

PATIENT THERAPIST IDENTIFICATION
IN RELATION TO BOTH PATIENT AND
THERAPIST VARIABLES AND THERAPY
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ABSTRACT

PATIENT THERAPIST IDENTIFICATION IN RELATION TO BOTH PATIENT AND THERAPIST VARIABLES AND THERAPY OUTCOME

By

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The purpose of the present study was to determine whether the patient's identification with his therapist affected therapy outcome. Furthermore, it was predicted that those variables found in child development research to foster greater identification should have similar effects on identification in psychotherapy. It was hypothesized that the degree of the patient's identification with the therapist would positively correlate with (1) perceived strength of the therapist, (2) positiveness of patient's evaluation of the therapist, (3) therapist competence, (4) patient's degree of subjective feelings of weakness and helplessness, and (5) patient's dependency on the therapist.

Eighteen therapy cases were sampled from the 1963-1964 Michigan State University Counseling Center research project. Criteria for inclusion in the study were that the patient continued for 12 or more therapy sessions and that both pre- and posttherapy MMPI profiles were available.

Identification was measured by the before and after therapy change in the similarity between the patient's ratings of himself (both self and ideal self) and of his therapist. The patient's perception of the therapist's strength and the patient's evaluation of the therapist ("good-bad" dimension) were assessed from the semantic differential potency and evaluative factor scores for the "counselor" concept. Therapist competence was obtained from external judge's ratings of therapist's warmth, accuracy of empathy, and genuineness. The patient's subjective feelings of weakness and helplessness were determined from his pretherapy MMPI Pt (manifest anxiety), Dy (dependency needs), and As (self acceptance) scales. High manifest anxiety, strong dependency needs, and low self-esteem were assumed to indicate subjective feelings of weakness and helplessness. Finally, the patient's degree of dependency on the therapist and the therapist's acceptance of the patient's dependency were measured from ratings of taped therapy sessions by external judges. Therapy outcome was measured from pre-post-therapy changes on 10 MMPI scales and three semantic differential indices.

Combining the tests of significance for all 10 MMPI scales, self-therapist similarity change significantly correlated with improved outcome on the MMPI scale change at the .05 level of significance. Increased self-therapist similarity significantly correlated with improvement on two of 10 MMPI scales, but these particular scales were shown

to be those which were the best measures of general maladjustment.

Increased ideal self-therapist similarity did not significantly relate to the combined tests of significance for all 10 MMPI scales and significantly correlated with improvement on only one of the 10 MMPI scales. Increased ideal self-therapist similarity's significant relationship with improvement on the Hs MMPI scale could be attributed to chance.

Increased self-therapist similarity was associated with both (1) patient's pretherapy subjective feelings of weakness and helplessness as indicated by increased depression, greater manifest anxiety, greater dependency needs, and lower self-esteem and (2) a stronger more powerful perception of the therapist by the patient during therapy. The patient's perception of the therapist's strength was related to the patient's subjective feelings of weakness and helplessness rather than accurately mirroring the therapeutic competence. Probably, weak and helpless feeling patients required a strong person to help them and they created an exaggerated image of the therapist to coincide with their needs. The exaggerated image of the therapist's power provided an adequate model for the patient and facilitated identification.

Contrary to prediction, the patient's degree of overt dependency on the therapist during therapy, the therapist's competence, and the favorability of the patient's

evaluation of the therapist bore no relation to increased self-therapist similarity (identification).

However, it was found that patients who reveal greater dependency on the therapist during the middle phase of therapy showed more improved self-esteem and more positive attitudes towards others. Greater dependency behavior in therapy was associated with more intense patient involvement and participation in therapy. Even with the effects of greater patient involvement partialled out, the patient's degree of dependency on the therapist still correlated with improvement in self-esteem and more positive attitudes towards others. More intense patient dependency on the therapist was associated with higher pretherapy manifest anxiety.

The therapist's warmth, accuracy of empathy, and genuineness, although not reflected in the patient's evaluation of the therapist (therapist strength and "good-bad" evaluation), correlated positively with many of the outcome measures. Patient ratings of the therapist's strength or "good-bad" evaluation did not correlate with improvement on the MMPI or semantic differential outcome measures.

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By

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To Barbara

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INTRODUCTION

The purpose of the present study was to determine whether the patient's identification with his therapist plays a significant role in the psychotherapeutic process. It is hypothesized that the patient increases his similarity to the therapist in order to attain the therapist's power and mastery over the environment. Thus, it was predicted that increased patient therapist similarity contributed to successful therapy outcome. Bergin (1967) suggests that identification is an underlying process of all therapies and affects therapy outcome:

Modeling . . . is not so much a part of a new wave but rather an awareness of something which has also been a part of all therapies. When one is involved in an intimate human relationship with another person to whom he may have said 'help me' . . . the other person deliberate or not is going to function in some way as a model . . . not modeling of course in the sense that one becomes a copy of the other person but rather that one utilizes some of the person . . . to develop and build his somewhat different self. What often happens too of course is that the client takes on as part of his self some of the more positive characteristics of the therapist as he is losing some of his own negative characteristics (pp. 210-211).

Furthermore, it was predicted that those variables empirically found in child development research to foster greater identification should have similar effects on identification in psychotherapy.

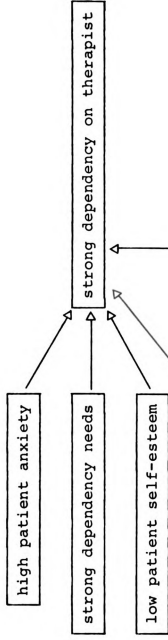
Kagan (1958) suggested that the child's relative weakness and helplessness as compared to his stronger more skilled parents motivates the child to adopt their attributes. So in the therapy context, it was hypothesized that highly anxious, dependent, and low self-esteem types of patients experienced more subjective feelings of weakness and helplessness and, therefore, would be more motivated to identify with their therapists.

Mussen, Conger and Kagan (1963) in their review of identification literature and research emphasized the importance of the model's (1) strength, (2) attractiveness, and (3) competence as determinants of identification. Therefore it was hypothesized the greater the patient's ratings of the therapists' strength and likeability and the better the therapist's therapeutic competence, the more the patient will tend to identify with his therapist.

Finally, dependency on the model has been assumed to be a requisite condition for the occurrence of identification (Sears, Maccoby, & Levin, 1957). So, it would be expected that the patient's degree of dependency on the therapist would facilitate the identification process. Furthermore, it was hypothesized that the therapist's acceptance of the patient's dependency on him would contribute to greater patient identification with the therapist.

The hypotheses are summarized in Figure 1.

Client Variables



Therapist Variables

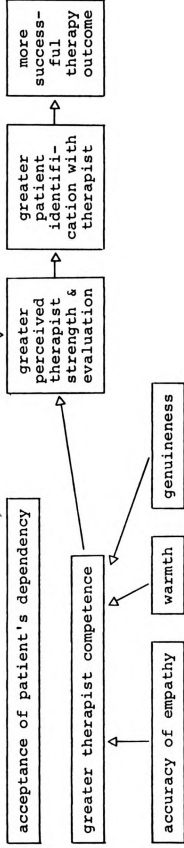


Figure 1

Therapy Model for Patient-Therapist Identification with Its Contributing Variables

Review of the Literature on Identification in Psychotherapy

Identification broadly defined refers to the adoption of another individual's personality characteristics. All of the research on identification in psychotherapy has measured identification by increased similarity of the patient and therapist on various personality dimensions. The operational definitions of identification and modeling are identical; however, Kagan (1958) distinguishes the two concepts by asserting that identification or the adoption of the model's attributes is motivated by the desire to attain the model's sense of power and mastery over the environment. In the concept of identification, the traits adopted from the model are not necessarily in themselves behaviors which facilitate better mastery. The person who identifies attempts to increase his similarity to the model, so that he can experience the model's sense of power and adequacy.

Identification has been measured as a greater congruence of the patient's and therapist's values and interests (Holzman, 1962; Petony, 1966; Rosenthal, 1955; Welkowitz, 1967), ego ideals (Ewing, 1954), personality traits and self-descriptions (Borrelli, 1965; Ewing, 1954; Farson, 1961; Sapolsky, 1965), need systems (Schrier, 1953; Snyder, 1964) and overt behavior (Lennard & Bernstein, 1960). Furthermore, these studies employed two distinct methods of attaining the degree of patient-therapist similarity. Either the patient is asked to fill out some personality

instrument for both himself and for the therapist or both the patient and the therapist complete the same instruments for themselves. In both cases, identification is interpreted from the degree of similarity between the patient's and therapist's profiles.

The majority of the reviewed studies have found that psychotherapy substantially increases patient-therapist similarity (Ewing, 1954; Holzman, 1962; Landfield & Nawas, 1964; Lennard & Bernstein, 1960; Petony, 1966; Rosenthal, 1955; Sapolsky, 1965; Schrier, 1953; Welkowitz, 1967). In addition to investigating changes in similarity, several studies have explored the relationship between increased patient similarity to the therapist and the degree of therapeutic improvement (Borrelli, 1965; Ewing, 1954; Holzman, 1962; Landfield & Nawas, 1964; Rosenthal, 1955; Sapolsky, 1965; Schrier, 1953; Welkowitz, 1967). Six of the eight studies have demonstrated that increased patient-therapist similarity during the course of therapy is associated with improvement. Holzman (1962) obtained this relationship for outpatients but not for those hospitalized. From Holzman's findings, it may seem that identification does not occur in therapy with more disturbed hospitalized patients. However, Sapolsky (1965), using a population of hospitalized patients consisting of 14 schizophrenics and six psychotically depressed ones, obtained significant increases in identification which were associated with therapy improvement.

Of the three studies performed on college counseling center populations (Borrelli, 1965; Ewing, 1954; Farson, 1961), two (Borrelli, 1965; Farson, 1961) have yielded no evidence of identification during therapy. There are some methodological problems in both Farson's (1961) and Borrelli's (1965) studies which may account for their failure to obtain positive results. In Farson's study, both clients and therapists were administered the Bultler-Haigh Q-sort of a 100 self-referent statements. Since the Q-sort contains many statements related to adjustment, increased similarity to the therapist might merely be an artifact of the client's increased adjustment which only coincidentally corresponds to the relatively better adjusted therapist. Farson (1961) attempted to offset this confounding factor by demonstrating that the client's similarity to his own therapist is greater than his similarity to any randomly selected one. In computing the similarity scores, he subtracted the mean similarity to all other therapists in the sample from the client's similarity to his own therapist. However, this procedure may have introduced additional complications. Petony (1966) and Mayfield (1962) using Q-sorts have shown that client centered and relationship oriented therapists have remarkably similar ways of sorting even when adjustment items are excluded. Farson's method for controlling the client's adjustment actually altered the identification dimension so that the similarity score reflected only similarity on the therapist's idiosyncratic traits. Since the

therapists in his study were client centered and probably had highly similar value systems (Petony, 1966), his method of computing similarity probably excluded pertinent information. It is important to note that although the client's self-descriptions did not resemble his own therapist more than therapists in general, Farson did find significantly greater patient-therapist congruence at the conclusion of the therapy. Farson did not relate changed patient-therapist similarity to therapy outcome.

Ewing (1954) controlled for the client's increased personality adjustment in a different way. He contrasted the client's post-therapy self-ratings with both his pre- and post-personality ratings of the therapist and found that improved clients showed significantly greater similarity to the after therapy therapist ratings than to the pretherapy therapist ratings. By contrasting only the posttherapy client self-description, Ewing (1954) held client's adjustment constant and thereby demonstrated that the client perceives himself more similar to his after therapy perception of his therapist than to his earlier perception of him.

Another important aspect of Ewing's analysis was that, unlike Farson (1961), he controlled for the client's level of improvement. From the hypotheses offered in the present research, it would be predicted that clients reveal differing degrees of identification with their therapists. Only the more improved patients should manifest strong identification with their therapists.

Welkowitz, Cohen, and Ortmeyer (1967) used the same method of controlling posttherapy client adjustment as Farson (1961) and obtained a significant relationship between the patient's identification with the therapist and therapy improvement. He showed that improved patients revealed greater similarity to their own therapists than to other randomly selected ones. Welkowitz et al. (1967) was concerned with whether the degree of identification correlated with therapy outcome. On the other hand, Farson only investigated if there was significantly greater patient resemblance to his own therapist as compared to other therapists from before to after therapy. Welkowitz et al. therefore, questioned whether there would be differing degrees of changed resemblance to the therapist and whether these differences would correlate with therapy outcome. Thus, the two studies are not comparable because of the different questions they attempted to answer.

Borrelli (1965) failed to obtain any relationship between posttherapy patient-therapist similarity and therapy improvement based on changes in pre and post MMPI scales. Although in most respects his study was well designed, he unfortunately neglected to consider the sex differences between patient-therapist pairs. Borrelli measured similarity with the semantic differential which has been shown to be influenced by sex differences (Jenkins & Russell, 1958; Shell, Omally & Johnsgard, 1964). These studies have found that males are rated higher on potency, importance, and

evaluation which, they conclude, reflects cultural sex differences. Since Borrelli had not controlled for differential patient-therapist sex pairings and computed similarity scores with the D-statistic which would be distorted by these sex differences, it is possible that his results were inaccurate.

Therapy Variables Predicted to Affect Identification and Therapy Improvement

Therapist Variables

Child development research on identification has discovered that the degree of identification is a function of the model's power, competence, attractiveness, and nurturance (Kagan, 1958; Mussen, Conger & Kagan, 1963). It was hypothesized that the therapist's perceived strength, and evaluation should be related to the degree of the patient's identification with the therapist and to therapy outcome. Objective appraisal of the therapist's competence should influence the patient's perception of the therapist's potency and evaluation and therefore affect the degree of identification and the success of therapy outcome.

Therapist strength and competence: Mussen, Conger, and Kagan (1963), in their review of identification literature and research, heavily emphasize the importance of the model's strength and competence as determinants of identification. The child's relative weakness and inadequacy as

compared to his stronger, more skilled parents motivates him to adopt their attributes. Kagan (1958) has discovered that children tend to identify with the more powerful parent. Research also reveals that children exhibiting stronger identification with a particular parent perceive him as more competent, more attractive, and a more powerful source of both reward and punishment (Bandura, Ross, & Ross, 1963; Kagan, 1958; Maccoby, 1959; Mussen & Distler, 1959).

In regard to therapy, Kell and Mueller (1965) contend that the client's perception of strength in the therapist is a prerequisite for client improvement. Borrelli (1965) has experimentally verified this hypothesis. Using the semantic differential potency factor for the concept "counselor" as a measure of the therapist's perceived strength, he found that the therapist's potency significantly related to improvement on the Hy MMPI Scale. Although Borrelli (1965) computed both counselor strength scores and after therapy client-therapist similarity scores (the latter is frequently employed as an index of identification) he did not investigate the relationship between these two dimensions. Truax (1968), who used objective ratings of therapist potency rather than patient ratings, found that therapist potency even with the therapist level of accuracy of empathy, warmth, and genuineness partialled out, significantly affected therapy outcome. Truax concluded that therapist potency, although significantly correlated with the

therapeutic conditions of empathy, warmth, and genuineness, affects outcome in its own characteristic way.

Truax (1967) operationally defined therapist competence by the dimensions accuracy of empathy, warmth, and genuineness. He presented a sufficient body of research evidence to show that these therapist dimensions coincide with therapy success. The therapeutic conditions were shown to significantly correlate with objective ratings of the therapist's potency (Truax, 1968), but the therapeutic conditions have never been related to patient-therapist identification. Farson (1961) conducted the only therapy study which has explored the relationship between the therapist's competence and the patient's identification with his therapist. He found that increased patient-therapist similarity negatively correlated with independent ratings of the therapist's competence. His findings were contrary to what would be predicted from previous research on identification. Farson interpreted his results as demonstrating that less competent therapists force greater conformity from their patients.

Therapist's perceived evaluation: It has been consistently reported in developmental research on identification that admiration and affection for the parental model promote better identification (Bandura, 1961; Mussen, 1961; Payne & Mussen, 1956; Sears, 1953). Children revealing greater identification with their parents tend to perceive

them more positively. Schrier (1953) and Sapolsky (1965) have encountered similar results in the therapy situation. Their results revealed that the degree of positive patient-therapist rapport obtained from independent ratings of therapy interviews (Schrier, 1953) and patient-therapist compatibility based on congruence of profiles on the FIRO Scale (Sapolsky, 1965) correlated significantly with identification which was measured by increased similarity of patient and therapist test profiles. Both the degree of therapeutic rapport and increased patient-therapist similarity were associated with successful therapy outcome.

Patient Variables, Therapy Dependency,
Identification, Therapy Outcome

Dependency on the model has been assumed to be a requisite condition for the occurrence of identification (Sears, Maccoby, & Legin, 1957). Hence, the patient's dependency on the therapist and the latter's acceptance of the dependency should be necessary antecedents to identification with the therapist. Two studies have found that more dependent children exhibit greater imitation of the model's behavior (Bandura & Walters, 1965; Jakubczak & Walters, 1959).

Snyder (1963), in a comprehensive longitudinal study of dependency in psychotherapy, discovered that while all clients manifest variations in the occurrence of dependency through the course of therapy, the most improved ones

revealed greater dependency near the middle of therapy. He maintains that allowing the patient to become dependent on the therapist helps establish an intense therapeutic relationship. Similarly, Kirtner (1958) reported that the most successful therapy cases displayed more intense dependency during therapy.

It was hypothesized that high manifest anxiety, strong dependency needs, and lower self-esteem should be manifested by subjective feelings of weakness and helplessness. As previously mentioned, at least some theorists feel that the contrast between the child's feelings of weakness and relative inadequacy as compared to their stronger more adequate parents motivates the identification process so that the child can adopt the model's strength and adequacy. It was hypothesized that a client under greater stress will more likely become dependent on the therapist's help and identify with him to a greater extent. Both increased stress (McNulty & Walters, 1962; Walters, Marshall, & Shooter, 1960) and low self-esteem (Bandura & Walters, 1965) have been shown to elicit a greater imitation of the model's behavior.

HYPOTHESES

Primary Hypotheses

Identification and Outcome

Hypothesis 1: Identification of the patient with the therapist as defined by increased similarity of the patient's self and ideal self concept ratings and patient ratings of the therapist, is positively related with successful therapy outcome.

Determinants of Identification

Hypothesis 2: Therapist strength as perceived by the patient is positively correlated with the patient's degree of identification with the therapist.

Hypothesis 3: Positive evaluation of the therapist by the patient is positively correlated with the patient's degree of identification with the therapist.

Hypothesis 4: The therapist's competence as measured by his warmth, accuracy of empathy, and genuineness is positively correlated with the patient's degree of identification with the therapist.

Hypothesis 5: The patient's pretherapy manifest anxiety, dependency needs, and lower self-esteem is positively correlated with the patient's degree of identification with the therapist.

Hypothesis 6: The patient's degree of dependency on the therapist during therapy is positively correlated with the patient's degree of identification with the therapist.

Secondary Hypotheses

Perceived Strength of the Therapist and the Favorability of the Evaluation of the Therapist as Rated by the Patient in Relation to Other Variables in the Study

Hypothesis 7: Perceived strength and "good-bad" evaluation of the therapist are positively correlated with successful therapy outcome.

Hypothesis 8: Perceived strength and "good-bad" evaluation of the therapist are positively correlated with pretherapy patient manifest anxiety, dependency needs, and low self-esteem.

Hypothesis 9: Perceived strength and "good-bad" evaluation of the therapist are positively correlated with the degree of patient dependency on the therapist during therapy.

Hypothesis 10: Perceived strength and "good-bad" evaluation of the therapist are positively correlated with greater therapist competence, as defined by external judgments of therapist warmth, accuracy of empathy, and genuineness.

Patient's Degree of Dependency
on the Therapist During Therapy
in Relation to Other Variables

Hypothesis 11: Patient's dependency on the therapist is positively correlated with successful therapy outcome.

Hypothesis 12: Patient's dependency on the therapist is positively correlated with pretherapy patient anxiety, dependency needs and lower self-esteem.

Hypothesis 13: Patient's dependency on the therapist is positively correlated to the degree of therapist's acceptance of the patient's dependency on him.

Therapist Competence and
Therapy Outcome

Hypothesis 14: Therapeutic competence as defined by external judgement of the therapist's warmth, accuracy of empathy, and genuineness is positively correlated with more successful therapy outcome.

METHOD

Subjects

The therapy cases used in the present investigation were sampled from the 1963-1964 research project at the Michigan State Counseling Center, which was the population employed in the Borrelli study (1965). As a part of this research project, tape recordings of the therapy sessions, the semantic differential administered every fourth session, and pre- and posttherapy MMPI profiles were collected for 54 self-referred clients. For the purposes of the present study, 18 of the 54 therapy clients were selected based on the criteria that: (1) the patient continued for 12 or more therapy sessions and (2) pre- and posttherapy MMPI profiles were available. The sample contained 8 male and 10 female clients, 13 male and 5 female therapists, and 11 same-sexed and 7 different-sexed patient therapist pairs. The therapists' experience were distributed as follows: three counseling center staff members, 11 counseling center interns, and three practicum students. In the sample of 18 cases, 7 received 20 or more sessions, 6 had 16 sessions, and 5 had 12 sessions.

Procedure

To test the hypotheses, it was necessary to assess (1) the change in similarity of the patient to the therapist from before to after therapy (identification measure), (2) the patient's evaluation of the therapist during therapy, (3) the patient's degree of dependency on therapist during therapy and therapist's degree of acceptance of this dependency, (4) the ratings of the therapist's actual therapeutic competence, (5) the patient's pretherapy anxiety, dependency needs and self-esteem, and finally (6) the pretherapy-posttherapy reduction in patient psychopathology.

Patient-Therapist Identification Measures

Identification was measured from change in the patient's ratings of his similarity to the therapist on the semantic differential. In the original 1963-1964 research project, the patients rated 21 concepts on 16 scales before therapy and every fourth subsequent session. The difference between the fourth session and after therapy similarity between the concepts "me" and "counselor" constituted the patient's degree of identification with the therapist.

Basically, two distinct measures of similarity change were employed: self-therapist similarity change and ideal self-therapist similarity change. A third similarity measure, similarity change corrected for improved personality adjustment (ADSMCH) was included in the study only for the purpose of determining the approximate portion of

the similarity change variance due to changed perceptions of the therapist.

Self-therapist similarity change was derived from the patient's ratings of the "me" and "counselor" concepts on the semantic differential. Ideal self-therapist similarity change measure employed the ideal self concept instead of the "me" concept along with the "counselor" concept. The D-statistic (Cronbach & Gleser, 1957) was used to compute the similarity between the patient concepts and the therapist concept. The similarity change index was computed from the difference between the fourth session patient-therapist similarity and after therapy patient therapist similarity. To correct for possible sex differences in same vs. opposite sexed patient-therapist pairs, separate similarity change distributions were derived for same sexed and opposite sexed patient-therapist combinations. Twenty-eight cases which fulfilled the requirement of having completed at least eight therapy sessions were used to establish separate same-sexed and opposite-sexed norms, so that both self-therapist and ideal self-therapist similarity change scores could be standardized. This standardization procedure was intended to eliminate differential similarity change of same-sexed and opposite-sexed patient-therapist combinations.

Similarity change corrected for improved patient personality adjustment (ADSMCH) contrasted the similarity between the posttherapy "me" concept ratings with both

fourth session and posttherapy patient ratings of "counselor" concepts. Since pre- posttherapy change in the "me" concept was not included in this similarity index, the confounding effects of improved personality adjustment were excluded from the ADSMCH similarity change index. Therefore, changed perceptions of therapist constituted the variance in this particular similarity change measure.

Computation of Therapist's
Perceived Strength and
"Good-Bad" Evaluation

The patient's perception of the therapist's strength or potency and good-bad evaluation were obtained from the semantic differential potency and evaluative factor scores for the counselor concept. Therapist strength and good-bad evaluation were derived from the semantic differential profile closest to the middle phase of therapy. The midpoint rather than the posttherapy semantic differential administration was preferred because it was believed this phase of therapy would best incorporate the patient's transference reactions toward the therapist. During therapy, the patient probably reacts to his transference perceptions of the therapist; therefore, the transference reactions should be included.

Potency and evaluative factor scores were computed from the factor loadings for each scale by means of a multiple regression method (Thomson, 1951). Factor loadings were obtained from the factor analyses of three consecutive

semantic differential ratings of the concepts "me" and "counselor." Borrelli (1965) who studied the same therapy population used in the present study has performed this factor analysis for 40 clients, 240 observations, on 16 scales, by the Principal Factor Solution with Quartimax Rotation Method. The factor loadings for each factor on every scale were obtained from Borrelli's factor analysis.

The factor loadings were used for the derivation of regression coefficients for a given factor on a single scale. The z-score on a given scale, which was computed from the distribution of scores on a single scale, was multiplied by the regression coefficient $\frac{1}{1+s} \cdot \frac{r}{1-r^2}$ where $s = \sum \frac{r}{1-r^2}$ (summation across all scales for a given factor) and r is the factor loading for a particular factor on a single scale. The factor scores obtained by this method for a single scale were summed across all scales to obtain a total factor score.

The z-score was computed from the distribution of scores for a particular scale. Borrelli (1965) employed the same procedure of calculating factor scores, but neglected to control for the sex of therapist. Jenkins and Russell (1958) and Shell et al. (1964) have shown that male concepts are rated higher on potency, importance, and activity. To control for therapist sex differences, z-scores were computed from separate distributions for male and female therapists. For each semantic differential scale, separate male

and female therapist statistical distributions were calculated from 39 therapy cases found in the larger research project sample. From these separate statistical distributions, scale scores were transformed into z-scores.

Ratings of Therapist's Competence

Ratings of the therapist's accuracy of empathy, non-possessive warmth, and genuineness were employed as operational definitions of the therapist's competence. Extensive validity research has been presented for these dimensions (Truax & Carkhuff, 1967). For each therapy client, three three-minute excerpts from the beginning, middle, and end of each taped therapy session were randomly sampled and rated on the three therapist competence dimensions. Tape recorded sessions from the first, second, and third quarters of therapy were rated. Thus, there were nine independent ratings altogether for each client. The average of the ratings was used as the index of the therapist's competence.

Two independent judges rated 25 tapes from the total number for a reliability measure.

Patient's Dependency

Two measures of dependency were employed. The client's dependency needs were measured by Navran's Dy MMPI dependency scale. This scale has been found to correlate with the Edward's Personal Preference Scale Succorance and Deference scales, and independent ratings of client's

dependency during therapy (Snyder, 1963). The MMPI dependency measure accounted for the largest portion of the common variance of the dependency measures. It correlated especially high with the independent ratings of patient dependency during therapy.

The second dependency measure employed in the present study was the patient's degree of dependency on the therapist during therapy. One therapy session from the middle phase was rated for the client's dependency on his therapist. The sample tape was taken from the middle phase of therapy because two studies have shown that the client's dependency on the therapist is greatest at this point (Alexander, 1967; Snyder, 1963). The therapy tapes were analyzed by a system adopted from Winder, Ahmad, Bandura and Rau (1962) and later employed by Alexander (1967), Caracena (1963), and Schuldt (1964). The basic scoring unit is the interaction sequence consisting of the client's first verbal statement, followed by the therapist's response, and the client's subsequent reaction to the therapist's response. The client's reaction to the therapist's response not only completes the first interaction but also begins the next interactional unit.

All the client's verbal expressions were coded for the presence or absence of dependency. The codings of dependency are further subdivided, according to the object of the dependency. The object categories are: (1) dependency toward therapist, (2) dependency toward person other than

therapist and, (3) dependency expressions without definite referent. The measures of dependency behavior relevant to the present investigation were both the total number and percentage (number of dependency on therapist statements divided by total number of patient statements) of patient dependency statements where the therapist was the object of the dependency. Dependency expressions were defined as help seeking, approval seeking, concern about disapproval, company seeking, information seeking, agreement with another, and concern about disapproval.

The therapist's acceptance of the client's dependency was defined by the therapist's approach or avoidance of the client's dependency expressions. All the therapist's responses were coded as either approach or avoidance. Responses coded as approach were approval, exploration, reflection, labeling, interpretation, generalization, support, and factual information. Avoidance responses were disapproval, topic transition, ignoring, mislabeling, and silence. The therapist's acceptance of the patient's dependency behavior toward himself was relevant to the present study.

Pretherapy Patient Anxiety, Self-Esteem, and Dependency Needs

The MMPI Pt (psychasthenia), As (self acceptance) and Dy (dependency needs) were used as measures of the client's manifest anxiety, self-esteem, and dependency needs, respectively. The Pt scale, has been found to correlate

about .90 with the Taylor Manifest Anxiety Scale (Dahlstrom & Welsh, 1965). Since the raw MMPI scores corresponded to different t-scores for males and females, the female raw scores were converted to the equivalent male raw score by matching the t-scores.

Therapy Outcome Measures

Three measures of change in self evaluation measures on the semantic differential and 10 MMPI scales served as indices of therapy improvement. The semantic differential outcome measures were (1) change in self-ideal self discrepancy, and (2) change in self-concept along "good-bad" evaluation and the potency dimensions.

Pre- and posttherapy changes on 10 MMPI scales were also used to assess therapy outcome. Changes in symptomatology were derived from the Hs (hypochondriasis), D (depression), Hy (hysteria), Pt (psychasthenia), and Sc (schizophrenia) MMPI scales. The MMPI As (self acceptance) and K scales measured changes in self-esteem. The K scale has been shown to relate to independent measures of self-esteem (Berger, 1955; Leary, 1957; Raymaker, 1956; Rosen, 1956, Zuckerman & Monashkin, 1957) and to covary with successful therapy (Gallagher, 1953; Kaufman, 1950). MMPI measures of ego strength (Es scale) and dependency needs (Dy scale) were also included. Therapy improvement was measured from the amount of change from before therapy to after therapy on

each of these MMPI scales. Positive scores on all outcome measures reflected improvement on particular measures.

Patient Activity Level in Therapy

Activity was a global measure of the patient's degree of participation in the therapy process. The degree of patient participation was rated on a five point scale from 18 therapy tapes from the middle phase of therapy. Patient activity was included in the study to differentiate dependency from helpless passivity.

RESULTS

Reliability

Both the therapist conditions of warmth, accuracy of empathy, and genuineness and the measurement of the patient's dependency behavior in therapy were derived from the rating of tape recorded therapy sessions. To establish the reliability of the warmth, accuracy of empathy, and genuineness ratings, 25 randomly selected tape recorded therapy sessions were independently rated by a Ph.D. Counseling Center staff member and a fourth year counseling psychology graduate student. Both raters had considerable prior experience with these rating scales. The therapy dependency behavior and activity level were rated separately by the investigator and a fourth year clinical psychology graduate student (whose ratings were used in the calculation of the data). The first 25 coded patient therapist interaction units for all therapy cases used in the study (N=18) served as the reliability sample.

Table 1 contains the inter-rater reliabilities for all ratings.

Table 1
Inter-rater Reliabilities

Rating Categories	Reliability Coefficient
<u>Therapist Conditions</u>	
Therapist accuracy of empathy	.91
Therapist warmth	.95
Therapist genuineness	.96
<u>Therapy Dependency Measures</u>	
Therapist directed patient dependency expressions	.71
Therapist approach of patient dependency on therapist	.95
<u>Activity Level</u>	.65

Patient-Therapist Identification

Table 2 presents the intercorrelations between the following variables: (1) self-therapist similarity change (change in similarity of the patient's ratings of self and therapist from pre to posttherapy), (2) standardized self-therapist similarity change (self-therapist similarity change scores converted to standardized scores from separate like-sexed and opposite-sexed patient-therapist pair similarity change score distributions), (3) similarity change "corrected for improved personality adjustment" (ADSMCH) (The change in similarity between ratings of self and therapist, where only the posttherapy self ratings used in deriving similarity to both pre and posttherapy ratings

Table 2

Intercorrelations of the Different Patient-Therapist Similarity Measures and Semantic Differential "me" Concept Changes

1	2	3	4	5	6
Self-Therapist Similarity Change	Standardized Self-Therapist Similarity Change	Similarity Change Corrected for Improved Personality Adjustment Change (ADSMCH)	Ideal Self- Therapist Similarity Change	Standardized Ideal Self- Therapist Similarity	"me" Concept Change on Evaluative Factor
1 .94**	.94**	.61**	.39**	.27	.58**
2 .94**		.53**	.41*	.42*	.58**
3 .61**	.53**		.49*	.26	.11
4 .39*	.41*	.49*		.91*	-.09
5 .27	.42*	.26	.91**		-.12
6 .58**	.58**	.11	-.09	-.12	

29

Note: df = 17. One tailed-test of significance used for these relationships where the direction of the relationship is predicted by the hypotheses. For all similarity measures, scores increase with greater patient-therapist similarity.

* p < .05.

**p < .01.

of the therapist.), (4) ideal self--therapist similarity change (change in the similarity of the patient's ratings of the ideal self and therapist from pre and posttherapy), (5) standardized ideal self-therapist similarity change (ideal self-therapist similarity change converted to standard scores based on the separate distributions of change scores for like-sexed and opposite-sexed patient therapist pairs), (6) "me" concept change on evaluative factor (me eval) (semantic differential evaluative factor scores for "me" concept).

Table 2 reveals that most of the similarity change measures were at least moderately interrelated. Standardized and unstandardized similarity change measures highly corresponded to each other, which indicated that the separation of same and opposite-sexed patient pairs did not greatly alter the original similarity change measures.

Similarity change "corrected for improved personality adjustment" (ADSMCH) emphasized the changed perceptions of the therapist while minimizing the effects of improved self-evaluation. Therefore, this patient-therapist similarity change measure provided a rough estimate of the amount of similarity change variance in both the self and ideal self similarity change indices that could be accounted for by changed perceptions of the therapist. Improvement in self-evaluation over the course of therapy was reflected in Me Eval, which was the before and after changes in self ratings on the semantic differential.

Therefore, in relation to the similarity change measures, changes in self evaluation offered a gross estimate of the patient-therapist similarity change due to improved self-evaluation. The moderately high correlations between ADSMCH and both standardized ($r=.53$) and unstandardized ($r=.61$) self-therapist similarity change measures, (as well as the unstandardized ideal self-therapist similarity change measure), suggested a substantial portion of the similarity change variance resulted from changed before and after perceptions of the therapist. However, Me Eval's substantial relationship with both standardized and unstandardized self-therapist similarity change, but not ideal self-therapist similarity change, indicated that a considerable amount of the self-therapist similarity change variance was associated with improved self evaluation. Even though both improved self evaluation and changed therapist perceptions contributed to the self-therapist similarity change variance, the similarity change variance was still partially confounded by the effects of improved self evaluation. Therefore, when examining the relationship between self-therapist similarity change and therapy outcome measures, the similarity change variance due to improved self evaluation would have to be extracted.

The findings in Table 3 indicated that greater pre-therapy patient-therapist dissimilarity was associated with greater patient-therapist similarity change. Since

Table 3

Correlations Between Pretherapy Patient-Therapist
Similarity and Similarity Change

Pretherapy Patient- Therapist Simi- larity	Standardized Similarity Change	Standardized Ideal Self- Therapist Similarity Change	ADSMCH Similarity Change Corrected for Improved Personality Adjustment
Pretherapy <u>Self</u> - Therapist Similarity	-.54*	.14	.02
Pretherapy <u>Ideal</u> Self-Therapist Similarity	-.29	-.59**	-.27

*p < .05, df = 17.

**p < .01, df = 17.

high initial patient-therapist dissimilarity related to increased patient-therapist similarity change for both the self-therapist and ideal self-therapist similarity change measures, regression to the mean effects may have substantially contributed to the similarity change variance and therefore introduced another confounding factor into the interpretation of the similarity change measures.

Testing the Hypotheses

The primary hypotheses dealt with predictions about effects of identification (patient-therapist similarity change) on therapy outcome and the influence of specific

patient and therapist variables on the degree of identification. The secondary hypotheses referred to predicted relationships between all patient and therapist variables except identification.

Primary Hypotheses

Identification and therapy outcome:

Hypothesis 1: The patient's identification with the therapist as defined by increased similarity of the patient's self and ideal self concept ratings and patient ratings of the therapist, is positively related with successful outcome.

Table 4 contains the product moment correlations among similarity change measures and three semantic differential self evaluation measures and 10 MMPI scales. The five repeated MMPI scales in Table 4, which were denoted by Sd following the MMPI scale abbreviation, contained scores for only those patients whose pretherapy scale scores were at least one standard deviation from the mean. This procedure did not yield significant findings. Therapy outcome indices were all derived from pre- posttherapy changes on each of the measures.

Increased self-therapist similarity significantly related to improvement on two MMPI scales and one of the three semantic differential measures. Self-therapist similarity change corresponded to improvement on the semantic

Table 4

Correlations Between Patient-Therapist Similarity Change
and Therapy Outcome

Therapy Outcome Measures	Standardized Self- Therapist Similarity Change	Standardized Ideal Self- Therapist Similarity Change
Self-ideal self discrepancy change	.04	.03
Semantic differential self good-bad evaluation change (Me Eval)	.58**	-.12
Semantic differential change in ratings of self potency (Me Pot)	.25	.20
<u>MMPI Scales Scale Changes</u>		
Dy (reduced dependency needs)	.49*	.28
As (increased self-esteem)	.35	.03
Es (increased ego strength)	.19	-.14
Ao (greater acceptance of others)	-.03	-.17
K (greater self-esteem)	.28	.14
Hs (reduced hypochondriasis)	.12	.40*
D (reduced depression)	.26	.15
Hy (reduced hysteria)	.11	.29
Pt (reduced manifest anxiety)	.44*	.11
Sc (reduced schizophrenia)	.17	.03
D Sd. (N = 12) ^a	.07	.27
Hy Sd. (N = 13) ^a	.09	.31
Pt Sd. (N = 12) ^a	.34	-.09
Sc Sd. (N = 13) ^a	.07	-.15
Hs Sd. (N = 12) ^a	.20	.27

^aMMPI scales denoted by Sd. following MMPI Scale abbreviation, contained scores for only those patients whose pretherapy scale scores were at least one standard deviation from the mean (in direction of greater personality disturbance).

*p < .05, one sided test of significance.

**p < .01, one sided test of significance.

differential self evaluation (Me Eval) ($r=.58$), Navran's MMPI Dy dependency scale ($r=.49$), and the MMPI Pt (psychasthenia) scale ($r=.44$). However, since improved self evaluation (Me Eval), which was computed from patient semantic differential self concept ratings on the evaluative factor (good-bad dimension), was a component of the self-therapist similarity change measure, improved self evaluation (Me Eval) could not be considered an independent outcome measure. Using Tukey's procedure for combining the tests of significance for all 10 MMPI outcome scales, self-therapist similarity change significantly correlated with improved outcome changes at the .05 level of significance.

Moreover, self-therapist similarity change covaried significantly with improvement on two of the 10 MMPI scales. Navran's Dy dependency scale (if one considers the intercorrelations between the 10 MMPI variables), accounted for the greatest common variance among all the MMPI scales. Therefore, the Dy scale, which is purported to be a measure of dependency needs, was actually the best measure of changes in global personality maladjustment. Furthermore, both the Dy and Pt scales were highly related to before and after therapy changes on the other MMPI scales (Figure 2). Hence, it can be argued that the MMPI Dy and Pt scales were particularly good measures of global maladjustment. Therefore, the substantial relationships between self-therapist similarity and improvement (1) on both MMPI scales, and (2) for the combined tests of significance for all 10 MMPI scales

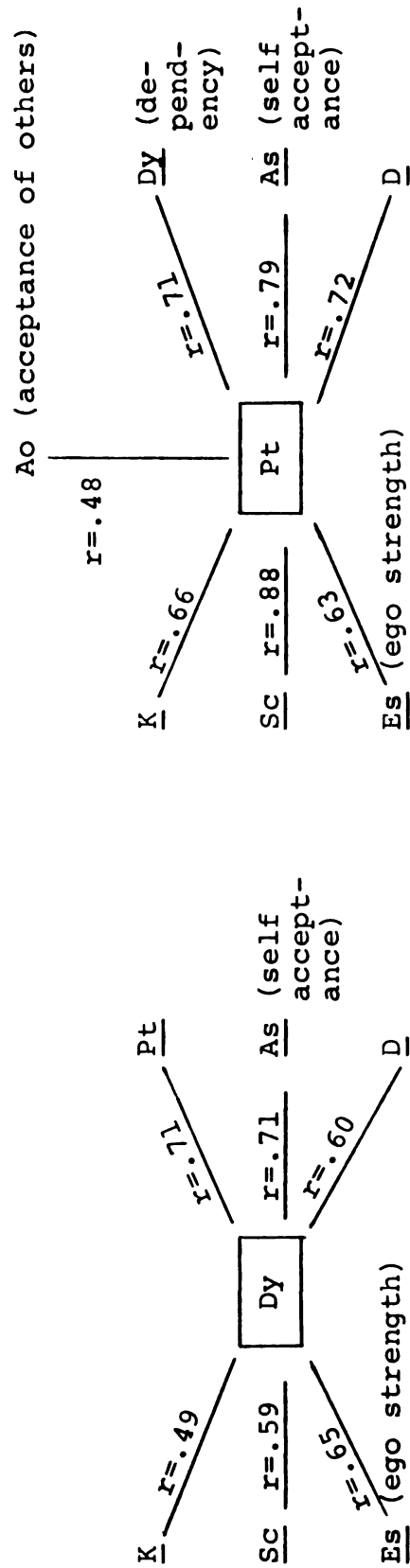


Figure 2

MMPI Outcome Measures Significantly Correlated with Pre- Posttherapy Changes on Dy and Pt MMPI Scales

provided adequate confirmation for the hypothesis that the patient's increased resemblance to the therapist was positively related to greater therapy success.

Again employing Tukey's procedure for combining the tests of significance for the 10 correlations between ideal self-therapist similarity change and the 10 MMPI outcome scales, ideal self-therapist similarity change did not significantly correlate with improved outcome on the MMPI. Table 4 revealed that ideal self-therapist similarity change corresponded to improvement on only one of the 10 MMPI scales, Hs (hypochondriasis). Therefore, it is reasonable to conclude that the one significant correlation resulted from chance.

Possible alternative explanations for the similarity change and therapy outcome relationships.

Because of the confounding factors existing in the patient-therapist similarity change measures, there were several alternative explanations for why similarity change related to therapy improvement on a few of the MMPI scales. Firstly, the greater possibility of change for greater initial patient-therapist dissimilarity and greater pretherapy emotional disturbance on the MMPI scales may have been responsible for the covariance between similarity change measures and MMPI scale change outcome indices. Secondly, the patient-therapist similarity may have itself been an indicator of patient maladjustment. Thirdly, the self evaluation

component of the similarity change measure may have accounted for the relationship to the outcome measures. Finally, with successful therapy, the patient may become more congruent with his ideal self. The ideal self may have coincidentally resembled the ratings of the therapist, and thus increased patient-therapist resemblance may have only been a disguised expression of increased self-ideal self congruence.

High pretherapy patient-therapist dissimilarity was associated with greater patient-therapist similarity change. This may be due to the greater possibility for similarity change (as well as possible regression to the mean effects). To eliminate these effects, pretherapy patient-therapist dissimilarity was partialled out of the similarity change-outcome correlations. After the statistical partialling out procedures, self-therapist similarity change approached significance with the Dy scale (.06 level of significance) and maintained significance with more positive self evaluation on the semantic differential ($r=.49$) at the .025 significance level. But the self-therapist similarity change--Pt MMPI scale change ($r=.30$) relationship dropped well below significance. Thus, the latter relationship was confounded by these effects.

The second possible confounding factor was that self-therapist dissimilarity may have actually been an indicator of mental disturbance. The results indicated that pretherapy self-therapist dissimilarity directly covaried with pretherapy MMPI Pt ($r=.66$), D ($r=.56$), Dy ($r=.56$), and

As ($r=-.73$) scales, which suggested that self-therapist dissimilarity was associated with greater emotional maladjustment. However, the posttherapy patient-therapist dissimilarity was not significantly correlated with the posttherapy MMPI scale scores. Posttherapy dissimilarity did not significantly correlate with D ($r=-.07$), Pt ($r=.09$), Dy ($r=.25$), or As ($r=-.30$) MMPI scale scores. Thus, patient-therapist similarity did not consistently in itself reflect a measure of emotional disturbance.

The third alternative explanation for the findings was that similarity change corresponded to therapy improvement because of concurrent improvement of the self evaluative component of the similarity change measure and the outcome variables. To exclude self improvement on both the "good-bad" evaluative and potency dimensions, the self evaluative and potency factor changes were partialled out. With self evaluation partialled out, self-therapist similarity change still significantly related to improvement on the Dy scale ($r=.46$) at the .05 level, but failed to significantly correspond to Pt scale improvement ($r=.23$). With self potency partialled out, self-therapist similarity change retained significance with both the Dy and Pt scales.

A fourth alternative explanation for the findings could have been that increased similarity to the therapist actually represented increased congruence of the self and ideal self, which is an indicator of improved self-concept. The increased patient-therapist similarity may only have

been a consequence of the movement of the self-concept toward the ideal self, which coincidentally may have been similar to the ratings of the therapist. Thus similarity change in respect to the therapist may have embodied the outcome measure self-ideal self discrepancy change. To eliminate this possibility, self-ideal self discrepancy change was partialled out of the similarity change-outcome correlations. Self-therapist similarity change-Dy scale ($r=.49$), self-therapist similarity change-Pt scale ($r=.44$) and self-therapist similarity change-self evaluation ($r=.58$) relationships were unaltered and retained significance.

To summarize the results, self-therapist similarity change significantly correlated with therapy improvement on the MMPI Dy and Pt scales and with improvement for all 10 MMPI scales when the tests of significance for each MMPI scale were combined. Ideal self-therapist similarity change only related to improvement on the Hs scale and did not significantly relate to improvement on the 10 MMPI scales whose tests of significance were combined. Thus, the relationship between increased ideal self-therapist similarity change and improvement on the Hs scale probably resulted from chance. Confounding factors, such as greater possibility of change for greater pretherapy patient-therapist dissimilarity and improved self evaluation contained within the self-therapist similarity change measure itself, were shown not to be responsible for the relationship between self-therapist similarity change and Dy scale improvement. But

the self-therapist similarity change relationship with Pt scale improvement was both confounded by initial similarity differences and by the fact that the self evaluation component of the similarity change measure strongly contributed to the association with Pt scale change. Thus, it might be inferred that increased self-therapist similarity change moderately affected the improvement of general personality maladjustment, but the patient's increased similarity to the therapist could not be considered a high powered therapeutic variable.

Determinants of identification:

Hypothesis 2: Perceived therapist strength as rated by the patient is positively correlated to the degree of patient identification with the therapist.

Using the patient's semantic differential ratings for the "counselor" concept, therapist strength was obtained from the potency factor score.

Table 5

Correlations Between Patient-Therapist Similarity Change and Therapist Strength and Good-Bad Evaluation

Patient Ratings of Therapist	Standardized Self-Therapist Similarity Change	Standardized Ideal Self-Therapist Similarity Change
Therapist Strength	.46*	.11
Therapist Evaluation	-.18	.34

*p < .05, one tailed test of significance, df=17.

Therapist strength significantly related to increased self-therapist similarity change at the .05 level (Table 5). Thus, the greater the perceived strength of the therapist, the more the patient tended to become similar to the therapist.

Hypothesis 3: Positive evaluation of the therapist by the patient is positively correlated with the patient's degree of identification with the therapist.

The favorability of the patient's evaluation of the therapist ("good-bad" dimension) was measured from the patient's ratings of the "counselor" concept on the evaluative factor of the semantic differential. Table 5 reveals that the favorability of the patient's evaluation of the therapist was not associated with either similarity change measure.

Hypothesis 4: The therapist's competence as measured by his warmth, accuracy of empathy, and genuineness is positively correlated with the patient's degree of identification with the therapist.

Therapist competence was assessed from ratings of tape recorded therapy sessions. Table 6 reveals that the ratings of the therapist's therapeutic performance had no significant bearing on the degree of increased patient therapist resemblance.

Table 6

Correlations Between Ratings of Therapist Competence and
Similarity Change Measures

Rating of Therapist Competence	Standardized <u>Self-Therapist</u> Similarity Change	Standardized <u>Ideal</u> <u>Self-Therapist</u> Similarity Change
Therapist empathy	.09	.04
Therapist warmth	.14	.14
Therapist genuineness	.14	.09

Hypothesis 5: The patient's pretherapy manifest anxiety and dependency needs and lower self-esteem, is positively correlated with the patient's degree of identification with the therapist.

The patient's pretherapy personality and psychopathology characteristics were measured from the patient's pretherapy MMPI. Table 7 presents the product moment correlations between patient-therapist similarity change indices and pretherapy patient MMPI scores.

Self-therapist similarity change corresponded to elevated D (depression) ($r=.50$), Pt (psychasthenia) ($r=.60$), Dy (dependency needs) ($r=.41$), and lower As (self acceptance) ($r=.39$) MMPI scales. These particular MMPI scales were highly intercorrelated (Figure 3), which suggested that symptoms and traits constituted a specific symptom constellation.

Table 7

Correlations Between Patient Pretherapy MMPI Scale
Scores and Patient-Therapist Similarity Change

Pretherapy MMPI Scales	Standardized Self- Therapist Similarity Change	Standardized Ideal Self- Therapist Similarity Change
<u>Es</u> (greater ego strength)	-.04	-.01
<u>Ao</u> (greater acceptance of others)	-.35	-.27
K (greater self-esteem)	-.21	-.37
Hs (greater hypochondriasis)	-.04	.15
D (greater depression)	.50*	.25
Hy (greater hysteria)	-.14	.13
Pt (greater manifest anxiety)	.60**	.21
Sc (greater schizophrenia)	.36	.39
Dy (greater dependency needs)	.41*	.12
As (greater acceptance of self)	-.39*	-.16

*p < .05, one sided test of significance, df = 17.

**p < .01, one sided test of significance, df = 17.

Thus, patients manifesting the symptom constellation depression, high anxiety, low self-esteem, and strong dependency needs tended to become more similar to their therapist.

Hypothesis 6: The patient's degree of dependency on the therapist during therapy is positively

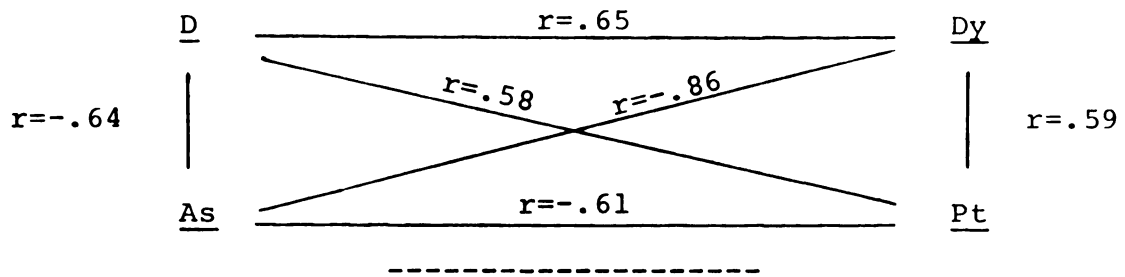


Figure 3

Intercorrelations among Pretherapy MMPI D, Pt,
Dy, and As Scales

correlated with the patient's degree of identification with the therapist.

Dependency on the model has been assumed to be a requisite condition for the occurrence of identification. The patient's therapy dependency behavior was obtained from ratings by an external judge of tape recorded therapy sessions during the middle of therapy.

Table 8 shows the correlations between therapy dependency measures and similarity change measures. The degree of patient dependency on the therapist, and the therapist's approach or avoidance of the patient's dependency statements were not related to either of the similarity change measures. Therefore, the hypothesis that the more intense the patient's dependency on the therapist, the greater the patient-therapist similarity change was not confirmed.

Table 8

Correlations Between Therapy Dependency Behavior and
Patient-Therapist Similarity Change

Patient's Degree of De- pendency on Therapist and Therapist's Acceptance of Patient Dependency	Standardized <u>Self-</u> Therapist Similarity Change	Standardized <u>Ideal Self-</u> Therapist Similarity Change
Percentage of therapist directed dependency statements by patient	-.18	-.03
Number of therapist directed dependency statements by patient	-.18	-.10
Therapist approach of therapist directed dependency	.04	-.44

Secondary Hypotheses

Perceived strength of the therapist and the favor-
ability of the evaluation of the therapist as rated by the
patient in relation to other variables in study:

Hypothesis 7: Perceived therapist strength and
favorability of the evaluation of the therapist as rated by
the patient (good-bad dimension) are positively correlated
with successful therapy outcome.

Although the patient's perception of the therapist's
strength related to increased self-therapist similarity
change (Table 5) and self-therapist similarity change
moderately affected therapy outcome (Table 4), the therapist

perceived strength did not significantly correspond to therapy improvement on any of the outcome measures (Table 9). The favorability of the patient's evaluation of the therapist, also, had no relation to therapy outcome.

Hypothesis 8: Perceived therapist strength and positive evaluation of the therapist as perceived by the patient are positively correlated with patient pretherapy manifest anxiety and dependency needs and lower self-esteem.

Table 10 presents correlations among patient perceived therapist strength and "good-bad" evaluation and patient pretherapy MMPI scales. Using the patient's semantic differential ratings for the "counselor" concept, therapist strength and evaluation were obtained from the potency and evaluative factor scores.

The patient's rating of the therapist's strength was influenced by the patient's pretherapy symptomatology. Therapist potency substantially correlated with pretherapy MMPI scales D (depression) ($r=.47$), Pt (manifest anxiety) ($r=.50$), Dy (dependency) ($r=.52$), and As (self acceptance) ($r=-.44$). The findings suggested that a depressive, anxious, low self-esteem, dependent type of patient tended to magnify the therapist's strength.

The patient's pretherapy symptomatology had not affected the patient's "good-bad" evaluation of the therapist.

Table 9

Correlations Between Perceived Therapist Strength and
Good-Bad Evaluation and Therapy Outcome

Therapy Outcome Measures ²	Therapist Strength	Therapist Evaluation
Semantic differential self-ideal self discrepancy change (re- duced discrepancy)	.17	.06
Semantic differential self good- bad evaluation change (im- proved self evaluation)	.11	-.23
Semantic differential change in self-potency ratings (in- creased self potency)	.30	.23
<u>MMPI Scale Change Scores</u>		
Dy (reduced dependency needs)	.33	-.10
As (increased self acceptance)	.17	.26
Es (increased ego strength)	.11	-.22
Ao (increased acceptance of others)	.02	.05
K (increased self-esteem)	.17	-.18
Hs (reduced hypochondriasis)	-.01	.31
D (reduced depression)	.11	.10
Hy (reduced hysteria)	.14	.29
Pt (reduced manifest anxiety)	.21	-.24
Sc (reduced schizophrenia)	-.08	-.28
Hs SD ¹ (N = 12)	.15	.11
D SD ¹ (N = 12)	.06	.14
Hy SD ¹ (N = 13)	.07	.15
Pt SD ¹ (N = 12)	.08	-.35
Sc SD ¹ (N = 13)	-.10	-.30

¹MMPI scale abbreviations followed by SD contain change scores for only those patients whose pretherapy MMPI scale score was at least one standard deviation from the mean.

²Positive outcome scores are in direction of improvement on particular scale dimension (improved personality functioning).

Table 10

Correlations Between Perceived Therapist Strength and
Evaluation and Patient Pretherapy MMPI
Personality Measures

Patient Pretherapy MMPI Scales	Therapist Strength	Therapist Evaluation
Es (greater ego strength)	-.17	-.19
Ao (greater acceptance of others)	.00	-.02
K (greater self-esteem)	-.27	-.25
Hs (greater hypochondriasis)	-.11	.15
D (greater depression)	.47	.16
Hy (greater hysteria)	.15	..29
Pt (greater manifest anxiety)	.50*	-.08
Sc (greater schizophrenia)	-.06	-.25
Dy (greater dependency needs)	.52*	.21
As (greater self acceptance)	-.49*	-.12

Note: Greater magnitude of MMPI scale score indicates greater degree of trait indicated by particular scale.

*p < .05, df = 17.

Hypothesis 9: Perceived therapist strength and positive evaluation as rated by the patient are positively correlated with the degree of patient dependency on the therapist during therapy.

Therapist strength and evaluation were unrelated to the degree of patient dependency on the therapist (Table 11). Therefore, the hypothesis was unconfirmed.

Table 11

Correlations Between Therapist Strength and Evaluation
and Therapy Dependency Behavior

Therapy Dependency Measures	Therapist Strength	Therapist Evaluation
Percentage of therapist directed dependency	.14	.00
Number of therapist directed dependency expressions	.23	-.13

Hypothesis 10: Perceived strength and favorability of the evaluation of the therapist as rated by the patient are positively correlated with ratings of therapist competence as defined by therapist warmth, accuracy of empathy, and genuineness.

It was predicted that patient's appraisal of the therapist would at least partially reflect the therapist's actual therapeutic competence. Therapist competence was determined by ratings of therapist empathy, warmth, and genuineness. Table 12 presents the interrelationships

Table 12

Correlations Between Judged Therapist Competence and Patient
Perceived Therapist Strength and Good-Bad Evaluation

Therapist Competence	Therapist Strength	Therapist Evaluation
Therapist Empathy	-.03	.10
Therapist Warmth	.06	.23
Therapist Genuineness	.00	.15

between the patient's and judge's ratings of the therapist. The ratings of therapist competence were uncorrelated with the patient's appraisal of the therapist's strength and "good-bad" evaluation.

Patient's degree of dependency on the therapist during therapy in relation to other variables:

Hypothesis 11: Patient's dependency on the therapist is positively correlated with successful therapy outcome.

Patient's dependency on the therapist was rated by an external judge's ratings from taped therapy sessions during the middle of therapy. Table 13 contains both the percentage (% DT) and total number of patient dependency statements where the therapist was the object of the dependency and 10 MMPI scale outcome measures.

Total number of dependency on therapist (DT) statements significantly correlated with improvement on the K (self-esteem) and Sc scales (schizophrenia). The percentage of dependency on therapist statements (% DT) significantly correlated with the K scale and approached significance with the Sc scale. The K scale significantly correlated with the MMPI Ao (acceptance of others) ($r=.62$), Dy (dependency needs) ($r=.51$), and As (acceptance of self) ($r=.48$) scales, which suggested that the K scale tapped both self-esteem and attitudes toward others. The Sc scale significantly covaried with the Ao ($r=-.51$) and Pt (manifest

Table 13

Correlations Between Patient Dependency on
Therapist and Therapy Outcome

De- pend- ency on Ther- apist	MMPI Scale Change Outcome Measures ¹									
	Dy	AS	ES	Ao	K	Hs	D	Hy	Pt	Sc
% DT	.11	.07	-.21	.13	.55**	-.28	.11	-.22	.32	.37
DT	.16	.18	.05	.04	.51*	-.27	.10	-.26	.34	.44*

¹Positive outcome change scores reflect improved personality functioning on the particular scale dimension.

*p < .05, one sided test of significance, df = 17.

**p < .01, one sided test of significance, df = 17.

anxiety) ($r=.65$), indicating that the Sc scale also contained information about attitudes towards people. Thus, greater dependency on the therapist during therapy seemed to relate to improvement in self-esteem and more positive attitudes towards other people.

Ratings of activity, which consisted of global ratings of the patient's participation and involvement in therapy, highly correlated with the patient's degree of dependency on the therapist (% DT-activity, $r=.54$) (DT-activity, $r=.46$). This finding indicated that patients who become more dependent on their therapists tended to become more involved in therapy.

However, since dependency on the therapist was associated with greater patient therapy participation, the therapy improvement may have resulted from the patient's greater involvement (activity) rather than from dependency per se. So to differentiate dependency and activity effects on therapy outcome, activity was partialled out of the (dependency on therapist--therapy outcome) relationships. The degree of dependency on the therapist still significantly corresponded to improvement on the MMPI K ($r=.40$) scale at the .05 level but not the Sc ($r=.33$) scale. Thus, the patient's degree of dependency on the therapist, apart from the patient's degree of participation in therapy, had an important effect on changing attitudes towards oneself and others.

Hypothesis 12: Patient's dependency on the therapist is positively correlated with pretherapy anxiety and dependency needs and lower self-esteem.

Patient dependency on the therapist was rated from taped therapy sessions. The percentage (% DT) and total number (DT) of dependency on therapist statements and patient's pretherapy anxiety level, dependency needs, and degree of self-esteem were interrelated in Table 14. Contrary to prediction, the patient's dependency on the therapist correlated neither with the patient's dependency needs (Dy) ($r=.20$) nor with his level of self-esteem (As scale and self-ideal self discrepancy). However, one of the two

Table 14

Correlations Between Patient Dependency on the Therapist
and Pretherapy Patient Anxiety, Dependency
Needs, Self-Esteem

Pretherapy Symptomatology	% DT	DT
<u>MMPI Scales</u>		
Pt (greater manifest anxiety)	.45*	.29
Dy (greater dependency needs)	-.12	-.13
As (greater self acceptance)	.07	.02
Semantic differential self-ideal self discrepancy (greater discrepancy)	.22	.31

*p < .05.

measures of the degree of patient dependency on the therapist (% DT) was associated with the patient's pretherapy level of anxiety (Pt) ($r=.45$). Thus, more anxious patients appeared to become more dependent on their therapist.

Hypothesis 13: Greater patient dependency on the therapist should be associated with more therapist acceptance of the patient's dependency.

Therapist acceptance of the patient's dependency on the therapist was operationally defined as the therapist approach compared to avoidance of therapist directed dependency statements. The results in Table 15 indicated that the therapist's approach responses toward the patient's dependency statements were not associated with greater overall

Table 15

Correlations Between Dependency on Therapist and
Therapist Acceptance of Patient Dependency

Measure of Therapist Acceptance of Patient's Dependency on Him	% DT	DT
Percentage of therapist approach of therapist directed dependency statements	.04	-.05

patient expressed dependency. This finding suggested that the therapist response to dependency statements directed at him did not determine the degree of the patient's dependency on the therapist.

Therapist competence and therapy outcome:

Hypothesis 14: Therapeutic competence as defined by external judgement of the therapist's warmth, accuracy of empathy, and genuineness is positively correlated with successful therapy outcome.

Table 16 contains the product moment correlations between therapist warmth, accuracy of empathy, and genuineness and 10 MMPI and three semantic differential change scores. These therapist conditions had a significant effect on therapy outcome. Accuracy of empathy significantly correlated with eight of the 13 outcome measures, accounting for more of the outcome variance than either therapist warmth or genuineness. Also accuracy of empathy accounted for more outcome variance than any other variable in the

Table 16

Correlations Between Therapist Empathy, Warmth, and
Genuineness and Therapy Outcome

Therapy Outcome Measures ¹	Therapist Empathy	Therapist Warmth	Therapist Genuineness
Semantic differential self- ideal self discrepancy change (reduced discrep- ancy)	.39*	.25	.23
Semantic differential self good-bad evaluation change (improved self evaluation)	-.31	.20	-.28
Semantic differential change in ratings of self potency (improved self potency)	.10	.04	.07
<u>MMPI Scale</u>			
Dy (reduced dependency needs)	.41*	.39*	.40*
As (greater self accept- ance)	.65**	.50*	.47*
Es (greater ego strength)	.69**	.60**	.61**
Ao (greater acceptance of others)	.39*	.23	.25
K (greater self-esteem)	.06	-.03	-.02
Hs (reduced hypochon- driasis)	.20	.37	.40*
D (reduced depression)	.46*	.37	.41*
Hy (reduced hysteria)	.43*	.42*	.37
Pt (reduced manifest anxiety)	.46*	.35	.36
Sc (reduced schizophrenia)	.35	.30	.33

¹Positive outcome change scores are in direction of
personality functioning improvement on particular scale di-
mension.

*p < .05, one sided test of significance, df = 17.

**p < .01, one sided test of significance, df = 17.

study. These findings substantiate the initial assumption that these dimensions measured the therapist's competence.

Other Findings

Patient activity, which reflected the patient's level of involvement and participation in therapy, related to greater pretherapy ego strength ($r=.50$) and both reduced pretherapy depressive ($r=-.54$) and hysterical ($r=-.60$) symptomatology. Thus, greater patient involvement in therapy appeared to be associated with less severe emotional disturbance.

Activity corresponded to improvement on the MMPI K ($r=.56$) and Sc scales but was inversely related to improvement on the Hy scale ($r=-.68$). In view of the fact that activity was highly correlated with low pretherapy Hy scale scores ($r=-.60$), the inverse relationship between patient activity and Hy scale improvement may have been due to regression to mean effects. After partialling out the pretherapy Hy scores, the activity-Hy scale change relationship ($r=-.41$) using a two tailed test of significance, was no longer significant at the .05 level. Thus, it could be inferred that the degree of patient involvement in therapy was associated with improved therapy outcome.

Summary of Results

1. Self-therapist similarity change moderately corresponded with improved therapy outcome.

2. Ideal self-therapist similarity change was not related to improved therapy outcome.
3. Therapist strength but not therapist good-bad evaluation was associated with greater patient identification with the therapist.
4. Therapist's actual therapeutic competence did not relate to the degree of patient therapist identification.
5. Depressive, anxious, strongly dependent, low self-esteem patients tended to both perceive the therapist as more powerful and identify with him to a greater extent.
6. Patient's degree of dependency on the therapist bore no relationship to the degree of identification.
7. The relationship of variables to therapy outcome.
 - a. Therapist's competence as defined by accuracy of empathy, warmth, and genuineness strongly affected therapy outcome.
 - b. Therapist strength and good-bad evaluation as perceived by the patient had no affect on therapy outcome.
 - c. Patient's degree of dependency on the therapist was associated with both improved self-esteem and more positive attitudes towards others.

DISCUSSION

Primary Hypotheses

Identification and Therapy Outcome

The central aim of the study was to ascertain whether the patient's identification with his therapist played a significant role in improved therapy outcome. In child development identification research, the child's identification with an adequate parental model was associated with a greater sense of security, adequacy, and self-esteem (Heilbrun, 1962; Jourard, 1967; Kagan, 1959). The results of the present study confirmed the hypothesis that greater patient identification with the therapist as defined by patient-therapist similarity change on the semantic differential, moderately corresponded to more successful therapy outcome. However, identification seemed to be a low powered therapeutic variable. Unlike previous studies which used the semantic differential to measure similarity change (Endler, 1961; Sapolsky, 1965), statistical controls were employed to control for the confounding effects of improved patient personality adjustment in the patient-therapist similarity change measure and regression to the mean. Of the three studies which have attempted to control for

changes in the patient's adjustment (Ewing, 1954; Farson, 1961; Petony, 1966) Petony (1966) and Ewing (1954) have succeeded in demonstrating that patient-therapist similarity change was associated with improved outcome. Ewing (1954), however, computed an unusual measure of similarity, contrasting the patient's posttherapy self ratings with both his pre- and posttherapy therapist ratings, which raised doubts about whether his similarity change index actually measured similarity change. In the present study, Ewing's similarity change index was correlated with other measures of similarity change and was found to moderately covary with the more typical similarity change measures, which lends authenticity to Ewing's findings.

Ideal self-therapist similarity change was not associated with improvement on the MMPI. Ewing (1954), also had failed to attain a relationship between ideal self-therapist similarity change and therapy improvement.

Variables Affecting Patient-Therapist Identification

Mussen, Conger, and Kagan (1963) from their review of the identification literature and research heavily emphasized the importance of the model's power and competence as determinants of identification. However, the present research findings indicated that the patient's perception of the therapist was primarily determined by the patient's needs and was not an accurate assessment of the therapist's actual therapeutic abilities. Depressive, anxious, low

self-esteem, dependent types of patients tended to both (1) exaggerate the strength of the therapist and (2) identify with him to a greater extent. The patient's appraisal of the therapist's strength was incongruent with the therapist's therapeutic competence as defined by the therapist's accuracy of empathy, warmth, and genuineness. The therapist's perceived strength as rated by the patient, but not externally judged therapist competence, related to the degree of patient identification with the therapist. Other studies have also encountered discrepancies between the patient and the external judge's ratings of the therapist (Burnstein & Carkhuff, 1968; Hansen, Moore, & Carkhuff, 1968). It appeared that the patient's image of the therapist rather than the therapist's actual performance in therapy determined the degree to which the patient identified with the therapist. Probably, the patient's subjective feelings of weakness and helplessness caused him to need a strong person to help him and, therefore, the patient created an exaggerated image of the therapist to coincide with his needs. The magnified image of the therapist's strength provided a good adequate model for the patient and facilitated identification. The present research findings were consistent with Kagan's (1958) hypothesis that the child's relative weakness and inadequacy as compared to his stronger more skilled parents is the primary motivation for adopting his parent's attributes.

In child development research on identification, it has been consistently reported that admiration and affection for the parental model promotes greater identification (Bandura, 1961; Payne & Mussen, 1956; Sears, 1963). Studies of identification in psychotherapy have similarly found that the degree of positive patient-therapist rapport (Schrier, 1963) and compatibility (Sapolsky, 1965) related to greater patient-therapist identification. However, the present investigation revealed no relationship between patient-therapist identification and either the favorability of the patient's evaluation of the therapist or the external judge's ratings of the therapist's warmth.

The patient's dependency on the therapist was assumed to be a requisite condition for the occurrence of identification. However, the present findings revealed that the patient's degree of dependency on the therapist as judged by his behavior in therapy bore no relationship to the patient's degree of identification with the therapist. On the other hand, stronger dependency needs, which was unrelated to the patient's overt dependency on the therapist in the present study, was significantly related to the degree of identification. Therefore, there was a discrepancy between the patient's dependency needs and overt dependency behavior. Only the patient's dependency needs determined the degree of identification with the therapist.

Secondary Hypotheses

The therapist's actual therapeutic competence, although not reflected in the patient's evaluation of the therapist, had a profound effect on therapy outcome. Previous studies have shown that external ratings of the therapist were more predictive of therapy success than patient ratings (Burnstein & Carkhuff, 1968; Hansen, Moore, & Carkhuff, 1968). Neither the favorability of the therapist's "good-bad" evaluation nor his perceived strength corresponded with therapy improvement. Therefore, more competent therapists produce better therapeutic results even when the patient does not accurately perceive the true competence of the therapist. Again, the patient's evaluation of the therapist was strongly influenced by the patient's needs and personality. Truax (1968) who used judge's ratings of the therapist's strength instead of patient ratings found that the therapist's strength affected therapy outcome. His results indicate that therapist strength may be a potent therapeutic variable, but the patient's ratings of the therapist strength variable has no consequence on therapeutic outcome.

Patient's who revealed greater overt dependency on the therapist in their therapy behavior showed more improvement in self-esteem and more improved attitudes towards others. Also greater dependency on the therapist was associated with the patient's more intense involvement and participation in therapy. However, even when the effects of

greater patient involvement were extracted from the effects of dependency per se, the patient's dependency on the therapist still contributed to improvement in self-esteem and social attitudes. Also, it was predicted that more intense patient pretherapy manifest anxiety and dependency needs and lower self-esteem would be reflected in subjective feelings of helplessness and inadequacy and, therefore, motivate the patient to become more dependent on the therapist. However, only the patient's pretherapy level of manifest anxiety positively related to his degree of dependency on the therapist. The patient's dependency needs did not correlate with the patient's degree of overt dependency on the therapist during therapy.

Limitations of the Research

Almost all the therapy identification studies have compared the patient's and therapist's psychological test profiles to obtain an operational measure of identification. Since the psychological tests, including the semantic differential are sensitive to changes in personality adjustment, similarity change is confounded with changes in self evaluation. Thus, the relationship between patient-therapist similarity change and therapy improvement may be due to the fact that both measures are sensitive to personality adjustment changes. In the present study, one attempt was made to statistically control the confounding effects of improved personality adjustment, but it would be more

effective if test items which reflected personality adjustment were eliminated completely. Perhaps, it would even be better if identification was based on changes in the patient's and therapist's overt behavior, which might include subtle behavior such as patterns of speech, mannerisms, patterns of affect expression, etc.

Another deficiency of the present study was that only two kinds of outcome measures were used. The semantic differential outcome measures were not good indices of therapy improvement for this study because the semantic differential was also a measure of similarity change. The 10 MMPI scales provided only questionnaire data and it would have been more effective to use several additional independent outcome measures. The separate outcome measures could perhaps be fitted into a regression equation to obtain a single measure of outcome.

Although the research contained methodological problems, the results revealed the importance of certain relationship variables in the psychotherapeutic process. Patients with a specific symptom constellation tend to improve their personality through identification with the therapist. The patient's perception of the therapist is strongly influenced by his own dynamics. Patient dependency behavior in therapy was shown to be associated with more intense involvement in therapy and improved social attitudes and self evaluation.

SUMMARY

The purpose of the present study was to determine whether the patient's identification with his therapist affected therapy outcome. Furthermore, it was predicted that those variables found in child development research to foster greater identification should have similar effects on identification in psychotherapy. It was hypothesized greater patient-therapist identification would relate to: (1) greater therapist perceived strength and "good-bad" evaluation, (2) better therapist therapeutic competence, (3) greater patient subjective feelings of weakness and helplessness, and (4) greater patient dependency on the therapist.

Eighteen therapy cases were sampled from the 1963-1964 Michigan State University Counseling Center research project. Criteria for inclusion in the study were that the patient continued for 12 or more sessions and pre- and post-therapy MMPI profiles were available.

Identification was measured from patient therapist similarity change on the semantic differential. Both self-therapist and ideal self-therapist similarity change measures were employed.

The patient's perception of the therapist's strength and "good-bad" evaluation were assessed from the semantic differential potency and evaluative factor scores for the "counselor" concept. Therapist competence was obtained from external judge's ratings of the therapist's warmth, accuracy of empathy, and genuineness. The patient's subjective feelings of weakness and helplessness were determined from his pretherapy MMPI Pt (manifest anxiety), Dy (dependency needs), and As (self acceptance) scales. High manifest anxiety, strong dependency needs, and low self-esteem were assumed to create subjective feelings of weakness and helplessness. Finally, the patient's degree of dependency on his therapist and the therapist's acceptance of the patient's dependency were measured from ratings of taped therapy sessions.

Self-therapist similarity change (identification) corresponded with improvement on two of 10 MMPI scales and these particular MMPI scales were shown to be the best measures of general maladjustment. Ideal self-therapist similarity change only related to improvement on the Hs MMPI scale, which measures hypochondriacal tendencies. Increased self-therapist identification was associated with both (1) the patient's subjective feelings of weakness and helplessness as indicated by stronger depression, anxiety, and dependency needs and low self-esteem, and (2) a stronger, more powerful perception of the therapist. The patient's evaluation of the therapist's strength was determined by the

patient's subjective feelings of weakness and helplessness rather than accurately mirroring the therapist's therapeutic competence. Probably, weak and helpless feeling patients required a strong person to help them and they created an exaggerated image of the therapist to coincide with their needs. The exaggerated image of the therapist's power provided an adequate model for the patient and facilitated identification.

Contrary to prediction, the patient's degree of dependency on the therapist bore no relation to patient therapist identification. However, it was found that patients revealing greater dependency on the therapist during the middle phase of therapy showed more improved self-esteem and attitudes towards others. Greater dependency behavior in therapy was associated with more intense patient involvement and participation in therapy. Even with the effects of greater patient involvement partialled out, the patient's degree of dependency on the therapist still corresponded to improved therapy outcome. More intense patient dependency on the therapist was associated with higher pretherapy anxiety.

The therapist's warmth, accuracy of empathy, and genuineness, although not reflected in the patient's evaluation of the therapist (therapist strength and "good-bad" evaluation), profoundly affected therapy outcome. Patient ratings of the therapist's strength or "good-bad" evaluation did not relate to therapy improvement.

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APPENDICES

APPENDIX A

Table A-1
Patient Pretherapy MMPI Raw Scale Scores

Patient	Pretherapy MMPI Scale Scores									
	Es	Ao	K	Hs	D	Hy	Pt	Sc	Dy	As
Miss Jan	48	13	11	2.3	15.5	12.5	22	15	28	8
Miss Jane	43	12	12	11	32.5	34	28.5	23.5	33	5
Miss Jane	55	12	7	0	18.7	12	10	12.5	17	16
Miss Kate	45	12	9	8	25.5	26.5	23	20	29	12
Mr. E	45	14	13	8	16	28	19	20	17	16
Mr. Pete	51	16	19	4	24	21	19	29	17	15
Mr. Ben	44	18	17	8	30	26	11	2	24	13
Mr. Hans	42	13	12	6	23	24	17	18	36	11
Miss Elaine	50	13	18	10.3	12.5	17.5	9	26.5	14	19
Mr. Jim	52	15	17	5	20	26	11	20	14	18
Miss Betsy	39.5	12	13	3.5	25.5	20.5	26	26.5	35	6
Miss Pem	49	14	11	3.5	23.7	22.5	20.5	26	31	6
Mr. Ed	53	10	8	0	20	14	17	31	23	11
Miss Margie	51	4	11	6.3	27	15	25.5	26	28	6
Miss Beth	53	16	20	.5	15.5	20	2	5	10	18
Mr. A	41	11	12	5	27	22	30	28	43	6
Miss B	53	16	18	1	18	22.5	10	8	18.5	11
Mr. Bill	35	13	10	14	24	31	21	30	27	10

APPENDIX B

Table B-1
Patient Change in Similarity to the Therapist Raw Scores

	Self-Therapist Similarity Change	Standardized Self-Therapist Similarity Change	Ideal Self- Therapist Similarity Change	Standardized Ideal Self- Therapist Similarity Change
Miss Jan	3.6	.36	-1.4	- .26
Miss June	1.4	.22	.5	.50
Miss Jane	.8	.07	-.2	.31
Miss Kate	7.1	1.43	7.3	1.26
Mr. E	-3.4	-1.76	1.2	.19
Mr. Pete	6.2	1.15	-.3	-.07
Mr. Ben	1.3	-.33	-.7	-.14
Mr. Hans	1.2	-.36	-4.7	-.84
Miss Elaine	-1.2	-.41	-.7	.18
Mr. Jim	3.3	.27	2.7	.45
Miss Betsy	2.8	.56	-.4	.26
Miss Pen	1.6	.27	3.6	1.31
Mr. Ed	-.5	-.24	-.2	.31
Miss Margie	4.0	.86	-.1	.34
Miss Beth	.7	-.51	.9	.14
Mr. A	5.1	.82	1.4	.34
Miss B	.2	-.67	-4.5	-.80
Mr. Bill	1.5	-.21	1.1	.17

APPENDIX C

Table C-1
Patient and External Judge's Ratings of the Therapist

	Patient Ratings of the Therapist		External Judges Ratings of Therapist		
	Therapist Strength	Therapist Evaluation	Accuracy of Empathy	Therapist Warmth	Therapist Genuineness
Miss Jan	.71	- .42	2.0	1.9	1.8
Miss June	1.36	.30	2.3	2.3	2.3
Miss Jane	.05	.42	1.8	1.8	2.0
Miss Kate	1.78	1.86	2.6	2.7	2.6
Mr. E	-.11	1.55	1.6	1.5	1.4
Mr. Pete	.91	-.64	1.2	1.2	1.2
Mr. Ben	.16	.95	2.2	2.3	2.3
Mr. Hans	.97	.46	1.9	2.1	2.0
Miss Elaine	-.95	.09	1.8	2.0	2.1
Mr. Jim	-.91	.90	1.8	1.8	1.8
Miss Betsy	.94	.22	2.0	1.9	1.9
Miss Pen	.78	1.20	1.2	1.5	1.3
Mr. Ed	-.37	-.09	2.4	2.3	2.2
Miss Margie	-.12	.27	2.2	2.2	2.1
Miss Beth	-.41	.35	2.1	2.0	2.0
Mr. A	.25	.46	1.9	1.8	1.9
Miss B	.54	.55	1.9	1.8	1.8
Mr. Bill	-.84	-.13	2.5	2.3	2.3

Note: Patient ratings of therapist are standard scores.

APPENDIX D

Table D-1

Patient's Dependency on Therapist Scores, Therapist's Acceptance of Patient's Dependency Scores, and Ratings of Patient Therapy Activity Level

	% of Patient Dependency on Therapist Statements	% of Therapist Acceptance of Patient Dependency Statements	Ratings of Patient Activity on 5 Point Scale
Miss Jan	.15	100	4
Miss June	.13	90	3
Miss Jane	.03	66	5
Miss Kate	.05	100	2
Mr. E	.27	100	4
Mr. Pete	.25	100	4
Mr. Ben	.06	100	1
Mr. Hans	.06	100	3
Miss Elaine	.07	100	4
Mr. Jim	.03	50	1
Miss Betsy	.02	100	3
Miss Pen	.09	60	2
Mr. Ed	.20	60	4
Miss Margie	.03	100	--
Miss Beth	.02	100	4
Mr. A	0	--	1
Miss B	.04	100	2
Mr. Bill	0	--	1

Note: For ratings of patient activity, higher ratings indicate greater activity.

APPENDIX E

Table E-1
Therapy Outcome MMPI Scale Change Scores

	Es	Ao	K	Hs	D	Hy	Pt	Sc	Dy	As
Miss Jan	5.5	2	2	-11	-1	-6	6	2	2	7
Miss June	12	2	0	7	14	11	15	20	10	7
Miss Jane	1	1	6	-1	1	-7	1	-7	1	-1
Miss Kate	5	2	3	5	4	6	12	8	9	4
Mr. E	-3	5	1	-1	1	1	2	3	-1	-1
Mr. Pete	1	-1	7	1	7	-3	13	17	6	1
Mr. Ben	0	0	-3	4	5	3	-3	0	-1	-2
Mr. Hans	7	-2	-3	1	-1	-2	0	-2	4	0
Miss Elaine	1	0	-3	7	0	-4	2	18	4	0
Mr. Jim	-2	-1	-2	-1	-1	0	0	-3	-1	-2
Miss Betsy	3.5	5	-1	1	2	0	3	4	10	5
Miss Pen	-4.5	-8	-4	4	-3	2	-10	-10	-1	-4
Mr. Ed	5	3	10	-1	4	-4	11	24	8	6
Miss Margie	4	7	0	3	5	3	10	14	1	5
Miss Beth	4	1	-2	0	2	-4	1	0	-1	0
Mr. A	5	1	-1	1	5	3	4	2	6	2
Miss B	.5	2	-4	-2	-2	2	-3	1	-5	-1
Mr. Bill	14	-3	-2	6	10	12	7	9	7	6

Note: Positive scores indicate improvement on particular scale.

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