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EFFECTS OF THERAPIST GENDER ON CLIENT COMMUNICATIONS  
IN MARITAL THERAPY

by

Laurel C. Agee

A thesis submitted in partial fulfillment  
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

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## ABSTRACT

Effects of Therapist Gender on Client Communications  
in Marital Therapy

by

Laurel C. Agee, Master of Science

Utah State University, 1995

Major Professor: Scot M. Allgood, Ph.D.  
Department: Family and Human Development

The purpose of this study was to explore how therapist and client gender are associated with communication behaviors of males and females in marital therapy. The majority of research on therapist gender issues has been conducted with individual clients. Few data exist on the effects of therapist gender within marital therapy. This study examined the communication patterns of couples within a marital therapy setting and the influence of therapist gender on those patterns. Forty-six 10-minute videotape segments of marital therapy were coded for communication patterns. Coded verbal statement categories included the verbal behaviors of agreement, supportive, solution of problems, and structuring. The results indicated that female clients used more problem description, solution of problem, and structuring statements than did males. In the context of marital therapy, stereotypic patterns of communication were not observed. This held true for

therapists of both genders. Possible explanations include the experience of the therapists and therapist supervision.

(57 pages)

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CHAPTER I  
INTRODUCTION

Rationale

Researchers have suggested that gender can have a pronounced impact on the course and content of psychotherapy (Morgan, 1992). This thesis will review the literature that supports this view and describe a research project to further explore the relevance of therapist and client gender in marital therapy.

Results of some surveys have indicated that clients prefer male therapists because clients view males as being more authoritative or competent (Berman, 1972; Goldberg, 1979). Other studies have indicated higher client satisfaction with female therapists (Bernstein, 1991; Hill, 1975; Jones & Zoppel, 1982; Mogul, 1982). Clients of female therapists have reported greater improvement in self-acceptance, greater improvement in main problem, greater satisfaction with treatment, and more congruence with their therapist's ratings of behavior than clients of male therapists (Jones, Krupnik, & Kerig, 1987). Other studies have reported that female clients are more satisfied with female therapists while male clients are more responsive to male therapists (Howard, Orlinski, & Hill, 1970; Kirshner, Genack, & Hauser, 1978). Rice and Rice (1973) suggested that women progress better in therapy with female therapists because of their presumed superiority in effectively understanding and empathizing with women's experiences.

The majority of research on therapist gender issues has been conducted with individual clients. Few data exist on the effects of therapist gender on couples in



marital therapy. Studies are needed using a sample of men and women in marital therapy to determine how therapist gender affects variables within that setting.

Clients may identify with, feel more capable of intimacy with, and communicate easier with a therapist of the same gender (Kulish, 1984). In a marital therapy setting, this has the possibility of creating greater compatibility between the therapist and same-sex spouse, which may inhibit therapeutic process. Some marital therapists find that the therapeutic relationship is felt to be less accessible for the partner whose sex is opposite the therapist's (Morgan, 1992).

#### Conceptual Framework

Communication theory is concerned with symbols, the medium in which these symbols are created, the cognitive processes by which they are interpreted, and the social conventions governing the relationship of symbol to referent (Fitzpatrick & Ritchie, 1993). It suggests a dynamic orientation in its concern with the specific forces that maintain or change human relationships. Communication theory fits within the broader framework of systems theory, which emphasizes interdependence and continuous interchange with an external environment (Rausch, Greif, & Nugent, 1979).

Communication is a circular rather than linear process, a system in which all persons involved mutually influence one another simultaneously (Fitzpatrick & Ritchie, 1993). Within the marital therapy setting, clients and therapists have the opportunity to constantly influence each other (Watzlawick, Beavin, & Jackson, 1967).

Interpersonal communication is never independent of past behavior. Because humans must learn to communicate throughout their developmental years and because the acquisition of language occurs within a specific environment, people can never be independent of those conditions under which they learned to communicate (Emert & Emert, 1984). It follows that people will communicate in a therapy setting according to learned patterns.

The context of the interaction also determines the nature of interpersonal communication. If our past environment and past behavior patterns continue to affect the process of interpersonal communication significantly, then the environment in which the communication is presently occurring must have at least as much effect (Emert & Emert, 1984). Environmental factors that would significantly affect interpersonal communication include role (e.g., gender, position), physical setting, urgency of the situation, and number and status of people present. Within marital therapy, factors that have the potential to directly or indirectly influence communication would include therapist and client gender.

As more couples seek counseling for their marriages, therapists have strived to better understand men's and women's communication differences in the context of a marital relationship. Therapists report that marital problems can be caused by communication difficulties, for example, women in distressed marriages complain their husbands are too withdrawn and do not communicate enough, while men complain their wives are overly expressive and emotional (Markman & Kraft, 1989). Research studies have supported the patterns of men have difficulty dealing with intimacy and, particularly,

communicating with their wives (Gottman, 1991), and men's tendency to focus on rational thinking when problem-solving while women focus on emotion (Notarius, Benson, & Sloane, 1989).

The stereotypic patterns described above are particularly prominent in distressed marriages. Markman and Kraft (1989) have suggested that these gender differences are a response to marital distress caused by other reasons (e.g., communication problems). While most marital disagreements are on the surface about money, sex, intimacy, independence, and so forth, the dysfunctional processes concerning how the disagreement is handled are the core of marital conflict (Satir, 1983). This is important given that interpersonal factors in general and the quality of communication in particular have been established as the best predictor of future marital satisfaction (Markman, 1981).

#### Statement of Purpose

The purpose of this study is to explore how therapist and client gender are associated with communication behaviors of couples in marital therapy.

## CHAPTER II

### REVIEW OF LITERATURE

#### Gender Communication Patterns

This section will discuss how men and women are socialized to use gender-specific communication patterns. The effects of this socialization on therapists also will be discussed. Based upon these findings, hypotheses concerning the effects of therapist and client gender will be stated.

#### Socialization

Socialization about how one should communicate first occurs in the home. It is here that parents actively teach and model the way men and women should act. Male children recognize a difference between themselves and their primary caretaker mother and begin to differentiate at an early age (Gilligan, 1982). Young boys are encouraged to create their own identity, be independent, and stand on their own. Boys are socialized to compete and to win. This begins at an early age with the emphasis on sports and being on the winning team (Phillips, 1986).

Women, in contrast, identify with their mothers and develop in a relatedness atmosphere (Gilligan, 1982). Young girls are encouraged to form attachments, to cooperate, and to support others. They are taught to value nurturance, caring, and supportive relationships. Selfhood is defined through relatedness to others. Theories of women's communal focus, permeability to the feelings of others, sense of care and

responsibility for others, and interpersonal orientation contribute to an understanding of this relatedness (Wood, 1986).

In summary, men and women are socialized differently. They are taught early in life the roles that are appropriate or inappropriate for their gender. This socialization includes the use of gender-specific communication patterns.

### Gender Communication Patterns

According to the traditional sex role stereotypes, men and women communicate differently. Indeed, studies have shown that men and women use different communication patterns. Women, when compared to men, more often use polite, standard forms of speech, and they more often choose the "correct" way of talking (e.g., saying "-ing" vs "-in") (Smith-Hefner, 1988). Women more frequently use expressive intensifiers (e.g., "we had such a fantastic time"), psychological state verbs, tag questions, and patterns of hesitation and qualification (Key, 1972). They are less likely to joke, or to use slang, swear words, or hostile verbs (Lakoff, 1973). Female speech seems to be characterized by less obtrusiveness (e.g., less speech intensity, and the use of head nods and "mm hmm" to indicate agreement) (Hirschman, 1974). Male speakers are more direct, outgoing, animated, and confident (Kramarae, 1981) using more verbal dueling, and more forceful, persuasive, demanding and blunt language (Borisoff & Merrill, 1985).

In mixed-sex conversation women exert less control than do men; when men introduce ideas, women usually accept and pursue these ideas (Deakins, 1992). When women introduce ideas, men often ignore the ideas and pursue their own interests.

Additionally, women are more often interrupted by men, and pause longer before beginning to speak after men finish their turns (Zimmerman & West, 1975). Men structure the conversation more than women by using a variety of means that are accepted or supported by their wives' responses. They make proposals, extend solutions, metacommunicate about procedures, and disagree slightly more than women (Krueger, 1985). Women acknowledge the speech of the other person before moving on to the next topic and elaborate on each other's utterances. This pattern of acknowledging the other's speech and building upon it, rather than disputing the other person's utterances, shows a difference from the male pattern (Thorne & Henley, 1975).

Men are thought to be more aggressive and competitive; women are believed to be more yielding and cooperative (Phillips, 1986). These beliefs have a large influence on their communication patterns. Women use more supportive, compromising, or tactful responses than do men, with their behavior more focused on the relationship (Miller, 1992). Men use more competitive and unyielding responses with their behavior focusing on personal criteria.

Women are thought to have a greater ability to express emotions and to engage in personal self-disclosure (Jourard, 1971). Gleser, Gottschalk, and Watkins (1959) analyzed samples of speech and found that females used significantly more words implying feeling and emotion. The findings of Wood (1966) and Barron (1971) support the claim that women's speech is more emotionally expressive than that of men's. Wood (1966) accounted for sex differences in speaking styles by drawing on the distinction sociologists

have made between the “expressive” role, associated with women, and the “instrumental” role, associated with men. This distinction originally was carried over from family sociology (Parsons & Bales, 1955) with the husband described as the “instrumental leader” (involved in making decisions in the world outside the family), and the wife described as the “expressive” leader (providing emotional support for the family). This dichotomy has been a mainstay for sociologists in theorizing about the sexes; the distinction being between “instrumental” (or task-oriented) functions and “expressive” (or social-emotional) functions (Thorne & Henley, 1975).

Despite the value of the research focusing on the individual behaviors of men and women, the move in the past 10 years has been for researchers to focus on interaction sequences rather than isolated behaviors of husbands and wives. It appears that to understand a relationship one needs to understand the communication interaction and how a spouse responds to the messages of a partner (Noller & Fitzpatrick, 1993).

Wood (1986) conducted a study on the perceptions of men and women about conflict in their relationships. The responses of 40 individuals were independently coded and analyzed by interpreting the language respondents used to indicate connections, motives, and values. Results indicated that while both genders saw multiple issues involved in a crisis, they adopted different ways of explanation to define its character. Women’s descriptions were filled with concerns about relational issues and personal identity. The common use of the pronoun “our” suggested a shared problem and affirmed the existence of the relationship. When discussing problems in communication, women

emphasized the interactional process without attempting to attribute fault.

Women had concern about personal identity from fear of investing self in a relationship not characterized by an equal investment from a partner. Their views of crisis as involving uncertainty about the importance their partners gave them and the relationship show the importance women place on connectedness (Wood, 1986).

Other significant findings from Wood's (1986) study were that men's descriptions of relationship conflicts contrasted with the women's. Men most often described crises as caused by either the partner or external circumstances. The assumption of separateness was reflected in the lack of joint references (our, us, we) and inclusion of such statements as "my time." Excerpts such as "if she had understood me... she couldn't talk to me...she bored me" indicate attribution of blame (Wood, 1986). A pronounced trend in men's descriptions of their relationship problems was attributing to external sources, distance, a third party, and/or professional activities. This suggests men have a tendency to locate problems outside of themselves and the relationship. These comparisons show a contrast between assuming separateness and assuming connection.

Wood (1986) also described the sources of pride in problem-solving behavior cited by men and women. Women value problem management that is sensitive to process, marked by compassion and caring. Men give priority to resolution based on abstract, external principles, for example, "I honored the commitment....I made a clear decision based on a principle we'd both agreed to and I stuck by my principle."

Wood's (1986) study supports the premise that men and women have been



socialized differently and that these differences are evident in their perceptions of their relationships. These differences were further evident in their communication patterns, with women focusing on supporting the relationship and men giving priority to separateness and problem solving based on external principles.

While couples may have conflict over a variety of issues, communication difficulties are central to the understanding of marital dissatisfaction (Noller & Fitzpatrick, 1993). The quality of marital communication has been established as the best predictor of future marital satisfaction (Markman, 1981). An important difference between distressed and nondistressed couples is the frequency with which they argue about a particular area rather than the area itself (Schaap, Buun, & Kerkstra, 1988). The key areas tend to be communication, sexuality, and personal characteristics of the partner. Distressed couples argue about the amount of time they spend talking as well as the way they talk, such as not listening to what the partner is saying or not taking the issue seriously (Gottman, Markman, & Notarius, 1977).

If there are clear power differences between partners, the less powerful partner may be particularly unwilling to communicate grievances (Roloff & Cloven, 1990). The more dependent individuals are on the relationship, the more likely they are to put up with problems rather than confront them. As negativity escalates and attempts to deal with conflict become more emotional, patterns of withdrawal and unwillingness to communicate may become more likely (Noller & Fitzpatrick, 1993). Guthrie and Synder (1988) found that husbands were more likely to use directing, advising, and persuading

behaviors while wives used more complaining and criticizing in a conflict.

A pattern commonly found in distressed marriages is the demand-withdraw pattern (Gottman, 1991). In this pattern, one partner wants to confront an issue and the other wants to withdraw. The demander seeks greater closeness by trying to get the partner to discuss and resolve the issue; the withdrawer tries to maintain distance and increase privacy. Because women tend to be more sensitive to signs of distress in marital relationships, they tend to be the ones who take responsibility for raising and confronting relationship issues (Krokoff, 1987).

In summary, it appears that the results are similar across a variety of methodologies. As cited in the previous literature, men and women have been socialized to use gender-specific communication patterns. Young boys are socialized to be independent, competitive, and stand on their own. Young girls are socialized to form attachments, cooperate, and support others. These characteristics appear to be reflected in later-life communication patterns. Women use more supportive, compromising responses, with their focus on the relationship. Men make more proposals, control the conversation more, and use more forceful, outgoing language. Gender differences have also been identified in marital relationships and are particularly prominent in, and may be a cause of, distressed marriages.

### How Therapist Gender Affects Clients

Therapists, being part of society, also have been socialized to communicate according to gender-specific patterns. It is assumed that they would have the same communication styles as the population in general. Because of this, there has been great concern about the sensitivity of therapists to gender issues. Avis (1988) in her work on family therapy called for educators to make gender issues explicit in training and therapy. To address this concern, courses in gender are required as part of the training in most counseling, psychology, and marriage and family therapy programs. It is not known, however, how much this training actually affects therapist trainee communication, especially within therapy.

Studies investigating sex-role typing in therapists working with individual clients have suggested communication differences in male and female therapists. Female therapists have often been described as having greater emotional responsiveness than male therapists (Carter, 1971). In a review of psychiatric students, Light (1975) observed that females were more likely to have supportive, nurturant traits than men, who tend to be more rigid and authoritarian. In a study of psychotherapy trainees seeing individual clients, female trainees were warm and supportive though significantly less directive and confident than the male trainees (Yogev & Shadish, 1992). Therapist gender has also been shown to influence prognostic judgments (Zygmond & Denton, 1988); when male and female therapists evaluated the same clinical profiles, they utilized different cognitive dimensions.

Reid, McDaniel, Donaldson, and Tollers (1987), in an editorial article about training men and women therapists, suggested that because of sex-role expectations in society, assumptions are made that female therapists are more expressive, empathic, and nurturant. From their personal experience of working with family therapy trainees, Reid and colleagues (1987) indicated that female trainees were more likely to be skilled at joining and to have difficulty with structuring skills, while male trainees are more likely to do well with structuring skills and have difficulty with joining skills. They further suggested that often women come to training with well developed relationship skills while male trainees need focused work in this area.

Within the marital therapy setting, therapists and clients constantly have the opportunity to influence each other. Client gender has the possibility of affecting the behavior of the therapist, for example, behavioral differences have been documented in ratings of taped sessions between male and female therapists, depending on client gender (Hill, 1975). However, because of the real or ascribed power that the therapist has in a marital therapy setting, the therapist is in a greater position to influence the behaviors of clients. The therapist is in the position to lead, structure, and create a context for marital therapy sessions (Holtzworth-Munroe & Jacobson, 1991). This is especially evident in some therapy models such as Structural (Minuchin, 1974) and Behavioral (Holtzworth-Munroe & Jacobson, 1991), in which a decisive role is assigned to the therapist as an instrument of change. In Structural Therapy, it is the therapist's behavior, rather than the techniques he/she uses, that effects change.

One of the tasks of a therapist is to model behaviors that he or she wishes the clients to assume (Falloon, 1991). Therapists are expected to engage the clients, model the desired behaviors, and support the clients as they make the desired changes. Given that clients often model the behaviors the therapist is trying foster (e.g., listening and problem-solving skills), they also could copy the therapist's gender communication patterns.

In a family therapy study that looked at the effects of therapist gender, Maas, Alexander, and Barton (1985) found that therapist gender had a significant impact on family members' verbalizations. The sample included 22 family therapists (11 male, 11 female) trained in Functional Family Therapy (Alexander & Parsons, 1982) seeing two-parent families referred through the juvenile court for their adolescents' status offense. Transcriptions of audiotapes of the first therapy session were coded. The transcripts identified the person speaking and were coded by thought units that express a single, complete thought and can either be a word, series of words, or a complete sentence. Thought units were coded according to five categories of verbal communication: affective, cognitive/attributional, behavioral, generalized, and disagreement/agreement. The results indicated significant therapist gender effects. Male therapists spoke proportionately more in the affective mode than did female therapists or family members. Mothers used the cognitive/attributional mode more with male therapists than with female therapists. Adolescents used the behavioral mode more with male therapists than with female therapists and they spoke less in the context of female therapists than male. Fathers did not show any significant differences in their mode of communication across therapist

genders. These findings support the premise that therapist gender creates a context that elicits varying communication behaviors from participants in therapy .

In a study similar to the one currently proposed, Shields and McDaniel (1992) analyzed family therapy interviews to determine differences in the process of therapy between male and female therapists. The study involved 30 male and 30 female therapists seeing 63 families at the Institute for Juvenile Research. A child was the presenting problem in all cases. Transcripts from four 5-minute audiotape segments in the initial interview were coded using the Therapeutic Interaction Coding System (TICS; Shields, 1987). Results indicated that male therapists made more explanation statements than female therapists in response to family members' structuring statements. Additionally, family members made significantly more structuring statements to male therapists than to female therapists.

While the results of the Shield and McDaniel study indicated that male therapists tend to be more structured than female therapists and that these communication patterns may elicit different verbal behaviors from clients, there are some methodological concerns with the study. The academic degrees between male and female therapists were significantly different ( $p < .01$ ), with the majority of male therapists having Ph.D.s and the majority of female therapists having B.A.s. Additionally, male therapists averaged 2 years more experience than the female therapists. Researchers have expressed the need to control for such variables given that years of experience has been found to interact significantly with the influence of gender (Howard et al., 1970; Kirshner et al., 1978).

The results of the Maas et al. (1985) and Sheilds and McDaniel (1992) studies indicate that therapist gender has the possibility of significantly impacting family members' verbalizations. Both of these studies investigated family therapy with a child or adolescent as the presenting problem. It is not known if the same effects would be found in marital therapy. Leik (1963) found that husbands and wives communicate differently with each other than they do when interacting in groups with persons other than their mates. There may be different interpersonal dynamics going on in marital therapy with the couple's relationship as the problem than in family therapy with the child as the problem.

#### Hypotheses

The communication literature clearly defines differences in gender communication patterns. There is further evidence that therapists follow the stereotypic gender communication patterns and that they can create a context in the therapy setting that elicits varying communication behaviors from clients. Based upon these findings, the following hypothesis are stated:

1. Men and women in marital therapy will exhibit stereotypic gender communication patterns.
2. Couples with male therapists will exhibit more male communication patterns (e.g., problem-solving, structuring, controlling the conversation) and couples with female therapists will exhibit more female communication patterns (e.g., being supportive, expressive, cooperative).

CHAPTER III  
METHODOLOGY

Sample

Forty-six videotapes of male and female therapists doing marital therapy were used. These videotapes came from the Auburn University Marriage and Family Therapy Clinic ( $N = 26$ ) and the Utah State University Marriage and Family Therapy Clinic ( $N = 20$ ). Auburn and Utah State are land grant universities located in relatively rural areas (county populations have less than 100,000 in each location). The Marriage and Family Therapy clinics are community clinics where clients present with a variety of problems, including individual, family, and marital concerns. Only those sessions, however, where marital therapy was provided were included in the study.

The videotapes from Auburn were made as part of an unrelated research project by the author's major professor. Due to protocols that raw data must be preserved for 2 years after publication, the professor had these tapes in his possession and they were used to increase the sample size, after meeting human subjects requirements at both Auburn and Utah State University.

There was not a systematic assignment of therapists to clients. As clients called in to request therapy, they were assigned to whatever therapist name was currently at the top of the scheduling list. This procedure was followed at both sites.

The therapists were second-year master's-level students enrolled in a marriage and



family therapy program. Sixteen of the therapists were male and 30 were female. Their ages ranged from 24 - 43 with a mean of 31. (Refer to Table 1.) There were no significant differences between Auburn and Utah samples in terms of therapist or client ages. It is interesting to note, however, that female therapists and clients were about the same age, on average, with male therapists averaging 8 years younger.

Table 1

Age of Therapists and Clients

	<u>n</u>	<u>M</u>	<u>SD</u>
Female Therapist	30	33	6.5
Male Therapist	16	27	4.2
Female Client	46	34	10.8
Male Client	46	36	11.1

## Ethical Considerations

Each couple read and signed a consent form before participating in therapy. Therapists routinely videotape their sessions for supervision purposes. The consent form gives permission for the videotapes to be used for research purposes. (Refer to Appendix B.) Therapists and/or clients were informed that they could terminate their participation in

the research at any point in the study if they desired. No names were provided to the researcher. The tapes were kept in a locked office in the Family Life Center at Utah State University and at no time did they leave the premises. The coders were given strict verbal and written instructions concerning confidentiality. In addition, they were instructed not to watch or code tapes if they recognized any of the clients.

#### Instrumentation

The tapes were coded using the Therapeutic Interaction Coding System (TICS; Shields, 1987). (Refer to Appendix A.) The TICS is a verbal coding system. The verbal behavior of participants in therapy sessions is coded into discrete thought units. The thought unit is the expression of a single, complete thought and can either be a word, series of words, or a complete sentence. This system records frequency of coded units irrespective of duration or formal grammatical accuracy. Each verbal event for the couple is coded according to who is speaking, the content of the verbal thought unit, and the process of the verbal thought unit. The content refers to topic-oriented information (social information, problem information, solution of problem/goal information) while the process refers to function-oriented information (agreement, disagreement, structuring, supportive). Verbal thought units are coded using numeral abbreviations, which makes large amounts of activity recordable.

A 10-minute section of videotape within the first three sessions of therapy for each therapy case was randomly selected to be coded. The videotaped session was then

previewed to establish the communication style of a given couple, for example, range of voice loudness. Two independent coders then formally coded the sessions, reviewing the tape and replaying any difficult segments. A master code sheet was then prepared, and data were entered into the computer and stored on disk.

### Validity

The TICS was built upon the work of previous research and shows agreement with other measures of communication coding (The Family Therapist Coding System; Pinsof, 1980), thus showing construct validity. It has been reviewed by a number of professionals in the field of marriage and family therapy (Shields, Sprenkle, & Constantine, 1991), who found it to be a reliable and valid instrument to code verbal communication.

### Reliability

The TICS is a reliable coding system (Shields & McDaniel, 1992). Reliability was first determined by two methods: (a) Cohen's kappa was used to compute inter- and intrarater reliability and (b) Cronbach's generalizability was used to compute an intraclass correlation coefficient for each code category. Kappa was .68 for family codes; intraclass correlation ranged from .964 to 1.000 (Shields et al., 1991). The kappa value is judged acceptable given that every single verbalization is coded (Weiss & Summers, 1983). Filsinger (1981) characterized kappa values as: .40 to .59 -- fair, .60 to .75 -- good, and above .75 -- excellent.

The coders were upper-level undergraduate research assistants who were

interested in therapy as a career. They all had majors in family and human development or psychology. Of the five coders, three were female with an average age of 26; two were male with an average age of 25. Coders were enrolled in an independent study course and received university credit for their work. They had at least one quarter of training and were able to maintain an interrater reliability of at least .75 before the project began. Interrater reliability was assessed by calculating the total number of code-for-code agreements and dividing by the number of agreements plus disagreements. Coder training continued until sufficient agreement was established. Reliability checks were performed every other week. If there was any drop-off in reliability, coders would have a brief refresher course, followed by another reliability check. This happened on two occasions with one coder and both occurrences were after quarter breaks.

#### Operational Definitions

The categories relevant to this study include Solution of Problem/Goal Information, Structuring, Agreement, and Supportive. Appendix A contains descriptions and examples of the codes relevant to the current study. The number of problem description statements and the total number of verbal statements were also analyzed. These categories were arranged according to gender communication patterns with the Solution of Problem/Goal Information and Structuring categories best matching the male style of communication and the Agreement and Supportive categories best matching the female style of communication.

The Solution of Problem/Goal Information category includes discussion of plans and solutions, previous solutions, and specific goals. The Structuring category includes clarification, confirmation, back to the issue, and calling time statements. The agreement category includes direct agreement, apologizing, accepting criticism or responsibility, modification of opinions, and compliance. The Supportive category includes understanding, empathy, praise, and concern.

## CHAPTER IV

### RESULTS AND DISCUSSION

#### Results

The first hypothesis was that men and women in marital therapy would exhibit stereotypic gender communication patterns. Raw frequencies of each verbal communication category (Agreement, Supportive, Solution of Problem, Structuring, Problem Description, and Total Statements) were determined for both men and women resulting in interval-level data. Differences between male and female communication were examined. Because they were husbands and wives, these differences were most appropriately tested using paired  $t$  tests. It was hypothesized that men would use more structuring and problem-solving statements and that women would use more supportive and agreeing statements. The results did not support this hypothesis and in some ways were opposite of what was expected. (Refer to Table 2.) Women used significantly more Solution of Problem and Structuring statements than did men. Additionally, women described the problem more often and had more total verbal statements than men. There were no significant differences between men and women in the Agreement or Supportive categories.

Table 2

Means, Standard Deviations, and T Values Comparing Male and FemaleClient Communication

	<u>Male</u>		<u>Female</u>		<u>t</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Agreement	4.6	4.1	6.0	5.5	-1.86
Supportive	.7	1.8	.6	1.4	.40
Solution of Problem	1.3	1.8	2.9	3.1	-5.33**
Structuring	8.1	8.3	10.8	10.6	-2.11*
Problem Description	6.2	6.5	10.6	12.3	-3.38**
Total Verbal Statements	16.8	9.4	22.1	12.2	-3.32**

\*  $p < .05$  \*\* $p < .01$

The second hypothesis that couples with male therapists would exhibit more male communication patterns (e.g., problem solving, structuring, controlling the conversation) and couples with female therapists would exhibit more female communication patterns (e.g., supportive, expressive, cooperative) was then assessed. To determine the main effects of therapist and client gender and the interactions as they influence marital communication, a two-way repeated measures design ANOVA was performed for each of the communication categories with client gender being the within factor and therapist gender being the between factor. Because the men and women were husband and wife, a repeated measures design was used that would treat them as couples rather than as individuals. There were no significant main effects of therapist gender or interaction effects in any of the categories. There was a significant main effect of client gender in the Solution of Problem, Structuring, Problem Description, and Total statements with women having a higher score in each area. While these differences were statistically different, they may not be clinically significant given the high standard deviations. There were no significant main effects of client gender in the Agreement or Supportive categories. (Refer to Tables 3 and 4.) The second hypothesis that therapist gender would affect client communication was not supported.



Table 3

Means and Standard Deviations Comparing Therapist and Client Gender  
with Communication Patterns

	<u>Male Therapist</u> ( <u>n</u> = 16)		<u>Female Therapist</u> ( <u>n</u> = 28)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>Agreement</u>				
Male Client	4.88	4.26	4.43	4.14
Female Client	6.00	5.45	6.07	5.70
<u>Supportive</u>				
Male Client	.13	.34	1.04	2.19
Female Client	.19	.54	.86	1.60
<u>Solutions</u>				
Male Client	1.75	2.44	.93	1.21
Female Client	3.19	3.71	2.77	2.87
<u>Structuring</u>				
Male Client	9.69	8.28	7.21	8.25
Female Client	13.25	11.25	9.39	9.91
<u>Problem Description</u>				
Male Client	7.56	5.80	5.36	6.85
Female Client	12.69	15.21	9.43	10.50
<u>Total Statements</u>				
Male Client	17.81	10.53	16.18	8.97
Female Client	23.50	15.37	21.36	10.20

Table 4

Two-Way Repeated Measures ANOVA Table Comparing Therapist  
and Client Gender with Communication Patterns

	df	Mean Square	F
<u>Agreement</u>			
Client Gender	1	39.00	2.84
Therapist Gender	1	.72	.02
Interaction	1	1.37	.10
<u>Supportive</u>			
Client Gender	1	.07	.06
Therapist Gender	1	12.71	3.40
Interaction	1	.30	.26
<u>Solution of Problem</u>			
Client Gender	1	50.93	25.06**
Therapist Gender	1	6.76	.59
Interaction	1	.54	.27
<u>Structuring</u>			
Client Gender	1	167.80	4.64*
Therapist Gender	1	204.01	1.43
Interaction	1	9.75	.27
<u>Problem Description</u>			
Client Gender	1	430.56	11.03**
Therapist Gender	1	152.01	.97
Interaction	1	5.65	.14
<u>Total Statements</u>			
Client Gender	1	601.09	10.25**
Therapist Gender	1	72.62	.39
Interaction	1	1.32	.02

\*p &lt; .05 \*\*p &lt; .01

## Discussion

The purpose of this study was to explore how therapist and client gender are associated with communication behaviors of males and females in marital therapy. The first hypothesis that men and women in marital therapy would exhibit the stereotypic gender communication patterns was not supported with this sample. There were no significant differences between men and women in their use of agreement or supportive statements. There were some significant differences between males and females in the other areas, but they did not follow the stereotypic patterns. Contrary to stereotypes, the female clients used more structuring statements, described the problem more, and used more verbal statements than did the males.

These findings differ from the stereotypic pattern described in the communication literature. If we examine the context of the marital relationship in this study, these findings become more understandable. In couples with conflict, gender differences lead to a pattern wherein it is more likely the wives who bring up issues and express negative feelings while the husbands are more likely to withdraw (Gottman, 1991). In most conflict discussions either the wife begins by stating the issues or the husband begins and quickly defers to his wife for elaboration. If husbands do not seem responsive to their wives' behavior, distressed wives may feel that their partners are insensitive to them and that their feelings were not taken seriously (Notarius et al., 1989). Thus, they may have little option other than to escalate the intensity of their communication in an attempt to be heard. The husbands may then be overwhelmed by the expression of negative affect and respond in a

respond in a neutral or withdrawing way in an attempt to control the emotional tone of the conversation.

It is assumed that the communication patterns of couples in marital therapy would be similar to their usual interactions in their relationship. Given that our sample consists of couples presenting for marital therapy, it is assumed that there is some type of conflict within the marriage. This would explain why the women in this sample talked more often, and used more problem description and structuring statements than the men. This communication pattern, typical of couples in conflict, may fit the studied sample better than the stereotypic gender communication patterns.

The second hypothesis that couples with male therapists would exhibit more male communication patterns (e.g., problem solving, structuring, controlling the conversation) and couples with female therapists would exhibit more female communication patterns (e.g., supportive, expressive, cooperative) was not supported. There were no significant differences in client communication between male and female therapists. Possible explanations include the degree and experience of the therapists, the sample of marital couples versus individuals or families, and the fact that the therapists were under supervision.

The results differ from the Shields and McDaniel (1992) study, which indicated a therapist gender effect on client communication with clients making more structuring statements to male therapists than female therapists. This could be explained by the characteristics of their sample. They compared mostly Ph.D. male therapists to mostly

B.A. female therapists with an average of 2 years less clinical experience. These differences in degrees obtained and years of experience could explain the differing results. Males with higher degrees and more years of experience may be more structured in therapy than females with a lesser degree or fewer years of experience. Researchers have expressed the need to control for such variables given that years of experience has been found to interact significantly with the influence of gender in previous studies (Howard et al., 1970; Kirshner et al., 1978). The current study used therapists of common degree and experience levels, that is, second-year male and female master's students with 1 to 2 years of experience.

The majority of research on therapist gender has been conducted with individual clients. There is little data on the effects of therapist gender on couples in marital therapy. While the Shields and McDaniel (1992) and Maas et al. (1985) studies used samples of families versus individuals, the presenting problem in all cases was a child or adolescent. The present study investigated couples in marital therapy. There may be different interpersonal dynamics going on in marital therapy with the couple's relationship as the problem than in family therapy with the child as the problem. Communication patterns of a couple discussing their relationship, especially if they are in conflict, are different from those in other settings (Burggraf & Sillars, 1987). The strong dynamics involved in couples in conflict and their unique communication patterns (Gottman, 1991; Notarius et al., 1989) may mask any possible therapist gender effects.

All of the therapists in the current study were under supervision. Marriage and

family therapy supervisors have been strongly encouraged to be aware of gender issues and facilitate trainees to become aware of gender communication patterns in their own interactions (Reid et al., 1987). As family therapists have become increasingly aware of gender as a central principle in couples, specific exercises to make gender issues explicit in training and therapy have been developed, for example, examining therapist's values and gender socialization through discussion, video analysis, and role plays (Avis, 1988; Roberts, 1991). It is possible that the increased awareness of gender issues by supervisors and their trainees has impacted therapist traditional sex roles and their communication patterns in therapy.

In summary, with this sample, stereotypic communication patterns were not evident in couples in marital therapy. Communication patterns of couples in conflict were found to differ from the stereotypic male/female patterns. This was found to be true regardless of therapist gender. It is possible that the dynamics of couples in conflict together with the therapist characteristics (1 to 2 years of experience, under supervision) masked any possible gender effects.

### Limitations

There are three limitations of this study that should be noted. First, this study only included beginning therapists who were enrolled in training programs with 1 to 2 years of experience. The years of experience of the therapist could certainly influence the nature of their communication patterns. Second, while the sample size was large enough for this exploratory study, a larger N would be helpful in substantiating any significant results.

Thirdly, these results cannot be generalized to other therapists. The results could only be generalized to other second-year marriage and family therapy trainees under supervision in similar programs.

### Implications

The present study enhances our knowledge about gender communication patterns in therapy. The results indicate that men and women in marital therapy use different types of verbal patterns and that these patterns differ somewhat from the patterns described in the gender communication literature. Women spoke more and used more structuring and problem-solving statements than men. This suggests that within the context of marital therapy, patterns of conflict often result in a type of communication interaction between men and women that differs from the stereotypic gender communication patterns.

As couples present for marital therapy, therapists should be aware of the communication patterns in the context of marital relationships and be instrumental in helping couples find effective ways of communicating. This is important given that dysfunctional communication processes are often the core of marital conflict and that the quality of communication has been shown to be one of the best predictors of future marital satisfaction (Satir, 1983; Markman, 1981).

### Recommendations

Further research needs to be done to examine the effects of therapist gender on the therapy process using a larger sample size and various levels of therapist training and

experience. Because most of the research has been done using an individual or families, studies examining the effects of gender on couples in marital therapy are needed. Further research should take into consideration the communication styles of couples in conflict presenting in therapy, which may differ somewhat from the stereotypic individual male and female patterns.



## REFERENCES

- Alexander, J.A., & Parsons, B.J. (1982). Functional family therapy. Monterey, CA: Brooks/Cole.
- Avis, J.M. (1988). Deepening awareness: A private study guide to feminism and family therapy. Journal of Psychotherapy and the Family, 3, 15-46.
- Barron, N. (1971). Sex-typed language: The production of grammatical cases. Acta Sociologica, 14, 24-72.
- Burggraf, C.S., & Sillars, A.L. (1987). A critical examination of sex differences in marital communication. In C.N. Jacklin (Ed.), The psychology of gender: Vol. IV (pp. 404-422). New York: New York University Press.
- Berman, E. (1972). The woman psychiatrist as therapist and academician. Journal of Medical Education, 47, 890-893.
- Bernstein, D.H. (1991). Gender specific dangers in the female dyad in treatment. Psychoanalytic Review, 78, 37-48.
- Borisoff, D., & Merrill, L. (1985). The power to communicate: Gender differences as barriers. Prospect Heights, IL: Waveland Press.
- Carter, C. (1971). Advantages of being a woman therapist. Psychotherapy, 19, 297-300.
- Deakins, A.H. (1992). The tu/vous dilemma: Gender, power, and solidarity. In A.M. Perry, L.H. Turner, & H.M. Sterk (Eds.), Constructing and reconstructing gender (pp. 152-161). New York: State University of New York Press.

- Emert, P., & Emert, V.J. (1984). Interpersonal communication. Dubuque, IA: Wm. C. Brown Publishers.
- Falloon, I.R. (1991). Behavioral family therapy. In A.S. Gurman & D.P. Kniskern (Eds.), Handbook of family therapy (pp. 65-95). New York: Brunner/Mazel, Inc.
- Filsinger, E.E. (Ed.) (1983). Marriage and family assessment: A sourcebook for family therapy. Beverly Hills, CA: Sage Publications.
- Fitzpatrick, M.A., & Ritchie, L.D. (1993). Communication theory and the family. In P.G. Boss, W.J. Doherty, R. LaRossa, W.R. Schumm, & S.K. Steinmetz (Eds.), Sourcebook of family theories and methods: A contextual approach (pp. 565-585). New York: Plenum Press.
- Gilligan, C. (1982). In a different voice. Cambridge, MA: Harvard University Press.
- Gleser, G.C., Gottschalk, L.A., & Watkins, J. (1959). The relationship of sex and intelligence to choice of words: A normative study of verbal behavior. Journal of Clinical Psychology, 15, 182-191.
- Goldberg, J. (1979). Aggression and the female therapist. Modern Psychoanalysis, 4, 209-222.
- Gottman, J.H., Markman, H.J., & Notarius, C. (1977). The topography of marital conflict: A sequential analysis of verbal and nonverbal behavior. Journal of Marriage and the Family, 39, 461-477.
- Gottman, J.H. (1991). Predicting the longitudinal course of marriage. Journal of Marital and Family Therapy, 17, 3-7.

- Guthrie, D.M., & Snyder, C.W. (1988). Spouses' perceptions of one another in emotional situations. In P. Noller & M.A. Fitzpatrick (Eds.), Perspectives on marital interaction (pp. 153-181). Philadelphia, PA: Multilingual Matters.
- Hill, C. (1975). Sex of client and sex and experience level of counselor. Journal of Counseling Psychology, 25, 5-11.
- Hirschman, L. (1974, April). Analysis of supportive and assertive behavior in conversations. Paper presented at Linguistic Society of America, St. Louis, MO.
- Holtzworth-Munroe, A., & Jacobson, N.S. (1991). Behavioral marital therapy. In A.S. Gurman & D.P. Kniskern (Eds.), Handbook of family therapy (pp. 96-125). New York: Brunner/Mazel, Inc.
- Howard, K.I., Orlinsky, D.E., & Hill, J.A. (1970). Patient's satisfactions on psychotherapy as a function of patient-therapist pairing. Psychotherapy: Theory, Research and Practice, 7, 130-134.
- Jones, E.E., Krupnick, J.L., & Kerig, P.K. (1987). Some gender effects in a brief psychotherapy. Psychotherapy, 24, 336-352.
- Jones, E.E., & Zoppel, C. (1982). Impact of client and therapist gender on psychotherapy process and outcome. Journal of Counseling and Clinical Psychology, 50, 259-272.
- Jourard, S. (1971). The transparent self. New York: Van Nostrand Reinhold.
- Key, M.R. (1972). Linguistic behavior of male and female. Linguistics, 88, 15-31.
- Kirshner, L.A., Genack, A., & Hauser, S.T. (1978). Effects of short-term psychotherapy. Psychotherapy: Theory, Research, and Practice, 15, 158-167.

- Kramarae, C. (1981). Women and men speaking. Rowly, MA: Newberry House.
- Krokoff, L.J. (1987). Recruiting representative samples for marital interaction research. Journal of Social and Personal Relationships, 4, 317-328.
- Krueger, D.L. (1985). Communication patterns and egalitarian decision making in dual career couples. Western Journal of Speech Communication, 49, 126-145.
- Kulish, N.M. (1984). The effect of the sex of the analyst on transference. Bulletin of the Menninger Clinic, 48, 95-110.
- Lakoff, R. (1973). Language and woman's place. Language in Society, 2, 45-79.
- Leik, R.K. (1963). Instrumentality and emotionality in family interaction. Sociometry, 27, 131-145.
- Light, D.W. (1975). The impact of medical school on future psychiatrists. American Journal of Psychiatry, 2, 607-610.
- Maas, E.H., Alexander, J.F., & Barton, C. (1985). Modes of expression in family therapy: A process study of roles and gender. Journal of Marital and Family Therapy, 10, 139-150.
- Markman, H.J. (1981). The prediction of marital distress: A five year follow-up. Journal of Consulting and Clinical Psychology, 56, 210-217.
- Markman, H.J., & Kraft, S.A. (1989). Men and women in marriage: Dealing with gender differences in marital therapy. The Behavior Therapist, 12, 51-56.

- Miller, J.B. (1992). Conflict scripts of men and women. In A.M. Perry, L.H. Turner, & H.M. Sterk (Eds.), Constructing and reconstructing gender (pp. 65-79). New York: State University of New York Press.
- Minuchin, S. (1974). Families and family therapy. Cambridge, MA: Harvard University Press.
- Mogul, K.M. (1982). Overview: The sex of the therapist. American Journal of Psychiatry, 139, 1-11.
- Morgan, M.E. (1992). Therapist gender and psychoanalytic couple psychotherapy. Sexual and Marital Therapy, 7, 141-156.
- Noller, P., & Fitzpatrick, M.A. (1993). Communication in family relationships. Englewood Cliffs, NJ: Prentice Hall.
- Notarius, C.I., Benson, P.R., & Sloane, D. (1989). Exploring the interface between perception and behavior: An analysis of marital interaction in distressed and nondistressed couples. Behavioral Assessment, 11, 39-64.
- Parsons, T., & Bales, R.F. (1955). Family, socialization, and interaction process. New York: Free Press.
- Pinsof, W. (1980). The family therapist coding system (FTCS): Coding manual. Chicago: Center for Family Studies, The Family Institute of Chicago.
- Phillips, G.M. (1986). Men talking to men about their relationships. American Behavioral Scientist, 29, 321-341.

- Raush, H.L., Greif, A.C., & Nugent, J. (1979). Communication in couples and families. In W.R. Burr, R. Hill, F.I. Nye, & I.L. Reiss (Eds.), Contemporary theories about the family (pp.123-152). New York: The Free Press.
- Reid, E., McDaniel, S., Donaldson, C., & Tollers, M. (1987). Taking it personally: Issues of personal authority and competence for the female in family therapy training. Journal of Marital and Family Therapy, 13, 157-165.
- Rice, D.G., & Rice, D.G. (1973). Implications of the women's liberation movement for psychotherapy. American Journal of Psychiatry, 130, 191-199.
- Roberts, J.M. (1991). Sugar and spice, toads and mice: Gender issues in family therapy training. Journal of Marital and Family Therapy, 17, 121-132.
- Roloff, M., & Cloven, D.H. (1990). The chilling effect in interpersonal relationships. In D. Cahn (Ed.), Intimates in conflict (pp. 49-76). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Satir, V. (1983). Conjoint family therapy. (3rd ed). Palo Alto, CA: Science and Behavior Books.
- Schaap, C., Buun, B., & Kerkstra, A. (1988). Marital conflict resolution. In P. Noller & M.A. Fitzpatrick (Eds.), Perspectives on marital interaction (pp. 182-198). Philadelphia, PA: Multilingual Matters.
- Shields, C.G. (1987). Family therapy intervention in the initial interview: Differences in process parameters using a Markov Chain Model. Unpublished doctoral dissertation, Purdue University, Lafayette, IN.

- Shields, C.G., & McDaniel, S.H. (1992). Process differences between male and female therapists in a first family interview. Journal of Marital and Family Therapy, 18, 143-151.
- Shields, C.G., Sprenkle, D.H., & Constantine, J.A. (1991). Anatomy of an initial : interview: The importance of joining and structuring skills. The American Journal of Family Therapy, 19, 3-14.
- Smith-Hefner, J. (1988). Women and politeness: The Javanese example. Language and Society, 17, 535-554.
- Thorne B., & Henley, N. (Eds.) (1975). Language and sex: Difference and dominance. Rowley, MA: Newbury House.
- Watzlawick, P., Beavin. J.H., & Jackson, D.D. (1967). Pragmatics of human communication: A study of interactional patterns, pathologies, and paradoxes. New York: W. W. Norton & Company.
- Weiss, R.L., & Summers, K.J. (1983). Marital interaction coding system-III. In E.E. Filsinger (Ed.), Marriage and family assessment (pp. 85-115). Beverly Hills, CA: Sage Publications.
- Wood, J.T. (1986). Different voices in relationship crisis. American Behavioral Scientist, 29, 273-301.
- Wood, M.M. (1966). The influence of sex and knowledge of communication effectiveness on spontaneous speech. Word, 22, 112-137.

- Yogev, S., & Shadish, W.R. (1982). A method for monitoring the impact of sex-role stereotypes on the therapeutic behavior of beginning psychotherapists. American Journal of Orthopsychiatry, 52, 545-548.
- Zimmerman, D., & West, C. (1975). Sex roles, interruptions, and silences in conversation. In B. Thorne, and N. Henley (Eds.), Language and sex: Difference and dominance (pp. 75-88). Rowley, MA: Newbury House.
- Zygmond, M.J., & Denton, W. (1988). Gender bias in marital therapy: A multidimensional scaling analysis. The American Journal of Family Therapy, 16, 262-272.



## APPENDICES

Appendix A

Therapeutic Interaction Coding System (TICS)

**THERAPEUTIC INTERACTION CODING SYSTEM (TICS)****Client Verbal Statement Codes****Content Oriented Verbal Codes (Topic)****1. Social Information**

1. Non-Problem/Solution Information
2. Non-Problem/Solution Opinion

**2. Problem Information (Not Positive)**

1. Complaint or Blame
2. Description of problem
3. Unfocused complaint

**3. Solution of Problem/Goal Information (Positive)**

1. Specific Plans, Solutions & Goals
2. Non-specific Plans and Solutions
3. Previous Solutions
4. Specific goals
5. Positive results of homework assignments
6. Positive information or feelings about improvements
7. General discussion/statement about positive changes  
positive results of homework, positive information or feelings about improvements,

**Process Oriented Verbal Codes****1. Agreement**

1. Direct Agreement.
2. Acceptance of responsibility.
3. Acceptance of modification.
4. Compliance.
5. Assent

**2. Disagreement**

1. Direct Disagreement.
2. Indirect and "Yes - but."
3. Disagreement with rationale supplied.
4. Command.

**3. Structuring**

1. Clarification or Explanation Request.
  2. Confirmation Request.
  3. Back to the issue.
  4. Calling time.
  5. Metacommunication.
6. Expression or opinion about the nature/rules of therapy.

**4. Supportive**

1. Praise regarding therapy - sentence or fragment form.
2. Praise or compliments not directly related to therapy.
3. Empathy.

**5. Resistant**

1. Defend Self/other.
2. Sidetrack/Own Agenda.
3. Answer for.
3. Not answering.

**Examples of Categories Used****Description of problem**

Not complaining about others, though may discuss personal feelings or disagreements about others. Non-blaming statements disclosing one's own feelings and thoughts about family situations. These are often called "I statements". Example: Therapist, "then what happened?" Wife, "then he ran out of the room" or "I knew something wasn't right, then I went up to his bedroom and saw him hiding something under his mattress."

### Solution of Problem/Goal Information (Positive)

**Specific Plans, Solutions & Goals.** Discussion of plans and solutions for identified problems in therapy. Focuses specifically on the problem(s) the family wants to solve. Includes suggestions made about solving problems, critiques, rationales, and explanations of possible solutions. "I want you to do your homework each night immediately after dinner and before watching any TV. This gives specific plans for solving a problem.

Discussion of specific goals, discussion of the kind of changes the family wants to make. Setting specific goals.

**Non-specific Plans and Solutions.** These are more a statement that there is a problem than what to do about it. In a way these are the non-specific goals. "I want you to do better." "I want to feel better."

**Previous Solutions.** Discussion of solutions used on past or similar problems. This includes description of previous solutions, critiques, rationales, and explanations.

### Process Oriented Verbal Codes (Function)

#### Agreement

**Direct Agreement** includes "No means Yes."

This is a statement by a family member indicating agreement with another family member's opinion or the therapist's opinion. Requires that someone had previously expressed an opinion with which the family member is agreeing. "You're right."

**Acceptance of responsibility.** This code involves a family member apologizing to some other family member or to the therapist or accepting criticism or responsibility for problems in the family or therapy sessions. "I am sorry I have not listened to you at home. You were right, and I was way off base." "I realize how much of this problem I have helped to cause."

**Acceptance of modification.** Family members modify their opinion due to influence of others. This person must have previously stated an opinion that is, with this statement, modified. "Oh, I see, I thought you meant \_\_\_\_\_, but you mean \_\_\_\_\_." "I didn't see it that way before, now I do."

**Compliance.** A family member complies with a request from another family member or from the therapist. Father, "Would you explain what you mean by that?" Son, "OK, sure I will. I mean \_\_\_\_\_." Husband, "I would rather wait two weeks.." Wife, "OK, that would be a good idea."

**Assent** This is usually a brief verbal response made in the midst of another's speech. It acknowledges that they are being heard and encourages them to continue to speak. "Yeah" "Un huh." "Mmhm."

### 3. Structuring

**Clarification or Explanation Request.** These are statements asking for clarification about a previous statement. This can be about social, problem, or solution information. "Would you explain what you mean."

**Confirmation Request.** This is a statement asking or seeking agreement with the speaker's point of view. "Don't you agree." "Right?"

**Back to the issue.** "You're getting off the subject." "This is not what I want to talk about, let's talk about \_\_\_\_\_."

**Calling time.** "We need to finish this discussion up, we have only five minutes."

**Metacommunication.** Statement about communication. "I don't like the way you are talking to me." "You are always picking a fight with me."

**Expression or opinion about the nature/rules of therapy.** Discussion of forms, financial arrangements, what is required, etc.

### 4. Supportive

**Praise regarding therapy** - sentence or fragment form.  
"I think this is great." "You're doing a good job."

**Praise or compliments not directly related to therapy.**  
Clients giving praise in regards to non-therapy issues.

**Empathy.** Client gives an empathic response, such a response shows understanding, sympathy, concern, acceptance or appreciation with respect to another's feelings, situation, etc. "I can see that this is a painful subject for you." "This is really difficult for you." "I am sorry you've had to suffer so much."

Appendix B  
Informed Consent Forms





Case # \_\_\_\_\_

## Marriage &amp; Family Therapy Clinic

## INFORMED CONSENT FOR TREATMENT

I understand that treatment with the Utah State University Marriage and Family Therapy Clinic may involve discussing relationship, psychological, and/or emotional issues that may at times be distressing. However, I also understand that this process is intended to help me personally and with my relationships. I am aware that my therapist will discuss alternative treatment facilities available with me, if needed.

My therapist has answered all of my questions about treatment with the Utah State University Marriage and Family Therapy Program satisfactorily. If I have further questions, I understand that my therapist will either answer them or find answers for me; or that I can contact the Director of the Clinic, Dr. Thorana Nelson, at 801-753-5791. I understand that I may leave therapy at any time, although I understand that this is best accomplished in consultation with my therapist.

I understand that with the Utah State University Marriage and Family Therapy Program: (a) graduate students in family therapy conduct therapy under the close supervision of family therapy faculty, (b) therapy sessions are routinely videotaped and/or observed by other Program therapists and supervisors, and (c) research is part of the ongoing nature of the Program. I agree to allow information from any testing to be included in the ongoing pool of Program research data, understanding that this material will not contain my name or other identifying information.

I understand that all information disclosed within sessions is kept confidential and is not revealed to anyone outside the Program without my written permission. The only exceptions to this are where disclosure is required by law (e.g., where there is a reasonable suspicion of abuse of children or elderly persons, where the client presents a serious danger or violence to others, or where the client is likely to harm him/herself unless protective measures are taken).

I agree to have my sessions videotaped for therapeutic supervision and research purposes. I understand that only non-identifying information on video tapes is used for research.

This form is to be signed by all participating clients.

Signed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Marriage & Family Therapy Program  
Utah State University

INFORMED CONSENT FOR RESEARCH PARTICIPATION

I understand that the Utah State University Marriage and Family Therapy Clinic is currently conducting a research project on couple interaction patterns in therapy. I understand that by participating in this research my sessions will be videotaped and the interaction patterns examined. The videotape will not contain identifying information but will be used in the pool of research data for this project. I understand that my participation in this study will aid in the understanding of couple interaction patterns, and make therapy more beneficial for clients.

I understand that all videotapes will be kept confidential, will be stored in a locked room and will not contain my name. Videotapes will be destroyed at the completion of the project. If I have any questions about the research project I may contact Scot Allgood, Ph.D. (753-5895) at the Family Life Center.

I understand that the risks associated with this study are risks normally associated with receiving therapy. I may at times be asked to discuss relationship, psychological, and/or emotional issues that may at times be distressing. However, I understand that this process is intended to help me personally and with my relationships.

I understand that my deciding not to consent to participate in this research project will not have a negative effect on my receiving therapy, my relationship with Utah State University, or my therapist. I also understand that at any time during the project I have the right to stop further participation, which will not have a negative effect on my therapy.

I agree to participate in this study.

This form is to be signed by all participating clients and participants.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_