THE EFFECT OF THERAPIST-PATIENT CONFLICT SIMILARITY UPON THERAPISTS' PROGNOSTIC EVALUATIONS AND OTHER CLINICAL JUDGMENTS OF THEIR PATIENTS

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This is to certify that the

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presented by

Phillip I. Snett

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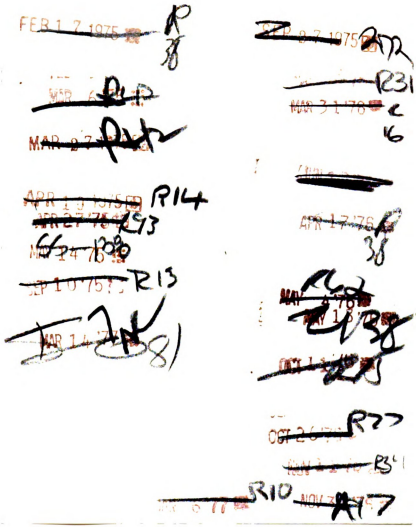
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ABSTRACT

THE EFFECT OF THERAPIST-PATIENT CONFLICT SIMILARITY UPON THERAPISTS' PROGNOSTIC EVALUATIONS AND OTHER CLINICAL JUDGMENTS OF THEIR PATIENTS

By

Phillip I. Snett

The purpose of this study was to examine the effect or influence of therapist-patient (T-Pt) conflict similarity upon the T's prognostic evaluations of his Pts. Also investigated were the effects of perceived Pt motivation, T's liking of his Pts, and the degree of T's interest in doing therapy with his Pts upon the therapy prognosis ratings given to Pts. Further, the relationship between T-Pt conflict similarity and each of these three variables was examined.

It was hypothesized that, for any given T, the therapy prognosis ratings given to Pts following initial appointments would be positively related to the degree to which the Pts are perceived as being motivated for therapy, to the degree to which the T likes his Pts, and to the degree to which the T is interested in doing therapy with his Pts. It was further hypothesized that, for any given T, the degree of conflict similarity between the T and his

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Pts would be negatively related to the therapy motivation ratings given to the Pts, to the degree to which the T likes his Pts, to the degree to which the T is interested in doing therapy with his Pts, and, most importantly, to the therapy prognosis ratings given to his Pts following initial appointments.

Five male Ts were used in the study. For each T, the first eight consecutive Pts who met the criteria of the study were used in the data collection. Both the Ts and Pts were given the Blacky Pictures (BP) according to the standard instructions.

Immediately after finishing the initial interview, the T rated his Pt with regards to his therapy prognosis for the Pt, the degree of motivation he perceived in the Pt, the degree of liking he had for the Pt, and the amount of interest he had for doing therapy with the Pt.

The BP protocols were scored according to a system devised by Blum (1962). The degree of conflict similarity between a T and each of his Pts was determined by computing product-moment correlations between the T's scores and the scores of each of his Pts.

As had been predicted, for the total group of five T's, the therapy prognosis ratings given by Ts were positively related to the degree to which the Pts were perceived as being motivated for therapy ($p < .01$), the

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degree to which the T liked his Pts ($p < .05$), and the degree to which the T was interested in doing therapy with his Pts ($p < .05$).

The hypotheses which predicted a negative relationship between T-Pt conflict similarity and perceived Pt therapy prognosis, perceived Pt motivation for therapy, amount of liking for Pts, and the amount of interest in doing therapy with Pts did not find support in the data.

Several alternative explanations for the original lack of support for the conflict similarity hypotheses were presented and discussed. It was concluded that the most likely reason for the lack of support was that conflict similarity was not appropriately measured by the original method, and, in fact, the original Conflict Similarity Coefficient was a combined measure of conflict similarity and defensive similarity.

When *post hoc* analyses of the data were done with conflict and defensive similarity considered separately, the hypothesis which predicted a negative relationship between conflict similarity and liking of Pts was confirmed for the T group. Also, when the Ts were looked at individually, there were several instances in which defensive similarity was positively associated with various T judgments and/or conflict similarity was negatively associated with these judgments.

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The various findings were discussed with particular attention being focused on the differential responding of Ts to T-Pt conflict similarity and defensive similarity.

A more powerful study to further test the conflict similarity hypotheses was proposed. The details of the new study were based on the methodological problems encountered in the present study as well as the results of the study.

Finally, some consideration was given to the application of the present results to the training of new Ts as well as an explanation being proposed for the highly variable results gotten in previous T-Pt similarity research.

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A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Psychology

1972

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ACKNOWLEDGMENTS

I find this page very difficult to write, for there is so much to say about some of the individuals mentioned here.

First, I want to express my deepest appreciation and gratitude to my chairman Bertram Karon, Ph.D. Dr. Karon has been, for a long time, a strong influence on my professional as well as personal development. His unwavering confidence and trust in my abilities was often a source of strength to me when periods of discouragement were encountered. He contributed a great deal to the development of this manuscript, not only my means of his many extremely valuable suggestions but also by being totally unselfish in giving me large amounts of time out of an extremely busy schedule.

Bill Kell, Ph.D., has also been a very important influence in the shaping of my professional as well as personal self-image. Dr. Kell often gave me emotional support and encouragement, without a moment's hesitation, whenever he was aware it was needed. I also thank him for his valuable ideas and suggestions regarding this manuscript.

I would also like to express my gratitude to Gordon Williams, Ph.D., the newest member of my committee.

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Dr. Williams demonstrated an unusual degree of empathy and responsiveness to my needs. Further, his many valuable suggestions were incorporated into the preparation of the final manuscript.

I would also like to thank Arthur Seagull, Ph.D., for his role in the completion of this manuscript.

I want to again thank Leonard Handler, Ph.D., and Peter Mitchell, Ph.D. Len and Pete, who were my scoring judges, labored long and tedious hours in the scoring of the data.

My deepest gratitude goes to my five therapists. They certainly played the critical role in the completion of this study. I thank them for the work they did, for the cheerfulness with which they cooperated with me, and, most importantly, for their trust in me.

Finally, I want to express my appreciation to Lynne Eisen, Ph.D., colleague and friend, who unselfishly volunteered to undertake the dreadfully tedious job of proofreading this manuscript.

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CHAPTER I

INTRODUCTION

As early as 1910, Freud (1953) recognized that a psychotherapist's own personality and attitudes affect the course of psychotherapy and that a therapist's unresolved neurotic problems can adversely affect the process of therapy. He states that countertransference ". . . arises in the physician as a result of the patient's influence on his unconscious feelings. . . [p. 289]." Further, Freud states that ". . . we have noticed that every analyst's achievement is limited by what his own complexes and resistances permit. . . [p. 289]."

Many later writers (e.g., Berman, 1949; Jackson, 1956; Little, 1951; Reich, 1951; Strupp, 1960; and Thompson, 1956) also comment on the importance and influence of the therapist's personality on the therapeutic process.

Strupp (1960) states that "there is a tendency for attitudinal variables in the therapist to influence the character of his observations, the inferences he draws from them, as well as the 'communications' to the patient [p. 227]." Berman (1949) echoes this thought, stating that the analyst's own suppressed and repressed aggression may

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cause certain changes in the therapist such as minor changes in voice quality, quantity of words, timing of interpretations, etc. Reich (1951) also points to the fact that countertransference phenomena will interfere with the analyst's ability to understand, to respond, to handle the patient and to interpret the right way. Thompson (1956) further warns that the therapist's "blind spots" are always a hazard in therapy. Little (1951) emphasizes the possibility that countertransference may be the deciding factor responsible for a patient's prematurely terminating therapy during the final stages of psychoanalysis. Finally, Jackson (1956) complains that the concept of countertransference is too limiting in describing the possible adverse influence of the therapist on the therapeutic process. He states that it "does not do justice to the fact that the whole way of life of the therapists is very much in the room [p. 235]."

Despite the early warnings that the therapist's own personality could adversely affect the therapeutic process, until around 1950 research attention was focused almost completely on the patient in attempts at understanding the complex process of psychotherapy. It has been only during the last two decades or so that research attention has been focused on the important variable of the therapist. Since then a large quantity of research has been aimed at investigating personality or personal variables of the therapist

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Despite the fact that a great deal of attention has been given to the study of the therapist and the therapeutic relationship, little has been done with regard to investigating the area of therapists' conflicts as they relate to the extremely important decision-making process of assessing the therapy prognosis of prospective therapy patients.

One of the more difficult tasks facing a psychotherapist is that of "screening" a series of individuals coming to him for help. One of the more important decisions made during the initial contact is whether or not the patient has the potential to benefit from further therapy appointments. The therapist needs to decide if the patient can "improve" as a result of therapy. For many reasons, such as therapy caseload pressures, the therapist often has to make fairly rapid decisions regarding the disposition of a case. Often of central importance in the disposition process is the therapist's assessment of his patient's potential for improvement as a result of therapy. But, as Levinson (1962) points out, ". . . establishing a patient's prognosis for response to psychotherapy is as important as diagnosing his psychopathology and is considerably more difficult [p. 15]."

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Generally, most research dealing with the question of therapy prognosis has focused primarily on the patient. Emphasis traditionally has been on the patient's psychodynamics, history, type of psychopathology and theoretical notions concerning these factors. For example, a generally accepted idea is that an individual with neurotic difficulties has a better therapy prognosis than a person with a character disorder. However, as Chapman (1963) stated, ". . . the prognoses of psychoneurotic illnesses remain a matter of individual opinion and speculation [p. 768]."

Despite the fact that prognostic estimates are often tied to diagnostic evaluations, the relevance of diagnostic categories, as Levinson (1962) points out, has been overrated with regard to predicting therapy outcome. One important reason for the low utility of diagnosis in relation to prognosis is the fact of the very questionable utility of psychiatric diagnosis itself. As Frank (1969) concluded after exhaustively reviewing the literature on psychiatric diagnosis, there is ". . . generally poor support for the validity of psychiatric diagnosis. . . [p. 164]."

Several studies have attempted to establish or predict a patient's response to psychotherapy utilizing various psychological tests as well as behavioral measures. These studies, however, seem limited to determining whether or not patients who prematurely terminate therapy can be differentiated from those who continue.

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Libo (1957), for example, attempted to predict whether or not a patient would return for his next scheduled interview. He constructed a four-picture projective test designed to measure the patient's attraction for therapy. The procedure correctly classified six of nine patients who did not return and 24 of 31 who did ($p < .05$).

Taulbee and Sission (1958) analyzed the Rorschach and MMPI protocols of three groups of Ss. One group was composed of 40 patients who terminated therapy prior to the 13th interview, the second group was composed of 45 patients who remained past the 13th interview and the third group was composed of control Ss. It was found that continuers and terminators could be differentiated on the basis of several test dimensions.

Imber *et al.* (1956) found that when 57 patients were administered a sway test (a measure of suggestibility), the patients who had remained in therapy beyond the third interview tended to be swayers while those patients who terminated before the third interview tended not to be swayers.

Borghi (1968) also compared test performance of a group of terminators and remainers. He did an analysis of factors derived from the MMPI, Barron's Ego Strength Scale and a dependency scale. The author concluded from his results that ". . . despite extensive analysis employing a variety of methods, it must be concluded that there is no valid method of distinguishing terminators from remainers

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via MMPI standard scale analysis. . . [p. 463]." It was also found that there were no significant differences between the two groups regarding such factors as ego strength, dependency and anxiety, as well as scores on a prognostic index.

A couple of studies utilizing psychological tests were concerned with establishing predictive criteria for improvement in therapy (e.g., Rosenberg, 1954; and Gallagher, 1954). Rosenberg (1954) found that some test factors were able to differentiate between two groups of patients. One group consisted of individuals who, after nine months of therapy, had been judged as having definitely improved while the other group was composed of patients who were considered as having not improved after a comparable period of time. Comparing the groups on certain aspects of the Wechsler-Bellevue Intelligence Test, the Rorschach Test and a sentence completion test, it was found that the two groups could be differentiated on the basis of eight of twenty-five test factors.

Gallagher (1954) compared a group of most successful and a group of least successful therapy patients on the basis of several test measures of overt stress and defensiveness derived from the Taylor Anxiety Scale, the Rorschach Test, and the Mooney Problem Check List. Some of the measures were able to discriminate between the two groups.

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The second main group of studies is composed of those attempting to assess therapy prognosis on the basis of clinical judgment (e.g., Affleck and Garfield, 1961; Garfield and Affleck, 1961; and Garfield *et al.*, 1963).

Garfield and Affleck (1961) had 20 therapists rate a series of individuals being considered for outpatient therapy on a number of variables, after hearing their cases discussed at staff meetings. Among other things, each therapist rated the patient on prognosis, degree of anxiety, degree of defensiveness or rigidity, and the therapist's interest in taking the patient on for therapy. It was concluded that ". . . judgments of prognosis are most closely related to the personal feelings of the therapist judges (or vice versa). . . [p. 507]." The only rating that is significantly related to duration of stay in therapy was the prognosis rating. Patients remaining in therapy longer were rated initially as having a better prognosis.

Affleck and Garfield (1961) were unable to confirm the above reported finding concerning the relationship between prognosis and duration of stay in therapy. Fifty-seven patients being evaluated for outpatient therapy were rated at a staff meeting on a number of variables. The therapists were also asked to make a specific prediction regarding the patient staying in therapy. The authors concluded, on the basis of their findings, that ". . . it would appear that little confidence can be placed in the

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Garfield *et al.* (1963), among other things, had six therapists complete three rating scales on a total of twenty-four patients after an initial interview. One scale was used to rate various aspects of the patient, the therapist's personal feelings toward the patient and specific predictions regarding the patient's length of stay in therapy. The second scale dealt with ratings of patient characteristics and the third was used to assess the therapist's physical-medical orientation toward the patient, his personal regard toward the patient and his view of the environmental factors in the situation. The authors found that there were no significant differences between patients who had terminated and patients who had remained in therapy on any of the therapists' ratings of the patient.

One possible reason that prognostic assessments based on clinical judgments are often of such low predictive value is that they are only partially based on an "objective" appraisal of the patient and are, instead, significantly influenced by the personality characteristics of the therapist as well as personality and other characteristics of the patient. As Levinson (1962) states, ". . . we have as yet only the most meager basis for prognostic judgment, and the selection is often as much a matter of the therapist's personality as of the patient's [p. 21]."

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That is, the therapist's prognostic evaluation of his patient may be strongly influenced or determined by the degree to which his own conflicts, as well as his patient's, influence his perception of the patient. Possibly, a critical variable influencing the prognostic evaluation is the degree of similarity that exists between the therapist and patient with regard to various areas of personality conflict and anxiety.

Purpose

The purpose of this study is to examine the effect or influence of conflict similarity between therapist and patient upon the therapist's prognostic evaluation of his patient after the initial or intake interview. It is proposed that the variable of therapist-patient conflict similarity has a significant influence upon how favorably or unfavorably the therapist perceives the patient's therapy prognosis. Also, the relationship between each of the factors of the therapist's perception of the patient's motivation for therapy, the therapist's liking of his patients, and the therapist's interest in doing therapy with the patient and his prognostic evaluations will be investigated. In addition, the relationship between therapist-patient conflict similarity and each of these factors will be examined. More specifically, the following hypotheses are proposed.

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Hypothesis 1:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients.

Hypothesis 2A:

For any given therapist, the therapy motivation ratings given to patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients.

Hypothesis 2B:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be positively related to the degree to which the patients are perceived as being motivated for therapy.

Hypothesis 3A:

For any given therapist, the degree to which he likes his patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients.

Hypothesis 3B:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be positively related to the degree to which the therapist likes his patients.

Hypothesis 4A:

For any given therapist, the degree to which the therapist is interested in doing therapy with his patients is negatively related to the degree of conflict similarity between the therapist and his patients.

Hypothesis 4B:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be positively related to the degree to which the therapist is interested in doing therapy with his patients.

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CHAPTER II

RELEVANT RESEARCH

There is some evidence suggesting that there is a relationship between a therapist's attitudes towards a patient and the therapy prognosis that he gives his patient (Garfield and Affleck, 1961; Lee and Temerlin, 1970; Strupp, 1958a, 1958b; Strupp and Williams, 1960; and Wallach and Strupp, 1960).

Garfield and Affleck (1961) had 20 therapists rate a series of individuals who were being considered for out-patient therapy, on a number of variables, after hearing their cases discussed at staff meetings. Among other things, each therapist rated the patient on prognosis, defensiveness or rigidity and interest in taking the patient on for therapy. In addition, each therapist rated his personal feelings toward the patient. It was found that, among other things, ratings of prognosis were highly correlated with positive feelings of the therapist-judges towards the patient, that the therapist's interest in taking the patient into treatment was also highly related to both ratings of prognosis and the personal feelings of the therapist, and that there was some negative relationship between the

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personal feelings of the therapist-judges and the defensiveness of the patient. The authors concluded that ". . . judgments of prognosis are most clearly related to the personal feelings of the therapist-judges (or vice versa). . . [p. 507]."

Strupp (1958a) presented a sound movie film of an initial interview to groups of therapists. During 28 interruptions in the movie, each therapist was asked to write down what he would say if he had been the therapist in the movie. In addition, each therapist filled out a biographical information blank and a questionnaire which asked for the therapist's diagnostic impression, prognostic statement, feelings toward the patient, etc. Among other results, it was found that therapists who indicated a negative attitude toward the patient, as compared with therapists indicating a positive attitude, were more likely to choose "bad" diagnostic labels such as "psychopath" and "character disorder," and to give the patient a poor therapy prognosis.

Strupp and Williams (1960) attempted ". . . to clarify the interrelationship between diagnostic and prognostic evaluations and attitudes toward the patient. . . [p. 437]." They had two psychiatrists independently assess 22 patients, one doing so in individual interviews and the other in a group interview. Afterwards, each therapist rated every patient on 14 variables, including

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the degree of emotional disturbance, degree of improvement expected in therapy, interest in treating the patient, and liking the patient. The authors concluded that the patient's motivation for therapy was the single most important factor affecting the therapist's evaluation of the patient and that liking him may be the result of seeing him as a good patient.

Strupp and Wallach (1965) presented two motion pictures, each one of a different neurotic patient, to a group of fifty-nine therapists. During eight interruptions in the movies, the therapists were asked what they would do at that particular time. Following the presentation of each film, each therapist completed a questionnaire regarding his diagnostic impressions, critical judgments, treatment plans, attitudes toward the patient, etc. Although the two patients, who differed in terms of sex, motivation for therapy, nature of neurotic problem, etc., were rated significantly different on 15 of 31 questionnaire items, favorable clinical assessments tended to coincide with favorable therapist attitudes (and vice versa) for both patients. Patients who were considered well-motivated for therapy, whose prognosis was considered good, and whose social adjustment was rated favorably were individuals toward whom the therapist tended to feel positively disposed.

Wallach and Strupp (1960) presented groups of psychiatrists with two written case histories, one of

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a male and one of a female. Each case history had two alternate forms which were identical in all respects except for the variable of patient motivation. The alternate forms were systematically varied. Each case history was followed by an identical 27 item questionnaire which elicited the respondents' clinical impressions, treatment plans and attitudes towards the patient. Concerning the male patient, it was found that a positive therapist attitude was associated with, among other things, a diagnosis of "neurotic" rather than "psychotic" or "personality disorder," estimates of greater ego strength, greater insight and a more favorable prognostic estimate with or without therapy. For the female case, a positive attitude was also associated with, among other things, estimates of a more favorable prognosis with treatment.

Lee and Temerlin (1970) investigated the influence of therapist bias regarding socioeconomic status of the patient in diagnostic and prognostic assessments of the patient. A professional actor was trained to portray an emotionally healthy person and a tape recording was made of an interview in which all indices of socioeconomic status had been deleted from the script. Three experimental groups listened to the recording after having been given one of three socioeconomic case histories which variously portrayed the patient in terms of low, middle or upper socioeconomic status. The control group received no prior case history.

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All four groups diagnosed the patient and gave a prognosis. It was found that prognosis ratings differed significantly across the experimental groups in the expected direction. The "upper class" patient was given significantly better prognostic ratings than either the "middle class" or "lower class" patient and the "middle class" patient was given significantly higher ratings than the "lower class" patient.

It is felt that the patient's motivation for treatment does not completely account for the positiveness or negativeness of the therapist's evaluation of the patient nor can the liking or not liking of a patient be explained solely in terms of perceiving him as a good patient, as Strupp and Williams (1960) suggest. These explanations do not, for example, clarify such things as Strupp's (1958b) finding that therapists with a negative attitude toward a patient, as compared with therapists indicating a positive attitude, were more likely to suggest avoidance of certain areas of treatment such as sexual impulses, hostility, anger, unconscious material, and the patient's relationship with his wife, as well as giving the patient a poor prognosis.

Several studies (Bandura *et al.*, 1960; Barnes, 1963; Cutler, 1958; Goldman, 1961; Munson, 1960; Rigler, 1958; and Williams, 1963) offer some illumination of Strupp's (1958b) finding that therapists with a negative attitude toward a patient tend to suggest the avoidance of certain

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areas (of patient conflict) and also tend to give a poorer prognosis. These studies offer some tentative evidence that the therapist's avoidance of certain areas is the result of the therapist's own conflicts coming into play in the therapeutic interaction.

Using 12 advanced clinical psychology graduate students, Bandura *et al.* (1960) found that therapists with low hostility anxiety, as contrasted with therapists with high hostility anxiety, were more likely to respond with approach reactions to patients' expressions of hostility when the patient expressed hostility toward extra-therapeutic objects. The therapist groups did not differ when the therapist himself was the object of the hostility. It was also found that therapists who displayed a high need for approval, as determined by judges, were more likely to avoid patients' hostility than were therapists rated low on an approval-seeking scale.

Barnes (1963) found that therapists (student interns and practicum students) who were judged to be non-conflicted with respect to hostility, as compared to conflicted therapists, responded to patients' expressions of hostility with relatively greater approach than avoidance. This relationship also held true with regards to dependency and sexuality conflict.

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Cutler (1958) found that therapists, in their later reports, will under- or over-emphasize material related to their own needs and conflicts as compared to material which is related to conflict-free areas of the therapist's personality. Further, when the therapy patient's behavior is similar to behavior which is conflictual for the therapist, as compared to instances in which the behavior is non-conflictual for the therapist, the therapist's responses are significantly less adequate for therapeutic purposes and tend to become ego-oriented (defensive) rather than task-oriented (therapeutic).

Goldman (1961) found that therapists rated high in hostility tended to avoid the dependency bids of patients. Further, high hostility inhibition on the part of the therapist was related to a tendency to encourage patients' expressions of hostility, dependency and warmth.

Munson (1960) hypothesized that highly restrictive patients would provoke countertransference reactions in a counselor who was conflicted with regards to nurturance (the need to help and to be needed) and inquisitiveness (the need to learn the inner-most secrets of others), but not in a non-conflicted counselor. Two counselors were identified as being conflicted about nurturance and inquisitiveness and one other counselor was conflicted in neither area. A total of 58 initial interviews were tape recorded, and from typescripts of these interviews

ratings were made of levels of patient resistiveness. Among other things, it was found that conflicted counselors demonstrated increased avoidance behavior with the more resistive patients, spent less time with them in the initial interview and saw them for fewer interviews. Also, judgments made by conflicted counselors which were all highly interrelated, reflected greater negative affect toward resistive patients, as compared with the more cooperative patients. Further, for all three counselors, avoidance behavior was negatively related to judgments of satisfaction, ratings of patient's suitability for therapy and enjoyment.

Rigler (1958) examined the relationships between therapist conflict, therapist anxiety as measured by the GSR, level of ambiguity in the therapist's behavior and the presence of conflict in the communications of the participants. For each of three therapists, areas of conflict and non-conflict were determined. Each therapist recorded a number of therapy sessions and the verbal responses of both the therapist and the patient were coded as either relatively conflictual or relatively conflict-free. Also, the level of ambiguity in the therapist's behavior was determined. It was found that the therapists exhibited greater anxiety during periods when they were dealing with patients' conflict behavior as contrasted with periods when they were dealing with non-conflict areas.

Williams (1963) investigated the area of therapist's conflict regarding the commitment of their resources to helping their patients. The author found limited support for the hypothesis that therapists' commitment conflicts are linked to therapists' conflicts regarding dependency.

Two studies (Jones, 1962; and Kurtz *et al.*, 1970) obtained results which indicated that the personality characteristic of authoritarianism affects clinical judgments. Jones (1962) showed three groups of undergraduate psychology students (20 high authoritarian Ss as measured by the California F Scale, 20 middle scorers, and 20 low scorers) four films depicting initial interviews with four different patients. At various breaks in the films, the Ss directed their various comments to the film patients, with these comments being tape recorded. Following each film, each S completed a questionnaire designed to assess professed attitudes toward the patient, an adjective checklist and a semantic differential. The results indicated that the highly authoritarian group, as compared with the other two groups, consistently demonstrated a more rejecting attitude toward the patients as evidenced by the type of terminology used and the kinds of overtly expressed attitudes.

Kurtz *et al.* (1970) administered the California F Scale to 16 social work students and 24 psychiatric residents. The Ss were presented with a series of case

histories and they were requested to rate each one with a semantic differential which was designed to measure the therapist's attitudes toward the patient. It was found that, for the psychiatric residents, there was a significant interaction between level of authoritarianism and social class case history, with Ss who were more authoritarian expressing more negative feelings towards lower class patients.

Therapist-Patient Similarity Research

The topic of whether similarity between individuals facilitates interpersonal selection or whether, instead, similarity interferes with interpersonal relationships and, instead, a complementing relationship operates to create a more attractive relationship has received some research attention. The results of some studies (e.g., Halpern, 1955; Izard, 1960a, 1960b; and Rosenfeld and Jackson, 1959) suggest that similarity between individuals positively influences interpersonal selection, while other studies (e.g., Rychlak, 1965; and Winch, 1958) obtained results that suggest that complementarity of needs and/or personality characteristics is responsible for interpersonal attraction. One study (Reilly *et al.*, 1960) found no support for the operation of either similarity or complementarity in interpersonal choice.

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Halpern (1955) explored the relationship between similarity between individuals and their ability to "empathize" with each other. Thirty-eight female nursing students were administered an 80-item test, and each S's similarity to everyone else was determined on the basis of the number of similar responses to the test. Each S was then asked to predict how the two girls determined to be most similar to S, the two who had been determined to be least like her, and the one girl in the middle of the extremes, responded to the test. It was found that Ss predicted with greater accuracy about other individuals who were similar to them than about those individuals who were dissimilar.

Izard (1960a) gave the Edwards Personal Preference Inventory to over 200 students who, at the same time, were asked to list their closest personal friends in rank order. Thirty pairs of individuals choosing each other as "best friends" were chosen from the group. It was found that mutual friends had personality profiles on the Edwards that were significantly more similar than those of individuals who were paired at random. The author speculated that personality similarity facilitates the expression of positive affect, an important determinant of interpersonal behavior.

Izard (1960b) obtained results which were interpreted as lending support to the assumption that personality

similarity facilitates the expression of interpersonal positive affect. An entire freshman class was given the Edwards Personal Preference Inventory, and after six months, 12 Ss were compared on the Edwards to classmates whom they had listed as most likable and 13 Ss were compared with individuals whom they had listed as least likable. It was found that personality profiles were significantly similar for Ss and their sociometric choices but not for Ss and their sociometric rejections.

Rosenfeld and Jackson (1959) obtained, from 36 female employees of a utility company, lists of friendship choices as well as similarity scores on some personality variables. The author found that there was a greater frequency of friendship choices between individuals who were more alike on any given trait and between those who had a greater number of traits in common. There was greater attraction between similar than between complementary or opposite persons.

Although the above studies indicate that similarity between individuals facilitates the relationship or makes it more attractive, other studies suggest that a complementing of personality characteristics is responsible for interpersonal attraction. Rychlak (1965), for example, found no evidence for need similarity influencing interpersonal selection and, instead, obtained results which indicate

that need compatibility (complementing) or need incompatibility influences choice. Ninety-six male Ss, who had gotten well-acquainted after each had participated in two six-man groups oriented toward problem solving, were asked to choose which person they would most and least like to have as a boss, as a subordinate and as a neighbor. The Edwards Personal Preference Inventory was used to determine need similarity, compatibility and incompatibility between individuals. Among other results, the authors found that selectors high on Nurturance were more likely to choose selectees with high needs for Succorance as neighbors than selectees low in Nurturance. Results were also obtained which would suggest that selectors high in the need for Order would prefer to have a boss who has a low need for change to a boss with greater need for change.

Winch (1958) also obtained evidence that individuals with complementary needs attract each other. Data obtained from interviews as well as from an eight card TAT were gathered on 25 married couples at a university. The author found that three of five sets of data supported the general hypothesis of complementing needs operating in mate selection.

Finally, Reilly *et al.* (1960) found no support for either similarity or a complementing of personality needs operating in friendship choice. Fifty pairs of mutual friends and a group of randomly selected pairs of female

college students were administered the Edwards Personal Preference Inventory and the Allport-Vernon Study of Values. Various analyses of the data were not successful in uncovering any support for either similarity or a complementing of needs operating in friendship relationships.

There has also been a great deal of research interest in the effect of similarity or complementing with regards to the therapist-patient relationship. During the past dozen years or so, research in this area has dealt with, directly or indirectly, the question of whether similarity between therapist and patient facilitates the therapeutic process and/or outcome or whether a complementing of personality characteristics is most desirable. Several studies (Carson and Llewellyn, 1966; Gassner, 1969; Lichtenstein, 1966; Ourth, 1964; and Powell, 1970) found no relationship between the degree of similarity between patient and therapist and therapy outcome. The results of several other studies (Carson and Heine, 1962; Cook, 1966; Gerler, 1958; Howard *et al.*, 1970; Mendelsohn, 1966; Mendelsohn and Geller, 1965; and Schopler, 1959) suggest that a curvilinear relationship exists between therapist-patient personality similarity and either therapy process or outcome, with a medium amount of similarity being most associated with favorable therapy outcome.

Another group of studies (Axelrod, 1952; Carkhuff and Pierce, 1967; Holzman, 1962; Mendelsohn and Geller, 1963;

Sapolsky, 1965; Spivak, 1961; Tuma and Gustad, 1957; and Welkowitz *et al.*, 1967) presents evidence that therapist-patient similarity is a positive factor with regard to therapy process and/or outcome.

Finally, a fourth large group of studies suggests either that certain kinds of therapist-patient similarity adversely affects therapy process and/or outcome or that a complementary relationship between the personality factors of therapist and patient is most desirable (Bare, 1967; Berzins *et al.*, 1969; Berzins and Seidman, 1968, 1969; Berzins *et al.*, 1970; Carson *et al.*, 1964; Cohen, 1956; Cutler, 1958; Farson, 1961; Kemp and Carson, 1967; Kirkpatrick, 1969; Lesser, 1961; Mendelsohn and Geller, 1967; Sapolsky, 1965; Snyder, 1961; Swensen, 1967; Vaughn, 1969; Vogel, 1961; and Wogen, 1970).

Studies Indicating a Facilitating Effect of Therapist-Patient Similarity

Axelrod (1952) had each of 10 psychiatrists choose his two most improved and two least improved neurotic patients. The therapists and patients were given the Rorschach Test as well as the patients also being given the Wechsler-Bellevue Intelligence Test. Three judges independently rated the Rorschach on 12 personality characteristics and determined, on the basis of these protocols, which two patients were most like and which two were least

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like their therapist. It was found that the individual personality characteristic of ideation as well as a combination of all ratings of the personality characteristics affirmed the hypothesis that similarity of personality characteristics between therapist and patient was related to the patient's therapy progress.

Carkhuff and Pierce (1967) had each of four lay counselors (one upper-class white, one upper-class Negro, one lower-class white and one lower-class Negro), who had been equated on the basis of similar training, kinds of therapeutic experiences, levels of empathy, positive regard, genuineness and depth of level of self-exploration they elicited from patients in clinical interviews, interview 16 patients (four upper-class whites, four lower-class whites, four upper-class Negroes, and four lower-class Negroes). Two experienced judges rated the patients' depth of self-exploration from six segments from each (tape recorded) interview. It was found, in general, that patients most similar with regard to race and social class of their counselors tended to explore themselves most, while patients most dissimilar tended to explore themselves least.

Mendelsohn and Geller (1963) administered the Myers-Briggs Type Indicator (a test yielding scores on the four dimensions of judgment-perception, thinking-feeling, sensation-intuition and extraversion-introversion) to counseling center clients and their counselors. It was

found that the greater the overall similarity between client and counselor on the test, the greater was the length of counseling. The authors interpreted their results as indicating that there is greater client commitment to counseling when the counselor is similar to the client in cognitive-perceptual orientation.

Tuma and Gustad (1957) obtained some partial support for their contention that there is a positive relationship between the amount of similarity of counselor-client personality and the amount of learning about oneself by clients in a counseling situation. Fifty-eight undergraduates who wanted help with occupational choice were seen by one of three counselors. A Self-Knowledge Inventory was administered to each S at the time of application for counseling and again at the end of the counseling process. In addition, 10 different measures were used to assess similarities and differences between the counselor and his clients. For two of three counselors, client learning was best when the client and counselor were most alike on certain of the variables measured.

Welkowitz *et al.* (1967) found a significant positive relationship between the degree of therapist-patient similarity in values and the therapist's perceptions of his patients' improvement. They administered to some first- and second-year candidates in psychoanalytic training and 44 of

their patients a test designed to measure values. In addition, the therapists rated their patients' improvement on a six-point scale. It was also discovered that there was a significant positive relationship between length of treatment and therapist-patient value similarity. Because it was also found that value similarity between therapists and their own patients was greater than between therapists and randomly selected other patients, the authors concluded that their results indicated that the values of the "improved" patients moved closer to their own therapist's values than do the values of unimproved patients.

Sapolsky (1965) investigated the effects of patient-doctor compatibility, as measured by the Fundamental Interpersonal Relations Orientation Behavior (FIRO-B) scale, upon the outcome of hospital treatment and upon perceptions developed by the therapist and patient of each other. Twenty-five hospitalized females and three psychiatric residents were administered the FIRO-B scale which identifies three areas of interpersonal need: inclusion, control and affection. Also, a semantic differential was used to measure how each patient perceived herself and felt perceived by her doctor. It was found that compatibility of needs between the therapist and patient was positively related to outcome of treatment, the degree to which the patient felt understood by her therapist and the degree to which she saw herself similar to her therapist.

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Holzman (1962) also obtained some support for the notion that increasing similarity of value judgments between therapist and patient is related to improvement in therapy. The author compared, at the beginning of therapy and again after seven months, the level of social adaptation of two groups of patients (a group of hospitalized, mostly psychotic individuals and a group of outpatient neurotic and characterlogical individuals). Change in similarity of value judgments between the patient and those of his therapist was measured in terms of the patient's responses to a 133-item value inventory. It was found that for the outpatient group, but not for the inpatient group, there was a positive relationship between improvement in an individual's social adaptation and increased similarity of values of the patient to those of his therapist regarding values relevant to the patient's life experiences, providing the patient's life situation is similar to the life situation of the therapist (in terms of age, education, occupation, intelligence, religion and race).

Spivak (1962) had 40 psychiatrists fill out a questionnaire, which was designed to tap various attitudes, after each of 15 consecutive initial interviews. Among other things, it was found that therapists were more likely to accept a patient into an intensive therapeutic relationship when the patient was perceived as being more similar to

the therapist, made the therapist feel more comfortable, and was perceived as having a better therapy prognosis.

Studies Indicating No Relationship Between Therapist-Patient Similarity and Therapy Outcome and/or Process

Carson and Llewellyn (1966) attempted to replicate a previous finding (Carson and Heine, 1962) that there was a curvilinear relationship between MMPI profile shape similarity (between therapist and patient) and rated outcome in brief psychotherapy. Sixty-five patients and a total of 22 therapists in an outpatient clinic were given the MMPI. The index of personality similarity between therapist and patient was based on their respective MMPI profiles. Five groups of therapist-patient dyads were ordered in terms of increasing profile dissimilarity, and it was found that there were no significant differences among the groups with respect to therapy outcome or median number of interviews.

Lichtenstein (1966) also was unable to replicate the finding of a curvilinear relationship between MMPI profile similarity and therapy outcome (Carson and Heine, 1962). Fifty-four outpatients took the MMPI one to seven months prior to beginning therapy, and their respective therapists took it at the outset of therapy. The 54 therapist-patient dyads were categorized into five groups based on MMPI similarity scores. The author found that there clearly was no relationship between the measure of similarity and therapy success.

Ourth (1964) investigated the relationship between the degree of similarity of therapist and patient and therapist's ratings of patient improvement as well as patients' length of stay in therapy. Six therapists and 42 of their patients (outpatient students) were given a test designed to measure whether a person was internally or externally oriented with regard to "personal validation." It was found that initial internal-external similarity between patient and therapist did not have any relationship to the therapists' later ratings of patient improvement nor did it have any predictive value in differentiating patients who continued or abruptly terminated their therapeutic relationship.

Gassner (1969) was interested in the relationship between therapist-patient personality compatibility and patient change as well as therapist-patient attraction. Twenty-four students in pastoral counseling took the Fundamental Interpersonal Relations Orientation Scale and, on the basis of their scores, each therapist was assigned a high- and a low-compatible patient in a hospital setting. Although there were some indication that compatibility positively influenced attraction in the relationship, there were no differences between the high-compatible, low-compatible and a control group on the amount of patient behavioral change (as assessed by ward nurses).

Powell (1970) attempted to assess the relationship between therapist-patient similarity and complementarity and certain correlates of therapy outcome. Ten Type A and 10 Type B therapists (as defined by responses to the Strong Vocational Interest Blank) were matched in one of four conditions with 10 Type A and 10 Type B patients (AXA, AXB, BXB, and BXA). It was found that there were no significant differences between the conditions with respect to the various measures of therapy effectiveness.

Studies Indicating a Curvilinear Relationship Between Therapist-Patient Similarity and Therapy Outcome and/or Process

Several studies have obtained results which indicate that a moderate degree of similarity between patient and therapist is most positively associated with therapy outcome and/or process and that too little or too much similarity is associated with either a lesser degree of effectiveness or is negatively associated with outcome and/or process.

Carson and Heine (1962) assessed the degree of similarity between 60 therapist-patient pairs on the basis of their MMPI responses. The 60 pairs were categorized into five groups of 12 pairs each on the basis of similarity. The authors found that, with increasing dissimilarity, there is at first an increase in therapeutic success, but with further increase in dissimilarity beyond an optimal point there is a precipitous decline in the rated success of the

therapeutic relationship. The authors concluded that ". . . excessive similarity might make a therapist ineffective by virtue of overidentification with the patient and his problems, and that excessive dissimilarity might have the same result by making it impossible for him to understand or appreciate what the patient was trying to say to him [p. 43]."

Gerler (1958) used profiles on the Ewing Personal Rating Form to determine the similarity between five therapists and a total of 57 of their college student patients. For each therapist, the similarity scores of his patients were ranked from largest to smallest, and his patients were then divided into high, medium and low similarity groups. The notion that a medium amount of personality trait similarity would be most conducive to favorable therapy outcome was partially confirmed. It was also speculated that when degree of similarity in "conflict" areas was determined, either a low or medium degree of similarity would be more conducive to favorable outcome than would be a high degree of similarity. This, too, was partially supported with there being significant differences in the expected direction between the medium and high similarity groups but not between the low and high similarity groups.

Schopler (1959), among other things, had therapists and their patients describe themselves on Leary's Interpersonal Check List. Although the results were not significant and showed only trends, the author found that similarity of self-description (between therapist and patient) involving the affiliative-hostile interpersonal dimension followed a C-shaped curvilinear relationship, in that low similarity was associated with moderate success while high similarity was associated with either high or low success.

Mendelsohn and Geller (1965), in two separate studies, administered the Myers-Briggs Type Indicator (MBTI) to a total of 21 counselors and 150 graduate and undergraduate student clients. Counselor-client similarity was determined on the basis of scores obtained on the MBTI, a self-report personality inventory which yields scores on four dimensions: Judgment-Perception, Thinking-Feeling, Sensation-Intuition and Extraversion-Introversion. In addition, the clients filled out a questionnaire designed to sample a wide range of client attitudes that the authors felt were of particular significance to therapy process and outcome. This questionnaire yielded three clusters of responses: Client Evaluation, Comfort-Rapport and Judged Counselor Competence. It was found that Evaluation scores were curvilinearly related to similarity with middle similarity producing the high scores. Comfort-Rapport scores

were related to high similarity for freshmen but to middle similarity for non-freshmen.

Mendelsohn (1966) administered the MBTI to 11 therapists and 201 of their clients, and personality similarity was determined on the basis of scores on this test. It was found that although high similarity was associated with a greater mean number of sessions than low similarity, a mildly curvilinear relationship was found in which high similarity was associated with a wider range of number of sessions but that low similarity was associated with shorter duration of counseling. That is, when a client and counselor were similar, counseling was just as often of short as of long duration. The author concluded that similarity between therapist and client may be something of a necessary condition for continuance in therapy, but it may not be a sufficient condition as well. Too much similarity may interfere with the development of an effective balance between empathy and objectivity as well as leading the counselor to start exploring more personal and conflictual material too early in therapy.

Howard *et al.* (1970) had 118 female patients complete, after each therapy session, a 13-item questionnaire designed to measure the patients' satisfaction in psychotherapy. The authors concluded that their ". . . findings clearly suggest that the personal characteristics of the patient and the therapist who are paired together definitely

influence the experienced satisfactions of the patient. In some cases, patients found most satisfaction with therapists whose personal characteristics were similar to theirs, while in other cases they found least satisfaction with similar therapists [pp. 132-133]." It was found that patients appear to have rewarding experiences if their therapists embody a successful life adaptation in a situation that is similar to their own or if the therapy relationship holds a potential for satisfying the patient's current life needs, but are likely to have frustrating experiences if their therapists are faced with similar problems in their own personal situations.

Cook (1966) investigated the influence of client-counselor value similarity on changes in the client's perceptions during therapy. Ninety students and their 42 counselors (advanced counselor trainees) completed the Allport-Vernon Study of Values, and the degree of counselor-client similarity was determined on the basis of their responses. Before and after counseling, each client responded to the concepts of "me," "the ideal student," "my future occupation," and "education" with 15 semantic differential scales whose scores were summed to yield a total evaluative score for each concept. It was found that for "education" and "my future occupation" there was a significant relationship between similarity and change in evaluation. The relationship between similarity in

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Studies Indicating a Negative Relationship Between Therapist-Patient Similarity and Therapy Outcome and/or Process Or a Facilitating Effect of Therapist-Patient Complementarity Upon Therapy Outcome and/or Process

A large group of studies presents evidence that suggests that personality similarity between therapist and patient adversely affects therapy process and outcome. Some of these studies indicate that a complementing of personality characteristics or needs of therapist and patient exists in a successful therapeutic interaction or outcome. In either case, this body of research strongly suggests that personality similarity between therapist and patient has an adverse, interfering influence.

Cutler (1958) found that when a patient's behavior is similar to behavior which is conflictual for the therapist, as compared to instances in which the behavior is non-conflictual for the therapist, the therapist's responses are significantly less adequate for therapeutic purposes and tend to become ego-oriented (defensive) rather than task-oriented (therapeutic). The author had 10 therapists self-rate themselves on certain personality traits. Nine

judges also rated each therapist on these traits. A conflict area was defined as one which showed a significant difference between the therapist's self-rating and those of the judges. Two therapists were selected as conflicted on this basis and tape recordings of therapy sessions were also scored for the same personality traits in the clients.

Cohen (1956) administered the Blacky Pictures and the Defense Preference Inquiry to 44 undergraduate members of a social fraternity. During three different group sessions, pairs of Ss were given the task of writing interpretations regarding the behavior of the hero in written stories which were concerned with the psychosexual dimension on which the two individuals had been paired. The partners were required to discuss the material for 15 minutes in order to prepare for the task of writing a common interpretation to the story. It was found that when both members of the partnership were individuals who used the defense of projection, the interaction was more negative than instances in which one member of a partnership used projection and the other used a different defense mechanism or instances in which both partners used the same defense which was other than projection. Also, there was a trend found that when both partners utilizing projection had a high level of psychosexual disturbance, there was a more hostile relationship perceived by the partners than in instances when one partner was relatively disturbance free.

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Lesser (1961) was interested in the relationship between a patient's therapeutic progress, the therapist's ability to understand his patient and the similarity between the therapist's and patient's self-concepts. Eleven therapists and twenty-two of their patients completed a Q-sort which was used to measure each one's self-perception as well as the patient's ideal self-perception. Among other results it was found that similarity of self-concept between therapist and patient was significantly negatively related to counseling progress.

Mendelsohn and Geller (1967) determined the degree of similarity between 11 therapists and 201 of their counseling center clients using the Myers-Briggs Type Indicator. It was found that clients who failed to keep sessions were, as a group, quite similar to their counselors. Also, the less similar the therapist was to his client, the lower was the proportion of his cases that failed. In addition, it was found that most failures occurred after the first or second interview. The author concluded that since most failed sessions occur early in counseling and are associated with therapist-client similarity, the initial clinical interaction must be looked at as a source of failure. Further, even though similarity may facilitate communication, it may also encourage premature exploration of personal or conflictual material or excessive therapist involvement in the personal interaction.

Snyder (1961) intensively analyzed the relationships between one therapist and twenty of his patients. Among other things, the therapist and his patients took the Edwards Personal Preference Schedule prior to the beginning of therapy. Regarding therapist-patient similarity as measured by the EPPS, it was found that three of the four patients whose scores at the beginning of therapy were most similar to those of the therapist were among the most difficult and unsuccessful of the cases as rated by the patient. Also, the four patients least like the therapist in need structure at the beginning of therapy were the four cases ranked as most successful as well as having the best rapport with the therapist during therapy.

Wogan (1970) administered the MMPI to 82 inpatients and their 12 psychiatric resident therapists. For each therapist and patient, scores were computed on each of several factors and the cross products of the scores of each therapist and patient were used as the index of similarity. Among other results, it was found that increasing similarity between therapist and patient on the factors of Repression and Subtlety had a detrimental effect on the relationship. That is, increasing similarity in Repression tended to detract from the patient's liking for the therapist. Also, the greater the degree of therapist-patient similarity on Subtlety, the slower the patient felt himself

as progressing in therapy. The author concluded that similarity of "defensive styles" might affect the therapist's ability to gain an objective understanding of the patient's problems as well as affecting the ease with which the therapist and patient can communicate. If the therapist and patient similarly deal with their psychological problems, the therapist has nothing to offer the patient that the patient doesn't know about already, other than, of course, theoretical knowledge.

Bare (1967) investigated the relationship of the therapist's personality, as well as measures of therapist-patient personality similarity, to selected criteria of counseling success. Forty-seven educational psychology graduate student therapists each saw four to six patients in therapy. At the beginning of therapy, the therapists and patients completed the EPPI, the Gordon Personal Profile and the Gordon Personal Inventory. At the end of 10 weeks of therapy, both the therapists and patients were administered an instrument to assess various attitudes about the therapies. The author found that dissimilarity, rather than similarity, of therapist-patient personality was much more frequently associated with high ratings of counseling success.

Farson (1961) had 18 clients sort a Q-sort containing 100 self-referrent items describing themselves, on three

different occasions: prior to therapy, at the termination of therapy and approximately six months following therapy. The therapists had previously sorted the same group of items. It was found that, on the average, client's self-descriptions do not become any more similar to their own therapists' self-descriptions than they do to self-descriptions of therapists in general. However, some therapists seemed to have clients who came to resemble them quite strikingly while other therapists did not. When therapists were ranked according to, in effect, how similar clients became to them from the time they started therapy to the time they finished, judged psychological adjustment of the therapist as well as judged therapeutic competence was negatively related to the degree to which clients came to resemble the therapist.

Vogel (1961) could not find support for the notion that similarity of personality traits of patient and therapist tends to facilitate the therapeutic relationship. It was found, instead, that there was evidence which suggests the relationship is facilitated when the patient and therapist have opposite or complementary personality characteristics. Being concerned with the dimension of authoritarianism, the author administered, to a total of 49 therapists and 62 patients, the California F Scale and a 40-item Authoritarian-Equalitarian Therapy card sort. It was found that, with one of the groups of patients and

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their therapists, patients characterized by equalitarian traits tended to form better therapy relationships (as indicated by the patients' ratings of satisfaction) with therapists characterized as authoritarian than with therapists characterized as equalitarian. That is, patients formed better relationships with therapists who were opposite to them rather than similar to them on the dimension of authoritarianism-equalitarianism.

Swensen (1967) offered further support for the notion that progress in therapy is facilitated if the therapist and the patient are complementary to each other (i.e., opposite) with regards to personality dimensions. To begin with, the author rescored the data of Carson and Heine (1962) on the dimensions of dominance-submission and love-hate of Leary's Interpersonal Interaction Circle. The results indicated that there was a relationship between complementarity and improvement in therapy. Then, in a pilot study, clinical psychology practicum students were administered the MMPI and so were their patients at the beginning of therapy. The protocols were scored with the Circle. Therapy improvement or lack of it was determined on the basis of the therapist's summary at the conclusion of therapy compared with the case history taken at the time the patient entered therapy. It was found that more patients improved when the patient and the therapist were

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opposite on dominance-submission, but on the love-hate dimension greater improvement was found when therapist and patient were similar. In a second pilot study both therapist and patient statements in typescripts of (presumably successful) therapy cases of Carl Rogers, Albert Ellis and L. R. Wolberg were scored on the Circle. In all three cases, the therapist and the patient were located on opposite sides of the Circle, i.e., were complementary.

Another series of research studies suggesting that a complementing of personality characteristics between therapist and patient facilitates therapy outcome and process has its origins in an earlier group of studies that demonstrated that a certain "type" of therapist is successful with schizophrenic patients while another "type" is more successful with neurotic patients (Betz, 1963a, 1963b; Betz and Whitehorn, 1956; McNair *et al.*, 1960; Whitehorn, 1960; and Whitehorn and Betz, 1954, 1960).

In two initial studies, Whitehorn and Betz (1954) and Betz and Whitehorn (1956) focused on the therapeutic relationships between 14 psychiatric residents and 100 schizophrenic patients. The seven high-ranking therapists (Group A therapists) had an average improvement rate of 75 percent, with individual improvement rates ranging from 68 percent to 100 percent. The seven low-ranking therapists (Group B therapists) had an average recovery rate of 27

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percent with individual rates ranging from 1 percent to 34 percent. Among other things, it was found that Group A therapists, as compared to Group B therapists, were able to establish more trusting, confidential relationships with their patients, more consistently recorded motivational formulations and more frequently formulated a goal which was positively personal rather than merely antipathological and made use of active, personal participation in the relationship rather than passive permissive interpretation, instruction or practical care.

In a five-year follow-up study, Betz (1963a) found evidence to strengthen the clinical significance of the differential recovery rates of Group A and Group B therapists. It was found that fewer of the originally improved patients needed further hospitalization than the originally unimproved patients. Stephens and Astrup (1965), however, found that neither discharge or follow-up status of hospitalized schizophrenics was related to therapist's A or B status.

Whitehorn (1960) found that the Group A and Group B therapists could be differentiated also on the basis of their responses to the Strong Vocational Interest Blank (SVIB). On the SVIB, Group A therapists were found to score high on the Lawyer and CPA scales and low on the Printer and Teacher Scales while Group B therapists scored high on the

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Printer and Teacher scales and low on the Lawyer and CPA scales. Attempts at predicting success or failure with schizophrenics on the basis of response to the SVIB were quite successful. Group A therapists were predicted with 80 percent accuracy and Group B therapists were predicted correctly 70 percent of the time.

Whitehorn and Betz (1960) reexamined the SVIB data of 26 of their original therapists and found that there were 23 items to which Group A and Group B therapists gave significantly contrasting responses. To check the predictive accuracy of this, 24 new therapists were used. It was found that only 10 items were able to predict Type A therapists with 83 percent accuracy and successfully predict Type B therapists 78 percent of the time.

Betz (1963b) found that Type A and Type B therapists, as determined by responses to the SVIB had significantly different success rates with "process" schizophrenics. Type A therapists had a 71 percent success rate while Type B therapists had only an 18 percent rate.

McNair *et al.* (1962) were interested in determining if Whitehorn and Betz's (1960) findings could be confirmed with a sample of non-schizophrenics. They administered the SVIB to 55 male therapists. The 20 therapists with the highest scores on the 23-item AB scale (Type A) and the 20 therapists with the lowest scores (Type B) were selected.

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Forty male veteran outpatients were involved in the study. It was found that, after four months of therapy, patients of Type B therapists reported greater change in an "improved" direction than did patients of Type A therapists. The patients' perceptions of change were corroborated by ratings made by the therapists. After 12 months the significantly greater improvement of the patients of Type B therapists continued. The authors concluded that it is possible that Type A therapists are more successful with schizophrenics and Type B therapists are better with neurotics of non-hospitalized outpatients.

There have been several attempts to relate a therapist's A-B status to other personality characteristics. Razin (1971), after reviewing research in this area stated that personal characteristic studies find Type A therapists to be more trusting, intropunitive, tolerant of "inner" experience, spontaneous, field-dependent, personally involved with patients, and more oriented toward problem solving than Type B therapists. That is, Type A therapists, themselves, show more "neurotic" characteristics. The author concluded that although therapy analogue studies have yielded conflicting data, which is largely because of methodological problems, these studies do suggest that, in an extended dyadic contact, "complementary" pairings (neurotics with schizoids) are more effective than "similar" pairings (neurotics with neurotics or schizoids with schizoids).

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Berzins *et al.* (1971) examined A-B status, as determined by the AB scale of the SVIB, as it relates to scores on the Jackson Personality Research Form. Results obtained from students were cross-validated on 50 male professional therapists. It was found that Type B therapists were characterized on the JPRF as thrill seeking or risk taking, concerned with sensory or physical enjoyment, tending to present themselves in a positive light, and as dominant. Type A's, on the other hand, were depicted as inhibited and cautious, unconcerned with sensory pleasures, tending toward "undesirable" self-presentations, submissive and lacking in stamina. That is, A's tended to describe themselves in more "neurotic" terms.

Kirkpatrick (1969) obtained results which are consonant with the above findings that Type A therapists (who are therapeutically effective with schizophrenic patients) appear to possess "neurotic" characteristics themselves. The author selected 27 Type A and 27 Type B undergraduate students on the basis of their extreme scores on the A-B scale of the SVIB. Among other things, the Ss observed a psychotherapy film depicting either a "neurotic" patient exhibiting turning-against-self (TAS) behavior or a patient manifesting turning-against-others (TAO) behavior. Among other things, it was found that A's (individuals who would be expected to be effective with schizoid or schizophrenic patients) rated themselves as relatively similar to

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the TAS (neurotic) patient. That is, the Type A individual perceived himself as being neurotic. On the other hand, B's (who would be expected to be effective with neurotic patients) rated themselves as similar to the TAO patient. The author concluded that the results provide further support for the proposal that complementary, rather than similar, therapist-patient pairings may contribute to successful therapeutic outcome.

Berzins *et al.* (1965) offer further evidence that A's and B's show personality characteristics similar to patients with whom they are least successful. The authors assigned 68 consecutive patients to one of eight therapists for initial interviews. The patients had been administered the A-B scale of the SVIB. Among other things, it was found that A status was related to feelings of depression and worthlessness, tearfulness, apathy, a tendency to sleep instead of studying, and thoughts which cannot be confided. Those symptoms were felt to be consistent with the TAS (neurotic) symptom cluster.

Berzins and Seidman (1969) obtained results which further support the premise that therapy process is facilitated when the therapist and patient are complementary with regards to certain personality characteristics. Seventy-two male undergraduate students, who were categorized as either A, AB or B on the basis of their responses to the SVIB,

responded to tape recorded interviews with a neurotic individual manifesting TAS behavior and a schizoid person showing Avoidance-of-Others (AVOS) behavior. After listening to each patient communication, the Ss were given one minute in which to give a "helpful" response in writing, as though they were speaking directly to the patient. The major findings were that when A's were paired with the schizoid patient (as opposed to when being paired with the neurotic patient) and B's were paired with the neurotic patient (as opposed to being paired with the schizoid patient) they responded more helpfully, giving responses that were characterized by greater length, by declarative rather than interrogatory form and by positive overtones.

Vaughn (1969) had clinical psychology graduate students, who were categorized as either Type A or Type B, listen to tape recorded therapy interviews with a patient manifesting TAS symptoms and one showing AVOS symptoms. The Ss were required to respond to the patients' statements. It was found that A's working with the AVOS patient and B's working with the TAS patient were judged to be warmer and more empathic than when pairings were reversed.

Carson *et al.* (1964), in a two-part experiment, obtained some results supporting the notion that a complementary relationship is therapeutically facilitating. In the first part of the study, 60 male undergraduate "therapists" were asked to respond in writing to letters supposedly

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written by mental patients, which ended with a rather plaintive plea for helpful communication from the recipient. Among other things, it was found that A's in relation to AVOS and turning-against-others (TAO) patients, and B's in relation to the TAS patients, tended in their therapeutic behavior to be relatively interpretive and depth oriented. In the second experiment, 32 male undergraduates were required to conduct 20-minute interviews with other individuals. Eight of the interviewees exhibited Distrust-Hostility-Expectancy of Harm (DHH) behavior and eight manifested Trust-Friendliness-Expectancy of Help (TFH) behavior. It was found that A's in relation to DHH interviewees (schizoid ?) and B's in relation to TFH interviewees (neurotic ?) obtained relatively high amounts of information.

Kemp (1966) and Berzins *et al.* (1970) obtained results that seem to contradict the complementary hypothesis, but their results are themselves partially contradicted by Kemp and Carson (1967) and totally contradicted by Berzins and Seidman (1968) and Berzins *et al.* (1970).

Kemp (1966) had undergraduate students listen, in groups, to tape recordings of a therapy interview with a patient characterized by TAS (neurotic) symptoms and a patient having AVOS (schizoid) symptoms. During 28 prescheduled interruptions, the Ss responded in writing as if they were the therapist. Following each film, each S filled

out a questionnaire in which he reported his reactions to the patient and the experiment. It was found that A's who listened to the AVOS patient and B's who listened to the TAS patient found it less easy to choose therapeutic interventions and were less comfortable during the recordings than were Ss in the other two experimental conditions (A X TAS and B X AVOS). That is, when the Ss were paired with patients with whom they presumably would be most effective, they were more uncomfortable and were more uncertain about their interventions.

Berzins *et al.* (1970a) determined the A-B status of 40 male addict patients and their interviewers who were psychiatric aids. The complementary hypothesis would have predicted that dissimilar A-B status between interviewer and patient would yield better results than similarity in A-B status, but it was found that overall scores bordered on significance in the opposite direction. However, it was also found that there was more self-disclosure on the part of patients of A interviewers when a "distrust" set had been established and more disclosure on the part of patients of B interviewers when a "trust" set had been established than in the opposite pairings, this finding being predicted on the basis of a complementary hypothesis.

Kemp and Carson (1967) investigated the possibility that lack of training might have influenced the attitudinal variables found by Kemp (1966). Using a professional group

of Ss, it was found that psychiatric training did indeed reduce the tendency for reacting negatively to patients with whom they presumably would be most effective. However, this "paradoxical discomfort" was not completely eliminated by the introduction of clinical experience.

Berzins and Seidman (1968) obtained results which were contradictory to the findings of Kemp (1966) and Kemp and Carson (1967) and are consistent with other data that suggest a complementary pairing of therapist and patient in effective therapy. The authors had Ss listen, in groups, to tape recorded TAS and AVOS patient communications and had them respond "therapeutically" in written form during five interruptions. Following each tape, the Ss made six ratings of their subjective reactions to the experiment and thirty ratings regarding their perceptions of the patient. No "paradoxical" effects were found in ratings of discomfort in listening or difficulty in response selection. Also, it was found that Type A Ss with the AVOS patient and Type B Ss with the TAS patient found it easier to respond helpfully and tended to be more satisfied with their responses than under opposite pairings. The authors concluded that it seems, from past research, that the Type A therapist-AVOS (schizoid) patient pairing and the Type B-TAS (neurotic) patient pairing may probably derive their efficacy from the findings that A's, themselves, appear to use TAS-like modes of stress adjustment, whereas B's may rely more upon the

AVOS-like adjustive technique. In other words, therapist-patient dissimilarity or complementarity with respect to these adjustive modes may yield better results than similarity.

Berzins *et al.* (1970b) subordinated symptomatology (AVOS and TAS) to modes of expressing anger (intropunitive and extrapunitive) by presenting tape recordings that had equivalent problem situations but in which the patient's way of responding to the situation was varied. The Intropunitive patient turned his anger against himself by blaming himself, being mildly depressed and having some stomach pains. The Extrapunitive patient turned his anger outward against others, projecting blame and expressing a belligerent attitude. The Ss were told to be as "helpful" as possible during four interruptions in the tape. Following each tape, Ss made seven "clinical judgments" concerning the patient and their own performance. It was found that when A's and B's were paired with the patient they rated as more similar to themselves, they reported less satisfaction with their performance in the therapeutic task. Conversely, the Ss satisfaction increased with the patient rated as less similar to themselves.

CHAPTER III

METHOD

Subjects

The Ss are five male therapists representing two of the three mental health disciplines: one Ph.D. clinical psychologist, one M.A. level counseling psychologist, two M.S.W. psychiatric social workers and one psychiatric social work student currently working towards the completion of his M.S.W. degree. Table 1 shows the theoretical orientation and length of clinical experience of each therapist. One of the psychiatric social workers and the student worked at the Beth Moser Mental Health Clinic in Jackson, Michigan, where the author is employed. The Ph.D. clinical psychologist and the other psychiatric social worker are employed at the Beth Moser Mental Health Clinic in Hillsdale, Michigan. The M.A. level counseling psychologist works at the Family Service and Children's Aid agency in Jackson, Michigan.

For each therapist (T), the first eight consecutive patients who met the criteria of the study were used in the data collection. The patient (Pt) needed to be male, age

TABLE 1

Therapists Used in the Study

Therapist	Profession	Clinical Experience	Theoretical Orientation
I	Social Worker	17 years	"Ego Psychology"
II	Social Worker	14 years	"Eclectic"
III	Social Work Student	6 months	"Rogerian"
IV	Clinical Psychologist	3 years	"Behavioral"
V	Counseling Psychologist	3 years	"Eclectic"

20 or older, had never seen the T before in therapy and, of course, agreed to have the results of the psychological testing used for research purposes. Table 2 shows the age, education and marital status of each Pt. Also indicated is the number of therapy appointments the Pt may have had in the past and the type of intake interview that was done.

Procedure

Prior to any patient contact by the T, the author administered the Blacky Pictures (BP) to each T according to the standard instructions (Blum, 1950). Also, each T completed a brief questionnaire (Appendix J) indicating discipline, theoretical orientation and amount of clinical experience.

TABLE 2

Patients Used in the Study

Patient	Age	Years Education	Marital Status	Number of Therapy Appointments in Past	Type of Intake Interview	
I-A	20	12	M	--	Individual	
B	44	8	Div.	--	"	$\bar{X}$ Age =
C	39	10	M	1	"	34.62 years
D	56	8	M	--	"	
E	23	12	S	2	"	
F	32	12	M	3	Family	$\bar{X}$ Education =
G	30	16	S	5	Individual	11.25 years
H	33	12	M	--	"	
II-A	24	12	S	--	Individual	
B	27	14	M	--	"	$\bar{X}$ Age =
C	20	12	M	--	"	32.62 years
D	37	12	Sep.	--	"	
E	39	7	M	--	Family	
F	32	12	M	--	"	$\bar{X}$ Education =
G	25	12	M	2	"	11.62 years
H	57	12	M	--	"	
III-A	37	14	M	4	Family	
B	30	18	S	15	Individual	$\bar{X}$ Age =
C	31	12	M	1	Family	31.12 years
D	31	11	Div.	--	Individual	
E	29	16	Div.	--	"	
F	28	8	Sep.	65	"	$\bar{X}$ Education =
G	23	14	M	--	Family	12.75 years
H	40	9	M	9	Individual	
IV-A	30	15	Sep.	--	Individual	
B	35	12	M	--	Family	$\bar{X}$ Age =
C	35	14	Sep.	1	Individual	32.25 years
D	30	12	M	--	Family	
E	50	8	M	30	Individual	
F	30	7	M	1	"	$\bar{X}$ Education =
G	29	12	M	--	Family	11.25 years
H	22	10	M	300	Individual	
V-A	39	12	Sep.	--	Individual	
B	37	12	M	1	Family	$\bar{X}$ Age =
C	27	14	M	--	Individual	32.00 years
D	47	7	M	1	Family	
E	32	12	M	--	"	
F	26	16	M	7	Individual	$\bar{X}$ Education =
G	25	11	M	--	Family	12.25 years
H	23	14	S	--	Individual	

When a patient meeting the necessary criteria contacted one of the three cooperating agencies, he was first seen by the author for testing prior to his initial appointment with his T. In addition to being administered the BP by the author, an information blank was completed which included items regarding age, education, occupation, marital status and a question regarding whether the patient had previous therapy (Appendix K).

Immediately after completing the initial interview, the T rated each Pt with regards to: (a) the degree to which the T considered the Pt's prognosis for improvement in therapy as being favorable or unfavorable (Appendix B), (b) his interest in doing therapy with the patient (Appendix D), (c) the degree of liking he had for the patient (Appendix E), and (d) the amount of motivation he perceived the patient as having (Appendix C). Prior to rating research Pts, each T completed five practice sets of ratings in order to gain familiarity with the ratings as well as to stabilize his rating tendencies.

The Blacky Pictures (BP)

The measures of T and Pt conflict were derived from performance on the BP (Blum, 1950). The BP consists of 11 cartoons to which the individual tells stories about a dog named "Blacky" and his family. According to Blum (1950), the test is ". . . designed to reveal a coherent summary of

the psychosexual aspects of personality (p. 2)." This is done from information pooled from the Ss spontaneous stories, inquiries following the stories, cartoon preferences and related comments.

Blum (1949) administered the BP to 119 male and 90 female college students via slide presentations in groups. From the results it was concluded that although the BP was not a clinically validated instrument, the data strongly suggested that some aspects of psychoanalytic theory had demonstrated validity. Despite the author's enthusiasm regarding the utility of the BP, early research was quite mixed regarding opinions about the BP's validity and reliability.

Ellis (1953) was critical of the fact that no validity or reliability information had been reported by Blum. It was felt that, among other shortcomings, the multiple choice questions in the Inquiry were often transparent so that intelligent and sophisticated Ss could easily figure out "good" responses. Also, the practice of giving the Inquiry after each spontaneous story invited biased responses to all but the first card. The author concluded, nonetheless, that the BP had some good possibilities in aiding in the uncovering of the S's sexual-emotive problems. However, it was in need of validational support. Newton (1959) felt that the validity of the BP was still open to question. He was also critical of the BP in that it was so

structured that positive findings would be obtainable even if the S did no more than offer affirmative or negative responses to the pictures and to the various Inquiry questions.

Although the above early research summaries were critical of the BP's validity, a later research summary (Sappenfield, 1965) concluded that "in general . . . there appears to be far more evidence for the Blacky's validity than for its lack of validity [p. 420]." The author found that almost all of the research studies having some bearing on validity have provided some indications in favor of the BP's validity. Typically, in each study, some of the predictions from theory had been confirmed and some have failed to be confirmed by statistically significant findings, but only occasionally have statistically significant findings contradicted predictions.

The Blacky Pictures Scoring Manual

The BP was scored according to a system devised by Blum (1962). According to this scoring scheme (Appendix A), each T and Pt received a numerical score on each of the following 30 factors:

Cartoon I		
I-A:	Oral Craving	(1)
I-B:	Oral Rejection	(2)
I-C:	*Sugar Coating	(3)
Cartoon II		
II-A:	*Playfulness	(4)
II-B:	Supply-Seeking	(5)
II-C:	Resentment Over Oral Deprivation	(6)
Cartoon III		
III-A:	Exploitation	(7)
III-B:	*Choosing Obvious Neutral Responses	(8)
III-C:	*Attempted Denial of Anal Preoccupation	(9)
Cartoon IV		
IV-A:	Undisguised Oedipal Involvement	(10)
IV-B:	*Disguised Oedipal Involvement	(11)
Cartoon V		
V-A:	Fear of Punishment for Masturbation	(12)
V-B:	Concern Over Sexual Maturation	(13)
V-C:	*Denial of Masturbation Guilt	(14)
Cartoon VI		
VI-A:	Overwhelming Castration Conflict	(15)
VI-B:	*Minimizing Castration Anxiety	(16)
Cartoon VII		
VII-A:	Father as Preferred Identification Object	(17)
VII-B:	Mother as Preferred Identification Object	(18)
VII-C:	*Evasion of Identification Issue	(19)
Cartoon VIII		
VIII-A:	Overt Hostility Toward Sibling & Mother	(20)
VIII-B:	*Reaction-Formation to Sibling Rivalry	(21)
VIII-C:	Rejection in Favor of Sibling	(22)
Cartoon IX		
IX-A:	*Partial Denial of Guilt	(23)
IX-B:	Guilt-Ridden Hostility Toward Sibling	(24)
IX-C:	*Qualification of Pervasive Guilt	(25)
Cartoon X		
X-A:	*Overtly Positive Perception of Self & Father	(26)
X-B:	Negative Perception of Self and Father	(27)
Cartoon XI		
XI-A:	Mother Surrogate as Love Object	(28)
XI-B:	*Heterosexual Fantasy	(29)
XI-C:	Narcissism	(30)

*Defensive style of responding.

This scoring system was devised in the manner to be described. For each of 11 cartoons, all spontaneous story themes were coded from the protocols of 210 Ss. Also entered into the data pool were the Inquiry items, expressions of "like" or "dislike" and related responses to other cartoons. For each cartoon, the cartoon scores and scores on 38 other variables for all the Ss were intercorrelated. The 38 other variables were derived from the Strong Vocational Interest Blank, The Allport-Vernon-Lindzey Study of Values, the Blacky Defense Preference Inquiry, a Biographical Questionnaire, Miscellaneous Measures and humor preferences and recall.

An orthogonal factor analysis was performed on the matrix, and the 30 factors described above emerged. Positive factor loadings determined the choice of variables to be included within a specific factor score. It was found that the modal number of variables per factor was seven, with a range of five-ten.

One point was given for each variable, and a factor score was the sum of the variables. It was found that when intercorrelations across factors were made, the 30 factors did not lend themselves to broad clustering but, instead, maintained their specificity. The author (1962) suggested that construct validity had been demonstrated by the above approach of relating BP scores to a wide assortment of dependent variables.

The interpretations and naming of the factors was done by the synthesis of the data. According to Blum (1962), ". . . the results frequently display a striking degree of coherence and consistency. The meaningful patterning typically made the identification of a factor easy and permitted ready consolidation of the positive and negative criterion correlations [p. 27]." One aspect of the scoring scheme is that on each picture at least one factor represents a defensive style of responding to the test.

Measure of T Conflicts

The indices of T conflict will be the T's scores on each of the 30 BP factors.

Measure of Pt Conflicts

The indices of Pt conflict will be the Pt's scores on each of the 30 BP factors.

Scoring of the BP Protocols

Each BP protocol was scored independently by two judges, in addition to this writer, neither of whom had prior knowledge of the purpose of the research or the source of the protocol. Judge A, whose scoring was used in the data analysis, is a Ph.D. clinical psychologist with 14 years post-doctoral clinical experience. Judge B is a clinical psychologist with nine years post-doctoral clinical and academic experience. Scoring reliability was determined

between the author and Judges A and B, and between Judge A and Judge B (see Table 3).

Prior to scoring the experimental protocols, each judge was given five practice protocols to score. During this time all scoring questions were discussed and resolved.

Analysis of the Data

The degree of conflict similarity between T and each of his eight patients was determined by computing a product-moment correlation (Walker and Lev, 1953) between T's scores on the 30 BP factors and the 30 factor scores of each of his Pts. Therefore, for each T eight product-moment correlations were computed.

To test the hypothesis that, for any given T, there is a negative relationship between the degree of conflict similarity between T and Pt and the therapy prognosis the T gives his Pt, a rank correlation coefficient (Siegal, 1956) was computed between the T-Pt Conflict Similarity Coefficients (product-moment correlations) and the Patient Therapy Prognosis Rating scores. This same procedure was repeated to test the other hypotheses.

Each T provided an independent test of the hypothesis. The significance of the rank order coefficient for each T indicated the significance of the data for that T. Since the above can be considered as being independent

replications of the same experiment, the significance levels for each T were appropriately combined to test the overall significance. This was done by means of the Kolmogorov-Smirnov One Sample Test (Siegal, 1956).

It was, of course, possible that the hypothesis might be true for some Ts and not for others. The above data analysis revealed whether or not this was so. Finally, the size of the rank correlations revealed how large a determinant conflict similarity was in prognostic and other clinical judgments.

CHAPTER IV

RESULTS

Reliability of the Scoring

The entire set of protocols was scored by the author (in order to become familiar with the scoring) as well as Judge A[1] who had been previously designated as the individual whose scoring would be used in the data analysis. A 50 percent sample of protocols was randomly selected for Judge B[2] to score for reliability purposes. Since the data were available, the author's scoring was also compared to both Judges.

Table 3 shows the various reliability estimates. Since any factor score is possibly composed of both entirely objective items (multiple choice alternatives and card preference choices) as well as items that have varying degrees of subjectivity in scoring (spontaneous stories, related

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[1]My deepest appreciation to Dr. Peter Mitchell who very unselfishly gave the author many hours of his extremely valuable time as an act of friendship.

[2]Dr. Leonard Handler, who also unhesitatingly gave an entire week-end of his time to the author, added one more example to a long list of acts of generosity in a friendship that has spanned many years.

TABLE 3

Interrater Reliability of Protocol Scoring

Comparison	n[a]	Reliability of Factor Scores[b]: Range of Reliabilities of Individual Protocols	Reliability of Factor Scores[b]: Total Reliability Coefficient	Reliability of Subjective Items: Range of % Agreement on Individual Protocols	Reliability of Subjective Items: Total % Agreement
Judge A-Judge B	23	.841 - .984	.94	65.78 - 94.73	84.22
Judge A-Author	45	.837 - .984	--	69.23 - 94.73	82.93
Judge B-Author	23	.850-1.000	.97	76.19-100.00	91.52

[a]Number of common protocols scored.

[b]Pearson Product Moment Correlations.

comments, and certain miscellaneous items), separate reliability estimates were obtained for the total factor scores and the subjective items only. As Table 3 shows, the reliability of the factor scores is very high, with an $r = .94$ between Judges A and B. On the subjective items only, Judges A and B agreed 84.22 percent across the 23 commonly scored protocols. This is also considered a satisfactory level of agreement.

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Test of the Hypotheses

Hypothesis 1:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients.

Appendix F shows the conflict similarity coefficients between each therapist and his patients as well as the rank of each coefficient. Appendix H shows the Therapy Prognosis as well as other ratings that each T gave to each of his Pts. Table 4 shows the degree of relationship between the ranks of T-Pt Conflict Similarity Coefficients and Therapy Prognosis Ratings.

TABLE 4

Relationships Between Therapist-Patient Conflict Similarity Coefficient Ranks and Ranks of Therapists' Therapy Prognosis Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.357	
II	-.287	
III	-.452	n.s.
IV	-.072	
V	.443	

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As Table 4 shows, the statistical test of the combined probabilities indicated that Hypothesis 1 was not supported by the data; i.e., there was no significantly consistent trend for the group of Ts with regards to the predicted relationship between T-Pt Conflict Similarity and Therapy Prognosis ratings.

Hypothesis 2A:

For any given therapist, the therapy motivation ratings given to patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients.

Table 5 shows the degree of relationship between the ranks of T-Pt Conflict Similarity Coefficients and Therapy Motivation ratings.

TABLE 5

Relationships Between Therapist-Patient Conflict Similarity Coefficient Ranks and Ranks of Therapists' Therapy Motivation Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.460	
II	-.319	
III	-.446	n.s.
IV	-.110	
V	-.051	

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As can be seen in Table 5, the statistical test of the combined probabilities indicated that this hypothesis did not find support in the data. That is, there was no significantly consistent trend for the group of Ts with regards to the predicted relationship between T-Pt Conflict Similarity and Therapy Motivation ratings.

It should be noted that T I appeared to be different from the rest of the T group in that he is the only T to demonstrate a positive relationship of any degree.

Hypothesis 2B:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be positively related to the degree to which the patients are perceived as being motivated for therapy.

Table 6 shows the degree of relationship between the ranks of Ts' Therapy Prognosis and Therapy Motivation ratings.

As can be seen in Table 6, the test of the combined probabilities indicated that the hypothesis was clearly supported ($p < .01$) for the T group. That is, for the entire group of Ts there was a significant trend for the variables of therapy prognosis and therapy motivation to be positively related.

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TABLE 6

Relationships Between Ranks of Therapists' Therapy Prognosis Ratings and Ranks of Their Therapy Motivation Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.897**	
II	.950**	
III	.740*	$p < .01$
IV	.447	
V	.769*	

*$p < .05$.

**$p < .01$.

Concerning the individual Ts, four of the five Ts demonstrated a significant relationship. Although T IV's degree of association did not reach significance, the variables were related only to a lesser degree for him.

Hypothesis 3A:

For any given therapist, the degree to which he likes his patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients.

Table 7 shows the degree of relationship between ranks of T-Pt Conflict Similarity Coefficients and Patient Likability ratings.

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TABLE 7

Relationships Between Therapist-Patient Conflict Similarity Coefficient Ranks and Ranks of Therapists' Patient Likability Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.277	
II	-.294	
III	-.147	n.s.
IV	-.294	
V	.109	

As can be seen in Table 7, the statistical test of the combined probabilities indicated that this hypothesis did not find support in the data. That is, there was no significantly consistent trend for the group of Ts with regards to the predicted relationship between T-Pt conflict similarity and patient liking.

Hypothesis 3B:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be positively related to the degree to which the therapist likes his patients.

Table 8 shows the degree of relationship between ranks of T's Therapy Prognosis and Patient Likability ratings.

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TABLE 8

Relationships Between Ranks of Therapists' Therapy Prognosis Ratings and Ranks of Their Patient Likability Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.629†	
II	.625†	
III	.650*	$p < .05$
IV	.664*	
V	.857**	

*$p < .05$.

**$p < .01$.

†$.10 > p > .05$.

As can be seen in Table 8, the test of the combined probabilities indicated that the hypothesis was supported ($p < .05$) for the T group. That is, for the entire group of Ts there was a significant tendency for the variables of therapy prognosis and patient liking to be positively related. Regarding the individual Ts, Ts III, IV and V showed a significant relationship between the two variables. T I and T II had trends ($.10 > p > .05$) in the expected direction.

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Hypothesis 4A:

For any given therapist, the degree to which the therapist is interested in doing therapy with his patients is negatively related to the degree of conflict similarity between the therapist and his patient.

Table 9 shows the degree of relationship between the ranks of T-Pt Conflict Similarity Coefficients and Therapy Interest ratings.

TABLE 9

Relationships Between Therapist-Patient Conflict Similarity Coefficient Ranks and Ranks of Therapists' Therapy Interest Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.400	
II	.100	
III	-.147	n.s.
IV	.450	
V	-.038	

As Table 9 shows, the statistical test of the combined probabilities indicated that this hypothesis was not supported by the data. That is, there was no significantly consistent trend for the group of Ts with regards to the predicted relationship between T-Pt conflict similarity and

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*p < .05.

**p < .01.

therapy interest. Also, there were no individually significant trends for any of the Ts.

Hypothesis 4B:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be positively related to the degree to which the therapist is interested in doing therapy with his patients.

Table 10 shows the degree of relationship between the ranks of T's Therapy Prognosis and Therapy Interest ratings.

TABLE 10

Relationships Between Ranks of Therapists' Therapy Prognosis Ratings and Ranks of Their Therapy Interest Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.851**	
II	.642*	
III	.749*	$p < .05$
IV	-.063	
V	.448	

*$p < .05$.

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As Table 10 shows, the test of the combined probabilities indicated that this hypothesis was supported by the data ($p < .05$). That is, for the entire group of Ts there was a significant trend for the variables of Therapy Prognosis ratings and interest in doing therapy with Pts to be positively related.

Regarding the individual Ts, Ts I, II and III demonstrated a significant relationship between the two variables. Also noteworthy is the fact that T IV appears to be clearly different from the rest of the group in that he demonstrated essentially no relationship regarding the two variables while the other Ts all showed positive relationships.

Post Hoc Tests of the Hypotheses Involving Conflict Similarity

Tests Utilizing Response Defensiveness Similarity (RDS) Coefficients

As can be seen in the Scoring Manual (Appendix A), 13 of the 30 test factors are designated as reflecting defensive styles of responding to the Blacky Pictures. Sixteen of the factors, on the other hand, appear to be direct projective expressions of various types of psychosexual conflict.[1]

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[1]Factor VII-A, "Father as Preferred Identification Object," appears to be a psychodynamically healthy type of responding, as the Ts and Ss are males. It is therefore not considered here as being a conflict factor.

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In order to conduct a series of *post hoc* analyses, T-Pt similarity coefficients were first re-computed using only the scores on the 13 "defensive" factors. The rationale underlying the decision to do this involved the suspicion that Ts, as well as other more sophisticated respondents to the BP, might be consciously avoiding pathological sounding alternatives. Although the unstructured items might be partially "measuring" Ts' conflicts, the "direct conflict expression" factors might not be accurately reflecting conflict strength because of item-avoidance. The Ts (and sophisticated Pts) might be avoiding the direct conflict factors by choosing the more innocuous sounding responses that load into the defensive factors.

It was further reasoned that defensiveness in response, which was the result of conflict expression avoidance, was an indirect expression of the conflict and, thus, could be considered an alternative measure of conflict. It was reasoned that it might, in fact, be a more sensitive measure because these factors would "trap" conflict expression.

Appendix G shows the Response Defensiveness Similarity (RDS) Coefficients between each T and his Pts. Also listed are the ranks of these similarity coefficients.

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Hypothesis 1:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients (as indicated by response defensiveness similarity).

Table 11 shows the degree of relationship between the ranks of T-Pt RDS Coefficients and Therapy Prognosis ratings.

TABLE 11

Relationships Between Therapist-Patient Response Defensiveness Similarity Coefficient Ranks and Ranks of Therapists' Therapy Prognosis Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.714†	
II	-.132	
III	-.500	n.s.
IV	.723†	
V	.430	

†.10 > p > .05.

As can be seen in Table 11, the statistical test of the combined probabilities indicated that this hypothesis again was not supported by the data. That is, there was no significantly consistent trend for the group of Ts with

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regards to the predicted relationship between T-Pt Conflict Similarity, as indicated by response defensiveness similarity, and Therapy Prognosis ratings.

However, for Ts I and IV there was now a trend ($.10 > p > .05$), in the opposite direction to what was predicted, whereas neither of these two Ts evidenced relationships that even approached significance when the original coefficients of conflict similarity were used. That is, for Ts I and IV Therapy Prognosis ratings now tended to be positively related to T-Pt Response Defensiveness Similarity ($.10 > p > .05$).

Hypothesis 2A:

For any given therapist, the therapy motivation ratings given to patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients (as indicated by response defensiveness similarity).

Table 12 shows the degree of relationship between the ranks of T-Pt RDS Coefficients and Therapy Motivation ratings.

As can be seen in Table 12, the statistical test of the combined probabilities indicated that this hypothesis again was not supported by the data. That is, there was not a significantly consistent trend for the group of Ts with regards to the predicted relationship between Conflict Similarity and Therapy Motivation ratings.

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TABLE 12

Relationships Between Therapist-Patient Response Defensiveness Similarity Coefficient Ranks and Ranks of Therapists' Therapy Motivation Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.740*	
II	-.209	
III	-.511	n.s.
IV	.442	
V	-.026	

*$p < .05$.

Regarding the individual Ts, T I now showed a significant relationship ($p < .05$), in the opposite direction, whereas no significant relationship between the two variables was found in the original analysis. For T I there was now a positive relationship between RDS and Therapy Motivation ratings.

Hypothesis 3A:

For any given therapist, the degree to which he likes his patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients (as indicated by response defensiveness similarity).

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Table 13 shows the degree of relationship between the ranks of T-Pt RDS Coefficients and Patient Likability ratings.

TABLE 13

Relationships Between Therapist-Patient Response Defensiveness Similarity Coefficient Ranks and Ranks of Therapists' Patient Likability Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	-.331	
II	.540	
III	.806*	n.s.
IV	-.209	
V	.082	

*$p < .05$.

As Table 13 shows, this hypothesis again was not supported by the data, for the T group, utilizing the RDS Coefficients.

Of further interest was the fact that there was now a significant relationship, in the opposite direction, ($p < .05$) for T III, whereas he originally did not evidence a significant relationship between the two variables. That is, for T III there was now a positive relationship between RDS and Patient Liking.

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Hypothesis 4A:

For any given therapist, the degree to which the therapist is interested in doing therapy with his patients is negatively related to the degree of conflict similarity between the therapist and his patients (as indicated by response defensiveness similarity).

Table 14 shows the degree of relationship between ranks of T-Pt RDS Coefficients and Therapy Interest ratings.

TABLE 14

Relationships Between Therapist-Patient Response Defensiveness Coefficient Ranks and Ranks of Therapists' Therapy Interest Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.751*	
II	.150	
III	-.331	n.s.
IV	.100	
V	.140	

*p < .05

As Table 14 shows, the statistical test of the combined probabilities indicated that this hypothesis again was not supported by the data. That is, there was not a significantly consistent trend for the group of Ts with regards to the predicted relationship between T-Pt RDS and Therapy Interest.

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However, for T I there was now a significant relationship ($p < .05$), in the opposite direction, whereas T I originally did not show a significant relationship between the two variables when the data were first analyzed. T I now shows a positive relationship between RDS and Therapy Interest.

Tests Utilizing Direct Conflict Similarity (DCS) Coefficients

As the *post hoc* analyses of the data using RDS Coefficients yielded various changes in significance levels in certain instances,with regards to individual therapists, it was felt that the possibility clearly existed that a second reanalysis, this time utilizing "direct conflict expression" item factors only, might uncover further significant findings. It was reasoned that both the defensive factors and conflict factors could separately yield significant trends yet cancel out each other's "pull" and, thus yield no findings when combined into one index. This was, indeed, the case as indicated by the original set of analyses.

Using the direct conflict expression items only, a third index of T-Pt similarity was computed. Appendix I shows the T-Pt Direct Conflict Similarity (DCS) Coefficients. Also listed are the ranks of these Coefficients.

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Hypothesis 1:

For any given therapist, the therapy prognosis ratings given to patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients (as indicated by direct conflict similarity).

Table 15 shows the degree of relationship between the ranks of T-Pt DCS Coefficients and Therapy Prognosis ratings.

TABLE 15

Relationships Between Therapist-Patient Direct Conflict Similarity Coefficient Ranks and Ranks by Therapists' Therapy Prognosis Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.179	
II	-.527	
III	-.190	n.s.
IV	-.612	
V	-.437	

As Table 15 shows, the statistical test of the combined probabilities indicated that this hypothesis was not supported by the data for the third time. That is, there was no significantly consistent trend for the group of Ts with regards to the predicted relationship between DCS and Therapy Prognosis.

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Of interest is the fact that T I appeared to be different from the rest of the group in that he showed a slight non-significant positive relationship between Conflict Similarity and Therapy Prognosis ratings whereas the of the Ts show negative associations. Also, despite the fact that T I had earlier shown a tendency ($.10 > p > .05$) for RDS and Therapy Prognosis to be positively related, he did not demonstrate a relationship between DSC and Therapy Prognosis.

Hypothesis 2A:

For any given therapist, the therapy motivation ratings given to patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients (as indicated by direct conflict similarity).

Table 16 shows the degree of relationship between ranks of T-Pt DCS Coefficients and Therapy Motivation ratings.

As Table 16 indicates, the test of the combined probabilities revealed that, for the third time, this hypothesis was not supported by the data. That is, there was not a significantly consistent trend for the group of Ts with regards to the predicted relationship between T-Pt DCS and Therapy Motivation ratings.

TABLE 16

Relationships Between Therapist-Patient Direct Conflict Similarity Coefficient Ranks and Ranks of Therapists' Therapy Motivation Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.244	
II	-.589	
III	-.192	n.s.
IV	-.210	
V	-.742*	

*$p < .05$.

Other interesting findings emerged, however. For T V there was now a significant relationship ($p < .05$) in the expected direction (negative) between the two variables whereas in the two previous tests of this hypothesis no significant trends emerged for T V.

Also, T I appeared to be different from the rest of the group in that this T is the only T to yield a positive, though not significant, relationship of any magnitude between DCS and Therapy Motivation ratings.

Hypothesis 3A:

For any given therapist, the degree to which he likes his patients following initial appointments will be negatively related to the degree of conflict similarity between the therapist and his patients (as indicated by direct conflict similarity).

Table 17 shows the degree of relationship between the ranks of T-Pt DCS Coefficients and Patient Likability ratings.

TABLE 17

Relationships Between Therapist-Patient Direct Conflict Similarity Coefficient Ranks and Ranks of Therapists' Patient Likability Ratings of Their Patients

Therapist	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.203	
II	-.491	
III	-.651†	$p < .05$
IV	-.580	
V	-.456	

†$.10 > p > .05$.

As Table 17 shows, the test of the combined probabilities indicated that this hypothesis was supported by the data. In contrast to the two previous tests of this hypothesis where no relationship was found, it appeared now

that there was a significantly consistent trend ($p < .05$) for the group of Ts with regards to the predicted relationship between DCS and liking of Pts. For the group of Ts degree of liking of Pts was negatively related to the degree of T-Pt DCS.

There are other interesting findings regarding the individual Ts. For T III there was now a trend toward a negative relationship ($.10 > p > .05$) between DCS and liking of patients, whereas T III showed a positive relationship ($p < .05$) between RDS and liking of Pts.

Also T I is clearly set apart from the other Ts in that T I is the only one showing a positive (though not significant) relationship of any magnitude between DCS and Pt Likability.

Hypothesis 4A:

For any given therapist, the degree to which the therapist is interested in doing therapy with his patients is negatively related to the degree of conflict similarity between the therapist and his patients (as indicated by direct conflict similarity).

Table 18 shows the degree of relationship between the ranks of T-Pt DCS Coefficients and Therapy Interest ratings.

TABLE 18

Relationships Between Therapist-Patient Direct Conflict Similarity Coefficient Ranks and Ranks of Therapists' Therapy Interest Ratings of Their Patients

Therapists	Spearman Rank Correlation Coefficient	Test of Total Significance
I	.227	
II	-.150	
III	-.552	n.s.
IV	.214	
V	-.181	

As Table 18 shows, the test of the combined probabilities indicated that this hypothesis was not supported, for the third time, by the data. There again was not a significantly consistent trend for the group of Ts with regards to the predicted relationship between DCS and Therapy Interest.

CHAPTER V

DISCUSSION

This study attempted to explore some of the variables entering into the T's prognostic evaluations of his Pts at the time of the initial or intake interview. Attention was focused solely on the T's subjective or clinical judgments with no attempt made to validate his prognostic judgments with any outside criteria.

The main hypothesis tested was that a T's therapy prognosis ratings of his Pts were negatively related to the degree to which the T was conflictually similar to his Pts (Hypothesis 1). That is, the more similar the T was to his Pt, with regards to conflict, the more likely he would be to give the Pt a poorer prognosis for improvement in therapy.

It was further predicted that the T's prognostic evaluations of his Pts would be positively related to the degree of motivation for therapy that he perceived in his Pts (Hypothesis 2A), but that his perceptions of therapy motivation would, themselves, be negatively related to the degree of conflict similarity between the T and his Pts (Hypothesis 2B).

Also thought to have a positive association with therapy prognosis ratings was the degree of liking that the T had for his Pts (Hypothesis 3A), but that the degree of liking that a T had for his Pts would be negatively related to the degree of conflict similarity between the T and his Pts (Hypothesis 3B).

Finally, it was predicted that therapy prognosis ratings would be positively associated with the degree of interest that the T had in doing therapy with his Pts (Hypothesis 4A), but that the degree of interest in doing therapy would, itself, be negatively related to the degree of conflict similarity between the T and his Pts (Hypothesis 4B).

As had been predicted, for the total group of the five Ts, the therapy prognosis ratings given by Ts to their Pts were positively related to the degree to which Pts were perceived as being motivated for therapy ($p < .01$), the degree to which the T liked his Pts ($p < .05$), and the degree to which the T was interested in doing therapy with his Pts ($p < .05$). However, none of the negative relationships predicted to exist between T-Pt conflict similarity and therapy prognosis ratings, perceived Pt therapy motivation, liking of Pts, and interest in doing therapy with Pts was supported by the data when the original measure of conflict and conflict similarity was used.

Post hoc tests of the conflict similarity hypotheses, in which defensive similarity and (direct) conflict similarity were analyzed separately, yielded some interesting as well as statistically significant results.

When Response Defensive Similarity (RDS) Coefficients were used, there again were no significantly consistent trends, for the T group, with regards to the predicted negative relationships between conflict similarity and therapy prognosis ratings, perceived Pt therapy motivation, liking of Pts, and interest in doing therapy with Pts. But, some Ts now showed significant relationships or trends, in the direction opposite to what was predicted, in certain instances. That is, some Ts gave or tended to give better therapy prognosis ratings to Pts they saw as being better motivated, liked Pts more, and were more interested in doing therapy with Pts who were defensively similar to them.

When Direct Conflict Similarity (DCS) Coefficients were used to again test the conflict similarity hypotheses, a significantly consistent trend ($p < .05$) regarding the predicted relationship between liking of Pts and conflict similarity was found. That is, for the total group of Ts conflict similarity was negatively related to the amount of liking of Pts.

Hypotheses Not Involving T-Pt Conflict Similarity

The results of the present study that indicate that therapy prognosis ratings given to Pts are positively related to perceived Pt therapy motivation (Hypothesis 2B), liking of Pts (Hypothesis 3B), and interest in doing therapy with Pts (Hypothesis 4B), are similar to those of Garfield and Affleck (1961), Strupp (1958a, 1958b), Strupp and Wallach (1965) and Wallach and Strupp (1960).

The present data suggest only that a positive relationship exists between therapy prognosis and perceived Pt therapy motivation, liking of Pts and interest in doing therapy with Pts. The data themselves do not suggest any cause and effect relationships.

Nonetheless, an important question, indeed, is whether Pts are perceived as having a better therapy prognosis *because*, for example, they are perceived as being more motivated for therapy or, on the other hand, they are perceived as being more motivated for therapy *because* they are perceived as having a better therapy prognosis. Further, does the T like certain Pts more *because* he perceives a better therapy prognosis in these Pts or does he perceive a better therapy prognosis in these Pts *because* he likes the Pts? Finally, is the T more interested in doing therapy with certain Pts *because* they are perceived as having a

better therapy prognosis or is the opposite direction of causation true?

The present author's observation is that Pts are given better therapy prognosis assessments *because* they are perceived as being better motivated for therapy rather than the reverse being true. Obviously, this observation is highly subjective. However, Strupp and Williams (1960) obtained evidence that supports this writer's contention. They concluded, from their findings, that the Pt's motivation for therapy was the single most important factor affecting their Ts' various evaluations of their Pts.

On the other hand, Strupp and Williams (1960) felt that Ts' liking of Pts may be the result of perceiving them as good Pts. The present writer takes issue with this interpretation. It is felt that the liking of a Pt, particularly after an initial interview, is not simply the result of perceiving the Pt as being a good Pt or as having a good therapy prognosis. The relationship between liking of Pts and therapy prognosis is, indeed, more complex than that.

As had already been indicated (and will be discussed in more detail later), it was found in the *post hoc* analyses that Pt Likability and Conflict Similarity are, across Ts, negatively related. That is, Ts tend to like Pts better when the Pts are conflictually dissimilar to them. Or, Ts progressively more dislike Pts who are progressively

conflictually similar to them. Quite possibly, Pts who are conflictually similar to Ts are more threatening to the Ts and are, therefore, liked less.

Thus, although the Pts therapy prognosis may be a factor entering into the T's liking of the Pt, the degree of conflict similarity to the Pt also is an important variable affecting the T's liking of his Pts at the point of the initial interview.

The T's interest in doing therapy with Pts would seem to be, at least in part, the result of perceiving a good therapy prognosis in Pts. Of course, other factors might come into play such as the degree of interest that the Pt's psychopathology might hold for the T. The type of problem the Pt has might interest the T in the Pt despite the fact that the T might also consider the Pt as having a poor therapy prognosis. However, logic would seemingly dictate that it is more likely that a T is more interested in doing therapy with a Pt because he perceives a good therapy prognosis in the Pt rather than attributing a better therapy prognosis to the Pt because he happens to be interested in doing therapy with the Pt.

Hypothesis 2B, which dealt with the relationship between therapy prognosis ratings Ts give their Pts and the amount of therapy motivation they perceive in their Pts was the most strongly confirmed hypothesis ($p < .01$). As Table 6 shows, four of the five Ts individually demonstrated a

significant relationship between these variables. The other T, T IV, showed a weaker trend in the expected direction.

It is possible that T IV's theoretical orientation is responsible for this weaker association between therapy prognosis and therapy motivation. As Table 1 shows, T IV described himself as a behavioral therapist. Perhaps for this T the symptomatic behavior of the Pt becomes the most important consideration in assessing the Pt's therapy prognosis and, thus, other variables such as the Pt's therapy motivation might have less of an influence upon his perception of therapy prognosis, at least in comparison with the other Ts. T IV, however, does consider the Pt's motivation but, again, not as strongly as the other Ts in this study.

Hypothesis 3B, which was concerned with the relationship between therapy prognosis ratings and the T's liking of Pts, was also supported for the group of Ts ($p < .05$). Although Ts' I and II degrees of relationship between therapy prognosis and Pt liking did not reach statistical significance, the degree of relationship for these Ts was only slightly less than that seen for the other three Ts.

Hypothesis 4B, the one which dealt with the relationship between therapy prognosis ratings given to Pts and the level of interest that the T has for doing therapy with

his Pts, was supported for the group of Ts ($p < .05$). Significant relationships were found individually for T I, T II, and T III. Although T V's degree of association between therapy prognosis and therapy interest was not statistically significant, his degree of association between the two variables was not much weaker than Ts I, II and III.

T IV, on the other hand, was clearly different from the other Ts in that there essentially was no relationship at all between therapy prognosis and therapy interest seen for this T (see Table 10). Perhaps T IV's theoretical orientation as a behavioral therapist and his likely interest in symptomatic behavior is causing the lack of association between therapy interest and Pts' therapy prognosis. That is, this T's therapy interest in the Pt may focus almost entirely on the nature of the Pt's symptoms--on the suitability of the symptoms for behavior therapy--rather than on the Pt's prognosis as determined by the same general considerations that the other Ts use in their assessments of prognosis.

Hypotheses Involving T-Pt Conflict Similarity

Contrary to what had been predicted, four of the seven hypotheses did not find support in the original analysis of the data. These were the hypotheses which dealt with the predicted negative relationships between

T-Pt conflict similarity and perceived Pt therapy prognosis (Hypothesis 1), perceived Pt therapy motivation (Hypothesis 2A), amount of liking for Pts (Hypothesis 3A), and interest in doing therapy with Pts (Hypothesis 4A). In addition to no significantly consistent trends being uncovered for the T group with regards to any of these predicted relationships, none of the 20 individual tests (five Ts X 4 hypotheses) indicated a significant relationship between conflict similarity and any of the other variables.

There were several possible explanations for this complete lack of findings, regarding the effect of T-Pt conflict similarity, which will be offered and discussed. This will be done in the order of increasing plausibility as an explanation for the original lack of findings.

1. The T group is very atypical, unusual, or biased in such a way that otherwise usual phenomena are not operating.

This explanation does not appear to have much merit and, therefore, can be quickly discarded. Aside from the fact that a small number of Ts (N = 5) was used in the study, this sample appears to be an adequate representation of many groups of functioning Ts, at least when compared with many mental health clinics. The one deficiency is the lack of a psychiatrist. Otherwise, there are essentially three levels

of experience and some variety in theoretical approaches represented (see Table 1).

2. The Blacky Test, which was used as the instrument to tap conflict, is an invalid measure.

This argument appears to have little weight in view of Sappenfield's (1965) findings. He concluded, after comprehensively reviewing Blacky Test literature, that ". . . in general . . . there appears to be far more evidence for the Blacky's validity than for its lack of validity [p. 420]."

3. The Scoring Manual (Blum, 1962) is either invalid or faulty in some way and, thus, the indices of conflict and T-Pt conflict similarity are, themselves, faulty.

This explanation is considered as having some merit as a possible explanation for the lack of results in the hypotheses dealing with T-Pt conflict similarity. The method by which the scoring manual was constructed was described in an earlier chapter. Blum (1962) suggested that he had demonstrated construct validity of the scoring factors by his approach of relating Blacky Picture scores to a wide variety of dependent variables such as other test scores, biographical data of the Ss, etc.

Although the factors which emerged, via the pooling of that data, appeared to have construct or internal validity, no attempt was made then to further validate scores on the various factors against any outside criteria.

Thus, there is a lingering question as to the validity of the factor scores although some evidence for the validity of the factors does exist. Clearly, if the factor scores are not entirely valid, the conflict similarity hypotheses may not have been adequately tested. The further possibility that the lack of findings was due to unreliability of the scoring has been eliminated by the high reliability that had been demonstrated in the present study.

4. There is something unusual about the Pt population that might be operating in such a way that these Pts don't affect the Ts the way Pts usually do.

Although this Pt population was not statistically compared to the general population or to any other outpatient mental health clinic population, an inspection of Table 2 seems to indicate that there is nothing very unusual about these individuals, at least with regards to such factors as age, education, amount of previous therapy and marital status.

However, one interesting possibility does emerge as a factor that might have some influence on the T-Pt Conflict Similarity scores and, thus, the lack of results. As Table 2

shows, some Pts were seen individually for the initial appointment while others were seen along with their wife and/or child(ren). It is possible that the presence of other individuals during the interview could have had enough of a "diluting" effect, with regards to the relationship being established between the T and the Pt, that there was not enough of a relationship basis created for conflict similarity "clash" to occur.

Had the number of Pts for each T been sufficiently large enough, separate analyses would have been done to test out this theory. Perhaps T-Pt conflict similarity is a critical factor in a one-to-one interaction but not when other people are present in the interview situation. It is possible that the predicted effects could have been operating in the individual interviews but not in the others and, thus, these effects could have been "washed out."

5. The hypothesized relationships do not, in fact, exist.

The evidence presented in Chapter II to substantiate these hypotheses appeared to be quite sound. (Any attempt to comprehensively restate the arguments leading to the formulations of these hypotheses would involve, in fact, a restatement of much of the same content). However, the present evidence, or lack of evidence, to be more precise, suggests that these relationships do not, indeed, exist.

6. The Conflict Similarity Coefficients may have been faulty not because of any intrinsic lack of validity but because the Ts and sophisticated Pts may have avoided pathological sounding responses that loaded into certain conflict factors in the scoring manual.

Sophistication on the parts of the Ts and certain Pts may have, in part, accounted for the lack of findings for the hypotheses concerned with T-Pt conflict similarity. That is, the Ts may have avoided many important responses, particularly in the multiple choice items and, consequently, their conflict scores may have been weakened measures. It is reasonable to assume that Ts would attempt, at least some of the time, to choose innocuous sounding responses. Thus, although the T's conflicts may have been partially measured by the unstructured items (such as the spontaneous stories), avoidance was possible on the multiple choice items. This problem is magnified by the fact that a story to a cartoon, no matter what the length or how pathological sounding it may be, contributes no more weight to a factor score than a single multiple choice item.

It was possible to test out this possibility, at least indirectly. If the Ts were attempting to avoid--if they were being "defensive"--then, possibly, an examination of the defensive factors might prove fruitful. As will be seen later, this, indeed, was the case.

Since the defensive factors were analyzed separately and, in fact, yielded some significant findings, a third set of analyses was performed on the conflict similarity hypotheses utilizing similarity indices that were based on the conflict items only. Further results, which will be discussed shortly, were obtained.

7. T and Pt conflict behavior was not appropriately measured by the original Conflict Similarity Coefficients because, in fact, this original measure (Total Conflict Similarity Coefficient) was a combined measure of conflict similarity and defensive similarity.

As the further findings of this study, which are to be discussed shortly, seem to prove, this possibility has the most merit as the explanation for the original lack of findings for the hypotheses concerned with T-Pt conflict similarity. Differential responses on the parts of some Ts to conflict similarity and defensive similarity appeared to have "washed out" the relationships of either one to the other variables.

Post hoc Tests of the Hypotheses Involving T-Pt Conflict Similarity Utilizing Alternative Measures of Conflict Similarity

As was described in an earlier chapter, 13 of the 30 factors delineated in the Scoring Manual (Appendix A) were designated by Blum (1962) as reflecting defensive styles of responding to the BP. Each of the 11 BP cartoons has at least one defensive factor that can be scored, if scoring on that factor is indicated. The scoring scheme, then, is presumably able to trap the defensive derivatives of psychosexual conflict as well as the more direct projective expressions of the various conflicts.

Assuming that a defensive response on a particular cartoon was related psychodynamically to the conflict that the particular card was presumably representing, it was felt that T-Pt Conflict Similarity Coefficients based only on these defensive factors could be considered an indirect measure of conflict similarity. Further, it was reasoned, this revised measure might be more sensitive because it might indirectly measure conflict that might not be otherwise measured due to item avoidance. Coefficients based on these defensive factors were designated as the T-Pt Response Defensive Similarity (RDS) Coefficients.

Coefficients based on 16 of the remaining 17 factors were designated T-Pt Direct Conflict Similarity (DCS)

Coefficients as these factors were the ones that appeared to reflect direct projective expressions of conflicts.

As the following results show, conflict similarity and defensive similarity appear to be two separate entities rather than being alternative measure of conflict similarity.

1. Hypothesis 1 predicted a negative relationship between therapy prognosis ratings given to Pts and the degree of T-Pt conflict similarity.

This hypothesis was not supported for the group of Ts when the TCS Coefficients were used in the original analysis or when the data were reanalyzed utilizing either the RDS or DCS Coefficients.

However, as Table 19 shows, some interesting findings emerged for some Ts when the RDS and DCS Coefficients were used.

Whereas, for T I, no relationship between therapy prognosis and conflict similarity emerged when either the TCS or DCS Coefficients were used, there was a trend ($.10 > p > .05$) toward a positive relationship for T I between RDS and Therapy Prognosis ratings given to Pts. That is T I showed a tendency to give better prognosis ratings to Pts who were defensively similar to him while conflict similarity to Pts had little bearing on his Therapy Prognosis ratings.

TABLE 19

Summary of the Relationships Between the Various T-Pt Similarity Coefficients and the Various Therapist Ratings of Patients

	Therapist				
	I	II	III	IV	V
Total Conflict Similarity Ranks:					
Therapy prognosis ranks	.357	-.287	-.452	-.072	.443
Therapy motivation ranks	.460	-.319	-.446	-.110	-.051
Patient likability ranks	.277	-.294	-.147	-.294	.109
Therapy interest ranks	.400	.100	-.147	.450	-.038
Response Defensiveness Similarity Ranks:					
Therapy prognosis ranks	.714†	-.132	-.500	.723†	.430
Therapy motivation ranks	.740*	-.209	-.511	.442	-.026
Patient likability ranks	-.331	.540	.806*	-.209	.082
Therapy interest ranks	.751*	.150	-.331	.100	.140
Direct Conflict Similarity Ranks:					
Therapy prognosis ranks	.179	-.527	-.190	-.612	-.437
Therapy motivation ranks	.244	-.589	-.192	-.210	-.742*
Patient likability ranks	.203	-.491	-.651†	-.580	-.456
Therapy interest ranks	.227	-.150	-.552	.214	-.181
Therapy prognosis ranks-therapy motivation ranks	.897**	.950**	.740*	.447	.769*
Therapy prognosis ranks-patient likability ranks	.629†	.605†	.650*	.664*	.857**
Therapy prognosis ranks-therapy interest ranks	.851**	.642*	.749*	-.063	.448

*$p < .05$. †$.10 > p > .05$.

**$p < .01$.

The data in Table 1 offer no explanation as to why T I shows a tendency to be positively responsive to Pts' defensiveness while, at the same time, apparently unaffected by their conflict similarity to him, with regards to the Therapy Prognosis ratings he gives Pts. Perhaps, for T I, defensiveness of Pts to their conflicts (when similar to his own) is non-threatening and, perhaps, even comfortable. It is clear that T I responds more comfortably to the mutual defensiveness than to the similarity in the conflicts themselves.

As was the case with T I, T IV showed a trend ($.10 > p > .05$) toward a positive relationship between RDS and Therapy Prognosis rating whereas TCS and DCS were not related to Prognosis ratings. That is, T IV showed the tendency to give better Prognosis ratings to Pts who are defensively similar to him while conflict similarity to Pts had little bearing on his Therapy Prognosis ratings.

T IV's theoretical orientation or behavior therapy is a possible explanation for this occurrence. Speculatively, this approach might reflect a preference or relative comfort in dealing with symptomatology (defensive derivatives of underlying conflicts) rather than underlying conflicts which accounts for his tendency to positively respond to the Pts' defensive similarity to himself. In other words, T IV might be "at home" with Pt defensiveness just as he is comfortable with Pt symptomatology, although

the direction of causality between theoretical orientation and our findings might operate in either direction and is, of course, tentative in any event.

2. Hypothesis 2A predicted that T-Pt conflict similarity would be negatively related to the T's perception of the Pt's level of therapy motivation.

This hypothesis did not receive support for the entire group of Ts whether the data were analyzed using the TCS, RDS or DCS Coefficients. That is, no statistically significant trends across the Ts were uncovered with regards to the hypothesized relationship between Conflict Similarity and Therapy Motivation ratings when any of the three alternative measures were used.

However, in two instances, for individual Ts, there were interesting findings that emerged when the RDS and DCS Coefficients of Similarity were used (see Table 19).

T I showed a positive relationship ($p < .05$) between RDS and Therapy Motivation ratings given to Pts whereas DCS and Motivation ratings appeared to be unrelated. That is, T I appears to react positively to defensive similarity to Pts, with regards to the therapy motivation he perceives in the Pts, whereas the degree of conflict similarity with Pts has little bearing on the amount of motivation he sees in his Pts.

Perhaps, as explained earlier, for T I, Pts who defend against their conflicts in a manner similar to his

own are non-threatening and, perhaps, even comfortable. It is clear that T I responds more comfortably to the mutual defensiveness than to the similarity in the conflicts themselves.

T V showed a negative relationship ($p < .05$), as had been predicted, between DCS and Therapy Motivation ratings of Pts while RDS was unrelated to these ratings. That is, while T V appears unaffected by defensive similarity to Pts, with regards to his motivational ratings of them, he is certainly negatively influenced in these perceptions by the degree of conflictual similarity to his Pts. Perhaps conflict similarity is threatening to him, at least to the extent that it affects (negatively) his perceptions of Pt therapy motivation.

3. Hypothesis 3A predicted that the amount of liking that a T had for his Pts would be negatively related to the degree of conflict similarity between the T and his Pts.

Whereas, for the entire group of Ts, there was no statistically consistent trend for defensive similarity to be negatively related to Pt liking, it was found that there, indeed, was a significant trend for the group of Ts with regards to the predicted negative relationship between conflict similarity and liking of Pts. That is, for the T group as a whole, there was a significant tendency ($p < .05$)

for Ts to like less Pts who are conflictually similar to them. In other words, Ts do not like Pts whose conflicts are similar to their own.

Regarding the individual Ts, T III showed a positive relationship ($p < .05$) between defensive similarity and Pt likability while at the same time, showed a tendency ($.10 > p > .05$) for conflict similarity and liking of Pts to be negatively related. That is, T III clearly liked Pts who were defensively similar to him but tended to dislike Pts who were conflictually similar to him.

As Table 1 shows, T III is the least experienced T. Perhaps because of his lack of clinical experience, T III is much more comfortable with Pts' defensive behavior (when similar to his own) and made uncomfortable by their conflictual behavior (when similar to his own).

4. Hypothesis 4A predicted that T-Pt conflict similarity would negatively influence the degree of interest that the T had for doing therapy with his Pts.

This hypothesis did not receive support, for the group of Ts, when any of the three coefficients of similarity was used in the data analysis. Therefore, there appeared to be no significantly consistent trend for the T group with regards to the hypothesized negative relationship between T-Pt conflict similarity and interest in doing therapy with Pts.

Concerning the individual Ts, T I showed a positive relationship ($p < .05$) between defensive similarity to Pts and degree of interest in doing therapy with Pts, while conflict similarity to Pts was unrelated to his therapy interest in them. That is, T I appears to be interested in doing therapy with Pts who are defensively similar to him while the degree of conflict similarity to Pts does not affect his interest in them. A speculation for this is that T I might have some awareness of his defensiveness and gets interested in defensively similar Pts because they might provide an opportunity for him to "learn" about himself.

It thus appears that the TCS Coefficient of T-Pt similarity was an inappropriate measure of conflict similarity because it is, in actuality, a mixture of both defensive *and* conflict components. The net result of the utilization of the TCS Coefficient was that the separate effects of conflict similarity and defensive similarity were combined. Since, as it was later seen, RDS and DCS had opposite effects on some Ts' judgments, the effects of each was cancelled out by the other when the TCS index was used.

The DCS appeared to be, in fact, a more accurate and empirically sounder measure of conflict similarity since it was composed entirely of factors indicating direct expression of conflicts.

Indeed, the hypothesis regarding conflict similarity and Pt liking was confirmed when this more accurate measure

of conflict was used. In addition, with regards to the therapy motivation hypothesis, the predicted negative effect of conflict similarity was found to be true for one T when the DCS Coefficient was used.

It appears, from the *post hoc* analyses of the data, that some Ts appear to react differently to defensive similarity to Pts and conflict similarity to Pts. There is an instance in which defensive similarity has a positive influence while conflict similarity negatively influences the T. There are also several instances, for individual Ts, in which defensive similarity is influencing a judgment while conflict similarity is not, or vice versa.

Apparently, for some Ts, conflict similarity can operate as a negative influence on the T's judgments of therapy motivation and liking of Pts while defensive similarity has a positive influence on the various judgments of some Ts. This would suggest that, for some Ts, conflict similarity creates a threatening or uncomfortable situation for the T and thus negatively affects these judgments. On the other hand, certain Ts appear to be quite comfortable with defensive similarity to their Pts and, thus, are favorably influenced in these judgments.

The T who seemed to react most differently to conflict and defensive similarity was T III, this occurring with regard to the liking of Pts. As will be recalled, T III is the most inexperienced.

The question arises whether limited experience is a factor associated with the differential responding to defensive and conflict similarity. It is, of course, possible that T III's inexperience is totally unrelated and, instead, personality factors in this one T account for the differential responding.

Another rather intriguing result of the *post hoc* analyses was the variability that was seen among the Ts across the hypotheses with regards to either the magnitude or direction of the relationships between variables. There are several instances, in the tests of the hypotheses, in which the *range* of the Ts' individual correlations is quite wide. Of course, the fluctuations seen could be accounted for solely on the basis of randomness of observation.

However, there is another interesting possibility. The present sample of Ts, as was commented earlier, is rather heterogeneous with regards to experience and theoretical orientation. The question arises as to whether the variability in findings may be due to, in part, the variability in the sample of Ts. If this speculation has substance, then we have one possible explanation for the contradictory nature of the past similarity research that was reviewed earlier by this writer. That is, what was found in each of these studies (i.e., T-Pt similarity facilitates, interferes with, has a curvilinear relationship

with, or has no relationship with therapy process and/or outcome) may be, at least in part, a function of the kind of T sample that was used. Possibly, homogeneity in experience level, theoretical orientation and/or other factors may account for certain findings or lack of findings. Also, some studies may get results while others do not due to the type of conflict that is focused upon. Future research should focus on the conditions in which conflict similarity is a factor in a therapeutic relationship rather than simply whether it is or is not an influence on process and/or outcome.

The preceding discussions of the findings of this study and of the methodological problems suggest a possible refinement of the present study so that a more powerful retest of the hypotheses could be done.

The new study, to begin with, would want to answer whether or not the Pt is being seen alone or seen along with others is an important consideration. That is, is there indeed a "diluting" effect on the T-Pt relationship when others are present which may, in part, have contributed to only partial support for the hypotheses in this study? The new study would allow for the two conditions of interviewing to occur in sufficiently large numbers so as to test for this possibility.

Secondly, a large enough number of Ts would be used to allow for the tests of the condition of therapy experience

to possibly show its effect on the interactions between T-Pt conflict similarity and the judgments under consideration here.

Thirdly, the DCS Coefficients would be the index of conflict similarity that would be used although it is clearly useful to also investigate defensive similarity.

Finally, the Scoring Manual would be modified in that the unstructured items would be more heavily weighted in importance. This would partly compensate for the problem of test sophistication.

The findings of this study have an implication for the training of new Ts. Since the liking of a Pt is a particularly important consideration for a young T in his consideration of his relationship with the Pt, and since liking of Pts appears to be more negatively related to conflict similarity for the inexperienced T in this study as compared with the more experienced Ts that were used, there is an implication to this. That is, effective training of new Ts should heavily emphasize the necessity of a T getting to know himself and his unresolved conflicts, either via intensive supervision of therapy or via the T's own personal psychotherapy, or, preferably, both.

CHAPTER VI

SUMMARY

As early as 1910, Freud (1953) recognized that a psychotherapist's own personality and attitudes affect the course of psychotherapy and that a therapist's unresolved neurotic problems can adversely affect the process of therapy.

Despite this early warning, little therapy research done prior to 1950 focused on the important variable of the T. Since 1950, however, a large quantity of research has investigated personality or personal variables of the T or has dealt with a variety of factors involved in the T-Pt interaction. Despite this vast quantity of research, little had been done with regards to investigating the area of T conflict as it relates to the process of assessing Pt prognosis for improvement with therapy.

The purpose of this study was to examine the effect or influence of T-Pt conflict similarity upon the T's prognostic evaluations of his Pts. Also investigated were the effects of perceived patient motivation, T's liking of his Pts, and degree of T's interest in doing therapy with his Pts upon the therapy prognosis ratings given to Pts.

Further, the relationship between T-Pt conflict similarity and each of these three variables was examined.

A review of the literature having relevance to the present study indicated that there was some evidence suggesting a relationship between a T's attitudes towards a Pt and the therapy prognosis that he gives the Pt. Studies interested in the effect of T-Pt similarity or complementarity on the therapeutic relationship are mixed in their conclusions.

Several studies found no relationship between the degree of T-Pt similarity and therapy outcome and/or process. Several other studies suggested that a curvilinear relationship exists between T-Pt similarity and therapy outcome and/or process, with a medium amount of similarity being most associated with favorable therapy outcome. A third group of studies presented evidence to suggest that T-Pt similarity is a positive factor with regards to therapy process and/or outcome. Finally, the fourth and largest group of studies suggested that certain kinds of T-Pt similarity adversely affects therapy process and/or outcome or that a complementary relationship between the personality factors of T and Pt is most desirable.

It was hypothesized that, for any given T, the therapy prognosis ratings given to Pts following initial appointments will be positively related to the degree to which the Pts are perceived as being motivated for therapy

(Hypothesis 2B), to the degree to which the T likes his Pt (Hypothesis 3B), and to the degree to which the T is interested in doing therapy with his Pts (Hypothesis 4B). It was further hypothesized that, for any given T, the degree of conflict similarity between the T and his Pts will be negatively related to the therapy motivation ratings given to the Pts (Hypothesis 2A), to the degree to which the T likes his Pts (Hypothesis 3A), to the degree to which the T is interested in doing therapy with his Pts (Hypothesis 4A), and, most importantly, to the therapy prognosis ratings given to his Pts following initial appointments (Hypothesis 1).

The Ss were five male Ts. For each T, the first eight consecutive Pts who met the criteria of the study were used in the data collection. Prior to any Pt contact, each T was given the Blacky Pictures (BP) according to the standard instructions (Blum, 1950). The Pts were also administered the BP prior to their first appointments with their Ts.

Immediately after finishing the initial interview, the T rated his Pt with regards to his therapy prognosis for the Pt, the degree of motivation he perceived in the Pt, the degree of liking he had for the Pt, and the amount of interest he had for doing therapy with the Pt.

The BP protocols were scored according to a system devised by Blum (1962). This method yielded scores on 30 factors. The indices of conflict were the scores obtained

on the factors. The degree of conflict similarity between a T and each of his Pts was determined by computing product-moment correlation (Walker and Lev, 1953) between the T's scores and the scores of each of his Pts.

To test the four hypotheses involving conflict similarity, a rank correlation coefficient (Siegel, 1956) was computed between the ranks of T-Pt Conflict Similarity Coefficients and the ranks of the rating in question. Each T was considered an independent test of hypothesis in question. The Kolmogorov-Smirnov One Sample Test (Siegal, 1956) was used to test the significance of the five Ts, under each hypothesis.

The scoring of the BP protocols proved to be quite reliable with an $r = .94$ being obtained between Judges A and B. Also, these two judges agreed 84.22 percent with regards to the subjective items only.

The results of the study were that three of the seven hypotheses tested found support in the data while the remaining four were not supported in the original data analysis. As had been predicted for the total group of five Ts, the therapy prognosis ratings given by Ts to their Pts were found to be positively related to the degree to which the Pts were perceived as being motivated for therapy ($p < .01$), the degree to which the T liked his Pts ($p < .05$), and the degree to which the T was interested in doing therapy with his Pts ($p < .05$).

Contrary to what had been predicted, four of the seven hypotheses originally did not find support in the data. These were the ones which predicted a negative relationship between T-Pt conflict similarity and perceived Pt therapy prognosis, perceived Pt motivation for therapy, amount of liking for Pts, and the amount of interest in doing therapy with Pts.

Several alternative explanations for the original lack of support were presented and discussed. It was concluded that the most likely reason for the original lack of support was that conflict was not appropriately measured by the original method and, in fact, the original Conflict Similarity Coefficient was a combined measure of conflict similarity and defensive similarity.

When *post hoc* analyses of the data were done with conflict similarity and defensive similarity being considered separately, the hypothesis which predicted a negative relationship between conflict similarity and liking of Pts was confirmed for the T group. Also, when Ts were looked at individually, there were several instances in which defensive similarity was positively associated with various T judgments and/or conflict similarity was negatively associated with these judgments.

The various findings were discussed with particular attention being focused on the differential responding of Ts to T-Pt conflict similarity and T-Pt defensive similarity.

A more powerful study to further test the conflict similarity hypotheses was proposed. The details of the new study were based on the methodological problems encountered in the present study as well as the results of this study.

Finally, some consideration was given to the application of the present results to the training of Ts as well as a proposed explanation for the highly variable results gotten in previous similarity research.

APPENDICES

APPENDIX A

SCORING MANUAL

CARTOON I

Factor I-A. Oral Craving

THEME: (1) B is too old to be nursing.
(2) B is too large.

INQUIRY: 3 b
4 a
5 b
6 a

RELATED COMMENTS: (1) Food
(2) Water
(3) Hunger
(4) Containers
(5) etc.
(6) "Bone" is not scored in this category.

PLEASE NOTE:

- Related comments are not scored on Cartoon I.
- One point is given for *each* cartoon having related comments, but *only one* point can be assigned to any one cartoon even if it has two or more comments.

Factor I-B. Oral Rejection

THEME: (1) M rejecting or strongly disinterested.
-disgusted
-tired
-petered out
-reluctant to feed B
-wants to get away
-all played out
(More than "not paying attention" or "only doing duty.")

INQUIRY: 1 b
2 c
4 c
5 c
6 c

Factor I-C. Sugar Coating (Defensive Style of Responding)

THEME: (1) M contented or enjoying herself while feeding B.
-M quite happy.
-M very cooperative.

INQUIRY: 1 a
2 a
6 a

PREFERENCES: LIKE
LIKE BEST
> score one point for each

CARTOON II

Factor II-A. Playfulness (Defensive Style of Responding)

THEME: (including item 1 of inquiry)
(1) B playing with collar.
-acting tough
-playing
-pretending to fight collar
-pretending collar is enemy or beast
(2) B exercising body, sharpening teeth, expending energy

INQUIRY: 3 c
4 a

PREFERENCES: LIKE
LIKE BEST } score one point for *each*

Factor II-B. Supply Seeking

THEME: (including item 1 of inquiry)
(1) B feels deserted by M.
-B is angered by M's desertion.
-M has gone off and B wants her.
-M died and left him.
-B has a left-out and lonely feeling.

INQUIRY: 2 c
3 a
4 b
5 a
6 b

RELATED COMMENT: (1) Stealing food or bone

PLEASE NOTE:

- One point *per cartoon*
- Do *not* score on Cartoon I

Factor II-C. Resentment Over Oral Deprivation

THEMES: (including item 1 of inquiry)
(1) Feeding reference implying deprivation.
(2) B is mean; uncontrollable rage.
(3) Violence or physical struggle involving M.
-B has just killed M.
-B fought with M.
-He wrenched the collar from her neck.
-Someone else took M away by force.

NOTE: Score one point for *each* theme

INQUIRY: 3 b

PREFERENCE: Worst

CARTOON III

Factor III-A. Exploitation

THEME: (1) B doesn't want to dirty own place, smart to go elsewhere.
-B has sense enough not to relieve himself outside his own house. He has learned better.
-B's pretty wise not messing up ground around his own house. Smart dog.
-B being a clever dog has chosen a spot far removed from his own kennel to relieve himself.
-B is a very clean dog but has selfish habit of leaving his stool near his parents' doghouses.

INQUIRY: 1 d
2 c
4 d
5 M will scold B (*not* bark at him or punish physically)
6 P will scold B (*not* bark at him or punish physically)

PREFERENCE: LIKE

Factor III-B. Choosing Obvious Neutral Responses

(Defensive Style of Responding)

INQUIRY:
1 c
2 b
3 c
4 a
4 c
5 Nothing
6 P will say nothing or will let M handle the situation.

Factor III-C. Attempted Denial of Anal Preoccupation

(Defensive Style of Responding)

THEME: (1) Complete omission or denial of anal reference.
-B buried a bone between one of the huts the day before and now he can't seem to remember exactly where.
-Here B is digging to bury the collar.
-Here he is digging, using up energy and attracting M.
-B seems to be kicking up some dirt. This is to release some energy he's stored up.

INQUIRY: 1 d
3 a
5 M will bark (*not* scold).

RELATED COMMENTS: Later reference to Cartoon III, defecation or the anal region.
-B looks on with certain misgivings for he has a faint suspicion that he will also get it in the end (Cartoon VI).
-B has just taken his morning's morning in front of his parents' houses again. He knows he shouldn't have and P is out to get him and beat hell out of him (Cartoon IX).
-Maybe they have something to do with how I defecate, don't know what these fool things are (Cartoon V).
-B's conscience is bothering him for his defecating on the floor of his house (Cartoon IX).

NOTE: Score one point *per* cartoon.

CARTOON IV

Factor IV-A. Undisguised Oedipal Involvement

THEMES: (including item 1 of inquiry)

(1) B competitive toward P.
- -B wants to make love feels hostility toward P.
- -B wants to be in P's place.
- -P is B's rival.
- -P is inferior to B.

(2) B wants to love M.
- -B wants to make love to M.
- -B has a mother complex.
- -Oedipus complex.
- -B loves M.
- -B desires incest.

INQUIRY:

3 a

4 c

5 P will punish B physically (e.g., beat him... spank him...bite him...kick him...).

7 (Answer to question "why?" in conjunction with choice of alternative "b.")
Sexual aspects of B's relationship to M.
- -Then P would be able to observe the up-to-date approved methods of lovemaking.
- -Incest.
- -B would be having the fun and I'm all for B.
- -M and son neck.

RELATED COMMENTS:

(1) Connotations of oedipal involvement on other cartoons.
- -B is very much in love with his M and stays near her all the time.
- -By shaking M's collar which represents M, B is attempting to forestall a mother complex.
- -B was very disappointed because M had not shown her love for him.
- -He wants to come between his M and P.

(2) Sexual love reference involving B and M on other cartoons.
- -M seems to be in ecstacy while mothering B. Yet it is natural. However the drawing is unnecessarily suggestive.

-B is using his sex urges for the first time, he is trying to get the relationship of his body to hers.
-He probably wants M for other reasons than food.
-Much more of this (discovering sex) and M had better watch out.

NOTE: One point *per* cartoon including comments (1) and (2).

(3) B competitive towards P (on spontaneous story for Cartoon X).
-B thinks he can do almost anything P does.
-B figures he'll be as big or better than P.
-B figures he got the best of P there.
-B wants to be greater than P.

Factor IV-B. Disguised Oedipal Involvement

(Defensive Style of Responding)

THEME: (including item 1 of inquiry)
(1) B wants attention (*not* affection).
-B is no longer parents' only interest.
-B wants attention.
-B is spoiled.

NOTE: Attention themes must be devoid of oedipal connotation to be scored.

INQUIRY: 3 b
4 d
5 Nothing
7 (Answer to question "why?" in conjunction with choice of alternative "a.")
Father-son relationship is healthy.
-It would show B and P are getting along so well.
-Because father and son should be very close companions.
-Two males are more common.
-He shows too much attachment to M.

(Answer to question "why?" in conjunction with choice of alternative "b.")
-B and M belong together more naturally.
-It would be more natural because B is a boy and M is a girl.
-It would seem more logical for the pup to be with his M.
-Maternal love is considered stronger than paternal love.
-It's the most usual picture.

PREFERENCE: LIKE

CARTOON V

Factor V-A. Fear of Punishment for Masturbation

THEME: (1) B is afraid of being discovered.
-One eye peeks out to watch for parents.
-B is watching to see if anybody is looking at him.

INQUIRY: 2 b
4 Yes, implication of yes, possibly.
-B does fear something might happen to him.
4 (In answer to question "What?" *provided* first part of item is answered "Yes.")

B is afraid of being discovered.

5 M will scold, warn or stop him.
6 P will scold, warn or stop him.

Factor V-B. Concern Over Sexual Maturation

THEME: (1) B is growing up and thinking about girls.
-B discovered something new about himself and the sensations are pleasant, undoubtedly will develop into a healthy sexed dog and start noticing females in a different light.
-B is maturing into an older dog and realizes certain organs of his body operate to arouse a pleasant sensation when he sees a female dog.
-This is the first stage from there through other stages to a family of his own.

INQUIRY: 1 c
3 T
4 (In answer to question "What?" *provided* first part of item is answered "Yes.")

B doesn't know what he's afraid of.

5 M will explain, advise.
6 P will explain, advise or praise B.

Factor V-C. Denial of Masturbation Guilt

(Defensive Style of Responding)

THEMES: (1) Denial of B's concern.
-B is washing himself just as all dogs do. There is nothing funny or no sex involved.
-B chasing after fleas come across his genitals and is licking them. The taste is probably salty and B likes salt; he has no other view in mind and is merely reacting as all dogs do to salt solutions on their bodies.
-This behavior is not intrinsically immoral.
-B sees nothing wrong in it.

(2) B chasing fleas, cleaning himself.
-B is looking for fleas, trying to get rid of fleas by licking them.
-Shows he's been brought up well by family, taught to keep himself clean.

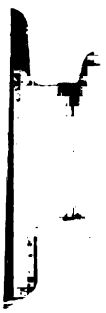
NOTE: Do *not* score here if "cleaning" and sexual reference are mixed together in the same story.

INQUIRY: 1 a
2 a
3 B is not thinking of anyone here
5 Nothing
6 Nothing

CARTOON VI

Factor VI-A. Overwhelming Castration Conflict

THEMES: (1) B is wondering if he's next; doesn't know he's next.
-He is a little worried about his meeting the same fate, and also feels sorry for T.
-B wonders when it will happen to him.
-B is somewhat disgusted but more afraid and worried, for his turn is next.
(2) B feels sorry for T.
-B is very sad because T is going to have her tail cut off.
-He thinks, "Poor Tippy."
-He knows that it is being done for her beauty and can't do anything about it but he is sympathizing with her.



INQUIRY:
1 a
3 b
3 c
4 Yes (Why?): B would rather have his own tail cut off than go through the suspense of wondering if it will happen to him.
4 No (Why?): B is too frightened to have it cut off right away
-No, because he's afraid to get his tail cut off.
-No, because B doesn't know if it would hurt or not.
-No, he will be afraid of the pain seen in T.
-No, because he does not want to be afraid.
5 P
6 b

PREFERENCE: WORST

Factor VI-B. Minimizing Castration Anxiety

(Defensive Style of Responding)

THEMES: (1) B is hanging around and watching curiously.
-B saw T in a strange situation and stood around to see the results.
-In general, he will be a curious bystander.
-B seems naively interested in this procedure; a smarter dog would not be in the vicinity.
(2) B minimizes the whole situation.
-As T is blindfolded, B watches T lose her tail with apparently no emotion.
-T's going to get hurt but B is not at all worried; he doesn't even care.
(3) T afraid, puzzled, upset.
-B is not apprehensive because nothing has yet happened, but T is because she is blindfolded.
-Poor T is terrified and will surely let out a howl when he loses his tail.
-T is nervous since this never happened to her before.
-T is scared.

INQUIRY: 1 c
2 c
3 a
4 No (Why?): B is not concerned about his own tail.
-No, he doesn't expect it himself.
-I don't think he thinks anything about his tail.
-No, I don't think he is worried.
-Doesn't concern him, not old enough to think about it.

CARTOON VII

Factor VII-A. Father As Preferred Identification Object

THEMES: (1) B is imitating P.
-B has at last found someone to boss around. He is trying to act like his father.
-B is pretending he's a papa dog and telling some smaller dog man to man stuff.
-B is feeling fatherly toward the toy dog, playing house.
(2) B is jealous of the toy, dislikes it.
-The vicious feeling that he is seeing a new aspirant for attention in his neighborhood makes him mad.
-B looks angry at the toy, as if he dislikes it.
-B thinks this dog is going to join his family, he doesn't want any more dogs in the family and he is going to growl at the dog and hit it to scare it away.

INQUIRY: 1 P ("M and P" not scored on any of these items)
2 P
3 P
4 P
5 P
6 C

PREFERENCE: LIKE

Factor VII-B. Mother As Preferred Identification Object

THEME: (1) B is imitating M.
-B is doing the same thing to the toy dog as his mother does to him.
-Here B is playing like M and pretending that the toy dog is himself.

INQUIRY: 1 M ("M and P" not scored on any of these items)
2 M
3 M
4 M
5 M

Factor VII-C. Evasion of Identification Issue

(Defensive Style of Responding)

THEME: (1) B is playing, pretending.
-B is playing with the toy dog, it looks as though he's having fun.
-B again is playing in the land of make-believe. Here he thinks he is company commander giving orders to his men.

INQUIRY:
1 T
2 T
3 T
4 T
5 T
6 d

CARTOON VIII

Factor VIII-A. Overt Hostility Toward Sibling and Mother

THEME: (1) B has hostile feelings
-B doesn't like T because she's a "parent dog"; he'll get even.
-B hates T now.
-He gets madder and madder as he watches the proceedings.

INQUIRY:
1 d
2 c
3 a
4 c
6 M

RELATED COMMENT: Cartoon IV, Item 4a (B suspects M and P are planning an addition to the family.)

Factor VIII-B. Reaction-Formation to Sibling Rivalry

(Defensive Style of Responding)

THEMES: (1) Emphasis on B's happiness.
-B looks like he is happy. In a minute he will probably join them so he can get into the picture too.
-T is being rewarded for some commendable act; B is looking on with admiration.
-He is proud of his family. They have shortcomings but so what? He wishes he had a camera so that he could record this tender scene for posterity.
(2) Denial or minimizing of B's concern.
-So they're trying to make me jealous, eh? Well, I don't give a damn and they can't make me jealous anyway.
-B is now becoming more used to the idea of not being the center of attraction and doesn't get angry so easily.
-B is not disturbed but simply wondering why T is getting so much attention.
-B is watching with apparently little or no feeling while M and P caress T.

INQUIRY: 1 b
2 a
3 c
5 b
6 B is not angry at anyone.

PREFERENCES: LIKE
LIKE BEST } score one point for *each*

Factor VIII-C. Rejection In Favor of Sibling

THEME: (1) Strong feelings of rejection.
-B seems to be the black sheep of the family. He is very unhappy at being left out of things.
-B will either break up completely and start weeping and then get mad or he'll become a delinquent dog.
-B probably thinks he is not loved by anyone and is contemplating running away at this moment.
-B is hurt, angry, and has a feeling of betrayal.
-He feels left out and unwanted, nobody cares about him and they don't even see him.

INQUIRY: 1 d
2 b
4 b
5 c

PREFERENCE: WORST

CARTOON IX

Factor IX-A. Partial Denial of Guilt

(Defensive Style of Responding)

THEME: (1) B in relation to the hereafter or God; B's own death.
-B shakes and shudders as he thinks of his horrible past as he can see an angel condemning him to Hell. God have mercy on B.
-B's afraid that his affair with T will keep him from a dog's heaven.
-If he kills himself he will certainly go to a bad place--Hell!
-B has just discovered religion and has come to wonder and worry about death.

INQUIRY: 2 c
4 c
5 c
6 (1) B will be morose, sad, sulky.
-B will cry and give up hope.
-B will feel very badly.
-He'll worry a lot but not do much.
-B will go off and sulk.
-He'll run to his M and cry on her shoulder.
(2) B might die.
-He'll crawl in a hole and die.
-B might kill himself.
7 c

Factor IX-B. Guilt-Ridden Hostility Toward Sibling

THEME: (1) Hostility toward T.
-I would say that B had murdered T.
-He thought it over and decided to kill T.
-He has been extremely cruel to T and now his conscience bothers him.
-B just stole T's food and was congratulating himself on his exploits.

INQUIRY: 1 Hostility toward T.
-He might have bitten T.
-He beat T up.
-B has murdered T.
-B did something to be blamed on T.
2 a
3 T
4 a
5 a
6 B will wait for the worst; expect punishment.
-B will sit back and let himself be blamed for his crime.
-He'll pay for his wrong.
-He'll go home and face the music.
-He'll take it like a man.
7 a

Factor IX-C. Qualification of Pervasive Guilt

(Defensive Style of Responding)

THEME: (1) Guilt will be long-lasting; depressed, despondent.
-He comes to the conclusion that he is a very worthless character compared to other dogs.
-He feels very low.
-Here B is beaten and dejected. He feels that no one loves him and he might as well leave.
-He can't sleep. It keeps coming back to torment him. He did something he shouldn't of and now he keeps thinking of it.

INQUIRY: 2 b
5 b
7 b

PREFERENCE: WORST

RELATED COMMENTS:

Reference to Cartoon IX or conscience.
-He wants to be the envy of all the other dogs, also compensate for his wrongdoing.
-The trouble with his conscience is over now and he has forgotten it.
-B feels guilty that he's not barking or in some way warning T.
-Nevertheless B is a neat, well-mannered dog and is putting dirt around it. He is ashamed of what he did.

NOTE: One point *per* cartoon

CARTOON X

Factor X-A. Overtly Positive Perception of Self and Father

(Defensive Style of Responding)

THEME: (1) P esteemed positively.
-B has always admired the gracefulness of his father. He dreams he will grow up to be as fine a dog as P and maybe a little better.
-B is dreaming that he is grown up and a famous hunting dog, strong, proud, and smart. Perhaps his father was once a dog like this or he just wants to be this of his own volition.
-B dreams that someday he will be a great hunter that his father is.

INQUIRY: 1 P
2 Favorably
4 a
5 a

PREFERENCES: LIKE
LIKE BEST > score one point for *each*

Factor X-B. Negative Perception of Self and Father

THEME: (1) B is indulging in wish-fulfilling fantasy.
-B dreams he is a super dog, very handsome, strong, and perfect form.
-By golly, I'm going to be the best bird dog possible.
-Here he is a knight in shining armor, all-powerful.
-He's dreaming of what he'd like to be when he grows up.

INQUIRY: 2 Not as good.
3 c
5 c
6 a

RELATED COMMENTS: Any reference on Cartoon XI back to Cartoon X.

CARTOON XI

Factor XI-A. Mother-Surrogate As Love Object

THEME: (1) Dream figure is M or resembles M.

INQUIRY:
1 M
2 M
3 b
4 b
5 Comparable
-M is pretty close to the dream figure.
-M compares fairly well.
-They're similar.
-Okay.
-M is not as beautiful but just lovable in a different way.

Factor XI-B. Heterosexual Fantasy

(Defensive Style of Responding)

THEME: (1) B thinks the dream figure is unattainable.
-He feels that she is perfection and he has little chance of attaining her.
-In real life he knows he can never marry anything as nice as this dog.
-He likes her very much, hopes she likes him, is afraid she doesn't.

INQUIRY: 2 The dream figure doesn't remind B of anyone.
3 c
4 c
5 Is no similarity between M and the dream figure.
-Not very alike.
-No similarity between them.
-Not at all.
-Out of the question.
6 No.
6 (answer to question "Why?"): B doesn't like effiminate boys.
-No, he's no sissy.
-No, he's not really a fairy.
-To be like her wouldn't be masculine.

PREFERENCE: LIKE BEST

Factor XI-C. Narcissism

THEME: (1) The dream figure is B or resembles B.

INQUIRY:
1 Himself
2 Himself
3 a
4 a
6 Yes
6 (answer to question "Why?"): Because the dream figure is a superior kind of dog.
-Yes, he could show up everyone else.
-In some ways perhaps because she is gentle and sympathetic.
-Yes, because it's good-looking.

APPENDIX B

PATIENT THERAPY PROGNOSIS RATING FORM

Using the scale provided below, please rate your patient with regards to the *degree* to which you consider his prognosis for improvement in therapy as being favorable or unfavorable. It does not matter whether or not you plan upon seeing your patient in therapy.

Rules for Rating

1. You are to use your own personal criteria of what decides a favorable or unfavorable therapy prognosis.
2. Rate your patient immediately after seeing him for the first time.
3. Circle the number on the scale which you think is appropriate.

THERAPY PROGNOSIS RATING SCALE

-10/-9/-8/-7/-6/-5/-4/-3/-2/-1/ | +1/+2/+3/+4/+5/+6/+7/+8/+9/+10

Unfavorable | Favorable

Patient's Name_____

Therapist's Name_____

Date of Rating_____

APPENDIX C

PATIENT'S MOTIVATION FOR THERAPY

In my opinion, this patient's motivation for therapy is:

1 extremely weak--so weak that he might very well have been "forced" to come to the clinic.

2 > 3 weaker than most people I have interviewed.

4 about average as compared with other people I have interviewed.

5 > 6 stronger than most people I have interviewed.

7 extremely strong.

APPENDIX D

THERAPIST'S INTEREST IN DOING THERAPY

I have:

1 no interest whatsoever in doing therapy with this patient.

2
> less interest in doing therapy with this patient than with most people I have interviewed.
3

4 an average amount of interest in doing therapy with this patient.

5
> more interest in doing therapy with this patient than with most people I have interviewed.
6

7 seldom been as interested in doing therapy with a patient as I am with this patient.

APPENDIX E

PATIENT LIKABILITY SCALE

In my opinion, this patient is:

1 so unlikable that I feel I would be ineffective as a therapist with him.

2 more difficult for me to like than *most* of my patients.

3 more difficult for me to like than *some* of my patients.

4 about average in likability as compared to the rest of my patients.

5 more likable than *some* of my patients.

6 more likable than *most* of my patients.

7 one of the most likable patients I ever interviewed.

APPENDIX F

THERAPIST-PATIENT CONFLICT SIMILARITY COEFFICIENTS

	Therapist									
	I		II		III		IV		V	
Patient	r[a]	Rank	r	Rank	r	Rank	r	Rank	r	Rank
A	.165	6	.459	5	.052	8	.422	2	.233	6
B	.399	2	.617	1	.300	6	.139	7	.796	1
C	.219	5	.347	6	.335	4	.274	5	.391	4
D	.148	7	.004	8	.332	5	.339	4	.231	7
E	.716	1	.569	2	.069	7	.184	6	.060	8
F	.072	8	.338	7	.400	2	.394	3	.310	5
G	.297	4	.478	4	.383	3	.648	1	.521	3
H	.354	3	.483	3	.506	1	-.003	8	.669	2

[a]Pearson Product-Moment Correlation.

APPENDIX G

THERAPIST-PATIENT RESPONSE DEFENSIVENESS

SIMILARITY COEFFICIENTS

	Therapist									
	I		II		III		IV		V	
Patient	r[a]	Rank	r	Rank	r	Rank	r	Rank	r	Rank
A	.386	6	.310	5	-.246	8	.259	5	.090	7
B	.069	8	.590	1	.159	5	.193	6	.832	1
C	.586	4	.373	4	.194	4	.527	2	.356	5
D	.325	7	.162	7	.030	6	.107	8	.247	6
E	.700	2	.433	3	.002	7	.335	3	.050	8
F	.612	3	.139	8	.605	1	.312	4	.653	3
G	.388	5	.274	6	.384	3	.672	1	.757	2
H	.874	1	.524	2	.470	2	.116	7	.633	4

[a]Pearson Product-Moment Correlation.

APPENDIX H

THERAPISTS' CLINICAL RATINGS OF THEIR PATIENTS

Patient	Therapist I				Therapist II				Therapist III				Therapist IV				Therapist V			
	PL[a]	TI[b]	TM[c]	TP[d]	PL	TI	TM	TP	PL	TI	TM	TP	PL	TI	TM	TP	PL	TI	TM	TP
A	4	3	3	-4	6	6	4	+2	3	4	4	+2	2	4	1	-9	5	5	5	+3
B	3	1	1	-8	5	6	5	+5	3	2	4	-4	2	3	2	-5	4	4	2	+2
C	4	4	4	+5	5	6	6	+8	6	6	6	+8	6	4	6	-1	5	4	5	+4
D	3	3	3	-2	4	3	4	+3	5	5	5	+1	2	5	2	-8	3	3	2	+1
E	5	5	5	+7	2	3	3	-5	5	5	4	+5	5	4	2	+5	5	4	4	+2
F	4	3	2	-3	5	4	5	+4	2	3	2	-8	3	5	3	-3	5	4	5	+4
G	5	5	4	+2	4	5	4	+3	3	4	4	+3	4	6	5	-3	6	6	5	+6
H	5	5	5	+3	3	3	2	+1	4	4	2	-6	5	5	5	-8	5	3	4	+4

[a]Patient likability rating.

[b]Interest in doing therapy with the patient rating.

[c]Patient's motivation for therapy rating.

[d]Therapy prognosis rating.

APPENDIX I

THERAPIST-PATIENT DIRECT CONFLICT SIMILARITY COEFFICIENTS

	Therapist									
	I		II		III		IV		V	
Patient	r	Rank	r	Rank	r	Rank	r	Rank	r	Rank
A	.183	4	.445	5	.347	5	.438	2	.011	7
B	.559	2	.479	3	.425	3	.396	3	.532	1.5
C	.118	5.5	.303	6	.403	4	-.082	6.5	-.221	8
D	.075	7	-.054	8	.293	7	.305	4	.533	1.5
E	.582	1	.548	2	.140	8	-.122	8	.255	4
F	-.267	8	.000	7	.453	2	-.082	6.5	.125	5.5
G	.276	3	.470	4	.504	1	.537	1	.513	3
H	.117	5.5	.733	1	.308	6	.110	5	.127	5.5

APPENDIX J

THERAPIST DATA FORM

NAME: _____

AGE: _____ DEGREES HELD: _____

PROFESSIONAL AFFILIATION (PLEASE CIRCLE ONE):

CLINICAL PSYCHOLOGY

PSYCHIATRIC SOCIAL WORK

PSYCHIATRY

NUMBER OF YEARS FUNCTIONING AS A PROFESSIONAL: _____

APPROXIMATE NUMBER OF PATIENTS INTERVIEWED: _____

APPROXIMATE NUMBER OF THERAPY HOURS DONE: _____

MAIN THEORETICAL ORIENTATION: _____

APPENDIX K

PATIENT DATA SHEET

NAME:_____ AGE:_____

MARITAL STATUS: (CIRCLE ONE)

SINGLE MARRIED SEPARATED DIVORCED

EDUCATION: (CIRCLE ONE)

1 2 3 4 5 6	7 8 9	10 11 12	1 2 3 4
Grade School	Jr. High	High School	College

OCCUPATION: _____

Have you had previous counseling or psychotherapy?

YES ____ NO ____

If so, for how long a period of time? _____
MONTHS

Approximately how many therapy sessions did you have?_____

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