Countertransference Feelings and the Psychiatric Staff's Self-Image

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This paper presents a study of associations between psychiatric staff's habitual feelings towards their patients and the staff's self-image. At 22 psychiatric treatment homes for psychotic and other severely disturbed patients, 163 male and female staff recurrently rated their feelings towards the individual patients on a feeling checklist. At the beginning of the study period, they also rated different aspects of their self-image (the introject and the mother and father images) using Structural Analysis of Social Behavior (SASB). Over time and over patient, correlations between the individual staff ratings on the feeling checklist and ratings on the SASB were studied for all staff and for male and female staff separately. The analyses showed a number of associations between the staff's feelings and aspects of their self-image. Staff who habitually tended to feel helpful and autonomous towards their patients had a more positive image of mother, whereas staff who tended to feel more rejecting, unhelpful, and controlled had a combination of negative images of mother and father and a protecting introject. Some notable differences between male and female staff were found. Overall, self-image accounted for larger proportions of the male staff's feelings than of the female staff's. Negative feelings for male staff were associated more with a critical father image, whereas for female staff these feelings were associated more with an image of the father as a freedom giving. © 2000 John Wiley & Sons, Inc. J Clin Psychol 56: 475–490, 2000.

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Introduction

The interest in countertransference reactions of therapists and psychiatric staff is associated with the notion that the therapist's emotional reactions may be a reflection of the patient's maladaptive interpersonal patterns (Heimann, 1950; Mitchell, 1993; Winnicott, 1949). Some therapists even have advocated that the therapist should disclose his or her feelings to the patient in order to give back to the patient emotional content that "belongs to" the patient (Little, 1951, 1957; Meadow, 1996; Will, 1961; Winnicott, 1949). This idea is in sharp contrast to Freud's (1912, 1915) warnings to psychoanalysts not to let their feelings influence the work and the relationship with the patient. According to Freud, some patients evoke emotional reactions in the therapist that might be difficult for the therapist to handle. But even if it is the patient who gives impetus to the reaction, it is the therapist's own personality and personal conflicts that give form to the therapist's reaction.

As long as Freud's view about the countertransference being based on the therapist's personality was predominant (until about 1950), only a dozen of articles and books on this topic were published (Abend, 1989; Epstein & Feiner, 1979). But after the view of countertransference as being a reflection of the patient's psychological conflicts became prevalent, a very large number of papers and books on clinical problems and case studies concerning countertransference were published. The original idea that countertransference reactions might point to personality problems in the therapist, which might in turn be connected with less desirable process or outcome factors, seems to have been less palatable for therapists.

The contemporary theoretical view of countertransference, in the different variants of psychodynamic and interpersonal theory, is that the therapist's feelings reflect aspects of his or her own personality as well as that of the patient (Freedman & Lavender, 1997; Gill, 1994; Hedges, 1992; Jacobs, 1993; Lasky, 1993; Maroda, 1991; Meadow, 1996; Natterson, 1991; Ogden, 1995; Schultz & Glickauf-Hughes, 1995; Sripada & Kronmal, 1996). Clinical writers traditionally have strived to distinguish contributions to the countertransference from the therapist and the patient (Sedlak, 1997). The present conceptualization of countertransference seems rather to be that both therapist and patient contribute unknown proportions of influence to the therapist's (and the patient's) emotional reactions. Neither of them usually is aware of the more or less unconscious factors that momentarily or permanently influence their feelings. It is the task of the therapeutic endeavor to discover as much as possible of the patient's contribution to the reactions in the therapy and for the therapist to know as much as possible about his or her own contributions.

The empirical research on aspects of countertransference reactions of therapists and psychiatric staff is rather meager (Mohr, 1995). Using the SASB (Benjamin, 1974), Henry, Schacht, and Strupp (1990) found that therapists with a more hostile self-image treated their patients in a more disaffiliative manner. These authors also have found that relatively low levels of negative therapist behavior may be disruptive for the therapeutic outcome (Henry, Schacht, & Strupp, 1986; Henry et al., 1990). Talley, Strupp, and Morley (1990) showed that the therapist's self-image is an important factor in the therapeutic process-influencing outcome. These studies thus point to connections between the therapist's self-image and treatment outcome. It is not clear, however, in what ways the self-image influences the therapy process. One possible way could be through the therapist's feelings towards the patient. Clinical authors have suggested that the course from a negative self-image to negative feelings and further to a negative outcome is not at all linear. They point to the value of being conscious of negative feelings towards patients and suggest that consciousness about negative feelings may be a help to not behave in accordance with them.

In analyses of psychiatric staff's feelings towards patients at psychiatric treatment homes, we previously have studied potential sources of influence on the staff's feelings

(Holmqvist, 1998; Holmqvist & Armelius, 1996a). Individual differences between staff members accounted for approximately 20% of the variance in feelings. We interpreted this influence as being based on the habitual emotional styles of the individual staff members. A somewhat smaller proportion of the variance in feelings was found to be associated with the therapist's unique reactions towards a specific patient over time (staff–patient matching). In comparison, the patient's contribution to the countertransference was smaller. As this influence has been the subject of many case descriptions, several analyses of it have been made showing that neither the patient's personality organization nor his or her DSM-diagnosis had any substantial influence on the staff's feelings (Holmqvist, 1998; Holmqvist & Armelius, 1996b). In view of the large importance of the therapist's habitual style for countertransference feelings, it is of interest to analyze further how personality factors influence this habitual style. A vital aspect of the personality is the *self-image*. The self-image can be defined in several ways. For the purpose of the present study, we have used a model based on object relations and interpersonal theory (Kernberg, 1980, 1984; Mitchell, 1993; Sullivan, 1953). The self-image is seen as structured of layers of self and object images connected by feelings. The self-image units are conceptualized as internalized versions of experiences between the subject and important others (Stern, 1985). The self-image has a controlling function in regard to affective and cognitive experiences (Horowitz, 1991).

The therapist's gender has obvious importance for the self-image. Internalization of interactions with mother and father and identifications with them are made in the light of the person's own gender. The gender-specific developmental psychology has given ample evidence of the differences of the boy's and girl's early experiences (Benjamin, 1995; Gilligan, 1982). A few clinical papers on gender-specific countertransference reactions have been published (Atkinson & Gabbard, 1995; Bilker, 1993; Gutheil & Gabbard, 1992), but we have found no systematic research on gender-related countertransference reactions. In the present study of associations between self-image and habitual feeling style, we considered it vital to disentangle the importance of the therapist's gender for the evocation of countertransference feelings.

Thus, the aim of the present study was to analyze the relations between psychiatric staff's self-image and their habitual feelings towards their patients. Three parts of the self-image were investigated: a) the therapist's view of himself or herself (the introject), and his or her view of how b) mother and c) father acted towards him or her as a child. Associations between staff feelings and self-image were studied separately for male and female staff and cumulatively for all staff.

Method

Subjects

This study was part of a nation-wide Swedish project on process and outcome in the treatment of severely disturbed psychiatric patients at so-called treatment homes (Jeanneau & Armelius, 1995). These are small psychiatric units for long-time treatment of severely disturbed patients. The treatment homes differ in orientation (they may have a psychodynamic, psychiatric-care, social–psychiatric, or a cognitive orientation), but they all adopt a specific treatment program and select patients that fit their program. The staff consisted of nurses or psychiatric aides, and sometimes social workers or psychologists. There were 163 staff, 92 female and 71 male. Their average age was 38.7 years in 1990, when the project started. They usually had long experience in psychiatric care and some basic training in psychodynamic or psychological treatment. The staff at the units were specially selected, and the treatment homes usually were characterized by high enthusiasm for the chosen treatment model.

Feeling reactions were reported towards 142 patients at 22 treatment homes. All patients were severely disturbed but selected as suitable for long-time in-patient treatment aiming at higher capacity in mental functioning. Fifty-six percent of the patients were schizophrenic, 18% had other psychotic disturbances, and 18 had BPD. Their were 58% male patients and 42% female; their mean age was 28.8 years.

Instruments

A *feeling checklist* (FC, see appendix; Holmqvist & Armelius, 1994b, 1996b) was used to follow the staffs' reactions to the patients. The checklist contained 30 feeling words, and the staff is asked to answer yes (1) or no (0) to the question: "Together with patient P, I have felt . . .". For analysis purposes, the feeling words are grouped into a circumplex of 8 subscales. This circumplex is based on the first two principal components of a principal-components analysis of scores on the feelings (Holmqvist & Armelius, 1996a). Figure 1 shows the circumplex.

The subscales are arranged around the two dimensions Positive–Negative and Intense–Less intense feelings. This pattern is similar to feeling circumplexes generally used in studies on emotion (Russell, 1995, 1997; Waller, Tellegen, McDonald, & Lykken, 1996; Watson, Clark, & Tellegen, 1988), where hedonistic tone and intensity of feeling repeatedly have been found to be the main dimensions. There are between 2 and 10 words in the subscales. Examples of words are relaxed in Autonomous, objective in Distant, bored and tired in Rejecting, angry and frustrated in Unhelpful, anxious and threatened in Controlled, overwhelmed in Close, enthusiastic and affectionate in Accepting, and interested and helpful in Helpful. Scores on the subscales are counted by adding the scores on the feeling words comprised in the subscale and dividing by the number of words. The subscale scores thus range between 0 and 1. The average Cronbach's alpha is .51, with low values for Distance (.13) and Autonomy (.31), and higher values for Unhelpfulness (.80) and Acceptance (.65).

The staff's conception of self was measured with SASB (Benjamin, 1974). Three versions of SASB were used: the introject version and the father-image and the mother-image versions. We have chosen to call this combination of SASB clusters the *self-image*. In the SASB self-report model (Benjamin, 1987), there are 36 points representing differ-
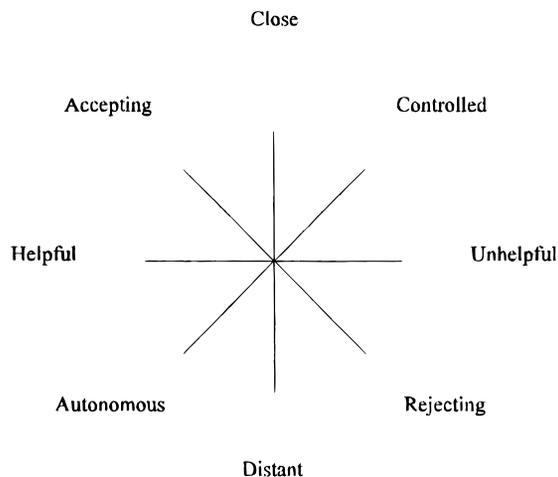

Figure 1.   Circumplex of feelings.

ent combinations of the two basic dimensions affiliation (love–hate) and interdependence (spontaneity–control). The 36 points are formulated as statements on a questionnaire where the subject is asked to rate on a scale between 0 and 100 how well the statement describes the person. In the cluster version of the model, the 36 points are combined into eight clusters. For the ratings of mother and father, a short form was used with one statement for each cluster (Benjamin, 1987). In the present study, we used the eight clusters for ratings of how mother/father acted towards me.

Design

The study was made with a naturalistic design. The treatment homes worked according to their own treatment programs. Their commitment to the research project was to deliver data at specified points of time. According to the research protocol, each staff member completed the feeling-word checklists about each patient twice a year during a 5-year period. The attrition was considerable, mainly due to the fact that patients did not remain in treatment for 5 years. This is shown by the total number of checklists completed at each delivery point: 1167, 869, 676, 527, 401, 274, 209, 124, 39, and 36. At the end of the 5-year study period, most of the patients had left the treatment homes. It is not known to what extent staff neglected to complete checklists. The general impression was, however, that the staff, in general, felt a strong obligation towards the research project. Other data reports were delivered accurately, albeit sometimes with delay.

In order to ascertain that the average scores for each staff represented their habitual feeling style, only data from staff who had completed at least 10 checklists were used in the study. There were 4322 checklists coming from 163 staff members. The mean number of checklists per staff was 26.5 ($SD = 13$), the median was 25, the mode score was 17, and the width was 10 to 82. There was thus a positive skew in the distribution of answers. The average scores for each staff, across patients and across occasions, were used in the analyses. The SASB was completed at the end of the first year of the investigation. The data analyses were made with correlational methods: 1) Pearson correlations between scores on the 8 feeling subscales on one hand and the 24 SASB clusters on the other hand (8 clusters each for the introject, for the mother image and for the father image) and 2) multiple-regression analyses with the Backward method, where all 24 SASB clusters were regressed on the feeling scores. The reason for using the backward method was that in circumplex models (such as the feeling circumplex and the SASB model), there are patterns of correlations between scores at adjacent and opposite points and the backward method controls for multicollinearity in the data. The analyses were made separately male and female staff and cumulatively for all staff. Differences between the correlation coefficients for male and female staff were estimated with Cohen's (1988) method using the q transformation of correlation coefficients. No adjustments in alpha levels were made in the presentations of correlations; instead, the interpretations are made from patterns of correlations rather than from individual coefficients.

Results

All Staff

The statistics for the instruments are shown in Table 1.

The most common feeling was helpful, and the least common feeling was rejecting and controlled. The most common SASB-cluster was cluster 2 (accepting) for both the introject and the parent images, and the least common SASB-cluster was cluster 7 (hating), also for all three aspects of the self-image.

Table 1

Mean Scores and Standard Deviations (SD) for the
Feeling Subscales and the SASB Clusters

	Mean	SD
Feelings		
Helpful	.74	.14
Autonomous	.69	.21
Distant	.22	.10
Rejecting	.18	.14
Unhelpful	.21	.15
Controlled	.18	.12
Close	.52	.14
Accepting	.63	.15
SASB Clusters Introject		
Feel free	42.6	11.0
Explore myself	68.5	14.2
Love myself	61.6	14.7
Teach myself	53.7	14.1
Control myself	46.9	15.3
Criticize myself	16.7	13.1
Hate myself	12.9	11.4
Neglect myself	15.8	11.8
Mother		
Gave freedom	50.9	27.1
Understood	72.8	20.7
Loved	68.8	23.9
Taught	71.4	23.9
Controlled	44.2	26.0
Criticized	16.9	22.3
Hated	6.6	14.0
Neglected	12.2	20.8
Father		
Gave freedom	55.9	27.4
Understood	67.8	24.2
Loved	61.0	25.9
Taught	69.0	24.4
Controlled	46.6	27.0
Criticized	16.8	22.0
Hated	6.5	14.5
Neglected	20.1	26.7

Figure 2 shows the significant correlations for all staff between the scores on the feeling subscales and the scores on the SASB clusters.

Of the 192 correlations, 34 were found to be significant. There were most significant correlations for unhelpful and controlled feelings and least for helpful and distant feelings. The main patterns of the correlations were as follows: Negative feelings (rejecting, unhelpful, and controlled) were related to negative images of both mother and father, whereas helpful and autonomous feelings were related mainly to positive images of mother. Accepting and close feelings were correlated with an image of mother as hating and freedom giving and with a loving introject. In the correlations for unhelpful and rejecting feelings, the negative image of mother and father was combined with a protecting image

Close
Mother hated .20**
Mother gave freedom .16*
I love myself .16*

Accepting
I love myself .20**
I protect myself .16*
Mother hated .16*
Father protected .16*
Mother gave freedom .15*

Controlled
Mother did not love -.24**
Father criticized .23**
Mother hated .19*
Father neglected .19*
I protect myself .17*
Mother neglected .17*
Mother criticized .15*

Helpful
I do not neglect myself -.23**
Mother accepted .16*

Unhelpful
Mother did not love -.25**
I protect myself .21**
Father criticized .19*
Father neglected .19*
Mother neglected .17*
Father did not accept -.16*
Mother hated .15*
Mother did not accept -.15*

Autonomous
Mother accepted .30***
Mother protected .25**
Mother loved .22**
Mother did not neglect -.16*

Rejecting
I protect myself .22**
Father neglected .20**
Mother did not love -.17*

Distant
Mother accepted .19*
Mother protected .15*

Figure 2. Significant correlations between staff feelings and SASB clusters for all staff (* = $p < .05$; ** = $p < .01$; *** = $p < .001$).

of self. The image of mother was by large more important than the image of the introject and father for the staff feelings. (There were 20 significant correlations with the mother image, 7 with the introject, and 7 with the father image.)

In order to study the overall influence of SASB clusters on feelings, multiple-regression analyses were made separately for male and female staff and cumulatively for all staff. All SASB clusters were regressed on each separate feeling. The Backward method of MR was used in order to control for the multicollinearity in the data. Adjusted R^2 values were used in order to correct for the large number of independent variables. The Backward method gives a number of regression models. Table 2 presents the model with the largest R^2 value (as long as the model was significant).

The MR analyses showed that, on the average, 12% of the variance in feelings was accounted for by the staff's self-image as measured with SASB. The figure was somewhat higher for female staff (about 15%) and considerably higher for male staff (about 27%). For male staff, controlled and unhelpful feelings were correlated most strongly with the self-image, and helpful, autonomous, and accepting feelings the least. In con-

Table 2

Results of Multiple Regression Analyses where the SASB Clusters were Regressed on the Feelings Using the Backward Method (adjusted R^2-values).

Feelings	All Staff		Male Staff		Female Staff	
	R^2	p	R^2	p	R^2	p
Helpful	.07	<.01	.12	<.05	.15	<.01
Autonomous	.15	<.001	.14	<.05	.28	<.001
Distant	.08	<.05	.24	<.01	.18	<.01
Rejecting	.10	<.01	.26	<.001	.15	<.01
Unhelpful	.11	<.001	.42	<.001	.09	<.05
Controlled	.16	<.001	.53	<.001	.10	<.05
Close	.14	<.001	.25	<.01	.13	<.05
Accepting	.12	<.01	.16	<.05	.14	<.01
N	163		71		92	

trast, for the female staff, autonomous feelings were associated most strongly with the self-image, and unhelpful and controlled feelings least.

Differences between Male and Female Staff

There were no significant differences between male and female staff regarding the average frequencies of feelings. The largest difference was for accepting feelings, where the average score for men was .61 and for women .64 ($t = 1.9$, $p < .10$). On the SASB, there were some significant differences between male and female staff. Male staff felt more neglectful towards themselves (18.3 vs. 13.9, $p < .05$), and more controlling (49.7 vs. 44.7, $p < .05$). Female staff saw mother as more hating (9.8 vs. 2.6, $p < .001$) and criticizing (20.4 vs. 12.5, $p < .05$) than male staff, and there was a tendency for female staff to see father as more loving than male staff (64.1 vs. 56.9, $t = 1.9$, $p < .10$).

There were only two instances of significant correlations for both male and female staff between a feeling and a SASB cluster. Autonomy was correlated positively and unhelpfulness was correlated negatively with an image of mother as loving.

There were, however, several significant differences in the correlational structures of habitual feelings and self-image for male and female staff. These differences will be presented in two ways: a) by listing the differences between correlations that were significant, and b) by describing some patterns where all differences were not significant, but where the differences between the patterns were clear.

The significant differences between the correlations are shown in Table 3 together with the two instances of significant correlations that were the same for male and female staff.

The most marked differences between male and female staff were as follows: For male staff, the correlations between critical images of father and self and distant feelings were in the positive direction, and for female, it was in the negative direction. For male staff, an image of father as critical was correlated with rejecting and controlled feelings, but not for female. For female staff, an image of father as freedom giving was positively correlated with rejecting, unhelpful, and controlled feelings. For the male staff, these

Table 3

Significant Differences between the Correlations of Feelings and SASB Clusters for Male and Female Staff and the Two Instances with no Difference

Feeling	SASB Cluster	Correlation Coefficients for Male Staff	Correlation Coefficients for Female Staff	Significance of Difference between Correlation Coefficients (or Indication of Similarity)
Helpfulness	–	–	–	–
Autonomy	Mother loved	.22**	.22**	Gender similarity
Distance	I criticize myself	.11	−.23*	<.05
	Father criticized	.21	−.15	<.05
Rejection	Father gave freedom	−.16	.24*	<.01
	Father criticized	.31**	.01	<.05
Unhelpfulness	Mother loved	−.31**	−.20*	Gender similarity
	Father gave freedom	−.18	.17	<.05
Control	Father gave freedom	−.13	.20	<.05
	Father criticized	.43***	.07	<.05
Closeness	Father understood	−.19	.12	<.05
	Father loved	−.11	.22*	<.05
Acceptance	I accept myself	−.17	.16	<.05
	I protect myself	−.02	.28**	<.05

Note. Asterisks for the correlation coefficients show significance of individual correlations.

correlations tended to be negative. Close feelings for the female staff were associated positively with an image of father as loving and understanding, but for the male staff with less close feelings. An accepting and protecting image of self for female staff was connected with more accepting feelings and for male staff with less.

In addition to these significant differences for individual correlations, there were some salient patterns of correlations where all correlations were not statistically significant, but where the patterns were rather clear:

A. For the male staff, an image of mother as hating was correlated with several feelings at the right-hand and upper part of the feeling circumplex: unhelpful, controlled, close, and accepting. The correlations for these feelings for the male staff were .28*, .36**, .32**, and .25*, and for the female staff .09, .13, .12, and .09.

B. For the female staff, there were positive correlations between loving and protecting introjects and close and accepting feeling (.25*, .24*, .28**, and .28**), but not for the male staff (.02, −.05, .03, and −.02). For the female staff, there also were positive correlations between these feelings and a loving and protecting image of father (.22*, .23*, .19, and .22* vs. −.11, −.07, .00, and .02 for male staff).

C. For female staff, rejecting, unhelpful, and controlled feelings were correlated with an image of father as freedom giving (.24*, .17, and .20). This was in opposite to the male staff (−.16, −.18, and −.13). For the male staff, rejecting, unhelpful and controlled feelings were correlated with a critical father (.31**, .35**, and .43***), but not for the female staff (.01, .08, and .07).

Discussion

This study explored associations between psychiatric staff's self-image and their habitual feelings towards their patients. It was found that about 12% of the variance in the staff's feelings towards patients was accounted for by aspects of their self-image, and that larger proportions were accounted for when analyses of male and female staff were made separately. This proportion was larger for male staff than for female. The main patterns were as follows: helpful and autonomous feelings were evoked in staff with nonneglecting introjects and an image of mother as loving. Rejecting, unhelpful, and controlled feelings were evoked in staff with negative images of mother and father and with protecting introjects.

Substantial Findings

Only two correlations were significant for both genders. Both had to do with the image of mother as loving or not; autonomy was felt by the therapist who saw mother as more loving, and unhelpfulness was felt by the therapist who saw mother as less loving. In general, the image of mother was more important for the staff's feelings than the other self-image aspects. One might speculate that the specific type of relationship formed at a treatment home might mean something for this large influence of the mother image. It also was striking that it was the mother image and the introject, and not the father image, that influenced helpful and autonomous feelings. A positive introject and a positive image of mother seems to give a stable ground for a relaxed feeling position towards patients. Father's influence belongs to more troubled and complicated feelings.

   Related to the findings by Henry et al. (1990, 1993) that therapists with hostile introjects engaged in more negative interactions with the patient, our results suggest that the therapist's feelings towards the patient may play an important mediating role. The importance of the therapist's self-image also is highlighted in our study. In addition to their findings, emphasizing the role of the introject, our results point out the importance of the mother image for the therapist's interaction with the patient. This finding suggests a connection with attachment theory in the sense that the importance of a positive image of the relationship to mother has considerable importance for positive feelings towards patients. This finding also connects with the description of identification as a copy process outlined by Benjamin (1996b). This theory posits that if a person identifies with a positive mother image, the probability increases that the person will act like her in interactions with others. The present results indicate that in treatment contexts, these interpersonal processes might be mediated by the therapist's feelings.

   The feeling subscales could be categorized into three broad groups by their relation to the self-image: 1) autonomous and helpful feelings, 2) rejecting, unhelpful, and controlled feelings, and 3) close and accepting feelings. Distant feelings do not belong to any of these groups. As the internal consistency was very low for this subscale, we leave it out of consideration here. The first group has been found, in a previous study, to correlate with a positive ward climate characterized by work in Bion's terms (Holmqvist & Fogelstam, 1996). In this study, we found it was the feeling group that was most similar for male and female staff. A positive image of mother and a positive introject were associated with these feelings for both genders. This is apparently the least troubled feeling position, and the finding confirms the association between a positive self-image and a constructive feeling relationship towards the patient.

   The second group, the negative feelings, was associated with negative images of mother and father and a protecting image of self for both genders. This seems to be a

special self-image constellation where the typical person has learned to protect himself or herself against negative images of the parents. Although staff and therapists sometimes get hooked into feelings towards patients that have a repetition quality from the patient's side, and thus potentially are useful in the therapeutic work, it is hard to believe that to habitually have negative feelings could be constructive. It is consequently of value to know not only that staff who habitually have more negative feelings towards patients have negative images of the parents, but that they also may protect their selves against potentially negative replicas of the parents. Thus, this self-image constellation might imply a guardedness that may keep the patient at a distance. There was also a gender difference for these feelings, implying that they were stronger for male staff if father criticized and stronger for female staff if father gave freedom.

Finally, the third group of feelings, close and accepting feelings, had different associations for male and female staff. For the female staff, it was partly the opposite of the pattern for the negative feelings: an image of father as loving and protecting and an equivalent image of the self. For the male staff, it was the image of mother as hating that was associated with these feelings. For male staff, the question of mother's love or hate held large importance for several feelings. The loving mother was associated with autonomy; the hating mother was associated with unhelpful, controlled, close, and accepting feelings. For the female staff, there was a similar over-arching pattern with regard to the importance of the image of father. When father was seen as neglecting, freedom giving, and not controlling, negative feelings were evoked. When father was seen as loving and protecting, close and accepting feelings were evoked. This result implies an interesting contrast between men and women to the effect that women felt close and accepting towards the patients against a background of a protecting father, whereas men felt close to patients against a background of a hating mother. One possible interpretation of the fact that a negative mother image might lead to close and accepting feelings for men could be that a negative mother image might lead to compensatory loving and close feelings towards the patients, implying, "I feel for my patient what I would have liked my mother to feel for me."

There also were gender-specific differences regarding which feelings were most associated with the self-image. For female staff, autonomous feelings were those where most of the variance was accounted for by the self-image. For the male staff, negative feelings were those where most of the variance was accounted for by the self-image. Fifty-three percent of the variance in controlled feelings and 42% of the variance in unhelpfulness were accounted for by the self-image in the male staff, but only 10% and 9% for the female staff. This finding indicates that male and female staff have differential patterns of combinations of self-image and feelings. As noted above, we do not have data about associations between feelings and self-image for men and women in other social contexts, so we do not know whether our findings are related in some way to the treatment situation. One general interpretation could be that men and women have different ways of handling social situations. As women tend to be involved more strongly in relations than men (Gilligan, 1982), their feeling reactions might be more dependent on the actual social situation or the behavior of the other and less prone to depend on their own self-image.

Conceptual Perspectives

The study had a correlational design and concerned the associations between two sets of personality variables: habitual feeling style and self-image. The correlations found could be the result of influences in both directions, or they could be effects of extraneous variables influencing both self-image and habitual feeling style (such as personality traits).

In the analyses, we have supposed that the self-image has a causal relation to the staff's feelings. This may seem natural as the SASB ratings were made at the beginning of the study period, and the feelings were rated during the whole period. It is, however, quite possible to imagine that the feelings were habitual in the sense that the staff has had their personal "feeling styles" during their preceding professional career or earlier. In that case, the self-image aspects might have developed partly as a consequence of their habitual ways of reacting to patients.

We chose to make a division between male and female staff. Other ways of dividing the group could have been made, for instance, between the units or according to the staff's age. Our rationale was that, as we studied the influence of mother and father images, it was natural to believe that there would be differences between male and female staff. The results also showed that male and female staff had different correlation patterns. It is interesting to note that the image of mother means more for male feelings, and the image of father, in comparison, means more for the female. This finding seems to go against the facile idea that men identify with fathers and women with mothers. Instead, what we find are more complicated patterns where a specific aspect of the parent influences the staff genderwise. Benjamin (1996a) and Henry (1998) have shown how SASB can be used to study "copy processes," i.e., how the introject is based on parental patterns of relating. They mention identification, complementarity, and internalization as ways of taking up and transforming parent images to become aspects of the introject. Our study points to one way of testing these hypotheses by studying what feelings result from what kinds of self-image constellations.

For some feelings, there were congruent correlation patterns for the introject and the parent images. Thus, for women, close and accepting feelings were associated with a loving and protecting introject and with an image of father as loving and protecting. This might indicate that the person has identified with the father's perspective and looks upon herself as her father did. But often the associations were more complex, and sometimes the associations were in opposite directions. For several negative feelings, there was a combination of neglecting images of mother and father and a protecting introject. What do such congruencies or incongruencies mean? Is a feeling more "integrated" if it is related to the same aspect of introject and parent image? And, in the same vein, are feelings that emanate from conflictual aspects of the self-image more conflicted themselves?

A related question deals with the differential meaning of associations between feelings and introject versus associations between feelings and aspects of the parent image. Do feelings related to different aspects of the self-image have different status or experience quality? Is there any difference between having a protecting introject correlated with accepting feelings and a protecting father correlated with accepting feelings? We have suggested that the introjects, as well as the mother and father images, should be conceptualized as different parts of the self-image. The introjects can be seen as more self-syntonic parts and the parent images as more self-distant. The interpersonal theory posits that "I love myself" is an internalization of the experience that "Mother loved me." Self-image constellations, however, often may be more complicated. A person may describe quite well mother and father as hating and the introject as loving, possibly as a reaction to experiences with the parents. The feelings towards the patients can be seen as results of combinations of specific internalized patterns. The combination of critical and neglectful parent images and a protecting self, for instance, might indicate a conflicted self-image that leads to troublesome feelings.

It is more common to feel helpful and autonomous than to feel unhelpful and controlled. An interesting fact was that no negative aspect of the introject was positively correlated significantly with negative feelings. Only negative parent images had such correlations. The therapist seems to say, "If I love the patient, it is because I love myself.

If I hate, it is because father hated me." One way of interpreting the differential correlation patterns could be to consider negative feelings as more accidental than positive feelings and more liable to negative influences from less integrated images of the parents. Henry et al. (1990) found that therapists with disaffiliative introjects were more prone to behave negatively in therapy. As an extension of these results, we might understand our findings as showing that, for some therapists, negative parent images tend to disrupt the normal therapeutic stance of autonomy and helpfulness. These therapists get in some way overwhelmed by negative parent images, and they experience strong negative feelings.

There are probably intricate relationships between a therapist's self-image, his or her feelings towards patients, and his or her behavior towards the patients. Psychodynamic theory traditionally has emphasized the distinction between feelings towards patients and actions towards them. A common rule of thumb is to emphasize the positive value of being aware of intensive feelings and to warn against acting on them. Empirical research has shown that it is, in fact, possible to distinguish between therapists' feelings of helpful alliance and more conflicted countertransference feelings (Marmar, Weiss, & Gaston, 1989; Marmar, Gaston, Gallagher, & Thompson, 1990). This might imply that negative aspects of the self-image associated with negative countertransference feelings do not translate automatically to negative therapist behavior. Henry et al. (1990), however, found that therapists with more disaffiliative introjects engaged in more negative interactions with patients, leading to worse outcome. One might speculate whether there is a difference between the case when negative therapist feelings are associated with (or even emanate from) a negative self-image, resulting in negative behavior towards the patient, and, in contrast, the case when the negative feelings are not associated with a negative self-image in the therapist, and the therapist may be more able to contain them. Thus, the question of the differential influence of self-image and feelings on behavior and outcome is still open for investigation.

Although the number of staff that took part in the study was large, it is evident that the specific circumstances of the treatment settings make generalizations to other treatment relationships risky. The home-like character of many of the treatment homes may activate gender-specific reactions in male and female staff. Despite this precaution, the results of this study invite further studies on associations between self-image and feelings, in treatment relationships, and elsewhere.

Appendix

The Feeling Checklist (FC)

When I talk with . . . I feel

1	Helpful	Yes	No	16	Surprised	Yes	No
2	Happy	Yes	No	17	Tired	Yes	No
3	Angry	Yes	No	18	Threatened	Yes	No
4	Enthusiastic	Yes	No	19	Receptive	Yes	No
5	Anxious	Yes	No	20	Objective	Yes	No
6	Strong	Yes	No	21	Overwhelmed	Yes	No
7	Manipulated	Yes	No	22	Bored	Yes	No
8	Relaxed	Yes	No	23	Motherly	Yes	No
9	Cautious	Yes	No	24	Confused	Yes	No
10	Disappointed	Yes	No	25	Embarrassed	Yes	No
11	Indifferent	Yes	No	26	Interested	Yes	No
12	Affectionate	Yes	No	27	Aloof	Yes	No
13	Suspicious	Yes	No	28	Sad	Yes	No
14	Sympathetic	Yes	No	29	Inadequate	Yes	No
15	Disliked	Yes	No	30	Frustrated	Yes	No

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