

CLIENT PERCEPTIONS OF PSYCHOTHERAPISTS:
AN ANALOGUE STUDY

by
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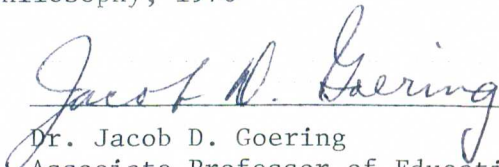
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ABSTRACT

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An Analogue Study

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In the last decade, an impressive body of empirical evidence has accumulated which strongly suggests that psychotherapy outcome is a function of the levels of therapeutic conditions expressed by the therapist during the course of therapy. The empirically established role of these "levels of therapeutic conditions" (LTC) in determining process movement and therapy outcome suggested that they deserved and demanded systematic investigation in their own right as dependent variables. The primary concern of this investigation, then, was to determine whether LTC varied in its expression across therapists, and its perception across clients. It was hypothesized that psychotherapeutic orientation and client interpersonal style interact in determining client perceptions of psychotherapists.

The experimental design developed for this study was a modification of Strupp's (1962) analogue procedure. Measures of interpersonal style--using Schutz's FIRO-B (1966)--were gathered from 378 college students at the University of Maryland. Approximately a week later, the Ss were randomly assigned to view one of the films in the film series Three Approaches to Psychotherapy. Immediately after viewing the film, the Ss were instructed to complete Barrett-Lennard's Relationship-Inventory

in regards to how they would perceive the therapists if they were working with him as a client.

The data were analyzed by means of analysis of variance procedures. The design was a $3 \times 3 \times 2$ factorial analysis of variance (three therapeutic orientations \times three client interpersonal styles \times client sex). The first order interaction between therapists and clients was not significant ($p < .240$). However, the second order interaction (therapeutic orientation \times client interpersonal style \times client sex) did approach significance ($p < .065$), indicating that the first order therapist \times client interaction was differential by sex. Subsequent analyses of variance were performed separately for males and females. For females, the therapist \times client interaction was significant ($p < .05$), but this interaction was not significant for the male data.

In discussing these results, two points were emphasized:

(1) Those therapist behaviors which were perceived as facilitative and favorable by some clients, were not necessarily perceived as such by other clients; (2) The sources of variance in client perceptions were not as attributable to either therapist or client effects by themselves, as they were attributable to the interactive, system effects of the therapist-client dyads. Furthermore, the differential interaction effects between therapist and client variables and client sex were discussed in the context of sex-roles as conventionally defined at a societal level. Finally, the psychotherapeutic and research implications of the study, and its limitations, were considered.

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CHAPTER I

OVERVIEW OF THE STUDY

A. Historical Background

The problems, issues, and methods of contemporary psychotherapy research know no greater, single influence than H. J. Eysenck. Eysenck radically altered the prevailing modes of thought among psychotherapists and researchers in 1952 when he published his paper insisting that actuarial comparisons between groups of neurotics in therapeutic treatment, and neurotics not involved in treatment, failed to demonstrate any superiority of psychotherapy as a technique for facilitating recovery from neurotic disorders. Eysenck was essentially asking "Does psychotherapy work?" and his answer was a resounding, emphatic "NO." At that time his question was most appropriate. Uncritical naivete characterized the attitudes of psychotherapy practitioners. Everyone "knew" that psychotherapy was effective and feeling content in this orthodoxy, therapists confined themselves to merely refining therapeutic techniques.

Prior to Eysenck's initial challenge, psychotherapy research was generally limited to process research. Such studies were concerned with the validation of therapeutic technique, using various client in-therapy behaviors as criteria, and doing this without regard to establishing any empirical relationship between those in-therapy events and the results of therapy at outcome. Thus Eysenck was primarily responsible for establishing the importance--or more accurately the

absolute priority--of the outcome question in psychotherapy research. Moreover, the essence of his contribution inheres in the fact that he pushed psychotherapists to conceptualize their functioning and research in a more operational and rigorous manner than was being done at the time of his 1952 paper.

Eysenck's statement elicited a multitude of reactions, many of which were decidedly emotional offering little more than cathartic value for the reactors. Other responses, however, were instrumental in clarifying the issues raised by Eysenck and in shaping the direction of future research. Sanford's (1953) statement emphasized that:

"It is obvious that some people change in some ways under the influence of some kinds of therapeutic activity while other people do not change, or change in different ways, under the same therapeutic activity, and that still other people change in ways similar to the above without any therapeutic activity. The question is which people, in what circumstances, responding to what therapeutic stimuli?" (p. 336).

As implied by Sanford, Eysenck's question would currently seem to be an ill formulated one at best and, at worse, it is naive and close minded. To merely ask "Does psychotherapy work?" in this manner is to ignore any differential influence that the therapy process might have on therapy outcome. Separation of outcome measures from in-therapy events must necessarily be counterproductive assuming, as it does, the presence of at least a qualitative uniformity between schools of therapeutic thought, therapists in practice, and clients (Kiesler, 1966). Such a separation subsequently results in one viewing the complex, composite features of psychotherapy in a discontinuous, disjointed perspective.

Viewed as an integrated entity, as advocated by Sanford and others (Cross, 1964; Strupp, 1963; Dittman, 1966), the contemporary

research literature of psychotherapy may be conceptualized as attempting to specify those antecedant variables (i.e. personal attributes of therapist and/or client), that determine intervening variables (i.e., the therapy process), which are in turn related to the consequent variable of therapy outcome. Nevertheless, the attribution of "integratedness" to this research literature per se may be gratuitous because as is so often true of extensive research endeavors, the virtues of independence and originality of investigation exact a toll in relatedness and comparability between studies that is too often tangential at best.¹ Indeed, any comprehensive attempts at systematically relating antecedant, intervening, and consequent variables to each other within one experimental design are characterized by their absence with the possible exception of the Rogers et. al. (1967) work. These shortcomings would appear to be somewhat inevitable. Research that is well designed, well executed, and constitutes a significant contribution to a delineated body of knowledge is the result of arduous effort--it does not accumulate overnight.

Many contemporary researchers currently see psychotherapy research approaching a critical point in its development, necessitating reorientation and reconceptualization if the area is to remain viable. Strupp (1963) has suggested that the interpersonal interaction between therapist and client, or the transference relationship, should become the focus of therapy research. Strupp calls for the identification of

¹One is reminded here of Colby's introductory statement that "Chaos prevails" in his 1964 Annual Review chapter on psychotherapy research.

the transference variables that are systematically related to therapy outcome. Future psychotherapy research, then, is seen as concerned with investigating the determinants of those transference functions. The value of Strupp's strategy is obviously predicated on the initial identification of those transference variables that can serve as internal criteria, as it were, of therapy outcome. To the extent that this is feasible, process research in psychotherapy could no longer be indicted as circular and psychotherapy research in general would be emancipated from the deleterious influence of the artificial outcome-process distinction. The theoretical formulations and the corresponding empirical research of Carl Rogers and his associates appear to be particularly applicable to this problem.

In 1959 Carl Rogers expressed what is consensually regarded as the most definitive and systematic statement of his general theory and conceptualizations in regards to the behavior change effected by psychotherapy. He addressed himself to Sanford's previously quoted question of "... what therapeutic stimuli?" and specified a set of therapeutic conditions for which he hypothesized a determinant function in regards to the nature of psychotherapy outcome. The extent to which the therapist clearly communicated conditions of congruence, empathy, and unconditional positive regard to a client was seen as constituting these therapeutic conditions. Therapist congruence is a function of how accurately a therapist's own inner experiences are symbolized and communicated by him to a client in the course of therapy. Unconditional positive regard inheres in the therapeutic process to the extent that the therapist accepts the client's worth

as a human being without regard to the client's moment-to-moment behavior. Empathy is exhibited by the therapist to the extent that he perceives the internal frame of reference of the client with such accuracy that he might be the client. For Rogers, then, client change consequent to psychotherapy is a function of the relative presence or absence of these therapeutic or facilitative conditions in the course of the psychotherapy process.

B. Statement of the Problem

Rogers' statement on this issue of psychotherapy outcome stimulated a collective research endeavor in the last decade that has contributed impressive empirical support to his position. A comprehensive review of this literature (Chapter II) overwhelmingly indicates that the level of therapeutic conditions (LTC) offered by the therapist performs a determinant function in regards to the efficacy of psychotherapy outcome. Previous research, however, has almost invariably employed LTC as independent variables and systematically related them to some dependent variable such as process movement in therapy or therapy outcome. The empirically established role of LTC in determining process movement and outcome suggests that they deserve and demand systematic investigation in their own right as dependent variables. The primary concern of this investigation, then, is to determine empirically whether the constituent elements of empathy, congruence, and warmth do vary in their expression across therapists, and in their perception across clients, in a systematic and coherent manner. Thus the general, implicit hypothesis woven throughout the

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fabric of this investigation is that the therapist behaviors which constitute empathy, congruence, or warmth for some clients, may not constitute those conditions for other clients.

C. Theoretical Basis of the Study

It would seem obvious that psychotherapy is above all else an intense, decidedly dyadic relationship between two people. As such, this relationship must necessarily be subject to the stresses and strains characteristic of all human relationships. Indeed, it is doubtful that the interpersonal foundation of a therapeutic relationship can withstand a pronounced divergence of value systems between therapist and client. The inevitable press to reconcile the dissonance adjunct to perceived discrepancies in value systems (Festinger, 1957) would preclude the client attending to, lest perceiving, whatever magnitude of LTC a therapist may be manifesting. Consequently, empathy, congruence, or warmth could only be acknowledged as such to the extent that the therapist's manner of expressing these qualities is consonant with the client's implicit and covert definitions of those qualities. Consonance per se would seem to inhere in a therapeutic relationship to the extent that the habitual modes of interpersonal functioning are similar between therapist and client. Client-therapist similarity, then, would facilitate client perception of empathy, congruence, and warmth if they are in fact being expressed by the therapist.

D. Definition of Terms

Habitual modes of interpersonal functioning have been conceptualized as falling along "fact-feeling" (Bednar and Parker, 1969) and "people oriented-task oriented" (Schutz, 1958) continua. Dimensions such as these would seem to load on a general factor of "Independent Social-Emotionality" (ISE). High ISE individuals (people and feeling oriented) would seem to characteristically seek to relate with others on an intense, emotional, affective level and do so relatively independently of conventional, societal mores and expectations. Low ISE individuals (task and fact oriented) would seem to characteristically relate to others in a hyperconventional, overcontrolled manner that confines interpersonal exchanges to emotionless, cognitive transactions which are highly responsive to conventional, societal mores and expectations.

Furthermore, it seems tenable to distinguish between existing systems of psychotherapy along an ISE continuum. At the low ISE pole, feelings are viewed as properly subordinated to the rational features of intellect. Optimum functioning of the individual is achieved to the extent that emotions are cognitively understood in such a manner that they are precluded from interfering with the goal oriented behavior of the individual. For a theoretic persuasion at an intermediate position along the ISE continuum, it is emphasized that neither feeling nor intellect should be subordinated to the other. Here, harmonious concert of feeling and intellect are actively sought. Optimum functioning is characterized by self-awareness and self-acceptance of

both intellect and emotion. A high-ISE therapeutic system would tend to consider intellect as best subordinate to affective, feeling components. Intellect too often serves to distort the existential, feeling base of one's existence. Too often, intellect is the vehicle that transports the individual from "phenomonological reality" into a mode of existence that is ultimately self-deceiving. Optimum functioning, here, obtains to the extent that one is aware of the full variety of his inner experiences at all its levels.

E. General Hypotheses

The two extremes along this continuum are so completely divergent in their generic, interpersonal values that one might wonder whether two participants--each aligned with one of the extremes--could even sustain a secondary relationship. The maintenance of a primary relationship such as is characteristic of psychotherapy would seem to be a logical impossibility. Conversely, given a dyad in which the participants are from the same extreme pole of the continuum, the subsequent positive qualities of the relationships might well exceed the most optimistic expectations of each member. Thus, the general overarching hypothesis of this entire investigation can be stated:

- I. Psychotherapy clients with differing interpersonal orientations perceive psychotherapeutic styles differentially.

In addition, the "encounter" aspects of the therapeutic relationship also demand consideration. The emphasis here is to the extent that a dyad moves in a direction that cannot be predicted from individual data, an encounter--by definition--ensues. An encounter, then, is a

system effect of the dyad. It is not merely an additive function of what each separate member brings to the dyad. Encounters can be either negative or positive. Here, a negative encounter occurs to the extent that client perceptions of therapist-offered empathy, congruence, and warmth, are significantly lower than would be predicted from knowledge of therapist and client effects alone. A positive encounter occurs to the extent that client perceptions of the therapeutic conditions are significantly higher than would be predicted from knowledge of therapist and client effects alone. Thus, general hypothesis II can be stated:

- II. Systematic matching between client interpersonal orientation and psychotherapeutic style promotes favorable client perceptions of psychotherapists.

From general hypothesis II, sub-hypotheses IIa, IIb, and IIc can also be formulated.

- IIa. High-ISE clients perceive as most favorable, therapists whose therapeutic style corresponds to a high-ISE orientation
- IIb. Medium-ISE clients perceive as most favorable, therapists whose therapeutic style corresponds to a medium-ISE orientation.
- IIc. Low-ISE clients perceive as most favorable, therapists whose therapeutic style corresponds to a low-ISE orientation.

In regards to client variables, there is some indication of the existence of general client factors which effect the therapeutic process in the same manner across all therapists. Persuasability appears to be such a variable (Bednar and Parker, 1969). Thus to the extent that therapist characteristics are not specified, one might then, and only then, speak of client effects in general. It should be re-emphasized, however, that the explicit position of this investigation

is that the dyadic interactive features of the therapy relationship are of primary importance in predicting therapy outcome. By themselves, client variables are of only secondary importance. Nevertheless, the position of a client along the ISE continuum might well influence his perceptions of therapists-in-general. Specifically, it would seem that those clients positioned at an intermediate point along the ISE continuum would be more able to tolerate therapist deviations, in any direction from their own ISE orientation. Conversely, the positions of high ISE and low ISE clients are too extreme to afford them the toleration characteristic of intermediate ISE clients. Thus general hypothesis III can be stated:

- III. Clients who are positioned at an intermediate point along the ISE continuum will perceive therapists-in-general more favorably than other types of clients.

Similarly, other research has indicated the presence of general therapist factors which effect the therapy process in the same manner across all clients (Snelbecker, 1967). Again, to the extent that client characteristics are not specified, one might speak of therapist effects in general.² As for clients, the position of a therapist along the ISE continuum might well exert considerable influence on the perceptions of clients-in-general. Once more, an intermediate position on the ISE continuum for a therapist would tend to make such a therapist more tolerable for a broad range of clients. Thus, the final general hypothesis, hypothesis IV, can be stated:

²The consequences of doing so, however, are as potentially sterile and misleading as they are for speaking of client effects in general.

- IV. Therapists who are positioned at an intermediate point along the ISE continuum, are perceived more favorably by clients-in-general than are other types of therapists.

F. Design of the Study

The one unorthodox feature of this study was its use of an analogue technique for investigating the viscissitudes of the psychotherapy process. The test implications of the above hypotheses entailed the manipulation of three levels of client ISE orientation against three levels of therapist ISE orientation. Procedurely, this design was realized by using the film series "Three Approaches to Psychotherapy" as the treatment variable. The film series depicts three psychotherapists (Carl Rogers, Fritz Perls, and Albert Ellis) working, one at a time, with the same client. In this study, then, "client" perceptions of different therapists were obtained by means of assessing the reactions of the subjects who had been randomly assigned to view one of the therapists. This procedure allowed for any differential perceptions between therapists, or between subjects along the ISE continuum, to be attributed to either therapists or subject differences--or their interactions--in that all other conditions were constant.

G. Significance of the Study

At a proximal level, this study is addressing itself to the advisability of systematically matching client and therapist so as to maximize the probability of desirable therapeutic outcomes. Distally, the significance of the study extends beyond the immediate realm of the psychotherapy process and the developing modes of psychotherapy

research. At a more general level it is relevant to what Rogers has termed the "helping professions" (teaching, social work, law, etc.). At this level the study is exploring the nature of those human relationships which provide the conditions in which their participants can grow and develop to their fullest potential.

Empathy, congruence, and warmth are in no way limited to the psychotherapeutic exchange. Indeed they are especially relevant concerns for an educational setting. The maximum presence of these conditions is most desirable for an institutional setting concerned with the total organismic growth of individuals. Finally, at an even more abstract level, the study is relevant to the realm of interpersonal relationships in general. Here it addresses itself to issues such as what kind of interpersonal dyads are experienced as most pleasing and rewarding for their members.

CHAPTER II

REVIEW OF THE LITERATURE

A. Levels of Therapeutic Conditions

Barrett-Lennard (1962), sampling from a population of clients and counselors at the University of Chicago, reported the first published data relating the levels of facilitative conditions in therapy to outcome measures. Therapist-offered levels of regard, empathy, congruence, and unconditionality were all significantly higher in the instance of those clients who manifested more constructive personality change consequent to therapy, than for those clients who demonstrated the least constructive change. Truax (1963) cited data that confirmed Barrett-Lennard's results and extended their applicability to hospitalized schizophrenics. Furthermore, Truax (1963) also cited data indicating that low levels of the conditions promote negative, deteriorative changes in clients; while control Ss (no therapy) typically occupy an intermediate position, between clients receiving high conditions and clients receiving low conditions, on measures of outcome criteria. Additionally, clients in an outpatient psychiatric center who received high levels of empathy and congruence have exhibited significantly more positive change on a global improvement scale than those clients receiving low levels of empathy and congruence (Truax et. al., 1966a). Rogers et. al. (1967) also found that hospitalized, schizophrenic clients who received high levels of accurate empathy demonstrated the greatest reduction in schizophrenic

pathology, while a group of control patients (no therapy) showed less pathological change than the former group, but more change than those clients receiving low levels of the conditions. Moreover, those clients who received high levels of therapist congruence were independently rated by expert clinicians as manifesting the greatest change consequent to therapy.

In contrast to the individual therapy settings of the work cited above, a review of the literature also finds studies relating levels of therapeutic conditions (LTC) to outcome in group psychotherapy. Therapist conditions of accurate empathy and warmth facilitate client change in group therapy in a manner paralleling that of individual therapy (Truax et. al., 1965). At the same time though, the magnitude of the relationship between the level of therapeutic conditions and client change was reduced compared to the previous data from individual therapy studies. Truax (1966b) reported similar results in a later study and also found that the between groups variability in levels of therapist-offered conditions tends to predict outcome better than within group variability. More recently, the therapeutic conditions have been utilized as systematic reinforcers for client self-exploration in a group setting (Truax, 1968). Again, the relative level of the conditions occurring in the therapy groups as a whole was most predictive of the criteria.

Other studies have related level of the therapeutic conditions to various in-therapy, process dimensions. Truax (1961) found that therapists' accurate empathy and congruence accounted for the greatest proportion of variance in client levels of intrapersonal exploration

and insight in group therapy. Truax and Carkhuff (1965a) have reported a moderate, but significant correlation (.43) between therapist congruence and client self-disclosure. The systematic effects of raising and lowering the levels of therapist-offered conditions on the depth of client self-exploration have also been experimentally demonstrated (Truax and Carkhuff, 1965b). High levels of the conditions were associated with increases of client self-exploration above a previously determined operant level, while decreases in the conditions were associated with client decreases in exploration that fell below that operant level.

More recently, attention in the literature has been focused upon the relationship between the level of therapist-offered conditions and the confrontational style of the therapist. Therapists who emit high levels of therapeutic conditions most frequently confront their clients in an experiential manner (Berenson et. al., 1968a). Confrontational style of high level therapists has also been associated with increased self-exploration by their clients (Berenson et. al., 1968b). Anderson (1969) has also reported similar results. Holder (1968) compared the variety and length of encounters or discussion topics between high- and low-functioning therapists. High-functioning therapists prolonged encounters, were more apt to actively determine the topic of encounter, and high-functioning therapists more frequently involved their clients in personal material compared to the more cursory, abbreviated interactions of low-functioning therapists.

Up to this point, the literature review has confined itself to work which conceptualizes LTC in a rather orthodox, Rogerian manner. Nevertheless empathy, congruence, and warmth are not exclusively

Rogerian concerns as an inspection of the relevant literature demonstrates. Board (1959) conducted a retrospective study in which therapists and clients assessed the worth of their therapeutic endeavors. "Successful" outcome was associated with clients perceiving their therapists as interested in them and understanding. Parloff (1961) focused upon the therapist-client relationship in analytically oriented group psychotherapy as defined by Fiedler's ideal therapeutic relationship Q-sort. Here, clients who established better relationships with their therapists tended to show greater improvement than those clients whose therapist relationship was not so good. Feifel and Eells (1963) attributed the success of therapy in a psychoanalytic context to client feelings of being respected and treated with dignity. Furthermore, these clients emphasized the worth of sharing their problems with someone who was interested, warm, and tolerant. Strupp et. al (1963) have found that a positive therapy experience is associated with considerable emotional investment on the part of the therapist which facilitated the establishment of a good working relationship with the client. Similarly, Strupp et. al. (1964) have reported that therapist warmth, and therapist respect and interest yield moderately high correlations with therapeutic change. Client uncertainty about therapist warmth, respect, and interest, however, was negatively correlated with therapeutic change. Lorr (1965) has also found moderate correlations between therapist understanding and accepting behavior, and client satisfaction and improvement consequent to therapy.

The evidence would seem to overwhelmingly indicate that LTC performs a determinant function in regards to the efficacy of psychotherapy outcome. To be sure, this relationship is a general one; including both individual and group therapy, process and outcome criteria, a range of disturbances spanning a continuum from college counseling centers to hospitalized schizophrenics, and finally one finds definite construct generality as LTC emerges as a paramount concern for various theoretical positions. Summarizing the earlier existing literature, Truax and Carkhuff (1967) have concluded that psychotherapy can result in effects that are decidedly negative and deleterious, as well as it can promote effects that are positive and desirable. They emphasize that:

"The evidence now available suggests that, on the average, psychotherapy may be harmful as often as helpful, with an average effect comparable to receiving no help" (p. 20).

Indeed, Truax and Carkhuff have reported a personal communication with Eysenck in which he concurs with their position on the effectiveness of psychotherapy. Eysenck stated:

"... this seemed to suggest a two-way effect of psychotherapy, I was very much tempted to put this into the chapter as a hypothesis but ... I decided that the evidence was too tenuous, and the implication that psychotherapy might do harm too serious for me to say so" (1967, p. 19).

It would seem that Eysenck himself now acknowledges the necessity of relating therapy outcome to therapy process.

Nevertheless, in a review of this literature one does find problems and questions that are yet to be clarified. In some of the studies, therapist empathy and congruence are predictive of outcome

in the hypothesized manner, while therapist warmth is negatively correlated with the terminal criteria (Truax et. al., 1966a). Other work, however, indicates that empathy and warmth are of paramount importance to the exclusion of therapist congruence (Truax et. al, 1965). Furthermore, this research has generally confined itself to the relationships between intervening and dependent variables; any systematic considerations of antecedant variables across client and therapist dimensions are rare. To date, this research has almost invariably employed LTC as an independent variable and systematically related it to some dependent variable such as process movement in therapy or therapy outcome.

If "Levels of Therapeutic Conditions" (LTC) are to be examined as dependent variables, both client and therapist variables must each be systematically manipulated along relevant dimensions to afford maximum interpreability. Nevertheless, much of the Rogerian oriented LTC research has been guilty of committing the "uniformity" fallacy in relation to client variables. The classical Rogerian emphasis on the individuality and uniqueness of one's "self" (Rogers, 1959) is inconsistent with any assumed similarity across-or "interchangibility" between--clients. Be this as it may, however, therapist-offered LTC has been characteristically assessed only via the ratings of trained judges in most of the existing research.²

²The Barrett-Lennard (1962) and Rogers et. al (1967) investigations are the exceptions here in that both used client perceptions for the assessment of LTC--though Rogers did not use them exclusively.

Methodological procedures such as these implicitly assume that if a therapist behavior constitutes a high level of empathy for a trained judge, it similarly does so for the client involved, and moreover would do so for any other client.³ Shakespeare notwithstanding, empathy (or congruence or warmth) by any other name would not necessarily still be empathy. Surely the conditions are without their facilitative influence unless they are perceived as such by the client. To be sure, Rogers (1967) has emphasized that:

"... the conditions of accurate empathy, congruence, and unconditional positive regard are effective in producing process movement only if they are perceived by the patient. While a therapist may offer a given level of conditions in the relationship, this effort is effective only to the extent that it is communicated to the patient" (p. 167).

Barrett-Lennard's position on this issue is even more emphatic.

"The present investigator's conception takes, as its starting point, the logical presumption that it is what the client himself experiences that affects him directly. It follows from this that the relationship as experienced by the client (rather than by the therapist) will be the most crucially related to the outcome of therapy. Moreover, although it is not supposed that a client's conscious perceptions would represent with complete accuracy the way he experiences his therapist, it would seem that his own report, given under suitable conditions, would be the most direct and reliable evidence we could get of his actual experience" (1962, p. 2).

³One immediately wonders here to what extent the judges' ratings are influenced by various aspects of the client's behavior as they listen to tape recordings of the sessions? Truax (1966c) has reported that there are no significant differences between judges' ratings of empathy and warmth where client responses remain on the tape, and where client responses have been edited from the tape. Significant differences were found, however, for therapist congruence. By itself, this investigation does little to reduce the likelihood that client responses are in fact influential on the ratings of trained judges--especially in view of the manner in which congruence is conceived to be the prerequisite to the expression of the other conditions (Truax and Carkhuff, 1967). The importance of the issues here, and the inconclusiveness of these data warrant replication of this study, but it is yet to be done.

Apart from rhetoric, of foremost importance is the indisputable fact that client perceived LTC has been demonstrated to be as predictive of process and outcome as are the ratings of trained judges (Barrett-Lennard, 1962; Rogers et. al., 1967).

There has been some additional research, however, that can be interpreted at face value as lending support to the position that the LTC ratings of judges are more predictive of outcome than client perceptions (Truax, 1966b; Hansen et. al., 1968). Nevertheless, these results were obtained from group therapy settings in which the judges assessed LTC by virtue of attending to interaction at a group level, while client perceptions were assessed relative to the therapist only. Other research has demonstrated that, in group therapy, the quality of the dyadic relationship between a client and the therapist is not predictive of outcome in the same manner as it is in individual therapy (Rajchman, 1969). The former studies (Truax, 1966b; Hansen et. al., 1968) would seem to validate Bion's (1961) position on the therapeutic qualities of group level processes more than it invalidates the use of client perceived LTC to predict outcome in individual psychotherapy.

Those who advocate exclusive use of trained judges for assessing LTC have also suggested that the characteristic inaccuracy of interpersonal perception among an emotionally disturbed, client population precludes much validity for client evaluations of LTC (Truax, 1966b; Hansen et. al., 1968). Caracena and Vicory (1969) have reported low correlations between client perceived and judge rated conditions in an analogue study. Here, however, the "clients" were "normal" college students indicating that a negligible relationship between rated and

perceived assessments is not necessarily a function of parataxic distortions on the part of the clients. Finally, the absence of more than moderate relationships between perceived and rated LTC strongly suggests that the therapist behaviors which constitute empathy, congruence, and warmth for some clients, may not constitute the conditions for other clients.⁴

B. Therapist Variables

The systematic investigation of differences across therapists as independent variables affecting the therapeutic process was initiated by Fiedler (1950a,b; 1951). This series of investigations compared experienced and relatively inexperienced nondirective, psychoanalytic, and Adlerian therapists in terms of the type of therapeutic relationship they created. Expert psychotherapists of the schools were found to create a relationship more closely approximating an "ideal therapeutic relationship" than were the inexperienced therapists. Additionally, the therapeutic relationship developed by the experts of a particular school resembled more closely that created by the experts of other schools, than it resembled the relationships developed by nonexperts within the same school. Fiedler emphasized

⁴Admittedly, though, one must still reconcile the success with which rated LTC has predicted therapy outcome. Caracena and Vicory (1969) have suggested that in assessing empathy for example, judges may be responding to a host of global cues such as therapist interest, involvement, and commitment. Diffuse factors such as these might not necessarily correlate highly with empathy per se as perceived by a client, but they could very well correlate with outcome as measured by some external criterion. Additionally, the possible influence of client responding on the ratings of judges cannot be dismissed (see footnote 3).

that the most important dimension differentiating between experts and nonexperts is the ability of the experts to understand, communicate with, and maintain rapport with the clients.

Strupp (1962) has summarized his analogue research in a manner that is generally consistent with Fiedler's conclusions. Global ratings of the "'dynamic quality'" of brief statements made by therapists about a patient portrayed on film were found to be positively correlated with therapist experience. Cartwright and Vogel (1960) have also reported similar data. Strupp, however, has also reported some differences between therapeutic orientations. Comparing psychoanalytic and Rogerian therapists, Strupp found that Rogerians were significantly more optimistic in their prognostic statements than were the analysts. Significantly more Rogerians expressed positive attitudes about the patient than the analysts did. Rogerians were much more reluctant than analysts to formulate therapeutic goals. Analysts were significantly more concerned with the client's parasitic attitudes, poor motivation for therapy, acting out, and the possibility of psychosis. Strupp concluded that these data very clearly reflect the theoretical orientations of the therapists, especially the Rogerians, and are best explained on that basis.

More recently published work, however, has indicated that there are substantial technique differences between therapists of different orientations. Sundland and Barker (1962) factor analyzed the responses of 139 therapists to their Therapist Orientation Scale, deriving one general factor which they labeled "analytic-experiential." Therapists with avowed Freudian, Sullivanian, or Rogerian orientations were

positioned in the manner predicted along this continuum. The scale did not differentiate between two experience levels. A similar study by Wallach and Strupp (1964) yielded four factors, the first of which, interpreted as the maintenance of personal distance, was by far the strongest and is similar to the general factor found by Sundland and Barker. Again, predicted relationships with theoretical orientation were found but there was no relationship between the factors and therapist experience.

Unfortunately, the earlier studies of Fiedler and Strupp typically enjoy a position of disproportionate popularity in the typical reviews of therapist variables vis-a-vis theoretical orientation. The more recent data of Wallach and Strupp (1964) and Sundland and Barker (1962) are too often glossed over or ignored. In discussing their results, Sundland and Barker (1962) have expressed some particularly cogent remarks in attempting to reconcile the apparent inconsistencies between their work and the earlier studies. They emphasize that what seems to be a consensus among therapists of various theoretical orientations is a result of comparing their view on relatively non-controversial issues (i.e. what constitutes an ideal therapeutic relationship?). Thus to the extent that therapist attitudes and values are assessed in regards to more controversial topics, systematic differences do emerge between the various theoretical persuasions. Furthermore, such differences (analytic-experiential, maintenance of personal distance) appear to correspond quite well to "Independent Social Emotionality" (ISE).

Instead of manipulating theoretic orientation per se, other investigators have examined the influence of specific--but theoretically

related--therapist techniques on various dimensions of client behavior. Bergman (1951) found that therapist "reflection of feeling" was the only intervention technique that elicited continued client self-exploration. Other work at this time, however, indicated that client acquisition of emotional insight was more facilitated by therapist attention to implicit, "'deep'" feelings (Grossman, 1952). Dittman's research (1952) seems to constitute a compromise between the above two extreme positions. He found that progressive client movement in therapy was associated with therapist responses that were slightly deeper than mere reflection, but short of interpretation.

Still other data suggests that different techniques may be useful for different therapeutic purposes. Leading techniques have been reported to be more effective for alleviating client feelings of guilt and inferiority, while reflective techniques were more apt to reduce client resistance (Baker, 1960). Nevertheless more contemporary work indicates that directive techniques promote greater client intrapersonal exploration than nondirective techniques (Frank, 1964). More recently, Snelbecker (1967) has reported that college students perceive a nondirective therapist as significantly more empathic, warm, and unconditional than a directive therapist.

Any attempts at generalizing or extrapolating from this latter collection of studies must necessarily be tenuous. In general, ambiguity is their hallmark and subsequently any effort at comparison would be futile. Research such as this is particularly open to indictment for the relatively limited attention it has paid to the systematic investigation of patient variables. As early as 1952, Edwards and Cronbach emphasized the necessity of employing patient or

"organismic" differences as control variables in conjunction with other independent variables such as type of therapy. Not having done this, there is consequently little that is very precise to be derived from most of the work cited immediately above.

C. Client Variables

The original work concerned with identifying sources of variance in the psychotherapy process attributable to client variables was considerably influenced by the social psychiatric zeitgeist emanating from Yale in the middle 1950's. The earlier studies emphasized that the "'acceptability'" of a client for psychotherapy was positively correlated with that client's social class standing (Schaffer and Myers, 1954; Robinson et. al., 1954; Winder and Hersko, 1955). Redlich et. al. (1955) specified some of the problems attendant to actually working with lower-class clients in a psychotherapeutic relationship. Compared with middle- or lower-middle class clients, lower-class clients were more apt to somaticize their problems and less likely to abandon this view in the course of therapy. They could not conceive of how understanding themselves might have any significance for their life situations. Nevertheless a therapeutic program designed specifically to deal with lower-class clients has been reported to be successful (Baum and Felzer, 1964). Here therapists were encouraged to meet clients on their own level and to explain the purposes of therapy.

It does seem that any influence of social class per se on the therapeutic process is casual and distal. Such influences are probably

exerted only to the extent that various demographic characteristics are themselves correlated with some enduring personality feature of the client that is in turn more proximal in its influence on the therapy process. Among the more common client personality features found to influence therapy have been suggestibility, discomfort, psychological sophistication, verbal intelligence, achievement needs, and emotional responsiveness (Imber et. al., 1956; Rubinstein and Lorr, 1956; Hiler, 1958, 1959; Taulbee, 1958). In addition a curvilinear relationship has been reported between client Ethnocentrism and the efficacy of therapy outcome (Tougas, 1954). Furthermore, those clients who terminate therapy prematurely have been described as "rugged individualists" who characteristically sought to convince themselves of their coping adequacy (Dymond, 1955). In contrast to this, Kirtner and Cartwright (1958) found that the initial in-therapy behavior of successful clients was characterized by a readiness to function in an existential manner and an absence of any tendency to intellectualize. More recently, Heilbrun (1968) has reported a study that replicates his earlier work in regards to the relationships between sex role reversal and continuation in counseling. Male clients who demonstrated greater counseling readiness (less likely to terminate prematurely) were characteristically more dependent on others in their coping, problem solving behavior. Female clients who demonstrated high counseling readiness, however, exhibited distinct problem solving independency.

As was true of the literature addressing itself to therapist and technique variables, this body of evidence is somewhat ambiguous. Where uncontrolled client variables might have functioned as sources

of error variance in the former studies, here uncontrolled therapist variables might well do the same. Indeed, the influence of many of the social class variables on therapy criteria appear to evaporate in the face of concerted, therapist efforts to deal with them (Baum and Felzer, 1964). Moreover, neither therapist nor client variables exert their influence on the therapy process or outcome unaffected by each other. It can be granted that much of this data boasts the appeal of face validity (suggestibility, degree of discomfort, psychological sophistication, verbal intelligence, etc.). Dimensions of emotional responsiveness and existential functioning, as opposed to "'rugged individualism'" and intellectualization (Taulbee, 1958; Dymond, 1955; and Kirtner and Cartwright, 1958) do seem to suggest the constructs for a coherent, logical continuum of interpersonal functioning in and out of therapy that corresponds to ISE. Nevertheless, the generality of this work remains to be established across therapist dimensions.

D. Dyadic Variables

More recently, the literature has seen a growing emphasis on the therapist-client relationship as many investigations have sought to employ this dyad as the unit of analysis in psychotherapy research. Dyadic research such as this has increased in frequency as investigators have become more aware that multivariate designs--in which both therapist and client variables are systematically manipulated against each other--afford the maximum in interpretive utility.

Schrier (1953) was among the first to address himself to one of the original dyadic issues--that of therapist-client value similarity. He suggested that the magnitude of client identification with his therapist increased as rapport did, and that this in turn was positively correlated with therapeutic success. Rosenthal (1955) has reported that values related to sex, aggression, and authority were revised in a manner more similar to those of the therapist by clients who were rated as most improved. Farson's (1961) research, however, tends to qualify that of Rosenthal. He found that the self descriptions of clients do not necessarily evolve toward those of their own particular therapist, but that the self-descriptions of clients-in-general do come to resemble those of therapists-in-general over the course of therapy. More recently, though, Welkowitz et. al. (1967) have reported that the value distance between therapists and their own clients was closer than that between randomly paired therapists and clients. Furthermore, client-therapist value similarity was moderately correlated (.40) with therapist perception of client improvement.

Interest in client-therapist compatibility or similarity as defined by global personality measures has also emerged as an important area of dyadic, psychotherapy research. Sapolsky's (1960) early work in the context of a verbal conditioning model influenced subsequent research considerably. Using the FIRO-B to define experimenter-subject compatibility, he found that conditioning effects were greatly enhanced in the compatible dyads. More recently, Sapolsky (1965) has reported that therapist-client FIRO-B compatibility is positively correlated with psychotherapy outcome, attributing this to the differential

perceptions of therapists across clients. Carson and Heine's (1962) research, however, suggests that the relationship between client-therapist similarity and psychotherapy outcome is curvilinear, not linear. They emphasized that extreme dyadic similarity in the therapeutic relationship mitigates against therapist objectivity. In a series of investigations, Mendelsohn and Geller (1963, 1965, 1967) found that client-therapist similarity is related in a linear fashion to the length of therapy, but curvilinearly to client evaluated outcome. Furthermore, they have suggested that the facilitative effect of dyadic similarity on client self-disclosure is so potent that it may elicit panic in the client during the initial portions of therapy. Most recently, Mendelsohn and Rankin (1969) have found that client-therapist compatibility may have differential effects on therapy outcome across need dimensions and client sex. Specifically, compatibility in the area of dominance needs was most predictive of therapy outcome for female clients.

Variation across clients in the expectations they bring to the therapy process has also developed into a major area of dyadic investigation (Goldstein, 1962). Indeed, Heine and Trosman (1960) have reported that the effects of dyadic similarity in the therapeutic relationship are mediated via the mutuality of expectations between client and therapist. Goldstein and Shipman (1961) found that a client's expectancy of symptom reduction attendant to therapy was related curvilinearly to client perception of symptom reduction consequent to therapy. Block (1964) has reported that client affect becomes markedly negative when their expectations are widely discrepant

from what they actually encounter in therapy. Client satisfaction also appears to be affected by client expectation and subsequent perception of therapist empathy (Severinsen, 1966). Clients were less satisfied with therapists when they perceived them as dealing less with feeling--or when they perceived them as dealing more with feeling--than they had expected. In other words, client satisfaction was not related to dimensions of therapist "fact" or "feeling" orientation per se. Finally, impressed by the demonstrated potency of client expectations, Greenberg (1969) successfully manipulated client evaluation and perception of a therapist by means of altering client expectancies.

Other dyadic work has been focused upon ferreting out the relationships between assorted client variables and the theoretic persuasion and/or techniques of the therapist. Ashby et. al (1957) found that clients characterized by strong autonomy needs felt less defensive in a leading type therapy, while client deference, aggressiveness, and defensiveness was associated with greater comfort in a reflective type therapy. Sonne and Goldman (1957), however, have reported that there are not differences between "Authoritarian" and "Equalitarian" junior high school students in their preferences for client-centered and eclectic counselors. Both groups preferred the eclectic style. Nevertheless, other work has shown that interpersonally mature clients respond more effectively to flexible therapists in a group setting, while immature clients responded more favorably to "rigid, aloof" therapists (Grant and Grant, 1959). More recent data (Hagebak and Parker, 1969) suggests that client dominance and client problem interact in their effects on client reaction to directive and nondirective interventions. With the exception of academic problems, nondirective leads elicited the most client resistance regardless of

client dominance. Bednar and Parker (1969) have found that directive and nondirective orientations are not differentially effective with high- and low-persuasive clients, though high-persuasive Ss expressed more satisfaction with therapy regardless of its orientation.

Obviously, the theme of client-therapist similarity pervades all of the work cited above. There is consideration for value similarity, interpersonal compatibility, comparability of expectations, and client suitability for particular therapeutic techniques. In general, the dyadic, interactive features of the client-therapist relationship appear to account for a considerable proportion of variance in the therapy process and therapy outcome. Particularly interesting are those studies in which the values of the dependent variable (whatever it may be) cannot be predicted from knowledge of client or therapist effects alone (Heine and Trosman, 1960; Block, 1964; Severinsen, 1966; Greenberg, 1969; Ashby et. al., 1967; and Grant and Grant, 1959).⁵ Nevertheless, most of the investigations relating theoretic or technique variables to some facet of client personality are notable for their absence of "interactional dynamics" (Sonne and Goldman, 1957; Hagebak and Parker, 1969; and Bednar and Parker, 1969).

Variations in client responsiveness to a leading or reflecting therapy do seem to be associated with various behavioral aspects of client problem (Ashby et. al., 1957). But there is little to be found here in regards to meaningful constructs such as might have been derived

⁵In addition, given the matching procedures--explicit or implicit--and the results of the value similarity and interpersonal compatibility research, the interactional features (in an ANOVA sense) of the therapeutic relationship become increasingly paramount.

from a consideration of more inclusive and durable personality dimensions. The reported interaction between client interpersonal maturity and therapist flexibility versus rigidity (Grant and Grant, 1959) corresponds directly to an interactive model but the generalizability of this work is reduced in view of the use of nonprofessionals with absolute minimal training.⁶ Furthermore, interpersonal maturity would not seem to be an especially appropriate client variable as it likely serves to confound outcome measures. Other work has stratified clients along potentially promising dimensions (Authoritarianism) but there were no client effects to be found, apparently because of the young age of the Ss (Sonne and Goldman, 1957).

Most recently, client dominance (Hagebak and Parker, 1969) and persuasibility (Bednar and Parker, 1969) have been varied against therapist directiveness and nondirectiveness. In neither investigation are there any interactive effects. The former data suggest that high and low extremes of dominance should be conceptualized as isomorphic in their influence on the therapy process. Inordinate concern about exercising control--whether desiring it or avoiding it--appears to be associated with seeking directive guidance in the therapy situation where such Ss seem to perceive their proper role as subordinate in relation to their active ascription of a superordinate position to the therapist. In contrast, persuasibility appears to function as a main effect across therapist dimensions. This is consistent with Frank's

⁶Non-commissioned, Marine Corps officers.

(1963) development of the concept. Theoretically, differential effects of persuasibility between therapists is not to be expected. The absence of interactive effects in these studies suggests that the dynamics of such effects inhere in well stabilized, differential, interpersonal styles, such as "Independent Social-Emotionality" (ISE). If such interpersonal styles are not employed as the stratifying variable along client dimensions, any interactive dynamics will remain camouflaged.

CHAPTER III

PROCEDURE

A. Design of the Study

As was pointed out earlier, the one unorthodox feature of this study was its use of an analogue technique for investigating the vicissitudes of the psychotherapy process. More than anyone else, Strupp (1958) is responsible for the development and refinement of this paradigm for psychotherapy research even though Fiedler (1950a) reported data using a similar procedure earlier. The analogue technique itself has sought to simulate the "natural" conditions of psychotherapy while providing for the standardization and experimental control that "for real" psychotherapy does not necessarily offer to the researcher. Previous psychotherapy analogue research has characteristically held client variables constant while assessing the variations across a sample of therapists in the latter's manner of responding. Procedurely, this has been accomplished by showing a film of a therapist interviewing a client to a group of therapists who constitute the sample of the study. The film is stopped at pre-selected points in the course of the interview and the sample therapists are asked to write down how they would respond to the client in the film at that point. Variation in some response quality or quantity is then attributable to therapist variables. Research of this type has been concerned with establishing systematic relationships between therapist responding and

such variables as level of experience, theoretical orientation, professional affiliation, attitudes, etc.

As Strupp (1962) has emphasized, an analogue paradigm is not without its shortcomings. There is no "true" interaction between therapist and client. The subjects (may they be "therapists" or "clients") are reduced to passive by-standers who are unable to influence the course of the interview. Strupp insists, however, that to demand that the experimental analogue bear a one-to-one relationship with the "real" situation is unreasonable. For Strupp, the problem is to determine the degree of validity for the analogue procedures. It is a problem of whether there is sufficient resemblance between the experimental analogue and the "real" situation to allow for generalization from the former to the latter?

Strupp (1962) cites data in which analogue research has confirmed various conventional hypotheses about the characteristics of expert therapists. Global ratings of the "'dynamic quality'" of brief statements made by therapists about a client portrayed on film have been found to be positively correlated with therapist experience. More experienced therapists tended to express themselves in terms of interpersonal dynamics as opposed to the more statically descriptive verbalizations of less experienced therapists. Finally, sharp differentiations have been observed between therapists who subscribe to theoretical positions that are diametrically opposed. For Strupp, and for this investigator as well, this research serves at least for partial validation of analogue techniques as a viable means of experimentally investigating the psychotherapy process.

The analogue features of this study, then, inhered, in using "client" responding as the dependent variable, while systematically manipulating therapist orientation and employing client ISE and sex as control variables. The design of the study was a $3 \times 3 \times 2$ analysis of variance: three therapist orientations (Rogerian, (Carl Rogers), Gestalt (Fritz Perls), and Rational-Emotive (Albert Ellis)) \times three "client" levels of ISE (high, medium and low) \times sex (male and female).

B. Subjects

Subjects were obtained from students enrolled in various sections of an introductory human growth and development course in the College of Education at the University of Maryland. All subjects had achieved at least Junior standing at the University. Permission was obtained from 15 instructors for gathering subjects from their respective sections. Participation on the part of all subjects was strictly voluntary. From a total of 372 subjects (94 males, 278 females), the data of 326 (72 males, 254 females) were used. Those eliminated had either incomplete Relationship-Investories, or were absent during one of the two phases of the data collection. Each subject was assigned to view one, and only one, of the therapist films. The socioeconomic background, education, intelligence, and general sophistication of this sample suggested that data obtained from it would be maximumly generalizable to actual psychotherapy clients.

C. Research Instruments

1. Assessment of ISE.

In selecting an appropriate measure of the client variable, a global index of interpersonal style was sought. Furthermore, a measure uncontaminated by high correlations with other measures of overall adjustment or mental health was desired. This second requirement eliminated various popular indices such as the interpersonal subscales of the F-scale and Rotter's I-E measures. Toward this end, then, Schutz's (1966) FIRO-B scale was used as the measure of Independent Social-Emotionality (see Appendix A). Schutz (1966) conceptualizes interpersonal behavior in such a manner that the need dimensions of inclusion, affection, and control emerge as the salient dimensions of interpersonal style. The FIRO-B scale per se assesses interpersonal needs along these three dimensions. Furthermore, the scale differentiates the directionality of these needs. Distinctions are made between expressive behavior, and behavior that is wanted from others. Schutz has schematized these relationships in the following manner (1966), p. 59).

<u>Dimension</u>	<u>Expressed Behavior</u>	<u>Wanted Behavior</u>
Inclusion	I initiate interaction with people	I want to be included by other people
Control	I try to control other people	I want other people to control me
Affection	I act close and personal toward other people	I want other people to act close and personal with me

Schutz (1966) has emphasized that the scale construction of the FIRO-B as Guttman type scales insures acceptable levels of internal

consistency or reliability. Guttman scales consist of items constructed in an ordinal progression from most popular to least popular. Theoretically, any given individual will accept items sequentially to a given point and then reject the remainder. If a series of items approximates this model to the degree that 90 per cent of all responses to all items can be correctly predicted from a knowledge only of how many items each person accepted, then the items are said to be "reproducible." For Schutz (1966), then, "reproducibility" is the most stringent, as well as the most appropriate, criterion of internal consistency for the FIRO. The reproducibility percentages of the FIRO subscales are all either .93 or .94 (Schutz, 1966). More orthodox coefficients of stability range from .71 to .82 for the various subscales over a one month interval (Schutz, 1966).

As a research instrument, the FIRO-B has been primarily used to assess the interpersonal need compatibility between individuals. Here the FIRO scores of two individuals are treated by various formulae yielding different kinds of compatibility measures. The analogue features of this investigation obviously precluded such methodology. Nevertheless the constructs of the FIRO do commend it as a global measure of interpersonal style and a formula was developed for transforming the FIRO subscale scores into an index of Independent Social-Emotionality (ISE). The formula for ISE was:

$$\text{ISE} = \text{I} + \text{A} - \text{C} \quad \text{where:}$$

"I" is equal to the sum of an Ss' characteristic needs to include, and be included by, others in interpersonal situations. "A" is the

sum of an Ss' characteristic needs to express affection to, and receive expressions of affection from, others in an interpersonal situation. "C" denotes both the extent to which an individual characteristically seeks to exert control over others in an interpersonal situation, and the extent to which he characteristically seeks controlling behavior from others. Here, then, the control dimension was treated in the isomorphic manner discussed earlier (p. 32).

Using the previously described formula, ISE scores ranged from -5 to 30 for females, and from -5 to 25 for males. Mean ISE for females was 13.363 and the standard deviation was 7.692. Mean ISE for males was 10.315 and the standard deviation was 6.961. For females, high-ISE Ss were defined as those Ss whose scores ranged from 20-30, medium-ISE fell between 12-15, and low-ISE fell between -5-7. The male N was not sufficiently large enough to define ISE in a discrete manner omitting the intermediate ranges as was done with the female Ss. For males, then, high-ISE fell in the range from 15-25, medium-ISE ranged from 8-14, and low ISE ranged from -5 to 7. Thus it should be noted that ISE was defined relative to sex. High-ISE males were defined as high relative to other males. High-ISE females were defined as high relative to other females.

2. Relationship Inventory

The Relationship Inventory (RI) (see Appendix B) developed by Barrett-Lennard (1962) to assess the levels of therapeutic conditions (LTC) was used as the measure of the dependent variable ("client" perceptions of therapist). As was emphasized in Chapter II, the scale

has demonstrated considerable utility for differentiating the success of psychotherapy at outcome. In addition to providing measures of empathy and congruence, the R-I divides unconditional positive regard or warmth into two sub-categories: level of regard and unconditionality of regard. It also measures the extent to which the therapist is willing to be self-disclosing of himself (willingness to be known). Thus the scale yields six separate measures: level of regard, empathic understanding, congruence, unconditionality of regard, willingness to be known, and a total score that is equal to the sum of the first five measures. The scale was modified for use in this analogue design. Whereas an original R-I item read "He usually understands all of what I say to him;" its analogue modification read "He would understand all of what I said to him."

The previously reported (Barrett-Lennard, 1962) split-half reliabilities for the subscales are quite satisfactory, ranging from .82-.93. More recently, coefficients of stability have been reported for the sub-scales that are similarly satisfactory ranging from .80-.87 over a three week interval (Mills and Zytowski, 1967). Though there is little doubt as to whether the R-I is a reliable instrument, Mills and Zytowski (1967) have questioned whether the subscales of the R-I actually differentiate between the various dimensions (empathy, congruence, warmth, etc.), or whether the R-I merely assesses a client's global impression of a therapist? Using factor analytic procedures, Mills and Zytowski isolated a general component in the R-I which accounted for approximately two-thirds of the total variance. The regard, empathy, congruence, and unconditionality subscales all contributed strongly to this general component. These data were not

interpreted, however, as casting any doubt on the previous work that demonstrated a strong, positive relationship between the R-I and various psychotherapy outcome criteria. Instead, Mills and Zytowski confined their criticism to whether the R-I actually assesses multiple and independent characteristics of a therapy relationship. Nevertheless, this work did suggest that the total R-I score would be the most appropriate measure of the dependent variable.

3. The Film Series

As described previously, the film series Three Approaches to Psychotherapy depicts three therapists (Carl Rogers, Fritz Perls, and Albert Ellis) who employ distinctively different orientations working sequentially with the same client on the same afternoon. The client is a female in early 30's who is seeking help in adjusting to her recent divorce. Shostrom and Riley (1968) have reported a "parametric" analysis of the therapeutic techniques utilized by the three therapists in the film series. Experienced psychotherapists rated each of the film therapists on the extent to which they emphasized the following therapeutic parameters in their functioning.

"Caring: The therapist's attitude of loving regard for the individual, whether expressed by unconditional warmth or aggressive critical caring.⁷

"Encountering: Providing the experience of active encounter between person and therapist, each of whom is being and experiencing his real feelings.

⁷In making this distinction between "warm caring" and "aggressive, critical caring," Shostrom and Riley (1963) are implicitly differentiating between Rogers' predilection for the former style, and Perls' use of the latter technique.

"Feeling: Helping the person to experience, in a psychologically safe relationship, feelings which he has heretofore found too threatening to experience freely.

"Interpersonal Analyzing: The analyzing by the therapist of the person's perceptions or manipulations of the therapeutic relationship, and therefore of his other interpersonal relationships in life.

"Pattern Analysis: The analyzing of unworkable patterns of functioning and assisting in the development of adaptive or actualizing patterns of functions for the individual.

"Value Reorienting: The reevaluation by the therapist of the person's loosely formulated value orientations (assumptions about self and others, etc.) which enables the patient to commit himself to examined and operational values."

Each of the therapists was distinguished by unique patterns of emphasis. Rogers was rated as placing the greatest emphasis on Caring and Feeling. Perls was rated as emphasizing Encountering, Feeling, and Interpersonal Analyzing. Ellis was judged to stress Value Reorienting and Pattern Analysis. Thus meaningful differences between the film therapists were empirically established, and the "treatments" of this study can be regarded as differential. Furthermore each therapist can be conceived as being positioned at different points along the ISE continuum. Perls' emphasis on the "immediate here and now" (Encountering and Interpersonal Analyzing) and Feeling would correspond to a high-ISE orientation. In contrast, Ellis' emphasis on cognitive dimensions such as Value Reorienting and Pattern Analysis bespeaks a low-ISE orientation. Rogers, then, would occupy an intermediate position between these two extremes.⁸ At the same time, though a

⁸It should be pointed out, however, that Rogers' intermediate position cannot be regarded as equidistant from both Perls and Ellis. Rogers must be regarded as considerably more similar to Perls than to Ellis.

certain "eclecticism" was woven through the functioning of all the film therapists in that each was perceived as including all of the rated parameters to some extent in their respective interviews. In other words, some generality would seem to inhere in the psychotherapy process across different therapists.

D. Collection of Data

The collection of data was done in two phases. First the FIRO-B data was gathered and then, approximately a week later, Ss were assigned to view one of the three films and measures of the dependent variable using the R-I were collected. Initially, the experimenter arrived unannounced at a class meeting and after being introduced by the instructor, E stated:

"You are being asked to participate in a research project. Your participation is strictly voluntary, you do not have to participate if you do not want to. If you choose to participate there will be no demands placed on your time outside of this class. The research project itself consists of two phases. Today I merely want you to fill out a form that I will distribute in a moment. I cannot answer any questions in regards to the purpose of the project today, but when I return next week I will tell you more about it then. I am going to distribute the forms to you now. If you want to participate take a form and complete it; if you do not want to participate, do not take a form."

Student response to the request for participation was unanimously positive in almost all cases.

Approximately a week later, Ss were shown the film to which they had been randomly assigned. Random assignment was done within ISE levels. Immediately prior to showing the respective therapist film, the following statement was read to the Ss:

"In recent years more and more people experiencing emotional and psychological problems have been seeking help from psychotherapists. We are interested in learning more about psychotherapy and the reactions of people to this kind of an experience. Therefore we are asking you to view a film of a portion of an actual psychotherapy session and to then react to it. As you watch the film we would like you to put yourself in the place of the client and imagine how you, as the client, would react to this session and to the therapist in particular.

"The client in this session is a young woman who is seeking help in adjusting to her recent divorce."

These experimental instructions were adapted from a previous analogue investigation (Greenberg, 1969) for use in this study. After the instructions were read, the respective film was shown to the Ss. Each film projector was set up in such a manner that the Ss saw only the interview between therapist and client. Ss did not see an introductory portion of the film in which the therapist describes his system of therapy, nor did they see the final portion of the film in which the therapist evaluates the effectiveness of the interview. Immediately after the end of the filmed interview, Ss were asked to fill out the analogue modification of the Relationship-Inventory.

CHAPTER IV

THE RESULTS

The primary purpose of this investigation was to determine whether the therapist behaviors which constitute empathy, congruence, or regard for some clients, do or do not constitute those conditions for other clients. From this conceptualization of the problem four main hypotheses were derived:

- I. Psychotherapy clients with differing interpersonal orientations perceive psychotherapeutic styles differentially.
- II. Systematic matching between client interpersonal orientation and psychotherapeutic style promotes favorable client perceptions of psychotherapists.

From general hypothesis II, sub-hypotheses IIa, IIb, and IIc were formulated.

- IIa. High-ISE clients perceive as most favorable, therapists whose therapeutic style corresponds to a high-ISE orientation.
- IIb. Medium-ISE clients perceive as most favorable, therapists whose therapeutic style corresponds to a medium-ISE orientation.
- IIc. Low-ISE clients perceive as most favorable, therapists whose therapeutic style corresponds to a low-ISE orientation.
- III. Clients who are positioned at an intermediate point along the ISE continuum perceive therapists-in-general more favorably than other types of clients.
- IV. Therapists who are positioned at an intermediate point along the ISE continuum, are perceived more favorably by clients-in-general than are other types of therapists.

All of the hypotheses were tested by means of an analysis of variance computer program (Clyde, Cramer, and Sherin, 1966). The use of an ANOVA technique for the analysis of the data allowed independent and appropriate tests of the hypotheses. Furthermore, the statistical tests of interaction afforded by an ANOVA technique were ideally suited for testing the hypothesis of differential interaction between therapists and clients. The data were initially analyzed by means of a $3 \times 3 \times 2$ analysis of variance (three therapists \times three levels of client ISE \times client sex). The findings relevant to hypotheses I and II were to be seen most clearly in the therapist \times client interaction effect for this $3 \times 3 \times 2$ ANOVA. The findings relevant to hypotheses III and IV were to be seen in the therapist and client main effects for the $3 \times 3 \times 2$ ANOVA. Finally, the results of this $3 \times 3 \times 2$ ANOVA indicated that because of a differential therapist \times client interaction by client sex, hypotheses I and II might well be additionally examined by separate analyses of variance for males and females.

The N per cell of the 3×3 analysis of variance design for females is presented in Table 1. For males, the N per cell for the 3×3 analysis of variance was 8 Ss in all cases for a total of 72. Equal N's per cell for males was accomplished by keeping a day-by-day tally of the male Ss assigned to each therapist during the process of data collection. Male Ss were assigned each day, within ISE level, to therapists so as to achieve equal N's per cell. This was considered desirable because of the relatively small number of male Ss compared to female Ss.

TABLE 1
 FEMALE N'S PER CELL FOR 3 × 3
 ANALYSIS OF VARIANCE

		Therapists			Row Totals
		Rogers	Perls	Ellis	
Client ISE	Hi	20	22	20	62
	M	18	18	18	54
	Lo	22	18	18	58
Column Totals		60	58	56	174

A. Preliminary Analyses

Preliminary to the testing of the hypotheses, it was desirable to determine which R-I subscale, or subscales, would be the most appropriate measure of the dependent variable. In view of the previous research indicating that the Relationship-Inventory (R-I) may not actually differentiate between the dimensions of empathy, congruence, and regard (Mills and Zytowski, 1967), intercorrelations were computed between ISE and all the constituent subscales of the R-I (regard, empathy, congruence, unconditionality, willingness to be known, and total score). The intercorrelational matrix for these computations is presented in Table 2. The relatively high intercorrelations between empathy, congruence, regard, and the total R-I score were consistent with Mills and Zytowski's emphasis that the R-I assesses only a client's global impression of a therapist. Thus the total R-I score

was selected as the most appropriate measure of the dependent variable (client perception of therapist).

TABLE 2
INTERCORRELATIONS BETWEEN ISE
AND THE SCALES OF THE R-I

ISE	R	E	C	U	W	T
ISE	.113	.074	.025	.079	.113	.105
Regard		.693	.692	.400	.471	.846
Empathy			.652	.489	.351	.828
Congruence				.443	.501	.864
Unconditionality					.087	.663
Willingness						.610

(N = 246. Coefficients above .138 are significant at the .05 level, coefficients above .181 are significant at the .01 level.)

B. Analysis of the Data

The total R-I score means and standard deviations for Therapist, client, and client sex dimensions are presented in Table 3.

Hypothesis I--predicting interaction between therapists and clients--was examined by performing a three way, factorial analysis of variance on the data in Table 3. The summary table for this analysis of variance is presented in Table 4. As can be seen in Table 4, the first order interaction between therapists and clients was not significant ($p < .240$). However, the second order interaction did approach significance ($p < .065$), indicating that the first order therapist \times client interaction was differential by sex.

TABLE 3

R-I SCORE MEANS AND STANDARD DEVIATIONS FOR $3 \times 3 \times 2$
ANALYSIS OF VARIANCE ALONG THERAPIST,
ISE, AND SEX DIMENSIONS

Therapists			
	<u>Rogers</u>	<u>Perls</u>	<u>Ellis</u>
M	76.80	69.22	67.06
SD	47.49	40.81	41.14
ISE			
	<u>High</u>	<u>Medium</u>	<u>Low</u>
M	86.08	64.61	71.48
SD	47.10	40.20	42.65
Client Sex			
	<u>Males</u>	<u>Females</u>	
M	70.06	77.65	
SD	37.63	45.70	

The client main effect for the $3 \times 3 \times 2$ analysis of variance in Table 4 is relevant to hypothesis III--predicting that medium ISE clients would respond most favorably to therapists-in-general. Though this main effect was significant ($p < .004$), the results were not consistent with the prediction. High-ISE clients assigned the highest R-I scores to therapists-in-general, not medium-ISE clients.

The therapist main effect for the $3 \times 3 \times 2$ ANOVA in Table 4 is relevant to hypothesis IV--predicting that Rogers would be perceived most favorably by clients-in-general. As can be seen in Table 4, this effect was not significant ($p < .214$).

TABLE 4
ANALYSIS OF VARIANCE SUMMARY TABLE FOR
3 × 3 × 2 ANALYSIS OF VARIANCE ON
TOTAL R-I SCORE

Source	df	S.S.	M.S.	F	p <
Within Cells	228	413490.12	1813.55		
Therapists (T)	2	5623.34	2811.67	1.550	.214
Clients (C)	2	20420.51	10210.25	5.630	.004*
Sex (S)	1	1365.81	1365.81	.753	.386
T × C	4	10039.55	2509.88	1.384	.240
T × S	2	7374.99	3687.49	2.033	.133
C × S	2	6078.71	3039.35	1.676	.189
T × C × S	4	16278.62	4069.65	2.244	.065

In view of the fact that the hypothesized therapist × client interaction was differential by sex, this suggested that separate analyses of variance by sex might be in order to clarify this second order interaction obtained in the 3 × 3 × 2 ANOVA. Consequently, separate 3 × 3 analyses of variance (three therapists × three levels of client ISE) were performed on the total R-I scores of males and females.

The total R-I score means and standard deviations for female clients are presented in Table 5. The summary table for the analysis of variance performed on these data is presented in Table 6. The significant therapist × client interaction ($p < .050$) is relevant to the hypothesized differential response of clients to therapists.

This interaction is illustrated in Figure 1. As can be seen in Figure 1, the most dramatic interaction was the differential response of low- and medium-ISE females to Perls, and the differential response of medium- and high-ISE females to Rogers.

TABLE 5
R-I SCORE MEANS AND STANDARD DEVIATIONS
FEMALES Ss ONLY

			Rogers	Perls	Ellis	Row Totals
Client ISE	Hi	M	112.55	77.95	84.15	91.15
		SD	46.73	50.91	43.90	49.01
	M	M	73.05	58.55	53.72	61.77
		SD	52.11	36.05	33.69	41.48
	Lo	M	69.63	93.72	57.11	73.22
		SD	50.79	40.20	36.55	45.28
Column Totals		M	84.96	76.82	65.67	
		SD	52.85	44.95	40.31	

TABLE 6
ANALYSIS OF VARIANCE SUMMARY TABLE FOR 3×3
ANALYSIS OF VARIANCE OF TOTAL R-I
SCORES OF FEMALES

Source	df	S.S.	N.S.	F	p <
Within Cells	165	324531.97	1966.86		
Therapists (T)	2	10829.20	5414.60	2.753	.067
Clients (C)	2	25707.50	12853.75	6.535	.002*
T \times C	4	19126.98	4781.74	2.431	.050*

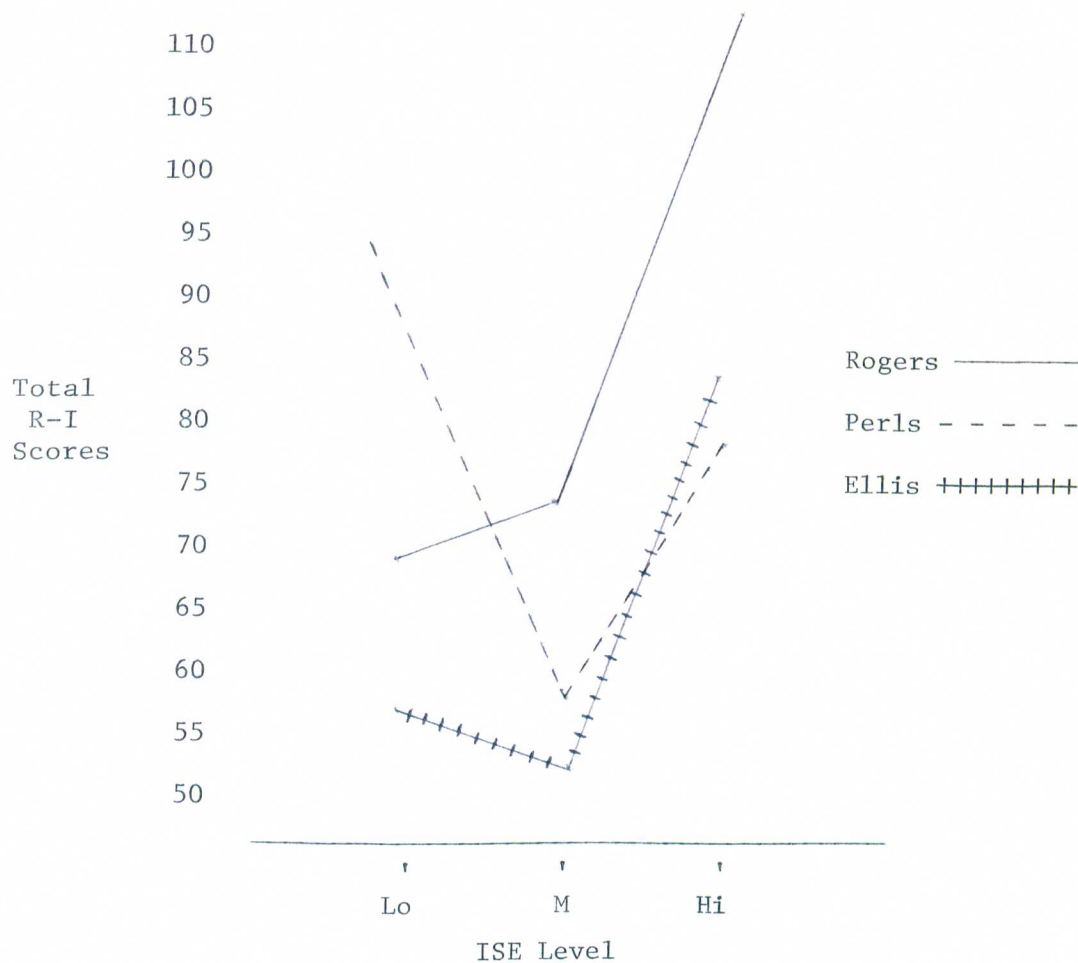


Fig. 1. Therapist \times Client Interaction for 3×3 Analysis of Variance, Female Ss only.

The data in Figure 1 are also relevant to the hypothesized effects of systematic matching between therapists and clients. The pronounced attractiveness of Rogers for medium-ISE females is consistent with the prediction. The responses of low- and high-ISE females responded most positively to the high-ISE therapist (Perls), while high-ISE females responded most positively to the medium-ISE therapist (Rogers).

In passing, it should also be noted that the client main effect in the female ANOVA (Table 6)--relevant to hypothesis III predicting that medium-ISE clients would perceive therapists-in-general most favorably--was significant ($p < .002$). Again, though, the results were inconsistent with the prediction in that high-ISE females assigned the highest R-I scores to therapists-in-general, not medium-ISE females as would be expected. Reference to Table 6 also demonstrates that the therapist main effect for the female analysis of variance--related to hypothesis IV predicting that clients-in-general would perceive Rogers most favorably--approached significance ($p < .067$). Here the results were somewhat consistent with the prediction in that Rogers was perceived most favorably by female clients-in-general.

The total R-I score means and standard deviations for male clients are presented in Table 7. The summary table for the 3×3 analysis of variance performed on these data is presented in Table 8. As can be seen in Table 8, the therapist \times client interaction effect was not significant here ($p < .244$). This 3×3 ANOVA is illustrated graphically in Figure 2. The differential nature of the three functions in Figure 2 suggests that the ANOVA interaction effect was not significant for males because of their comparatively small N and the large variation within cells for the total R-I score.

Furthermore, despite the absence of statistical significance for the therapist \times client interaction in the male ANOVA, it should be noted that the functions in Figure 2 correspond exactly to the predictions of hypotheses IIa, IIb, and IIc. High-ISE male clients

perceived the high-ISE therapist (Perls) as most favorable. Medium-ISE male clients perceived the medium-ISE therapist (Rogers) as most favorable. Low-ISE male clients perceived the low-ISE therapist (Ellis) as being most favorable. Finally, it should be noted that neither the main effects for therapists nor clients--relevant to hypotheses III and IV respectively--were significant.

TABLE 7
R-I SCORE MEANS AND STANDARD DEVIATIONS
MALE Ss ONLY

			Rogers	Perls	Ellis	Row Totals
	Hi	M	63.87	82.87	72.50	73.08
		SD	56.68	20.42	36.98	39.80
Client ISE	M	M	83.50	57.37	70.12	70.33
		SD	37.27	28.91	44.26	37.20
	Lo	M	61.12	53.12	87.62	67.29
		SD	32.61	37.99	31.88	36.04
Column Totals		M	84.96	76.82	65.67	
		SD	52.85	44.95	40.31	

TABLE 8
ANALYSIS OF VARIANCE SUMMARY TABLE FOR 3 × 3
ANALYSIS OF VARIANCE OF TOTAL
R-I SCORES OF MALES

Source	df	S.S.	M.S.	F	p <
Within Cells	63	88959.80	1389.99		
Therapists (T)	2	2035.72	1017.86	.732	.485
Clients (C)	2	331.04	165.52	.119	.888
T × C	4	7777.67	1944.41	1.399	.244

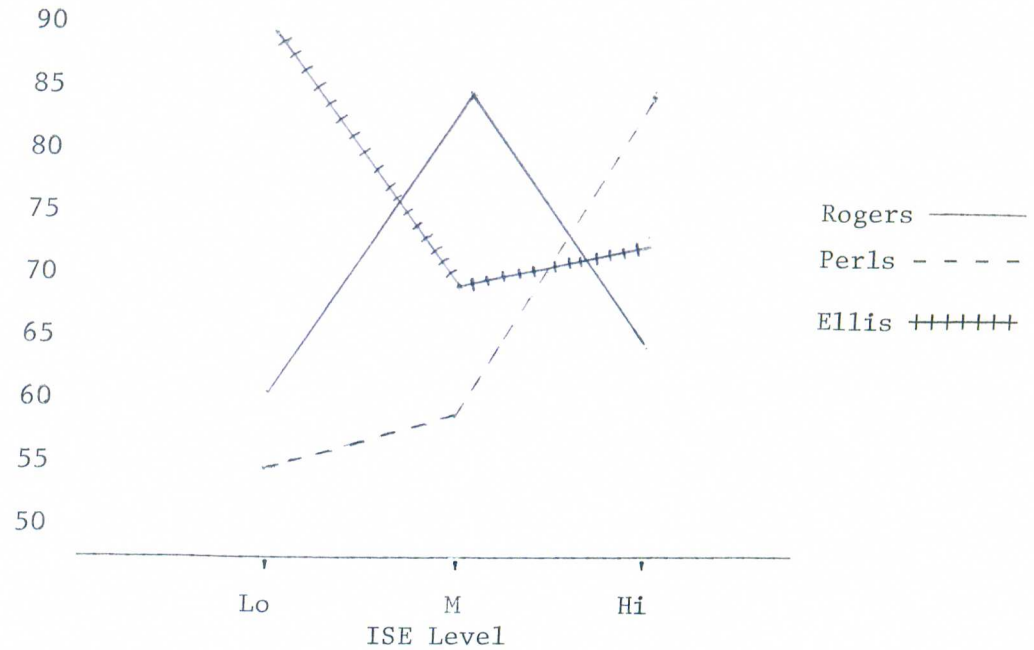


Fig. 2. Therapist \times Client Interaction for Male Ss Only.

The differential relationship between therapeutic style, client ISE, and client sex which suggested the advisability of separate analyses for males and females can also be seen in Table 9. Table 9 shows the correlations between ISE and total R-I score as a function of therapist and client sex. When the correlation between ISE and the total R-I score was positive and significant--or approached significance--for female clients and a given therapist; then the same correlation was low and insignificant--or even negative--for male clients. Thus summarizing, for female clients, ISE was correlated significantly and positively with the total R-I score for Rogers, but the same correlations were low and insignificant for Perls and Ellis. Because of the small male N, none of their correlations were significant. Nevertheless, the change in sign of the coefficients between males and females in two out of three cases (Rogers and Ellis)

demonstrates the differential sex effect. In the third instance, the correlation between ISE and total R-I score (for Perls) approached significance ($p < .078$) for male clients.

TABLE 9
CORRELATIONS BETWEEN ISE AND TOTAL R-I SCORE AS
A FUNCTION OF THERAPIST AND CLIENT SEX

<u>Rogers</u>		<u>Perls</u>		<u>Ellis</u>	
<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
-.086	.295*	.305	.023	-.216	.119

*significant at the .05 level

The differential effect of client sex as related to therapist style and client ISE is additionally illustrated in Figure 3. Figure 3 was constructed merely by combining portions of Figures 1 and 2--Perls and Ellis, high- and low-ISE, and males and females separately and combined. Since Rogers cannot be conceived as equally dissimilar to both Perls and Ellis, the use of therapist extremes (Perls and Ellis) matched against client extremes (high- and low-ISE) provides an especially clear illustration of the second order therapist \times client \times sex interaction. In Figure 3, using female subjects only, the total R-I scores for Perls decreased between low- and high-ISE, while the total R-I scores for Ellis increased between low- and high-ISE. These relationships were then reversed for male subjects. In Figure 3, using male subjects only, the total R-I scores for Ellis decreased between low and high-ISE. The parallel functions of Figure 3 for male and female Ss combined illustrate the

manner in which the reversal of the functions cancelled out the first order interactions when the data for both sexes was combined.

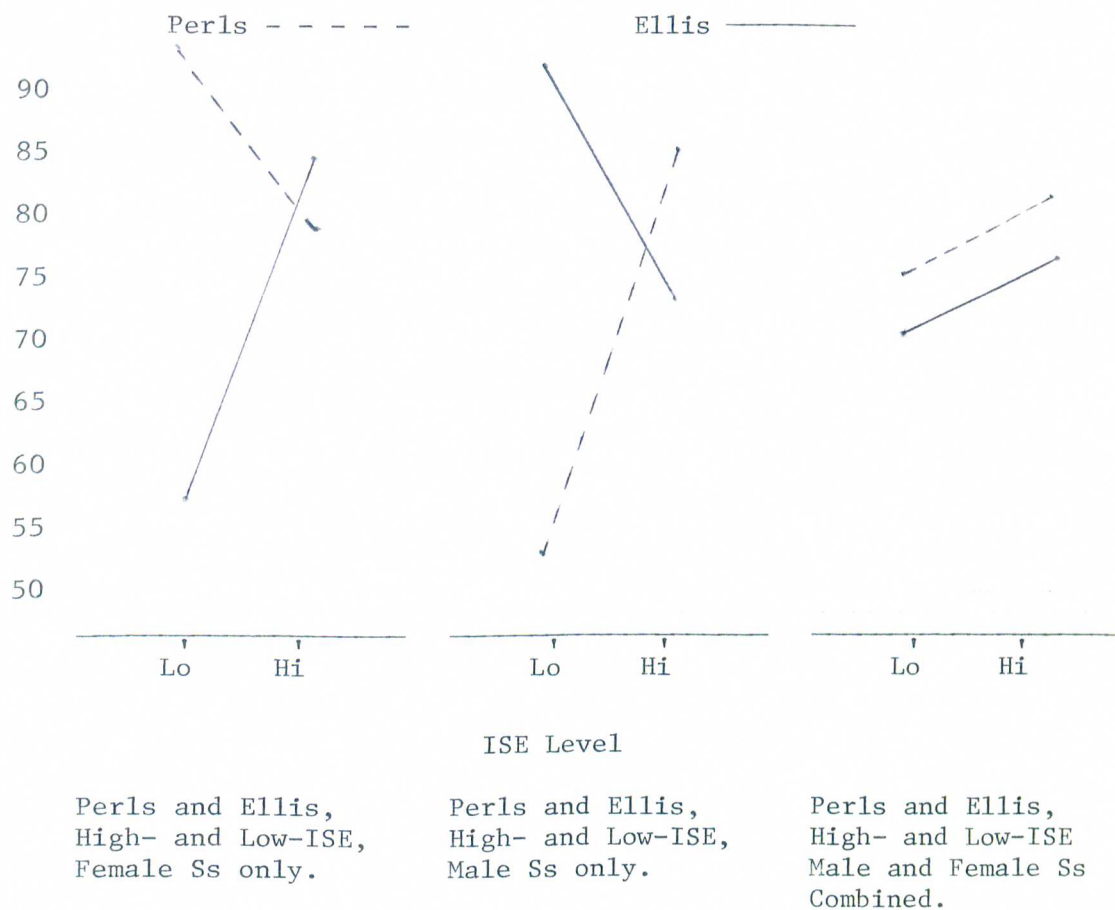


Fig. 3. Therapist \times Client Interaction Profiles for Males, Females, and Combined Data as a Function of Therapist Extremes (Perls and Ellis), and Client Extremes (High- and Low-ISE).

CHAPTER V

SUMMARY, CONCLUSIONS, AND DISCUSSION

A. Summary

In the last decade, an impressive body of empirical evidence has accumulated which strongly suggests that psychotherapy outcome is a function of the levels of therapeutic conditions expressed by the therapists during the course of therapy. The empirically established role of these "levels of therapeutic conditions" (LTC) in determining process movement and therapy outcome suggested that they deserved and demanded systematic investigation in their own right as dependent variables. The primary concern of this investigation, then, was to determine whether LTC varied in its expression across therapists, and its perception across clients. It was hypothesized that psychotherapeutic orientation and client interpersonal style interact in determining client perceptions of psychotherapists.

The experimental design developed for this study was a modification of Strupp's (1962) analogue procedure. Measures of interpersonal style--using Schutz's FIRO-B (1966)--were gathered from 378 college students at the University of Maryland. Approximately a week later, the Ss were randomly assigned to view one of the films in the film series Three Approaches to Psychotherapy. Immediately after viewing the film, the Ss were instructed to complete Barrett-Lennard's Relationship-Inventory in regards to how they would perceive the therapists if they were working with him as a client.

The data were analyzed by means of analysis of variance procedures. The design was a $3 \times 3 \times 2$ factorial analysis of variance (three therapeutic orientations \times three client interpersonal styles \times client sex).

B. Conclusions

Hypothesis I

Psychotherapy clients with differing interpersonal orientations perceive psychotherapeutic styles differentially.

Hypothesis I received the strongest support of all of the formally stated hypotheses. Nevertheless, analysis of the data clearly demonstrated that the interaction effects between client and therapist variables were differential in regards to client sex. Consequently, hypothesis I was tested via separate analyses for male and female subjects. For females, the interaction effect for the 3×3 analysis of variance (therapists \times clients) was significant ($p < .05$). For male Ss, the therapist \times client interaction was not significant for the 3×3 analysis of variance ($p < .244$). The differential nature of male client perceptions as a function of ISE level and therapeutic style were suggestive, however, of interactive variation.

Hypothesis II

Systematic matching between client interpersonal orientation and psychotherapeutic style promotes favorable client perceptions of psychotherapists.

Hypothesis II was in part supported. The differential effect of client sex on the patterns of interaction between therapeutic

style and client ISE suggested, however, that optimum matching between client and therapist must include consideration of client sex as well as client interpersonal style. While the male perceptions of therapists as a function of their ISE level corresponded configurationally as predicted (sub-hypotheses IIa, IIb, and IIc), female perceptions as a function of ISE level did not exhibit the consistency of the male data. High-ISE and medium-ISE both responded most favorably to Rogers, while low-ISE females responded most favorably to Perls. These findings will be discussed more extensively in the following section.

Hypothesis III

Clients who are positioned at an intermediate point along the ISE continuum perceive therapists-in-general more favorably than other types of clients.

Hypothesis III received no support whatsoever. The only significant client main effect was found for the 3×3 analysis of variance for females. Here, high-ISE clients assigned the highest R-I scores to therapists-in-general.

Hypothesis IV

Therapists who are positioned at an intermediate point along the ISE continuum, are perceived more favorably by clients-in-general than are other types of therapists.

Hypothesis IV received only marginal support. The therapist main effect for the 3×3 female analysis of variance did approach significance ($p < .067$) with Rogers receiving the highest R-I scores. Nevertheless, the therapist main effect for the 3×3 male analysis of variance was not significant.

C. Discussion

At a general level it seems tenable to conclude from this study that therapist behaviors which are globally and impressionistically perceived as facilitative by some clients, may not be perceived as such by other clients. Furthermore, and perhaps most important, the sources of variance in client perceptions were not as attributable to either therapist or client effects by themselves, as they were attributable to the interactive, system effects of the therapist-client dyads. Indeed, the analogue dyads of this study did move in directions that could not be accounted for by individual data--client perceptions were not merely additive functions of what each separate member brought to the dyad. Moreover, the pattern or interactive variations in these dyads can be viewed as exhibiting a certain conceptual regularity and consistency.

The differential interaction effects between therapist and client variables in regard to client sex appears to be most exemplificative of the dyadic, interactive results of this study. If it can be assumed that various sex-role correlates inhere in ISE, the second order interaction between therapeutic style, client ISE, and client sex can be interpreted meaningfully. The traditional performance of social-emotional roles in Western culture by females (Parsons, 1951) suggests that a high ISE tendency is characteristic of modal, female sex-role behavior. In contrast, the traditional assumption of instrumental-achievement roles by males suggests that modal, male sex-role behavior can be characterized as gravitating towards a low-ISE tendency. The second order interaction of this study, then,

might be viewed in the context of conventional versus unconventional sex-role identification as related to the differential response of clients to Perls and Ellis. Consideration of Rogers will be suspended for the moment because, as pointed out previously, he cannot be regarded as equally dissimilar to both Perls and Ellis.

Thus it can be seen that those clients exhibiting relatively unconventional sex-role identification (low-ISE females, high-ISE males) responded most positively to Perls. Conversely, those clients exhibiting relatively conventional sex-role identification (high-ISE females, low-ISE males) responded most favorably to Ellis (momentarily excluding Rogers for the sake of discussion). Moreover, Ellis' "cognitive emphasis" (Value Reorienting and Pattern Analysis) would be consistent with a conventional definition of psychotherapy as properly constituting a "fact-task" orientation.⁹ In contrast, Perls' "feeling-affective" emphasis (Encountering, Feeling, and Interpersonal Analyzing) is certainly inconsistent with defining the orientation of psychotherapy in a "fact-task" manner. Thus, relative to each other, Ellis may be regarded as a "conventional" therapist, while Perls might be regarded as an "unconventional" therapist.

Conventionality, then, as defined in the context of existing societal norms and expectations for interpersonal behavior, could

⁹The emphasis here is that by virtue of our prevailing, cultural wide imperatives emphasizing the propriety of a "task" or "doing" orientation in relation to problem solving (F. Kluckhohn, 1950), the psychotherapy process is then conventionally regarded--at a societal level by modal, middle class individuals--as necessarily being a "task-oriented" endeavor.

be the salient dimension accounting for the differential response of the clients in this study to different psychotherapeutic styles. The relative conventionality of Ellis' therapeutic style appears responsible for his appeal to conventional clients (high-ISE females, low-ISE males). Conversely, the relative unconventionality of Perls' therapeutic style likely contributed to his attractiveness for unconventional clients (high-ISE males, low-ISE females). Therapist-client similarity along this "conventionality" dimension would seem to promote confirmation of client expectations about the nature of the therapy process, thus facilitating the active attribution of positive characteristics to the therapist by the client. Dyadic dissimilarity along the "conventionality" dimension, however, appears to engage client defensiveness and suspicion.

The quality and quantity of emotional investment in one's habitual mode of interpersonal functioning is such that perceived assaults upon its appropriateness cannot be tolerated. Moreover, the "conventionality" dimension appears to be a general and inclusive one. Conventional or unconventional sex role identification can be expected to correlate with a variety of other attitudes and values. Hence as the perceived distance along this dimension increases between two individuals, the probability of either individual defining the other as an appropriate model for his own behavior decreases.

Rogers did not elicit the dramatic sex-role reversals in client response that the other two therapists did. This appears attributable to his relatively intermediate position along the "conventional-unconventional" continuum. Nevertheless, Rogers was not without his

"encounter" with a particular client sample. The pronounced attractiveness of Rogers for high-ISE females was partially responsible for the significant therapist \times client interaction between him and Perls and high- and low-ISE females clients. It seems possible that Rogers' moderate conventionality, combined with his unconditional, warm Caring and Feeling emphasis (compared to the aggressive, critical style of Perls) appealed to the "affective-emotive," but still conventional characteristics of the high-ISE females. Thus, the attractiveness of Rogers for high-ISE females is further testimony for the appeal of a relatively conventional therapist for relatively conventional clients.

1. Psychotherapeutic Implications

The results of this study obviously suggest the advisability of systematically matching clients and therapists in an attempt to maximize the benefits of the therapeutic experience for clients (and perhaps do the same for therapists as well!). The benefits of such matching can be considered within the frameworks of both "intrapsychic" and behavioral systems of psychotherapy. For an intrapsychic or cognitive position, correspondence of interpersonal styles would likely contribute to enhanced client feeling of being understood and accepted by the therapist. Indeed, the necessity for client candidness and self-disclosure (desired client behaviors regardless of psychotherapeutic style) can be most threatening and has been described as being perceived as indicative of weakness or inadequacy by some clients (Lakin and Carson, 1966). Given pronounced divergence in interpersonal values and style between therapist and client, the consequent

defensiveness of the client would seem to preclude optimum levels of client candidness and self-disclosure. This relational dissonance would contribute to the client expending disproportionate time and energy in attempting to reconcile the perceived conflicts between himself and the therapist. Therapeutic movement in such a dyad would be impaired out of the necessity to attend to the more immediate problem of merely maintaining the existence of the relationship. In contrast, the decrease in client defensiveness attendant to perceiving similarities between the general features of his own interpersonal style and his therapist's should facilitate client self-disclosure and movement. In this latter instance, the client benefits from a relationship he perceives as "safe." Free from any felt necessity to defend his general interpersonal style, the client can experience sufficient trust in relating to his therapist so as to be more apt to engage in candid self-disclosure.

For a behavioral persuasion, where the psychotherapist is regarded as a model from whom clients learn desirable behavior via imitation (Bandura, 1965), similarity in interpersonal style between therapist and client can be regarded as enhancing the reinforcement value of the therapist. Indeed, it is likely that client perception of dissimilarity between himself and his therapist eventuates in the client establishing a progressively generalized repertoire of avoidance responses to be emitted in the presence of the therapist. In a dyad such as this, positive reinforcement occurs mostly to the extent that the client can remove himself from the therapeutic situation and the influence of the therapist. Similarity in interpersonal orientation between client and therapist, however, would seem to facilitate client

establishment of approach responses in relation to the therapist. Such approach responses, in turn, afford the therapist a greater variety of reinforcing contingencies. Client behavior can be modified much more effectively in this latter situation.

Additionally, the implications of this study for the psychotherapy process are not limited to issues of client-therapist matching. Specifically, the study suggests that any attempts at differentiating between therapeutic systems in regards to "effectiveness", or along other similar dimensions, are futile. Despite a slight tendency for female clients to prefer Rogers in this study, the "effectiveness" of psychotherapy is essentially a property of the psychotherapeutic dyad. Thus, this study certainly indicates that a consideration of therapist variables by themselves is an ill-advised means for predicting therapeutic outcome.

Similarly, the more common distinctions made between "good" and "poor" clients appear to be neither particularly meaningful nor valid. Obviously, however, the pronounced attractiveness of therapists-in-general for high-ISE clients cannot be dismissed. This would seem to suggest that regardless of its theoretic persuasion, psychotherapy constitutes an interpersonal endeavor to some extent in all its various forms. Thus the presumed "social-emotional" sex-role characteristics of conventional females (high-ISE) might naturally be expected to contribute to their perceiving therapists-in-general more favorably than other types of clients. Nevertheless, the generality of this finding is severely limited by the differential, interactive features of the dyads discussed previously. This study suggests that a variety

of clients can benefit from a psychotherapy experience given a therapist whose interpersonal orientation is similar to that of the client.

Furthermore, it seems necessary to clarify the therapeutic vicissitudes of client-therapist similarity in interpersonal orientation. This emphasis should not be construed as implying that the therapist ideally avoids any attempts at modifying a client's pattern of interpersonal functioning; nor does this emphasis advocate the therapist helping to maintain, or "feed into," any maladaptive, interpersonal behaviors of the client. The emphasis rather is that there is no current, existing, empirical evidence that demonstrates the inherent desirability of any one mode of interpersonal functioning--within normal limits--over the other. Theoretical models asserting the inherent preferability of one interpersonal style over another are numerous, but yet they remain theoretical models. Satisfaction and efficiency of functioning would appear to accrue with equal frequency to all positions along the ISE continuum. Thus the "high-ISE" therapist who implores the "low-ISE" client, whether overtly or covertly, to adopt the former's interpersonal orientation, likely does both his client and his calling a serious disservice.¹⁰ Psychotherapy would seem to be most effective when the client is allowed to retain his general interpersonal orientation as a basis from which to develop more satisfying and effective patterns of functioning and coping.

¹⁰One is reminded here of Rogers' contingent use of empathy and warmth to "shape up" client behavior in a manner that is preferred by therapists of a nondirective theoretical persuasion. (Truax, 1966a).

2. Research Implications

The present study can also be discussed in terms of its implications for methodological developments in psychotherapy research. Initially the study does suggest that the analogue technique constitutes a viable method for systematically investigating the psychotherapy process. The control and standardization afforded by the analogue technique appears to compensate for the artificiality of its procedure. Nevertheless, analogue research probably cannot be regarded as ever providing definitive answers in this area. At best, it serves to identify and clarify hypotheses that deserve additional examination in actual psychotherapeutic settings.

Nevertheless, this study does call into question the use of trained raters or judges for assessing the efficacy of a therapist's functioning. Indeed, the results of this study strongly suggest that one cannot assume that because some therapist behavior is rated as highly facilitative by a trained rater, it is similarly perceived as such by the particular client, and moreover would be so perceived by clients-in-general. As in previous work (Caracena and Vicory, 1969), the variations here between clients in response to a particular therapist cannot be dismissed as the parataxic distortions of a pathological population.

The overwhelming influence of the interactive, system effects of the therapist-client dyad commend the dyad per se as the most appropriate unit for future psychotherapy research. Though emphasized earlier, it is still appropriately re-emphasized--here in a methodological context--that psychotherapy research would do well to abandon

its attempts to differentiate the effects of therapist variables by themselves. Too often such endeavors are motivated out of mere theoretical prejudice and characteristically seek to do little more than cast competing therapeutic systems in an embarrassing light. In the same sense, then, continued attention to client variables by themselves will not likely constitute a very significant contribution to the accumulating body of psychotherapy research.

3. Limitations of the Study

This study might well be criticized for raising considerably more questions than it answers. Indeed, the validity of the Relationship-Inventory (R-I) for predicting outcome criteria is yet to be established with therapeutic orientations other than Rogerian. Furthermore, one can find distinctly Rogerian constructs entrenched in the content of some of the R-I items. The failure of the R-I to differentiate between the dimensions of empathy, congruence, and warmth suggests that these specifically Rogerian constructs add little to the utility of the instrument. In its present form, the R-I appears to attribute conceptual complexity to clients that they may not necessarily in fact bring to the psychotherapy process. This study, as well as previous work (Mills and Zytowski, 1967), suggests that the modal therapy client is concerned simply with whether he feels comfortable with a particular therapist and whether he feels that that therapist understands him. It might prove profitable to develop a simpler instrument, similar to the R-I, on these two principles.

The study is also limited in that proper controls could not be instituted that could account for the differences in the client-

therapist sex combinations of the dyads. Unfortunately, all female Ss in the study were responding to an opposite sex therapist, while all male Ss were responding to a same sex therapist. Furthermore, the effects of the therapists per se cannot be differentiated between the extent to which the formal features of a particular system influenced a given dyad, and the extent to which a dyad was influenced by the more ideosyncratic, personalistic features of the therapist. Additionally, the sample of therapists could have been more appropriately suited to the purposes of this study. Placed along a continuum such as ISE, the three therapists were certainly not equidistant from each other. The Gestalt and Nondirective systems were considerably more similar to each other than they were to the Rational-Emotive orientation. Moreover, the absence of a therapist with an avowed analytic or neo-analytic orientation was unfortunate.

Finally, the study suffers from the ill-defined characteristics of ISE. Its status is essentially that of a theoretical construct with very little, if any, empirical evidence to demonstrate behavioral correlates for it. Nevertheless, the dearth of available instruments for assessing interpersonal orientation--that were also uncontaminated by correlations with global indices of mental health or adjustment--dictated the choice of the FIRO-B for this purpose.

APPENDIX A

APPENDIX A

ITEMS IN THE FIRO-B

For each statement below, decide which of the following answers best applies to you. Place the number of the answer in the box at the left of the statement. Please be as honest as you can.

1. usually 2. often 3. sometimes 4. occasionally 5. rarely 6. never

1. I try to be with people
2. I let other people decide what to do.
3. I join social groups.
4. I try to have close relationships with people.
5. I tend to join social organizations when I have an opportunity.
6. I let other people strongly influence my actions.
7. I try to be included in informal social activities.
8. I try to have close, personal relationships with people.
9. I try to include other people in my plans.
10. I let other people control my actions.
11. I try to have people around me.
12. I try to get close and personal with people.
13. When people are doing things together I tend to join them.
14. I am easily led by people.
15. I try to avoid being alone.
16. I try to participate in group activities.

For each of the next group of statements, choose one of the following answers:

1. most people 2. many people 3. some people 4. a few people
5. one or two people 6. nobody

17. I try to be friendly to people.
18. I let other people decide what to do.
19. My personal relations with people are cool and distant.
20. I let other people take charge of things.
21. I try to have close relationships with people.
22. I let other people strongly influence my actions.
23. I try to get close and personal with people.
24. I let other people control my actions.
25. I act cool and distant with people.
26. I am easily led by people.
27. I try to have close, personal relationships with people.

For each of the next group of statements, choose one of the following answers:

1. most people 2. many people 3. some people 4. a few people
5. one or two people 6. nobody

28. I like people to invite me to things.
29. I like people to act close and personal with me.
30. I try to influence strongly other people's actions.
31. I like people to invite me to join in their activities.
32. I like people to act close toward me.
33. I try to take charge of things when I am with people.
34. I like people to include me in their activities.
35. I like people to act cool and distant toward me.

36. I try to have other people do things the way I want them done.
37. I like people to ask me to participate in their discussions.
38. I like people to act friendly toward me.
39. I like people to invite me to participate in their activities.
40. I like people to act distant toward me.

For each of the next group of statements, choose one of the following answers:

1. usually 2. often 3. sometimes 4. occasionally 5. rarely 6. never

41. I try to be the dominant person when I am with people.
42. I like people to invite me to things.
43. I like people to act close toward me.
44. I try to have other people do things I want done.
45. I like people to invite me to join their activities.
46. I like people to act cool and distant toward me.
47. I try to influence strongly other people's actions.
48. I like people to include me in their activities.
49. I like people to act close and personal with me.
50. I try to take charge of things when I'm with people.
51. I like people to invite me to participate in their activities.
52. I like people to act distant toward me.
53. I try to have other people do things the way I want them done.
54. I take charge of things when I'm with people.

APPENDIX B
THE RELATIONSHIP INVENTORY

Name _____ Number _____ Sect _____ Th _____ Room _____

 I S E R E C U'' W T S

Below are listed a variety of ways that one person could feel or behave in relation to another person. Please consider each statement with respect to whether you would think it was true or not true in relation to yourself if you were seeing this therapist in psychotherapy.

Mark each statement in the left margin, on the line provided for doing so, according to how strongly you feel it is true or not true. Please mark everyone. Write in +1, +2, +3: or -1, -2, -3 to stand for the following answers.

+1. I feel it is probably true, or more true than untrue.

+2. I feel it is true.

+3. I strongly feel that it is true.

-1 I feel that it is probably untrue, or more untrue than true.

-2 I feel it is not true.

-3. I strongly feel that it is not true.

_____ 1. He (the therapist) would respect me.

_____ 2. He would try to see things through my eyes.

_____ 3. He would pretend that he likes me or understands me more than he really did.

_____ 4. His interest in me would depend partly on what I was talking about.

_____ 5. He would be willing to tell me his own thoughts and feelings when he was sure that I really wanted to know them.

_____ 6. He would disapprove of me.

_____ 7. He would understand my words but not the way I felt.

_____ 8. What he says to me would never conflict with what he thinks or feels.

_____ 9. He would always respond to me with warmth and interest - or always with coldness and disinterest.

_____ 10. He would tell me his opinions or feelings more than I would really want to know them.

_____ 11. He would be curious about the "way I tick", but not really interested in me as a person.

_____ 12. He would be interested in knowing what my experiences mean to me.

- _____ 13. He would be disturbed whenever I talked about or asked about certain things.
- _____ 14. His feeling toward me would not depend on how I was feeling toward him.
- _____ 15. He would prefer to talk only about me and not at all about himself.
- _____ 16. He would like seeing me.
- _____ 17. He would nearly always know exactly what I mean.
- _____ 18. I would feel that he has unspoken feelings or concerns that are getting in the way of our relationship.
- _____ 19. His attitude toward me would depend partly on how I am feeling about myself.
- _____ 20. He would freely tell me his own thoughts and feelings, when I wanted to know them.
- _____ 21. He would be indifferent to me.
- _____ 22. At times he would jump to the conclusion that I felt more strongly or more concerned about something than I really do.
- _____ 23. He would behave just the way that he is in our relationship.
- _____ 24. Sometimes he would respond to me in a more positive and friendly way than he would at other times.
- _____ 25. He would say more about himself than I am really interested to hear.
- _____ 26. He would appreciate me.
- _____ 27. Sometimes he would think that I feel a certain way because he feels that way.
- _____ 28. I would now think that he hides anything from himself that he feels with me.
- _____ 29. He would like me in some ways, dislike me in others.
- _____ 30. He would adopt a professional role that makes it hard for me to know what he is like as a person.
- _____ 31. He would be friendly and warm to me.
- _____ 32. He would understand me.
- _____ 33. If I felt negative toward him, he would respond negatively to me.
- _____ 34. He would tell me what he thinks about me, whether I wanted to know or not.
- _____ 35. He would care about me.

- _____ 36. His own attitudes toward some of the things I say, or do, would stop him from really understanding me.
- _____ 37. He would not avoid anything that was important in our relationship.
- _____ 38. Whether I was expressing "good" feelings or "bad" ones would seem to make no difference as to how positively - or how negatively - he feels about me.
- _____ 39. He would be uncomfortable when I asked him something about himself.
- _____ 40. He would feel that I am dull and uninteresting.
- _____ 41. He would understand what I say, from a detached objective point of view.
- _____ 42. I feel that I could trust him to be honest with me.
- _____ 43. Sometimes he would be warmly responsive to me, at other times cold or disapproving.
- _____ 44. He would express ideas or feelings of his own that I am not really interested in.
- _____ 45. He would be interested in me.
- _____ 46. He would appreciate what my experiences feel like to me.
- _____ 47. He would be secure and comfortable in our relationship.
- _____ 48. Depending on his mood, he sometimes would respond to me with quite a lot more warmth and interest than he would at other times.
- _____ 49. He would want to say as little as possible about his own thoughts and feelings.
- _____ 50. He would just tolerate me.
- _____ 51. He would be playing a role with me.
- _____ 52. He would be equally appreciative - or equally unappreciative - of me, whatever I am telling him about myself.
- _____ 53. His own feelings and thoughts would always be available to me, but never imposed on me.
- _____ 54. He would not really care what happens to me.
- _____ 55. He would not realize how strongly I feel about some of the things we discuss.
- _____ 56. There would be times when I felt that his outward response was quite different from his inner reaction to me.
- _____ 57. His general feeling toward me would vary considerably.

- _____ 58. He would be willing to use our time for me to get to know him better, if or when I wanted to.
- _____ 59. He would really seem to value me.
- _____ 60. He would respond to me mechanically.
- _____ 61. I would not think he was being honest with himself about the way he feels toward me.
- _____ 62. Whether I like or disliked myself would make no difference to the way he feels about me.
- _____ 63. He would be more interesting in expressing and communicating himself than in knowing and understanding me.
- _____ 64. He would dislike me.
- _____ 65. I would feel that he was being genuine with me.
- _____ 66. Sometimes he would respond quite positively to me, at other times he would seem indifferent.
- _____ 67. He would be willing to tell me how he feels about me.
- _____ 68. He would be impatient with me.
- _____ 69. Sometimes he would not be at all comfortable but we would go on, outwardly ignoring it.
- _____ 70. He would like me better when I behaved in some ways than he would when I behaved in other ways.
- _____ 71. He would be willing to tell me his actual response to anything I said or did.
- _____ 72. He would feel deep affection for me.
- _____ 73. He would usually understand all of what I said to him.
- _____ 74. He would not try to mislead me about his own thoughts and feelings.
- _____ 75. Whether I felt fine or felt awful would make no difference to how warmly and appreciatively - or how coldly and unappreciatively - he felt toward me.
- _____ 76. He would tend to evade any attempt that I made to get to know him better.
- _____ 77. He would regard me as a disagreeable person.
- _____ 78. What he said would give a false impression of his total reaction to me.
- _____ 79. I could be very critical of him, or very appreciative of him, without it changing his feeling toward me.

- _____ 80. At times he would feel contempt for me.
- _____ 81. If I did not say what I meant at all clearly he would still understand me.
- _____ 82. He would try to avoid telling me anything that might upset me.
- _____ 83. His general feeling toward me (of liking, respect, dislike, trust, criticism, anger, etc.) would reflect the way that I was feeling toward him.
- _____ 84. He would try to understand me from his own point of view.
- _____ 85. He could be deeply and fully aware of my most painful feelings without being distressed or burdened by them himself.

WHAT IN PARTICULAR, IF ANYTHING, DID YOU LIKE ABOUT THIS THERAPIST?

WHAT IN PARTICULAR, IF ANYTHING, DID YOU DISLIKE ABOUT THIS THERAPIST?

DO YOU HAVE ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE?

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