

MULTIPLE THERAPY: CO-THERAPIST
SATISFACTION AS RELATED TO THE
VARIABLES OF AFFECTION AND
SELF-DISCLOSURE

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This is to certify that the

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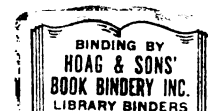
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ABSTRACT

MULTIPLE THERAPY: CO-THERAPIST SATISFACTION AS RELATED TO THE VARIABLES OF AFFECTION AND SELF-DISCLOSURE

By

Christie C. Randolph

The purpose of this research was to investigate and clarify the relationship between opposite-sex multiple therapist pairs who were simultaneously doing psychotherapy with an individual or couple. Satisfaction was defined as the central variable in the multiple therapy relationship and was related to the variables of self-disclosure and affection.

The sample consisted of 18 males and 9 females who combined to form 23, non-independent, current, multiple therapist pairs. All therapists were on the staff of the Michigan State University Counseling Center and the therapist pairs were comparable with respect to age and experience level. The variance in multiple-therapy experience did not appear extensive enough to warrant concern.

The Co-therapist Inventory (CI), which represents a modification of van der Veen's Family Concept Q-Sort, was devised by the researcher to measure satisfaction

within the multiple therapy relationship. The variable of self-disclosure was measured by Jourard's Self-Disclosure Questionnaire (JSDQ). A questionnaire examining the verbal and physical expression of affection was constructed by the researcher to measure the affection variable. Each therapist answered the JSDQ, the Affection Scale (AS) and the CI with respect to each of his co-therapists.

The results of the hypothesis testing can be summarized as follows:

1. Multiple therapist pairs high on self-disclosure were more satisfied ($p \leq .001$) than multiple therapist pairs low on self-disclosure.
2. Similarity of self-disclosure levels within multiple therapist pairs was not found to be significantly related to multiple therapist pair satisfaction.
3. The hypothesis that multiple therapists who verbally express affection for their partners are more satisfied than multiple therapists who do not feel like verbally expressing affection for their partners was not testable.
4. An hypothesis analogous to 3, relating multiple therapist satisfaction to physical expression of affection and the lack of desire to physically express affection, was similarly untestable.

5. Multiple therapists who verbally express affection for their co-therapist were more satisfied ($p < .02$) than multiple therapists who feel like verbally expressing affection for their co-therapist but do not act on the feeling.
6. An hypothesis similar to 5, relating multiple therapist satisfaction to physical expression of affection and an unacted upon desire to be physically affectionate was not testable.
7. Multiple therapists who both verbally and physically express affection were not found to be significantly more satisfied than multiple therapists who use only one mode of expression.
8. The hypothesis that co-therapist pairs who verbally express affection for one another are more satisfied than co-therapist pairs who do not feel like verbally expressing affection for each other was not testable.
9. An hypothesis analogous to 8, relating co-therapist pair satisfaction to physical expression of affection and the lack of desire to be physically affectionate was similarly untestable.
10. The hypothesis that co-therapist pairs who verbally express affection for one another are more satisfied than co-therapist pairs

who feel like verbally expressing affection for each other but do not act on the feeling was not testable.

11. An hypothesis similar to 10, relating co-therapist pair satisfaction to physical expression of affection and an unacted upon desire to be physically affectionate was also untestable.
12. Co-therapist pairs who both verbally and physically express affection for one another were more satisfied ($p \leq .05$) than co-therapist pairs who use only one mode of expression.
13. Multiple therapists who physically express affection for their partner were more self-disclosing ($p \leq .01$) than multiple therapists who do not physically express affection for their partner.
14. Multiple therapists who physically express affection for their partner were more satisfied ($p \leq .001$) than multiple therapists who do not physically express affection for their partner.
15. Co-therapist pairs who physically express affection for one another were more satisfied ($p \leq .01$) than co-therapist pairs who do not physically express affection for each other.

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Thus, self-disclosure and expression of affection are variables relevant to satisfaction within the multiple therapy relationship.

It was concluded from correlational data that of the variables explored in this research: (1) a male therapist's amount of self-disclosure is most indicative of his level of satisfaction with his co-therapist, (2) a female therapist's behavior in the area of verbal expression of affection is most predictive of her level of satisfaction, and (3) a multiple therapist pair's combined level of self-disclosure is most indicative of their level of satisfaction.

MULTIPLE THERAPY: CO-THERAPIST SATISFACTION
AS RELATED TO THE VARIABLES OF AFFECTION
AND SELF-DISCLOSURE

By

Christie C. Randolph

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PREFACE

The investigation reported in the following dissertation was planned as part of a joint research project with Karen Kamerschen. Measures not elaborated upon in this dissertation have been discussed by Karen Kamerschen in her doctoral research (Kamerschen, 1969).

ACKNOWLEDGMENTS

To Bill Kell, chairman of my dissertation committee, I wish to express my warmest thanks for trusting Karen and me enough to allow us to proceed in our own way, for enjoying our fun and excitement, and for being helpful even when I was not aware I needed help.

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INTRODUCTION

Therapists have developed a variety of approaches in their continual efforts to alleviate psychological distress. One approach that has recently aroused considerable interest is multiple therapy. While this particular use of two therapists may prove very beneficial to the client, it may also prove to be very problematic for the therapists involved. Most psychotherapists learn to function independently within the therapy session, but multiple therapy requires that the therapists collaborate and work interdependently. How do therapists attain this collaborative relationship? How do they select their co-therapists? What variables are relevant to a satisfying relationship? How are differences handled? How much of themselves do they share with their partners?

The author believes that the issues touched upon by the foregoing questions are important ones and has designed the present study as an initial approach to some of those areas. This research does not propose to investigate the effectiveness of multiple therapy nor does it attempt to explore the complex interactions between

client and therapists. Rather it aims at exploring and elucidating the relationship between male-female therapist pairs who are simultaneously doing psychotherapy with an individual or couple.

History of Multiple Therapy

Dreikurs (1950) reported that the simultaneous use of two counselors as a method of therapeutic intervention dates back to the early 1920's when Adler and his colleagues at the Vienna Child Guidance Clinic employed the technique to overcome their clients' blocking and resistance. Their form of multiple therapy consisted of a frank discussion of the clients' problems in the presence of the client and was not designed as an active encounter directly with the client.

In 1939, Reeve discussed the favorable results he obtained by altering the technique to include direct interaction between the client and therapists. He felt this "joint interview" method provided an increased understanding of the client, allowed the client greater opportunity to express his ambivalent feelings, and held training benefits for the less-experienced therapist. Without ignoring the therapeutic advantages for the group itself, Hadden (1947) emphasized the training benefits resulting from having more than one therapist in group therapy sessions. Since his primary concern lay in the training aspect, his conception of multiple therapy involved a

considerable difference in the experience level of the therapists.

When Whitaker, Warkentin, and Johnson (1949) published their first article mentioning their three-year experimentation with multiple therapy, they cited their long-range objective as the development of concepts that would facilitate the teaching of psychotherapy. They had, however, initiated their work with multiples in an attempt to provide therapists with a means of sharing the emotionally-laden treatment interviews. They began by having the second therapist function as a relatively inactive critical observer but soon realized that allowing him to participate more fully both increased his satisfaction and facilitated therapeutic progress. Nevertheless, their immediate objective was to develop the capacity of the therapist. This primarily referred to the personal and professional growth of equally experienced colleagues rather than to the training of less-experienced therapists. This emphasis on professional enhancement appears to have been one of the important factors in bringing multiple therapy to the attention of the therapeutic community.

Continuing their innovative use of multiple therapy, the Atlanta group published an article the following year (Whitaker, Warkentin, and Johnson, 1950) suggesting the addition of a second therapist successfully surmounted therapeutic impasses occurring in individual therapy. The co-therapist tried to enable both client and therapist to

express their dammed feelings of frustration and inadequacy in the blocked relationship thereby helping them to proceed in therapy.

Responding to somewhat different motivating factors, Dreikurs (1950) introduced multiple therapy into his practice to meet an emergency situation. He initially envisioned this joint interview as a means of facilitating the patient's smooth transfer from therapist to therapist; but when the interview also proved to be an effective treatment technique, he decided to continue the procedure on a co-led consultative basis approximately every third session. As had others before him, Dreikurs also recognized the usefulness multiple therapy held for training purposes. In 1950, Haigh and Kell commended multiple therapy for its training potential, its therapy research possibilities, and its psychotherapeutic effectiveness.

Two years later, Dreikurs, Shulman, and Mosak published a two-part article enumerating the many advantages multiple therapy held for both the therapist (1952a) and the patient (1952b). Their articles also cautioned about the potential pitfalls the therapy team could encounter within the therapy/consultative relationship. The following year, Dyrud and Rioch (1953) operating from Dreikurs' consultative mode of multiple therapy, re-emphasized the usefulness of multiples in overcoming a therapy impasse. They, too, focused upon the pitfalls and pleasures contained in the relationship between the

therapists and specifically attended to the competitive-collaborative aspects as they affected therapeutic effectiveness.

In their 1956 article, Whitaker, Malone, and Warkentin broadened their exploration of multiple therapy to include an extensive examination of the relationship between the multiple therapists themselves. Prior to this time, those interested in multiple therapy had viewed it primarily from an outcome vantage point and had focused on the technique's usefulness in training new therapists, advancing research horizons, promoting therapeutic gains for the client and providing professional growth for the therapist. The Atlanta group moved beyond this focus and began giving attention to the process aspects of multiple therapy, i.e., the interpersonal variables relevant to collaboration. They carefully defined their concept of multiple therapy, differentiated it from other types, and delineated some of the characteristics essential to a satisfying relationship between the multiple therapists. In summary, they provided a major impetus for a personal and totally involving form of multiple therapy.

The Multiple Therapy Relationship

Although the terms multiple therapy, co-therapy, role-divided therapy, three-cornered interview, joint-interview, cooperative psychotherapy, and dual leadership all refer to the use of more than one therapist in the

individual, conjoint, or group treatment session, they are by no means synonymous. Each is a variation on a basic theme and each has its own distinguishing features.

Whitaker et al. define multiple therapy as:

. . . the treatment of a single patient by two (or more) psychotherapists who make up a therapeutic unit. . . . The patient is seen jointly by both therapists from the first contact through the termination of treatment. . . . During the treatment session, each therapist is free to function in his own way within the limits of the group relationship. This works only if the two therapists have equal capacity as therapists, and are comparatively mature. Where this is not the case, the function of the adequate therapist is altered critically by the patient and the student vectors in the other therapist. We prefer not to include such an unbalanced team within the definition of multiple therapy (Whitaker et al., 1956, pp. 210-11).

They further advocate that the therapists resolve their personal or professional differences during the treatment interview with the patient. As an additional index of the totality of the relationship, they state that "Intellectual participation on the part of either is not enough. It is the emotional substrate of the experience which appears to be crucial" (Whitaker et al., 1956, p. 212).

Mullan and Sanguiliano support and amplify Whitaker's definition by stating that "Multiple therapy is the simultaneous therapeutic approach by two or more separate and yet related therapists to a single patient, married couple, family or patient group" (Mullan and Sanguiliano, 1964, p. 164). More definitely they add:

The mere presence of two therapists with the patient, the couple or the group, however, does not of itself necessarily heighten the transactional level of the therapy. Similar to any therapeutic procedure if

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applied by rule with the therapists acting parts, it can become just another technique. A crucial distinction must be made. For our purposes multiple-therapy is the genuine meeting of the patient and therapists in which whatever is present in their thoughts and feelings relevant to the trilateral engagement becomes the common knowledge and experience of all. This is distinct from co-therapy, a more highly structured and formalized meeting. In a co-therapy team the therapists many times restrict their feelings and thoughts, assume prescribed roles and, thereby, behave in ways which are alien to themselves at the moment (Dreikurs et al., 1952a; Mullan and Sanguiliano, 1964, p. 165).

Mullan and Sanguiliano repeatedly emphasize the importance of the authentic, experiential, spontaneous, self-disclosing nature of the multiple relationship and cite affective honesty as an essential though initially difficult to achieve quality among patient and therapists alike. They believe that:

. . . the patient benefits from the necessity of facing and responding not only to two distinct and unique persons but also to their mutuality as well. . . . Mutuality thus does not refer to similarity of training or background. Rather the relationship becomes mutual as both therapists express their need to be together not only as a team but also as unique individuals with definite growth strivings. Within the therapeutic framework, therefore, each is free to respond in his own fashion. The individual experience of each is equally relevant and vital. In this way, whatever the differences, real or otherwise, which exist between the therapists, can be responded to and maintained without disruption to the therapeutic effectiveness (Mullan and Sanguiliano, 1964, pp. 173-75).

As a further emphasis upon the importance of the relationship between the two therapists, Warkentin, Johnson, and Whitaker reported that " . . . it became apparent that the intensity of the relationship between the patient and the therapy group could not exceed that

existing between the therapists themselves" (Warkentin, Johnson, and Whitaker, 1951, p. 418). Since the patient's defensive repertoire often embodies an attempt to divide and conquer the therapists, a deeper bond between the two therapists becomes especially important in disrupting this aspect of the patient's self-defeating behavior. Since this mutuality is not present in co-therapy, the patient could conceivably successfully seduce the therapists into splitting up through his offerings of praise, admiration, and undying gratitude. At that point, there would be a closer bond between therapist and patient than between the two therapists and many of the benefits of multiple therapy resulting from the mutuality of the two therapists would disappear. Mullan and Sanguiliano define co-therapy as:

. . . the presence of two therapists in the treatment situation where interpersonally it is found that they play roles, and intrapsychically there is the absence of outspoken self-inquiry and self-evaluation. In short the co-therapists find it practical and rewarding to come together with the patient in a preconceived manner while one assists or learns from the other (Mullan and Sanguiliano, 1964, p. 182).

They distinguish this from multiple therapy where:

. . . the orientation is toward the phenomenological process, and there are no external indications as to who each therapist is, or how he is to function. Rather, each participant becomes identified through the multilateral interaction which takes place and then only retrospectively (Mullan and Sanguiliano, 1964, p. 183).

The practitioners of co-therapy cling to status and role playing, use a fixed technique of intervention, and fail to fully encounter their own self-deceptions. They thus

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allow themselves a degree of isolation and detachment not found in the mutuality of the multiple therapy team. In co-therapy, the complex interrelationship of the two therapists is apt to be partly or entirely ignored whereas in multiple therapy, the intrapsychic dynamics of the therapists are continuously called upon to forcefully alter the quality of the interpersonal communication (Mullan and Sanguiliano, 1964).

In their slightly different approach to a definition of multiple therapy, Kell and Burow state that:

. . . it refers to the multiplicity of relationships which are possible. There are at least four dynamically distinct possible relationships when two therapists work with one client, and when a second client is involved, the number of relationships increases considerably. These relationships are, namely, (1) and (2) that between the client and each of the therapists separately, (3) that between the two therapists and (4) the client's interaction with the relationship between the two therapists . . . but we can add to it two more, which are each therapist's interaction with the relationship between the client and the other therapist. . . . While the multiplicity of the relationships may lead to confusion and maladaptive ways of coping most of the problems of this kind can be resolved if the therapists are able to keep their relationship genuinely collaborative (Kell and Burow, in press, pp. 372-73).

Many qualities must be present for a multiple therapy relationship to be truly collaborative. The therapists need to be separate and autonomous individuals rather than being submerged in the personality of the partner. However, it is also essential that these two individuals are able to freely depend on and understand each other as well as at times be puzzled by or disagree with the other

(Kell and Burow, in press). Learning to depend on a colleague is not typically part of the psychotherapy training program so allowing oneself and one's colleague to be dependent in the multiple therapy relationship is something new and perhaps anxiety provoking. The experience of responding dependently and appropriately in a spontaneous therapeutic interaction is far different from cognitively recognizing the importance of dependence in the co-therapists' relationship. The on-going trust and dependency that allows each therapist the freedom to be spontaneous and open in his interaction is a vital part of the bond between the multiple therapists. As in every two-person interaction, there are inevitably times when the two therapists will not agree. If the therapists are not threatened by the lack of agreement, it can be a valuable asset, e.g., the perceptual differences of males and females. If, however, their security is such that they need total agreement, every difference in perception could become a point of conflict and a potential disruptor of therapeutic progress. On the other hand, there are situations where differing perceptions are intense enough to arouse true conflict. Should this occur, it should be immediately recognized and dealt with openly and honestly as soon as possible. Many conflicts can be readily resolved within the treatment hour with considerable benefit for the client, since he will learn that although

conflicts and anger do arise, they can be expressed and fruitfully resolved.

Thus far the comments and articles cited have made little reference to sex of the multiple therapists. While some authors apparently do not view this as an important variable (Dreikurs, 1950; Hadden, 1947; Reeve, 1939) others feel that it does make an appreciable difference in the conduct of therapy (Demarest and Teicher, 1954; Mintz, 1963, 1965; Mullan and Sanguiliano, 1964; Sonne and Lincoln, 1966; Rabin, 1967; Nunnally, 1968; Kell and Burow, in press). The present writer agrees with Kell and Burow in their feeling that the multiple therapists should usually be a man and a woman. It is this re-creation of the parental situation that contains the most potential for resolving problems in identification and heterosexual relationships and for allowing a fuller appreciation of both sexes, separately and in their relatedness. While special instances may suggest that two males or two females work together in a multiple, the predominant mode would be a heterosexual therapy team.

The authors of the above three major definitions of multiple therapy, i.e., Whitaker et al., Mullan and Sanguiliano, and Kell and Burow, substantially concur in citing authenticity, mutuality, relatedness, equality, spontaneity, affective involvement, autonomy and interdependency as essential to the multiple therapists' relationship but they differ slightly in the particular

qualities they emphasize. As the thinking about multiple therapy progresses from the writings of Whitaker et al. to those of Mullan and Sanguiliano and finally to those of Kell and Burow, the subtle nuances of the interpersonal relationship receive an increasing amount of exploration and attention. The present author agrees with the emphasis Kell and Burow place on the multiplicity of relationships, the importance of each therapist's separateness and autonomy, their willingness to be interdependent, their ability to collaborate either through similar or dissimilar perceptions and understandings and the unique contributions each sex has to offer in the male-female therapy team. It is this interpretation of multiple therapy that stimulated many of the hypotheses proposed in the present study.

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DEVELOPMENT AND STATEMENT OF HYPOTHESES

The preceding definitions highlight many qualities essential to the multiple therapy relationship. Since the writer believes that the collaboration between the two therapists is the essence of multiple therapy, this research paper investigates several dimensions of the collaborative relationship. The variables investigated were chosen because the literature on multiple therapy and the writer's own experience suggested their importance. The existence of instruments to measure the variables and ease of measurement were secondary considerations. The specific variables studied and the hypotheses about their relationship to one another follow.

Satisfaction

Satisfaction is one of the basic needs motivating individuals, client and therapist alike, to initiate and develop relationships with others. Although a therapist typically receives much satisfaction from his relationship-oriented career choice, there are, nevertheless, many burdens a therapist must bear in helping his client. One means of both lightening that burden and augmenting the

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therapist's satisfaction in the treatment hour is by sharing the experiences with a colleague. If this sharing is an expression of the therapists' mutuality and their personal commitment to each other rather than one based on external factors, e.g., convenience of time or location, greater satisfaction should emerge. Since the search for satisfaction appears to be a focal point for life itself, it seems appropriate that it be the central variable in this research as well.

Many authors (Linden, 1954; Solomon, Loeffler, and Frank, 1954; Sonne and Lincoln, 1966; Rabin, 1967) compare the multiple therapy relationship to a marital relationship and consider a successful marriage to be one that is satisfying to both partners. Although some researchers (Terman, 1938; Locke and Wallace, 1959) have developed marital adjustment questionnaires, their questions are too specific to the marital relationship for application to the multiple therapy interaction. However, there is one instrument, the Family Concept Inventory (FCI) (Palonen, 1966), that approaches family relatedness in a way that lends itself to modification for a measure of multiple therapist satisfaction.

The FCI is a variation of van der Veen's Family Concept Q-Sort (1964). Van der Veen developed his Q-Sort to investigate family adjustment and compared the real and ideal family Q-Sorts to obtain a measure of an individual's satisfaction with his family. In 1966, Hofman converted

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van der Veen's instrument from a Q-Sort to a True-False questionnaire (FCT-F). Palonen (1966) again revised the response format by administering Hofman's FCT-F with instructions to answer each statement by checking one of five categories ranging from strongly agree to strongly disagree rather than using true-false responses. In an effort to obtain a measure of satisfaction in the multiple therapy relationship, the present research then modified Palonen's FCI by omitting some items and revising the wording of others. This revision, referred to as the Co-therapist Inventory (CI), does retain the majority of the FCI statements verbatim and also preserves the 5-category response set.

Self-Disclosure

One of the major qualities repeatedly associated with a satisfying relationship is openness. It serves as an index of trust and non-defensiveness and many authors include this quality in their definition of multiple therapy itself (Whitaker et al., 1956; Mullan and Sanguiliano, 1964; Kell and Burow, in press). Fitzgerald (1963) views the amount of information shared as an indication of the closeness of the relationship and Jourard proposes that "a truly personal relationship between two people involves disclosure of self one to the other in full and spontaneous honesty" (Jourard, 1964, p. 28).

The questionnaire Jourard devised to obtain information about the amount and content of self-disclosure to selected persons (mother, father, same-sex friend, opposite-sex friend or spouse) appears to be the only instrument cited in the literature that meets the needs of the present research. With modification of the specified recipient (target person), Jourard's measure can conveniently explore the stated openness between the multiple therapy pairs in a way that directly involves the therapists themselves. As such the Jourard Self-Disclosure Questionnaire (JSDQ) is employed in investigating the predicted relation between self-disclosure and satisfaction.

1. It is hypothesized that multiple therapist pairs in which both therapists are high on self-disclosure obtain a higher combined score on the Co-therapist Inventory than multiple therapist pairs in which both members are low on self-disclosure.
2. It is hypothesized that multiple therapist pairs whose self-disclosure levels are similar obtain a higher combined score on the Co-therapist Inventory than multiple therapist pairs whose self-disclosure levels are discrepant.

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Affection

The multiple therapy relationship has previously been described as one in which the therapists express a need to be together, openly share their thoughts and feelings, seek mutual understanding, respect one another's uniqueness, freely depend upon one another, and encourage each other's growth strivings. When two people relate in one or more of these ways, they are likely to feel affection for one another and to make their feelings known, verbally and/or physically. Mutual expression of affection is often associated with a satisfying relationship and is frequently used in obtaining an index of marital satisfaction (van der Veen, 1964; and Locke and Wallace, 1959).

The most direct and practical way to obtain information about therapists' affectionate feelings for one another would seem to be by asking them. Since measures of marital adjustment seeking information in this area employ direct questioning (van der Veen, 1964; and Locke and Wallace, 1959), this study used a questionnaire to explore the relationship between affection and satisfaction in multiple therapy.

Hypotheses (3) and (4) relate the satisfaction of individual multiple therapists to verbal and physical expressions of affection and the lack of desire to verbally and physically express affection:

3. It is hypothesized that multiple therapists who verbally express affection for their co-therapist, within or outside the therapy hour, obtain higher scores on the Co-therapist Inventory than multiple therapists who do not feel like verbally expressing affection for their co-therapist at any time.
4. It is hypothesized that multiple therapists who physically express affection for their co-therapist, within or outside the therapy hour, obtain higher scores on the Co-therapist Inventory than multiple therapists who do not feel like physically expressing affection for their co-therapist at any time.

Hypotheses (5) and (6) relate the satisfaction of individual multiple therapists to verbal and physical expressions of affection and wanting to express affection verbally and physically but not acting on this desire:

5. It is hypothesized that multiple therapists who verbally express affection for their partner, within or outside therapy, obtain higher scores on the Co-therapist Inventory than multiple therapists who feel like verbally expressing affection for their partner, within or outside therapy, but do not act on the feeling.

6. It is hypothesized that multiple therapists who physically express affection for their partner, within or outside therapy, obtain higher scores on the Co-therapist Inventory than multiple therapists who feel like physically expressing affection for their partner, within or outside therapy, but do not act on the feeling.

Hypothesis (7) relates the satisfaction of individual multiple therapists to the use of one and two modes to express affection:

7. It is hypothesized that multiple therapists who both verbally and physically express affection for their partner, within or outside the therapy hour, obtain higher scores on the Co-therapist Inventory than multiple therapists who use only one mode of expression.

Hypotheses (8) and (9) relate satisfaction in multiple therapist pairs to verbal and physical expressions of affection and the lack of desire to verbally and physically express affection.

8. It is hypothesized that multiple therapist pairs in which both therapists verbally express affection for one another, within or outside the therapy hour, obtain a higher combined score on the Co-therapist Inventory than multiple therapist pairs in which both

therapists do not feel like verbally expressing affection for their co-therapist at any time.

9. It is hypothesized that multiple therapist pairs in which both therapists physically express affection for each other, within or outside therapy, obtain a higher combined score on the Co-therapist Inventory than multiple therapist pairs in which both therapists do not feel like being physically affectionate with their co-therapist at any time.

Hypotheses (10) and (11) relate satisfaction in multiple therapist pairs to verbal and physical expression of affection and wanting to express affection verbally and physically but not acting on this desire:

10. It is hypothesized that multiple therapist pairs in which both partners verbally express affection for each other, within or outside therapy, obtain a higher combined score on the Co-therapist Inventory than multiple therapist pairs in which both members of the pair feel like verbally expressing affection for their partner, within or outside therapy, but do not act on the feeling.
11. It is hypothesized that multiple therapist pairs in which both therapists physically express affection for one another, within or

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outside therapy, obtain a higher combined score on the Co-therapist Inventory than multiple therapist pairs in which both members of the pair feel like verbally expressing affection for their partner, within or outside therapy, but do not act on the feeling.

Hypothesis (12) relates satisfaction in multiple therapist pairs to the use of one and two modes of express affection:

12. It is hypothesized that multiple therapist pairs in which both partners both verbally and physically express affection for their co-therapist, within or outside the therapy hour, obtain a higher combined score on the Co-therapist Inventory than multiple therapist pairs in which both therapists use only one mode of expression.

Jourard (1959) found that amount of self-disclosure to a given person is related to liking that person. On this basis, a relationship between the self-disclosure and expression of affection of unpaired multiple therapists is predicted.

13. It is hypothesized that multiple therapists who physically express their affection for their co-therapist obtain higher self-disclosure scores than multiple therapists who do not physically express their affection for their partner.

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METHOD

Subjects

The subjects were drawn from the staff of the Michigan State University Counseling Center. The 46 staff members doing therapy were first asked to respond to a questionnaire listing whether or not they were currently doing multiple therapy and if so, with whom. From this initial questionnaire, all male-female multiple therapy pairs working with individuals or couples were noted and a sample was composed that maximized the number of participating therapists. This was accomplished by first including all the staff members who were working with only one co-therapist. To keep the request for staff time at a minimum, no therapist was paired with more than three co-therapists despite the fact that some females had seven different partners. Since there were more males than females available, the remaining therapist pairs were selected to include as many males as possible and to use each female in the sample as many times as possible (i.e., maximum number of co-therapy relationships up to and including three pairs).

The resulting sample was examined for degree of familiarity in the co-therapy relationship. Since the

pairings displayed a natural variation ranging from first multiple together to three years experience together, no pair manipulations were necessary.

The resultant sample was composed of 27 therapists: 14 senior staff members, 12 first and second year interns, and one advanced practicum student who was to be an intern the following year. There were 18 males and 9 females and the total number of pairs in the sample was 23. One of the individuals asked to participate in the research declined.

The therapists' experience doing multiple therapy ranged from approximately 2 to 22⁺ individual multiple therapy cases, with a median of 9. Some had worked both with same and opposite sex co-therapists, and some only with opposite sex co-therapists. All therapists had done multiple therapy with individual clients while some had also worked with couples and/or groups. Senior staff members are full-time counselors, the majority of whom hold a Ph.D. in Counseling or Clinical Psychology and had several years experience beyond the degree. Two staff members hold an M.S.W. degree and have several years post-degree experience. The interns were advanced clinical or counseling psychology doctoral candidates who were in the final stages of their graduate training and had received between 1000-4000 hours of supervised psychotherapy experience.

Description of the Instruments

Co-therapist Inventory

The Co-therapist Inventory (CI) consists of 44 statements which can be applied to some aspect of the co-therapists' relationship. Of these 44 statements, 28 have been taken directly from van der Veen's Family Concept Q-Sort,* 14 were taken from the Q-Sort and modified to fit the co-therapy relationship, and 2 were written specifically for this inventory. Six of van der Veen's scorable items were discarded because they did not seem to apply to the co-therapy relationship.

The statements in the CI are responded to by one of five possible categories of agreement: strongly agree, tend to agree, neither agree or disagree, tend to disagree and strongly disagree. A maximum score of 176 is earned by strongly agreeing with those statements which are indicative of an ideal co-therapy relationship and strongly disagreeing with those that are indicative of a poor co-therapy relationship. Several investigators (Linden, 1954; Sonne and Lincoln, 1954; Rabin, 1967; Treppa, 1969) have compared a good multiple therapy relationship to a healthy marriage. The author assumed that the ideal co-therapy relationship would parallel the ideal marriage relationship, and in the cases where van der Veen's statements were altered or new

*Permission for modification and use of the Family Concept Q-Sort granted by F. van der Veen, July 16, 1969.

statements were added, the author and her co-researcher assigned their scoring direction according to whether or not the statement seemed indicative of the ideal relationship.

Jourard Self-Disclosure Questionnaire

There are 60 items on the Jourard Self-Disclosure Questionnaire (JSDQ)* and each item is classified into one of six 10-item groups, each group referring to a different kind of information about the self. The six aspects of the self are: attitudes and opinions, tastes and interests, work, money, personality and body. The standard instructions ask the respondent to indicate the extent to which he has made himself known to each of the four target persons: mother, father, same-sex friend, opposite-sex friend or spouse. The extent of self-disclosure is measured on the rating scale which follows:

- 0: Have told the other person nothing about this aspect of me.
- 1: Have talked in general terms about this item. The other person has only a general idea about this aspect of me.
- 2: Have talked in full and complete detail about this item to the other person. He knows me fully in this respect, and could describe me accurately.
- X: Have lied or misrepresented myself to the other person so that he has a false picture of me.

*Permission to employ the JSDQ granted by S. M. Jourard (July 15, 1969) and the American Psychological Association (Helen Orr, Managing Editor, July 22, 1969).

The self-disclosure score is determined by totaling the points for each item (X's are counted as zeros). Jourard (1964) found that the amount of information disclosed to another person varied with the information category. On this basis, he designated "attitudes and opinions," "tastes and interests," and "work" as the "high disclosure" cluster (i.e., information in these categories was more readily revealed) and "money," "personality," and "body" as the "low disclosure" cluster (i.e., information in these categories was less readily revealed).

Jourard (1964) reported, "We have been able to demonstrate that our questionnaires (of lengths that include 15, 25, 35, 45 and 60 items) have satisfactory reliability (odd-even coefficients for larger subtotals run in the 80's and 90's), and results until now show this method has some validity" (p. 176).

Research findings reported since 1964 reveal conflicting evidence for the concurrent validity of the JSDQ. In their attempt to use the JSDQ as a measure of general "disclosingness" in an interaction-oriented group counseling course with 50 students, Hurley and Hurley (1969) found non-significant negative correlations between the JSDQ and three independent measures of self-disclosure derived from ratings by fellow small-group members and a significant positive correlation between the JSDQ and a measure of self-concealment similarly derived from the group members. Swenson, Shapiro and Gilner (unpublished

manuscript) administered the JSDQ to spouses in a form measuring both output and input and found the correlation between stated self-disclosure and accurate knowledge to be .68 for the 30 wives and .72 for the 30 husbands. In a study using male college students, Vargas (unpublished manuscript) found a significant positive correlation ($r = .44$, $p < .001$) between the students' JSDQ scores and their scores on self-disclosure as rated independently by seven raters.

Despite the conflicting research evidence, the JSDQ does seem to present the most meaningful way available of approaching self-disclosure in a dyadic relationship. In order to modify the JSDQ to apply to the multiple therapy relationship, the author specified only one target person, the respondent's co-therapist.

Affection Scale

The Affection Scale (AS) is composed of four main questions, concerned with physical (e.g., holding hands or giving a hug) and verbal expression of affection and the unacted upon desire to be physically or verbally affectionate. The several subparts to the two main questions regarding physical affection are intended to obtain information about the location (within or outside the therapy hour) of the expression and experiencing of feelings, the intensity and frequency of the expression and experiencing of feelings, and how the intensity of the experiences of

expression and feelings compare with those towards other co-therapists. The last three subparts are answered by selecting one of five points on a rating scale.

Procedure

Each of the 27 subjects in the sample was given a packet of coded materials containing the six instruments used to measure the variables under consideration and instructions on how to proceed. First the subjects were instructed to answer the Interpersonal Check List IV(ICL)* as it applied to their ideal opposite-sexed co-therapist and then as it applied to themselves. Next, they were asked to respond to the ICL with a designated co-therapist in mind. With reference to this same co-therapist, they were asked to complete the Selection of Co-therapist Questionnaire,* JSDQ, AS, and the CI. If the therapists were paired with more than one co-therapist, they were given another set of measures for each additional partner. Finally, the subjects were asked to answer the Attitudes Toward the Opposite Sex Questionnaire.* In ordering the measures, the author made the assumption that it would be easier for the subjects with more than one co-therapist to answer all of the instruments with a particular co-therapist in mind than it would be for them to respond to a given measure for each co-therapist and then turn to another instrument.

*These measures are part of the dissertation completed by co-researcher Karen Kamerschen (1969).

This procedure was also intended to maximize the perceived distinctions between the co-therapist partners.

Scoring of the Variables

Satisfaction

A CI satisfaction measure was obtained by summing the number of points (0-4) scored on each of the 44 CI items. The possible total point range is 0-176, with the lowest satisfaction at 0 and the highest at 176.

Self-Disclosure

The self-disclosure score of each therapist towards his co-therapist(s) was obtained by totaling the number of points scored on each of the 60 items of the JSDQ. Since each item may receive a score of 0-2, the total range possible is 0-120, with 0 designating no self-disclosure and 120 designating complete self-disclosure.

Affection

Only the four main questions on the AS were scored for the purpose of this study. Each therapist answered "yes" or "no" to these questions as they applied to each of his co-therapists.

Procedures for Statistical Analysis
of the Data

Hypothesis 1

Hypothesis 1 states that multiple therapist pairs in which both members are high on self-disclosure have a higher paired satisfaction score on the CI than multiple therapist pairs who are low on self-disclosure. The 46 self-disclosure scores of the co-therapist pairs were ranked from 1 (low) to 46 (high) and then divided into a high (H) and a low (L) group at the median. Each of these 23 pairs received a two-letter code (LL, LH, HL, HH) designating the combined self-disclosure levels of the two therapists. Then, the paired satisfaction scores of the HH and LL co-therapist pairs were ranked from low to high. The hypothesis relating the HH and LL groups to satisfaction was then tested by means of the Mann-Whitney U Test.

Hypothesis 2

The second hypothesis on self-disclosure stated the multiple therapist pairs whose self-disclosure levels are similar have a higher combined score on the CI than those therapist pairs whose self-disclosure levels are discrepant. Ranks 1-23 (1=low, 23=high) were assigned to the CI scores of the 23 multiple therapist pairs. The pairs had previously been assigned to one of two mutually exclusive groups (HH+LL vs LH+HL) based on their combined

self-disclosure levels. The significance of differences in CI ranks between the two groups was then tested using the Mann-Whitney U test.

Hypothesis 3

The hypothesis that multiple therapists who verbally express affection for their co-therapist obtain higher scores on the CI than multiple therapists who do not feel like verbally expressing affection for their co-therapist proved non-testable. The author learned that a "no" answer to the questions on the AS intended to reveal whether or not the therapists had felt like being verbally and physically affectionate (questions III and IV) could not clearly be interpreted as meaning that the respondent had never felt like being affectionate. This was so because the questions had two parts, and a "no" could refer to either one or both parts of the question (see questions III and IV on the AS in the Appendix). Thus, it was impossible to identify which therapists had never felt like verbally expressing affection for their co-therapist.

Hypothesis 4

Hypothesis 4 stated that multiple therapists who physically express affection for their co-therapist have higher scores on the CI than multiple therapists who do not feel like physically expressing affection for their co-therapist. This hypothesis was not testable for the same reason as Hypothesis 3. In addition, the author

discovered that question III on the AS, which was intended to determine if the therapists had felt like being physically affectionate but not acted on the feeling was interpreted by several of the therapists in the sample as including wanting to verbally express affection but not doing so. Consequently, answers to question III could not be used to decide which therapists did not feel like physically expressing affection for their partners.

Hypothesis 5

To test the hypothesis that multiple therapists who verbally express affection for their partner have higher scores on the CI than multiple therapists who feel like verbally expressing affection for their partner but do not act on the feeling, these two groups of therapists were compared by means of the Mann-Whitney U test. This test necessitated ranking from low (1) to high (45) the CI scores of the therapists in these groups.

Hypothesis 6

Hypothesis 6, which stated that multiple therapists who physically express affection for their co-therapist obtain higher scores on the CI than multiple therapists who feel like physically expressing affection but do not do so, was not testable. The latter group could not be identified because question III on the AS was not interpreted to apply to physical affection alone.

Hypothesis 7

The hypothesis that multiple therapists who both verbally and physically express affection for their partner have higher scores on the CI than multiple therapists who use only one mode of expression was tested by means of the Mann-Whitney U test. The CI scores of the therapists in these two groups were ranked from low (1) to high (42).

Hypothesis 8

The hypothesis that multiple therapist pairs in which both therapists verbally express affection for one another obtain a higher paired score on the CI than multiple therapist pairs in which both therapists do not feel like verbally expressing affection for their co-therapist was untestable for the reason stated under Hypothesis 3.

Hypothesis 9

The hypothesis stating that multiple therapist pairs in which both therapists physically express affection for each other have a higher paired score on the CI than those pairs in which both therapists do not feel like being physically affectionate with their co-therapist could not be tested (see Hypothesis 3).

Hypothesis 10

Hypothesis 10, which stated that the multiple therapist pairs in which both partners verbally express

affection for each other obtain a higher paired score on the CI than those pairs who feel like verbally expressing affection but do not act on the feeling, was not testable because there was only one pair in the second group.

Hypothesis 11

The hypothesis that multiple therapist pairs in which both therapists physically express affection for one another have a higher paired score on the CI than multiple therapist pairs who feel like being physically affectionate but do not act on the feeling was not testable. The latter group could not be determined because question III on the AS was open to more than one interpretation.

Hypothesis 12

The Mann-Whitney U test was used to test the hypothesis that multiple therapist pairs in which both partners both verbally and physically express affection for their co-therapist have a higher paired score on the CI than multiple therapist pairs in which both therapists use only one mode of expression. The paired CI scores of the multiple therapist pairs in both groups were ranked from low (1) to high (18).

Hypothesis 13

Hypothesis 13 states that multiple therapists who physically express their affection (e.g., hold hands, give a hug) for their co-therapists are more self-disclosing

than multiple therapists who do not physically express their affection for their partners. These two groups were compared by means of the Mann-Whitney U test.

In addition to the specific questions asked by the formal hypotheses, the author had a number of general questions about the data. Those questions which could be answered by statistical methods were: (1) what is the relationship between male and female co-therapist scores (within the same pair) for each of the variables proven by hypothesis testing to be related to satisfaction; (2) what are the interrelationships among satisfaction and its associated variables;* (3) are there sex differences in the interrelationships among these variables; and (4) how much of the variance in satisfaction can be attributed to the variables shown to be associated with satisfaction?

Questions 1, 2, and 3 were answered by computing simple correlations among the designated variables. Multiple correlations were used to answer question 4.

*Selection of co-therapist was shown to be related to multiple therapist pair satisfaction by Kamerschen (1969).

RESULTS

Hypothesis 1: Satisfaction and High Self-Disclosure

Hypothesis 1 predicted greater satisfaction in multiple therapist pairs high on self-disclosure than in multiple therapist pairs low in self-disclosure. A Mann-Whitney U test relating self-disclosure and paired Co-therapist Inventory (CI) satisfaction scores resulted in a $U = 5$, which was significant, $p \leq .001$ (one-tailed). See Table 1.

TABLE 1.--Mann-Whitney U test relating self-disclosure and pair satisfaction as measured by the Co-therapist Inventory.

Hypothesis	N_1	N_2	U
1	8	8	5 ^a
2	7	16	40.5 ^b

^a $p \leq .001$ (one-tailed); $p \leq .001$, critical value $U = 5$.

^bNon-significant, $p > .05$ (one-tailed); $p \leq .05$, critical value $U = 30$.

Hypothesis 2: Satisfaction and Similar
Self-Disclosure Levels

Hypothesis 2 stated that there is greater satisfaction in multiple therapist pairs with similar self-disclosure levels than in multiple therapist pairs with discrepant self-disclosure levels. The Mann-Whitney U test comparing the paired CI satisfaction scores of the similar and discrepant self-disclosure levels groups yielded a $U = 40.5$, which was not significant. See Table 1, page 36.

Hypothesis 3: Satisfaction, Verbal Expression
of Affection and Lack of Desire to
Verbally Express Affection

Hypothesis 3 stating that co-therapists who verbally express affection obtain higher scores on the CI than co-therapists who do not feel like verbally expressing affection was not testable because the group of therapists who do not feel like verbally expressing affection could not be identified from the data.

Hypothesis 4: Satisfaction, Physical Expression
of Affection and Lack of Desire to
Physically Express Affection

Hypothesis 4 predicted that multiple therapists who physically express affection have higher scores on the CI than multiple therapists who do not feel like physically expressing affection. This hypothesis could not be tested because the latter group of therapists could not be isolated.

Hypothesis 5: Satisfaction, Verbal Expression
of Affection and Unacted Upon Desire to
Verbally Express Affection

Hypothesis 5 stated that co-therapists who verbally express affection are more satisfied than co-therapists who feel like being verbally affectionate but do not act on the feeling. A Mann-Whitney U test comparing the CI scores of these two groups resulted in a $U = 25.5$, which was significant, $p < .02$ (one-tailed). See Table 2.

TABLE 2.--Mann-Whitney U test relating verbal expression of affection, unacted upon desire to verbally express affection and satisfaction as measured by the Co-therapist Inventory.

Hypothesis	N_1	N_2	U
5	4	41	25.5 ^a

^a $p < .02$ (one-tailed); a U of 25.5 ($N_1 = 4$, $N_2 = 41$) = a Z of -2.25, $p < .02$.

Hypothesis 6: Satisfaction, Physical Expression
of Affection and Unacted Upon Desire to
Physically Express Affection

The hypothesis relating satisfaction to physical expression of affection and an unexpressed desire to be physically affectionate could not be tested since there was no way to identify those multiple therapists who felt like expressing affection physically but did not act on the feeling.

Hypothesis 7: Satisfaction and the Use of
One and Two Modes to Express Affection

Hypothesis 7 predicted that multiple therapists who both verbally and physically express affection have higher CI scores than multiple therapists who use only one mode of expression. This prediction was not supported by a Mann-Whitney U test, which yielded a $U = 118.5$. The results of this significance test are presented in Table 3.

TABLE 3.--Mann-Whitney U test relating the use of one and two modes to express affection to therapist satisfaction and to pair satisfaction as measured by the Co-therapist Inventory.

Hypothesis	N_1	N_2	U
7. Therapist Satisfaction	11	31	118.5 ^a
12. Pair Satisfaction	4	14	11 ^b

^aNon-significant, $p > .05$ (one-tailed); a U of 118.5 ($N_1 = 11$, $N_2 = 31$) = a Z of -1.49, $p > .05$.

^b $p < .05$ (one-tailed); $p < .05$, critical value $U = 11$.

Hypothesis 8: Pair Satisfaction, Verbal Expression
of Affection and Lack of Desire to
Verbally Express Affection

Hypothesis 8 stating that the paired CI score is higher for multiple therapist pairs in which both therapists verbally express affection than for multiple therapist pairs in which both therapists do not feel like

verbally expressing affection was not testable because it was impossible to identify the latter group of multiple therapist pairs.

Hypothesis 9: Pair Satisfaction, Physical
Expression of Affection and Lack of
Desire to Physically
Express Affection

Hypothesis 9 stated that multiple therapist pairs in which both therapists physically express affection for each other have a higher paired score on the CI than those pairs in which both therapists do not feel like physically expressing affection for one another. This hypothesis was untestable for the same reason as Hypothesis 4.

Hypothesis 10: Pair Satisfaction, Verbal
Expression of Affection and Unacted Upon
Desire to Verbally Express Affection

Hypothesis 10 predicted that the paired CI score is higher for multiple therapist pairs who verbally express affection than for multiple therapist pairs who feel like verbally expressing affection but do not act on the feeling. This hypothesis was untestable because $N = 1$ in the second group of multiple therapist pairs.

Hypothesis 11: Pair Satisfaction, Physical
Expression of Affection and Unacted Upon
Desire to Physically Express Affection

The hypothesis associating pair satisfaction to physical expression of affection and an unexpressed desire to be physically affectionate was not tested because the data did not identify the multiple therapist pairs who

felt like being physically affectionate but did not act on
the feeling.

Hypothesis 12: Pair Satisfaction and the
Use of One and Two Modes to
Express Affection

Hypothesis 12 stated that co-therapist pairs in which both partners both verbally and physically express affection have a higher paired score on the CI than those pairs in which both therapists use only one mode of expression. A Mann-Whitney U test comparing the combined CI scores of the two groups of multiple therapists resulted in a $U = 11$, which was significant, $p \leq .05$ (one-tailed). See Table 3, page 39.

Hypothesis 13: Self-Disclosure and
Physical Expression of Affection

Hypothesis 13 predicted that multiple therapists who physically express affection are more self-disclosing than multiple therapists who do not physically express affection. It can be seen from Table 4, that a Mann-Whitney U test relating these two variables confirmed this prediction. The obtained U of 118.5 was significant, $p \leq .01$ (one-tailed).

TABLE 4.--Mann-Whitney U test relating physical expression of affection and self-disclosure.

Hypothesis	N ₁	N ₂	U
13	14	32	118.5 ^a

^ap < .01 (one-tailed); a U of 118.5 (N₁ = 14, N₂ = 32) = a Z of -2.52, p < .01.

Relationship Between Male and Female
Co-therapists' Scores

Table 5 shows the Pearson product-moment correlation between the male and female multiple therapists scores for each of the variables proven to be associated with therapist satisfaction.

TABLE 5.--Correlations between male and female scores in relation to each satisfaction variable.

Variables	Correlation
JSDQ Scores N	.456 ^a 23
Affection 1 (Physically expresses affection-- Does not physically express affection) N	.813 ^b 23
Affection 2 (Verbally expresses affection-- Feels like verbally expressing affection but does not) N	.692 ^b 22
CI Satisfaction Scores N	.532 ^c 23

^ap < .05 (two-tailed).

^bp < .01 (two-tailed).

^cp < .02 (two-tailed).

Relationships Between the Variables

The intercorrelations between satisfaction and the variables shown by hypothesis testing to be related to multiple therapist satisfaction are given in Table 6 for males, in Table 7 for females, and in Table 8 for the combined sample. The intercorrelations between pair satisfaction and each of the variables associated with the therapists' combined satisfaction are given in Table 9.

TABLE 6.--Correlations between satisfaction and the variables related to satisfaction for males.

Variables	JSDQ Scores	Affection 1*	Affection 2*
JSDQ Scores			
Affection 1 N	.541 ^a 23		
Affection 2 N	.419 22	.402 22	
CI Satis- faction Scores N	.617 ^a 23	.364 23	.226 22

^a $p \leq .01$ (two-tailed).

* Affection 1 (Physically expresses affection--Does not physically express affection); Affection 2 (Verbally expresses affection--Feels like verbally expressing affection but does not).

TABLE 7.--Correlations between satisfaction and the variables related to satisfaction for females.

Variables	JSDQ Scores	Affection 1*	Affection 2*
JSDQ Scores			
Affection 1	.161		
Affection 2	.542 ^a	.259	
CI Satis- faction Scores	.378	.307	.430 ^b

Note: All N's = 23.

^a $p \leq .01$ (two-tailed). ^b $p \leq .05$ (two-tailed).

*Affection 1 (Physically expresses affection--Does not physically express affection); Affection 2 (Verbally expresses affection--Feels like verbally expressing affection but does not).

TABLE 8.--Correlations between satisfaction and the variables related to satisfaction for the combined sample.

Variables	JSDQ Scores	Affection 1*	Affection 2*
JSDQ Scores			
Affection 1 N	.365 ^a 46		
Affection 2 N	.486 ^b 45	.318 ^a 45	
CI Satis- faction Scores N	.514 ^b 46	.336 ^a 46	.330 ^a 45

^a $p \leq .05$ (two-tailed).

^b $p \leq .01$ (two-tailed).

*Affection 1 (Physically expresses affection--Does not physically express affection); Affection 2 (Verbally expresses affection--Feels like verbally expressing affection but does not).

TABLE 9.--Correlations between pair satisfaction and the variables related to pair satisfaction.

Variables	Selection*	JSDQ (HH-LL) Scores	Affection 1*	Affection 2*
Selection				
JSDQ Scores	.480			
N	16			
Affection				
1	.357	.318		
N	18	13		
Affection				
2	.389	.472	1.00 ^a	
N	21	15	18	
CI Pair Satisfaction				
Scores	.409	.736 ^a	.350	.498 ^b
N	23	16	18	21

Note: Affection "1" and "2" refer to both members of the pair.

^a_p ≤ .01 (two-tailed).

^b_p ≤ .05 (two-tailed).

*Selection (Selection and acknowledgment personally felt--Selection and/or acknowledgment impersonally felt);
Affection 1 (Verbally and physically express affection--Verbally or physically express affection but not both);
Affection 2 (Physically express affection--Do not physically express affection).

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Strength of Relationship Between Satisfaction
and Its Associated Variables

The multiple correlations between satisfaction and related variables are found in Table 10 for the three categories of multiple therapists and in Table 11 for co-therapist pairs.

TABLE 10.--Multiple correlations between satisfaction and its associated variables for males, females and the entire sample.

Category of Multiple Therapists	4	3 (4)	2 (3,4)
Males N = 22	.224	.374	.616
Females N = 23	.424	.480	.500
Males & Females N = 45	.332	.412	.539

Note: 4 = Affection 2 (Verbally expresses affection--Feels like verbally expressing affection but does not); 3 = Affection 1 (Physically expresses affection --Does not physically express affection) and 2 = JSDQ scores. The corrected multiple correlations for males, females, and the combined sample are .36, .53, and .49, respectively.

TABLE 11.--Correlations between pair satisfaction and its associated variables.

Category of Multiple Therapists	5	4(5)	3(4,5)	2(3,4,5)
Pairs	.500	.500	.755	.755

Note: All N's = 16. 5 = Affection 2 (Physically express affection--Do not physically express affection); 4 = Affection 1 (Verbally and physically express affection --Verbally or physically express affection but not both); 3 = JSDQ (HH-LL) Scores; and 2 = Selection (Selection and acknowledgment personally felt--Selection and/or acknowledgment impersonally felt). The corrected multiple correlation for pairs is .69.

DISCUSSION

The purpose of this research was to explore the collaborative relationship between multiple therapists. Satisfaction with the multiple therapy relationship was selected as the primary variable for investigation and related to the variables of self-disclosure and affection.

Hypotheses

The prediction of greater satisfaction in multiple therapist pairs high on self-disclosure made in Hypothesis 1 was confirmed by the data. On the other hand, the positive relationship hypothesized to exist between satisfaction and similar self-disclosure levels in multiple therapist pairs (Hypothesis 2) failed to find support. The group of multiple therapist pairs whose levels of self-disclosure were both high or both low were not significantly more satisfied than the group of multiple therapist pairs whose levels were mixed. Analysis of the mixed group suggests that pairs in which the male is high on self-disclosure and the female is low are more satisfied than pairs in which the male is low on self-disclosure and the female is high. Perhaps multiple therapist pair satisfaction is more dependent upon the male's level of self-disclosure than on

the female's. Reciprocal amounts of self-disclosure may not be important to multiple therapist pair satisfaction.

Hypotheses 3, 4, 6, 8, 9, and 11, could not be tested because the Affection Scale (AS) did not conclusively identify which multiple therapists or multiple therapist pairs should be assigned to the group categories referred to in these hypotheses. To test these predictions, the AS needs to be revised so as to accurately identify which therapists have not felt like verbally expressing affection, which therapists have not felt like physically expressing affection, and which therapists have felt like physically expressing affection but not acted on the feeling. This could be achieved by asking separate questions about each of the four possible combinations of feeling and acting: (1) feels like expressing affection and acts on the feeling, (2) does not feel like being affectionate but does express affection, (3) feels like expressing affection but does not act on the feeling, and (4) does not feel like being affectionate and does not express affection. The present AS does not discriminate between therapists in categories 1 and 2 above and places all therapists who express affection into category 1. Nor does a "no" answer to category 3 discriminate between categories 1, 2, and 4.

Hypothesis 4 predicted a relationship for multiple therapists between satisfaction, physical expression of affection and the lack of desire to physically express affection, and Hypothesis 9 predicted the same relationship

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for multiple therapist pairs. Since these hypotheses could not be tested, the author decided to test two related hypotheses, formulated prior to inspection of the data but not initially selected for inclusion in this research. The first of these related hypotheses predicted that multiple therapists who physically express affection have higher scores on the CI than multiple therapists who do not physically express affection. A Mann-Whitney U test relating physical expression of affection and CI scores yielded a $U = 126$, which was significant, $p \leq .001$ (one-tailed). See Table 12. The second hypothesis stated

TABLE 12.--Mann-Whitney U test relating physical expression of affection to therapist satisfaction and to pair satisfaction as measured by the Co-therapist Inventory.

Hypothesis	N_1	N_2	U
Therapist Satisfaction	14	32	126 ^a
Pair Satisfaction	6	15	15 ^b

^a $p \leq .001$ (one-tailed); a U of 126 ($N_1 = 14$, $N_2 = 32$) = a Z of -2.34, $p \leq .001$.

^b $p \leq .01$ (one-tailed); $p \leq .01$, critical value $U = 15$.

that multiple therapist pairs in which both therapists physically express affection for each other have a higher paired score on the CI than those pairs in which both therapists do not physically express affection for one

another. A Mann-Whitney U test comparing the paired CI scores of those therapists who physically express affection with the paired CI scores of those therapists who do not resulted in a $U = 15$, which was also significant, $p < .01$ (one-tailed) (see Table 12). Thus, physical expression of affection is positively related to satisfaction for multiple therapists and multiple therapist pairs.

Co-therapists who verbally express affection were found to be more satisfied than co-therapists who feel like being verbally affectionate but do not act on the feeling (Hypothesis 5). The data will not permit a legitimate comparison between: (1) the group of therapists who verbally express affection, and (2) the combined group of therapists who either feel like being verbally affectionate but do not act on the feeling or who do not feel like being verbally affectionate cannot be conclusively identified. The data do, however, tentatively suggest that the former group (group 1) is more satisfied than the latter (group 2). If this is true, than acting on the desire to be verbally affectionate seems to be more relevant to satisfaction than having the desire. Again, although a legitimate comparison of groups cannot be made, inspection of the data suggests that the reverse is true for physical expression of affection. Having the feeling, whether or not it is physically expressed, seems to be the more relevant variable. Both these hypotheses need to be tested on new data.

Hypothesis 10, which predicted that the paired CI score is higher for multiple therapist pairs who verbally express affection than for multiple therapist pairs who feel like verbally expressing affection but do not act on the feeling, was untestable because there was only one pair in the latter group. The single multiple therapist pair in this group did have a combined CI score which ranked fourth from the bottom of the distribution.

The use of both verbal and physical means to express affection proved to be associated with greater satisfaction for the multiple therapist pairs (Hypothesis 12) but not for individual multiple therapists (Hypothesis 7). The Mann-Whitney U test of Hypothesis 7 did, however, approach significance.

Multiple therapists who physically express affection were found to be more self-disclosing than those therapists who do not physically express affection. This relationship could be predicted from the positive relationship shown to exist between each of these variables and satisfaction.

Summary of the Data on Affection

In 41 of the 46 multiple therapist combinations, the therapist had been verbally affectionate with his/her co-therapist. Verbal expression of affection occurred in 21 of the 23 male-female multiple therapist combinations and in 20 of the 23 female-male combinations. There were

two different males involved in the two multiple therapy relationships in which males did not verbally express affection and one of them had felt like verbally expressing affection but not acted on the feeling. Two different females participated in the three relationships in which females did not verbally express affection for their co-therapists. Both of these females had felt like expressing affection but had not acted on their feelings.

In 32 of the 46 multiple therapist combinations, the therapist had been physically affectionate with his/her co-therapist. Affection was physically expressed in 17 of the 23 male-female therapist combinations and in 15 of the 23 female-male combinations. In each of the six relationships in which males were not physically affectionate, different male therapists were involved. Six different females were involved in the eight relationships in which females did not physically express affection.

In 31 of the 46 multiple therapist combinations, the therapist expressed affection both verbally and physically. This was true for 17 of the 23 male-female combinations and 14 of the 23 female-male combinations. In only one case did a therapist express affection physically but not verbally. It can be readily concluded that most of the multiple therapists in this sample verbally and physically express affection for their co-therapist.

Non-Independence of Pairs

Inspection of the responses of the 13 male and female therapists having more than one co-therapist indicates that most of these therapists did react differently to their individual co-therapists. Seven of these therapists were not equally self-disclosing (high or low) to all of their co-therapists. Therapist A is highly self-disclosing to co-therapist B but not to co-therapist C. Perhaps he feels that partner B is more accepting and trustworthy than partner C; and, as a consequence, he shares more about himself with B. Five of these 13 therapists verbally expressed affection to some but not all of their partners, and 8 of the 13 therapists physically expressed affection to some but not all of their co-therapists. Therapist A may not find all of his co-therapists equally likeable. Seven of these 13 therapists were not equally satisfied (high or low) with all of their co-therapists. These data suggest that a multiple therapist's response to his partner is not a general characteristic of the therapist himself irrespective of his particular co-therapist.

Relationship Between Male and Female Therapist Satisfaction

A comparison of the mean and standard deviation of the male therapists' satisfaction scores and the female therapists' satisfaction scores indicates that the male and female multiple therapists are about equally satisfied

with their co-therapist(s). For males, $M = 139.83$ ($N=18$) and $s = 22$, and for the females, $M = 138.30$ ($N=9$) and $s = 17$.

Correlations

As might be expected, the correlations between male and female multiple therapists' scores (within the same pair) were both high and positive for all the selected variables. A therapist's behavior in the areas of expression of affection and self-disclosure seems likely to elicit a reciprocal response from his co-therapist. Also, the satisfaction experienced by one therapist in the multiple therapy relationship should be positively related to the satisfaction experienced by the other therapist.

All correlations between satisfaction and the three variables related to satisfaction through hypothesis testing were significantly positive for the entire sample. The results of the hypothesis testing reported earlier are supported by these correlations. Self-disclosure and satisfaction demonstrated the strongest association followed by physically expresses affection-does not physically express affection, and verbally expresses affection-feels like verbally expressing affection but does not act on the feeling. A different picture emerges when the same correlations are viewed separately for male and female therapists. Only self-disclosure is strongly associated with satisfaction for the males. For the females, only verbally expresses affection-feels like verbally expressing

affection but does not act on the feeling is strongly related to satisfaction. Of the variables explored in this research, a male therapist's amount of self-disclosure is most indicative of his level of satisfaction with his co-therapist. Similarly, a female therapist's behavior in the area of verbal expression of affection is most predictive of her level of satisfaction.

These findings suggest that the variables related to satisfaction with the multiple therapy relationship may differ in importance depending on the sex of the therapist, or less likely, that these variables may not be the same for male and female therapists. In future research, hypotheses relating multiple therapist satisfaction to any given variable should be tested separately for male and female therapists.

The correlations between multiple therapist pair satisfaction and the pair variables of self-disclosure and physical expression of affection were significantly positive. Of the variables investigated in this research, a multiple therapist pair's combined level of self-disclosure is most indicative of their level of satisfaction. The relationships found between selection of co-therapist (personal-impersonal) (Kamerschen, 1969) and number of modes of affection expression (use of two modes--use of one mode) found in the hypothesis testing were not supported by the appropriate correlations, i.e., these correlations were

not significant. These were the only significant hypotheses which were not supported by the correlations.

Multiple correlation gives the proportion of the variance in one variable accounted for by two or more other variables. Only the corrected multiple correlations (cR) (Guilford, 1956) for the combined sample and multiple therapist pairs were significantly positive. The cR for the entire sample accounts for 24 per cent of the variance in the satisfaction scores of multiple therapists. Thus, approximately one-fourth of this variance is dependent upon the variables of self-disclosure, physically expresses affection-does not physically express affection, and verbally expresses affection-feels like verbally expressing affection but does not act on the feeling. Forty-eight per cent of the variance in the pair satisfaction scores is dependent upon the variables of selection of co-therapist (personal-impersonal), self-disclosure (HH-LL), verbally and physically express affection-verbally or physically express affection, and physically express affection-do not physically express affection. Thus, the search for variables related to satisfaction is further along for pair satisfaction than for individual therapist satisfaction.

Implications for Future Research

This research has explored the relationship between multiple therapists by focusing on the variables of self-disclosure and expression of affection as they relate to satisfaction within the multiple therapy relationship.

A revision of the AS, such as the one suggested earlier in the discussion, would permit the collection of data necessary to test the hypotheses relating satisfaction to: (1) verbal expression and the lack of desire to verbally express affection, (2) physical expression of affection and the lack of desire to physically express affection, and (3) physical expression of affection and an unacted upon desire to physically express affection. It would then be possible to determine if the dimensions of "feeling" and "acting" are differentially related to physical and verbal expressions of affection. The timing of expressions of affection in therapy is an important but as yet unexplored variable. When is it appropriate to express affection for your co-therapist? What effect does appropriate and inappropriate expression of affection have on the client's behavior?

The sample of multiple therapists at the Michigan State University Counseling Center is probably not representative of multiple therapists at other counseling centers or in other mental health facilities. The generality of the findings in this study must be determined by testing the hypotheses with data from other samples.

In the search for additional variables related to satisfaction, it might be profitable to examine the interdependence of multiple therapists. One way of measuring this variable would be to analyze therapists' interaction in the therapy hour by means of the interpersonal system

of behavioral analysis developed by Freedman, Leary, Ossorio, and Coffey (1951), La Forge, Leary, Naboisek, Coffey, and Freedman (1954), La Forge and Suczek (1955), Leary (1957), and La Forge (1963).

Finally, it is important to know if multiple therapists who are highly satisfied with their relationship interact differently with their client than multiple therapists who are not highly satisfied. The interpersonal system of behavioral analysis could be used to detect any differences in the behavior of these two groups of therapists. If differences do exist, are these differences related to the outcome of therapy? This researcher would predict that high satisfaction within multiple therapist pairs is positively related to successful outcome.

SUMMARY

The purpose of this research was to investigate and clarify the relationship between opposite-sex multiple therapist pairs who were simultaneously doing psychotherapy with an individual or couple. Satisfaction was defined as the central variable in the multiple therapy relationship and was related to the variables of self-disclosure and affection.

The sample consisted of 18 males and 9 females who combined to form 23, non-independent, current, multiple therapist pairs. All therapists were on the staff of the Michigan State University Counseling Center and the therapist pairs were comparable with respect to age and experience level. The variance in multiple-therapy experience did not appear extensive enough to warrant concern.

The Co-therapist Inventory (CI), which represents a modification of van der Veen's Family Concept Q-Sort, was devised by the researcher to measure satisfaction within the multiple therapy relationship. The variable of self-disclosure was measured by Jourard's Self-Disclosure Questionnaire (JSDQ). A questionnaire examining the verbal and physical expression of affection was constructed

by the researcher to measure the affection variable. Each therapist answered the JSDQ, the Affection Scale (AS), and the CI, with respect to each of his co-therapists.

The results of the hypothesis testing can be summarized as follows:

1. Multiple therapist pairs high on self-disclosure were more satisfied ($p < .001$) than multiple therapist pairs low on self-disclosure.
2. Similarity of self-disclosure levels within multiple therapist pairs was not found to be significantly related to multiple therapist pair satisfaction.
3. The hypothesis that multiple therapists who verbally express affection for their partners are more satisfied than multiple therapists who do not feel like verbally expressing affection for their partners was not testable.
4. An hypothesis analogous to 3, relating multiple therapist satisfaction to physical expression of affection and the lack of desire to physically express affection, was similarly untestable.
5. Multiple therapists who verbally express affection for their co-therapist were more satisfied ($p < .02$) than multiple therapists who feel like verbally expressing affection

for their co-therapist but do not act on the feeling.

6. An hypothesis similar to 5, relating multiple therapist satisfaction to physical expression of affection and an unacted upon desire to be physically affectionate was not testable.
7. Multiple therapists who both verbally and physically express affection were not found to be significantly more satisfied than multiple therapists who use only one mode of expression.
8. The hypothesis that co-therapist pairs who verbally express affection for one another are more satisfied than co-therapist pairs who do not feel like verbally expressing affection for each other was not testable.
9. An hypothesis analogous to 8, relating co-therapist pair satisfaction to physical expression of affection and the lack of desire to be physically affectionate was similarly untestable.
10. The hypothesis that co-therapist pairs who verbally express affection for one another are more satisfied than co-therapist pairs who feel like verbally expressing affection for each other but do not act on the feeling was not testable.

11. An hypothesis similar to 10, relating co-therapist pair satisfaction to physical expression of affection and an unacted upon desire to be physically affectionate was also untestable.
12. Co-therapist pairs who both verbally and physically express affection for one another were more satisfied ($p \leq .05$) than co-therapist pairs who use only one mode of expression.
13. Multiple therapists who physically express affection for their partner were more self-disclosing ($p \leq .01$) than multiple therapists who do not physically express affection for their partner.
14. Multiple therapists who physically express affection for their partner were more satisfied ($p \leq .001$) than multiple therapists who do not physically express affection for their partner.
15. Co-therapist pairs who physically express affection for one another were more satisfied ($p \leq .01$) than co-therapist pairs who do not physically express affection for each other.

Thus, self-disclosure and expression of affection are variables relevant to satisfaction within the multiple therapy relationship.

It was concluded from correlational data that of the variables explored in this research: (1) a male therapist's amount of self-disclosure is most indicative of his level of satisfaction with his co-therapist, (2) a female therapist's behavior in the area of verbal expression of affection is most predictive of her level of satisfaction, and (3) a multiple therapist pair's combined level of self-disclosure is most indicative of their level of satisfaction.

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APPENDICES

APPENDIX A

SUMMARY OF RAW DATA SCORES RELEVANT TO THE
HYPOTHESES RELATING SATISFACTION TO THE
VARIABLES OF SELF-DISCLOSURE
AND AFFECTION

TABLE A-1.--Raw data scores relevant to Hypotheses 1 and 2: Self-Disclosure.

Multiple Therapist Pairs	CI Pair Satisfaction		JSDQ Score		JSDQ Rank		Pair Self- Disclosure Category (δ - η) H-L
	Score	Rank	δ	η	δ	η	
041-012	293	14	43	38	26	19.5	HL
041-202	285	12	42	66	24.5	39	HH
051-172	313	19	59	58	36	34.5	HH
061-262	283	10.5	39	12	21	4	LL
071-012	299	16	76	50	45	31.5	HH
071-022	214	1	27	21	13.5	10	LL
081-022	225	3	30	44	16.5	27	LH
081-122	239	6	42	40	24.5	22.5	HL
091-262	248	7	67	14	40.5	7	HL
101-162	283	10.5	72	11	42	3	HL
111-122	308	18	61	48	37	29	HH
131-162	314	20	25	32	12	18	LL
141-032	294	15	48	27	29	13.5	HL
151-232	258	8	14	38	7	19.5	LL
181-032	238	5	24	40	11	22.5	LL
191-162	237	4	4	6	1	2	LL
211-122	282	9	13	30	5	16.5	LL
221-172	315	21	58	52	34.5	33	HH
241-032	332	23	67	50	40.5	31.5	HH
241-202	322	22	82	75	46	44	HH
251-022	218	2	28	14	15	7	LL
251-172	307	17	74	62	43	38	HH
271-262	291	13	48	18	29	9	HL

TABLE A-2.--Raw data scores relevant to Hypotheses 5, 7, 10, 12, and 13: Affection.

Multiple Therapist Pairs (♂-♀)	CI Satisfaction Score		CI Satisfaction Rank		Been Verbally Affectionate		Felt Like Being Verbally Affectionate But Not Acted		Been Physically Affectionate		JSDQ Rank		CI Pair Satisfaction Rank	
	♂	♀	♂	♀	♂	♀	♂	♀	♂	♀	♂	♀	♂	♀
041-012	159	133	37.5	17	Yes	Yes	Yes	Yes	Yes	Yes	26	19.5	14	
041-202	156	129	36	14.5	Yes	Yes	Yes	Yes	No	No	24.5	39	12	
051-172	152	161	31	39.5	Yes	Yes	Yes	Yes	Yes	Yes	36	34.5	19	
061-262	137	146	13.5	27.5	Yes	Yes	Yes	Yes	Yes	Yes	21	4	10.5	
071-012	159	140	37.5	23.5	Yes	Yes	Yes	Yes	Yes	Yes	45	31.5	16	
071-022	89	125	1	13	Yes	Yes	Yes	Yes	Yes	Yes	13.5	10	1	
081-022	123	102	12	4	Yes	Yes	Yes	Yes	Yes	Yes	16.5	27	3	
081-122	122	117	11	6	Yes	Yes	Yes	Yes	No	No	24.5	22.5	6	
091-262	129	119	14.5	9	Yes	Yes	Yes	Yes	Yes	Yes	40.5	7	7	
101-162	146	137	27.5	18.5	Yes	No	Yes	Yes	Yes	Yes	42	3	10.5	
111-122	168	140	46	23.5	Yes	Yes	Yes	Yes	Yes	Yes	37	29	18	
131-162	161	153	39.5	33	Yes	Yes	--	--	Yes	Yes	12	18	20	
141-032	131	163	16	41	Yes	Yes			Yes	No	29	13.5	15	
151-232	116	142	5	25	Yes	Yes			Yes	No	7	19.5	8	
181-032	99	139	2.5	21.5	Yes	Yes			No	No	11	22.5	5	
191-162	118	119	7	9	No	No	Yes	Yes	No	No	1	2	4	
211-122	144	138	26	20	Yes	Yes			No	No	5	16.5	9	
221-172	164	151	42	29	Yes	Yes			Yes	Yes	34.5	33	21	
241-032	166	166	43.5	43.5	Yes	Yes			Yes	Yes	40.5	31.5	23	
241-202	167	155	45	34.5	Yes	Yes			Yes	Yes	46	44	22	
251-022	119	99	9	2.5	No	No			No	No	15	7	2	
251-172	152	155	31	34.5	Yes	Yes	Yes	Yes	Yes	Yes	43	38	17	
271-262	139	152	21.5	31	Yes	Yes	Yes	Yes	Yes	Yes	29	9	13	

Note: -- indicates missing data.

APPENDIX B

MEASURING INSTRUMENTS

Therapists

Therapist' s Name _____

Code Name _____

Interpersonal Check List

Please answer the following adjective check list as it applies to:

1. Your ideal opposite-sexed co-therapist.
2. Yourself.

Interpersonal Check List

INSTRUCTIONS: Please indicate whether you view each of the attributes listed below as being either mostly true or mostly false as they apply to you. It is very important that you check either "true" or "false" for each item, even if you are somewhat uncertain of your choice. Also, try to work quickly; most people can complete this information in less than 15 minutes.

- | | | |
|-----------------------------------|------------------------------------|--------------------------------------|
| 1 Able to give orders | 47 Fond of everyone | 90 Always pleasant and agreeable |
| 2 Appreciative | 48 Forceful | 91 Resentful |
| 3 Apologetic | 49 Friendly | 92 Respected by others |
| 4 Able to take care of self | 50 Forgives anything | 93 Rebels against everything |
| 5 Accepts advice readily | 51 Frequently angry | 94 Resents being bossed |
| 6 Able to doubt others | 52 Friendly all the time | 95 Self-reliant and assertive |
| 7 Affectionate and understanding | 53 Generous to a fault | 96 Sarcastic |
| 8 Acts important | 54 Gives freely of self | 97 Self-punishing |
| 9 Able to criticize | 55 Good leader | 98 Self-confident |
| 10 Admires and imitates others | 56 Grateful | 99 Self-seeking |
| 11 Agrees with everyone | 57 Hard-boiled when necessary | 100 Shrewd and calculating |
| 12 Always ashamed of self | 58 Helpful | 101 Self-respecting |
| 13 Very anxious to be approved of | 59 Hard-hearted | 102 Shy |
| 14 Always giving advice | 60 Hard to convince | 103 Sincere and devoted to friends |
| 15 Bitter | 61 Hot-tempered | 104 Selfish |
| 16 Bighearted and unselfish | 62 Hard to impress | 105 Skeptical |
| 17 Boastful | 63 Impatient with others' mistakes | 106 Sociable and neighborly |
| 18 Businesslike | 64 Independent | 107 Slow to forgive a wrong |
| 19 Bossy | 65 Irritable | 108 Somewhat snobbish |
| 20 Can be frank and honest | 66 Jealous | 109 Spineless |
| 21 Clinging vine | 67 Kind and reassuring | 110 Stern but fair |
| 22 Can be strict if necessary | 68 Likes responsibility | 111 Spoils people with kindness |
| 23 Considerate | 69 Lacks self-confidence | 112 Straightforward and direct |
| 24 Cold and unfeeling | 70 Likes to compete with others | 113 Stubborn |
| 25 Can complain if necessary | 71 Lets others make decisions | 114 Suspicious |
| 26 Cooperative | 72 Likes everybody | 115 Too easily influenced by friends |
| 27 Complaining | 73 Likes to be taken care of | 116 Thinks only of self |
| 28 Can be indifferent to others | 74 Loves everyone | 117 Tender and soft hearted |
| 29 Critical of others | 75 Makes a good impression | 118 Timid |
| 30 Can be obedient | 76 Manages others | 119 Too lenient with others |
| 31 Cruel and unkind | 77 Meek | 120 Touchy and easily hurt |
| 32 Dependent | 78 Modest | 121 Too willing to give to others |
| 33 Dictatorial | 79 Hardly ever talks back | 122 Tries to be too successful |
| 34 Distrusts everybody | 80 Often admired | 123 Trusting and eager to please |
| 35 Dominating | 81 Obeys too willingly | 124 Tries to comfort everyone |
| 36 Easily embarrassed | 82 Often gloomy | 125 Usually gives in |
| 37 Eager to get along with others | 83 Outspoken | 126 Very respectful to authority |
| 38 Easily fooled | 84 Overprotective of others | 127 Wants everyone's love |
| 39 Egotistical and conceited | 85 Often unfriendly | 128 Well thought of |
| 40 Easily led | 86 Oversympathetic | 129 Wants to be led |
| 41 Encouraging others | 87 Often helped by others | 130 Will confide in anyone |
| 42 Enjoys taking care of others | 88 Passive and unaggressive | 131 Warm |
| 43 Expects everyone to admire him | 89 Proud and self-satisfied | 132 Wants everyone to like him |
| 44 Faithful follower | | 133 Will believe anyone |
| 45 Frequently disappointed | | 134 Well-behaved |
| 46 Firm but just | | |

Selection of Co-therapist

Please answer the following materials as they apply to your
co-therapist _____ and/or to your
relationship with your co-therapist _____.

Selection of Co-therapist

If you initiated the multiple:

1. Why did you decide upon a multiple?

2. Why did you choose _____ as your co-therapist?

3. What did you communicate to _____ about why you chose him/her as your co-therapist?

OR

If your co-therapist initiated the multiple:

1. Why do you feel _____ chose you as his/her co-therapist?

2. What did _____ communicate to you about why he/she chose you as his/her co-therapist?

Jourard Self-Disclosure Questionnaire

Please read each item on the questionnaire and then indicate on the answer sheet the extent that you have talked about that item to _____; that is, the extent to which you have made yourself known to _____.

Use the following ratings scale to describe the extent that you have talked about each item:

1. Have told the other person nothing about me.
2. Have talked in general terms about this item. The other person has only a general idea about this aspect of me.
3. Have talked in full and complete detail about this item to other person. He/she knows me fully in this respect, and could describe me accurately.
4. Have lied or misrepresented myself to the other person so that he/she has a false picture of me.

Jourard Self-Disclosure Questionnaire

1. What I think and feel about religion; my personal religion; my personal religious views.
2. My personal opinions and feelings about other religious groups than my own, e.g., Protestant, Catholics, Jews, atheists.
3. My views on communism.
4. My views on the present government--the president, government, policies, etc.
5. My views on the question of racial integration in schools, transportation, etc.
6. My personal views on drinking.
7. My personal views on sexual morality--how I feel that I and others ought to behave in sexual matters.
8. My personal standards of beauty and attractiveness in women--what I consider to be attractive in a woman.
9. The things that I regard as desirable for a man to be--what I look for in a man.
10. My feeling about how parents ought to deal with children.
11. My favorite foods, the ways I like food prepared, and my food dislikes.
12. My favorite beverages and the ones I don't like.
13. My likes and dislikes in music.
14. My favorite reading matter.
15. The kinds of movies that I like to see best, the TV shows that are my favorites.
16. My tastes in clothing.
17. The style of house, and the kinds of furnishings that I like best.
18. The kind of party, or social gathering that I like best, and the kind that would bore me, or that I wouldn't enjoy.
19. My favorite ways of spending spare time, e.g., hunting, reading, cards, sports events, parties, dancing, etc.
20. What I would appreciate most for a present.
21. What I find to be the worst pressures and strains in my work.
22. What I find to be the most boring and unenjoyable aspects of my work.
23. What I enjoy most, and get the most satisfaction from in my present work.
24. What I feel are MY shortcomings and handicaps that prevent me from working as I'd like to, or that prevent me from getting further ahead in my work.
25. What I feel are my special strong points and qualifications for my work.
26. How I feel that my work is appreciated by others (e.g., boss, fellow-workers, teacher, husband, etc.)
27. My ambitions and goals in my work.
28. My feelings about the salary or rewards that I get for my work.
29. How I feel about the choice of career that I have made--whether or not I'm satisfied with it.
30. How I really feel about the people that I work for, or work with.
31. How much money I make at my work, or get as an allowance.
32. Whether or not I owe money; if so, how much.
33. Whom I owe money to at present; or whom I have borrowed from in the past.
34. Whether or not I have savings, and the amount.
35. Whether or not others owe me money; the amount, and who owes it to me.
36. Whether or not I gamble, if so, the way I gamble, and the extent of it.
37. All of my present sources of income--wages, fees, allowance, dividends, etc.
38. My total financial worth, including property, savings, bonds, insurance, etc.
39. My most pressing need for money right now, e.g., outstanding bills, some major purchase that is desired or needed.
40. How I budget my money--the proportion that goes to necessities, luxuries, etc.
41. The aspects of my personality that I dislike, worry about, that I regard as a handicap to me.
42. What feelings, if any, that I have trouble expressing or controlling.
43. The facts of my present sex life--including knowledge of how I get sexual gratification; any problems that I might have, with whom I have relations, if anybody.
44. Whether or not I feel that I am attractive to the opposite sex; my problems, if any, about getting favorable attention from the opposite sex.
45. Things in the past or present that I feel ashamed and guilty about.
46. The kinds of things that make me just furious.
47. What it takes to get me feeling real depressed or blue.
48. What it takes to get me real worried, anxious, and afraid.
49. What it takes to hurt my feelings deeply.
50. The kinds of things that make me especially proud of myself, elated, full of self-esteem or self-respect.
51. My feelings about the appearance of my face--things I don't like, and things that I might like about my face and head--nose, eyes, hair, teeth, etc.
52. How I wish I looked: my ideals for overall appearance.
53. My feelings about different parts of my body--legs, hips, waist, weight, chest or bust, etc.
54. Any problems and worries that I had with my appearance in the past.
55. Whether or not I now have any health problems--e.g., trouble with sleep, digestion, female complaints, heart condition, allergies, headaches, piles, etc.
56. Whether or not I have any long-range worries or concerns about my health, e.g., cancer, ulcers, heart trouble.
57. My past record of illness and treatment.
58. Whether or not I now make special effort to keep fit, healthy, and attractive, e.g., calisthenics, diet.
59. My present physical measurements, e.g., height, weight, waist, etc.
60. My feelings about my adequacy in sexual behavior--whether or not I feel able to perform adequately in sex-relationships.

Affection Scale

I. Have you ever been spontaneously affectionate (held hands, given a hug, etc.) with your co-therapist _____?

A. Within the therapy hour(s): Yes _____ No _____

If yes:

Please rate the intensity:

1	2	3	4	5
Weak		Moderate		Very strong

Please rate the frequency:

1	2	3	4	5
Once or twice		Often		In most sessions

How does the intensity of your experiences compare with that towards other co-therapists?

1	2	3	4	5
Much less		Approximately the same		Much stronger

B. Outside the therapy hour(s): Yes _____ No _____

If yes:

Please rate the intensity:

1	2	3	4	5
Weak		Moderate		Very strong

Please rate the frequency:

1	2	3	4	5
Once or twice		Often		In most sessions

How does the intensity of your experiences compare with that towards other co-therapists?

1	2	3	4	5
Much less		Approximately the same		Much stronger

II. Have you ever been verbally affectionate with your co-therapist
_____?
Yes _____ No _____

III. Have you ever felt like being affectionate with your co-therapist
_____ but not acted on the feelings or impulse?

A. Within the therapy hour(s): Yes _____ No _____

If yes:

Please rate the intensity of the desire:

1	2	3	4	5
Weak		Moderate		Very strong

Please rate the frequency of the desire:

1	2	3	4	5
Once or twice		Often		In most sessions

How does the intensity of the desire compare with that towards other co-therapists?

1	2	3	4	5
Much less		Approximately the same		Much stronger

B. Outside the therapy hour(s): Yes _____ No _____

If yes:

Please rate the intensity of the desire:

1	2	3	4	5
Weak		Moderate		Very strong

Please rate the frequency of the desire:

1	2	3	4	5
Once or twice		Often		In most sessions

How does the intensity of the desire compare with that towards other co-therapists?

1	2	3	4	5
Much less		Approximately the same		Much stronger

IV. Have you ever felt like being verbally affectionate with your co-therapist _____ but not acted upon the feelings?

Yes _____ No _____

Co-therapist Inventory

INSTRUCTIONS: Indicate the degree of your agreement or disagreement with each of the following items as it applies to your relationship with your co-therapist and encircle the letter(s) representing the appropriate response. First impressions are satisfactory, and most people are able to complete this inventory in ten minutes. It is quite important that you give a response to each item, even though it may sometimes be difficult to make a decision.	SA	a	N	d	SD
	Strongly Agree	Tend to Agree	Neither Agree Nor Disagree	Tend to Disagree	Strongly Disagree
1. We usually can depend on each other.	SA	a	N	d	SD
2. We are as close to each other as we want to be.	SA	a	N	d	SD
3. We feel comfortable when we are with each other.	SA	a	N	d	SD
4. We talk about many things together.	SA	a	N	d	SD
5. Each of us wants to tell the other what to do.	SA	a	N	d	SD
6. There are serious differences in our standards and values.	SA	a	N	d	SD
7. We feel free to express any thoughts or feelings to each other.	SA	a	N	d	SD
8. We allow each other to ask for help.	SA	a	N	d	SD
9. We are affectionate with each other.	SA	a	N	d	SD
10. It is not our fault that we are having difficulties.	SA	a	N	d	SD
11. Little problems often become big ones for us.	SA	a	N	d	SD
12. We do not understand each other.	SA	a	N	d	SD
13. We get along very well.	SA	a	N	d	SD
14. We often praise or compliment each other.	SA	a	N	d	SD
15. We do not talk about sex.	SA	a	N	d	SD
16. We usually get along much better with the client than with each other.	SA	a	N	d	SD
17. We are proud of our efforts as a multiple therapy team.	SA	a	N	d	SD
18. There are many conflicts in our relationship.	SA	a	N	d	SD
19. We are usually calm and relaxed when we are together.	SA	a	N	d	SD
20. We respect each other's privacy.	SA	a	N	d	SD
21. Accomplishing what we want to do seems to be difficult for us.	SA	a	N	d	SD
22. We tend to worry about many things.	SA	a	N	d	SD
23. We are continually getting to know each other better.	SA	a	N	d	SD
24. We encourage each other to develop in his or her own individual way.	SA	a	N	d	SD
25. We have warm, close relationships with each other.	SA	a	N	d	SD
26. Together we can overcome almost any difficulty.	SA	a	N	d	SD
27. We really do trust and confide in each other.	SA	a	N	d	SD
28. Our relationship is very important to us.	SA	a	N	d	SD
29. We are considerate of each other.	SA	a	N	d	SD
30. We can openly and strongly disagree with one another.	SA	a	N	d	SD
31. We have very good times together.	SA	a	N	d	SD
32. Usually each of us works in his own separate way with the client.	SA	a	N	d	SD
33. We have respect for each other's feelings and opinions even when we differ strongly.	SA	a	N	d	SD
34. We sometimes wish we were not working together.	SA	a	N	d	SD
35. We really enjoy being with each other.	SA	a	N	d	SD
36. We are a disorganized team.	SA	a	N	d	SD
37. We are not really fond of one another.	SA	a	N	d	SD
38. We are a strong, competent team.	SA	a	N	d	SD
39. We just cannot tell each other our real feelings.	SA	a	N	d	SD
40. We are not satisfied with anything short of perfection.	SA	a	N	d	SD
41. We forgive each other easily.	SA	a	N	d	SD
42. We usually reach decisions by discussion and compromise.	SA	a	N	d	SD
43. We can adjust well to new situations.	SA	a	N	d	SD
44. Our decisions are not our own, but are forced on us by circumstances.	SA	a	N	d	SD

Attitudes toward the Opposite Sex

Male Form

1. The attributes I regard as desirable in a woman--what I look for in a woman.
2. The attributes I regard as desirable in a female co-therapist--what I look for in a female co-therapist.
3. The attributes I regard as desirable in a wife--what I look for in a wife.

1. The attributes I regard as desirable in a man--what I look for in a man.
2. The attributes I regard as desirable in a male co-therapist--what I look for in a male co-therapist.
3. The attributes I regard as desirable in a husband--what I look for in a husband.

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