

# The Impacts of Taiwan Group Counselors' Family-of-Origin Experiences and Training Levels on Countertransference Reaction

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## Abstract

The primary purpose of this study was to investigate group counselors' counter transference reactions toward their clients who provoked the counselors' strong emotions in a counseling group and the related factors such as family-of-origin experience and training level in Taiwan. Using the Ratings of Emotional Attitudes to Client by Therapist Scale (REACT) and the Family-of-Origin Scale (FOS), 73 group counselors in Taiwan reported their counter transference and family-of-origin experiences in this study. The factor analysis, Cronbach's alpha ( $\alpha$ ), and split-half correlation revealed overall acceptable validity and high reliability of the Chinese version of the REACT and FOS.

Analysis of variance (ANOVA), multivariate analysis of variance (MANOVA), and multiple regression analysis were applied to the data collection. The major findings were as follows: (a) novice counselors reported significantly stronger counter transference feelings than the experienced counselors; (b) novice counselors perceived early family experiences similarly to experienced counselors, however, on the "acceptance of loss" factor the experienced counselors reported better family experiences than did novice counselors; (c) counselors who perceived better or worse family-of-origin experiences did not have different counter transference experiences in group counseling; and (d) counter transference scores

were significantly affected by training level; the four FOS factors and hours of counseling experience did make a contribution to the prediction of the REACT scores, but the contribution was not unique. Factor IV (trust) of the FOS was the only predictor at the significance level of .05 on countertransference reaction.

These findings may be useful for counselor educators, counseling researchers, and counselors to emphasize the counter transference phenomenon and family background in counseling. Recommendations were provided for future studies which would be important in developing instruments for assessing counter transference as well as improving counselor education and supervision programs in Taiwan.

## Introduction

Few studies have been conducted to investigate the relationship between counter transference and counseling outcome (Sexton & Whiston, 1994). The lack of empirical study in this field makes counter transference and its related effects unknown, although people believe counter transference is an important component in counseling (Corey, 1995; Freud, 1957). Counselors' emotional responses to clients have long been hypothesized to impact treatment, however, they have rarely been studied (Najavits et al., 1995).

This study was designed to explore Taiwan group leaders' counter transference reactions toward a member in a group counseling situation and the relationships among counter transference, early family experience, and training level. The ways in which childhood experiences impact adult lives are central to most theories of counseling and personality (Kelly, 1990; McDaniel & Landau-Stanton, 1991; McGoldrick & Gerson, 1985; Roe, 1957; Weinberg & Mauksch, 1991). Both family systems and psychoanalytic theorists have suggested that adults will interact with others in ways that recall the patterns initially experienced in the family-of-origin (Bowen, 1978; Fussell & Bonney, 1990). For many people, the patterns of interaction learned in their families serve them well when carried over to groups and systems outside the family (Yalom, 1995).

Although the counter transference reaction has been studied for about one century (Freud, 1957), very few studies have examined the effects of countertransference in group settings (Najavits et al., 1995). Recently, therapists have been increasingly encouraged to explore their countertransference feelings when doing counseling (Evans & Cohen, 1986). For the needs of counselors' personal growth and clinical supervision, it is valuable to study counselors' countertransference feelings.

Since countertransference commonly exists in counseling work, it is important to study this phenomenon in counselor education or training process. Soltenberg, McNeill, and Crethar (1994) suggested future research should reflect the level of training in investigating developmental models of supervision. Thus, this study compared counselors' countertransference reactions in relation to their early family experiences as well as training level.

Group work in Taiwan started in school settings by psychiatrists and American priests in Taiwan in the 1960s (Pan, 1995). More than 100 empirical studies were conducted in the past 40 years, most of them focused on outcome study of group programs (Pan, 1995), while countertransference research in group settings is lacking. This is the first study in regard to Taiwan group counselors' countertransference attitudes and related factors.

## Literature Review

The literature provided numerous accounts of how family-of-origin experience influences the counseling profession in a wide variety of areas (e.g., Guy, 1987; Johnson, Campbell, & Masters, 1992; Weiberg & Mawksch, 1991) including issues that affect countertransference feelings (Porter, 1994). The Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 1990) especially requires marriage and family counselor educators to assist trainees in gaining family-of-origin knowledge, and related influencing factors, that can create personal blocks in professional growth and development.

Ashbach and Schermer (1992) noted that the concept of countertransference should be expanded to include the sum total of the therapist's reactions to the patient and group. The important point is that if the therapist can sort out his or her own inner conflicts from the component of his or her reactions evoked by the client, countertransference may become an instrument through which he or she

can learn much about the client. A further consideration is that the countertransference can be a more subtle indicator of dynamics for the counselor to manage his or her own feelings in the session.

According to Porter (1994), the countertransference reaction may occur because the group unconsciously represents a feared individual or family situation in the past of the therapist. Therefore he contended that besides the usual recommendations for adequate supervision and peer consultation, two of the most reliable guidelines for preventing and resolving countertransference mistakes are: paying attention to whether a countertransference error is present and acknowledging mistakes without reservation.

Fine (1986) said that the normal countertransference is analogous to the attitude of the parent to the child. Countertransference deviations may justifiably be compared with inadequate or bad parenting. Further, the therapist has a sincere desire to help the patient, a desire which is a form of love, similar to that of the healthy parent for the child.

Corey (1995) used original family experience to describe the similarity of leader's countertransference in a group. He stated, when countertransference occurs, the group leader reacts to members as if they were significant figures of his or her own original family. Therefore, group leaders need to be alert to the unresolved conflicts within themselves.

Many studies (e.g., Blum & Cornelius, 1984; Tatar, 1997; Terry, Bivens, & Neimeyer, 1995; Van Zandt & Perry, 1992) revealed that the novice counselors have more countertransference reactions such as personal feelings, needs, involvement, and self-doubt than the experienced counselors. Therefore, training level is an important variable which may affect countertransference reactions.

Research suggests that awareness of countertransference feelings is a powerful determinant of therapeutic success (Lambert, Shapiro, & Bergin, 1994).

Tuttman (1992) stated that sensing and analyzing one's countertransference helps the therapist appreciate and understand the client's unconscious productions. Thus, although countertransference may lead to further distortions, it can also provide an opportunity to productively confront our acting out and unresolved traumas, pains, longings, and needs.

Objective countertransference is crucially important in group therapy. It is based on the phenomenon of projective identification, with the leader being the target of the projective process. These leaders' feelings can be a rich source of data for them about the internal functioning of the members of the group.

This research adopted the definition of objective countertransference by using the Ratings of Emotional Attitudes to Client by Therapist Scale (REACT, Najavits & Colson, 1992) to measure Taiwan group leaders' reactions toward their members. The purpose of this study was to investigate the leader's countertransference feelings toward a client in a counseling group and the related factors such as family-of-origin experience and training level in Taiwan. The impact of family-of-origin experience and counselor's level of training on countertransference reactions was explored.

## Methodology

### Participants

A total of 73 group counselors in Taiwan participated in this study. Forty undergraduates and 33 beyond Bachelor's degree all the way to Doctoral and Post-doctoral level counselors with guidance majors in Taiwan were part of the sample. The Guidance Department of the National Chang-Hua University of Education in Taiwan provided the researcher with the names and addresses of 67 senior undergraduate students to be the novice group. Participants in the novice group had a

minimum of 2 hours of group leading experience and a maximum of 50 hours. Sixty graduate level counselors from another name and address list from the same department were sent a research packet. Those who had more than 60 hours of group leading experience and have been working in the counseling area in the recent three years were the experienced counselor group in this study. Therefore, the researcher mailed 127 packets and received back a total of 73 for a return rate of 57%. Sixty percent (40 of 67) of novice group leaders and 78% of experienced group leaders returned the research packets to the researcher from Taiwan to Greeley, Colorado. Twenty-two percent of the sample were male ( $N = 16$ ) and 78 % of the sample were female ( $N = 57$ ). While the mean age was 29.45 ( $SD = 8.92$ ), subjects ranged from 21 to 47 years of age.

All subjects were volunteers who agreed to participate in this research. No incentive was offered for participation and there were no penalties for not participating. Confidentiality was ensured by having all subjects complete questionnaires anonymously.

## Research Instruments

### Ratings of emotional attitudes to client by therapist scale (REACT)

In order to clarify different dimensions of countertransference behaviors, Najavits and Colson (1992) developed the REACT which covers counselor's countertransference behaviors more broadly. The REACT is a 40-item self-report measure in which counselors rate cognitive and emotional responses for each client on a 6-point scale. The measure is based in part on a scale previously developed and tested in a psychiatric setting by Colson (1990) but was modified to be more directly relevant to common psychotherapy situations by Najavits et al. (1995). For the construct validity, a factor analysis showed the REACT to consist of the following four factors: (a) in conflict with self, (b) focus on own needs, (c) posi-

tive connection, and (d) in conflict with patient. The internal consistency of the REACT was found to be consistently high. Cronbach's item alphas were from .80 to .82 (Najavits et al., 1995).

Due to the high validity and reliability of this inventory (Najavits et al., 1995), the author chose the REACT as one of the research instruments. The REACT was translated into Chinese for use in this study. Participants from Taiwan were asked to report their countertransference experiences in counseling groups. The validity and reliability of the Chinese version scale were tested.

The REACT was designed for use in individual counseling settings with the following direction: "Please fill out below how you currently feel about your patient, overall". In order to encourage participants to recall their countertransference feelings in group counseling settings, the researcher adjusted it to "In responding to the following scale, think of a group client you have encountered, as a group leader, about whom you had a strong emotional reaction" and this could be one of the research limitations.

Factor analyses showed that 71.43% of the original REACT items were grouped into the same categories as the Chinese version with 73 Taiwan subjects. These scores indicate that the Chinese REACT satisfied construct validity in accordance with the original version. The four factors identified for the Chinese REACT, in the order of extraction, were:

Factor I: Burned-Out Factor (9 of 12 [75%] items in agreement with the original subscale)

Factor II: Overinvolvement Factor (3 of 5 [60%] items in agreement with the original subscale)

Factor III: Positive Connection Factor (5 of 7 [71.43%] items in agreement with the original subscale)



Factor IV: Conflict with Client Factor (3 of 4 [75%] items in agreement with the original subscale)

Only 60% (3 of 5) of the items were confirmed on factor II of the REACT between the English (focus on own needs) and Chinese (overinvolvement) versions. The original REACT which was constructed in the United States showed that counselors focused much more on "themselves needs". On the other hand, data from Taiwan counselors indicated that they tended to "worry more about clients" than themselves. The internal consistency reliability of the Chinese REACT was estimated by the degree of association between each item and the total scale. The estimates of internal consistency of the Chinese REACT by Cronbach's alphas were from .74 to .77 and the average alpha value of the total scale was .75. Furthermore, a split-half reliability of .75 was obtained from the scores of the 73 research participants. The above scores indicate that the Chinese REACT contains acceptable validity and reliability.

#### Family-of-origin scale (FOS)

The other scale used in the present study was the Family-of-Origin Scale (Hovestadt et al., 1985). This scale was created from psychodynamic models of family functioning and provides a measure of global functioning and subscales of autonomy and intimacy.

The instrument measures levels of perceived emotional health within the family of origin. Autonomy and intimacy are considered essential concepts for healthy families. Autonomy in the original scale is defined as: (a) clarity of expression (clear thoughts and feelings), (b) responsibility (family members claim responsibility for their own actions), (c) respect for others (family members have permission to speak for themselves), (d) openness to others (family members are receptive to one another), and (e) acceptance of separation and loss (separation and loss are dealt with openly in the family). Intimacy is defined in the scales as:

(a) range of feeling (family members express a wide range of feelings), (b) mood and tone (warm and positive atmosphere exists in the family), (c) conflict resolution (normal conflicts are resolved without undue stress), (d) empathy (family members are sensitive to one another), and (e) trust (family sees human nature as basically good).

Using a 5-point Likert format, the FOS is a 40-item, self-report instrument with a range of possible scores from 40-200. The normative sample scores are reported as follows. The top third of the participants scored between 160 and 198, the middle third scored between 135-159, and the bottom third scored between 63 and 134. The test-retest reliability coefficient of .97 was obtained over a two-week period. The median test-retest coefficient for the 20 items of the autonomy scale is .77; the median test-retest coefficient for the 20 items of the intimacy scale is .73. In an independent study of 116 undergraduate students, a Cronbach's alpha of .75 was obtained (Hovestadt et al., 1985).

Mazer, Mangrum, Hovestadt, and Brashear (1990) examined whether the factor structure of the Family-of-Origin Scale is congruent with that proposed by the test authors. Two factor analyses based on responses from a total of 782 college students to the FOS reported similar factor structures. The researchers considered that the FOS has potential value in applied research. Again, the Chinese version and its validity and reliability of the FOS were examined in this study.

Factor analyses showed that 90% of the original FOS items were grouped in the same categories as the Chinese version from 73 Taiwan subjects. The construct validity of the Chinese FOS was found to be acceptable for research purposes. The four factors identified for the Chinese FOS, in the order of extraction, were:

Factor I: Intimacy Factor (21 of 22 [95.45%] items in agreement with the

assigned subscale)

Factor II: Responsibility and Harmony Factor (8 of 10 [80%] items in agreement with the assigned subscale)

Factor III: Acceptance of Loss Factor (4 of 4 [100%] items in agreement with the assigned subscale)

Factor IV: Trust Factor (3 of 4 [75%] items in agreement with the assigned subscale)

The internal consistency reliability of the Chinese FOS was estimated by Cronbach's alpha and split-half correlation. The alphas for each item were from .941 to .944 and the average alpha value of the total scale was .94. The split-half reliability of the translated FOS was .92. Thus, the internal consistency reliability of the Chinese FOS was consistently high.

## Procedures

Data were gathered between December 1998 and January 1999. This time period was the final stage of the fall semester of the university schedule in Taiwan. A cover letter and consent form, two research questionnaires (the REACT and FOS), the demographic data sheet, and two return envelopes were mailed to the participants from Greeley, Colorado to Taiwan. The cover letter and consent form explained the nature of the study. Participants were asked to sign an agreement concerning their understanding of the nature of the study. The researcher provided an opportunity for subjects to ask about the study and the concepts in the research by putting the researcher's personal information in the consent form. Participants were also provided with the opportunity to receive a summary of the research findings upon request.

Participants took approximately 20 minutes to complete the questionnaires individually in a personal setting and were asked to mail them to the researcher.

The cover letter asked participants to complete the questionnaires and mail them back to the researcher in the United States within ten days.

The first return envelope included in the packet was for returning the consent form and a request for the summary of the research findings. The second envelope (without participant's name and address) was for returning the three research questionnaires. The two separate envelopes were used in order to ensure anonymity.

## Findings from Hypotheses Testing

This study was designed primarily to investigate whether novice group counselors and experienced group counselors differ in their perceptions of countertransference experiences toward their clients in Taiwan. The impact of family-of-origin experience to countertransference was also explored.

The four hypotheses of the study were tested using ANOVA, MANOVA, and multiple regression analysis. The major findings based on the statistical analyses of the data were as follows:

Hypothesis 1 stating there is not a significant difference in the countertransference scores between novice group leaders and experienced group leaders was rejected at the significance level of .05. The novice counselors had significantly stronger countertransference reactions than the experienced counselors.

Hypothesis 2 claiming there is not a significant difference in the family-of-origin scores between novice group leaders and experienced group leaders was retained. There was no significant difference in overall FOS scores between the two groups. A significant difference was indicated between the two groups on factor III (acceptance of loss) of the FOS at the significance level of .05. The novice counselors perceived early family experiences similarly to experienced counselors except on the "acceptance of loss" factor where the experienced counselors

reported better family experiences than did novice counselors.

Hypothesis 3 revealing there is not a significant difference in the countertransference feelings between the lower score group and higher score group of family-of-origin experiences was retained. Counselors who perceived better or worse family-of-origin experiences did not report having different countertransference experiences in group counseling.

Hypothesis 4 indicating the impact of family-of-origin experiences and training level upon countertransference feelings did not exist at a significant level was rejected. The family-of-origin experience was the variable that appeared not to significantly influence the REACT scores. However, countertransference scores were significantly affected by training level. According to the research data from Taiwan counselors, training level was the only factor to determine the degree of countertransference behaviors.

The results of multiple regression analysis revealed that factor IV (trust) of the FOS was the only predictor at the significance level of .05 on countertransference reaction. The more the counselors perceived not to trust people from their early family experiences, the more they reported countertransference feelings in counseling. Factor I (intimacy), II (responsibility and harmony), and III (acceptance of loss) of the FOS and hours of group counseling experience were not effective predictors of the REACT scores. An R-square of 0.0895 indicated that the four FOS factors and hours of counseling experiences did make a contribution to the prediction of the REACT scores, but the contribution was not unique. Factor IV (trust) of the FOS was the only predictor at the significance level of .05 on countertransference reaction.

## Discussion

The findings of this study indicate that the countertransference scores of coun-

selors surveyed were positively related to the training level. This result support the notion that countertransference reaction may be a function of counseling training and experience. This finding is consistent with Cummings, Slemon, and Hallberg (1993), Strohmer, Pellerin, and Davidson (1995), and Tatar's (1997) studies which showed that novice counselors have more countertransference feelings than experienced counselors. According to the developmental model of counselor supervision (e.g., Hogan, 1964; Stoltenberg, 1981), initial counselors show more personal anxiety, uncertainty, conflicts, and needs in counseling than advanced counselors. Once counselors increased their professional experience, they had stable emotions and experienced less countertransference feelings.

The present findings revealed the similarities of family-of origin experiences of counselors of different training levels. All but factor III (acceptance of loss) of the FOS data were similar between the two groups. The experienced counselors reported better experiences in sharing loss and separation feelings with family members than did novice counselors. Also, there was not a significant difference on countertransference reactions between the lower score group and higher score group of family-of-origin experiences. Previous studies reported that counselors have higher perceived dysfunction of family-of-origin experiences than noncounselor subjects (Buelow, Bass, & Ackerman, 1994; Fussell & Bonney, 1990; Wilcoxon, Walker, & Hovestadt, 1989), but no further research was conducted on differences of family-of-origin experience between training levels, nor on differences of countertransference between family functioning levels.

The mean score of the FOS of the novice group was 134.23 and the experienced group was 135.12 which was not significantly different. In comparison with norms in the United States of the FOS (Hovestadt et al., 1985), healthy family functioning ranged from 160 and 198, moderate functioning family ranged from 135 and 159, and dysfunctional family functioning ranged from 63 and 134. Both

groups scored on the borderline between moderate and dysfunctional family functioning. Another research (Lee, Gordon, & O' Dell, 1989) provided a mean score of 149.36 for the noncounselor subjects. According to this criterion, counselor subjects in this study perceived their family background as less functioning than noncounselor participants. This conclusion can be made only tentatively because both the studies by Hovestadt et al. (1985) and Lee et al. (1989) were conducted with participants in the United States and not in Taiwan.

If truly the participants perceived relatively negative experiences in their early family life, one possible explanation is that counselors are more open to disclose their negative experiences. These perceived pains may enhance counselors' continuing interest in people. In this study, the "floor effect" of the FOS scores may prevent novice and experienced counselors from showing a significant difference on perceiving their family-of-origin life. The floor effect, according to Kantowitz and Roediger (1984), is "a difficulty in interpreting results when performance on the dependent variable is nearly lacking altogether" (p. 527).

Cultural differences may explain the subjects' low FOS scores in this study. Taiwan is a place which retains an old and stable traditional Chinese culture. In the traditional Chinese culture, the parents held the authority, responsibility (Ho, 1986), and set the standard of conduct for children within the family (Chao, 1994). There were many restrictions and taboos in the family. Children's needs and feelings were not directly acknowledged. In addition, individuality was not stressed in a family-oriented culture (Ho, 1986). Through the years, Taiwan society has eventually moved from the traditional Chinese culture toward the western culture. The recalled data from participants' childhood could still be highly influenced by the traditional Chinese culture.

The comparison of countertransference feelings between novice and experienced group counselors was done for the purpose of understanding the training

effect on countertransference. According to Sue and Sue (1993), traditional Chinese values emphasize collectivity and interdependence in social relationships. Both counselors and clients may feel more comfortable disclosing their family problems and personal feelings in a group rather than in an individual counseling setting. There was a significant difference between the two groups only on the "acceptance of loss" factor of the FOS showed. One possible reason is that, the acceptance of strong feelings, such as death and separation events, may become more acceptable as counselors mature developmentally and professionally.

The results of multiple regression analysis indicated that the more the counselors were taught by their family to trust people, the less they perceived countertransference experiences. In contrast, less trusting relationships within the family-of-origin may relate to counselors' countertransference in group counseling.

In the "trust" factor, the mean score of the four items was 3.52. In comparison with the rest of the items of the FOS (3.36) in this study and the mean score (3.73) of noncounselor subjects in the study of Lee et al. (1989), the "floor effect" seemed not to be found. This might be another reason factor IV of the FOS was a good predictor on the REACT scores.

Only 60% (3 of 5) confirmation was found on factor II of the REACT between the English (focus on own needs) and Chinese (overinvolvement) versions. The original REACT which was conducted in the United States showed that counselors focused much more on their own needs. On the other hand, data from Taiwan counselors indicated that they tended to worry more about clients than themselves. Again, Sue and Sue's (1993) opinions about individualism versus collectivism between Chinese and Western cultures may explain this difference.

This study only attempted to inquire into the experiences of a specific group of individuals. Those participants who are guidance majors in Taiwan might be a group with specific differences from group counselors who are not guidance



majors in Taiwan. Caution needs to be applied when considering generalization to non-Taiwanese group counselors.

## Contributions

The major contribution of this study is that perceptions of countertransference reactions may be viewed as a part of counselor training and counseling research in Taiwan. Novice group counselors as compared to experienced group counselors significantly experienced stronger countertransference feelings about their clients in group counseling. Previous literature has shown that counselors' intense and unstable feelings such as boredom, blaming, power struggles, burnout, and withdrawal about their clients were reasons for treatment failure (Zweben, 1989). This finding reminds counselor educators, counseling researchers, and counselors to emphasize the countertransference phenomenon in counseling. It seems that countertransference feelings need to be addressed in the supervision and education of novice group leaders. Counselors must face and bear countertransference feelings. If their countertransference issues are not acknowledged, understood, and worked through, seeking the supervisor's or therapist's help is needed. For example, family sculpting in group supervision may be used to work through countertransference issues (Baldo & Softas-Nall, 1998).

A discrepancy was found between novice and experienced counselors on their family-of-origin life. There was no significant difference in overall FOS scores between the two groups. A significant difference was only found between the two groups on factor III (acceptance of loss) of the FOS. This result suggested that counselors' willingness to disclose their family experiences and the parenting style in Taiwan may impact the participants' getting low FOS scores and contaminate the possible differences between novice and experienced counselors on the family-of-origin variable. This finding extended our knowledge regarding the complex-

ity of counselor's family-of-origin. Family-of-origin experience has been utilized in counselor education programs (e.g., Corsa, 1991; McGoldrick & Gerson, 1985). In Taiwan, using family-of-origin experience as a tool in counselor training process would be beneficial to improve trainee's self-awareness, overcome perceptions of negative family experiences, and facilitate counseling skills.

The questionnaires translated by the researcher and administered to the counselors in this study, including the REACT and FOS, were found to have relatively high validity and reliability. Accordingly, the REACT was developed for therapists to rate their emotional responses to clients and the FOS was utilized "to measure or classify subjects according to levels of perceived health in the family of origin" (Hovestadt et al., 1985, p.295). These instruments adequately translated in Chinese and with overall high validity and reliability are now available for future research in Taiwan.

## Recommendations for Further Research

After reviewing the findings of this study, the following directions may be worthy of future research consideration.

1. Although the Chinese REACT and FOS may have relatively high validity and reliability in measuring countertransference and family-of-origin experiences in Taiwan, research with more Taiwan participants is needed to determine further the validity and reliability and establish norms for both instruments.
2. The current study revealed that there were significant differences of countertransference reactions by the training level variable. Further research is needed to investigate the training and supervision experiences of group counselors with countertransference experiences. This could help increase awareness and management of countertransference for group counselors. In addi-

tion, it may also help provide an appropriate guide in counselor education programs for training and supervising counselors.

3. A recommendation for future research should explore other variables, beside training level and family background, related to countertransference phenomena. For example, counselor's personality, client's problem, working alliance, and counseling effectiveness may be considered. Such a study would provide valuable information for understanding and managing countertransference.
4. This study should be replicated in reference to other counselor-client relationships (e.g., pairs of individual counselors and clients) to determine if there would be any difference in the perceptions of countertransference behaviors.
5. This study investigated group counselors' countertransference reactions by using the REACT which was originally designed for individual counseling. For the purpose of knowing group counselor's countertransference, it is recommended that developing an instrument as REACT for group counselors is necessary.
6. This research explored participants' generally strong feelings toward one of their group members. It was unknown how long the countertransference lasted and how often it might change. Future study should measure countertransference feelings immediately following the treatment.
7. The relationship between REACT scores and FOS scores remained somewhat unclear. The factor IV (trust) of the FOS made a significant contribution to predict the REACT scores, but the total FOS scores were not able to explain countertransference at a satisfactory level. Previous research evidence in the United States demonstrated that counselor subjects perceived a less functioning family background than noncounselor subjects. Future studies on Taiwan counselors are recommended to examine whether they perceived lower functioning family-of-origin life than noncounselor subjects.

## Conclusions

This study was designed to investigate group counselor's countertransference reactions toward their clients in Taiwan. The impact of counselor's level of training and family-of-origin experience on countertransference reactions was also explored in the present study. The REACT and FOS were translated into Chinese versions and used to facilitate the above investigations. Both scales have relatively high validity and reliability. The major findings were as follows: (a) novice counselors have significantly stronger countertransference feelings than the experienced counselors; (b) novice counselors perceived early family experiences similarly to experienced counselors, however, on the "acceptance of loss" factor the experienced counselors reported better family experiences than did novice counselors; (c) counselors who perceived better or worse overall family-of-origin experiences did not have different countertransference experiences in group counseling; and (d) countertransference scores were significantly affected by training level; the four FOS factors and hours of counseling experiences did make a contribution to the prediction of the REACT scores. Factor IV (trust) of the FOS was the only predictor at the significance level of .05 on countertransference reaction.

These findings may be helpful for counselor educators, counseling researchers, and counselors to emphasize the countertransference phenomenon and family background in counseling. Recommendations were provided for future studies which would be important in developing instruments for assessing countertransference phenomenon as well as improving counselor education and supervision programs in Taiwan.

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# 原生家庭經驗與訓練層級對台灣地區 團體諮商員反移情現象的影響研究

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## 摘 要

本研究主要目的在探討諮商員受團體成員引發而產生的反移情現象，以及諮商員的原生家庭經驗和訓練層級等因素對反移情的影響。作者修訂並使用「諮商師對當事人情緒態度自評表」(Emotional Attitudes to Client by Therapist Scale)和「原生家庭量表」(Family-of-Origin Scale)

本研究採用變異數分析(ANOVA)、多變項變異數分析(MANOVA)、及多變項迴歸分析(multiple regression analysis)等統計方法分析收集到的資料。主要的發現如下：(1)初級諮商員明顯比進階諮商員體驗到較多的反移情現象；(2)初級諮商員與進階諮商員感受到的早年家庭經驗相似，唯在「接納失落感」(acceptance of loss)這項因素分析上，進階諮商員明顯比初級諮商員有較好的家庭經驗；(3)對全體諮商員而言，感受到原生家庭經驗的好壞與經歷到多少反移情現象沒有顯著關係；(4)反移情反應明顯受到訓練層級的影響；原生家庭量表的四個因素和團體諮商經驗的時數多寡均可用以預測反移情現象，在統計上家人的「信任程度」(trust)這項因素是反向預測反移情現象的最佳指標。

上述的研究結果有助於諮商員訓練者、研究者、和諮商員本身思考反移情現象與原生家庭背景對諮商工作的影響。作者建議未來可以針對諮商員的反移情現象作進一步的研究，例如發展適用於個別諮商情境的反移情評量工具，以及在諮商員訓練與督導過程中如何處理反移情經驗等。

關鍵詞：諮商員，反移情，文化差異，原生家庭，團體諮商，訓練層級