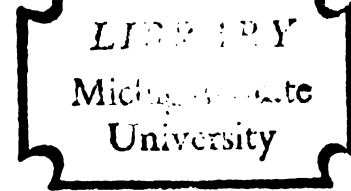CLIENT EXPECTATION OF CHANGE,
MOTIVATION FOR CHANGE, AND OUTCOME
OF PSYCHOTHERAPY

Thesis for the Degree of M. A.
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JUDITH DAVIDS
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ABSTRACT

CLIENT EXPECTATION OF CHANGE, MOTIVATION FOR CHANGE, AND OUTCOME OF PSYCHOTHERAPY

By

Judith Davids

This study explored the inter-relationship between three measures of client expectation of change through psychotherapy and attempted to relate these measures to the outcome of psychotherapy. The original experimental sample consisted of 41 undergraduate students engaged in personal-emotional counseling at the Michigan State University Counseling Center. Of these 41 students, 25 completed all three measures of client expectation, and only 16 of these also completed the outcome measure.

Client expectation of change through psychotherapy was measured by (a) the summed discrepancies between the Present Self and Expected Self forms of Goldstein's Common Problems Scale; (b) the sum of the squared discrepancies between the client's ratings of "Myself as I am now" and "Myself as I would like to be after therapy" on Cartwright and Lerner's Need to Change scale; and (c) a seven-point rating of the client's optimism that therapy would help to solve his problems. Outcome of psychotherapy was determined by the change in the total

positive score on the Tennessee Self-Concept Scale from before to after therapy and by the therapists' post-therapy ratings of client improvement.

The results of this study indicated that client expectation of psychotherapy is a factorial rather than a unitary concept, and the implications of this finding were discussed. In this context, the question was raised as to whether the Need to Change scale, as presently worded, might not more accurately be termed a measure of client motivation rather than a measure of expectation. This study failed to find a significant relationship between client expectation of change or need to change and the actual outcome of psychotherapy. The relation of these findings to the findings of previous research was discussed. It was concluded that while the relationship of client need to change to outcome of therapy remains unclear, the client's global expectation that he will profit from therapy is probably not an important predictor of therapeutic outcome. An incidental finding was that there is no significant relationship between low client expectation of change and the tendency to drop out of treatment before therapy is completed. Implications of these findings for further research were mentioned.

Approved: _Donald Grummon_

Date: _11/22/68_

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CLIENT EXPECTATION OF CHANGE, MOTIVATION FOR

CHANGE, AND OUTCOME OF PSYCHOTHERAPY

By

Judith W. Davids

A THESIS

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INTRODUCTION

Broadly speaking, the psychotheraputic process can
be divided into three categories of variables: client
variables, process variables (including therapist var-
iables), and outcome variables. The clinician is inter-
ested in predicting psychotheraputic outcome on the basis
of his knowledge of variables in the other two categories;
particularly, since these are the variables over which
he has some control, he would like to know the effects of
process variables on theraputic outcome. However, until
the relationship between client variables and the outcome
of psychotherapy is defined with greater precision, our
conclusions about the effects of process variables on
psychotheraputic outcome must remain tentative.

Perhaps unrealistically, researchers have been
operating under the assumption that only a small number
of client variables are importantly related to theraputic
success or failure, and considerable time and effort have
been spent trying to isolate them. Among the client var-
iables which have in the past looked encouraging as pre-
dictors of theraputic outcome is client expectancy.

Jerome Frank, in the introduction to <u>Goldstein's</u>
<u>Patient-Therapist Expectancies in Psychotherapy</u>, said,

> Very few aspects of human functioning can really
> be understood without including a person's view
> of the future . . . A person's expectations affect
> his perception of what goes on about him, and
> thereby his behavior. His conduct in turn affects
> the ways in which others perceive him and their
> behavior toward him. Thus one cannot understand
> a person's state of mind or his behavior without
> consideration of his expectations about himself
> and those with whom he interacts (Goldstein, 1962,
> p. ix).

Historically, expectancy is closely related to the

concepts of "set," "anticipation," and "hypothesis" in

the area of perceptual research. Perhaps the most recent

theoretical interest in this area is Bruner and Postman's

hypothesis theory and Allport's subsequent elaboration of

this theoretical position in terms of set dynamics and

interaction. This view holds that the more basic the con-

firmation of the hypothesis or expectancy to the carrying

out of a goal-striving activity, the greater its strength

(in Goldstein, 1962).

In the field of personality theory, Rotter and

Kelly support the idea that anticipatory processes are

a major determinant of behavior. Rotter has said:

> The occurrence of a behavior in a person is deter-
> mined not only by the nature or importance of
> goals or reinforcements, but also by the person's
> anticipation or expectancy that these goals will
> occur. . . . The basic formulation of social learning
> theory states that one of the major predictors of
> behavior is the subject's expectancy of the outcome
> of his behavior in a given situation (1954, p. 102).

Lewin's theoretical model of level of aspiration stresses,

as does Rotter's principle of internal expectancy, the

importance of explaining level of aspiration in terms

of the individual's personalized or subjective expectations

rather than the actuarial or objective expectations which
might be independently assumed to be present on the basis
of past performance. Similarly, in his theory of per-
sonal constructs, Kelly states (1955, p. 46), ". . . human
behavior may be viewed as basically anticipatory rather
than reactive, and . . . new avenues of behavior open
themselves to a person when he construes the course of
events surrounding him."

Thus it appears that personality and perceptual
theorists have arrived at generally congruent positions
regarding expectations, based in large part on widely
differing types of investigations and research techniques,
and it seems reasonable to conclude that expectations do
indeed exert a major influence on human behavior.

There have been two general approaches to opera-
tionalizing client expectation of psychotherapy, each of
which has unfortunately been tested in only a single ex-
periment. The first approach stems from the work of Kelly
in the field of personality theory. In the course of his
research, Kelly designed the Role Construct Repertory
Test, a projective instrument designed to elicit a series
of words or constructs which the client feels describe the
most important aspects of his interpersonal interactions
and the interactions of important others in his life.
The principle advantage (and also the chief disadvantage)
of Kelly's test is that each set of constructs obtained

is unique to the individual being tested. While this
insures that the client is able to describe his feelings
in words which are personally meaningful to him, it
presents serious problems for making inter-client com-
parisons of test scores, for the researcher has no way
of knowing precisely how representative the elicited
constructs are of the client's interactional role reper-
toire, nor is there any but subjective means available
for determining whether the constructs obtained from any
two individuals are functionally equivalent. Kelly
feels that (1955, p. 567):

> The client's conceptualization (expectation) of
> psychotherapy represents a body of constructs
> whose permeability[1] determines how extensively
> he can envision theraputic change in himself.
> If the client sees only certain minor adjustments
> and certain interview room exercises as consti-
> tuting psychotherapy, he will not be prepared to
> assay sweeping changes in his style of life. If
> one is to move, he needs to have a framework
> within which that movement can take place.

Lipkin (1954) supported this view in a long term study of
nine of his own clients, concluding that, ". . . the
client who is positively oriented toward the counselor
and the counseling experience, and who anticipates that
his experience in counseling will be a successful one,
undergoes more (positive) change (p < .01)."

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[1]"A construct is permeable if it is open to the addi-
tion of new elements, or elements beyond those upon which
it has been explicitly formed." In the case of the REP
Test, it is assumed that "the constructs he (the client)
verbalizes are ones which can be applied to people and
interpersonal situations which he has not yet confronted."
(1955, p. 229)

The major experiment using this general approach to client expectancy was done by Cartwright and Lerner (1963) using Landfield's (1964) shorter and simpler version of the Kelly REP Test. Studying 28 subjects with a mean age of 27.7 years who received a mean of 40 psychotherapeutic interviews each, the authors arranged the first ten discrete pairs of constructs obtained by each client on the REP Test on five-point rating scales. Before they entered treatment, the subjects were asked to rate themselves both "as I am now" and "as I would like to be after therapy." The total squared discrepancy between these two sets of ratings was taken to indicate "felt need to change." Those subjects who were rated improved by their therapists on the basis of integration, open vs. defensive organization (presumably of personality), and present life adjustment, had a significantly higher "felt need to change" than those rated unimproved.

The second approach which has been used to study client expectancy is that of Goldstein and his colleagues. Here expectation of specific symptomatic change rather than change in more general personality factors is dealt with. In a test specifically designed to measure the relationship between client expectancy and outcome of therapy, Goldstein and Shipman (1961) gave both the "Present Self" and "Expected Self" forms of the Common Problems Scale to 30 lower socio-economic class psycho-neurotic outpatients (mean age 34 years) just before

their initial therapy interview; the "Present Self"
portion was re-administered following the interview.
The CPS (each form) consists of 50 items selected from
the Mooney Problem Checklist (Mooney and Gordon, 1950)
and arranged on five-point scales from "almost never
like me" to "almost always like me."

Noting the parallels between expectancy and level
of aspiration, Goldstein and Shipman hypothesized that
improvement would be greatest for patients with moderate
present-self/expected-self discrepancies on the CPS, and
lowest for patients with either very high or very low
discrepancies. The client's perceived symptom reduction
was used as the criterion measure. Results of the study
indicated a significant correlation between expected
and perceived symptom reduction (Epsilon = .405; p < .05),
and a concomitant test for goodness of fit indicated an
equally significant departure from linearity.

These findings were in accord with those of Brady,
Reznikoff, and Zeller (1960), who used a projective bat-
tery to measure the expectations of 135 hospitalized
psychiatric patients, and with those of Goldstein (1960),
who used a Q-sort form of the CPS with 30 psychoneurotic
outpatients; these studies indicated a lack of linear
relationship between expectancy and theraputic outcome
in, respectively, highly heterogeneous and highly homo-
geneous research samples.

The major deficiency of Goldstein and Shipman's
(1961) experiment is that it dealt with changes occurring
over only one interview--hardly enough to involve much
client change--nor were any objective outcome measures
used to determine whether some change had actually taken
place. Another study by Brady (1959) of 149 hospitalized
psychiatric patients on self-report and projective measures
provides added support, however, for the finding of prog-
nostic superiority of moderate expectation of improvement.

We now find ourselves faced with a dilemma. Both
the Need to Change scale and the CPS have been used with
some success to study the influence of client expectancy
upon therapy. However, one is forced to ask why Cart-
wright and Lerner found a linear relationship between
expectation and theraputic outcome instead of the curvi-
linear relation found by Goldstein and Shipman. There
are several possible answers to this question. One is
that if Goldstein and Shipman had measured perceived
symptom reduction after five or ten interviews instead
of after only one, their results might have more closely
resembled those of Cartwright and Lerner. The possi-
bility should also be considered that the Need to Change
scale may not measure the same psychological variable
as does the CPS, i.e. that client expectancy may be a
multi-dimensional rather than a unitary concept.

The purpose of this study was to clarify the nature
of the relationship between client expectancy and

psychotheraputic outcome and to explore client expectation as a psychological concept. In addition to the Need to Change and the CPS, a seven-point rating of the client's optimism about therapy as a solution to his problems was used as a measure of client expectation. All three instruments are simple to take and require little time to administer and score. They also encompass an interesting variety of the factors which might reasonably be expected to constitute expectation, and not all of which may be positively inter-related. The CPS provides an objective measure of the specific symptomatic aspects of expectancy, while the Need to Change gives a subjective, tailor-made set of expectations for each client. The Optimism Rating was included on the chance that it might in the end correlate better with theraputic outcome than either of the other more complex measures.

Hypotheses to be Tested

The first hypothesis to be tested is that (a) the CPS, Need to Change, and Optimism Rating all of which purport to measure the client's expectations about psychotherapy, do in fact measure the same psychological variable.

A second hypothesis is (b) that client's expectation of change in psychotherapy is related to the amount of positive change which occurs as a result of the theraputic process. Because of the conflicting reports in the

literature, two sub-hypotheses are proposed: (c) that client expectation of psychotheraputic change is related to actual change in a positive, linear manner; or alternatively, (d) that client expectation is curvilinearly related to theraputic outcome. More specifically, clients with either very high or very low expectations of psychotheraputic change will tend to benefit less from psychotherapy than will clients with moderate expectations.

METHOD

Subjects

In the course of a seven-month period, 41 (11 male, 30 female) clients at the Michigan State University Counseling Center were selected on the basis that they were undergraduates, that they were seeking help for personal problems which, if they were motivated to work on them, would involve a considerable investment of time to work through, and that they were willing to try therapy as a possible solution for their problems. Selection was made subjectively by the screening counselor who performed the intake interview with the subject. Of these 41 students, only 16 (4 male, 12 female) completed both the pre- and post-tests; these subjects completed a mean of 10 interviews each. Pre-test scores were obtained on an additional 11 students (4 male, 7 female), who had a mean of only 2.9 interviews each. Thus it was possible to test hypothesis "a" on a population of 27 clients, while hypotheses "b," "c," and "d" were tested with an N of 16.

Independent Variable

The independent variable in this study was client expectation about the outcome of psychotherapy. Three different measures of expectation were used.

The first measure of client expectation used was
Goldstein's (1960, 1961) Common Problems Scale, forms
PS (Present Self) and ES (Expected Self). (See Appendix
B) Each form consists of 50 items taken from the Mooney
Problem Checklist and placed on five-point rating scales.
On form PS the client is instructed to rate himself as he
is at the present time; on form ES he is to rate himself
as he realistically expects to be at the end of therapy.
The sum of the discrepancies between the clients' ratings
of forms ES and PS was taken to represent client expec-
tation of therapy.* Split-half reliability of the dis-
crepancy scores between forms ES and PS was 0.85 for 25
subjects.

The second measure of expectation used was the
modified version of the Kelly REP Test used in previous
studies by Landfield (1964) and by Cartwright and Lerner
(1963). (See Appendix A) In this version pairs, rather
than sets of three as in the original Kelly version, of
personal constructs are elicited from the subject; these

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*This was one of two methods used to score the CPS.
In the second method, it was assumed that no client would
want to change in a negative direction and therefore that
all discrepancies between forms ES and PS which indicated
an expected change in the direction of greater symptom
development were interpreted as errors. These "error"
discrepancies were subtracted from the total discrepancies
between forms ES and PS to determine the subjects' expec-
tancy scores. The expectancy scores obtained by the two
methods were highly correlated (ρ = .998) and it was
decided to use the simpler scoring system (without con-
sidering the error term) for the remainder of the analy-
sis. It is not clear what method was used by Goldstein
and Shipman (1961).

pairs of opposites are then placed at either end of five-point rating scales. The client is asked, as in the CPS, to rate himself as he is now and again as he would like to be after therapy. The term "as you would like to be" rather than "as you expect to be" was used to exactly duplicate the procedure in the Cartwright and Lerner study. For the same reason, client expectation of therapy (Need to Change) was computed by summing the squared discrepancies between the clients' ratings of "Myself as I am Now" and "Myself as I would like to be after therapy." Split-half reliability of the discrepancy scores between present and expected self on the Need to Change was found to be 0.80 with an N of 27.

On the third measure, the client was simply asked to rate on a seven-point scale how optimistic or pessimistic he was that therapy would be of help to him. (See Appendix C)

Dependent Variable

The dependent variable in this study was the amount of improvement made by the client as a result of therapy. Amount of improvement was determined by two independent measures: a) therapist's ratings of client gain from therapy (See Appendix D), and b) the pre- to post-therapy change in the client's Total Positive score on the Tennessee Self-Concept Scale (TSCS) (Fitts, 1965). The TSCS consists of 100 self-descriptive statements

which the subject uses to portray his image of himself.
He does this by rating the item's degree of applicability
to himself on a five-point scale which ranges from "com-
pletely true" to "completely false."

The items of the TSCS are organized into a number
of subscales such as the neurosis scale, the general mal-
adjustment scale, the personality disorder scale and
others. The Total Positive score is a measure of the
individual's overall self-esteem, and consists of the
summed positive self-ratings on each subscale. The TSCS
was selected as an outcome measure because it is simple
for the client to understand, requires little time to
administer, is well-standardized and multi-dimensional,
and has a test-retest reliability of .92 on the Total
Positive Score. Previous investigation (Ashcraft and
Fitts, 1964) has shown that the Total Positive score on
the TSCS is an effective measure of client improvement
through psychotherapy.

<div align="center">Procedure</div>

1. Clients were screened by one of 20 intake
counselors and selected on the basis of (a) the quali-
fications listed under the section on "Subjects," and
(b) the current needs of the project.

2. Before their first therapy interview the
clients took the Common Problems Scale, the Need to
Change Scale, the Optimism Rating and the TSCS.

3. Clients were assigned to one of 10 female or 20 male therapists, all either first- of second-year clinical or counseling psychology interns or permanent members of the Counseling Center staff.

4. After the third therapy interview, the single-item rate was readministered. Test-retest reliability for the Optimism Rating was found to be 0.96.

5. At the termination of therapy the client was again administered the TSCS. Also at this time the counselors were asked to rate the amount of client improvement which they felt had taken place.

RESULTS

To test hypothesis "a" rank-order correlations were computed between the three measures of client expectation. This particular method of correlation was selected because it avoids the assumption of equal distance between the scores on the various tests. All of the correlations computed were positive but low (See Table 1), and only one was significant at the .05 level of confidence: the CPS correlated significantly (p < .05) with the pre-therapy Optimism Rating. Assuming that all three of the instruments used did in fact measure client expectation, our findings indicated that the concept of client expectation of change in therapy is of a factorial rather than a unitary nature; therefore, hypothesis "a" was not confirmed.

TABLE 1.--Rank-Order Correlations between Three Measures of Client Expectation

Tests	N	r
Need to Change, CPS	25	+.273
Need to Change, Optimism Rating	24	+.010
CPS, Optimism Rating	24	+.376*

*p < .05

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As a first step in testing hypotheses "b," "c," and "d" the scores on each measure of client expectation were plotted (See Figures 1, 2, and 3) against the corresponding change in the Total Positive scores on the TSCS and (See Figures 4, 5, and 6) against the therapists' post-therapy ratings of client improvement. Inspection of the scatter plots clearly failed to substantiate hypothesis "d" and no further tests of this hypothesis were made. In summary, no evidence was found to substantiate Goldstein's hypothesis of a curvilinear relationship between client expectation and theraputic outcome.

Although a matched-group t test showed a significant difference between the pre- and post-scores of the Total Positive scale of all subjects (t = 2.62, df = 15, p < .01), these scores were also highly correlated (Pearson r = .71). It was therefore decided to use analysis of covariance to test the effects of high or low client expectation on the TSCS Total Positive scores. The results of this analysis for each of the three measures are presented in Tables 2, 3, and 4. The exact procedure which was used to divide clients into high and low expectation groups can be found in Appendix E.

The analysis of covariance did not indicate a significant linear relationship between client expectation
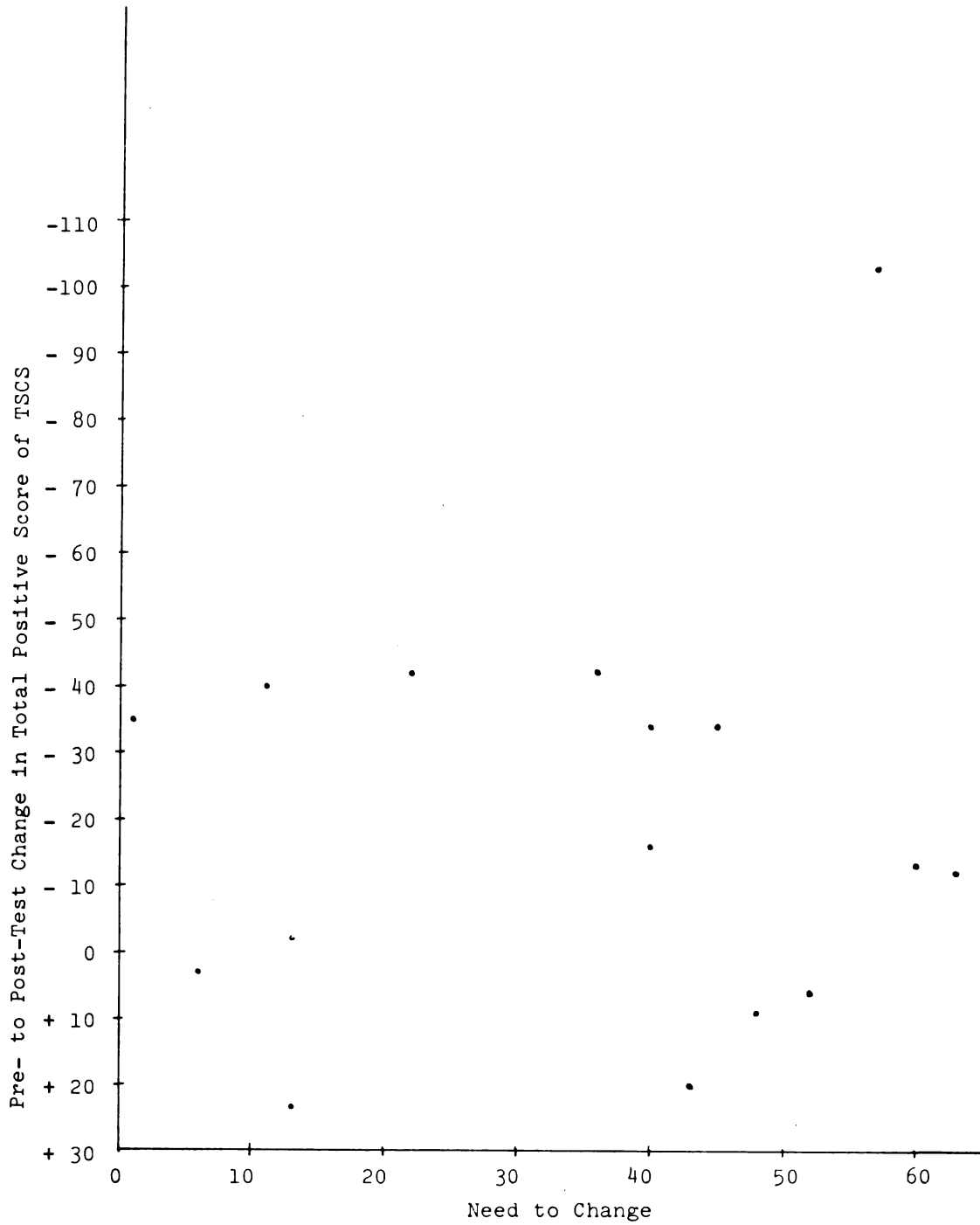
Figure 1.--Change in Total Positive Score of the TSCS
as a Function of Need to Change Scores
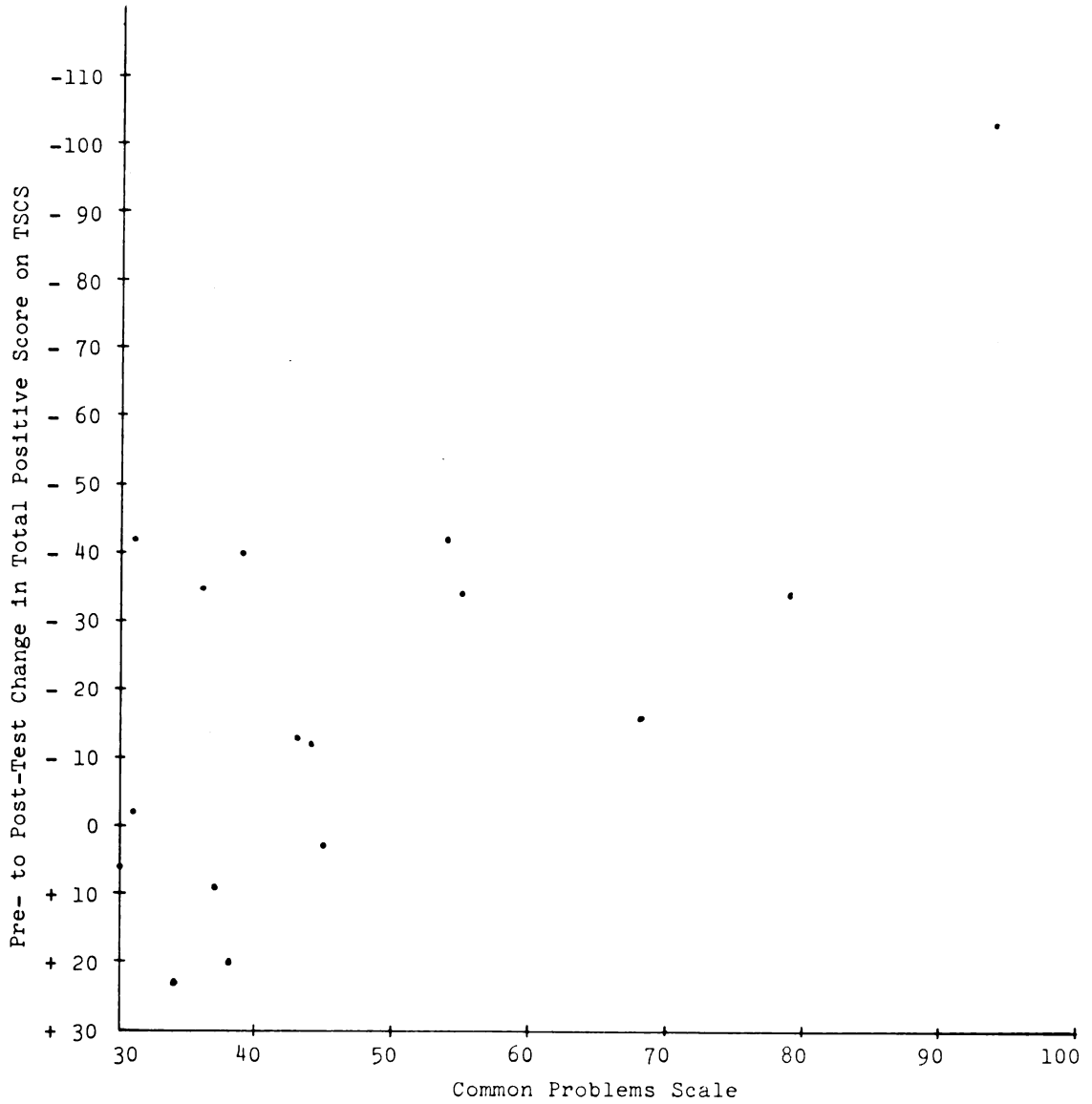
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as a Function of Common Problems Scale
Scores
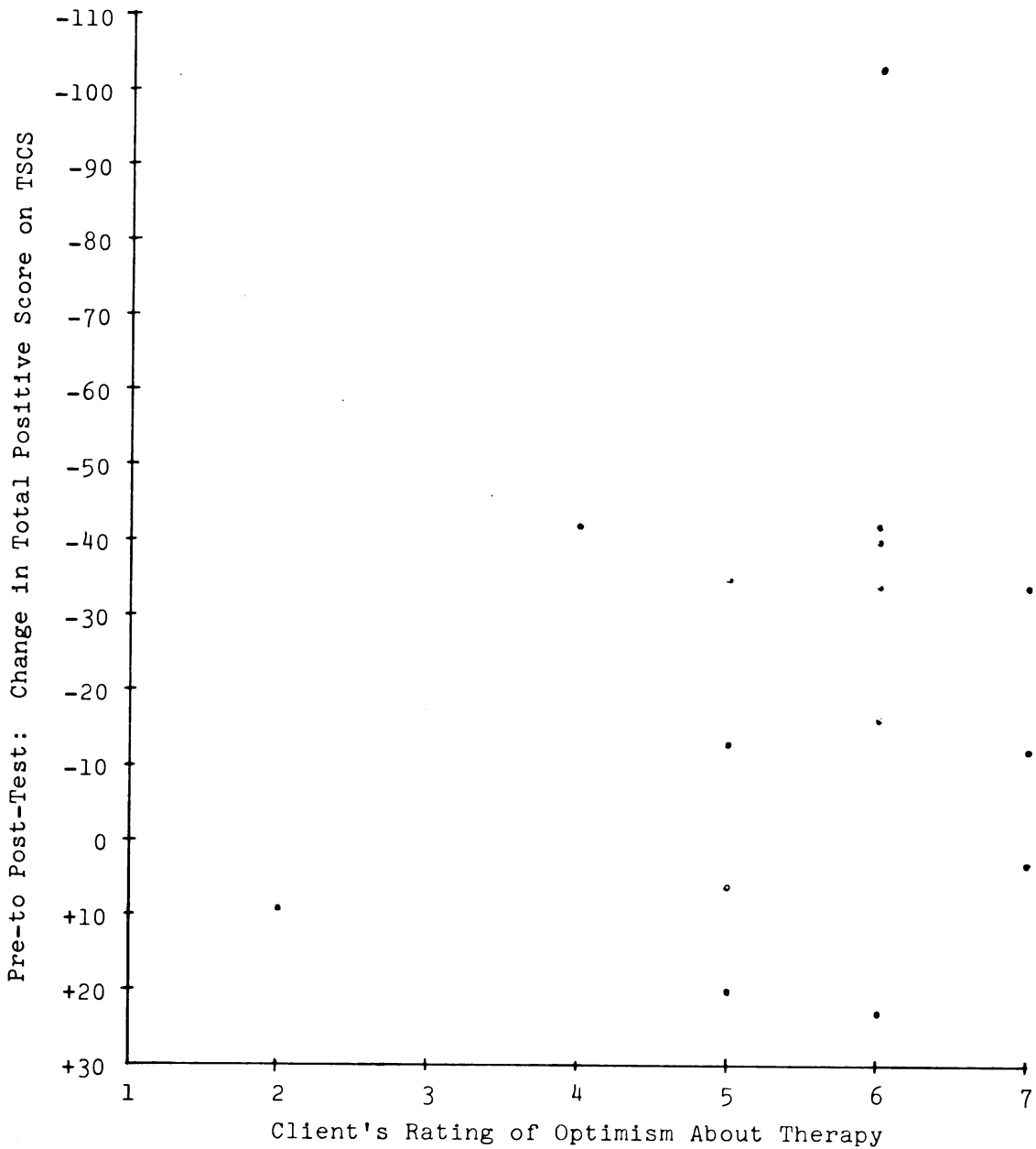
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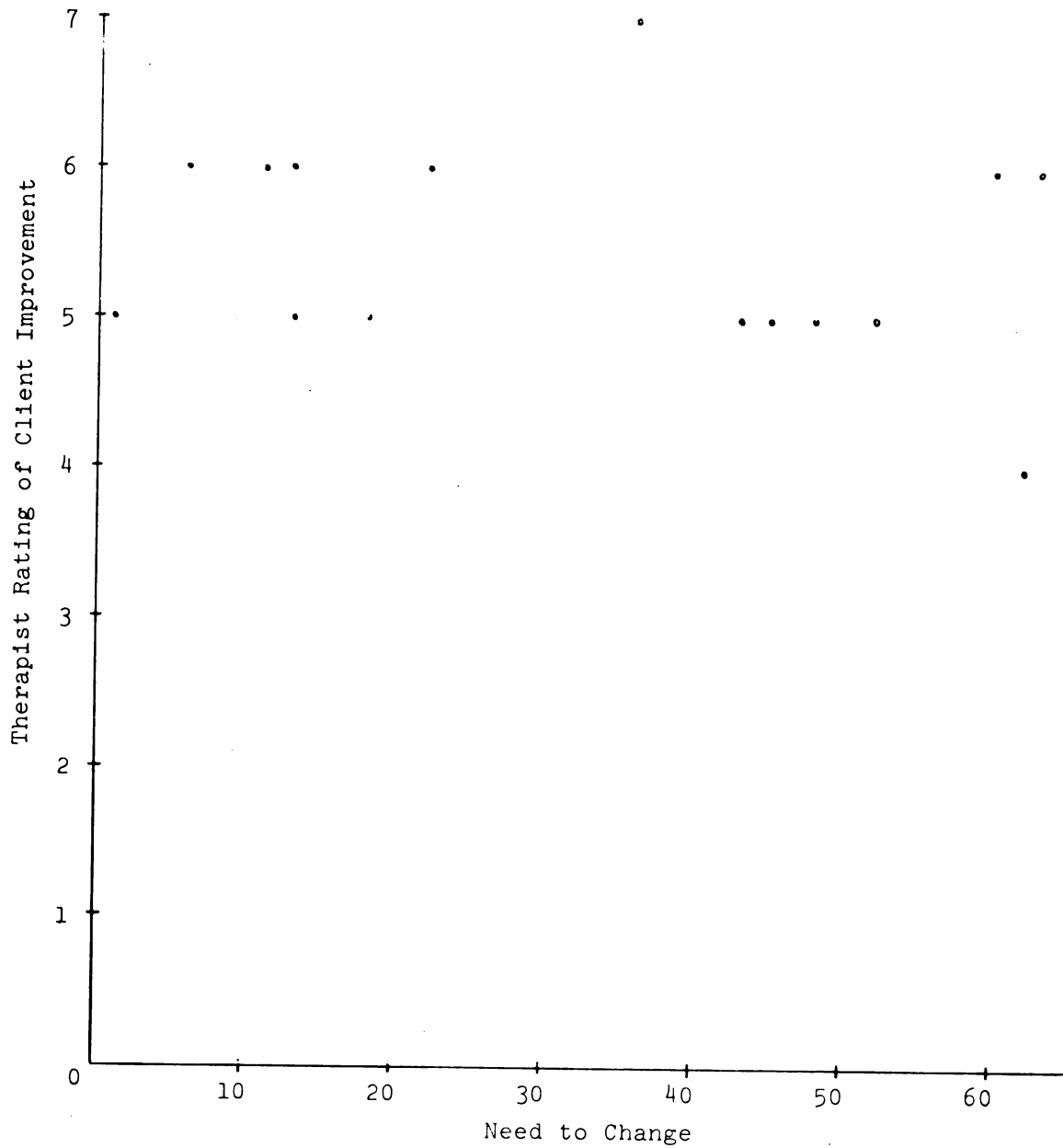
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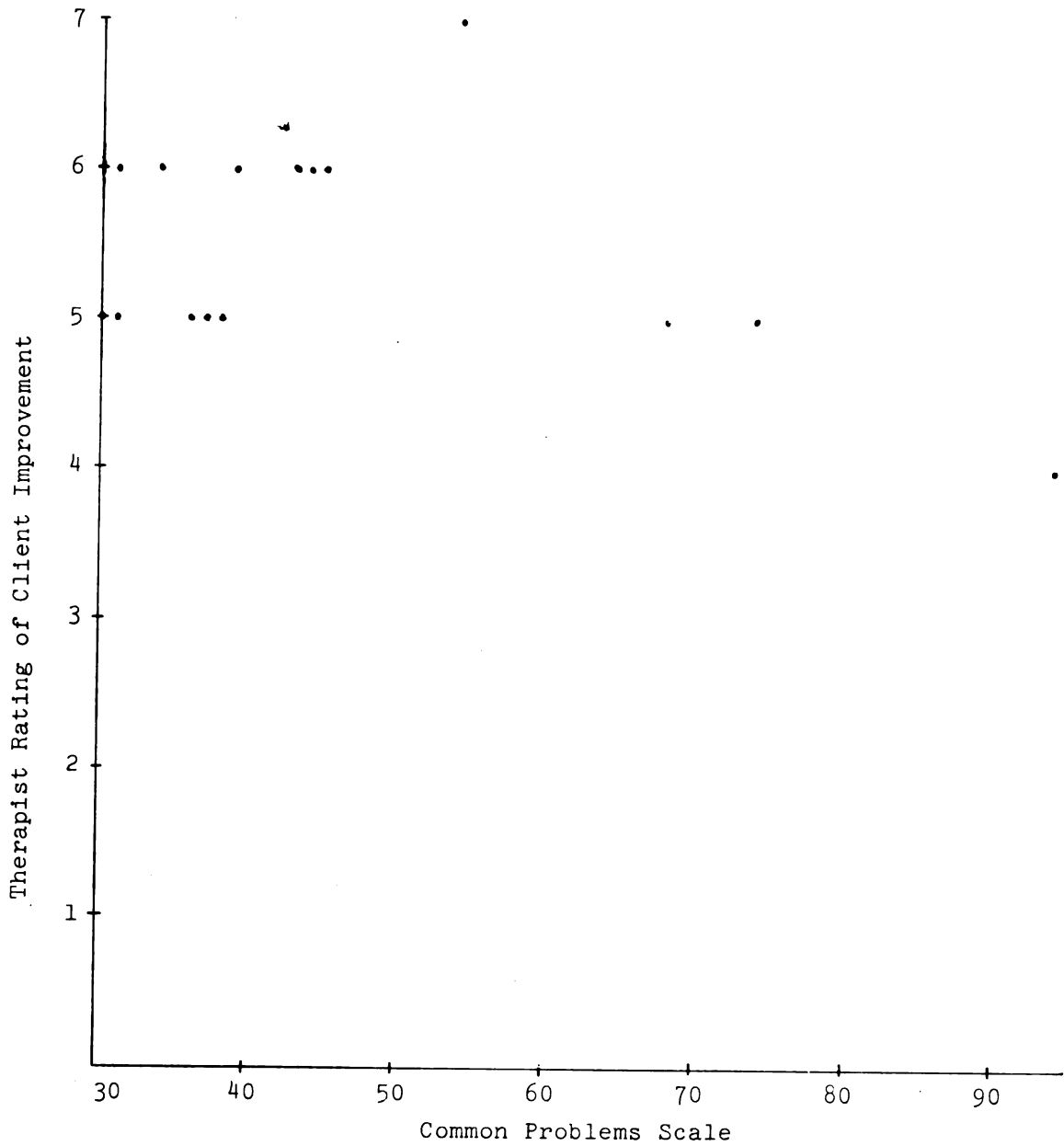
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Function of Common Problems Scale Scores
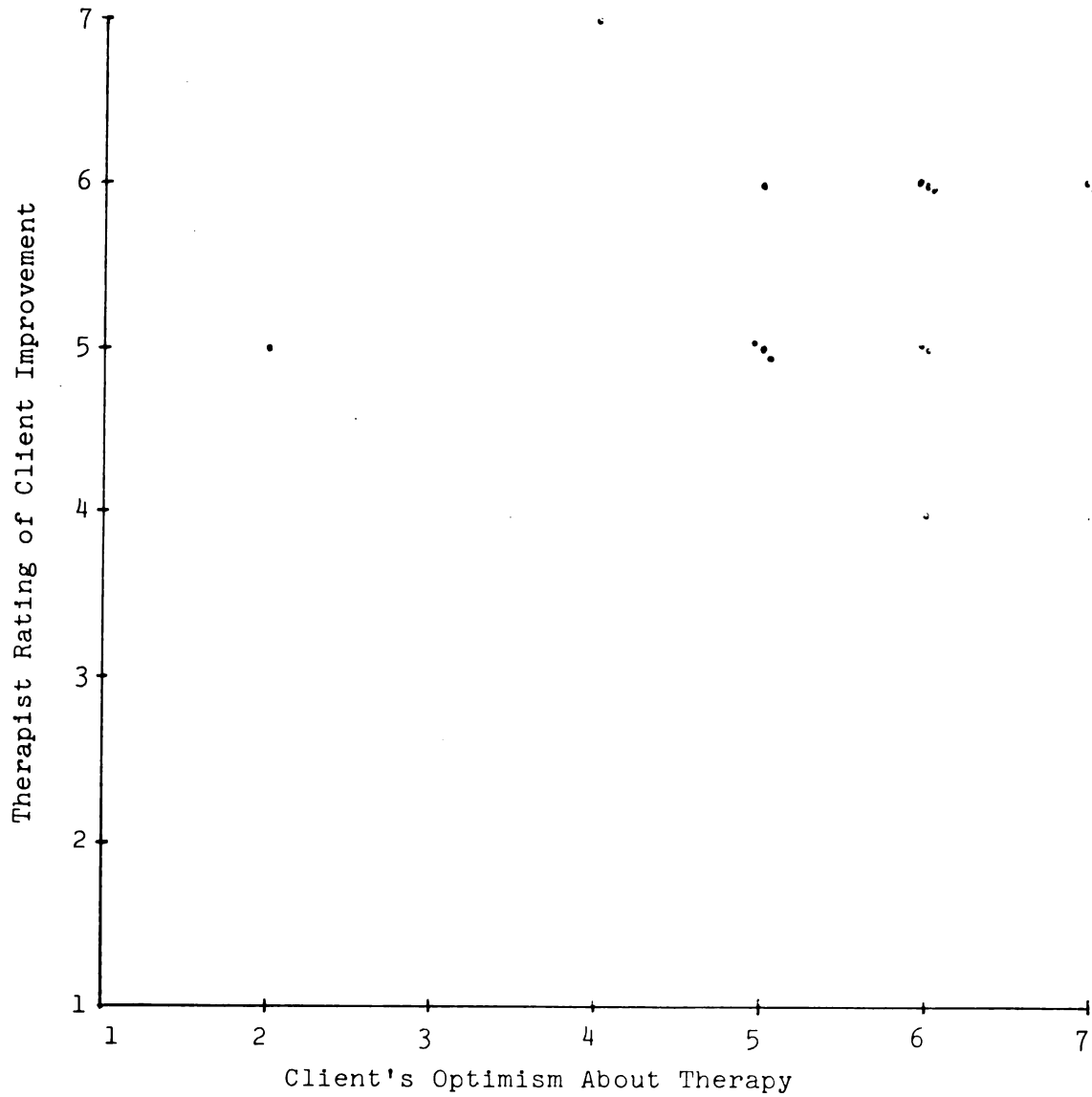
Figure 6.--Therapists' Ratings of Client Change as a
Function of Client Optimism about Therapy

TABLE 2.--Analysis of Covariance for High and Low Expectancy Clients' Post-Therapy Mean Total Positive Scores.

Source of Variation	df	MS	F
Unadjusted			
Need to Change	1	5638	5.47 (NS)
Error	14	1031	
Total	15		
Adjusted			
Need to Change	1	762	0.798(NS)*
Error	13	955	
Total	14		

*In this particular instance, analysis of covariance was not an optimal test of the relationship between client expectation and theraputic outcome, inasmuch as the homoscedasticity assumption was violated. However, because this assumption was not violated for the other two measures of expectation, where no significant relation was found between client expectancy and outcome of therapy and because on inspection of Figures 1 through 6 it appears that Need to Change has even less relation to outcome than do the other two measures of expectation, we feel justified in accepting the non-significant findings obtained in the analysis of covariance of the Need to Change scores.

TABLE 3.--Analysis of Covariance for High and Low Expectancy Clients' Post-Therapy Mean Total Positive Scores.

Source of Variation	df	MS	F
Unadjusted			
Common Problems Scale	1	20	.014 (NS)
Error	14	1432	
Total	15		
Adjsuted			
Common Problems Scale	1	1716	1.865 (NS)
Error	13	920	
Total	14		

TABLE 4.--Analysis of Covariance for High and Low Expectancy Clients' Post Therapy Mean Total Positive Scores.

Source of Variation	df	MS	F
Unadjusted			
Optimism Rating	1	1138	.713 (NS)
Error	13	1456	
Total	14		
Adjusted			
Optimism Rating	1	1263	1.281 (NS)
Error	12	986	
Total	13		

TABLE 5.--Comparison of Mean Therapist Ratings of Client
Gain for High and Low Expectancy Clients on the
Common Problems Scale.

Subjects	N	M	SD
Low Expectancy	8	5.37	.566
High Expectancy	8	5.57	.99
t		.27 (NS)	

TABLE 6.--Comparison of Mean Therapist Ratings of Client
Gain for High and Low Expectancy Clients on the
Need to Change.

Subjects	N	M	SD
Low Expectancy	8	5.75	.71
High Expectancy	8	5.12	.69
t		-.71 (NS)	

TABLE 7.--Comparison of Mean Therapist Ratings of Client
Gain for High and Low Expectancy Clients on the
Optimism Rating.

Subjects	N	M	SD
Low Expectancy	6	5.50	.76
High Expectancy	8	5.50	.75
t		0 (NS)	

of therapy and actual improvement as measured by Change on the TSCS.

The results of a comparison of client expectation of change and therapists' ratings of client gain are presented in Tables 5, 6, and 7. Again no significant relation was found between client expectation of psychotherapy and actual client improvement. Therefore, hypotheses "b" and "c" were not confirmed.

DISCUSSION

Construct Validity of Client Expectation

Positive intercorrelations were found between all three measures of client expectation of change; however, only the correlation between the Common Problems Scale and the Optimism Rating was sufficiently high to be significant at the .05 level of confidence. It therefore seems reasonable to conclude that client pre-therapy expectation of change is not a unitary concept but rather consists of a number of component variables. Factor analysis of a number of different measures of expectation would be necessary to determine the specific components of client expectations, and this information might in turn help to explain the nature of the intercorrelations between the three instruments used in this study. One important implication of these findings is that there seems to be no justification for speaking of client expectation as a general term; nor should the findings obtained from any given measure of client expectation of change be generalized to cover other measures of expectation unless these instruments have been shown to measure the same aspects of client expectation.

Use of the Kelly REP Test to Study
Client Expectation

Some remarks are also in order on the appropriate-
ness of the Kelly REP Test for the study of client
expectation of change in psychotherapy. On inspection
of the Need to Change ratings it was found that a few of
the constructs elicited, while they were appropriate
descriptions of the client and important others in his
life, were relatively unrelated to the theraputic task.
Two examples are "musical/not musical" and intelligent/not
intelligent." One would not reasonably expect the client's
self-rating of either of these items to change much as a
result of therapy. This irrelevance of some constructs
to the theraputic process may account in part for the
failure of the Need to Change scale to predict the out-
come of psychotherapy. An interesting question is whether
more such irrelevant constructs were elicited in this
study than in the study by Cartwright and Lerner (1961)
where significant findings were obtained.

There is also a more serious theoretical concern.
Kelly's theory of Personal Constructs predicts that
effective therapy results in increased permeability of
and increasing differentiation among the client's old
constructs, as well as the possible formation of new
constructs, rather than simply the displacement of the
client's post-therapy self-concept along pre-therapy
construct continua. If this is the case, it appears

that the net effect of the Need to Change scale is to ask the client to predict how he expects to change with respect to criteria which are likely to be meaningless to him if some change does take place. By contrast, the items on the Common Problems Scale were selected to reflect specific symptoms of psychological dysfunction and therefore were highly relevant to the theraputic process.

One further difference between the Need to Change scale and the CPS should be pointed out. In order to replicate the Cartwright and Lerner study, the clients in this investigation were instructed to rate themselves not as they "would reasonably expect to be" (the working on the CPS) but rather as they "would like to be" after therapy. These two phrases could easily have had entirely different connotations to the client. While he might have liked and wanted a substantial personality change to take place, the client might very well not have expected any such thing to occur. The issue raised here is whether motivation (felt need to change) and expectation can be considered to be equivalent in psychotherapy; this is certainly an important question to be resolved before further research in this area is undertaken.

Client Expectation and Outcome of Psychotherapy

This study failed to find any significant relationship between three measures of client expectation

of change and actual theraputic outcome. These findings are in accord with those of Brady, Reznikoff, and Zeller (1960) and Goldstein (1960), but differ with those of Cartwright and Lerner (1963) and Goldstein and Shipman (1961).

The question of whether the subjects in the experimental sample were typical of the therapy-seeking population as a whole is an important one. More specifically, we must ask here whether the nature of the sample used in this study might account for the failure to obtain significant results. The sample used in this project was different in several respects from those used in previous studies. The average client in this study was between ten and fourteen years younger than the clients used in the investigations of Cartwright and Lerner and Goldstein and Shipman. He was also probably better educated than the clients in the previous studies, and of middle class rather than of the lower socio-economic background found in the Goldstein and Shipman sample. However, it seems likely that these factors, particularly the higher educational level of the subjects in this study, would serve to make their knowledge of and consequently their expectations about psychotherapy if anything more accurate than those of the subjects in previous investigations.

A serious complicating factor was the large number of dropouts in this study. It is possible that our

results were computed from expectancy data which was not typical of the client population as a whole; that is, the students who dropped out of the project may have had lower expectancy scores than did those who remained in therapy until termination was mutually agreed upon by both client and therapist. However, the mean Need to Change score found for the 16 clients who also took the outcome measure (i.e. for those clients whose scores were used to relate expectancy to outcome) in this study (33.7) was very close to that found by Cartwright and Lerner (34.4); likewise the mean CPS score for the same group was 47.38 as compared to Goldstein and Shipman's mean of between 45.0 and 59.5 depending on the clients' sourse of referral. Furthermore, t tests (see Tables 8, 9, and 10) between those clients who terminated early and those who terminated with their therapists' approval revealed no significant difference in mean score on the Need to Change, CPS, or Optimism Rating.

In conclusion, no reason was found to indicate that these   subjects differed from other client populations with respect to pre-therapy expectation of change. Specifically, there seems to be no difference between the subjects used in this project and those used in previous studies which might account for the failure to find a significant relation between client expectation of change and outcome of psychotherapy.

TABLE 8.—Comparison of Mean Common Problems Scale Scores
of Clients Remaining in Therapy and Clients
Terminating before Completing Therapy.

Subjects	N	M	SD
Remainers	14	45.5	16.2
Leavers	7	36.4	14.2
t		.374 (NS)	

TABLE 9.—Comparison of Mean Need to Change Scores of
Clients Remaining in Therapy and Clients Ter-
minating Early.

Subjects	N	M	SD
Remainers	19	30.	14.9
Leavers	9	21.	9.4
t		.506 (NS)	

TABLE 10.—Comparison of Mean Scores on the Optimism Rating
for Clients Remaining in Therapy and Clients
Terminating Early.

Subjects	N	M	SD
Remainers	16	5.2	2.0
Leavers	8	5.4	1.43
t		-.329 (NS)	

At this point it might be useful to review this study
in the context of previous findings. A study by Cartwright
and Lerner (1961) found a significant relationship between
the client's need to change and the outcome of psychotherapy.
Theirs was a well designed study, and there is no reason to
mistrust its findings. We have no good explanation for the
discrepancy between our results and those of the Cartwright
and Lerner study other than chance factors influencing the
sampling procedure or perhaps a difference in the relevance
of the constructs elicited in the two studies to the thera-
peutic task. Viewing the Cartwright and Lerner study in
the context of the lack of significant findings in the pre-
sent investigation, some doubt is cast on the generality of
the findings obtained with Cartwright and Lerner's subjects.
Further research with other client populations will be
necessary to determine the relation of need to change to
outcome of psychotherapy with greater confidence.

Goldstein and Shipman (1961) found a significant
positive relationship between client expectation of change
and psychotherapeutic outcome. However, because this study
covered a period of only one interview, it might be more
reasonable to attribute the perceived symptom reduction
which Goldstein and Shipman found to anxiety reduction or
relief rather than to actual improvement in client function-
ing. This is in accord with Jerome Frank's finding (1961)
that while some initial symptom relief may result from the
patient's expectations of help, actual improvement in

personal functioning occurs as the result of the therapeutic experience. It is felt, therefore, that the Goldstein and Shipman study does not represent an adequate test of the relationship between client expectations and the change which results from psychotherapy.

In contrast to Goldstein and Shipman's findings a study by Brady, Reznikoff, and Zeller (1960) found no relation between the expectations of 135 hospitalized psychiatric patients of widely variant occupational, educational, and socioeconomic backgrounds and the actual improvement they had made after four to six months of treatment. Studying 30 psychoneurotic patients, Goldstein (1960) found no relationship between client expectation of change and perceived symptom reduction after five, ten, or fifteen therapy sessions. A third study also fails to confirm a positive relationship between outcome and the client's expectation that he will be helped by therapy. Heine and Trosman (1960) divided 46 psychiatric outpatients into (1) those who had doubts that they would be helped or the conviction that they would not be, and (2) those who had hope without conviction that they would be helped or those who were certain that they would be helped. The authors found that the client's stated opinion regarding the potential efficacy of psychiatry bore no relationship to the criterion measure of continuance in therapy. They did, however, find a significant interaction between the client's expectations

about the mode in which therapy works and the expectations of his therapist in this same regard.

In summary, when the Goldstein and Shipman findings are viewed in the context of the absence of significant findings in this investigation and in the remainder of previous studies, we are lead to the conclusion that client pre-therapy expectation of change, as measured by the Common Problems Scale or Optimism Rating, is probably not related in an important way to the amount of client improvement which takes place as a result of psychotherapy. We therefore believe that research effort might be more profitably expended on other variables holding more promise of accounting for therapeutic outcome. It should be stressed that this conclusion applies only to the client's general expectation about favorable outcome of psychotherapy. It does not reflect on the client's specific expectations about the manner in which psychotherapy works or about the nature of client and therapist roles in the therapeutic relationship; nor does it reflect on the possibility of a significant interaction between the expectations of the client and therapist about how therapy can be of help.

Further Research

One possible explanation for the failure of client expectation of change to predict actual improvement was suggested by Goldstein (1960). This is that since therapy is initially a novel experience to the client, the

expectancies which he brings into the first therapy inter-view are very general in nature, for example, "Therapy helped Joe, so maybe it'll help me," or "He'll probably have a beard and make me lie on a couch." These early expectancies will not necessarily be relevant to the actual task of psychotherapy. If these speculations are correct, then it might be wise to study the relationship of client expectations of change measured after the second or third interview, instead of before the initial interview, to therapeutic outcome. By this time the client would have a more realistic picture of how therapy works, how much time and effort is involved, and what kinds of change may be expected to result from therapy. This hypothesis is sup-ported by Lipkin's (1954) finding that the client's ver-balized in-therapy orientation towards treatment is posi-tively related to the amount of improvement he makes.

A second hypothesis worth exploring is that since the therapist is experienced in evaluating psychopatho-logy and is more aware than the client of what kinds of change generally result from psychotherapy, the therapist's expectations about the outcome of psychotherapy may be better predictors of actual change than are the client's. This hypothesis received some support in Goldstein's (1960) study, where a significant relation ($p < .05$) was found between therapist expectation of client change and perceived symptom reduction.

SUMMARY

This study explored the inter-relationship between
three measures of client expectation of change through
psychotherapy and attempted to relate these measures to
the outcome of psychotherapy. The original experimental
sample consisted of 41 undergraduate students engaged in
personal-emotional counseling at the Michigan State Uni-
versity Counseling Center. Of these 41 students, 25 com-
pleted all three measures of client expectation, and only
16 of these also completed the outcome measure.

Client expectation of change through psychotherapy
was measured by (a) the summed discrepancies between the
Present Self and Expected Self forms of Goldstein's Com-
mon Problems Scale; (b) the sum of the squared discrep-
ancies between the client's ratings of "Myself as I am
now" and "Myself as I would like to be after therapy"
on Cartwright and Lerner's Need to Change scale; and
(c) a seven-point rating of the client's optimism that
therapy would help to solve his problems. Outcome of
psychotherapy was determined by the change in the total
positive score on the Tennessee Self-Concept Scale from
before to after therapy and by the therapists' post-
therapy ratings of client improvement.

The results of this study indicated that client expectation of psychotherapy is a factorial rather than a unitary concept, and the implications of this finding were discussed. In this context, the question was raised as to whether the Need to Change scale, as presently worded, might not more accurately be termed a measure of client motivation rather than a measure of expectation. This study failed to find a significant relationship between client expectation of change or need to change and the actual outcome of psychotherapy. The relation of these findings to the findings of previous research was discussed. It was concluded that while the relationship of client need to change to outcome of therapy remains unclear, the client's global expectation that he will profit from therapy is probably not an important predictor of therapeutic outcome. An incidental finding was that there is no significant relationship between low client expectation of change and the tendency to drop out of treatment before therapy is completed. Implications of these findings for further research were mentioned.

APPENDICES

APPENDIX A

NEED TO CHANGE SCALE

CONSTRUCT SPECIFICATION

1. Write the first name of your mother or the person who has played the part of your mother, on the first diagonal line on the Response Sheet (after number one).

2. Write the first name of your father or the person who has played the part of your father on the second diagonal line.

   Do the best you can to find people who fit the types listed. If you have to depart too far from the type designated in order to fill every diagonal, star those names which do not fit very well.

3. Write the name of your brother nearest your own age, or the person who has played the part of such a brother.

4. Write the name of your sister nearest your own age, or the person who has played the part of such a sister.

5. Your wife (or husband) or closest present girl (boy) friend. Do not repeat the name of anyone listed above.

6. Your closest present friend of the same sex as yourself. Do not repeat names.

7. A person with whom you have worked or associated who, for some unexplainable reason, appeared to dislike you. Do not repeat names.

8. The person with whom you usually feel most uncomfortable. Do not repeat names.

9. The person whom you have met who you would most like to know better.

10. The teacher whose point of view you have found most acceptable. Do not repeat names.

11. The teacher whose point of view you have found most objectionable. Do not repeat names.

12. The most unsuccessful person whom you know personally. Do not repeat names.

13. The most successful person whom you know personally. Do not repeat names.

14. The happiest person whom you know personally. Do not repeat names.

15. The unhappiest person whom you know personally. Do not repeat names.

Under the heading "Response Sheet" there are 15 rows. In each row there are two circles, each of which corresponds to a person you have just named. Consider in what <u>important</u> way these two people are like or different from each other. If they are essentially different from each other, write the word or phrase describing the first person in column 1, and in column 2 write the word or phrase describing how the second person is different from the first. For example, John is _____ (col. 1), but Jane is _____ (col. 2).

If the two people are essentially alike, write in what important way they are similar in column 1. Then choose the person on the list of names who is most <u>unlike</u> the first two; write the number of his name and the word or phrase describing how he differs from the first two people in the second column. For example, both John and Jane are _____ (col. 1), but Jill is _____ (col. 2).

RESPONSE SHEET

NAMES

NEED TO CHANGE

PRESENT SELF

<u>Myself as I am Now</u>

1. _____   +   +   +   +   +   _____
                       2   1   0   1   2

2. _____   +   +   +   +   +   _____
                       2   1   0   1   2

3. _____   +   +   +   +   +   _____
                       2   1   0   1   2

4. _____   +   +   +   +   +   _____
                       2   1   0   1   2

5. _____   +   +   +   +   +   _____
                       2   1   0   1   2

6. _____   +   +   +   +   +   _____
                       2   1   0   1   2

7. _____   +   +   +   +   +   _____
                       2   1   0   1   2

8. _____   +   +   +   +   +   _____
                       2   1   0   1   2

9. _____   +   +   +   +   +   _____
                       2   1   0   1   2

10. _____   +   +   +   +   +   _____
                       2   1   0   1   2

After completing the description of yourself on the
"as you are now" sheet, turn the page and repeat the pro-
cedure for "as you would like to be after counseling."

As I Would Like to be After Counseling

1. _____ |___|___|___|___| _____
                       2   1   0   1   2

2. _____ |___|___|___|___| _____
                       2   1   0   1   2

3. _____ |___|___|___|___| _____
                       2   1   0   1   2

4. _____ |___|___|___|___| _____
                       2   1   0   1   2

5. _____ |___|___|___|___| _____
                       2   1   0   1   2

6. _____ |___|___|___|___| _____
                       2   1   0   1   2

7. _____ |___|___|___|___| _____
                       2   1   0   1   2

8. _____ |___|___|___|___| _____
                       2   1   0   1   2

9. _____ |___|___|___|___| _____
                       2   1   0   1   2

10. _____ |___|___|___|___| _____
                        2   1   0   1   2

APPENDIX B

THE COMMON PROBLEMS SCALE

ITEMS FOR FORMS PS AND ES

1. Worry about unimportant things.

2. Difficulty in sleeping.

3. Feeling afraid in many situations.

4. Nausea or upset stomach.

5. Queer unpleasant feeling in my body.

6. Finding it hard to keep my mind on things.

7. Shortness of breath.

8. Feeling useless to myself and others.

9. Getting tired easily.

10. Feeling lonely.

11. Feeling that I'm getting a raw deal from life.

12. Pains in the lower part of my back.

13. Getting mad easily.

14. Feeling that I'm no good at all.

15. Feeling that no one seems to understand me.

16. Getting upset easily.

17. Feeling I can't do anything well.

18. Worrying about my weight.

19. Trouble with my bowel movements.

20. Finding that my feelings are easily hurt.

21. Poor appetite.

22. Getting discouraged easily.

23. Trouble with my eyes or ears.

24. Cough, sore throat, or trouble swallowing.

25. Feeling nervous.

26. Shaking or trembling.

27. Headaches.

28. Finding I can't make up my mind about things.

29. Getting embarrassed easily.

30. Skin eruptions or rashes.

31. Feeling sad, getting the blues.

32. Feeling inferior.

33. Feeling ill at ease with other people.

34. Pains in the arms and legs.

35. Faintness or dizziness.

36. Feeling I take things too seriously.

37. Feeling guilty without a good reason for it.

38. Feeling I have too many responsibilities.

39. Feeling that other people aren't fair to me.

40. Feeling that my luck is very bad.

41. Feeling that I'm too sensitive.

42. Worrying a lot about the future.

43. Pains in my chest.

44. Feeling that I don't get along with my family.

45. Hot or cold spells.

46. Feeling afraid without knowing why.

47. Worrying a lot about the past.

48. Feel my heart is pounding or racing.

49. Sore muscles.

50. Sweating a lot, even on cold days.

APPENDIX C

SINGLE-ITEM RATE OF CLIENT OPTIMISM

Being as realistic as possible, how optimistic or pessimistic are you about counseling being of real help to you? Circle the appropriate number please.

1	2	3	4	5	6	7

very pessi- mistic

moderately pessimistic

a little pessimistic

undecided

a little optimistic

moderately optimistic

very optim- mistic
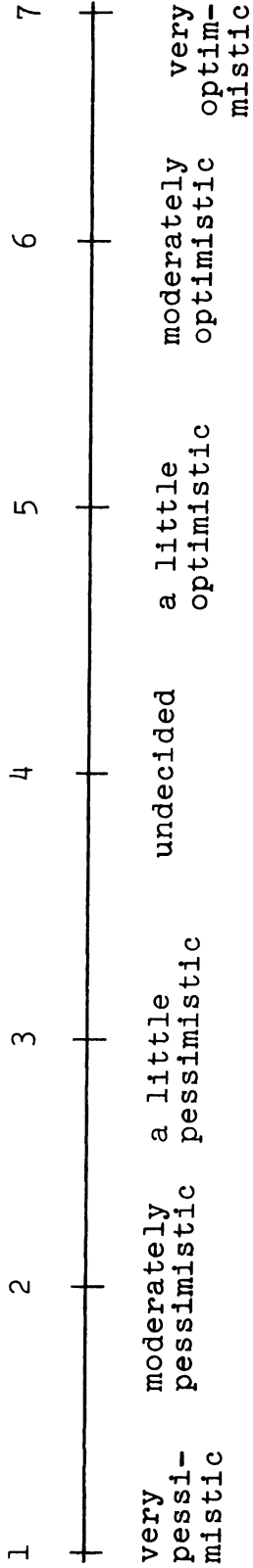
Add any comment you wish to explain your answer:

APPENDIX D

RAW DATA FOR THE COUNSELING CENTER CLIENT SUBJECTS

S	Sex	I	ST	CPS	NC	R	TSCS Pre	Post	TP/D
1	F	15	P	54	36	4	306	348	-42
2	F	2	T	--	--	--	--	--	--
3	F	7	C	40	15	--	--	--	--
4	F	5	C	37	48	2	300	291	+ 9
5	M	3	T	27	40	4	--	--	--
6	F	4	T	--	22	--	--	--	--
7	M	0	--	32	12	4	--	--	--
8	F	9	C	94	62	6	251	354	103
9	M	0	--	--	--	--	--	--	--
10	F	2	T	16	18	5	--	--	--
11	F	0	--	--	--	--	--	--	--
12	F	12	P	39	11	6	348	388	40
13	F	0	--	--	43	6	--	--	--
14	F	0	--	--	--	--	--	--	--
15	M	7	P	--	18	--	302	--	--
16	F	0	--	--	--	--	--	--	--
17	F	14	C	31	13	--	321	323	- 2
18	F	16	P	44	63	7	319	331	-12
19	F	0	--	--	--	--	--	--	--
20	F	5	C	28	8	4	--	--	--
21	M	0	--	--	--	--	--	--	--
22	M	0	--	--	--	--	--	--	--
23	F	12	P	38	43	5	300	280	+20
24	F	3	P	62	6	3	--	--	--
25	F	6	C	31	22	6	306	348	-42
26	F	0	--	--	--	--	--	--	--
27	F	4	C	22	9	4	--	--	--
28	F	13	P	43	60	5	306	319	-13
29	F	6	C	34	13	6	332	309	+23
30	F	7	P	45	6	7	318	315	+ 3
31	M	23	P	68	40	6	248	264	-16
32	M	4	T	36	1	5	309	344	-35
33	F	0	--	--	--	--	--	--	--
34	M	7	T	50	26	7	349	383	-34
35	F	5	P	30	52	5	298	292	+ 6
36	F	0	--	--	--	--	--	--	--
37	M	0	--	--	--	--	--	--	--
38	F	9	P	79	45	6	245	279	-34
39	M	0	--	33	3	6	--	--	--
40	F	0	--	--	--	--	--	--	--
41	F	0	--	61	22	6	--	--	--
M		4.88		42.5	27.1	5.27	303.	323	-19.5
SD				18.03	19.96	1.29	30.8	37.2	29.77
									t=2.62*

*p < .01

Abbreviations of Appendix D

S   = subject

I   = number of therapy interviews

St   = status at termination or final post-testing

CPS   = Common Problems Scale

NC   = Need to Change

R   = client's rating of optimism about psychotherapy

TSCS TP   = Tennessee Self Concept Scale, Total Positive score

Pre   = pre-therapy TSCS TP

Post   = post-therapy TSCS TP

D   = difference between pre- and post-therapy TP scores

F   = female

M   = male

–   = not available

P   = client still participating in psychotherapy

T   = terminated without mutual consent of therapist and client

C   = terminated with mutual consent of therapist and client

APPENDIX E

DIVISION OF SUBJECTS INTO HIGH AND LOW
EXPECTANCY GROUPS FOR ANALYSIS
OF COVARIANCE

The 16 subjects who took the CPS were divided exactly in half, the upper 8 scores being placed in the high expectancy group, and the lower 8 in the low expectancy group.

The Need to Change Scores seemed to split naturally into two groups; accordingly, the upper 9 scores were put in the high expectancy group and the lower 7 scores into the low expectancy group.

Because the Optimism Rating scores were bunched in the upper portion of the seven-category scale, the best solution seemed to be to place the scores from the upper two categories (9 subjects) in the high expectancy group, and the scores from all other categories (6 subjects) into the low expectancy group.

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