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PSYCHOTHERAPIST'S ANXIETY LEVEL, SELF-INSIGHT, AND PSYCHOTHERAPEUTIC COMPETENCE[1]

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The bulk of the research in psychotherapy has been largely patient oriented. Although the personality characteristics of the psychotherapist have been generally assigned a crucial role in the treatment process, comparatively little attention has been given to the systematic study of the therapist variable (5, 9). The present investigation was designed as a preliminary study of one aspect of this problem, the relationship of the therapist's anxiety level and degree of self-insight to his psychotherapeutic competence.

It is generally agreed that anxiety serves as an important motivational determinant in the development and maintenance of maladaptive behavior and that the effectiveness of psychotherapy depends upon the modification or elimination of the patient's underlying anxieties. Thus the patient's anxieties and the defenses developed against them constitute the focus of the therapeutic interviews. The therapist's permissive and nonanxious response to the patient's anxious and conflictful expressions provides one of the important conditions that lead to the alleviation of the patient's anxieties (2, 6). In practice, however, this ideal is not always attained since the common anxiety-provoking situations for the patient are likely also to be anxiety-laden for everyone to some degree, including the psychotherapist (2, 11). When the patient expresses tendencies that are threatening to the therapist, the anxieties so elicited often motivate a variety of responses in the therapist designed at avoiding the anxiety-producing interaction (2, 4, 8, 10). The most frequent reactions observed and described include therapist-initiated interruptions in the form of questions that serve to divert the discussion, premature interpretations that block the patient's expressions, paraphrasing the patient's statements without essential clarification, unnecessary reassurance, unwitting disapproval, etc. Such reactions not only may impede the progress of psychotherapy but may actually produce a negative therapeutic effect by reinforcing the strength of the patient's anxieties.

With regard to insight, which is interpreted to mean that the cues to the individual's motivations and behavior have verbal-ideational representation, it is assumed that such symbolization facilitates discriminative, planful, and voluntary behavior (2, 13, 14). If this is the case, then the therapist who is aware of the cues to his anxieties will be better able to control consciously and adapt his reactions for therapeutic ends and thereby function at a more effective level than will the therapist who lacks such insight.

It is, therefore, reasonable to assume that the therapist's anxieties and lack of insight into his anxieties will influence his ability to do effective psychotherapy. The specific hypotheses which were tested in the present investigation were that (*a*) competent psychotherapists are less anxious than those who are judged to be less competent, and (*b*) competent psychotherapists possess a greater degree of insight into the nature of their anxieties than do the less competent therapists.

METHOD

Subjects. A total of 42 psychotherapists, of whom 32 were clinical psychologists, 8 psychiatrists, and 2 psychiatric social workers, participated in the project. The clinical settings represented in the study included a child guidance clinic, a community psychological clinic, a university student counseling center, and a V.A. neuropsychiatric hospital.[2] Although there was variation among the four groups with respect to the amount and type of therapeutic experience, the vari-

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ability within groups was relatively small. Since the therapists within a given group were of the same general level of training, differences in psychotherapeutic competence that might be due to differing amounts of experience were essentially controlled.

Ratings. Anxiety and insight measures were obtained for three central conflict areas—dependency, hostility, and sexuality. Each of the anxiety variables was represented by descriptive statements defining low, medium, and high degrees of anxiety with respect to dependency, hostility, and sex. An attempt was made to define each of these variables in terms that were descriptive of overt behavior although inferences from observed behavior were also included. The definition of the dependency-anxiety variable is given as an example.

Low

When faced with situations he is unable to handle he seeks help. Can turn to others for help and support when needed. Or may show an overdependent attitude, constantly seeks help and support without feeling uneasy about it.

Medium

Maintains an independent attitude. Tries to handle matters alone, feels uneasy about accepting help or support. Fearful of having to remain in a dependent position.

High

Strongly refuses help and denies any need for it. Never allows himself to become involved in a dependency relationship. May also express his strong denial of dependency needs by an exaggerated, self-sufficient, independent facade.

Each psychotherapist in a group ranked all therapists including himself with respect to anxiety level on each of these three variables as defined. A rank of 1 was assigned to the therapist who was judged to be the most anxious of his group, and the bottom rank was assigned to the least anxious. In a few instances where a particular therapist had limited interaction with some member or members of his group, he ranked only the therapists with whom he felt adequately acquainted. The assigned ranks were consequently converted into standard scores with a mean of 5 and a standard deviation of 2 to make the data from the different groups comparable. The standard scores thus obtained from the rank data constitute the ratings.

The anxiety measure was determined by averaging the ratings assigned to a therapist by his associates on each of the three variables. The insight measure was defined in terms of the relative discrepancy between a subject's self-rating and the average group rating for that subject (group minus self). A person whose self-rating was equal to or higher than the mean group rating was considered to be aware of his anxieties. On the other hand, a self-rating which was lower than the mean group rating was considered indicative of low insight.

Psychotherapy supervisors' ratings constituted the independent criterion measure. Global ratings of psychotherapeutic competence were obtained from supervisors who had extensive contact with the therapists. Competence was defined in terms of the therapist's ability to facilitate improvement in the adjustment of patients. Each supervisor ranked the therapists he knew well from the most to the least competent with the most competent receiving a rank of one. A total of 13 supervisors made such rankings. Twenty-four of the 42 psychotherapists were ranked by at least 3 or 4 supervisors. Of the remaining psychotherapists, 17 of them received 2 rankings; only one received a single evaluation. The supervisors' rankings were also converted into standard scores. The mean value for each therapist was computed to give the final composite score which served as the criterion measure. Except in three instances, the supervisors had no knowledge of the purpose of the study.

RESULTS

Reliability. In the case of the criterion ratings, the number of ratings a therapist received varied from one therapist to another, and the supervisors were not the same for all the subjects in the sample. The reliability of these criterion ratings was estimated by the use of an analysis of variance technique developed by Ebel (3) for handling such a set of ratings. The degree of agreement among the supervisors tended to be high with the coefficient of reliability of the average ratings for the sample being .84.

Similarly, in the therapists' ratings of each other, the raters were not the same for all persons in the sample. As a measure of reliability, Horst's (7) generalized reliability formula was used which provides an estimate of reliability for such a set of measures. The reliability coefficients for the group were .82 for dependency, .86 for hostility, and .82 for sex. There appears to be no way of determining the reliability of the insight measure. The ratings from which it is derived seem to be clearly reliable.

Intercorrelations of measures. The anxiety and the insight measures were intercorrelated in order to determine whether anxiety and insight were generalized or primarily specific to a given area of adjustment. These correlations are presented in Table 1. Dependency, hostility, and sex are represented by D, H, and S in the table.

The intercorrelations among the anxiety ratings were found to be of moderate degree with the average of the z values yielding a mean intercorrelation of .46 ($p < .01$). No significant relationship appeared, however, between dependency-anxiety and hostility-anxiety.

TABLE 1
INTERCORRELATIONS OF THE ANXIETY AND INSIGHT MEASURES

Correlated Variables	Anxiety			Anxiety (Self-rating)			Insight		
	D	H	S	D	H	S	D	H	S
Anxiety									
Dependency		.17	.55**	.22					
Hostility			.62**		.45**				
Sex						.36*			
Anxiety (self-rating)									
Dependency					.09	.20			
Hostility						.36*			
Sex									
Insight									
Dependency								−.29	.25
Hostility									.13
Sex									

* Significant at the .05 level.
** Significant at the .01 level.

TABLE 2
PRODUCT-MOMENT CORRELATIONS OF ANXIETY AND INSIGHT VERSUS PSYCHOTHERAPEUTIC COMPETENCE

Correlated variables	r
Anxiety	
Dependency	−.36**
Hostility	−.58**
Sex	−.62**
Anxiety (Self-rating)	
Dependency	−.28
Hostility	−.17
Sex	−.16
Insight	
Dependency	.29
Hostility	−.11
Sex	−.05

** Significant at the .01 significance level.

The intercorrelations among the self-ratings of anxiety and among the insight measures were found to be low and insignificant. The average intercorrelation of the self-ratings of anxiety was .22. Only the correlation between the self-ratings of hostility-anxiety and sex anxiety met the criterion of significance at the .05 level of significance.

Both the direction and the magnitude of the discrepancy score is partly a function of the subject's anxiety level. Individuals judged to be very low on anxiety can receive only negative discrepancy scores, whereas highly anxious individuals can get only positive scores. Therefore, the intercorrelations of the insight measures were calculated with the effect of the respective anxiety levels partialled out of the discrepancy scores. These intercorrelations among the insight measures were found to be nonsignificant (mean intercorrelation of .03), which suggests that insight, as measured in this study, tends to be specific to a given area of adjustment.

Correlations were also computed between the two measures of anxiety (Table 1). Positive relationships were obtained between the group rating of a particular individual's anxiety level and the individual's self-rating of anxiety with the correlation of the means of the two sets of measures being .43 ($p < .01$). No significant relationship appeared, however, between the two sets of dependency-anxiety measures.

No correlations are available between the anxiety ratings or the self-ratings of anxiety as against the insight measure since these measures are not operationally independent and the correlations between them would be spurious.

In testing the hypotheses advanced concerning the relationship between the therapist's anxiety level and self-insight and his psychotherapeutic competence, product-moment correlations were computed between these variables and the criterion measure. Table 2 presents the relationships among these variables.

In the case of the anxiety and insight measures, since predictions were made concerning the direction of the relationships, a single-tailed test of significance was used. The anxiety measures associated with dependency, hostility, and sex correlated significantly with the criterion measure of psychotherapeutic competence. The corresponding multiple correlation was of the magnitude of −.69 ($p < .01$). These results tend to support the hypothesis that therapeutic competence and anxiety are inversely related.

No hypothesis was advanced concerning the relationship between the therapists' self-ratings of anxiety and the ratings of psychotherapeutic competence because a given individual's self-rating may signify a fairly accurate estimate or it may reflect poor insight regarding his own anxieties. Such self-ratings, therefore, are difficult to interpret. Empirically, their relationships with the criterion are not statistically significant.

With regard to insight, the part-correlation method was used in order to determine the

degree of relationship between the psychotherapy competence ratings and the insight measure with the effect of anxiety level partialled out of the insight measure. None of these correlations was found to be statistically significant.[3]

DISCUSSION

Because of the interpersonal nature of psychotherapy, the personality characteristics of the therapist are often regarded as one of the most important variables in determining the effectiveness of psychotherapy. This has often led therapists to regard psychotherapy as an art. If what is meant by this is that the therapist's personality may serve to facilitate or impede his attempts to apply the psychotherapeutic procedures, then it should be possible to isolate and to study systematically the manner and degree to which various therapist variables contribute to the treatment process.

The findings of the present study offer partial support for the hypothesis that the therapist's anxiety is related to his psychotherapeutic competence. Anxious therapists were rated to be less competent psychotherapists than therapists who were of low anxiety. These results are consistent with Luborsky's (9) finding that the degree of anxiety differentiated therapists of low and high competence with the lows characterized as more anxious than the highs.

The results fail to establish any significant relationships between insight and psychotherapeutic competence. While it must be remembered that the insight measure covered a very narrow aspect of the therapist's total behavior, this lack of relationship raises the question as to how much the sheer recognition of cues to anxiety lessens the anxiety or leads to modification in behavior.

Finally, the results do not reveal any relationships between the therapists' self-ratings of anxiety and psychotherapeutic competence. None of the correlations here was statistically significant.

Some of the limitations of this study should be recognized. For example, the therapists in this study were relatively young professionally, averaging approximately two years of therapeutic experience. The criterion of psychotherapeutic competence was based on supervisors' ratings rather than upon the direct study of the patient-therapist interaction and the resultant outcomes, although the therapists' interview recordings, process notes, and actual success with patients were factors upon which the supervisors based their ratings.

Further research is needed in order to determine the specific way in which the therapists' anxieties affect his psychotherapeutic work. This would involve an intensive analysis of the actual patient-therapist interaction. For example, a study of the approach-avoidance tendencies of high and low anxious therapists in dealing with emotionally charged material is being planned.

SUMMARY

The present study was designed to test the hypothesis that competent psychotherapists are less anxious and possess a greater degree of insight into the nature of their anxieties than do psychotherapists who are judged to be less competent.

A total of 42 psychotherapists representing four clinical settings participated in the study. Each psychotherapist in a group rated all therapists including himself as to degree of anxiety with respect to dependency, hostility, and sex. The average rating assigned to a psychotherapist by his associates on each of the three variables constituted the anxiety measure. The insight measure was defined in terms of the relative discrepancy between the psycotherapist's self-rating and the average group rating for the therapist.

Psychotherapy supervisors' ratings constituted the independent criterion measure of psychotherapeutic competence.

The results obtained were as follows:

1. Significant negative relationships of moderate degree were obtained between the psychotherapists' anxiety level and ratings of psychotherapeutic competence. Anxious therapists were rated to be less competent psycho-

[3] It might be argued that a wide discrepancy in either direction would be indicative of low insight and therefore, the absolute discrepancy score would be a more appropriate insight measure. However, the part-correlations of this measure with the ratings of therapy competence were also found to be low and statistically nonsignificant, (dependency −.11, hostility −.20, sex −.17).

therapists than therapists who were low in anxiety.

2. The findings revealed no significant relationships between the therapists' degree of insight into the nature of their anxieties and ratings of psychotherapeutic competence.

3. No significant relationships were found between the therapists' self-ratings of anxiety and ratings of their psychotherapeutic competence.

The results were interpreted as indicating that the presence of anxiety in the therapist, whether recognized or not, affects his ability to do successful psychotherapy and that insight into his anxieties alone is not sufficient.

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