

**MANAGEMENT OF DEPENDENCY IN
PSYCHOTHERAPY**

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ABSTRACT

The present study was conducted to investigate the management of dependency in psychotherapy in Pakistan. Twelve Male and twelve Female clients in the two categories of remainers and terminators, in equal numbers were included in the study. Content Analysis of first two recorded therapeutic sessions of each client was conducted. Highly significant level of Inter-Rater Reliability was obtained.

Sign Test was used to find out the difference between the ratio of approach and avoidance interventions of the therapist. The result revealed that approach interventions used in the first two therapeutic sessions led to an increase in the frequency of the dependency bids of the client, and the client tended to be a remainder, while with avoidance interventions the frequency of dependency bids decreased and the client tended to be a terminator.

INTRODUCTION

There are several definitions of Psychotherapy given by various schools of personality development but the most comprehensive definition is given by Wolberg (1954)

"Psychotherapy is a form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with a patient with the objective of removing, modifying or retarding existing symptoms, of mediating disturbed patterns of behavior, and of promoting positive personality growth and development"

According to Davison and Neale (1982) "Any Psychotherapy is a set of procedures by which a mental health specialist uses language to help a person in psychological difficulty. The underlying assumption is that particular kinds of verbal exchanges in a trusting relationship can achieve specific goals, such as reducing anxiety and diminishing self defeating or dangerous behavior".

According to the verbal conditioning model, Psychotherapy is a process in which the therapist reinforces changes in the patient's behavior. Spoken words are viewed at par with action. A verbal response operates on the behavior of another person and the consequences are seen in his or her interpersonal relationships. It is possible to change the class of responses being emitted, change the topics, and extinguish the unhealthy ones or the rate of their emission. Effective therapy involves the manipulation of the verbal behavior of a client through well-placed reinforcements. If the Psychotherapist approaches or approves a certain response class, then there will be further or increased occurrence of that response class. If, on the other

hand, the therapist avoids, the frequency of occurrence of items of that response class will gradually decrease. This characteristic of the approach or avoidance intervention can be utilized for strengthening the healthy patterns of behavior and reducing or eliminating the unhealthy ones. This may facilitate the expressions of dependency and the patient will not express anxiety on seeking help. (Ahmad & Saabera, 1985)

According to the Social Learning module, which has its roots in verbal conditioning module (Kanfer and Marston, 1964; Krasner, 1965), the therapist is viewed as influencing the client's behavior through the dispensation, either deliberate or unwitting, of reinforcements.

A main assumption of Social Learning theory is that people behave in ways that are likely to produce reinforcement (Atkinson, Atkinson, Smith and Hilgard, 1984, 1985). Bandura (1977) suggested that people observe which behaviors are rewarded and which are punished and that these observations eventually lead them to develop unique performance standards by which they guide their behavior.

The aim of the study is to investigate the effects of rewards and punishments on responses to the verbal expression of dependency by the patients.

Dependency is the need or motive to depend on others, to have someone to look up to, someone to turn to for help, some one to be accepted and loved by. Almost everyone has it in some degree. Others-few-have it to such a degree that they hardly do anything without depending on someone else for help and support (Morgan, 1961).

All children develop normal dependency. The dependency motive arises in part from training in infancy and childhood. We all come into the world helpless and must depend upon parents throughout the years of infancy, childhood, and adolescence for the satisfaction of many of our primary drives; for decisions about right or wrong and for control of much of our behavior. The infant who has experienced a great deal of frustration with accompanying helplessness is the one who later on turns to others for support (Sears, 1953,1957; Schachter, 1959).

The empirical literature is generally consistent with predictions that dependency is associated with anxious attachment, interpersonal warmth and submissiveness (Zuroff et al. 1999).

Psychotherapy is an interpersonal process (Weiner, 1975; Noyes, 1977; Strupp, 1978; Storr, 1979; Bloch, 1982). Continuance or termination of this relationship has always been the focus of interest for Psychotherapists as well as for the Researchers in this field. In a country, like Pakistan, where Psychotherapy is relatively a new mode of treatment, and the research in this area is just in its infancy, premature termination of therapy may be a problem of greater concern.

Several studies have been conducted to investigate the relationship between the early stages of therapy and the final outcome. An approach-avoidance system was developed by Bandura et al (1960). Approach and Avoidance are generic terms referring to several classes of therapist behavior, which tend to encourage, or discourage, respectively, the discussion of a topic by the client . This relationship was replicated successfully with different classes of responses including aggression, dependency and sex and markedly diverse populations (Bandura, Lipsher and Miller, 1960; Goldman, 1961; Winder, Ahmad, Bandura and Rau, 1962; Kopplin, 1963; Caracena, 1965; Schuldt, 1965).

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Winder, Ahmad, Bandura and Rau (1962) showed empirically, that the therapist's rate of approach to client's dependency expression in the first two sessions was related to continuation as opposed to termination in Psychotherapy. They inferred that the terminators in their sample "make dependency bids which were deemed unapproachable in view of usual psychotherapeutic concepts". This suggests that successful versus unsuccessful therapy clients may differ in the dependency expressions in the client-therapist interpersonal relationship category (Alexander and Abeles, 1968). It can also be assumed that development of an intense and dependent relationship early in therapy often leads the client to make ever-changing demands, which the therapist is unable to meet. This can lead to early termination (Abeles, 1968). An attempt will be made to verify this assumption. Rice and Greenberg (1984) puts forward the following questions for the in-session process of change research, and this pattern was taken for the current study.

1. What clients-in-therapy performance, or markers, suggest themselves as problem states requiring and ready for interventions?
2. What therapist operations will best facilitate a process of change at this particular marker?
3. What client performance following the markers leads to change?
4. What are the aspects of the client performance that seem to carry the change process, and what the final in-therapy performance of immediate outcome looks like?

The present study would provide an answer to the above-mentioned questions. Dependency bids of the patients followed by approach or avoidance of the therapist resulting in the further expression of dependency or reduction in the expression will be related to the remaining in therapy for a full course or early termination of the therapeutic relationship.

Hypotheses

1. If the dependency bids of the client are approached by the therapist during the therapeutic session, frequency of dependency bids will increase.
2. If the dependency bids of the client are avoided by the therapist during the therapeutic session the frequency of dependency bids will decrease.

METHOD

Participants:

The participants (12 male and 12 female clients) for this study were taken from the Institute of Clinical Psychology, University of Karachi, Pakistan. Recorded therapy sessions of 9 Intern Clinical Psychologists were included in this study. All were females, having equal level of training, supervision, and experience.

Procedure of Content Analysis

To collect the data, content analysis of the first two recorded therapeutic sessions of each participant was done, according to Bandura's scale. This scale was specially designed for this purpose by Bandura, Lipsher, and Miller, (1960).

The manual consist of three sections:

1. Definition of scoring units.
2. Definition of patient response categories.
3. Definition of psychotherapist responses.

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Tape recorded interviews of early two sessions of the male and female patients were analyzed. In order to assess the reliability of the content analysis of the collected data for this study, two raters, A and B, were given the training of coding the response categories of the clients, and the approach and avoidance interventions of the therapist.

Rater A was the investigator herself, while rater B was one of the Ph.D. students of the Institute of Professional Psychology, Bahria University, Pakistan.

Both A and B analyzed a number of therapy sessions of the client independently and the results were then compared. These results were not used for the main data of reliability measurement. When complete agreement was found between the two Raters, the main data for the study were collected. Two sessions from each category were randomly selected and analyzed by rater A and rater B independently.

Statistical Analysis:

1. Sign test was used to find out the difference between dependency and hostility of the clients, and between the ratio of approach and avoidance interventions of the therapist.
2. Inter-rater reliability was determined by computing the ratios in the two raters' scores.
3. The ratio between the therapist's approach following dependency and the therapist's avoidance following dependency were also calculated.

DEFINITIONS OF DIFFERENT VARIABLES

Dependency statements included expressions of the need to depend on other; allowing others to assume the initiative; to be told what to be cured by external sources; description of dependent, approval seeking behavior, dependent agreement and nurturant accepting behavior.

Therapist's approach responses represented any verbalizations which seems designed to elicit further expression or elaboration of client verbalization. This category included the therapist's endeavors such as reflection, interpretation, support and information giving.

Therapist's avoidance responses included any verbalization, which seems designed to inhibit, discourage or divert further expression of client's statements. Subsumed under this category was therapist's disapproval, topic transition, ignoring a client statement, mislabeling and inappropriate silence.

A client is defined as a person either male or female, who seeks professional help for his or her behavior or adjustment problems.

A psychotherapist is defined as a female psychotherapist of the Institute of Clinical Psychology, University of Karachi, Pakistan.

RESULTS

Hypothesis No.1

If the dependency bids of the client are approached by the psychotherapist during the therapeutic session, the frequency of dependency bids will increase.

1. The result is presented in Table No.1. The ratio of dependency after approach is more than the ratio of dependency after avoidance. The rate of continuance of dependency bids after approach is higher than the rate of dependency bids after avoidance. The therapist did not avoid the dependency bids in five cases. The ratio reached the highest level of 1.00.

The Sign test is significant at $p < .001$ level.

2. A comparison of dependency and aggression units approached by the therapist is presented in Table No.2.

17 of the 24 clients expressed more dependency than aggression during the therapeutic session.

The sign test is significant at $p < .001$ level.

The hypothesis is proved. When the dependency bids of the client were approached by the therapist during the therapeutic session, the frequency of the dependency bids increased.

Hypothesis No.2

If the dependency bids of the client are avoided by the therapist during the therapeutic session, the frequency of the dependency bids will decrease.

Table No.1 shows the difference between the ratios of the two types of interventions. The result indicates that the rate of continuation of dependency bids of the client after avoidance by the therapist was lower than the rate of dependency bids after approach interventions in each case. In one case the ratio of avoidance to dependency reached to .33, which is a very high rate of avoidance.

The Sign test is significant at $p < .001$ level.

When dependency bids of the client were avoided by the therapist during the therapeutic session the frequency of the dependency bids decreased.

TABLE NO 1

**THERAPISTS RESPONSE CATEGORIES RATIO OF
DEPENDENCY AFTER APPROACH AND RATIO OF
DEPENDENCY AFTER AVOIDANCE**

SUBJECT NO.	DEPENDENCY AFTER APPROACH	DEPENDENCY AFTER AVOIDANCE	SIGN
1.	.90	.08	+
2.	.92	.07	+
3.	.98	.01	+
4.	.92	.07	+
5.	.93	.06	+
6.	.98	.06	+
7.	.90	.09	+
8.	.91	.05	+
9.	.96	.09	+
10.	.66	.33	+
11.	1.00	00	+
12.	.91	.08	+
13.	.92	.07	+
14.	.94	.06	+
15.	.97	.02	+
16.	.97	.02	+
17.	.93	.06	+
18.	.96	.03	+
19.	.98	.02	+
20.	.96	.04	+
21.	1.00	00	+
22.	1.00	00	+
23.	1.00	00	+
24.	1.00	00	+

Sign Test is Significant at P < .001 Level.

TABLE NO 2

COMPARISON OF DEPENDENCY AND AGGRESSION UNITS
APPROACHED BY THE THERAPISTS

SUBJECT NO.	NO. OF DEPENDENCY UNITS	NO. OF AGGRESSION UNITS	SIGN
1.	04	21	-
2.	06	21	-
3.	08	12	-
4.	10	13	-
5.	10	08	+
6.	10	11	-
7.	15	18	-
8.	15	05	+
9.	17	03	+
10.	18	00	+
11.	19	34	-
12.	21	11	+
13.	23	11	+
14.	23	00	+
15.	24	00	+
16.	30	09	+
17.	31	02	+
18.	34	04	+
19.	39	05	-
20.	47	15	+
21.	58	00	+
22.	78	12	+
23.	80	17	+
24.	88	14	+

The Sign Test is significant at $P < 0.001$.

TABLE NO 3
FREQUENCY OF CATEGORIES AND
INTER-RATER AGREEMENT

RESPONSE CATEGORIES	TOTAL NO. OF RESPONSES SCORED	NO. OF RESPONSES BOTH RATERS AGREED ON	RATIO OF AGREEMENT
Patient Response Categories			
Hostility	57	55	.96
Hostility anxiety	41	40	.97
Sex	28	28	1.00
Sex anxiety	14	13	.92
Over all	140	136	.98
Dependency Categories			
Approval Seeking	22	22	1.00
Information Seeking	15	14	.93
Seeking of initiation	3	3	1.00
Help seeking	56	55	.98
Company seeking	4	4	1.00
Concern about disapproval	32	30	.93
Agreement	34	33	.97
Dependency anxiety	1	1	1.00
Over all	167	162	.96
Other Patient Responses			
Acknowledgment	44	42	.97
Non	257	254	.98.96

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TABLE NO 3 (Cont'd)
FREQUENCY OF CATEGORIES AND INTER-RATER AGREEMENT

RESPONSE CATEGORIES	TOTAL NO. OF RESPONSES SCORED	NO. OF RESPONSES BOTH RATERS AGREED ON	RATIO OF AGREEMENT
Over all	356	350	.98
Object Categories			
Therapist	40	38	.95
Spouse	25	25	1.00
Father	44	44	1.00
Mother	68	66	.97
Child	92	90	.97
Self	45	45	1.00
General	228	225	.98
Other	184	181	.98
Over all	726	714	.98
Therapist Response Categories			
Approach Interventions			
Approval Reaction	6	6	1.00
Reflection	82	80	.97
Generalization	31	30	.96
Support	67	66	.98
Probing	352	350	.99
Instigation	53	52	.98
Factual information	20	20	1.00
Over all	625	617	.98
Avoidance Interventions			
Disapproval	9	8	.88
Ignoring	1	1	1.00
Silence	2	2	1.00
Mislabeled	0	0	1.00
Topical Transition	4	4	1.00
Retraction	0	0	1.00
Miscellaneous	1	0	1.00
Over all	26	25	.96

TABLE NO 4

FREQUENCY OF VARIOUS RESPONSE CATEGORIES

Total Units Scored	4122
Patient Response Categories (bids)	
Hostility	568
Hostility Anxiety	191
Sex	123
Sex Anxiety	120
Dependency Categories	1235
Approval Seeking	80
Information Seeking	107
Seeking for initiation	16
Help seeking	330
Concern about disapproval	308
Agreement	323
Company Seeking	46
Dependency Anxiety	25
Other response categories	
Acknowledgment	184
Non-acceptance	265
Silence	29
Non	2040
Object Categories	
Therapist	349
Spouse	507
Father	192
Mother	352
Child	221
General	1701
Other	1928
Self	232

DISCUSSION

This study is undertaken to investigate "The management of dependency in psychotherapy in Pakistan". Pakistani culture is different from the cultures of other countries. The customs and traditions, the folk-ways, attitudes and expectations, and the living conditions are different. Social, moral, and religious values and gender roles are also different. Psychotherapeutic relationship is always determined by the cultural expectations. The moment the client enters the therapeutic situation he / she is virtually dependent. First two therapeutic sessions have been found important in determining the future course of therapy. In her dissertation study at Stanford, Ahmad (1960) found that when the dependency bids of the client are approached during the first two therapeutic sessions the client tends to continue treatment for a full course of therapy. In the perspective of Pakistani culture, with difference in the expression of dependency, how to manage this dependency in the therapeutic session, in Pakistan, is the basic purpose of this study.

HYPOTHESIS NO.1

Hypothesis No.1 states that:

"If the dependency bids of the client are approached by the therapist during the therapeutic session, the frequency of dependency bids will increase."

The data support the hypothesis. Table No.1 indicates that the ratio of the dependency bids after approach is higher than the ratio of dependency bids after avoidance. The therapist did not avoid the dependency expressions in five cases at all; the ratio reached a maximum level of 1.00. The Sign test is significant at $p < .001$.

Approach interventions have the effect of positive reinforcement. According to verbal conditioning model, when the therapist approaches or approves a certain response class the frequency of occurrence of that response class increases.

In the present study, when the therapist approached the dependency bids of the client, the frequency of dependency bids increased. Approach or approval by the therapist led the client to continue talking on the topic under consideration.

In a tradition-oriented society, like Pakistan, the authority-figures especially the father, play a very significant role in the society. Obedience, conformity and respect of the elders are admired. Seeking of approval of the elders is considered necessary in all the important matters of life. Approved forms of behavior are reinforced through positive attitudes of the elders.

The therapist also is viewed as an authority figure. Clients expect support and encouragement from the therapist. During the therapeutic session, when the therapist approves, the client will keep on discussing the topic. It increases the sense in the client that the therapist understands his/her problems. This leads to continuation of therapy and will result in the in-session process of change in a positive manner.

In the present study, frequency of certain response categories (table-4) of the client show that the client felt free in seeking help (26.72%), expressing concern about disapproval (24.94%), showing agreement (26.1%) and seeking information (8.66%). Probing and instigation of the therapist encouraged the client for further discussions. The frequency of the approach interventions like probing (62.72%), support (11.2%), and instigation (7.52%)

indicate that the therapist took interest in the discussions resulting in the continuation of therapy.

Hence, when the dependency bids of the clients were approached by the therapists during the therapeutic session, the frequency of the dependency bids increased.

HYPOTHESIS NO.2:

This hypothesis states that:

"If the dependency bids of the client are avoided by the therapist, during the therapeutic session, the frequency of the dependency bids will decrease."

This hypothesis is supported by the data.

The results in Table No 1 indicate that the rate of continuation of dependency bids after avoidance is lower than the rate after approach. In five cases, there was no avoidance, while in one case, the rate of avoidance was very high. The ratio of avoidance of dependency bids reached 0.33.

The hypothesis is proved at $p < .001$ level of significance of sign test.

When the therapist disapproves the discussion of certain topic, during the therapeutic session, the client feels that the topic was not suitable for discussion. This conveys a sense of discouragement. Avoidance and discouragement are taken as negative reinforcement. If the therapist continues avoiding the dependency bids of the client, it will be taken as punishment. The client will not continue the discussion any further. This will result in the decrease of dependency bids. In the present study also, dependency bids of the client decreased significantly when the therapist avoided discussing them.

The therapist's avoidance is found in the form of frequent changes in the topics (34.75%) and talking on miscellaneous issues (34.75%).

In Pakistan, it is a common practice of the authority figures, like the father, to express disapproval openly by withholding rewards and imposing mild or severe punishments on disapproved patterns of behavior. During the therapeutic session, the avoidance behavior of the therapist is taken as disapproval of an authority figure. Punishment has the effect of suppressing the behavior. Consequently, the client stops expressing dependency when the therapist avoids such discussions.

When the dependency bids of the client were avoided by the therapist, in the present study, the frequency of the dependency bids decreased to a very low level.

It is a fact that approach interventions have the effect of positive reinforcement. As mentioned earlier, the moment the client enters the therapeutic situation, he/she is virtually dependent on the therapist for the eradication of his/her problems. If the psychotherapist approaches the dependency of the client by probing and instigating the client for the discussion of the topic, and providing support, approval and factual information, the client will feel free to talk about his/her problems.

First two therapeutic sessions have been found important in building rapport and establishing the positive relationship between the client and the therapist. Approach or approval of the therapist provides the support needed at the initial stage. It will help not only in the continuation of the in-session process of change but also pave the way for remaining in therapy for the full course of treatment. Gratification of dependency, at the initial stage, especially

during the first two sessions is necessary for the continuation of treatment. In the Pakistani culture, dependency on the authority figures is appreciated. In times of distress these authority figures, specially the father, takes the burden of responsibility by helping the youngsters in sailing through the deep sea of troubles. The therapist in the role of an authority figure is also expected to be rewarding and reinforcing. The client who is in great need of help of the therapist, when feels satisfied with the therapeutic situation continues the treatment.

The researcher would like to suggest the following when further research is carried out.

1. The full course of therapy of the terminators should be studied in order to investigate the nature of their dependency bids. It will help in understanding why they are less approached and more avoided by the therapists.
2. Video-tapes should also be included in this type of research in future in order to understand the non-verbal cues of the clients.

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APPENDIX-A

SCORING MANUAL FOR CONTENT ANALYSIS OUTLINE

A. Scoring Units.

1. Scoring Units.
2. Interruptions.

B. Patient response categories.

1. Hostility categories.

- | | |
|---------------|-----------------------|
| a. Hostility. | b. Hostility anxiety. |
|---------------|-----------------------|

2. Sex Categories.

- | | |
|--------|-----------------|
| a. Sex | b. Sex anxiety. |
|--------|-----------------|

3. Dependency Categories.

- | | |
|--------------------------------------|-------------------------------|
| a. General definition of dependency. | |
| b. Approval seeking. | c. Information seeking. |
| d. Seeking for initiation. | e. Help-seeking |
| f. Company seeking. | g. Concern about disapproval. |
| h. Agreement. | i. Dependency anxiety. |

4. Other Patient Responses.

- | | |
|---------------------|--------------------|
| a. Acknowledgement. | b. Non acceptance. |
| c. Silence. | d. Non. |

C. Object Categories.

1. Therapist.
2. Spouse.
3. Father.
4. Mother.
5. General.
6. Child.
7. Others.
8. Self.

D. Therapist Response Categories.

1. Therapist approach responses.

- | | |
|--------------------|-------------------------|
| a. Approval. | b. Reflection. |
| c. Generalization. | d. Support. |
| e. Probing. | f. Instigation. |
| g. Interpretation. | h. Factual Information. |

2. Therapist avoidance responses.

- | | |
|------------------------|------------------|
| a. Disapproval. | b. Ignoring. |
| c. Silence. | d. Mislabelling. |
| e. Topical transition. | |

3. Retraction.

4. Miscellaneous.

