



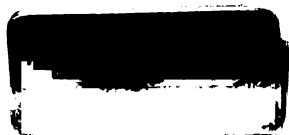
THE INTERNAL-EXTERNAL DIMENSION  
OF EXPERIENCE IN RELATION TO THE  
PROCESS AND OUTCOME OF  
PSYCHOTHERAPY

Thesis for the Degree of M. A.  
MICHIGAN STATE UNIVERSITY  
ANDREA FARKAS  
1969

THESIS



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## ABSTRACT

### THE INTERNAL-EXTERNAL DIMENSION OF EXPERIENCE IN RELATION TO THE PROCESS AND OUTCOME OF PSYCHOTHERAPY

by Andrea Farkas

This study examined the effects that a client's initial internal or external orientation has on the process and outcome of his psychotherapy. Ratings of each client's internal or external orientation were made on two measures: (1) the Rotter Internal-External Scale and (2) the Kirtner and Cartwright Typology of Internal vs. External Presentation of Problem.

The main experimental sample consisted of 21 undergraduate students receiving personal counseling at the Michigan State University Counseling Center. Thirteen had external scores on the Rotter I-E Scale and eight had internal scores.

The study examined the relation between clients' scores on the two measures of the internal-external dimension and (1) the outcome of their therapy, and (2) therapist warmth offered to the client. In addition, scores on the two measures of internality and externality were compared to determine whether initial in-therapy behavior

could be predicted from scores on the Rotter I-E Scale. Using an additional 33 Counseling Center clients who also took the Rotter I-E Scale, a comparison was made between the mean I-E scores of 54 clients and of 230 students in an undergraduate psychology class to test the hypothesis that students seeking counseling are more external than the average student population.

Clients took the Rotter I-E Scale prior to their first therapy interview. Judges rated a tape recording of each client's initial therapy interview to determine his Kirtner and Cartwright Typology rating. Therapeutic outcome was assessed by (1) therapist ratings of client gain on a 5-point scale, and (2) by changes in the number of deviant signs score of the Tennessee Self-Concept Scale before and after therapy. Therapist warmth offered to the client was rated from the recorded initial interview using Carkhuff's Scale for the Measurement of Respect or Positive Regard in Interpersonal Processes. Ample reliabilities were established for all ratings.

The results show that clients who behave internally in their early therapy interviews (1) are more successful, as measured by both outcome measures, than clients who behave externally in early interviews, and (2) tend to be received more warmly by their therapists than external clients. The data showed no relation between a client's initial in-therapy behavior as rated on the Kirtner and

Cartwright Typology and his score on the Rotter I-E Scale; nor did the Rotter I-E scores show any predictable relation to therapeutic outcome or therapist warmth. Finally, students seeking therapy at the Counseling Center did not differ significantly on the Rotter score of the internal-external orientation from other Michigan State University students not seeking therapy.


The final section discusses the implications of the relation between internality and both successful and unsuccessful outcome of insight-type therapy. Alternative hypotheses were presented for the trend relating internality and therapist warmth. Possible explanations were offered for the random relationship found between clients' scores on the Rotter I-E Scale and the Kirtner and Cartwright ratings of early in-therapy behavior. Suggestions were made for future research on the internal-external dimension in relation to both behavior and insight therapies.

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THE INTERNAL-EXTERNAL DIMENSION OF EXPERIENCE  
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By

Andrea Farkas

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## INTRODUCTION

The internal-external dimension of experience refers to the feelings of responsibility and control a person has in relation to the things that happen to him. Internal control implies that the person sees himself as the locus of control over his own actions and is aware of his own contribution to the situations and relationships he finds himself in. External control implies the opposite; that the person allocates the responsibility for his behavior to external forces, like luck or fate, and is basically unaware of the interactional effects he has on others.

The experimental work relating this dimension to psychotherapy grows out of the work of Rogers and his colleagues at the University of Chicago who have studied the characteristics of clients seen in client-centered psychotherapy (Cartwright, Kirtner, and Fiske, 1963). Kirtner and Cartwright (1958) have shown that the internality as opposed to externality of a client's presentation of his problem in an initial therapy interview is predictive of the success of the therapy which follows. In their study, conducted at the University of Chicago Counseling Center using primarily client-centered therapists, Kirtner and Cartwright found that ratings of tape recordings of the

client's initial interview made on a five-point internal-external scale led to accurate prediction of the success of the therapy, as judged by the counselor's post-therapy evaluation.

Another study done at the Chicago Counseling Center (Fiske, Cartwright, and Kirtner, 1964) replicated the original finding, adding as an additional success measure, ratings of client change between first and last interviews made by Interviewer-Diagnosticians.

Rotter (1966) has investigated the internal-external dimension as a variable in social learning theory. He views the dimension as a generalized expectancy about the contingency or lack of contingency between a person's actions and the reinforcement he received. Using a 29-item forced-choice scale, he found significant correlations between externality and race, social class, activism, schizophrenia, achievement, conformity, and anxiety (Lefcourt, 1966).

The present research investigates the internal-external dimension as a variable in the psychotherapeutic process. The study utilizes both conceptions of the dimension, one with roots in social learning theory and the other, an outgrowth of client-centered theory and research. The research points towards further defining the meaning of "internality" and "externality" and of broadening the possible applications of the concept to therapy research. More specifically, there are three major goals.

The first is to replicate<sup>1</sup> the original Kirtner and Cartwright (1958) study using a different group of clients and a different group of therapists, who have a similar, though far from identical, orientation.<sup>2</sup> Does the same relationship between internality and success hold in a different clinical setting; and does it hold when success is measured by an objective personality test, as contrasted to the subjective reports of change made by counselors and/or diagnosticians in the Chicago work?

Second, does an individual's generalized internal or external expectancy as defined by Rotter predict the way he presents his problem initially in psychotherapy? Do clients whose scores on the Rotter I-E Scale indicated an external orientation present their problem to their therapist as largely due to external circumstances beyond their control and vice versa? If so, does a client with a generalized internal expectancy, as indicated by a low

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<sup>1</sup>As Goldstein, Heller, and Sechrest (1966) point out, there is a great need in psychotherapy for replication of the results of research studies. Psychotherapy is not a unified process with universally accepted aims or method. Both therapist styles and clients' problems are highly individualized and diverse. In order to be able to generalize our results beyond the particular sample used in a study, we must show that the same results seem to hold with different populations of therapists and clients.

<sup>2</sup>While the therapists used in this research have been greatly influenced by Rogers, their approach to doing therapy is more active and confronting and makes more extensive use of the therapist-client interpersonal interaction than was true of the Chicago research therapists.

score on the Rotter I-E Scale, have higher chances for success in therapy than a client with a high one?

There is an underlying methodological issue here. Does the client's internal-external orientation influence therapeutic outcome sufficiently that researchers comparing different therapeutic procedures should control for this variable? Though we are aware of the fact that client populations are not homogeneous, we do not yet have enough knowledge about which personality characteristics effect therapeutic success enough to merit being controlled for in studies which strive to assess the differential success rates of several therapeutic procedures. If the internal-external dimension proves to have a predictable relation to success, then it will become important that we have a quick and efficient way of differentiating between internalizers and externalizers before the beginning of psychotherapy so that we can set up research control groups which are matched on this particular variable. It is here that the practicality of the Rotter Scale, usually administered in 10-12 minutes, becomes significant. If the Rotter Scale is significantly correlated with the KCT and shows the same relation to therapeutic success, then we can assume that the expectancy for internality or externality which Rotter postulates is generalized to the therapeutic situation. And, if this is so, then we could use the Rotter Scale as an efficient, pre-therapy indicator of internal and external in-therapy behavior.

A related goal was to assess the validity of the internal-external construct. Since we gave two scales which both supposedly measured internality and externality to the same clients, it was expected that clients with an internal rating on one scale would generally have internal ratings on the other and vice versa. If not, the results would call into serious question the assumption that both tests were valid and legitimate measures of the same internal-external factor.

A third goal was to explore how the internal-external dimension contributes to therapeutic outcome. One possible explanation is that psychotherapy, as traditionally defined, cannot change the client's external situation. Therefore, clients seeing their problems as externally caused cannot make effective use of therapy which attempts primarily to help clients make more effective use of their own internal resources. Or conversely, clients seeing the source of their difficulties as an internal matter can make more effective use of a psychotherapy aimed at dealing with internal matters. But it is also possible that the therapist reacts differently to the internally as opposed to the externally oriented client. That is, he sets up a different kind of therapeutic situation which in turn mediates therapeutic outcome. To test this hypothesis, this study compared the warmth that therapists extended to internal as opposed to external clients. Warmth was measured by the Carkhuff



(1967) Scale for the Measurement of Respect or Positive Regard in Interpersonal Processes. The assumption was that therapists would be more accepting of clients who approached therapy with an awareness of their own involvement in the problem and thus, with an appropriate, pre-established goal for the therapy. Therefore, it was postulated that therapists would be warmer to internal clients.

A final, though subsidiary, goal of this research was to further explore the positive relation found by Hersh and Schiebe (1967) between externality, as measured by the Rotter Scale, and maladjustment. We compared mean scores on the Rotter I-E Scale for 54 Counseling Center clients with scores for 230 undergraduate psychology students not seeking counseling.

To try to answer these questions, the following hypotheses were formulated:

1. People with internal scores on the Rotter I-E Scale are more frequently successful in psychotherapy than people with high I-E scores, as determined by two independent measures of outcome.

2. People with internal scores on the Kirtner and Cartwright Typology are more frequently successful in psychotherapy than people with high KCT scores, as determined by two independent measures of outcome.

3. A person's score on the Rotter I-E Scale predicts the way he initially presents his problem in therapy, as rated by the Kirtner and Cartwright Typology.

4. Externalizing clients are less warmly received by their therapists than internal clients.

5. Clients who seek counseling for personal problems are more externally oriented than a representative normal sample of college students not seeking counseling at the same university.

## METHOD

### Subjects

Three groups of subjects were used in this research. All were undergraduates at Michigan State University.

The first was a group of 16 students seeking help for personal problems at the Counseling Center prior to March, 1968. These students had agreed to participate in a larger research project which included an administration of the Rotter I-E Scale prior to the first therapy interview. The second was a group of 54 clients who sought help for the same kind of problems after March, 1968. They took the I-E Scale in the Counseling Center waiting room prior to their screening interview. From these two groups, 21 clients, 17 females and 4 males, were selected who met the following additional criteria:

1. That they have either high or low scores on their pre-therapy Rotter I-E Scale. High scores were defined as 13 or higher; low scores as 7 or less. These cutoff points were selected as the top and bottom 25% of an initial sample of 19 clients coming to the Center for help with a personal problem.<sup>1</sup>

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<sup>1</sup>Somewhat different cut-off scores would have been selected if these were based upon the Rotter data or the MSU data on elementary psychology students (See Table 10

2. That the client express willingness to work with a counselor for a series of interviews.

3. That the client and his counselor be willing to participate in this research. The third group was composed of 230 introductory psychology students who were used as a normal population of students not seeking counseling. Students in this class are enrolled in almost all the divisions of the University and thus the sample can be considered fairly representative of the undergraduate student body. They were given the Rotter I-E Scale in group administrations.

### Instruments

#### 1. Rotter Internal-External Scale

The Rotter Internal-External Scale (1966) is a 29-item, forced-choice test designed to assess the degree to which the subject expects that the world is subject to internal control, i.e., the degree to which he believes that there exists a causal relationship between his own behavior and the way things are. Because six of the items are fillers,

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in Appendix 1). The scores used in this research, however, are clearly on one or the other side of the mean, using either Rotter's means or the MSU class means. While it is true then that the scores may not represent real extremes, it is also true that they are differentiated into "above mean" and "below mean" or "high" and "low" groups no matter what comparison data we want to use.

scores on this scale range from 0 (all questions answered to indicate belief in full internal control) to 23 (all questions answered to indicate full belief in luck or fate). The test-retest reliability of the I-E ranges from  $r=.49$  over periods of two months between administrations to  $r=.83$  for one month intervals. Correlations with the Marlowe-Crowne Social Desirability Scale range from  $-.12$  to  $-.41$ . See Appendix A.

## 2. The Kirtner and Cartwright Typology

The Kirtner and Cartwright Typology (1958) is a five-point scale used to rate recorded therapy interviews. It consists of five paragraph descriptions of in-therapy behavior ranging along a continuum from 1: "Immediately deals with a feeling-in-relationship problem. . . . Deals very much with what he says and does, how he acts and feels in situations, and discusses the interpersonal effects of these . . . is quite internally focused," to 5: "Deals with problems as though they were almost entirely external to him. . . . His approach is almost that of listing attributes of people and situations with very little self-responsibility understood." Scores below 3 were considered to be "low" (internal), while scores above 3 were "high" (external). The tapes of each client's initial therapy interview was rated according to the Kirtner and Cartwright Typology (KCT) by one of two judges. The two judges had previously established an inter-rater reliability of

$r=.98$  on the KCT. Seventeen of the tapes were rated by the researcher herself. Four of the tapes, on which there was some question of contamination because of the researcher's knowledge of test results, were rated by the second judge. In two cases the second or third interview was used because of the absence of inaudibility of the tape of the initial interview. See Appendix B.

### 3. Warmth

Warmth offered to the client by the therapist was rated from recorded therapy interviews using Carkhuff's (1967) Scale for the Measurement of Respect or Positive Regard in Interpersonal Processes. Ratings on this scale range from a low of 1 where the counselor communicates clear negative regard and disrespect to a high of 5 where he communicates a deep caring for the client. The tapes of the initial, or, as in the two cases above, the second and third interview, were rated by two judges, not including the researcher, who had previously established an inter-rater reliability of .98. See Appendix C.

### 4. Therapist Rating of Client Gain

The therapist's rating of client gain from therapy was obtained as part of a post-therapy questionnaire given to each counselor. The scale ranges from a low of 1, "Little or no gain," to a high of 5, "Markedly above average gain." See Appendix D.

##### 5. Tennessee Self Concept Scale-- Number of Deviant Signs Subtest

The pre-to-post therapy change in the Number of Deviant Signs (NDS) Scale on the Tennessee Self-Concept Scale (Fitts, 1965) (TSCS) was used as an indication of client improvement. The Tennessee consists of 100 self-descriptive statements. The subject uses these to portray his own picture of himself by rating the item's degree of applicability to him on a five-point scale which ranges from "completely false" to "completely true." The items of the TSCS are organized into a number of subscales such as the neurosis scale, the general maladjustment scale, the personality disorder scale and others. The NDS score is a count of the number of deviant features on all subscale scores. It is the Scale's best index of psychological disturbance--identifying deviant individuals with about 80% accuracy (Fitts, 1965). The difference between the pre-and-post therapy NDS score has been successfully used in previous research as a measure of client improvement through psychotherapy (Ashcraft and Fitts, 1964).

##### Procedure

1. The research clients took the Rotter I-E Scale and the Tennessee Self-Concept Scale prior to their first therapy interview.

2. Tape recordings were made of the initial therapy interview. In two cases a recording of the second interview

was used because of the absence or inaudibility of the tape of the first interview.

3. The therapy interview was rated for client internality and for warmth offered by the therapist to the client. The mean rating of eight two-minute segments spread throughout the interview was used as the rating for that interview.

4. At the termination of therapy the client again took the TSCS. In a few cases the second TSCS was administered at the end of the 1968 academic year, although the clients were still in therapy or planned further counseling at a later time.

5. The Rotter I-E Scale was administered to students in the elementary psychology course.



## RESULTS

This research successfully replicated the Kirtner and Cartwright (1958) study. Eight clients who presented their problems in an internal manner in an early interview were significantly more successful in therapy than ten external clients, success here defined by therapists' ratings of client gain. (See Table 1). On the average, internal clients were rated by their therapists as experiencing an "above average gain" from their counseling, while external clients had a somewhat below average gain. Moreover, the same relation between internality and success held when success was measured by an objective personality test. As Table 2 illustrates, internal clients had significantly greater positive change from pre-to-post therapy administrations of the TSCS than external clients.

Table 1.--Comparison of Mean Therapists' Ratings of Client Gain from Therapy for Clients High and Low On the Cartwright Typology of Internal Vs. External Presentation of Problem

KCT Rating	N	Therapist Rating of Outcome MEAN	SD
External	10	2.8	1.0
Internal	8	4.0	1.0
t	2.38*		

\*p<.025, 1-tailed

Table 2.--Comparison of Mean Difference in Pre Minus Post  
NDS Scores on the TSCS for Clients High and Low  
On the Kirtner and Cartwright Typology of Internal Vs. External Presentation of the Problem

KCT Rating	N	NDS Score on the TSCS	
		MEAN	SD
External	9	8.22	8.02
Internal	8	19.25	12.67
t	-2.04*		

\*p<.05, 1-tailed

The data failed to confirm that a client's generalized internal or external expectancy, as measured by the Rotter I-E Scale, accurately predicts the way the client presents his problem in his first psychotherapy interview. That is, the data show a random relation between client scores on the Rotter Scale and on the KCT ratings of the initial interview. (See Table 3.) Furthermore, the client's generalized internal or external expectancy was not related to the success or failure of psychotherapy, as measured by either the TSCS or by therapist ratings. (See Tables 4 and 5.) The original hypothesis of this study was that internal (vs. external) clients, as determined by the Rotter Scale, would present their problems in an internal (vs. external) way and that the internal clients would be more successful in therapy. Neither expectation was confirmed; but it should be noted that according to our theory we

Table 3.--Comparison of Mean Kirtner and Cartwright Typology Ratings of Internal Vs. External Presentation of Problem for Clients High and Low on the Rotter I-E Scale

Rotter I-E Scores	N	KCT Ratings	
		MEAN	SD
External	13	2.91	.84
Internal	8	2.90	.57
t	.028*		

\*p>.40, 1-tail

Table 4.--Analysis of Covariance for High and Low Rotter I-E Clients' Post-Therapy Mean Number-of-Deviant-Signs Scores

Source of Variation	df	MS	F
Unadjusted			
Internal-External Score	1	206.0	2.11*
Error	15	97.8	
Total	16		
Adjusted			
Internal-External Score	1	83.0	.892*
Error	14	93.0	
Total	15		

\*p>.10, 1-tail

Table 5.--Comparison of Counselors' Mean Ratings of Client Gain From Therapy for Clients High and Low on the Rotter I-E Scale

Rotter I-E Scores	N	Therapist Ratings of Outcome Mean	SD
External	11	3.36	1.23
Internal	8	3.25	.30
t	.233*		

\*p>.40, 1-tail

would not expect the second hypothesis to be confirmed if the first hypothesis was disconfirmed. In short, the more significant finding is that the Rotter measurement of internality vs. externality bears no relationship to how the client approaches working on his problems in psychotherapy. This raises a question about the construct validity of the two different methods of measuring internality.

Therapist warmth tended to vary with the way the clients first presented their problem in therapy. Therapists offered more warmth to clients who presented their problems in an internal fashion, but this difference was significant only at the .10 level on a two-tailed test. (See Table 6).<sup>1</sup> The client's generalized internal or

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<sup>1</sup>One could argue that a one-tailed test (and thus an .05 confidence level) is justified since clinical observation suggests that therapists much prefer to work with internally oriented clients. However, it also might be that many therapists would try especially hard to be "warm" to external clients to overcome the defensiveness they

Table 6.--Comparison of the Mean Rating of Therapist Warmth Extended to Clients High and Low on the Kirtner and Cartwright Typology of Internal Vs. External Presentation of Problem

KCT Rating	N	Ratings of Therapist Warmth	
		MEAN	SD
External	12	3.27	.35
Internal	9	3.60	.35
t	-2.14*		

\*p<.10, 2-tailed

external expectancy, as measured by the Rotter Scale, showed no relationship to therapist warmth; nor would we expect this on theoretical grounds in the absence of a relationship between the Rotter measure and the manner in which the client actually presents his problems. (See Table 7.)

Table 7.--Comparison of the Mean Rating of Therapist Warmth Extended to Clients High and Low on the Rotter I-E Scale

Rotter I-E Scores	N	Ratings of Therapist Warmth	
		MEAN	SD
External	13	3.40	.40
Internal	8	3.43	.35
t	.1664*		

\*p>.80, 2-tailed

believe is associated with externality. In any event, we selected the more conservative test of significance.

Rotter I-E scores were not significantly different for the students seeking help for personal problems at the Counseling Center when compared with the representative sample of students not seeking counseling. (See Table 8.) Thus, the data did not confirm the hypothesis which postulated that Counseling Center clients would be more external than students not seeking counseling.

Table 8.--Comparison of Mean Rotter I-E Scores for Students Coming to the Counseling Center and Students in an Elementary Psychology Class

Students	N	Rotter I-E Scores	
		MEAN	SD
Counseling Center	54	9.85	5.13
Elem. Psych. Class	230	10.83	4.38
t	-1.43*		

\*p>.20, 2-tailed

## DISCUSSION

This study confirms the previous finding of Kirtner and Cartwright that psychotherapy is more likely to result in a successful outcome when the client begins his therapy by seeing himself as the source of the problem, i.e., has an internal orientation. The client comes to counseling because he is dissatisfied with some aspect of his life. His therapy is more apt to be successful if he begins it by seeing his own attitudes, feelings, perceptions and the like as the important material to deal with in his treatment. On the other hand, a successful outcome is less likely if he is externally oriented, i.e., if he sees other people's attitudes and external situations as the important material to deal with in the therapy.

Our study strengthens the original Kirtner and Cartwright finding through replication in a different setting with different therapists and clients and by the addition of a second outcome measure, the NDS scale of the TSCS. The same relation held consistently between internality and successful therapeutic outcome.

However, the relationship between internality and successful therapeutic outcome can be said to have been demonstrated for insight-type therapies only. All studies

done so far with the KCT were done with insight therapies. These therapies have as their primary purpose helping a client make better use of his own resources. Counseling that is so oriented might hardly be expected to assist the external client who comes seeking help for a problem whose origins and manifestations are viewed as external to himself. On the other hand, such a client might benefit more from treatment in which external cues are central to the structure of the therapy and in which the therapist takes a more active part in re-arranging the client's life situation. Systematic desensitization (and perhaps other forms of behavior therapy) is one form of therapy which might not discriminate against the external client, and might, in fact, produce more consistently favorable outcomes. Useful research might be done on the success rates of external clients in systematic desensitization or other behavior therapies.

The relationship between internality and success in insight therapy now seems a respectable finding, but we can still only speculate as to how the causal relationship operates. Our finding that the therapists tended to respond more warmly to internal clients throws at least some initial light on how internality may influence outcomes in therapy. Since the presence of warmth has been one of the factors shown to be associated with therapeutic success (Truax and Carkhuff, 1967), we would expect that if



therapists are warmer to internal clients, that these clients would be more likely to experience more significant improvement than external clients.

It seems reasonable to speculate that therapists would be more favorably disposed (and thus warmer) to internal clients since there is a better initial match between warmth, genuineness, and empathic understanding to the internal client, all therapy condition variables associated with successful outcome in previous research. (Barrett-Lennard, 1962; Bergin, 1966; Truax & Carkhuff, 1967; and Rogers et al., 1967). Our warmth data (which this study used as an index of the therapist's favorable or unfavorable reactions to his client) support such an interpretation, but the hypothesis needs further investigation. First, the difference in warmth only approached significance. Secondly, we have not explored competing explanations of how internality and externality may influence the outcome of psychotherapy. It could be that external clients just do not profit from insight-type therapies, with their emphasis upon mobilizing the client's inner resources, no matter how much warmth and empathic understanding is offered to the client. Further research is needed to resolve the question of why external clients are less successful.

The failure of the data to show any relationship between the Rotter I-E Scale and the KCT was disappointing from both practical and theoretical standpoints.

Practically, the Rotter is a much easier test to administer than the KCT. It can be given to individuals or to large groups in 10-12 minutes and takes about 2 minutes per protocol to score. Had the Rotter shown a high correlation with the KCT and/or with therapeutic success, it could easily have been given to prospective therapy clients in the waiting room prior to the beginning of their therapy. Clients could have been divided into internals and externals on the basis of their Rotter I-E scores and could then have been assigned to the sort of therapy and therapists most likely to be helpful to them. To use the KCT for the same purpose the client must have at least one interview in which he presents his problem. The recording of the interview must then be scored for internality or externality, a process which takes about 30 minutes. Clearly the KCT is a clumsier instrument. It is unfortunate then that the Rotter I-E Scale, though speedier, seems at present to have no useful applications to psychotherapy.

The data also leaves us with the question of why these two scales, both supposedly measuring the internal-external dimension, showed no positive relationship to each other. One possibility is that the internal or external trait is one which manifests itself differently in particular situations. Someone who is external in a group or social situation, which seems to be what the Rotter test is geared to, may not express his problems in an internal

manner during an initial therapy interview or a similar private, interpersonal situation. Or, it is possible that the KCT and the Rotter I-E may be measures of two different personality factors called by the same name. More research is, of course, necessary to test this hypothesis and to look at correlates of the two tests. A third alternative is that the lack of a positive relationship is due to an artifact in measurement in this study. One possible source of interference is the influence of need for approval on client's responses to the I-E Scale. Rotter has noted such distortion in previous research using a prison population (Rotter, 1966). In our study external students with a high need for approval may have anticipated the internal orientation of their counselors and/or researchers and disguised their own responses to the Rotter I-E Scale to make them appear to be internals. For 16 of the 21 students in this study, pre-therapy scores on the Marlowe-Crowne Social Desirability Scale (Crowne and Marlowe, 1964) (MC SDS) were available. Internal clients had significantly higher need for approval scores than external clients. (See Table 9.) Replication of this research with controls for need for approval would help clarify the construct validity of the KCT and Rotter I-E Scale.

Whatever the explanation of the lack of positive relationship with the KCT, the results of this research indicate that the Rotter I-E Scale is not a useful measure

Table 9.--Comparison of Marlowe-Crowne Social Desirability Scores for Clients High and Low on the Rotter I-E Scale

Rotter I-E Scores	N	MC SDS Scores MEAN	SD
External	9	8.77	4.25
Internal	7	15.28	7.32
t	2.085*		

\*p<.05, 1-tailed

for differentiating successful from unsuccessful therapy clients. Nor does there seem to be any relationship between scores on the Rotter Scale and therapist warmth. It should be noted, however, that these associations with outcome and therapist warmth were based on the assumption of high positive correlation with the KCT. Once that relation did not hold, we would not expect to find a relation between the Rotter I-E and either therapist warmth or therapeutic success.

Another hypothesis which was not confirmed was the one which postulated a higher I-E score for clients coming to the Counseling Center than for a sample of normal college students not seeking counseling. Both internals and externals seem to seek psychotherapy and in approximately the same proportions as those found in the general student population. As already suggested, the low Counseling Center

mean may reflect a testing situation which encouraged students to answer in a socially desirable or internal way. A further explanation might be that, as Hersh and Schiebe (1967) suggest, externals tend to be more maladjusted than internals, but that the decision to ask for psychotherapy requires at least a minimal belief in one's ability to affect his own life situation and may be a depressive factor influencing the mean score for students coming to the Counseling Center.

## SUMMARY

This study examined the effects that a client's initial internal or external orientation has on the process and outcome of his psychotherapy. Ratings of each clients' internal or external orientation were made on two measures: (1) the Rotter Internal-External Scale and (2) the Kirtner and Cartwright Typology of Internal vs. External Presentation of Problem.

The main experimental sample consisted of 21 undergraduate students receiving personal counseling at the Michigan State University Counseling Center. Thirteen had external scores on the Rotter I-E Scale and eight had internal scores.

The study examined the relation between clients' scores on the two measures of the internal-external dimension and (1) the outcome of their therapy, and (2) therapist warmth offered to the client. In addition, scores on the two measures of internality and externality were compared to determine whether initial in-therapy behavior could be predicted from scores on the Rotter I-E Scale. Using an additional 33 Counseling Center clients who also took the Rotter I-E Scale, a comparison was made between the mean I-E scores of 54 clients and of 230 students in

an undergraduate psychology class to test the hypothesis that students seeking counseling are more external than the average student population.

Clients took the Rotter I-E Scale prior to their first therapy interview. Judges rated a tape recording of each client's initial therapy interview to determine his Kirtner and Cartwright Typology rating. Therapeutic outcome was assessed by (1) therapist ratings of client gain on a 5-point scale, and (2) by changes in the number of deviant signs score of the Tennessee Self-Concept Scale before and after therapy. Therapist warmth offered to the client was rated from the recorded initial interview using Carkhuff's Scale for the Measurement of Respect or Positive Regard in Interpersonal Processes. Ample reliabilities were established for all ratings.

The results show that clients who behave internally in their early therapy interviews (1) are more successful, as measured by both outcome measures, than clients who behave externally in early interviews, and (2) tend to be received more warmly by their therapists than external clients. The data showed no relation between a client's initial in-therapy behavior as rated on the Kirtner and Cartwright Typology and his score on the Rotter I-E Scale; nor did the Rotter I-E scores show any predictable relation to therapeutic outcome or therapist warmth. Finally, students seeking therapy at the Counseling Center did not

differ significantly on the Rotter score of the internal-external orientation from other Michigan State University students not seeking therapy.

The final section discusses the implications of the relation between internality and both successful and unsuccessful outcome of insight-type therapy. Alternative hypotheses were presented for the trend relating internality and therapist warmth. Possible explanations were offered for the random relationship found between clients' scores on the Rotter I-E Scale and the Kirtner and Cartwright ratings of early in-therapy behavior. Suggestions were made for future research on the internal-external dimension in relation to both behavior and insight therapies.



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## APPENDICES

## APPENDIX A

### Rotter Internal-External Scale\*

1.   a. Children get into trouble because their parents punish them too much.  
      b. The trouble with most children nowadays is that their parents are too easy with them. (Filler)
2.   a. Many of the unhappy things in people's lives are partly due to bad luck.  
      b. People's misfortunes result from the mistakes they make.
3.   a. One of the major reasons why we have wars is because people don't take enough interest in politics.  
      b. There will always be wars, no matter how hard people try to prevent them.
4.   a. In the long run people get the respect they deserve in this world.  
      b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
5.   a. The idea that teachers are unfair to students is nonsense.  
      b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
6.   a. Without the right breaks one cannot be an effective leader.  
      b. Capable people who fail to become leaders have not taken advantage of their opportunities.
7.   a. No matter how hard you try some people just don't like you.  
      b. People who can't get others to like them don't understand how to get along with others.
8.   a. Heredity plays the major role in determining one's personality.  
      b. It is one's experiences in life which determine what they're like. (Filler)

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\*External responses are underlined. The score is the total number of external choices.

9.
  - a. I have often found that what is going to happen will happen.
  - b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
10.
  - a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
  - b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
11.
  - a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
  - b. Getting a good job depends mainly on being in the right place at the right time.
12.
  - a. The average citizen can have an influence in government decisions.
  - b. This world is run by the few people in power, and there is not much the little guy can do about it.
13.
  - a. When I make plans, I am almost certain that I can make them work.
  - b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
14.
  - a. There are certain people who are just no good.
  - b. There is some good in everybody (Filler)
15.
  - a. In my case getting what I want has little or nothing to do with luck.
  - b. Many times we might just as well decide what to do by flipping a coin.
16.
  - a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
  - b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.
17.
  - a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.
  - b. By taking an active part in political and social affairs the people can control world events.
18.
  - a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
  - b. There really is no such thing as "luck."

19.
  - a. One should always be willing to admit mistakes.
  - b. It is usually best to cover up one's mistakes.  
(Filler)
20.
  - a. It is hard to know whether or not a person really likes you.
  - b. How many friends you have depends upon how nice a person you are.
21.
  - a. In the long run the bad things that happen to us are balanced by the good ones.
  - b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
22.
  - a. With enough effort we can wipe out political corruption.
  - b. It is difficult for people to have much control over things politicians do in office.
23.
  - a. Sometimes I can't understand how teachers arrive at the grades they give.
  - b. There is a direct connection between how hard I study and the grades I get.
24.
  - a. A good leader expects people to decide for themselves what they should do.
  - b. A good leader makes it clear to everybody what their jobs are. (Filler)
25.
  - a. Many times I feel that I have little influence over the things that happen to me.
  - b. It is impossible for me to believe that change or luck plays an important role in my life.
26.
  - a. People are lonely because they don't try to be friendly.
  - b. There's not much use in trying too hard to please people, if they like you, they like you.
27.
  - a. There is too much emphasis on athletics in high school.
  - b. Team sports are an excellent way to build character.  
(Filler)
28.
  - a. What happens to me is my own doing.
  - b. Sometimes I feel that I don't have enough control over the direction my life is taking.
29.
  - a. Most of the time I can't understand why politicians behave the way they do.
  - b. In the long run the people are responsible for bad government on a national as well as on a local level.

## APPENDIX B

### Kirtner and Cartwright Typology

1. Immediately deals with a feeling-in-relationship problem and has already somewhat localized a rather specific source or area of difficulty. Deals very much with what he says and does, how he acts and feels in situations, and discusses the interpersonal effects of these. He is quite internally focused and has a very strong and very apparent drive to generate and examine impulses, thoughts, ideas, despite resultant fear, guilt, sadness, etc. The person orients himself in the therapy situation as if saying: "This is my response to such-and-such and this is the kind of situation in which I find myself; now assuming that I somehow contribute to this situation, I want to alter my responses and behaviors and resolve or diminish the disturbances I feel."

2. Immediately deals with feeling-in-relationship problems but has not clearly differentiated a specific source of difficulty. That is, relational difficulties are perceived, but the feelings involved are not understood; no clear connection with the situation is apparent. There is strong drive toward clearer differentiation and understanding of where the source of interpersonal or self-disturbance lies and how it occurs. There is as well a general concern to discover just how and where in his disorders he himself is contributing, and effort is spent in driving himself to look at generated impulses for his contributions to his undesirable life situations so that he might change and resolve his disturbances.

3. Vacillates between dealing with relationship problems and discussing externals and listing attributes of situations and of others. He may openly exhibit emotional behavior: e.g. depression, crying, fear, anger, etc. He may give way to a mood or feeling experience of the moment but usually expresses or discusses these feelings in terms of external use rather than in terms of "This is my response to such and such" (external); though, to repeat, there is usually a vacillation between expression of mood or emotion and discussion of it in terms of internal and external causes. In a word, he vacillates between expressing himself about basic feeling and interaction problems and the



manifestations of those problems in very general terms without definite pointing to his own contributions to situations and his responsibility in them; and yet shows definite indications now and then of feeling that he is in some way a contributor and has some responsibility for the situations.

4. Does not deal with feeling-in-relationship problems but discusses external manifestations of internal difficulties; or discusses feelings as if they are external objective things to be intellectually named, labeled, or categorized (e.g. "I use a lot of attention-getting mechanisms in social situations"). There is a rigorous intellectual control of impulses so that they are shunted into structural categories and explanatory generalities which seem to give a measure of momentary satisfaction and comfort. Such dealing, shunting, and applying of generalities appear to represent problem-resolving activity and are usually followed by a similar procedure about another behavioral area. There is strong avoidance of discussion on the feeling level of relationships, but listing of attributes of feeling life may be done intellectually and analytically.

5. Deals with problems as though they are almost entirely external to him. The localization of source of difficulties is seen to be vaguely "beyond" the person, the focus being quite external. His approach is almost that of listing attributes of people and situations, with very little self-responsibility understood. It is as if at times the person is attempting to resolve his difficulties by explaining the people with whom he is involved, disturbed about, guilty toward, etc. It is sometimes as if he is saying: "Things should be different, and if they were, I'd be all right." He often appears to be describing the various facets of disturbing situations and relationships as if they are entirely outside him, and as if then waiting for something to be done about them. Since he focuses the problems outward, he seems to be asking: "What can be done to change this so I won't feel disturbed?" The therapy situation thus seems to be tripolar: the client, the problems, the counselor. There is avoidance of discussion of internal feelings in relationships, even though feeling may be apparent in voice tone, gesture, words used, etc.

## APPENDIX C

### The Communication of Respect in Interpersonal Processes

#### A Scale for Measurement<sup>1</sup>

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#### Level 1

The verbal and behavioral expressions of the first person communicate a clear lack of respect (or negative regard) for the second person(s).

Example: The first person communicates to the second person that the second person's feelings and experiences are not worthy of consideration or that the second person is not capable of acting constructively. The first person may become the sole focus of evaluation.

In summary, in many ways the first person communicates a total lack of respect for the feelings, experiences and potentials of the second person.

#### Level 2

The first person responds to the second person in such a way as to communicate little respect for the feelings and experiences and potentials of the second person.

Example: The first person may respond mechanically or passively or ignore many of the feelings of the second person.

In summary, in many ways the first person displays a lack of respect or concern for the second person's feelings, experiences and potentials.

#### Level 3

The first person communicates a positive respect and concern for the second person's feelings, experiences and potentials.

Example: The first person communicates respect and concern for the second person's ability to express himself and to deal constructively with his life situation.

In summary, in many ways the first person communicates that who the second person is and what he does matters to the first person. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator clearly communicates a very deep respect and concern for the second person.

Example: The facilitator's responses enables the second person to feel free to be himself and to experience being valued as an individual.

In summary, the facilitator communicates a very deep caring for the feelings, experiences and potentials of the second person.

Level 5

The facilitator communicates the very deepest respect for the second person's worth as a person and his potentials as a free individual.

Example: The facilitator cares very deeply for the human potentials of the second person.

In summary, the facilitator is committed to the value of the person as a human being.

## APPENDIX D

### Counselor's Post-Therapy Rating Scale<sup>1</sup>

Directions: Circle the number (no "in between" ratings please) which best describes the client. Please try to rate every item even though your judgment may be quite tentative. However, if you feel you have no basis at all for making a rating, you may circle the "x" at the right of each item.

1. Your estimate of how much this client did gain from counseling.

1	2	3	4	5	X
Little or No Gain	Below Average Gain	Average Gain	Above Average Gain	Markedly Above Average Gain	

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<sup>1</sup>Only the scale which was used in this research is reproduced here.

# APPENDIX E

## Raw Data for the Counseling Center Subjects

S	SexCl	I-E	KCT	I	W	SexCo	MC	SDS	TSCS		NDS
									Pre	Post	D
1	M	16	3.6	5	3.31	F		16	33	27	6
2	F	16	4.0	4	3.00	M		-	4	4	0
3	F	14	3.5	13	3.10	M		9	14	17	-3
4	F	13	1.4	7	3.81	F		8	9	10	-1
5	F	14	4.0	4	3.00	M		-	4	-	-
6	F	14	1.9	9	3.60	M		8	42	29	13
7	F	13	2.1	9	3.63	F		6	46	6	40
8	F	15	3.5	15	3.18	F		16	28	13	15
9	F	16	2.3	6	4.20	M		3	40	3	37
10	F	15	1.8	15	3.50	M		-	28	9	19
11	F	13	3.3	17	3.71	F		8	-	-	-
12	M	21	3.3	23	2.80	M		5	40	38	2
13	F	14	3.1	4	3.40	F		-	29	5	24
Mean		14.92	2.91	10.1	3.40			8.77			13.82
SD			.84		.40			4.25			14.30
14	M	5	2.7	8	3.60	F		9	29	10	19
15	F	5	3.6	6	3.70	M		7	27	14	13
16	F	7	3.5	5	3.75	F		23	10	-	-
17	F	7	2.6	7	3.70	F		6	12	-	-
18	F	6	3.4	12	3.50	M		23	5	3	2
19	F	7	2.1	16	3.56	M		-	21	4	17
20	M	6	3.2	4	2.80	M		23	11	6	5
21	F	0	2.1	2	2.80	F		16	17	7	10
Mean		5.38	2.90	7.5	3.43			15.28			11.0
SD			.57		.35			7.32			6.1

## Abbreviations for Appendix E

S	= subject
SexCl	= sex of client
M	= male
F	= female
I-E	= Rotter Internal-External Scale
KCT	= Kirtner and Cartwright Typology
I	= number of interviews
W	= mean rating of therapist warmth
SexCo	= sex of counselor
MC SDS	= Marlowe-Crowne Social Desirability Scale
TSCS NDS	= Tennessee Self-Concept Scale Number of Deviant Signs Score
Pre	= pre-therapy TSCS NDS
Post	= post-therapy TSCS NDS
D	= difference between pre and post-therapy NDS scores
SD	= standard deviation
-	= data not available

# APPENDIX F

Means and Standard Deviations of Rotter Internal-External Scale Scores for Elementary Psychology Students at Ohio State University and at Michigan State University.

Sample	Testing Conditions	N	Sex	Mean	SD	Source
Ohio State	Group Experimental	1180	Comb.	8.29	3.97	Rotter, 1966
		575	M	8.15	3.88	
		605	F	8.42	4.06	
Michigan State	Group Experimental	230	Comb.	10.83	4.38	This Research

## APPENDIX G

### The Marlowe-Crowne Social Desirability Scale

1. Before voting I thoroughly investigate the qualifications of all candidates.
2. I never hesitate to go out of my way to help someone in trouble.
3. It is sometimes hard for me to go on with my work if I am not encouraged.
4. I have never intensely disliked anyone.
5. On occasion I have had doubts about my ability to succeed in life.
6. I sometimes feel resentful when I don't get my way.
7. I am always careful about my manner of dress.
8. My table manners at home are as good as when I eat out in a restaurant.
9. If I could get into a movie without paying and be sure I was not seen I would probably do it.
10. On a few occasions, I have given up doing something because I thought too little of my ability.
11. I like to gossip at times.
12. There have been times when I felt like rebelling against people in authority even though I knew they were right.
13. No matter whom I'm talking to, I'm always a good listener.
14. I can remember "playing sick" to get out of something.
15. There have been occasions when I took advantage of someone.



16. I'm always willing to admit it when I make a mistake.
17. I always try to practice what I preach.
18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.
19. I sometimes try to get even rather than forgive and forget.
20. When I don't know something I don't at all mind admitting it.
21. I am always courteous, even to people who are disagreeable.
22. At times I have really insisted on having things my own way.
23. There have been occasions when I felt like smashing things.
24. I would never think of letting someone else be punished for my wrongdoing.
25. I never resent being asked to return a favor.
26. I have never been irked when people expressed ideas very different from my own.
27. I never make a long trip without checking the safety of my car.
28. There have been times when I was quite jealous of the good fortune of others.
29. I have almost never felt the urge to tell someone off.
30. I am sometimes irritated by people who ask favors of me.
31. I have never felt that I was punished without cause.
32. I sometimes think when people have a misfortune they only got what they deserved.
33. I have never deliberately said something that hurt someone's feelings.

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