V. C. Shipman (Chair). *IQ or cognitive ability?* Symposium presented to the 9th Annual Convention of the American Psychological Society, Washington, DC.

Burt, C. (1949). The two-factor theory. *British Journal of Psychology, 2,* 151-179.

Cantor, N., & Kihlstrom, J. F. (1987). *Personality and social intelligence.* Englewood Cliffs, NJ: Prentice-Hall.

Carroll, J. B. (1993). New York: Cambridge University Press.

Caruso, D. R., Mayer, J. D., & Salovey, P. (2002). Relation of an ability measure of emotional intelligence to personality. *Journal of Personality Assessment, 79,* 306-320.

Catanzaro, S. J., & Mearns, J. (1990). Measuring generalized expectancies for negative mood regulation: Initial scale developments and implications. *Journal of Personality Assessment, 54,* 546-563.

Chronbach, L. J. (1960). *Essentials of Psychological Testing* (2nd edn.). New York: Harper and Row.

Ciarochi, J. V., Chan, A. Y., & Caputi, P. (2000). A critical evaluation of the emotional intelligence concept. *Personality and Individual Differences, 28,* 539-561.

Coffey, E., Berenbaum, H., & Kerns, J. G. (2003). The dimensions of emotional intelligence, alexithymia, and mood awareness: Associations with personality and performance on an emotional stroop task. *Cognition and Emotion, 17,* 671-679.

Conte, H. R., Buckley, P., & Picard, S. (1995). Relationships between psychological mindedness and personality traits and ego functioning. *Comprehensive Psychiatry, 36(1),* 11-17.

Conte, H. R., Plutchik, R., Jung, B. B., & Picard, S. (1990). Psychological mindedness as a predictor of psychotherapy outcome: A preliminary report. *Comprehensive Psychiatry, 31(5),* 426-431.

Costa, P. T., & McCrae, R. R. (1989). *NEO PI/FFI Manual Supplement.* Odessa, FL: Psychological Assessment Resources.

Crits-Cristoph, P., Barber, J. P., Miller, N.E., & Beebe, K. (1993). Evaluating Insight. In N. E. Miller, L. Luborsky, J. P. Barber, & J. P. Docherty (Eds.), *Psychodynamic treatment research: A handbook for clinical practice* (pp. 407-422). New York: Basic Books.

Cummings, A. L., Martin, J., Hallberg, E. T., & Slemon, A. G. (1992). Memory for therapeutic events, session effectiveness, and working alliance in short-term counseling. *Journal of Counseling Psychology, 39,* 306-312.

Darwin, C. (1872). *The expression of emotions in man and animals.* New York: Philosophical Library.

Davies, M., Stankov, L., & Roberts, R. D. (1998). Emotional intelligence: In search of an illusive construct. *Journal of Personality and Social Psychology, 75,* 989-1015.

Fancher, R. E. (1985). *The intelligence men: Makers of the IQ controversy.* New York:

W. W. Norton.

Fenigstein, A., Scheier, M. F., & Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology, 43,* 522-527.

Ferenczi, S. (1950). *Further contributions to the theory and technique of psycho-analysis.* London: Hogarth Press.

Freud, S. (1905/1959). Fragment of an analysis of a case hysteria. In J. and A. Strachey (Trans. And Ed.), *Collected Papers* (Vol. 3, pp. 13-146). NY: Basic Books.

Freud, S. (1912/1959). The dynamics of transference. In J. Riviere (Trans. & Ed.), *Collected Papers,* (Vol. 2, pp. 312-322).

Freud, S. (1958). Fragment of analysis of a case hysteria. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol.7, pp. 3-132). London: Hogarth Press. (Original work published in 1905).

Gardner, H. (1993). *Frames of mind: The theory of multiple intelligences,* (10th Anniversary edn.). New York: Basic Books.

Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. *The Counseling Psychologist,13,* 155-243.

Gelso, C. J., & Hayes, J. A. (1998). *The psychotherapy relationship: Theory, research, and practice.* New York: John Wiley & Sons.

Gelso, C. J., Hill, C. E., & Kivlighan, D. M. (1991). Transference, insight, and the counselor's intentions during a counseling hour. *Journal of Counseling & Development, 69,* 428-433.

Gelso, C. J., Hill, C. E., Mohr, J., Rochlen, A., & Zack, J. (1999). Describing the face of transference: Psychodynamic therapists' recollections about transference in cases of successful long-term therapy. *Journal of Counseling Psychology, 46,* 257-267.

Gelso, C. J., Kivlighan, D. M., Wine, B., Jones, A., & Friedman, S. C. (1997). Transference, insight, and the course of time-limited therapy. *Journal of Counseling Psychology, 44,* 209-217.

Ghorbani, N, Bing, M. N., Watson, P. J., Davison, K. H., & Mack, D. A. (2002). Self-reported emotional intelligence: Construct similarity and functional dissimilarity of higher-order processing in Iran and the United States. *International Journal of Psychology, 37,* 297-308.

Goleman, D. (1995). *Emotional Intelligence.* New York: Bantom Books.

Gottman, J. M., & Markman, H. J. (1978). Experimental designs in psychotherapy research. In S. L. Garfield & A. E. Begin (Eds.), *Handbook of psychotherapy and behavior change* (2nd ed., pp. 23-62). New York: Wiley.

Graff, H., & Luborsky, L. L. (1977). Long term trends in transference and resistance: A report on a quantitative-analytic method applied to four psychoanalyses. *Journal of the American Psychoanalytic Association, 25,* 471-490.

Grant, A. M. (2001). Rethinking psychological mindedness: Metacognition, self-reflection, and insight. *Behaviour Change, 18,* 8-17.

Greenberg, L. S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings.* Washington, DC: American Psychological Association.

Greenson, R. R. (1967). *The technique and practice of psychoanalysis.* Madison, CT: International Universities Press.

Grenyer, B. F. S., & Luborsky, L. (1996). Dynamic change in psychotherapy: Mastery of interpersonal conflicts. *Journal of Consulting and Clinical Psychology, 64,* 411-416.

Guilford, J. P. (1967). *The nature of human intelligence.* New York: McGraw-Hill.

Hall, J. A. (1992). Psychological-mindedness: A conceptual model. *American Journal of Psychotherapy, 46,* 131-140.

Heppner, P. P., Kivlighan, D. M., & Wampold, B. E. (1999). *Research Design in Counseling.* New York: Brooks/Cole Wadsworth.

Hill, C. E., Corbett, M. M., Kanitz, B., Rios, P., Lightsey, R., & Gomez, M. (1992). Client behavior in counseling and therapy sessions: Development of a pantheoretical measure. *Journal of Counseling Psychology, 39,* 539-549.

Hill, C. E., & Kellems, I. S. (2002). Development and use of the Helping Skills Measure to assess client perceptions of the effects of training and of helping skills in sessions. *Journal of Counseling Psychology, 49,* 264-271.

Hill, C. R., & Safran, J. D. (1994). Assessing interpersonal schemas: Anticipated responses of significant others. *Journal of Social and Clinical Psychology, 13,* 366-379.

Hohage, R., & Kubler, J. C. (1988). The Emotional Insight Rating Scale. In H. Dahl, H. Kachele, & H. Thoma (Eds.), *Psychoanalytic process research strategies* (pp. 243-256). Heidelberg: Springer-Verlag.

Humphreys, L. G. (1979). The construct of general intelligence. *Intelligence, 3(2),* 105-120.

Isen, A. (1984). Toward understanding the role of affect in cognition. In R. S. Wyer &

T.K. Srull (Eds.), *Handbook of Social Cognition* (pp. 179-236) Hillsdale, NJ: Erlbaum.

Izard, C E. (1991). *The Psychology of emotions.* New York: Plenum Press.

Jenson, A. R., & Weng, L. (1994). What is good g? *Intelligence, 18,* 231-258.

Keating, D. P. (1978). A search for social intelligence. *Journal of Educational Psychology, 70,* 218-233.

King, L. A., & Emmons, R. A. (1990). Conflict over emotional expression: Psychological and physical correlates. *Journal of Personality and Social Psychology, 58,* 864-877.

Kivlighan, D. M. (1995). *Similarities and Differences among counselor, supervisor and observer ratings of individual counseling process*. Unpublished manuscript, University of Missouri- Columbia.

Kivlighan, D. M. (2002). Transference, interpretation, and insight. In G. S. Tryon (Ed.), *Counseling based on process research: Applying what we know* (pp. 166-196). Boston: Allyn and Bacon.

Kivlighan, D. M., Multon, K. D., & Patton, M. J. (2000). Insight and symptom reduction in time-limited psychoanalytic counseling. *Journal of Counseling Psychology, 47,* 50-58.

Kris, E. (1956). On some vicissitudes of insight in psychoanalysis. *International Journal of Psycho-Analysis, 37,* 445-455.

Leeper, R. W. (1948). A motivational theory of emotion to replace 'emotion as disorganized response.' *Psychological Review, 55, 1948*. 5-21.

Luborsky, L., & Crits-Christoph, P. (1990). *Understanding transference: The core conflictual relationship theme method*. New York: Basic Books.

Luborsky, L., Crits-Cristoph, P., Mintz, J., & Auerbach, A. (1988). *Who will benefit from psychotherapy? Predicting therapeutic outcome.* New York: Basic Books.

Mann, J., & Mann, D. (1959). Insight as a measure of adjustment in three kinds of group experience. *Journal of Consulting Psychology, 23,* 91.

Marziali, E. (1984). Three viewpoints on the therapeutic alliance: similarities, differences, and associations with psychotherapy outcome. *Journal of Nervous and Mental Disease, 172,* 417-423.

Matthews, G., Zeidner, M., Roberts, R. D. (2002). Emotional intelligence: Science and myth. Cambridge, MA: MIT Press.

Mayer, J. D., Caruso, D. R., & Salovey, P. (2000). Emotional intelligence meets traditional standards for an intelligence. *Intelligence, 27,* 267-298.

Mayer, J. D., DiPaolo, M. T., & Salovey, P. (1990). Perceiving affective content in ambiguous stimuli: A component of emotional intelligence. *Journal of Personality Assessment, 54,* 772-781.

Mayer, J. D., & Gaschke, Y. N. (1988). The experience and meta-experience of mood. *Journal of Personality and Social Psychology, 56,* 102-111.

Mayer, J. D., & Geher, G. (1996). Emotional intelligence and the identification of emotion. *Intelligence, 22,* 89-113.

Mayer, J. D., Mamberg, M., & Volanth, A. J. (1988). Cognitive domains of the mood system. *Journal of Personality, 50,* 772-781

Mayer, J. D., & Salovey, P. (1993). The intelligence of emotional intelligence. *Intelligence, 17,* 433-442.

Mayer, J. D., & Salovey, P. (1995). Emotional intelligence and the construction and

regulation of feelings. *Applied and Preventative Psychology, 4,* 197-208.

Mayer, J. D., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. Sluyter (Eds.), *Emotional development and emotional intelligence: Implications for educators* (pp.3-31) New York: Basic Books.

Mayer, J. D., Salovey, P., Caruso, D. R., & Sitarenios, G. (2001). Emotional Intelligence as a standard intelligence. *Emotion, 1,* 232-242.

Mayer, J. D., Salovey, P., Caruso, D. R., & Sitarenios, G. (2003). Measuring emotional intelligence with the MSCEIT V2.0. *Emotion, 3,* 97-105.

Mayer, J. D., & Stevens, A. (1994). An emerging understanding of the reflective (meta-) experience of mood. *Journal of Research and Personality, 28,* 351-373.

McCallum, R. C., & Austin, J. T. (2000). Applications of structural equation modeling in psychological research. *Annual Review of Psychology, 51,* 201-226.

McCallum, M., Piper, W. E. (2000). Emotional intelligence and psychological mindedness. In R. Bar-On, & D. A. James. (Eds.), *The handbook of emotional intelligence: Theory, development, assessment, and application at home, school, and in the workplace* (pp. 118-135). San Francisco, CA: Jossey-Bass/Pfeiffer.

McCallum, M., Piper, W. E., & O'Kelly, J. (1997). Predicting patient benefit from a group-oriented, evening treatment program. *International Journal of Group Psychotherapy, 47(3),* 291-314.

Morgan, R.W., Luborsky, L., Crits-Cristoph, P., Curtis, H., & Solomon, J. (1982). Predicting the outcomes of psychotherapy using the Penn Helping Alliance rating method. *Archives of General Psychiatry, 39,* 397-402.

Multon, K. D., Patton, M. J., & Kivlighan, D. M. (1996). Development of the Missouri

Identifying Transference Scale. *Journal of Counseling Psychology, 43,* 243-252.

O'Conner, L. E., Edelstein, S., Berry. J. W., & Weiss, J. (1994). Changes in the patient's level of insight in brief psychotherapy: Two pilot studies. *Psychotherapy, 31,* 533-544.

Ortny, A., Clore, G. L., & Collins, A. (1988). *The cognitive structure of emotions.* Cambridge: Cambridge University Press.

Patton, M. J., Kivlighan, D. M., & Multon, K. D. (1997). The Missouri psychoanalytic counseling research project: Relation of changes in the counseling process to client outcomes. *Journal of Counseling Psychology, 44,* 189-208.

Paulhus, D. L., Lysy, D. C., & Yik, M. S. M. (1998). Self-report measures of intelligence: Are they useful as proxy IQ tests? *Journal of Personality, 66,* 525-554.

Piper, W. E., Joyce, A. S., McCallum, M., & Azim, H. F. (1998). Interpretive and supportive forms of psychotherapy and patient personality variables. *Journal of Consulting and Clinical Psychology, 66,* 558-567.

Rank, O. (1936). *Truth and reality.* New York: Alfred A. Knopf.

Roberts, R. D., Zeidner, M., & Matthews, G. (2001). Does emotional intelligence meet traditional standards for an intelligence? Some new data and conclusions. *Emotion, 1,* 196-231.

Rogers, C. R. (1959). The theory of therapy, personality and interpersonal relationships, as developed in the client centered framework. In S. Koch (Ed.), *Psychology: A study of science* (Vol. 3, pp. 184-256). New York: McGraw-Hill.

Rogers, C. R. (1980). *A way of being.* New York: Houghton Mifflin Company.

Rosenbaum, R. L., & Horowitz, M. J. (1983**).** Motivation for psychotherapy: A factorial and conceptual analysis. *Psychotherapy: Theory, Research & Practice, 20(3),* 346-354.

Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition, and Personality, 9,* 185-211.

Salovey, P., Mayer, J. D., Goldman, S., Turvey, C., & Palfai, T. (1995). Emotional attention, clarity, and repair: Exploring emotional intelligence using the Trait Meta- Mood Scale. In J. W. Pennebaker (Ed.), *Emotion, Disclosure, and Health* (pp. 125-154) Washington, DC: American Psychological Association.

Salovey, P., Stroud, L. E., Woolery, A., & Epel, E. S. (2002). Perceived emotional intelligence, stress reactivity, and symptom reports: Further explorations using the Trait Meta-Mood Scale. *Psychology and Health, 17,* 611-627.

Schlessinger, N., & Robbins, F. P. (1975). The psychoanalytic process: Recurrent patterns of conflict and changes in ego functions. *Journal of the American Psychoanalytic Association, 23(4), 1975,* 761-782.

Schwarz, N., & Clore, G. L. (1983). Mood, misattribution, and judgements of well-being: Informative and directive functions of affective states. *Journal of Personality and Social Psychology, 45,* 513-523.

Shill, M. A., & Lumley, M. A. (2002). The psychological mindedness scale: Factor structure, convergent validity and gender in a non-psychiatric sample. *Psychotherapy: Theory, Research & Practice, 75(2),* 131-150.

Sifneos, P. E. (1983). Psychotherapies for psychosomatic and alexithymic patients. *Psychotherapy & Psychosomatics, 40,* 66-73.

Spearman, C. (1904). ‘General intelligence,’ objectively determined and measured. *American Journal of Psychology, 15(2),* 201-293.

Spearman, C. (1927). Material versus abstract factors in correlation. *British Journal of Psychology, 17,* 322-326.

Steiger, J. H. (1990). Structural model evaluation and modification: An interval estimation approach. *Multivariate Behavioral Research, 25,* 173-180.

Sternberg, R. J. (1985). *Beyond IQ: A triarchic theory of human intelligence.* New York: Cambridge University Press.

Sternberg, R. J., & Smith, C. (1985). Social intelligence and decoding skills in nonverbal communication. *Social Cognition, 3,* 168-192.

Stiles, W. B. (1980). Measurement of the impact of psychotherapy sessions. *Journal of Consulting and Clinical Psychology, 48,* 176-185.

Stiles, W. B., Shapiro, D. A., & Firth-Cozens, J. A. (1990). Correlations of session evaluations with treatment outcome. *British Journal of Clinical Psychology, 29,* 13-21.

Stiles, W. B., & Snow, J. S. (1984). Dimension of psychotherapy session impact across sessions and across clients. *Journal of Counseling Psychology, 31,* 3-12.

Stiles, W. B., Reynolds, S., Hardy, G. E., Rees, A., Barkham, M., & Shapiro, D. A. (1994). Evaluation and description of psychotherapy sessions by clients using the Session Evaluation Questionnaire and the Session Impact Scale. *Journal of Counseling Psychology, 41,* 175-185.

Stolorow, R.D. (1991). The intersubjective context of intrapsychic experience: A decade of psychoanalytic inquiry. *Psychoanalytic Inquiry, 11,* 171-184.

Strachey, J. (1934). The nature of the therapeutic action of psycho-analysis. *International Journal of Psycho-Analyis, 15,* 127-159.

Swinkels, A., & Giuliano, T. A. (1995). The measurement and conceptualization of mood awareness: Monitoring and labeling one's mood states. *Personality and Social Psychology Bulletin, 21,* 934-949.

Taylor, G. J. (1995). Psychoanalysis and empirical research: The example of patients who lack psychological mindedness. *Journal of the American Academy of Psychoanalysis, 23,* 263-281.

Thorndike, E. L. (1920). Intelligence and its uses. *Harper's Magazine, 140,*227 -235.

Thorndike, R. L., & Stein, S. (1937). An evaluation of the attempts to measure social intelligence. *Psychological Bulletin, 34,* 274-284.

Trudeau, K. J., & Reich, R. (1995). Correlates of psychological mindedness. *Personality & Individual Differences, 19(5),* 699-704.

Wagner, H. L., MacDonald, C. J., & Manstead, A. S. R. (1986). Communication of individual emotions by spontaneous facial expression. *Journal of Personality and Social Psychology, 50,* 737-743.

Wagner, H. L., & Sternberg, R. J. (1985). Practical intelligence in real world pursuits: The role of tacit knowledge. *Journal of Personality and Social Psychology, 49,* 436-458.

Wallerstein, R.S., & Robbins, L. L. (1956). Concepts: The psychotherapy research project of the Menninger Foundation. *Bulletin of the Menninger Clinic, 20,* 239-262.

Wechsler, D. (1959). *The measurement and appraisal of adult intelligence.* Baltimore, MD: Williams & Wilkins.

Wong, C. T., Day, J. D., & Maxwell, S. E. (1995). A multitrait^multimethod study of academic and social intelligence in college students. *Journal of Educational Psychology*, *87(1)*, 117-133.